**ICanServe Foundation**

**Silver Linings 2019**

**How to Cope with Cancer**

**Location: PICC Room 2**

**Speaker: Ms. Ranjit Kaur Pritam Singh**

**Moderator: Doris Nuval**

**Host**: We are from Cancer Coalition Philippines and our advocacy is breast, or cancer awareness for Filipino people. So I'm Alfie, I'm your host for this session and I would like to welcome all of you here. So for the session 1, our topic is "How to Cope with Cancer" and I am very pleased to welcome our speaker, she is a global breast cancer advocate. She is the President of the Breast Cancer Welfare Association in Malaysia and part of the executive committee of the Advanced Breast Cancer Global Alliance. She is a breast cancer survivor for 21 years.

[Applause]

**Host:**  I would like to welcome Ms. Ranjit Kaur.

[00:03:20]

**Speaker:** Thank you for introducing me Alfie... and thank you to everyone, thank you to Silver Linings, thank you to Kara and team for having me here to speak this morning. I hope whatever I say will be useful. Many of you probably would already know quite a bit of what I'm going to say but here it goes. I was supposed to speak on "How to cope with cancer" and I'll run through some slides and I was told that there will be a Q and A session afterwards. Doris am I right? [yes] So cancer can actually bring about suffering and it's a major life stress and there are difficult emotions to deal with.

[00:04:07]

**Speaker:** Can I hold the mic?... It will be easier for me to look up. Thank you... This is moving very fast, why is it moving? [Interrupted]. Thank you, I hope it doesn't move anymore except when I press this. Okay, so it's a major life stress actually and many of us really know about that, psychologist actually explained that the stress that we face... [Interrupted].

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**Speaker:** And there are difficult emotions to deal with such as anxiety and depression and it's not the normal anxiety and depression that we face. It's much more than what the lay man thinks it is. And today we have a measurement of the anxiety and depression that psychologist actually do to find out whether we need more help than just the normal coping that we go through. And I think for many survivors who are here, we know that there is a lot of uncertainty about the future and the fear of recurrence. We know that the future is uncertain from the beginning but we take it for granted until we face this kind of problem in life and it is not just the person who is got breast cancer or cancer but it's also the loved ones around the person who feel just the same as the person who is having the condition. There is a change in social relationships. Being a mother if she has breast cancer, being a working woman, all these fears that she has... who's gonna take care of my children if something happens to me. While I'm going through the treatment, can I continue to do my duties as a woman or as a working mother? And it's the same for the... whether it's a man or a woman and self or sexuality concerns it's what who you are, what you are... yourself. Not just your body, it's the relationship between your mind and your body and your psychology. Your emotions and your social relationships which actually, until sexuality. It's being a woman or being a man that until sexuality and treatment and side effects due to the treatment that we face actually shakes us up quite a bit.

[00:07:02]

**Speaker:** Financial stress. I think most of our Asian countries, we do go through financial stress particularly if the treatment is not available for free and we need to have out of pocket expenses and in this case, there has already been a study done in 8 ASEAN Countries where they have found that any person or family or household spending up to 30% or more of their household income on treatment would have financial catastrophe or financial toxicity and how is one going to cope with that if we do not get universal health coverage. So there are coping skills that we actually develop in our lifetime which could come from any kind of lost that we have. Whether it is a lost of a loved one, whether it is a disease which is life threatening, we go through coping strategies so I'm showing you the coping strategies here in red which is anxiety, depression, fear, lose of control, anger, guilt, avoidance. These are coping strategies that are very much part of our response to our condition like cancer.

[00:08:25]

**Speaker:** However, they tend to jump from one thing to another and it's very cyclical. These coping skills are necessary but if they stay on for too long, then one needs help... professional help. Now I will show you some coping skills that may be different... so you have optimism whereby when you are given treatment, you sort of have hope that something good is going to come out of it. That you are going to heal, you gonna get treated. You have a sense of purpose or a feeling of altruism. There is this greater universe that is taking care of me and I want to help when I am finished with my treatment just like many of you here are volunteers who help after you have been treated and searching for meaning. There must be something. Something greater for me that is why I'm suffering, all that is why I am going through this particular experience. There is a sense of relief when you know that this treatment being given to you and that you will carry on with life where many of us here are survivors; we have gone through the experience of these coping skills. May I know if anybody has faced any of these? Can you put up your hand?

