PROGRAM DATE: 2014-09-18

PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: DR. NADINE BROEZE AND DR. CARLA NORVAL – SPECIALIST SURGEONS IN BREAST HEALTH

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Today we're at the Sandton Medi-Clinic in Johannesburg, South Africa, talking to Dr. Nadine Broeze and Dr. Carla Norval. I will briefly introduce them to you...
DR. MALKA	Dr. Broeze is a Specialist Surgeon with a primary interest in Oncological Breast Surgery as part of her multi-disciplinary process. She works with the Morningside Breast Care Group and she was involved with the creation of the Breast Interest Group of Southern Africa, a group that has optimal breast care as a goal for all people in South Africa. She works in private practice operating across three clinics.
DR. MALKA	Dr. Carla Norval is also a Surgeon in private practice in Johannesburg and she works across two practices. Her focus is on plastic and reconstructive surgery and she played an instrumental role in setting up the first Oncoplastic Breast Unit in State Sector of South Africa.
DR. MALKA	Welcome to the show.
DR. NADINE BROEZE	**Thank you.**
DR. CARLA NORVAL	**Thank you.**
DR. MALKA	You're both surgeons that have invested into women's health and I'd like to just start this show with some statistics that I found on a study that was commissioned by the Department of Labour which drew on information from the Healthcare Professional Council of South Africa, which show that there's a trend between male versus female of a 70 percent / 30 percent status in terms of registered professionals. What challenges do you think that women face entering in the medical field and perhaps, staying in the medical field?
DR. NADINE BROEZE	**Firstly the usual role that women are expected to fill, i.e. that of a mother and or wife, I think that clashes with the role as a medical professional when it comes to time and other interests.**
DR. MALKA	So balancing between home commitments, family responsibilities..
DR. NADINE BROEZE	**Exactly.**
DR. MALKA	.....and still fulfilling the professional commitments.
DR. CARLA NORVAL	**I think that becomes particularly a problem with specialisation and going into a field of your choice and the commitments involved.**
DR. MALKA	And do you see that as a time factor after obviously going through your general studies because the specialisation happens post that, and that is another investment in time?
DR. CARLA NORVAL	**Absolutely I think it's very difficult to balance being a mother and specialising in any field.**
DR. NADINE BROEZE	**Especially in the surgical field because it takes up all your time and all your energy. You have to spend about once every three nights at the**

	hospitals the whole night. You have to operate quite a lot and your mind is always busy with your patients.
DR. CARLA NORVAL	**And then you also have to write exams and do presentations and it does take up an awful lot of time and commitment.**
DR. MALKA	Well sometimes I think doctors don't sleep, especially in surgery.
DR. CARLA NORVAL	**Sleep, what's that?**
DR. NADINE BROEZE	**Exactly. Exactly.**
DR. MALKA	And in your experiences when you entered the medical field, did you find any challenges that you encountered from a gender perspective?
DR. NADINE BROEZE	**We both studied pre-grad at traditional South African male biased universities so, yes, gaining access to studying medicine was the first one because there is a gender differentiation and when you are chosen to study medicine, a certain amount of girls and boys are chosen to start off with, then going through the whole pre-grad study, it's not easy. You're not really always treated like your male counterparts.**
DR. MALKA	And do you find that from a peer point of view or from the teaching environment?
DR. CARLA NORVAL	**Both.**
DR. NADINE BROEZE	**Both, but I found it more from teaching....ja.**
DR. CARLA NORVAL	**I think things have changed though, I think if looking at the students now there seems to be more or less differentiation between women and men as well as, you know, you can definitely see a difference in .....**
DR. NADINE BROEZE	**There's lots more tolerance for students now for gender, race, everything else.**
DR. MALKA	And I think you must have brought, well built up a fair amount of resilience by going through that process.
DR. NADINE BROEZE	**Ja, you learn to grow, it's fine, if you can call it that.**
DR. CARLA NORVAL	**It's definitely tough enough, I think, absolutely.**
DR. MALKA	And Dr. Norval previously to our discussion on air, you mentioned that you'd had an experience in the UK as part of your medical career, could you elaborate on some of those challenges?
DR. CARLA NORVAL	**Yes, so I went to Stellenbosch and I obtained my Primary Medical Degree and then I went to the UK to do surgery, just to get a different perspective on surgery, and I found it to be very male dominated and not only that, it was also pro British and so it was more difficult, I think, obtaining my surgical degree there.**
DR. MALKA	And did you feel that almost as so cultural point of view on being pro British that not really wanting an outsider coming in from another realm.
DR. CARLA NORVAL	**And then also it being pro British Boys, you know, as a female it was more difficult and blatantly so, you know, people would point it out as if it wasn't obvious.**
DR.MALKA	And how did you deal with it?
DR. CARLA NORVAL	**Well you know I think you just have to do what you want to and I was quite passionate about doing surgery to the best of my ability and I just put my head down and did what I needed to, I sometimes would make a comment or disagree with something, but I think I just worked hard and got my exams and I knew what I was there for and looked past all of those things.**

