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Surviving Breast Cancer: The Healing Power of Hope
Guests: David Nathanson, M.D., Linda Dantonio, Wendy Goldberg
Hosted by Andrew Schorr

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Andrew Schorr interviews Dr. David Nathanson who has put together a book called, "Ordinary Miracles: Learning from Breast Cancer Survivors." Andrew talks with two contributors to the book and breast cancer survivors as well, Linda Dantonio and Wendy Goldberg, who share their views on the importance of good communication with your team of doctors and the power of keeping a hopeful outlook for life beyond a breast cancer diagnosis.

Andrew Schorr:
Hello once again, thanks for joining us live on HealthRadio. Andrew Schorr here with Patient Power. My devotion is to help you and your family make smarter decisions about health care but also to live better, if you will, with whatever health challenges may come along. So, as you interact with the people who are going to help you, your health care team, whatever providers they may be, as you do what you can yourself, there is both the physical and the mental; it all comes together particularly when you have a serious diagnosis. We’re going to talk about all that today and as we’ve done recently, we’ve had some authors on who have clinical backgrounds, and they can talk for hours and hours about the new sciences in the area that they see patients in, but often what I’m hearing now is health care professionals, after long careers, wanting to share the stories and the wisdom that they’ve gained from their patients. We had had that a couple of weeks ago with two leading neurologists; we’ve had that with social workers and other providers, brain surgeons - the works. They so often talk about what they’ve learned from their patients.

What’s exciting for me with Patient Power is doctors and patients are sharing more and working together as a team to get the whole person better and also as medical science develops new treatments but often more options, there’s a lot to talk about and to work through together and it’s a discussion rather than just an edict that maybe used to come from the doctor or patients used to treat it that way years ago, and so there is another new book, and it’s in breast
cancer. You say well there are many books on breast cancer, and there are, so therefore, what makes a new book unique? Well I think this one is, and it’s called “Ordinary Miracles, Learning from Breast Cancer Survivors” and it’s written by Dr. David Nathanson who has been Director of Breast Services at the Henry Ford Health Care System in Detroit, which is one of our renowned big health systems in Henry Ford Hospital in Detroit, a multi-specialty medical center where they give advanced care. Of course you can imagine they would give advanced care for many, many women and some men with breast cancer. Well over 30 years of doing that Dr. Nathanson, a surgeon, has learned a lot, and so he was asked by one of his patients to write a book to include those patient stories and that’s what we are going to talk about today. Dr. Nathanson, thanks for joining us on Patient Power.

**David Nathanson:**
Well, thanks so much for having me on the show.

**PATIENT STORIES**

**Andrew Schorr:**
Actually I’m just an ordinary cancer survivor and Dr. Nathanson, so often in media, whether it’s the media or sometimes the drug companies have kind of latched on to some celebrity who has come through an illness themselves, had certain treatment or maybe its been a grandmother or their husband or whatever. I can think of Rob Lowe and it was his dad, and certainly Lance Armstrong with testicular cancer and many actresses related to breast cancer. But you wanted to share the stories of people who aren’t famous. How come?

**David Nathanson:**
Well I have been hearing stories from my patients for many years and they are all remarkable and interesting. I love stories, and what is more important is that my patients love to hear stories from other patients. They like to share these stories, and so that’s the reason that we wrote the book because people gain a lot of information and knowledge, and also they resonate with the other folks that have the same disease.

**Andrew Schorr:**
I’ve always thought that it’s important and I have known this as a leukemia patient. I was diagnosed obviously with a much less common cancer than breast cancer and so I have to kind of search around for me to meet for people who could tell me their story and that was very powerful for me. So let’s meet one of your patients who has told her story (it's chapter 12 in the book). Linda Dantonio joins us from Brighton Michigan, from outside Detroit. Linda, tell us a
little bit about your breast cancer story. When were you diagnosed and why did you choose to participate in the book project?