[Response]

[00:09:49]

**Speaker:** We do feel that we can relate to it when we meet someone else who is at the beginning of this similar journey. So these are some of the coping skills but as I said, the red ones, if they last too long then the person needs help. And this is not just the patient alone, it is sometimes also the family members who face similar kind of situation. So these are some of the expressions that we have in our Asian context.

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**Speaker:** The fear... it is real. The loneliness, the sense of isolation in the beginning. The feeling that people are rejecting us, people may not reject us but we feel that we are being rejected or we feel that we've been looked at in a certain way. And that's very much from within us and that probably, that could be self image issues, could be self esteem and also how we feel about ourselves like do we feel that we are a failure in life? Have we gone wrong somewhere to get the disease like this? And people going for alternative remedies instead of medical treatment.

[00:11:00]

**Speaker:** Now, what is the goal of survivor in breast cancer? A regular follow-up with the doctor makes us very... feel very secure. That we are being checked, we are being monitored that nothing else goes wrong with us and so... we have known of patients who, studies have actually shown that patients who are told that you have completed your treatment, you now can get on with life and this cohort of patients sometimes feel unsafe because they are not gonna be monitored until maybe 6 months or 1 year down the line... and that's when they become very conscious of their body changes. When they feel that if there is an ache or pain somewhere, which may be nothing to do with the cancer and there is nothing to feel very worried about it, because you got used to be monitored so regularly during treatment. Monitoring for long term toxicity due to treatment. The long term side effects that people are facing and these side effects are need to be now, being focused on. For example, dryness of the skin, osteoporosis, all these maybe... long term side effects that people feel. Neuropathy, which is on your fingers, you feel the numbness or tingling sensation on your fingers and toes and making the best of overall health and quality of life. So let's look at these points as we go down.

[00:12:32]

**Speaker:** So you have the long term side effects. Fatigue seems to be more associated with breast cancer. Scientists are still going to define why exactly why fatigue takes place. They are not very sure. This feeling of less energy, feeling of being tired more often than before and it is so difficult because... is it because we are aging or is it because of the long term side effects but scientist are now saying that it is because of the side effects of cancer treatment. And then there is sexual issues, there's intimacy issues that need to be dealt with which are sometimes ignored and it is important to deal with them.

[00:13:15]

**Speaker:** There's the body image issues particularly feeling mutilated and you... it's more your relationship with the social, the society around you that makes you feel that we, as well, premature menopause causing a lot of other menopausal effects as well. Infertility in younger age group. I don't know if in the Philippines they still do freezing off the ovum and so that they can use it again in pregnancy after treatment is over. Lymphedema which is the arm swelling is another long term side effect of breast cancer and also pain in peripheral neurophaty which I told you about the tingling sensation or the numbness that people feel in their fingers or their toes. Pain in peripheral neurophaty, that's what we call it.

[00:14:14]

**Speaker:** Depression-anxiety. Not everybody gets over depression and anxiety. For some people, it remains for a long term. For some people, it remains for years and years and fear of recurrence. Fear of recurrence starts from the day that a person is diagnosed. When the doctor says that I have a way out and we can give you treatment and your next question would be, "will it come back again?" Will it spread to another part of my body? This nagging fear remains for quite some time. It's difficult sometimes to handle it and the good news always is, there's complementary therapy. There are things to do in life that can take you away or maybe we shelf it somewhere, we hid it somewhere in our brain and continue with life.

[00:15:06]

**Speaker:** Another thing that I have overlooked here is pain. There are some people who actually face pain and pain, chronic pain for many many years and sometimes people around them are even doctors, tend to say it might be psychological. So that's another area that needs to be focused on. This could be chronic pain and it could be physical pain, and that physical pain leads to emotional pain and social pain as well. So what other strategies that we can adapt to manage our side effects? So this is actually a study by the American Cancer Society. It's a breast cancer survivor sheet guideline and it has to do with health promotion. So this particular paper actually tells that obesity is something that needs to be come back. We need to come back obesity after we have cancer and achieve and maintain a healthy body weight. So that's a very important area for us to work towards in coping with cancer.