DR. MALKA	And often in environments like that women sort of have to work twice as hard; become more competitive because it's not only being judged in terms of the merits and the capabilities, but you have this gender boundary that you have to overcome as well.
DR. CARLA NORVAL	**You know it's often easier than you think, you know, so they say you have to be better than them but then you already are....and so ....(laughter) so it's not always that difficult. I think they're often fooled by the fact that they then look at you from a different perspective and its easier then to show them how you can actually perform, even though you're a woman.**
DR. MALKA	We will be right back after this.
	AD BREAK
DR. MALKA	You're listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 meter band. We're talking women in medical profession specifically in terms of surgeons and breast health with Dr. Nadine Broeze and Dr. Carla Norval. We would love to receive your comments on Twitter@WomanityTalk. And now picking up on our discussion ....
DR. MALKA	In terms of your choices and your decisions going into this field, why did you choose to go this route?
DR. NADINE BROEZE	**Well when I started working as an intern it was definitely the most rewarding field. I rotated through medicine, through paediatrics and I never really felt at home like I did in surgery.**
DR. MALKA	And particularly in dealing with breast issues and breast healthcare?
DR. NADINE BROEZE	**Well my internship and com service I did in Mafikeng where, at that time, there wasn't really that much focus on breast. Then after I specialised I spent a couple of years in the breast unit in Bara where that definitely tickled my fancy, yes.**
DR. MALKA	And Dr. Broeze so in terms of your area you have come through and you're really focusing on the surgery which, we're looking at it from a cancer point of view that is about removing the malignant tissue and the .....
DR. NADINE BROEZE	**It's everything particularly from diagnosing it, i.e. the biopsy, the, informing the patient then removing the cancer to the best of my ability and then referring the patient to the right people for the reconstruction and also the further care.**
DR. MALKA	And Dr. Norval your work really compliments what Dr. Broeze is doing because your focus is on the reconstructive element?
DR. CARLA NORVAL	**Yes, and this is how we form a team so that the patient gets the best outcome from both sides, so removing all the cancer and then reconstructing the breasts as well. So I came back from the UK and realised that there were many mastectomies being done in the State Sector but very few reconstructions and I just thought there was something wrong in this equation and so I became more involved as soon as I qualified as a plastic surgeon in the breast clinic and I went to the breast clinic to promote breast reconstruction because I thought there were all these women who were either flat chested or lop-sided walking around and encouraging them to have breast reconstructions.**
DR. MALKA	And you mentioned that there was a higher rate of mastectomies versus reconstruction, it was almost a six month delay.
DR. CARLA NORVAL	**Yes, no absolutely. There was a huge discrepancy, you know, ten mastectomies a week and one reconstruction every six months that we doing, so yes I did think it was.....**
DR. MALKA	And you've spoken about almost reducing that time-frame so that if things are happening at the same time, could you just elaborate on that?