Linda Dantonio:
Hi everyone, my name is Linda. I was diagnosed 18 years ago the very first time when I was in my early forties. At the time, breast cancer wasn’t really talked about in most circles. If you were diagnosed with an illness of cancer of any nature, automatically people labeled you as an individual who was going to terminate life. At the time it was difficult for me so I had to rely heavily on doctors at the Henry Ford facility and the medical field to kind of guide me and support me. Because I was one of the fortunate people, and because I really stressed the importance of early diagnosis, I was able to overcome the cancer at that time and approximately nine years later the cancer resurfaced. What made it completely unique was when the cancer resurfaced my sister, who was five years older than me and who did not believe in mammograms and who did not believe in any kind of medical care, was diagnosed which inflammatory breast cancer which has a survivor rate of, that type of cancer has a survivor rate that is very minimal, up to five years at the time. Unfortunately, hers was diagnosed at a very late stage of her procedure. So, at the time she was going through her cancer treatment and I was watching it and mine resurfaced again, Because of the fact that it was early diagnosis, and because of the fact I was attuned to what was going on with my body and the help of, again, the medical staff and doctors at Henry Ford, I was able to overcome my cancer and I was unable to survive, and unfortunately, for a year I watched my sister as she slowly passed away of breast cancer, which was two years after the removal of my breast.

For me it was really a difficult time because I was trying to be a guide for my sister, helping her along, hoping that I could support her and put my diagnosis on the back burner, but I realized at that point how many thousands and thousands of women out there really are fearful of ever touching their breasts – even in today’s day – that they are afraid they are going to find something and if they find it they are going to die. We need to educate them to let them know there is life beyond cancer and that yes, if there’s something wrong, go to the doctor, see what is going on, and be completely attuned to what your body says to you. If the doctor treats it very lightly and in your heart you feel that there is something wrong, well then go find another doctor until you find peace at the diagnosis and then you can continue on.

Andrew Schorr:
Well said, Linda. Now we’re going to take a break in a minute. What we’re talking about, and I imagine you discuss this in the book Linda, this point of
view that is so important for people, is we are talking about the idea of sharing information, patient to patient. What's so neat, Dr. Nathanson, is that you've been facilitating this with your expertise over 30 years as a breast surgeon. We'll come back to that and talk about some of things you've learned and how you've been inspired by your own patients. We're talking about a new book, and it's called "Ordinary Miracles: Learning from Breast Cancer Survivors" by Dr. David Nathanson from Henry Ford Health System. We'll be back with Patient Power right after this.

THE VALUE OF COMMUNICATION

Andrew Schorr:
Welcome back to Patient Power live on HealthRadio and today we’re talking about breast cancer but not from the perspective of there's 'this new procedure or that new procedure.' Certainly Linda was talking a minute ago about the importance of mammograms, and we know about early detection. Please take a look at the library of all our programs, many on breast cancer, on patientpower.info, where we discuss that. There is a lot of patient-to-patient communication going on now and, fortunately, there are a lot of patient-to-doctor, doctor-to-patient whole groups talking to one another now, more than ever before. It’s certainly been helpful for a community of people affected by breast cancer and the family members as well. Now we have this new book with the leader and lead author Dr. David Nathanson, who has been, for more than 30 years I think, a breast surgeon at Henry Ford Health System in Detroit. The book is called “Ordinary Miracles: Learning from Breast Cancer Survivors”. So, Dr. Nathanson, I know it was one of your patients who said you should write a book and your first reaction was, well how would the book be different – why make the effort when so much is out there? What got you finally convinced?

David Nathanson:
Well the patient was very determined that this would be done. She knew about my interest in listening to patient’s stories and using those stories as part of my management of other patients. That’s been something that I’ve been learning and doing over many years of treating breast cancer patients. I just discovered, as I pursued my career, that the more I listened, the more valuable it was for me that I learned a lot of things that I didn’t know from textbooks and scientific articles and from going to medical school and residency training and so on because there is a lot of wisdom in patients and that wisdom was what I was opening myself up to and listening to. So I thought that this would be valuable to share with others. I thought of it as something valuable for patients, but I do think that physicians could also learn by listening to patients.
This is not something which is strongly practiced by many physicians although these days it is much more so than it used to be.