[00:16:22]

**Speaker:** The second one is physical activity. Regular physical activity and avoiding inactivity. At least 150 minutes of moderate or 75 minutes of rigorous aerobic exercise including strength training at least two days a week. So this is necessary, we need to understand that it's not just the cancer it is also because we are aging. We need to reduce our risk of getting early osteoporosis. So that is also important for us.

[00:16:54]

**Speaker:** Nutrition. High in vegetables, fruits or grains, legumes, low and saturated fats, as well as low... less alcohol consumption. There are some studies being done at the moment. Researches going on in Europe. They might have stop alcohol as a result of that study so we still don't know yet what's gonna happen but at the moment, that is a kept... if you know, its one glass per day for a woman. Two glasses per day for men and I am very jealous about that. I think we'll go for a sex change for drinks. [Laugh] We dress like men and then we will have two glasses.

[00:17:37]

**Speaker:** The other thing is that if you is... let's say for 5 days you didn't have a drink. You cannot have 6 drinks on the 6th day. There is no saving for the 6th or 7th day and of course, stop smoking. One cigarrette or five cigarettes or twenty, doesn't matter but stop smoking. So what we have is primary smokers, secondary smoker and tertiary smoker. Secondary smoker you probably would know is that if you are in the company of people who are smoking. Tertiary smoker is if someone is smoking in the house or in the car, in your absence. And the chemicals are left behind. So with that you are susceptible to inhaling those chemicals because they remain for quite some time like if you are going to a hotel room. You will know that somebody has smoked in this room before or not and in some parts of Europe, in the UK... they are now coming up with some policies where houses that are being sold, if someone has smoked in there before, they will test and check it out or even a car, if someone has been smoking in there and they find chemicals, the cost of the house will be lower. So you may not get the same price as what you expect.

[00:19:00]

**Speaker:** So other healthy lifestyle choices can be reducing the risk of recurrence in second cancers. Do not forget that we could be susceptible to a new cancer which may not be related to our original cancer as well besides the spread. And helping to manage early and late side effects of the treatment and improve overall health and well being. Now, I'll go to the different types of health. One is emotional health in breast cancer. When we first started talking about health in the very beginning in our younger days, we used to think of health is just the physical health. We never thought of a different type of health. So there are different types of health. So we have what we call physical health that I spoke to you earlier about... and now we talk about emotional health in breast cancer. That is healing your minds and your feelings that are very important. The messages that you get from the public, from people around you... from your loved ones, all these are to do with emotions.

[00:20:03]

**Speaker:** Emotions and social feelings are about the same. They are very inter-related. It seems that if you do physical activities and physical exercise, you actually can reduce depression and anxiety. Studies have been done to show and to prove that. So patients who receive exercise recommendations from their physicians and... Actually, they exercise more than those who don't receive any recommendation. So if your doctor tells you that you need to exercise, you tend to follow that. Compared to a doctor who doesn't say anything to you. And the other one of course is yoga. Yoga is an emotional, physical and emotional and spiritual relationship as well within you. So there had been studies that have been done and it reduce symptoms following surgery. They also reduced depression and anxiety and improved quality of life. You know there are hundreds and hundreds of types of yoga that we have in this world so the different types that can be used for different areas as well. So physically, you are exercising emotionally and socially as well.

[00:21:22]

**Speaker:** And then you have integrative therapies after breast cancer treatment such as music therapy, meditation, and stress management. All these can help to reduce, to manage mood disorders and depression and they can also help improve your quality of life. Reduce chemotherapy induced nausea and vomiting during that time and acupressure and acupuncture can prevent chemotherapy induced peripheral neurophaty, that’s tingling sensation. Very recently we had an oncologist who told us that if during your chemotherapy, if the patient is having this sensation we call peripheral neurophaty, they actually can take that drop called neurobion. And we were told that we couldn't take any supplements and neurobion is a supplement and the oncologist said, if your quality of life is so bad and you are having that sensation, better for you to just take the tablet. It will help. You might want to check that with your doctors.