DR. CARLA NORVAL	**So I think the old fashioned way was very much to do the mastectomy and a lot of the old fashioned surgeons made big cuts and removed a lot of tissue unnecessarily and left patients really deformed and so it's much more difficult to reconstruct those patients later on. I think now there's a lot more consideration when doing a mastectomy or lumpectomy to leave tissue or skin that you don't have to remove and that would then make the reconstruction easier and so we work together and often would use the reconstruction of this, the foundation of the reconstruction at the same time as the mastectomy so that patients wake up with something there and, I think that gives them more hope.**
DR. MALKA	And with these, we're looking at issues, we take breast cancer, it's largely, again you'll be the experts here on this point too, but breast cancer is largely an issue that is a female problem. Do you think that as being women doctors that perhaps your female patients feel more comfortable in terms of relating to you because you are a woman, and by the same point you also feel that because you are a woman that you have greater empathy towards female patients than male doctors'.
DR. NADINE BROEZE	**Definitely. I have been told that by a couple of patients now and you can see patients just feel more comfortable when they come into your rooms because they're so happy because they see it's a lady doctor, yes.**
DR. CARLA NORVAL	**I must say, I also find that. I also try and listen to my patients and reconstruct them in such a way that they are happy and so, you know, I sometimes have patients who come to me from colleagues who say "and I told him I didn't want to go big, and now I'm too big and I hate these breasts" and you know, it's like you know, they weren't heard, and they weren't listened to and I really try and listen to my patients and give them different options. Also with the reconstruction, even if we're talking about implants, there're different implants that you can use in different situations, and listening to them and hearing them.**
DR. MALKA	And with the therapies and the treatments that you undergo, do you tailor them to an individual?
DR. CARLA NORVAL	**Oh absolutely, of course we do. You look at it, look at the patient as an individual and look at their cancers and their breasts and what their circumstances are and...**
DR. NADINE BROEZE	**And what they want and need.**
DR. CARLA NORVAL	**Absolutely and then refer them on if you see that they may need to see a psychologist for instance also.**
DR. MALKA	And do you take into account aspects, for instance, from financial means, affordability?
DR. NADINE BROEZE	**You have to indeed do that. You can't offer a patient or force a patient to undergo certain treatment which they simply cannot afford or have time for because you're just going to chase your own tail by doing that.**
DR. CARLA NORVAL	**I think both Nadine and I worked in the State sector for quite a while. I worked at Helen Joseph for six years after I qualified and that's where we started the Oncoplastic Breast Clinic and I don't think breast reconstruction or good breast cancer surgery should be only for patients who have the money or medical aids, I think it should be there for all women across South Africa.**
DR. NADINE BROEZE	**Oh definitely, but the specific focus and sometimes to the patients detriment, the focus on breast conservation, which means that you're going to have to have radiation afterwards, sometimes the patients simply can't. They can't afford to get there to have the radiation and**

	I've seen the outcome of those, the cancer simply comes back very, very quickly.
DR. MALKA	When you're mentioning about accessibility and affordability, are there trusts, are there foundations in place?
DR. CARLA NORVAL	**There are very few and far between I find. I think we also, for patients who can't afford it, try and make a plan refer them on. I think it's unfair to charge patients who have to come to see you by taxi five times medical aid rates, I think that's really just cruel. You have to look at the financial situation as well and do something for the community and although I don't work in the State sector anymore, I'm prepared to do more pro-bono work in that way. I'm in private practice and, but what I'm saying is that I would tailor my rates accordingly, you know, if a patient had financial problems.**
DR. MALKA	I've done some preliminary reading but with the cancer literature it always remarks on having early treatment, but often early detection, I think, in almost any situation requires more education and over the years I know there's been a number of different publicity campaigns particularly about breast health and often it falls into October in South Africa, it's sort of the big drive on breast cancer awareness. Have you seen the effects of these campaigns in terms of greater detection or more successful treatments?
DR. NADINE BROEZE	**Yes and no. Recently I had a lady that went to her GP with a breast complaint and he didn't do a mammogram although she was above the age of 40. Yes, you now and again see patients that come to you after they've had their routine mammograms which they go for because the TV said they should, but often you see these sad cases where they were delayed.**
DR. CARLA NORVAL	**And I also think that there is often a component of denialism amongst women. They feel a lump, they think it might be cancer and they choose not to talk to anyone about it or go for assessing and I think that needs to change. And yes, I think early detection does make a difference but it also depends on the type of cancer and the personality, if you like, of the cancer itself, so it is first prizes to pick it up early but there are other factors involved as well.**
DR. MALKA	And are you all seeing differences in terms of culture and almost impoverished and disadvantaged communities such as rural areas versus urban areas. Are there big discrepancies there on awareness?
DR. NADINE BROEZE	**Discrepancies on awareness or discrepancies on accessibility and differences in denial, I must say the more impoverished communities often present much, much, much later. I don't know if it's just because of the access issue or whether it's the denial thing....**
DR. CARLA NORVAL	**Or uneducated perhaps, yes. It's definitely like that. I remember when I was in the State as well patients often sense it very late and it's terrible to see you know, these fungating tumours and a lot of, most of the patients had to go for radio therapy and you have to then reconstruct in a certain way and to my advantage I was able to then perfect those techniques, but yes, it was actually quite refreshing going into private practice and not seeing as many late presentations.**
DR.NADINE BROEZE	**But if you think, if it was you, you're now say 70 years old, you are the caregiver for your daughters' three children that are all under the age of five. You stay 20 kilometres from your closest clinic, it will cost you R5.00 to get there. You don't have R5.00. You have no income you have to feed all these children. If you go, who's going to look after them, so, there are so many considerations why these poor people do that.**