**ORIGINS OF THE BOOK**

**Andrew Schorr:**
Oh I agree with you completely. We have a caller on the line. Is it Margaret calling from West Bloomfield, Michigan?

**Margaret:**
Yes.

**Andrew Schorr:**
So Margaret, what are the questions you would like to ask Dr. David Nathanson?

**Margaret:**
Well I would like to find out if as he was working with the patient who recommended the book, but as he had her request, then did he see a pattern where he was slowly gaining things from his patients or did he just sort of one time when there looked like an “ah ha” moment that arrived there that helped him to finally make that decision to go ahead a write?

**Andrew Schorr:**
Good point, Dr. Nathanson?

**David Nathanson:**
Well I don't think there was one particular “ah ha” moment, there were many of them. Over the years these were delightful experiences for me and as I began to hear from my patient that she thought this would be valuable, because I did share that with her, that I was learning things from patients, and she thought that was a good idea to share with a lot of patients who I don't see who might be able to read the book. So that was really a learning of many, many years actually, not just one moment.

**THE IMPORTANCE OF SUPPORT**

**Andrew Schorr:**
Margaret, thank you for your question and for listening in. So, Dr. Nathanson, maybe you could give us an overview. We’ll go back to Linda and I know a nurse practitioner at the clinic, Wendy Goldberg, who later became a breast cancer patient herself, will be joining us in a few minutes. Some of the things
that resonated for you, I know you’ve been inspired by your patients and you’ve seen the drama that people go through and try to work through, and Linda was just sharing that about her sister’s breast cancer as well as hers, all going on in a cyclone all at the same time. What are some of the things, when you look at the book now and the different chapters, just jump out at you and I’m sure there are many things?

David Nathanson:
There is definitely a pattern that is evident, even though I chose particular forms of personalities to exemplify six of the chapters in the book, and Linda is one of those. So, as everybody knows, personalities differ; some people are optimists, some people are pessimists, some like humor to solve and cope with their problems, some are very serious and don’t want any humor at all, and these are the thoughts and experiences that I was experiencing in my career and enhancing with every new patient.

One of the patterns that I found true was the value of support. Now support comes in many forms but to me the most important of the relations from all of my patients are the ones who were close to family and friends, who allowed their family and friends to be involved in listening to the doctor and to be involved with helping them through their crisis, and there is not just one crisis with breast cancer treatment, there may be many.

But I think that a good support team is really very, very valuable and people who do well and who develop hope, and most people do, but the quicker the hope comes is really related to support mechanisms. Something else that I picked up was something that is different than what I was taught in medical school. The interaction between the health care team and physicians is really an educational one. Apart from all the procedures that are done, but very very important is the emotional value of medical information. I think that people who are stressed and distressed and some are in despair when they first get the diagnosis, our approach is really a simple one, which is to make sure that the patients are given time to ask a lot of questions, and we provide a lot of medical information, and when patients are given that information using the terminology that is easy to understand for people who are non-medical and where they are given the encouragement to ask as many questions as they like and take as much time as they like, which obviously is difficult in this modern era, but we really do that and we value that over and above almost anything else.

So, the value of medical information – patients who come in stressed, fearful and terrified many times, once they start to understand what they are about to
go through in their treatment, we find this really helps a lot and that people tend to become much less anxious over a very short period of time and to be able to deal with the many forms of treatment that are necessary for the treatment of breast cancer. There are other aspects of importance, but I'll let you take a break.

**Andrew Schorr:**
Yes, we'll come back to that. We're going to take another break. We're visiting with Dr. David Nathanson who is Director of Breast Services there at Henry Ford Hospital in Henry Ford Health Systems in the Detroit area, and we're also visiting with one of his patients, Linda Dantonio, who is has contributed to a chapter in his new book, and we'll meet another one who's actually a nurse practitioner at the center in just minute. Stay with us as we continue our discussion on some important stories in breast cancer. We'll be back right after this.