[00:22:30]

**Speaker:** Another way of managing emotional health is by maintaining a journal, a diary, a photo album. A photo album of your...what we call metamorphosis of our cells. Losing our hair, of course losing part of the breast or losing the breast and losing our hair and then the hair growing back and all those things of you moving from one stage to another in your life of... then having your new renewed self. Becomes a celebration for ourselves as well. So maintaining a diary or a journal... it's very interesting that some people can actually write when they are suffering. They write better when they are suffering. I wrote a lot of poems when I was suffering, so that helped me to actually manage myself emotionally.

[00:23:25]

**Speaker:** Humour... humour in life, I just love Tom & Jerry.  So that helps people to take the mind off things and... Optimizing quality of life. With early detection, accessible treatment, majority of breast cancer patients can actually look forward to a long life after diagnosis and treatment. We know that a number of our friends actually didn't die of breast cancer; they died of some other condition. And generally that's what the doctor would say; you might not die of breast cancer. Healthy lifestyle choices can impact all aspects of health and well being, so take charge of the factors over which we have control. The ones we have no control is no point... we have to train our mind to say, it's no point worrying over things that we have no control with.

[00:24:13]

**Speaker:** Managing spiritual health... meaning of life, living the moment and religious belief helps a great deal for people to stabilize them spiritually and meditation, relaxation; these are things that we can help ourselves with. And the power of hope, for some people... the power of hope being in heaven one day gives great meaning in life. And when there is no hope for long life, there is hope for other issues in life. Lao Tzu says, what the caterpillar calls the end of life, the world calls it a butterfly. Hope grows with presence of meaningful relationships. Ability to use human... look at ourselves in a light [indiscernible 00:24:56].  I've been to some conferences where people have joked about their breast, they've joked about their prosthesis, they've joked about their baldness... that all kinds of things. I have a friend who was driving and she was wearing a wig and her car got knocked down, she got down and she took a look at what the damage was and then came back into the car and realizes her wig was on the floor in the car. So she went and put it back on again to go and speak to the guy on the other side and he said, I thought it wasn't you... the person I saw was bald , you have hair on your head. So people can get confused to them. And clear goals to have a good you and be a hope to.

[00:25:40]

**Speaker:** Courage, determination, serenity. Like being swallowed by a monster, we've got to go through to it. In the very beginning you'll feel like you are being swallowed by a monster. Able to recall positive memories of your experience of breast cancer and that's really a nice feeling of how you went through, the loved ones around you to support you. Being accepted and respected, non-judgmentally. That's what we hope for people out there in society to respect us and managing intellectual health. That helps to stabilize ourselves, learning more about the cancer. Getting more information, joining support groups, gives us strength. Reading, solving puzzles, keeps our mind active and exercised. So cancer when it happens, you may be in a job, you may be doing your responsibilities followed by unemployment. Suddenly you'll might lose a job and then you go through treatment. It may relapse, all you may go through remission but you can get back to work again. So that's important to keep your cycle going so that you continue to be as active as possible and the missing link is that many people face this discrimination of not getting their job back because they've had a history of cancer. And with that, I wish to stop mystification in survivorship... we either be treated as heroes or we might feel that we are victims. It comes from within us. So it's important to move from being the victim, where in the very beginning we may be victims, but eventually people look at us and said, "you have breast cancer, you look very normal". You look very good, and it makes us feel good. That we are accepted, respected by others in society. With that... I thank you.

[Audience clapping]

[00:27:45]

**Host:** And now we open the floor for Q and A. Thank you Ms. Ranjit, thank you for sharing all those coping strategies to maintain not just physical but emotional and spiritual health. Now we open the floor for Q and A and we would like to call on Ms. Doris Noval to be our moderator for today. Ms. Doris Noval is a freedom fighter and a breast cancer survivor. Thank you.

[00:28:27]

**Moderator:** Maybe you should sit down, Ranjit. I'm happy because I've just been relieved of a job. Actually I was supposed to have introduced Ms. Ranjit but... what's your name? Alfie, but Alfie did it through me. So this portion of the session is for an open forum. Who in the room is breast cancer or any other cancer survivors?