DR. CARLA NORVAL	**Ja, socio-economic factors.**
DR. MALKA	So her needs become secondary to the needs of her family's and the people that need her more than she needs to look after herself. That's very sad.
DR. MALKA	We will be right back after this.
	AD BREAK
DR. MALKA	You're listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 meter band. We're talking women in the medical profession, specifically in terms of surgeons and breast health with Dr. Nadine Broeze and Dr. Carla Norval. We would love to receive your comments on Twitter@WomanityTalk. And now picking up on our discussion....
DR. MALKA	In terms of the countries in the continent, do you do a lot of work with different organisations?
DR. NADINE BROEZE	**Not really outside the boundaries of our country, but yes, I've got quite extensive experience from areas like Soweto and the more rural type of areas, yes.**
DR. MALKA	And Dr. Norval you mentioned that you did some work with the Smile Foundation and that was on a different element but still in the reconstructive space?
DR. CARLA NORVAL	**As a Registrar, we were involved and the .....**
DR. MALKA	Could you tell us just a little bit more about the Smile foundation, what it is?
DR. CARLA NORVAL	**Well, it's an NGO and the aim is to go to poorer countries where they do not have plastic surgeons to fix cleft palates and lips and often the children with a defect and they walk around like that for a long time and there's just no surgeon who can help them. So as a group we would go to different countries and then perform like from a Monday, for a week, all day surgery on the cleft lips and palates and this is why the "Smile" so that they can smile again and my concern about the programme was that there was no follow-up afterwards, so often with these children they would need speech therapy, ear nose and throat surgery, orthodontics, maxilla facial surgery afterwards and that we were going in there and fixing the lips but not really fixing the problem around it and yes, I think that that's often important as well to not only to have a quick fix but develop more of a support programme around efforts like that.**
DR. MALKA	And do you find that you bring that thinking into your own practice with the work that you are doing now on having that more holistic perspective, the support components?
DR. CARLA NORVAL	**Oh definitely, I think it's really important to listen to your patients again and individualise treatment and to identify when they may need support such as lymphatic drainage or psychotherapy, so...**
DR. MALKA	Dr. Broeze you mentioned that in terms of your treatment of cancer you look at the disease very holistically so you go right through from the diagnosis stage through to prescribing individualised treatments up to surgery, looking at what other support mechanisms or perhaps other professionals need to be involved in, in the treatment. Can you elaborate on these steps?
DR. NADINE BROEZE	**Any type of treatment should have one person that's organising or directing the treatment, otherwise patients start to feel like they're hanging in the air or they don't know who to approach. So where I come in, patients generally are referred to me from GP's or**

	radiologists, either way, and then the actual diagnosis of cancer needs to be done on tissue sampling, so either the radiologists can do call biopsies or FNA's and....
DR. MALKA	If you can just elaborate on the acronym FNA?
DR. NADINE BROEZE	**Okay, Fine Needle Aspirations, now that's a whole academic argument that we are not going to have right now which one we should do, but call biopsy is just with a bigger needle so you get more tissue and you can do more tests on that to be more definitive about your diagnosis. Now if that's not possible or if that has been done and the results are inconclusive or non-representative or something, if you can't use the results that you get because they're inconclusive or not representative, then I say I would go and I would do an excision or a biopsy where I get the whole lump out and we would test the whole lump for malignancy. Now that doesn't happen in all cases, but as you may know, breast cancer diagnosis works in three tiers. You have to do physical examination, your imaging and your tissue diagnosis or your tissue histology and all of those three must point to the same thing. Either they must say it's definitely not cancer or yes it definitely is cancer and we generally keep on scratching until they all point in the same direction.**
DR. MALKA	So you've got a three test, almost as a fail-safe, and if every one of those tests leads to the same results and then you've been conclusive about the findings?
DR. NADINE BROEZE	**Exactly, if in your examination you think it's probably benign, your imaging shows something that definitely raises concern for cancer and then your biopsy again comes back with abnormal cells or non-representative, you need to carry on looking and making sure that this patient gets the right diagnosis and the right treatment.**
DR. MALKA	And with aspects like gene therapy?
DR. NADINE BROEZE	**Gene therapy.....**
DR. MALKA	And I raise that because there was a whole publicity element, it was earlier this year where we had Angelina Jolie writing an article in the New York Times talking about her experience undergoing a double mastectomy and pointing to the fact that her mother had died of breast cancer and it was related to a specific gene. Do you think cases like this help to highlight more awareness that someone's become very public about it?
DR. NADINE BROEZE	**It does raise awareness, however not always the right type of awareness. I've had many, many patients come to me and say listen, my great grandma died of breast cancer, so can I go for genetic testing and unfortunately it's more complicated than that and the public is not informed properly about that. The cost firstly of this type of testing runs into thousands, tens of thousands of Rands. The medical aids don't pay for it and often we don't know what to test for because you're testing for a mutation and if you don't know which mutation you're looking for, i.e. if you don't have the great grandma's genes that you can go and test you're chasing your own tail, you don't know what you're looking for.**
DR. MALKA	You don't have the source of reference to measure. But ultimately you're saying in terms of the three phase steps that you have on doing the physical exam, doing the imaging and doing the analysis of the tissue, so the histology, that that is really the dimensions and the approach to take.
DR. NADINE BROEZE	**Yes, you'll find if you have a very, very strong family history, i.e. if your sister and your mother and your aunt all developed breast cancer**