**WENDY GOLDBERG ON SHARING HER STORY**

**Andrew Schorr:**
This show is Patient Power, as we are every day talking about medical issues from the patient’s perspective. There are not many programs like this and fortunately, more and more, there are some books that approach this prescriptive and so “Ordinary Miracles: Learning from Breast Cancer Survivors” is a book like that. The lead author, if you will, and maybe the editor-in-chief, is Dr. David Nathanson who is director of breast care services at Health Care Systems at Henry Ford Health System in Detroit. He is a breast surgical oncologist but the stories that come out in the chapters are with the heart and soul, if you will, of so many of his patients along the way.

I want you to meet another one. Now Chapter 10 is the story, authored really by Wendy Goldberg who joins us from Detroit. But Wendy, prior to being diagnosed with breast cancer for a long time was a nurse practitioner helping particularly with some of the psychiatric aspects, but she works at the Josephine Ford Breast Center at the Henry Ford Health System. Wendy, so you’ve been on both side of the table, if you will. Thank you for joining us.

Wendy, you wanted to participate in this book project and what was your enthusiasm for it because you’ve met with hundreds, at least of women and some men dealing with breast cancer and other cancers. Why did you want to share your story?
Wendy Goldberg:
You know, I think for many of us who wrote the chapters, we experienced both a strong desire to speak in a way that could be communicative to others but also some hesitation about whether we should be revealing some private aspects of our lives and some things that most people consider to be very personal. On the positive side, many years ago when I was working for the Consultation Psychiatry Division, and was working at that time with a psychiatrist named Richard Priceman, who lives out your way actually, we spent a lot of time focused on patient’s stories and read books as a group really, by Anatole Broyard, "Intoxicated By My Illness" and Arthur Frank, “At The Will of the Body” and other books that really communicated in a way that just diagnostic manuals could not, what it was like to be a human being with an illness. I was always impressed by the power of stories, and I’ve known Dr. Nathanson for a number of years as a colleague and also as a parent of children who are about my children’s ages. So we also used to talk about this. I think that won out, but I have to say that there was hesitation in the beginning about how much we should be revealing, not only to our friends but, in my case, to my own patients.

Andrew Schorr:
Dr. Nathanson, I mentioned earlier that you know so often it’s the celebrity stories and you saw power in what we would see as more as the ordinary stories, day in and day out, 180,000 plus people diagnosed with breast cancer every year, 40,000 people dying, although certainly the mortality rate is going down and I want you to tell us about that. You thought there was a power in us just connecting with real people, right?

David Nathanson:
Oh, absolutely, yes.

Andrew Schorr:
What’s your philosophy about the human spirit as people go through this because there are some people that the word is typically, and Linda referred to this earlier, we always used to say years ago, people thought cancer was a death sentence, and sometimes it was and sometimes it still is but much less in many cancers. Certainly in breast cancer it’s been changing dramatically, but the difference that it makes for people really focusing on getting well. I mean I know there are clinical studies, is there mind over matter; is there a mind body connection; can you control the cancer cells in your body, but in your experience, how much of a difference does it make in somebody just really giving it their all to both living well, live as well as they can as they go through treatment and look forward to that beyond, and also just have hope?
David Nathanson:
Well, these are very difficult things to quantify, so I can’t really give you numbers for these are just my impressions and basically, I mentioned earlier that I think there’s a difference in the way certain personalities deal with the diagnosis of breast cancer; that’s been an experience of mine over many years; but what has been so amazing to me is the fact that almost everybody goes through an absolute horrendous sense of fear when they first get the diagnosis of breast cancer. Some people bounce back quickly and others take a little longer, but my experience has been that initially that fear and the delirium that is associated with that, which means that people are not really at their best in terms of wisdom and being able to decide what to do for themselves when they get information, they don’t really hear it all very well, but what has been so amazing to me is that within a few days of the diagnosis, I may have had somebody who is totally helpless, anxious, depressed and within a few days of listening to information and discussing things with family and friends, that there is a certain courage that appears. That’s how I interpret it – there is courage that follows the fear and hope because the initial sense that many people express to me is that they think they are going to die when they get the diagnosis.

