

Uncomplete chatlog - intern meeting @ AMMC (Hospital sim)

Present: Natalie Balogh , Elspet Glasgow , Yoghas Etchegaray , Negok Villota , Berci Dryke , Cary Flanagan , Woody Kowalski , Milou Papp , Vera Zhaoying , and me

[10:34] Natalie Balogh: Russ mentioned that the signs she was presenting were significant for diabetics with MI

[10:34] Elspet Glasgow: What came of the blood cultures?

[10:34] Yoghas Etchegaray: maybe a myocarditis will be most probably

[10:35] Natalie Balogh: We didn't pursue it further...it wasn't part of the exercise

[10:35] Yoghas Etchegaray: endocarditis

[10:35] Yoghas Etchegaray: sorry

[10:35] Natalie Balogh: Russ suggested CAD if she had been out of control for most of her life

[10:35] Vera Zhaoying: I have not planned further :) guys so it is not their fault, there was no follow up

[10:35] Elspet Glasgow: Ok

[10:36] Negok Villota: yep, that could have been without typical pain

[10:36] Natalie Balogh: I think Negota mentioned two cavitations at the apex on the CXR

[10:36] Negok Villota: we did consider pericarditis but we thought it might not be as emergency as the IAM

[10:36] Natalie Balogh: Yes

[10:36] Negok Villota: so we tried to control what seemed the more treatment needing pathology

[10:37] Vera Zhaoying: :)

[10:37] Natalie Balogh: We did put her on IV antibiotics, broad spec after we took blood cultures

[10:37] Negok Villota: :-)

[10:37] Natalie Balogh: :-)

[10:37] Vera Zhaoying: and the patient responded excellent

[10:38] Negok Villota: luckily :-)

[10:38] Natalie Balogh: We also planned to stabilize her glucose and suggest she monitor herself more often

[10:38] Natalie Balogh: lol

[10:38] Negok Villota: yep

[10:38] Natalie Balogh: And we gave her aspirin and discussed Plavix

[10:38] Natalie Balogh: nitro

[10:38] Natalie Balogh: And called a cardiac consult

[10:39] Yoghas Etchegaray: phone brb

[10:39] Vera Zhaoying: ok

[10:41] Yoghas Etchegaray: can I ask you how was her electrocardiogram when he arrived at hospital?

[10:41] Negok Villota: yep

[10:41] Negok Villota: ST elevation

[10:41] Natalie Balogh: ST elevation was present

[10:41] Yoghas Etchegaray: maybe will be a good idea to upload the EKG images

[10:41] Yoghas Etchegaray: tks vera  
[10:41] Negok Villota: v3? natalie  
[10:42] Negok Villota: i wasnt sure on the derivations  
[10:42] Natalie Balogh: I think so  
[10:42] Negok Villota: i think it was also DII or so  
[10:42] Vera Zhaoying guys for time sake, can we proceed to next phase?  
[10:42] Natalie Balogh: Looked like it, but my images were blurry after I crashed  
[10:42] Yoghas Etchegaray: please give one to anakin vera  
[10:42] Vera Zhaoying ok  
[10:42] Negok Villota: sure vera  
[10:43] Negok Villota: also supraventricular tacky yoghas  
[10:43] Negok Villota: quite looking as a flutter  
[10:43] Vera Zhaoying okay well i am in pjs cause i be the petient again  
[10:43] Negok Villota: we didnt want to try to reverse it because it seemed to be running for a week  
[10:44] Vera Zhaoying on the xrays there was something fishy in the breast area  
[10:44] Vera Zhaoying sorry Negok like to move on  
[10:44] Negok Villota: sure vera, sorry  
[10:45] Vera Zhaoying the result of the mammo is on the screen  
[10:45] Vera Zhaoying behind you berci  
[10:45] Negok Villota: lol  
[10:46] Berci Dryke: oh sorry :)  
[10:46] Yoghas Etchegaray: can u describe the image berci?  
[10:46] Berci Dryke: I'm afraid I can't as I don't see the image...  
[10:46] Berci Dryke: fighting with lag...  
[10:46] Vera Zhaoying it takes time sorry  
[10:47] Yoghas Etchegaray: looks like several quists  
[10:47] Berci Dryke: are there some suspicious spots?  
[10:47] Yoghas Etchegaray: can u see the image vera?/  
[10:47] Elspet Glasgow: Yes, here are suspicious areas.  
[10:48] Negok Villota: tubular dilatation on the arrow? not familiarized to mamos  
[10:48] Vera Zhaoying yes i can  
[10:48] Negok Villota: the straight arrow  
[10:48] Yoghas Etchegaray: what do u think vera?  
[10:49] Vera Zhaoying that it has to be investigated further :)  
[10:49] Vera Zhaoying and for that you all are here :)  
[10:49] Berci Dryke: inflammation of the ducts?  
[10:49] Vera Zhaoying nods close berci  
[10:50] Vera Zhaoying we lost some  
[10:50] Vera Zhaoying i like to hand out 2 notecards it would take forever to write them down now  
[10:51] Cary Flanagan: need a needle aspiration to determine if it's invasive ductal carcinamo or jsut dics  
[10:51] Vera Zhaoying yes Cary, but something else can be done before that  
[10:51] Cary Flanagan: mammogram and mris  
[10:51] Berci Dryke: ultrasound?  
[10:52] Cary Flanagan: The whole workup needs to be done  
[10:52] Negok Villota: one question: those two white balls, they ares quists?

calcification?

[10:52] Vera Zhaoying yes

[10:52] Vera Zhaoying gave you AMMC VZ exercise 26-1-08 patient presentation.

[10:53] Vera Zhaoying Negok, that has yet to be determined

[10:54] Negok Villota: whats CBE?

[10:54] Woody Kowalski: thx

[10:54] Negok Villota: hi woody

[10:54] Vera Zhaoying if it is good everyone had 2 notecards

[10:54] Natalie Balogh: Hi woody

[10:54] Woody Kowalski: hi

[10:54] Cary Flanagan: hiya

[10:54] Vera Zhaoying breast exam

[10:54] Negok Villota: yes i got them vera

[10:55] Vera Zhaoying they are a bit sloppy but had little time to make them

[10:56] Berci Dryke: If I activate that flatscreen, I'll be kicked out... :(

[10:57] Woody Kowalski: thx

[10:57] Natalie Balogh: I have a notecard that i wrote on how to properly perform a CBE....I'm not sure there's time to go over it, so can i just hand it out?

[11:00] Cary Flanagan: yea..it's not loading for me Nat

[11:00] Vera Zhaoying hmm yes, Nat maybe you can do it while the rest watches?

[11:00] Vera Zhaoying and then try?

[11:00] Natalie Balogh: Yes

[11:00] Negok Villota: insufficient permissions to see the note it says to me nat

[11:01] Negok Villota: i agree vera

[11:01] Vera Zhaoying :) okay well then i leave you here to make an investigation plan and am in the midst pt room on the 1 floor

[11:02] Natalie Balogh: In ED?