[Audience response]

[00:29:01]

**Moderator:** Oh... so I think... Yeah, maybe, it may be better if we share our experiences with Ms. Ranjit here and then the others are here out of curiosity, or you are just relatives of the cancer survivors, patients, okay. I thought it was a very thorough talk which Ranjit gave. I didn't know for example that there is such a thing as emotional health. I mean, when we talk cancer kasi we always talk physical right? So the floor is now open for questions, ma'am.

**Question #1:** Is obesity an inherent part of the cancer condition or the cancer treatment? As we all, like...

[00:30:06]

**Moderator:**  An earlier slide included obesity as the first item that we discussed. So my question is, is obesity... does it come with the cancer itself? Number 1... Because I know it can result from a lot of things. Age, diet, lack of exercise but in connection with cancer, is it side effect of having the disease. Number 2, being treated for the disease, that's my question.

**Speaker:** Thank you for that question. It's an interesting question, I'm not the medical doctor but I can answer the question. Besides breast cancer, there are number of other cancers that have obesity as a risk factor. So which means that people who are obese do have a risk of getting certain cancers and breast cancer is one of them but at the same time, don't forget we are aging. As we aged, we tend to be less physically active. So we could get obese or we could put on weight because we are not so physically active compared to our younger days. So that's the other thing that can... obesity can bring other medical problems as well besides certain cancers. So we need to be mindful of that and for some, not all but small percentage of people who have gone through treatment do end up getting some amount of obesity but they don't get really obese but they do put on weight. So that one has to then, have some physical activity to try and reduce and also probably going see a dietitian who can help to manage, to help you to manage your diet and your physical activity.

[00:32:07]

**Speaker:** The other thing of course is that, as I said, as we get older it gets difficult to do and we say aerobic, it does not mean jumping around. If actually could be doing gardening, it could be doing a lot of other physical things like walking, cycling, swimming, you know there are lots of other things. The housework that you do can actually help you to burn the calories.

**Question #2**: I have a question I am also concerned about... [Inaudible due to low volume, already enhanced the volume but still, inaudible 00:32:55] do not gain additional flesh in the area where they had the liposuction. So I was thinking... I noticed not only that I have gained weight after dealing with cancer, I'm also having areas where I did not used to have too many problems, like my abdomen, my waist... so I know why you have said we can do exercise. I'm 74 I don't think I can become... I can't stop being a couch potato but, do you think does it go with the disease?

[00:34:00]

**Speaker:** So what you need to do... it's very difficult to answer that question because it's probably due to aging, as I said we slow down physically and we need to also be mindful that we don't spend more than 20% of our time during the days sitting on a chair. So you need to be moving. Yeah, so that's important. If you have a grandchild, start running after him so you will probably lose some weight because you see him running around, so you just run after him. So the thing is, it's very difficult to give those answers and when you talk about the difficulty of doing physical exercise, it would be good to meet up with dietitian and a physical therapist. They can probably help you to have  a well managed program which would be according to your heart rate and they will actually help you so that you don't over strain yourself physically as well.

**Moderator:**  I've heard, it said that sitting around, sitting down for hours is actually the new cancer which is why in my office, I have a whole bunch of interns who do animation work for us and these 19-year olds, I mean literally sit for hours na nakatutok lang talaga sa... I mean, just looking at the computer for hours. So I have a bell which I ring every 1 and a half hours and they have to run around the office for at least five times. I mean, it's unhealthy just looking at them. Anyway... yes ma'am?

[00:35:42]

**Question #3:** Osteoporosis ma'am. I think osteoporosis is one of the effects of breast cancer treatment. I was had mastectomy last 2004 and then after 5-years, my other breast naman after 5 years. Now my question is, I was taking Tamoxifen why is it, why is it transferred to my other breast and after 2 years, I had my osteoporosis. Now, 16 years after my breast cancer, it has metastasised to my lung just this January 2019. Now I was given another drug, another medication... Arimidex. My doctor told me, my oncologist told me "you have to take Arimidex but every six months, you have to have an injection for osteoporosis". Now my question is, why they keep on giving us medicines that has an adverse effect on my osteoporosis?