We spend a lot of time trying to persuade folks that that’s really not true, particularly in this modern day and age, that there are many options for management, and that the management for breast cancer has really resulted in a marked improvement in survival. So I think that it’s really courage, faith, hope and these things are within all of us actually I believe, and they just come forth when they have to, and that’s what happens.

ACCEPTANCE AND TAKING RESPONSIBILITY

Andrew Schorr:
Linda, I wonder if you agree with me. I don’t know if you’ve seen these T-shirts around – some of the kids wear it, I don’t know if the American Cancer Society puts it out or when they do the Relay For Life. It says “Cancer Sucks” and it does. The diagnosis is terrible but Linda, even what you went through with your sister, you must have the determination – ‘well I didn’t ask for this and I didn’t ask for this again but I’ve got to go on with my life’ right?

Linda Dantonio:
Absolutely. But after listening to Dr. Nathanson and Wendy and reading the book, I think the real importance; to me it is very important; of awareness, and once we can get out to individuals that cancer exists. There is no ifs, ands, or
buts, we can’t shoo it away; it’s going to come. Maybe it will affect us in a horrendous way or maybe we can cope with it, but if each of us will take the time to realize that ‘yes this can happen to me but I have to take personal responsibility and take charge of my body and be on top of it and if there is something wrong, please go see a doctor’ I think it is so crucially important. We live in a day; back when I first got it in the 90’s, we just didn’t talk about it; but today there is so much information, the Internet, friends and other patients that we need to be aware of what’s going on.

When you were talking to Dr. Nathanson about the fact that there is a higher survival rate and that’s because more and more women are becoming aware of what is going on so they immediately go to their doctor, but we still have to work on that. Unfortunately, there are many men and women who just think ‘this is never going to happen to me’ or ‘that little lump is nothing’ or ‘I don’t need to go through mammograms’ or ‘I can wait another year, I can wait two years, it’s okay’ and that’s why I feel that I need to be out there and do whatever I can to help out in that aspect. So yes, cancer does suck, but hey, it’s part of us.

**THE EMOTIONAL ASPECTS OF HAVING CANCER**

**Andrew Schorr:**
Good for you. So, Wendy, in your own perspective then, you help council people. Depression often goes with a cancer diagnosis and other serious conditions. You just feel that your life is over. The day I was diagnosed with leukemia my wife and I walked in the park and we thought I was 46 and that our future, our image or bubble of our future, you know grandkids, whatever it was going to be, was just stolen from us. Now here I am, an 11-year survivor, and in breast cancer we have long, long term survivors, many, many, many. So, how do you help people get past that and to know that in more and more cases now there is a lot of good time to come?

**Wendy Goldberg:**
You know the walking through the park is such an important act, and it’s an important image to think about. I’m glad you mentioned your own experience. I think even when people can be hopeful because there are hopeful statistics. As you know, any individual’s course is still uncertain and even with a very, very good outcome there are changes that happen immediately during the diagnostic period, during the treatment. Then, forever afterward, in some way you are not the person you were before the diagnosis. I think if I was to describe kind of the overarching theme of my place in the cancer center, it is to help with that shock to one’s self concept to one’s identity. Then, to help, if I
can, make sure that the system of care, which is big; good care is usually is pretty complicated; to make that care system responsive not only as a good system that works every day without any one person having to be there, but also as a system that is so tailored to the needs of an individual. That means getting to know that person and getting to know their family. Many of us try to do that and I think that’s just our general goal, to help people thrive.