[11:02] Vera Zhaoying no patients room :)

[11:02] Vera Zhaoying maybe crowded there okay in the ED room

[11:03] Cary Flanagan: Like I said.. need a mammo, not MRI, and if CBE is already performed need to do a NAb or FNAB

[11:03] Vera Zhaoying i go there now

[11:03] Cary Flanagan: mi doesn't give us any real info about a mass

[11:03] Cary Flanagan: mri

[11:03] Woody Kowalski: ct scan can a little

[11:03] Negok Villota: please Nab and FNAB

[11:04] Cary Flanagan: Mammo is preferred...Needle aspiration biopsy

[11:04] Negok Villota: (i mean translation)

[11:04] Cary Flanagan: fine needle aspiration biopsy

[11:04] Woody Kowalski: yes

[11:04] Negok Villota: there are any no-mass causes for that ductal dilatation?

[11:04] Cary Flanagan: sometimes called a fnac...fine needle aspiration cytology too

[11:05] Woody Kowalski: i actually just had a mole removed on my right breast on Monday and is being tested for melanoma

[11:05] Negok Villota: ty cary

[11:05] Woody Kowalski: now i have stitches

[11:05] Natalie Balogh: ouch  
[11:05] Woody Kowalski: sry just thought i would say that  
[11:05] Natalie Balogh: hope it is ok!  
[11:05] Woody Kowalski: yeah so do i  
[11:05] Cary Flanagan: me too  
[11:06] Cary Flanagan: we assume the cbe has been done?  
[11:06] Woody Kowalski: if you go to my Yahoo! profile you can see all the other things I have been through- if u want to - the link is in my profile  
[11:06] Woody Kowalski: reason I want to become a nurse  
[11:06] Negok Villota: i think we are going to cbe now  
[11:06] Cary Flanagan: and there's usually not a reason for the ducts to be dialated  
[11:06] Natalie Balogh: Yes  
[11:06] Woody Kowalski: true  
[11:06] Cary Flanagan: Except a mass  
[11:07] Negok Villota: so i think we may assume ther is a mass  
[11:07] Cary Flanagan: Yes  
[11:07] Woody Kowalski: yes  
[11:07] Negok Villota: also the calcfication seems to me a clue  
[11:08] Cary Flanagan: yep  
[11:08] Natalie Balogh shouts: Vera,where are you?  
[11:08] Woody Kowalski: yes  
[11:08] Negok Villota: so whats expected besides cbe and fnab?  
[11:08] Woody Kowalski: up in the breast exam room i think  
[11:08] Woody Kowalski: i know where it is  
[11:08] Cary Flanagan: We'd have to wait for the results from the fnab  
[11:08] Negok Villota: we may go for the complete ct scan to check bone?  
[11:08] Cary Flanagan: The fnab is sent to the lab  
[11:08] Negok Villota: and liver?  
[11:08] Cary Flanagan: good idea  
[11:08] Vera Zhaoying shouts: Vera Zhaoying in emergency right by the doors  
[11:09] Negok Villota: lets move then, isnt it?  
[11:09] Woody Kowalski: yes  
[11:09] Yoghas Etchegaray: ok  
[11:09] Yoghas Etchegaray: go to ed  
[11:17] Natalie Balogh: Pain, which can be associated with a number of processes including: cyclical in a menstruating women (reflecting transient hormone induced changes in the breast tissue), occasionally malignancies.  
[11:17] Natalie Balogh: Unusual nipple discharge, which may include:  
[11:17] Natalie Balogh: Blood, concerning for malignancy  
[11:17] Natalie Balogh: Milk when not pregnant.  
[11:18] Natalie Balogh: Suggestive inappropriate Prolactin secretion from the pituitary - may also be induced by certain medications Other  
[11:18] Natalie Balogh: Discoloration or change in the quality of the skin:  
[11:18] Natalie Balogh: Redness suggests infection or inflammation - in the post partum patient, this is often due to mastitis, a diffuse inflammatory condition caused by congestion from inadequately expressed milk. "Peau d'orange" quality - an "Orange Peel" like texture that's caused by an uncommon,

aggressive inflammatory malignancy If a mass or o

[11:18] Natalie Balogh: other abnormality is identified, it's location can be described as being in one of 4 quadrants (left upper, left lower, right upper, right lower) of the breast.

[11:19] Natalie Balogh: Alternatively, it can be described relative to it's position, imagining a clock face were superimposed on the breast.

[11:19] Natalie Balogh: It's worth noting that breast symptoms may be caused by diseases elsewhere in the body. For example, as mentioned above, inappropriate milk production may be due to a pituitary tumor secreting Prolactin.

[11:19] Natalie Balogh: r breast development in men may signify underlying liver disease. Given this, breast symptoms may merit careful history and evaluation of other organ systems.

[11:19] Natalie Balogh: As symptoms can occur in male or female patients (though overall, female >>> male), evaluation is indicated in either sex patient who presents with breast concerns.

[11:20] Natalie Balogh: Vera, today I am going to be doing a breast exam to determine if there is a mass

[11:20] Vera Zhaoying okay doc :)

[11:20] Vera Zhaoying plz do

[11:20] Natalie Balogh: I'dlike you to puta gown on with the opening in front so I can ensure your privacy

[11:21] Natalie Balogh: Is it alright with you if the students observe?

[11:21] Vera Zhaoying yes sure they have to learn too

[11:22] Natalie Balogh: The room should be comfortable because if its cold it can sometimes cause it to appear that there's a problem when there isn't

[11:23] Vera Zhaoying Nat do it in chat or the clockwise or the vertical

[11:23] Natalie Balogh: Ok, you are laying flat on the table...I planned to

[11:23] Natalie Balogh: I would like you to place your right arm behind you head

[11:23] Vera Zhaoying moves arm

[11:24] Natalie Balogh: First, Observe the breast, looking for evidence of skin or nipple dimpling/retraction, discoloration, obvious masses or asymmetry.

[11:24] Natalie Balogh: Before she lays back I observing the breasts while the patient sits up may increase your ability to detect asymmetry or other surface abnormalities, particularly if the person has large breasts.

[11:25] Natalie Balogh: The goal of this exam is to examine the breast in a systematic fashion, such that all of the tissue is palpated.

[11:25] Natalie Balogh: I'll be describing three methods

[11:25] Natalie Balogh: The accuracy of the exam is increased by allowing adequate time. This will vary with breast size.

[11:25] Natalie Balogh: Specifically, it will take more time to carefully evaluate larger breasts.

[11:25] Natalie Balogh: Use the pads of the middle 3 fingers of one hand. Press downward using a circular motion.

[11:26] Natalie Balogh: I had images but I cant get them to load today

[11:26] Natalie Balogh: Apply steady pressure, pushing down to the level of the chest wall.

[11:26] Natalie Balogh: Apply enough pressure to palpate to 3 levels of depth:

[11:26] Natalie Balogh: first superficial

[11:26] Natalie Balogh: then medium, and then deep/to the level of the chest wall.