[00:37:12]

**Speaker:** Okay, the answer is... I mean, the issue is very real and the answer is there's risk and benefit in the treatment that we are giving. The risk is that you may get some osteoporosis; the benefit is that you will be treated and saved. They are trying to keep you hours alive. So it's a choice that you can make after getting all the information, however we need to manage our... reducing the risk of getting osteoporosis and you need to discuss that with your doctor to say, or to ask what can I take to slow down the osteoporosis process. So they do give you medication to help you to slow down but the answer you had was that you had the cancer in one breast and later it came to the other breast despite the fact that you are on Tamoxifen and that's a very difficult question to answer, many doctors can tell you why but it is not really a prevention. It is reducing the risk again. Risk reduction is different from prevention. It's a bit laguering a seatbelt in a car, why do you wear a seatbelt in a car? Anybody knows?

**Moderator:** To keep you safe...

[00:38:37]

**Speaker:** To keep you safe in case you meet with an accident. Have you heard of people with the seatbelt on who have died? In an accident... so that, seatbelt is a risk reduction. So the risk reduction is quite different from prevention. Like HPV Vaccine, the vaccine for cervical cancer... it's prevention for certain viruses of cervical cancer so that's how it works. We don't really have prevention for breast cancer, we only have risk reduction. So we do get burdened with side effects... I am also an osteoporosis patient. I've broken my ankle, 3 bones broken in one smash. With a very trivial fall because I was on Tamoxifin for 5 years and Arimidex for another 5 years and now I'm on those injections every 3-6 months like yourself. Do discuss with your doctors to let the doctor know that you stopped your Arimidex. We have to tell our health care professionals what we are taking and what we have stopped. Just to make sure that they know that we have stopped it.

[00:39:49]

**Moderator:** Me, just to share my experience. It was my readings about calcium being, depleted with Arimidex. So I asked my doctor, myself... what I should do and that's only - because sometimes it has to come from you after you read so much. So that's only time you, oh there's this Zometa, it's that what you get? So I got this infusion for the bones every 6 months, I forget now. Because I'm also 2005 survivor. I got it every year for about 5 years and that's what Zometa is what they give bone cancer patients, right? It really works. There's a doctor in the house actually, why won't we ask his opinion? A very young good looking doctor...

**Speaker:** Do you wanna come up on stage?

**Moderator:** The doctor has to come up on stage. They are all complaining about your treatment, so have a sit.

[00:40:50]

**Psychiatrist:** Hi, good morning everyone. I'm sorry to say that I am just a psychiatrist. It would be unfair for me to comment on the medications that are used by oncologist po no? But again I like your explanation po, it really is simply risk reducing factor and there will be risk and benefits. I'm sorry It didn't pan out the way you wanted it po but there are a lot of ways that you can ally with your doctor and then you find the right combination but you have to be willing to talk about it with your doctor and of course, your doctor is going to explain the risks and benefits but if you find someone who is empathic to your own situation, then you will be able to find a program that is tailored for you. At least I hope so.

[00:41:49]

**Follow Up Question:**  Kasi yun, yung Arimidex, I took Arimidex just for a month. Now, 2 days of taking Arimidex, I couldn't sleep. I told my doctor maybe I have insomnia due to Arimidex... and she told me, without any ano, you go to the psychiatrist.

[00:42:11]

**Psychiatrist:** Okay, sige po. And how did you feel about that? Of course that's my question no? But how did you feel about that?

**Question:** I'm so angry.

**Psychiatrist:** It's unfortunate, I think kasi the stigma you know, I have to see a psychiatrist that means there is something wrong with me. That's really not... in this case, for instance, it was a very specific problem, sleep. And psychiatrist or specialist in sleep, maybe, that's why your doctor referred you or maybe she should explained it better lang po na yun lang naman po yung indication and so it's actually those things, you know we recognize that oncology medicines have a lot of side effects, psychiatrist have a huge armament of medications to target each of those side effects. So it might actually help increase compliance, kunware, I don't wanna take this medication because it keeps me up at night. Then there's an easy way to go around that problem. So if you could be open to seeing a psychiatrist for that particular reason, it doesn't mean there is anything wrong with your personality. It really is just you have to take it into perspective that it's just for the insomnia in your case.