THE IMPORTANCE OF DOCTOR AND PATIENT COMMUNICATION

Andrew Schorr:
Dr. Nathanson mentioned earlier about people not trying to go through this alone and you talked about what helped so many people, Dr. Nathanson, is support. I want to talk to you as a surgeon. Now people go, they seek out a breast surgeon, a specialist to help them. Fortunately, in later years now you can do breast-conserving surgeries in many cases but still it’s very scary. You want the cancer cut out and you want the cancer cells killed but you don’t always know what lies ahead or what could happen even years later. But it was often the case with surgeons that you didn’t get a lot of time to talk to them, but it sounds like your philosophy is to have a lot of interaction with patients and not just about the clinical but also about who they are as a person. Is that a new model, do you think, for cancer care?

David Nathanson:
Well I don’t want to claim this as unique to me, and I don’t want to claim it as a new model. I think it’s something that I need as a physician. I was taught, as most surgeons are, that the most important thing you can do is be in the operating room and remove the tumor. It wasn’t until I’d been in practice for a few years that I began to realize that that was a very impersonal pose for me, and it really didn’t satisfy me as a person, so I think this is kind of something I needed for my personality, but it turns out that it is valuable for patients as well, and I was fortunate that that happened.

I did have to take a stand because my role as a surgeon, and the way that I am evaluated as a surgeon, is in the mold that most surgeons believe, which is really what you described; we really don’t have a lot of time. Most surgeons don’t spend a lot of time with patients. Surgeons are really taught to do things very, very succinctly and quickly and that includes visits in the clinic. I would get this kind of report back from patients, that they were kind of bewildered, that they didn’t really have enough time with the surgeon. If you were to ask the surgeon if he had given enough time to the patient would have said ‘yes he did’ because surgeons are good at summarizing things and doing things quickly, and surgeons believe that people should be able to understand them perfectly,
but I found that that was not true, that I needed to spend more time to allow patients to verbalize their questions better for me to understand and for them to understand me.

I learned to speak at different language which was less technical so that people could understand me better, and I learned that I needed to look people in the eye and that I needed to answer questions, no matter what questions were, and to be absolutely honest and upfront about everything that I responded to. So that’s just me, and I’m sure there are many other people like that, particularly in this day and age. It was very different when I was in training and in medical school because there was no teaching or training by our seniors, by our professors in medical school, or in surgical training that really gave us the model that I’m following now and that’s just something that I’ve just learned to do on my own.

**Andrew Schorr:**
I just have to comment on this Dr. Nathanson, because again, as you said traditionally, surgeons are busy people, you see them for a visit and then you’re in the OR, you’re put to sleep, you see them in after care a little bit but it’s very efficient, as you said. Now there are choices in many areas of cancer care, certainly in breast cancer, it’s very much an active dialog of what’s the plan the patient feels comfortable with and with the different approaches that are available, newer medicines, different surgical approaches, how much surgery, do you do something with the opposite breast, etc., lots of implants of radiation seeds, and a million different questions. There’s a lot to talk about and what’s great is that someone like you, a leader of breast care services in a major hospital, that you’re committed to listening. So I hope it is a new model, and I’m sure Linda and Wendy, you agree.

So, here we have an aging U.S. population – cancer is typically a disease as you get older. A lot are different, but certainly there are a lot of younger people with cancer too. So it sounds to me, Wendy, wouldn’t you agree that this sort of more holistic discussion and active listening is really important for cancer care as we are in the 21st century.

**Wendy Goldberg:**
Active listening is important in all phases of life, but certainly it is a requirement in health care. It’s funny, you know, there are many courses, and I’ve taught some of them at Henry Ford, and when we look at a course we can laugh a little bit at the jargon or some of the almost scripted dialog that is used to help people understand how to listen, but when you live it then you can really see the value. It’s not just for the patients to feel good, which is of value of course,
but if you really have active listening and good communication, you have better diagnosis, you have better treatment, you have better outcome. I think those of us that have been caregivers and those of us that have been patients see that repeated on a daily basis.

"ORDINARY MIRACLES: LEARNING FROM BREAST CANCER SURVIVORS"

Andrew Schorr:
I sure believe that. Now let me just mention, just so people understand this book, it has 15 chapters and, Dr. Nathanson, is each one tied to an individual patient, each one of these 15 chapters?