[11:27] Natalie Balogh: Make sure to palpate the nipple and areolar regions.

[11:27] Natalie Balogh: here are three methods to palpate the breasts. I prefer to use the Pie or radial Spoke pattern. But I'll list the three methods:

[11:27] Natalie Balogh: Method 1 - Vertical strips:

[11:27] Natalie Balogh: in this technique, you are breaking the breast into a series of vertical strips, each of which is evaluated sequentially, moving lateral to medial.

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[11:27] Natalie Balogh: Start at the clavicle, adjacent to the axilla.

[11:28] Natalie Balogh: Move your hand down in a vertical line until you've reached the area below the breast.

[11:28] Natalie Balogh: then move a bit more medially, and examine while traveling up towards the top of the breast.

[11:28] Natalie Balogh: When you reach the clavicle, move medially and repeat until you've evaluated the entire breast.

[11:28] Natalie Balogh: There is a "tail" of breast tissue that extends from the lateral aspect of the structure towards the axilla. Make sure that you palpate this region as well.

[11:29] Natalie Balogh: Pie or Radial Spoke Pattern: This is what I prefer

[11:29] Natalie Balogh: Imagine that the breast is broken into a series of pie-type slices, with the nipple at the center.

[11:29] Natalie Balogh: Start at the nipple, working outwards toward the periphery of the slice that you're examining.

[11:29] Natalie Balogh: Move your hands a few centimeters along each time.

[11:29] Natalie Balogh: When you are clearly no longer over the breast, move to the next slice. Make sure that you palpate the "tail" of the breast as described above.

[11:30] Natalie Balogh: Method 3 - Circular Pattern:

[11:30] Natalie Balogh: Start at the nipple. Work along in circular fashion, moving in a spiral towards the periphery.

[11:30] Natalie Balogh: Make sure that you palpate the "tail" of the breast as described in above.

[11:30] Natalie Balogh: Following direct palpation of the breast, the axillary region should be palpated. This is because the axillary lymph nodes are usually the first site of spread in the setting of breast cancer.

[11:30] Natalie Balogh: Lead in the setting of breast cancer. While this is of greatest importance when you identify a concerning mass in the breast itself, include the axilla in all of your breast exams.

[11:30] Natalie Balogh: It may help to have the patient lower their arm so it is next to their side, as when the hand is behind their head, the axillary skin is taught and perhaps more difficult to palpate thru.

[11:31] Natalie Balogh: Gently move the arm 20-30 cm away from the patient's body, so that you can gain access to the axillary region.

[11:31] Vera Zhaoying done it

[11:31] Natalie Balogh: Direct the finger tips of the examining hand (it's a bit easier to use your L hand when examining the R breast, and vice versa) toward the top of the axilla.

[11:31] Natalie Balogh: Then push the palmar aspect of the hand towards the chest wall.

[11:31] Natalie Balogh: You are trying to identify any abnormal nodules/lumps that could represent axillary adenopathy.

[11:32] Natalie Balogh: In addition, you may be able to trap the nodes between your hand and the chest wall, which can then be better characterized.

[11:32] Natalie Balogh: Most women will not have palpable axillary lymph nodes. If you do feel discrete masses, make note of: firmness, quantity and degree of mobility.

[11:32] Natalie Balogh: In general, malignancy is associated with: firmness, increased quantity, adherence to each other and/or the chest wall.

[11:32] Natalie Balogh: Recognize that adenopathy may not be due to breast disease.

[11:32] Natalie Balogh: For example, infections of the hand can cause acute, painful axillary adenopathy. Similarly, systemic diseases (e.g. lymphoma, sarcoidosis) may also cause lymph node enlargement. Thus, as with all other aspects of the exam, history and findings in other regions are of great importance.

[11:33] Natalie Balogh: There are some additional things that can be done in the CBE:

[11:33] Natalie Balogh: Assessment of nipple discharge: If the patient reports unusual discharge from the nipple, gently palpate the breast near the nipple, with a goal of trying to express and examine any abnormal fluid.

[11:33] Natalie Balogh: Bloody discharge is particularly concerning for cancer. Most discharge, however, will be secondary to benign conditions.

[11:34] Natalie Balogh: Puckering/Dimpling: This can suggest an underlying mass which is distorting the skin above it. In this setting, careful palpation around the dimpling is often revealing. In addition, if it's unclear if there is dimpling or asymmetry, observe the breasts while the patient sits up (with hands placed on hips). This may help clarify differences between the 2 sides and accentuate asymmetry.

[11:34] Natalie Balogh: Nipple Retraction: This is concerning for a mass growing underneath the nipple.

[11:34] Natalie Balogh: In this case, carefully palpate the tissue around and underneath the nipple.

[11:34] Natalie Balogh: Redness/Pain: Suggestive of inflammation and/or infection.

[11:35] Natalie Balogh: Carefully note the extent of redness as well as temperature differences. Assess for any focal swelling or fluctuance that might suggest underlying abscess.

[11:35] Natalie Balogh: Pitfalls and Problem Areas:

[11:35] Natalie Balogh: Examining women with large breasts: In this setting, it can be technically challenging to assure that you've done a thorough examination of all the tissue.

[11:35] Natalie Balogh: rely on basic exam principles, in particular: Take your time - may take 3 or minutes to examine each breast!

[11:35] Natalie Balogh: Be thorough and ordered, covering all areas of the breast sequentially.

[11:35] Natalie Balogh: Careful evaluation of masses:

[11:36] Natalie Balogh: here are many anecdotes relating to missed diagnoses of breast cancer. I recognize that all masses do not represent malignancy.

[11:36] Natalie Balogh: . In fact, most are benign (e.g. secondary to fibro-cystic changes, cysts, transient changes that vary with time of the menstrual cycle, etc).

[11:36] Natalie Balogh: If you clearly identify a discrete mass, consider it to be malignant until proven otherwise. In general, determination of final diagnosis requires a biopsy.

[11:36] Milou Papp: Hello all

[11:37] Cary Flanagan: Hi

[11:37] Vera Zhaoying :)milou is a friend oif mine

[11:37] Negok Villota: hi milou

[11:37] Natalie Balogh: A dominant breast mass that does not have a corresponding abnormality on Mammogram (i.e. "normal mammo") should still be considered malignant until proven otherwise.

[11:37] Natalie Balogh: This is because not all malignancies generate mammographic findings.

[11:37] Natalie Balogh: breast cancer can occur in men. Thus, discrete masses should be appropriately evaluated.

[11:37] Natalie Balogh: Pay very careful attention to any mass that the patient brings to your attention.

[11:38] Natalie Balogh: Women who are good self-examiners can often detect subtle/early changes concerning for malignancy that an examiner may have difficulty identifying.