[00:43:32]

**Speaker:** I have a question for our doctor. Would acupuncture work for insomnia?

**Psychiatrist:** So these alternative medicines, we call it that alternative medicines because they are not really the mainstream because there are no evidence-based studies but I will say, for accupuncture, it has been proven by evidence, objective studies to be effective for insomnia and pain. Those are good indications to take accupuncture therapy no? So I would not be opposed to it if I had a patient and also, siguro, what I will na rin these alternative medications, they are not a substitute for the real medications that your oncologist might give but unless its actually harming the therapy that the doctor gives, I find that the psychological benefit to the patient. If you feel good about it, if you feel better, safer, I'm not opposed to it as long as it doesn't interact for instance with the real medications.

[00:44:49]

**Moderator:** We have time for two last questions ma'am.

**Question #3:** Hi. I'm not actually gonna ask a question, I'm gonna comment because I am a medical oncologist. So I was thinking of jumping in but...   no it's okay, Maam Ranjit and doctor answered the question quite nicely so I just sat down, but not to answer your questions regarding the Arimidex in the osteoporosis, just like what Ms. Ranjit answered beautifully, it really is a balancing act. We understand very well and you know, as oncologist it's one of our frustrations sa totoo lang. We are so frustrated how our medications who supposed to treat you or cure you unfortunately has those side effects. Our job as oncologist as doctors is to just present our options according to what is evidence-based as best. But we always explain that we are just the mediator but ultimately the choice is freely yours because it's your body and secondly, our medications are not perfect. That's the problem with Science with medicine, it is not perfect. The reason why we give combinations of Arimidex with bone support is because without the bone support, the bones become weaker and weaker and what we want to avoid are accidents or fracture just like what happened to ma'am Ranjit. But with our experience, usually with the combination of Arimidex and bone support, they actually act quite nicely and we do prevent those fractures from happening but now we understand, sometimes the patients do not like the side effects of medications but we would want to encourage you to have good conversation with your oncologists. So that... it's like a balancing act eh, so kung mas nahirapan maybe we can decrease other things, we can increase other things. And that's why we always also collaborate with other colleagues from, say Psychiatry because sleep is a very major problem. I'm sure as breast cancer survivors here, during chemotherapy, during endocrine therapy, sleep has been always a problem not just because as side effect of the medications but it's a lot of depression and stress and anxiety that comes with it. At the end of the day, ang hirap nun eh... when the sleep, it's a very basic right that all of us should enjoy and yet it's still deprived of you. Many factors come into play, treatment is only one. Agree, consultation with a psychiatrist should also be considered not just because they will give you drugs to help you sleep but also to deal with the other factors. Stress, anxiety, things like that. At the end of the day it's a balancing act. With the side effects, they will always be there but you know in my experience, as long as we explain... we have a good conversation, tell me what the problem is and I will tell you why it's there. What we can do to help you, just keep an open relationship with your oncologist because at the end of the day, it's a partnership eh. Hindi naman namin kahon kahon yung treatment na pare-pareho lahat. We'd like to keep it as tailored as possible, as individualized as possible.

[00:48:02]

**Moderator:** Thank you very much doc. You couldn't have said it better.

**Speaker:** Can I say something? Thank you for your explanation and also for telling us, giving us the advice. I would like to bring to your attention, for both of you... she has anger in her. She has anger, she is disappointed because despite all the medications that she has taken, the disease has progressed. So I think that's what also needs to be looked into for the patient because sometimes doctors tend to overlook the emotional part and only the physical part. So I think that sometimes leads a lot of counselling, a lot of support and a lot of understanding of what we patients are going through.

[00:48:51]

**Moderator:** Thank you very much. I'm afraid we'll run out of time, so on behalf of iCanServe; I'd like to thank Ranjit here. And now she is going to do a second talk. And our instant guest, I didn't get your name doc. [response] Doctor Justin Aquino, for... yes. [Laugh] Okay thank you very much, again I'm... ohhh, a little present from Canebo. Thank you very much.

[Applause]

[00:49:30]

END OF TRANSCRIPTION