David Nathanson:
There are six chapters that are tied that are kind of case studies but the others are the usual kind of treatments that are given for breast cancer. For example, there is a chapter on surgery, and what I did with that chapter is I kind of built a little tapestry of stories from the 71 people who responded to my request for them to write stories. So I’ve taken paragraphs and knitted them together to exemplify certain differences of opinion of how people experience the surgical procedure.

The same is true of the chapters on radiation, chemotherapy and on faith and spiritual matters and so on. I really scripted the book at the beginning and asked people to write about all of those experiences. So that’s what the book is all about. It’s basically six case stories written by people like Wendy and Linda. There is actually one by a man that is very unique, particularly since he’s a very well known man in the community and is very good at what he does and writes well. What’s more important is the courage of the man to admit that he had breast cancer, which is not true of most men.

Andrew Schorr:
Right. Well, I can’t wait to read more of it, so I just want to mention the name of the book again, and how unique it is. So it is “Ordinary Miracles: Learning from Breast Cancer Survivors” and the lead author, if you will, and I’ll call you editor in chief, is Dr. David Nathanson. He is an award winning breast surgical oncologist. You can hear he’s originally from South Africa. I love your accent Dr. Nathanson, and I bet your patients do too, but what’s more is that I’m really touched by your commitment to them and beyond what goes on only when their asleep in the OR.

Linda, he must be an incredible doctor, and I bet you are really gratified to be a part of this project.
**Linda Dantonio:**
Yes, he definitely is and I most certainly am. I just am thrilled to see that the book can share so many various aspects beyond the medical and the surgical. It gets in depth with the emotional and the spiritual, which is very dear to me. The whole book is absolutely wonderful.

**LIFE AFTER THE CANCER DIAGNOSIS**

**Andrew Schorr:**
Well, this is what we do on Patient Power, and I just want to mention, Wendy, and you'll probably be interested in this too, tomorrow we're doing a whole hour with an oncologist from Oregon Health and Science University, Dr. Brandon Hayes-Lattin, and it's specifically on cancer in young adults, and cancer is terrifying at any time, and we'll zero in on the issues for younger people, Wendy, I'm sure you've seen that though, people affected by breast cancer, men or women more commonly, it's devastating, but I think all of us would agree that most of the time there's a lot of life after the cancer diagnosis. I know I'm living it, and Linda you are, and Wendy you're working same as usual right, you know, way after your breast cancer.

**Wendy Goldberg:**
I think my family would say, and perhaps hopefully my colleagues would say I am working pretty hard, but there is a lot of life and one phrase that we would like to ban from anyone's lips is that 'there is nothing we can do.' There is always something to do, something appropriate to do. It may not always be life prolonging, although in the case of breast cancer most of these treatments are life prolonging to the point where many, many people do not have to deal with the breast cancer again, but there is always something good and always something responsive that would match the need of the patient and the family, and that's what we look for during the entire continuum of care, and that's what makes working, I think, for this kind of cancer center, and there are many of them, very, very satisfying.

**Andrew Schorr:**
Well, it sounds like you have a great team at Henry Ford and people are really blessed with quality care but also it sounds like a lot of compassion and heart in it too, and that's so needed. Dr. Nathanson, you're really to be commended for showing leadership in that. It must be very satisfying for you, sir, to see this project become a reality with a book that we can all hold in our hands and read.
David Nathanson:
Oh, it's really wonderful to have gotten to this point. Yes, absolutely.

Andrew Schorr:
I wish you well with it, Dr. Nathanson, and your leadership there at Henry Ford Health System. Wendy? If you're out in Seattle, and I think you said you would be during the break, I'd love to see you, but enjoy life and then your dedication to your patients back in Detroit. And Linda? All the best to you, and let's hope we can have a discussion about our passion for helping patients 20 years from now, okay?

Thank you everybody, and as always, this is Andrew Schorr reminding you that knowledge can be the best medicine of all. Have a great summer day, and we'll see you tomorrow. Andrew Schorr, signing off.

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