[11:38] Natalie Balogh: Hi Milou

[11:38] Negok Villota: negok claps for nat

[11:38] Milou Papp: Hi Natalie

[11:38] Cary Flanagan claps

[11:38] Woody Kowalski: claps

[11:38] Yoghas Etchegaray: claps

[11:38] Vera Zhaoying Nat applause go educate :) you did great

[11:39] Natalie Balogh: So we now send her for a mammogram and, since cary has done FNAB, I will ask him to demonstrate

[11:39] Yoghas Etchegaray: yes very good

[11:39] Natalie Balogh: Thank you :-)

[11:39] Vera Zhaoying and most important no cold hands :)

[11:39] Natalie Balogh: lol

[11:40] Yoghas Etchegaray: how old is cancer of mama when yu can see it at mamography?

[11:40] Cary Flanagan: 1 yr

[11:41] Vera Zhaoying but in this case nothing was found thoughthe x rays did give echo's

[11:41] Negok Villota: up to 10 years, 1cm

[11:41] Yoghas Etchegaray: i ve read an article than mention can be up to 8 years ol

[11:41] Yoghas Etchegaray: old

[11:41] Cary Flanagan: 10

[11:41] Yoghas Etchegaray: agree

[11:41] Yoghas Etchegaray: what s the sensibility and specific of a mamogram?

[11:42] Yoghas Etchegaray: i m ask for teaching and learning propos

[11:42] Yoghas Etchegaray: ok

[11:42] Cary Flanagan: varies with the method to calculate

[11:42] Vera Zhaoying i know Yoghas n

[11:42] Yoghas Etchegaray: oh

[11:43] Yoghas Etchegaray: please cary tell us more about it

[11:43] Vera Zhaoying but i think i have l;anguage problem

[11:43] Yoghas Etchegaray: english is our second language for

[11:43] Yoghas Etchegaray: someones here np

[11:43] Vera Zhaoying ok

[11:43] Cary Flanagan: in good quality it detects it in 75% to 99%

[11:44] Yoghas Etchegaray: tks

[11:44] Vera Zhaoying :)

[11:44] Cary Flanagan: but can recognize it in 56 tp 86 of those dx'd over 2 years

[11:44] Yoghas Etchegaray: congrats to Natalie for her excelent presentation

[11:44] Natalie Balogh: Thanks :-)) sorry about my keyboard being broken

[11:44] Yoghas Etchegaray: oh tks cary

[11:45] Yoghas Etchegaray: was very good dont worry natalie

[11:45] Cary Flanagan: it also increases with age

[11:45] Yoghas Etchegaray: oh

[11:45] Yoghas Etchegaray: what age do u need to send yr patients to do a mamography?

[11:46] Negok Villota: 50 for all

[11:46] Woody Kowalski: o

[11:46] Cary Flanagan: well..it used to be 40, but now it depends on the

[11:46] Negok Villota: since 40 for those with familiar history

[11:46] Cary Flanagan: hx of the pt

[11:46] Woody Kowalski: sometime in their 20ies

[11:46] Vera Zhaoying this is gonna start a fierce debate from my side Yoghas:0

[11:46] Yoghas Etchegaray: oh

[11:46] Cary Flanagan: yea...some women need to be sent earlier if they ahve a family hx

[11:46] Yoghas Etchegaray: every year???

[11:47] Cary Flanagan: yea

[11:47] Vera Zhaoying yes

[11:47] Negok Villota: every two years

[11:47] Woody Kowalski: it differs between everyone

[11:47] Yoghas Etchegaray: who are carried of BRCA genes?

[11:47] Yoghas Etchegaray: or family story?

[11:47] Woody Kowalski: if they think that u are more at risk they might do it more times than a person who is not at risk

[11:47] Negok Villota: i agree with woody

[11:48] Vera Zhaoying :)

[11:48] Milou Papp: isnt there a hugh radiation risk in mamagr every 2 years?

[11:48] Cary Flanagan: u mean who are the carriers?

[11:48] Woody Kowalski: i was adopted so I don't know

[11:48] Negok Villota: not sure about the carriers

[11:48] Negok Villota: yes for the history pt

[11:48] Cary Flanagan: jewish women of ashkenazie decent

[11:48] Cary Flanagan: not sure how 2 spell that

[11:48] Woody Kowalski: it sucks not knowing your family history

[11:48] Yoghas Etchegaray: is ok

[11:48] Negok Villota: you can do a genetic exam woody

[11:49] Woody Kowalski: I sent a request to the government and have to wait 6 months to get the results

[11:49] Woody Kowalski: what do u mean?

[11:49] Woody Kowalski: i have been to a geneticist

[11:49] Negok Villota: pts with previous history... may start at 40s or when the sooner case appeared?

[11:49] Cary Flanagan: It's not hard to see if you ahve the BRCA genes, woddy

[11:50] Cary Flanagan: Nat crashed

[11:50] Vera Zhaoying okay well we have had the CBE, patient here has risk in the family, i hand pout a gp file

[11:50] Yoghas Etchegaray: is only theoric Family background is more chepaer

[11:51] Yoghas Etchegaray: anymore questions?

[11:51] Yoghas Etchegaray: natalie crash

[11:51] Negok Villota: yep,

[11:51] Woody Kowalski: my mom had ovarian cancer not breast cancer

[11:51] Negok Villota: one question, about the previous history yogha

[11:51] Yoghas Etchegaray: yes

[11:52] Negok Villota: they may start with mamo at the sooner case age?

[11:52] Negok Villota: every year?

[11:52] Cary Flanagan: dr ann was my mentor and I'm going onc

[11:52] Yoghas Etchegaray: good Cary

[11:53] Cary Flanagan: so i know some women have them every yr even in 20s

[11:53] Woody Kowalski: so do i

[11:53] Yoghas Etchegaray: i want to tell that some breast cancer genitics

[11:53] Yoghas Etchegaray: BRCA are located at chromosome 17

[11:54] Yoghas Etchegaray: some Are related to chromosoma 1 mutations who are not relatade to BRCA (-)

[11:55] Yoghas Etchegaray: is important to know about the receptors

[11:55] Yoghas Etchegaray: ??

[11:55] Negok Villota: sure

[11:55] Cary Flanagan: why is so much empahsis placed on brca genes when so amny women have bca but not the brca mutations?

[11:55] Cary Flanagan: wb nat

[11:55] Natalie Balogh: Thanks

[11:55] Yoghas Etchegaray: we nat

[11:55] Negok Villota: it is a bad prognosis indicator

[11:55] Negok Villota: wb nat

[11:55] **Natalie Balogh:** Thank you  
[11:55] **Yoghas Etchegaray:** agree  
[11:56] **Vera Zhaoying** i will hook up here with Cary, i passed out the GP fax in it is the family history, + the reason why i do SBE  
[11:56] **Cary Flanagan:** k  
[11:56] **Yoghas Etchegaray:** just interest in BRCA genitics  
[11:56] **Cary Flanagan:** We can do the fnab in the ed vera  
[11:57] **Cary Flanagan:** did u want to show the mammo tho, vera?  
[11:57] **Vera Zhaoying** ok Cary sorry doc Yoghas for interrupting  
[11:57] **Vera Zhaoying** maybe good idea to do all there Cary, can you please tp me i move not good  
[11:58] **Natalie Balogh:** Sure  
[11:58] **Yoghas Etchegaray:** np  
[11:58] **Vera Zhaoying** :) and it is nice rto show that area :)  
[12:08] **Cary Flanagan:** We need u on a table  
[12:08] **Vera Zhaoying** but i step on the ani for the mammo first  
[12:08] **Cary Flanagan:** sterile field  
[12:08] **Cary Flanagan:** kk  
[12:09] **Woody Kowalski:** can we watch vera?  
[12:09] **Cary Flanagan:** u wouldn't have your shirt on lol  
[12:09] **Vera Zhaoying** yes you all can i keep shirtt on  
[12:09] **Yoghas Etchegaray:** vera i need to log out for some mins  
[12:09] **Yoghas Etchegaray:** ok  
[12:09] **Milou Papp:** ;-)  
[12:09] **Natalie Balogh:** Yes!  
[12:09] **Yoghas Etchegaray:** brb  
[12:09] **Yoghas Etchegaray:** tks  
[12:10] **Vera Zhaoying** on the screen beside me possible results  
[12:10] **Woody Kowalski:** i have medical images from MRIs and CT scans and x-rays and ultrasounds if anyone needs any for a presentation  
[12:10] **Woody Kowalski:** they are on my computer  
[12:10] **Woody Kowalski:** they are of me but I would not mind letting you use them  
[12:11] **Vera Zhaoying** thnx Woody Cary do you wanna proceed with biopsy?  
[12:11] **Cary Flanagan:** kk  
[12:14] **Vera Zhaoying** i so want this table :)  
[12:14] **Cary Flanagan:** there, it's yours  
[12:14] **Woody Kowalski:** i had this done last monday  
[12:14] **Vera Zhaoying** big smile :)  
[12:15] **Cary Flanagan:** i'm first swabbing the area of the skin above the area 2 be biopsioed with an antiseptic solution  
[12:15] **Cary Flanagan:** well, first I put on sterile gloves lol  
[12:15] **Natalie Balogh:** lol  
[12:15] **Cary Flanagan:** then use sterile swabs to cleanse area above where I'm biopsing  
[12:16] **Cary Flanagan:** then I'll drape the area with sterile surgical towels  
[12:16] **Cary Flanagan:** ok vera, I'm gonna numb the surrounding skin and muscle underneath with s anesthetic

[12:16] Woody Kowalski: can we ask questions while you do it?

[12:16] Cary Flanagan: yep

[12:17] Cary Flanagan: i have the mammo and any xr up next to me

[12:17] Vera Zhaoying nods and woodty can you save them?

[12:17] Woody Kowalski: arent u suppose to circle the area where you are biopsing before you do anything

[12:17] Woody Kowalski: k

[12:17] Cary Flanagan: and a palpate the breast to make sure i know the location

[12:17] Cary Flanagan: then I circle it

[12:17] Cary Flanagan: then i prepare the skin again

[12:18] Cary Flanagan: and use a fine needle...diam of 24 or 25 ga....u need the needle to be stiff and not bend and 27 or 28 ga needles bend

[12:19] Cary Flanagan: I'm going to pass the needle into the mass

[12:19] Cary Flanagan: i'll do that several more times

[12:19] Cary Flanagan: Sometimes, several passes may be needed to obtain enough cells for the intricate tests which the cytopathologists perform.

[12:20] Cary Flanagan: and if the mass is small, it might take several passes to get a sample that can be tested

[12:20] Cary Flanagan: sometimes a needle is used as a guide and another is passed thru to actually take the sample

[12:20] Vera Zhaoying aauw :)

[12:20] Cary Flanagan: i withdraw cells into the syringe and place it on a glass slide

[12:21] Cary Flanagan: I put pressure on the area and hold it for a bit and send the pt to the observation area

[12:21] Cary Flanagan: even tho it's done in the office or outpt center, it's still can be a source of infecton

[12:21] Cary Flanagan: and vitals should be taken after again

[12:22] Vera Zhaoying you have no idea how relieved the Pt is when it is over :)

[12:22] Cary Flanagan: lol

[12:22] Cary Flanagan: After an hour or two she can go home

[12:22] Cary Flanagan: bleeding is the most common side effect and should be watched

[12:23] Cary Flanagan: but it shouldn't have much blood

[12:23] Cary Flanagan: sterility obviously is important

[12:23] Cary Flanagan: don't want her getting an infection and pt is told to examine the site

[12:23] Vera Zhaoying but I am mot traeted with anti coagulats

[12:24] Cary Flanagan: yea...pt is told to stop aspirin or anticoagulatnts 2 days pre biopsy

[12:24] Cary Flanagan: coagulants

[12:24] Woody Kowalski: can an ultrasound be used to better determine the location of the mass?

[12:24] Vera Zhaoying sorry one hab

[12:24] Vera Zhaoying: hand

[12:24] Cary Flanagan: no

[12:24] Woody Kowalski: ]why not?

[12:25] Vera Zhaoying sometimes you can do guided bviopsy but echo is not good alone

[12:25] Cary Flanagan: that's why the mammo is done because of the aspect ratio and it cant really tell u much about the size depth or area

[12:25] Cary Flanagan: so u r kind of going in blind if u use only sono

[12:25] Woody Kowalski: and y do u have to wait so long to go home- i went home within 10 minutes when I had an excisional biopsy done on monday

[12:26] Cary Flanagan: it's just our sop at my hospital

[12:26] Woody Kowalski: ok

[12:26] Cary Flanagan: standing operating procedure

[12:26] Vera Zhaoying Woody i am now the patient okay?

[12:26] Cary Flanagan: i think it's going to vary between hospitals our offices

[12:26] Cary Flanagan: and

[12:27] Cary Flanagan: but that's our sop: 1 to 2 hours

[12:27] Vera Zhaoying but applause for Cary this was not easy

[12:27] Milou Papp: claps

[12:27] Natalie Balogh applaud

[12:27] Negok Villota: claps (sorry i missed it)

[12:27] Woody Kowalski: claps

[12:27] Cary Flanagan: ty

[12:27] Vera Zhaoying no worries Negok

[12:27] Negok Villota: (if anyone could copy-paste the chat ill be delighted :-))

[12:28] Cary Flanagan: sure

[12:28] Vera Zhaoying i have some last thingies to wrap it all up i hope someone can ndgok

[12:28] Vera Zhaoying v

[12:28] Vera Zhaoying Cary for me too please

[12:28] Negok Villota: sure, ty, not necesriuslly now

[12:29] Vera Zhaoying okies shall we wrap up where we started?

[12:29] Milou Papp: sure

[12:29] Woody Kowalski: sure

[12:29] Negok Villota: lets

[12:29] Vera Zhaoying if someone can plz tp me??

[12:29] Cary Flanagan: yep

[12:29] Yoghas Etchegaray: tks

[12:29] Woody Kowalski: me too plz

[12:30] Yoghas Etchegaray: tks

[12:30] Woody Kowalski: sry for everything- its just that I question my life all the time- right now it sucks

[12:30] Natalie Balogh: wb Dr Y

[12:30] Vera Zhaoying confrence room sorry yoghas am rl exhausted

[12:30] Yoghas Etchegaray: ok

[12:30] Yoghas Etchegaray: yes

[12:32] Cary Flanagan: lol...forgot 2 say take off gloves and wash hands again

[12:32] Natalie Balogh: Sorry to hear that.

[12:33] Vera Zhaoying Woody i have real problems to hold this exersize together was hit by a car yesterday can you discuss that later?

[12:33] Woody Kowalski: yeah

[12:33] Cary Flanagan: u shouod meet dr ann, woody  
[12:33] Woody Kowalski: i have  
[12:33] Cary Flanagan: might turn your thots around  
[12:32] Cary Flanagan: lol...forgot 2 say take off gloves and wash hands again  
[12:32] Natalie Balogh: Sorry to hear that.  
[12:33] Vera Zhaoying Woody i have real problems to hold this exersize together was hit by a car yesrterday can you discuss that later?  
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[12:33] Cary Flanagan: u shouod meet dr ann, woody  
[12:33] Woody Kowalski: i have  
[12:33] Cary Flanagan: might turn your thots around  
[12:34] Cary Flanagan: tks for putting this together, vera  
[12:34] Woody Kowalski: yes thx  
[12:34] Cary Flanagan: dr g just wrote me and said she can't get in on dialup  
[12:34] Negok Villota: yep txs  
[12:34] Woody Kowalski: can I ask how old we all are  
[12:35] Woody Kowalski: after the end  
[12:35] Vera Zhaoying :) thnx i promised you all the intern meeting if you guys dont mind i give you all a notecard and feel free to discuss :)  
[12:35] Negok Villota: sure  
[12:35] Vera Zhaoying ok woody  
[12:36] Vera Zhaoying gave you AMMC, first monthly internmeetig/group discussion.  
[12:36] Vera Zhaoying i hope i missed no one :)  
[12:37] Milou Papp: nope thnx  
[12:37] Negok Villota: got it  
[12:37] Woody Kowalski: got it  
[12:37] Cary Flanagan: got it  
[12:37] Natalie Balogh: I have it.  
[12:37] Vera Zhaoying Nat first q is for you :)  
[12:38] Natalie Balogh: Well, I felt hurried lol  
[12:38] Natalie Balogh: Copying and pasting  
[12:38] Vera Zhaoying sorry tried to warn you hon  
[12:39] Vera Zhaoying for me too believe me it is strange to be the patient  
[12:39] Natalie Balogh: lol  
[12:39] Negok Villota: lol, sure, congrats, you did great, i couldnt manage to do so  
[12:40] Vera Zhaoying the case was DCIS what is then te result of a CBE?  
[12:40] Natalie Balogh: Thanks:-)  
[12:41] Vera Zhaoying DCIS is in situ in the milk ducts it doeds seldom pop up in CBE  
[12:42] Vera Zhaoying the mammo was fast but the biopsy was exellent, Cary what did yoy think of it?  
[12:43] Cary Flanagan: lol...ard to type all that, but it was fine...I've done several  
[12:43] Cary Flanagan: hard  
[12:43] Natalie Balogh: I found it interesting  
[12:43] Vera Zhaoying yes and it showed you did awesome  
[12:43] Cary Flanagan: ty

[12:43] Cary Flanagan: but the HREs wold be done on the sample collected and did not mention that

[12:44] Negok Villota: hres?:-)

[12:44] Cary Flanagan: hormone receptor tests

[12:44] Negok Villota: :8-)

[12:44] Natalie Balogh: Ah

[12:44] Vera Zhaoying lol :) i forgot it was +

[12:45] Cary Flanagan: ER, PG and HER+2

[12:45] Vera Zhaoying cary np i forgot things too

[12:45] Negok Villota: i dont know those two firsts, i may study more

[12:45] Cary Flanagan: estrogen, progesterone and herceptin

[12:45] Negok Villota: ops, yes i had heard this way :-)

[12:45] Vera Zhaoying estrogen

[12:46] Cary Flanagan: that will determine the tx

[12:46] Vera Zhaoying ssh cary :)

[12:46] Cary Flanagan: lol sry

[12:46] Negok Villota: it makes quite a diferece doesnt it cary? also in prognosis

[12:46] Cary Flanagan: it does

[12:47] Negok Villota: oh! well keep the case?

[12:47] Cary Flanagan: lol

[12:47] Natalie Balogh: lol

[12:47] Negok Villota: i think you are fancing being the patient vera :-P

[12:47] Negok Villota: lol

[12:47] Vera Zhaoying for the rest whan loojking how did it make you feel?> i had the reaction aauww

[12:47] Vera Zhaoying not exactly rread the gp file :) it is in hiastoiry

[12:47] Natalie Balogh: Well, I think we shouldhave discussed more abouthowto make the pt comfortable and reactions

[12:48] Vera Zhaoying smiles to Nat

[12:48] Natalie Balogh: It's something that's important, but I think we get caught up in technique and practicing

[12:48] Natalie Balogh: And forget there's a human there

[12:49] Negok Villota: nope, ! you did ask her

[12:49] Vera Zhaoying but agree there and i did not take shirt of chickened out

[12:49] Natalie Balogh: So, I don't think we handled the patient's feelings at all

[12:49] Negok Villota: mm, you mean deeply

[12:49] Vera Zhaoying i was proud how feelings were handled

[12:50] Vera Zhaoying botgh Nat and Cary

[12:50] Negok Villota: i was going to point out i found the exercise on cbe very learnigfull

[12:50] Natalie Balogh: Well, we never asked ifyou needed to talk withsomeone or explain carefully what itallmeant

[12:50] Natalie Balogh: Thank you

[12:50] Negok Villota: im sure ill think the same when i read carys punction

[12:51] Vera Zhaoying: /melol i already gave it away but what was wrong with me??

[12:51] Cary Flanagan: dics

[12:51] Vera Zhaoying yes anyone else?

[12:51] Vera Zhaoying more specific?  
[12:51] Negok Villota: in situ ductal  
[12:52] Vera Zhaoying yes and hormonal?  
[12:53] Vera Zhaoying the receptor test  
[12:53] Cary Flanagan: we wouldn't know until the results returned from the lab  
[12:53] Vera Zhaoying okies was + for estrogen  
[12:53] Cary Flanagan: and - for gp and her2?  
[12:54] Natalie Balogh: Sorry, this has been great, but I have to go  
[12:54] Natalie Balogh: Thanks Vera  
[12:54] Woody Kowalski: k thx Nat  
[12:54] Vera Zhaoying aaww not difficult questions now can barely type :)  
[12:54] Cary Flanagan: Bye nat  
[12:54] Milou Papp: bye natalie  
[12:54] Vera Zhaoying okies bu=ig thnx Nat  
[12:55] Vera Zhaoying Cary all +  
[12:55] Yoghas Etchegaray: tks nat good presentation  
[12:55] Negok Villota: bye nat  
[12:55] Yoghas Etchegaray: Estrogen receptors and progesteron receptors did u ask for both?  
[12:56] Cary Flanagan: yep and her2 until the results returned from the lab  
[12:56] Vera Zhaoying what would you recommend as next step for the patient?  
Was + Cary  
[12:56] Yoghas Etchegaray: which ones was positive ? Er or PR  
[12:56] Vera Zhaoying ER  
[12:57] Cary Flanagan: antiestrogen tx  
[12:57] Vera Zhaoying :)  
[12:57] Cary Flanagan: tamoxifen or something similar  
[12:58] Vera Zhaoying tamoxifen all familiar bwith?  
[12:58] Cary Flanagan: it's an anti-estrogen  
[12:58] Yoghas Etchegaray: what about aromatasa inhibitors? Anaztrazole  
letrozole exemsetane  
[12:58] Vera Zhaoying \:)  
[12:59] Vera Zhaoying okay, don't know those Yoghas  
[12:59] Cary Flanagan: well the estrogen is driving tumor growth so that needs to block those to stop tumor growth  
[12:59] Vera Zhaoying tamoxifen i know  
[12:59] Yoghas Etchegaray: Tamoxifen + aromatassa inhibitors are used for postmenopausal patients  
[12:59] Cary Flanagan: yea...i thot this was pre  
[13:00] Negok Villota: will this has consequences on her reproductive willings if she has?  
[13:00] Vera Zhaoying lol am not that far yet Yoghas :)  
[13:00] Yoghas Etchegaray: Aromatasa inhibitors inhibe the conversion androgen to estrogen  
[13:00] Vera Zhaoying and yes i want kids :)  
[13:00] Negok Villota: aromatasa might be lighter on this reproductive issue or it is the other way round?  
[13:00] Negok Villota: vera those aromatasa have been more popular as to

prevent

[13:01] Negok Villota: hair fall

[13:01] Negok Villota: and some secondary sexual characters disregulations, i think

[13:01] Cary Flanagan: yep

[13:01] Negok Villota: you might have heard of them on those areas

[13:01] Vera Zhaoying aauw i crawl in the corner now :)

[13:02] Yoghas Etchegaray: treatment for premenopause patients are radiation,surgery, inhibit the pituitary - hypothalamic axis Eith GNRH analogs like leuprolide

[13:02] Negok Villota: lol, vera, i did stage on hema two months ago also

[13:02] Negok Villota: be patient :-P

[13:02] Cary Flanagan: think aromatase used in oist onyl for metasttic and adjevent

[13:02] Vera Zhaoying agree and what kind of sugrery will be chosen?

[13:02] Cary Flanagan: post

[13:03] Cary Flanagan: phone brb

[13:03] Vera Zhaoying ok Cary

[13:03] Negok Villota: yoghas, with GNRH analogs

[13:04] Yoghas Etchegaray: for premenopausic woman node negative Estrogen receptor positive hormonal Rx + chemo

[13:04] Negok Villota: you do stop fsh and lh and so all sexual hormones (estrogens and progestoren)

[13:04] Negok Villota: ??

[13:04] Yoghas Etchegaray: yes u need it more if is strogen +

[13:04] Yoghas Etchegaray: need to stop all sexual replacement

[13:05] Yoghas Etchegaray: what do u think Cary?

[13:05] Negok Villota: may theym stop the treatment while trying to be pregannt?

[13:05] Negok Villota: cary left for a while yoghas

[13:06] Vera Zhaoying he has phone and excuse me for a sec too

[13:06] Yoghas Etchegaray: good question yu need to advice that she can not be pregnant

[13:06] Yoghas Etchegaray: if she get pregnancy maybe spread the tumor

[13:06] Negok Villota: too bad

[13:06] Yoghas Etchegaray: mor if is estrogen receptor positive

[13:07] Yoghas Etchegaray: want to tell something about poor prognosis factors

[13:07] Yoghas Etchegaray: ok

[13:07] Yoghas Etchegaray: are:

[13:07] Vera Zhaoying back

[13:08] Yoghas Etchegaray: large tumor size

[13:08] Yoghas Etchegaray: axillary lymph node metastasis

[13:08] Yoghas Etchegaray: Er /pr negative

[13:08] Yoghas Etchegaray: poor nuclear grade

[13:08] Woody Kowalski: late stage of cancer

[13:09] Yoghas Etchegaray: Elevated measures of cell proliferation S phase and K 167

[13:09] Negok Villota: k167?

[13:10] Yoghas Etchegaray: Molecular markers EGFR Her-2 /neu p 53 cathepsin D have not been found to be strong independent predictive factors

[13:10] Vera Zhaoying for this case last mammo one year ago tumor 2 cm no metastats

[13:10] Vera Zhaoying thnx Yoghas :)

[13:11] Yoghas Etchegaray: Er positive???

[13:11] Yoghas Etchegaray: prg + ???

[13:11] Vera Zhaoying er was estrogen? yes

[13:12] Vera Zhaoying prg is? sorry

[13:12] Yoghas Etchegaray: progesteron receptor

[13:12] Vera Zhaoying -

[13:12] Yoghas Etchegaray: the highest response rates are when both are +

[13:13] Yoghas Etchegaray: progesteron and estrogen

[13:13] Vera Zhaoying so now how rt

[13:13] Vera Zhaoying to follow up hormonal or not?

[13:14] Yoghas Etchegaray: Rt ??

[13:15] Yoghas Etchegaray: radioteraphy??

[13:15] Negok Villota: treatment

[13:15] Vera Zhaoying :) well that is a possibility but would it be enough??

[13:16] Yoghas Etchegaray: how u choose what tratment needs the patient?

[13:16] Vera Zhaoying seixe is 2 cm just under 1 inch

[13:16] Yoghas Etchegaray: u need to know

[13:16] Yoghas Etchegaray: Premenopausica or not

[13:16] Yoghas Etchegaray: node negative or positive

[13:16] Vera Zhaoying nefg

[13:16] Yoghas Etchegaray: and receptor

[13:16] Vera Zhaoying \_

[13:17] Yoghas Etchegaray: this patient is premenopausal estrogen + node ?

[13:18] Negok Villota: 2cm mass, premenopausal, estrogen +, no nodes

[13:18] Vera Zhaoying yes

[13:19] Negok Villota: could be coadyuvant (pre-op) hormone-treatment

[13:19] Negok Villota: plus surgery

[13:19] Negok Villota: ?

[13:19] Vera Zhaoying pt is 23 with child wisf fam hx is positive does SBE since 18 see fam history

[13:19] Negok Villota: and then?

[13:19] Negok Villota: more quimo and maybe rt?

[13:19] Negok Villota: antistrogens forever?

[13:19] Negok Villota: rt=radioteraphy

[13:19] Negok Villota: (sorry)

[13:20] Yoghas Etchegaray: Rt is no indicated only hormonal and quimiotherapy

[13:20] Yoghas Etchegaray: u need to know about the stage of breast cancer

[13:21] Vera Zhaoying stage 1

[13:21] Negok Villota: N0, i think t2 (2cm) or isit t1?

[13:21] Negok Villota: M0

[13:21] Vera Zhaoying but pt has concerns from history fam

[13:21] Yoghas Etchegaray: stage 1 is tumor < 2 cms negative node no metastasis is stage 1

[13:22] Cary Flanagan: sry long call  
[13:22] Vera Zhaoying is border stage 1\  
[13:22] Yoghas Etchegaray: wait  
[13:22] Vera Zhaoying w/b  
[13:22] Cary Flanagan: ty  
[13:22] Yoghas Etchegaray: know the genetics is preventive measure in family breast cancer  
[13:22] Yoghas Etchegaray: welcome cary  
[13:22] Negok Villota: wb cary  
[13:22] Cary Flanagan: ty  
[13:23] Yoghas Etchegaray: is no pronostic when y has develop the tumor  
[13:23] Negok Villota: how is that yoghas?  
[13:23] Yoghas Etchegaray: cary  
[13:23] Yoghas Etchegaray: ok  
[13:23] Yoghas Etchegaray: weare talking about BRCA markers and i m telling that u need to ask when y have a positive fam history for breast cancer are yu agree?  
[13:24] Cary Flanagan: yes  
[13:24] Yoghas Etchegaray: the genetic markes are no prognostic  
[13:25] Cary Flanagan: lots of pts have bca and not pos 4 markers  
[13:25] Yoghas Etchegaray: agree  
[13:25] Negok Villota: i thought her/neu were prognotic, how are they usefull then?  
[13:25] Negok Villota: prognostic  
[13:26] Yoghas Etchegaray: Her and neu have not been found to be strong independent precictor in prognosis  
[13:26] Yoghas Etchegaray: predictor  
[13:26] Negok Villota: are they usefull for treatment?  
[13:26] Cary Flanagan: u use her when er and pg negative  
[13:26] Cary Flanagan: in terms of deciding tx  
[13:26] Negok Villota: i see  
[13:26] Negok Villota: ty  
[13:26] Cary Flanagan: yw  
[13:26] Yoghas Etchegaray: what about Radiotherapy Cary?  
[13:27] Cary Flanagan: for which form of bca?  
[13:27] Yoghas Etchegaray: can u give us some words about Rt and breast cancer  
[13:27] Vera Zhaoying DCIS 2 cm stage 1  
[13:28] Yoghas Etchegaray: Stage 1 dont need Rt only hormonal + chemotherapy  
[13:28] Cary Flanagan: it's usually used as a backup to surgery  
[13:28] Vera Zhaoying nods  
[13:28] Yoghas Etchegaray: what stage CAry?  
[13:28] Cary Flanagan: but in stage 1 only hormone tx  
[13:29] Vera Zhaoying big smile  
[13:29] Yoghas Etchegaray: :)  
[13:29] Negok Villota: not surgery cary?  
[13:29] Cary Flanagan: There's an argument now about when to use it

[13:29] Negok Villota: or hormone to surgery  
[13:29] Negok Villota: ?  
[13:29] Cary Flanagan: u want to definitely use rt in invasive bca  
[13:29] Cary Flanagan: u want to definitely use rt in invasive bca  
[13:30] Vera Zhaoying the paqtient has it in family history and is worried  
[13:30] Cary Flanagan: but early stage invasive bca it's use is definite  
[13:20] Yoghas Etchegaray: Rt is no indicated only hormonal and quimiotherapy  
[13:20] Yoghas Etchegaray: u need to know about the stage of breast cancer  
[13:21] Vera Zhaoying stage 1  
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[13:22] Cary Flanagan: ty  
[13:23] Yoghas Etchegaray: is no pronostic when y has develop the tumor  
[13:23] Negok Villota: how is that yoghas?  
[13:23] Yoghas Etchegaray: cary  
[13:23] Yoghas Etchegaray: ok  
[13:23] Yoghas Etchegaray: weare talking about BRCA markers and i m telling that u need to ask when y have a positive fam history for breast cancer are yu agree?  
[13:24] Cary Flanagan: yes  
[13:24] Yoghas Etchegaray: the genetic markes are no prognostic  
[13:25] Cary Flanagan: lots of pts have bca and not pos 4 markers  
[13:25] Yoghas Etchegaray: agree  
[13:25] Negok Villota: i thought her/neu were prognostic, how are they usefull then?  
[13:25] Negok Villota: prognostic  
[13:26] Yoghas Etchegaray: Her and neu have not been found to be strong independent precictor in prognosis  
[13:26] Yoghas Etchegaray: predictor  
[13:26] Negok Villota: are they usefull for treatment?  
[13:26] Cary Flanagan: u use her when er and pg negative  
[13:26] Cary Flanagan: in terms of deciding tx  
[13:26] Negok Villota: i see  
[13:26] Negok Villota: ty  
[13:26] Cary Flanagan: yw  
[13:26] Yoghas Etchegaray: what about Radiotherapy Cary?

[13:27] Cary Flanagan: for which form of bca?  
[13:27] Yoghas Etchegaray: can u give us some words about Rt and breast cancer  
[13:27] Vera Zhaoying DCIS 2 cm stage 1  
[13:28] Yoghas Etchegaray: Stage 1 dont need Rt only hormonal + chemotherapy  
[13:28] Cary Flanagan: it's usually used as a backup to surgery  
[13:28] Vera Zhaoying nods  
[13:28] Yoghas Etchegaray: what stage CAry?  
[13:28] Cary Flanagan: but in stage 1 only hormone tx  
[13:29] Vera Zhaoying big smile  
[13:29] Yoghas Etchegaray: :)  
[13:29] Negok Villota: not surgery cary?  
[13:29] Cary Flanagan: There's an argument now about when to use it  
[13:29] Negok Villota: or hormone to surgery  
[13:29] Negok Villota: ?  
[13:29] Cary Flanagan: u want to definitely use rt in invasive bca  
[13:30] Vera Zhaoying the paqtient has it in family history and is worried  
[13:30] Cary Flanagan: but early stage invasive bca it's use is definite  
[13:32] Yoghas Etchegaray: brb  
[13:32] Cary Flanagan: there's some concern over cardiac effects when it's used...right?  
[13:33] Yoghas Etchegaray: brb  
[13:34] Vera Zhaoying sorry all i don't hack it anymore have to leave you in abit  
[13:34] Cary Flanagan: kk...I need 2 soon  
[13:35] Vera Zhaoying but i do hope you think about last question:) What is it you take into the rl world after this exersize? (in one sentence plz )  
[13:36] Cary Flanagan: lol...can't fit it all in 1 sentence  
[13:37] Vera Zhaoying big smile :) plz all do think about it and it does not have to be in one sentence :)  
[13:38] Negok Villota: ok, ill think on it and send you  
[13:38] Negok Villota: thank you all  
[13:38] Woody Kowalski: thanx  
[13:38] Cary Flanagan: Thanks  
[13:38] Yoghas Etchegaray: back  
[13:38] Milou Papp: thanx