	before the age of 40, yes approach your medical practitioner and ask them about genetic testing. They can send you for genetic screening and then take it from there, mainly to protect your children because it doesn't really have a bearing on you, as such, but these mutations often occur in your children then as well with the problems later in their lives.
DR.MALKA	We will be right back after this.
	AD BREAK
DR. MALKA	You're listening to 'Womanity – Women in Unity' on Channel Africa, the voice of the African Renaissance, on frequency 9625 KHz, on the 31 metre band. We're talking women in the medical profession, specifically in terms of surgeons and breast health with Dr. Nadine Broeze and Dr. Carla Norval. We would love to receive your comments on Twitter@WomanityTalk. And now picking up on our discussion....
DR. MALKA	What I find quite interesting men and women are different from an anatomy point of view and structure and I recall reading an article recently, I think it was titled "The Drug Dose Gender Gap" and it again just reminded me of women living in a man's world, where it spoke about disease and drug testing that had been conducted on men and had neglected research on the affects of the disease on women as well as the impact of the drugs. I copied a piece of it here and I'll read it to you, it says ... "*studies have shown that women respond differently than men to many drugs, from aspirin to anaesthesia and researchers are only beginning to understand the scope of the issue but many believe that as a result women experience a disproportionate share of adverse, often severe, side effects. Until 1993 women of childbearing age were routinely excluded from trials of new drugs. When the FDA lifted the ban later in 1993, agency researchers noted that because landmark studies on aspirin and heart disease and stroke had not been included on women, that they couldn't find different thinking.....*" what was the effectiveness of the drug and what they went on to say is that women metabolise drugs differently because they have a higher percentage of body fat, they experience hormonal fluctuations in accordance with monthly menstrual cycles and I wondered what had been your experiences on issues like this and your opinion?
DR. NADINE BROEZE	**Well firstly on this that drugs are not tested on women of childbearing age, I can understand that because of the role of Teratogenicity of certain drugs that causes mutations in babies that we want to prevent.**
DR. MALKA	So it doesn't have an impact on the woman directly but like you were talking about with the gene component and the gene mutation, that it could have an impact on her children?
DR, NADINE BROEZE	**Yes. Say she is pregnant at the time before she even realises it and then she takes these drugs, it's going to affect the baby and someone has to take responsibility for that. The next thing is that in outcome of patients in general, we have seen for instance, that women do much better in ICU. Women are more likely to survive serious trauma than men and I know there are studies going on about this at the moment....**
DR. MALKA	That's very interesting.
DR. NADINE BROEZE	**.....about why this is. We don't know whether it is the body fat or just the genetic composition of women, we don't know.**
DR. MALKA	And how far....when did those studies start, recently?
DR. NADINE BROEZE	**Recently, ja, .About 2/3 years ago.**
DR.MALKA	That's very recent. Be interesting to see how those results .....
DR. BROEZE	**Keep.....**

DR. MALKA	.....results come out.
DR. MALKA	Well thank you very much Dr. Broeze and Dr. Norval, it's been a pleasure talking to you today but we're coming to the end of the show and if I can ask you, lastly in closing, if you could share a few words of inspiration and advice that you'd like to pass on to women in Africa that are listening to this show firstly regarding cancer, so in terms of prevention, signs, detection and secondly, in terms of how women could aspire and follow in your footsteps.
DR. NADINE BROEZE	**When it comes to cancer please, please don't be like an ostrich, don't put your head in the ground, it's not going to disappear, all right. There is hope, you don't have to be mangled or mutated in any way. There is hope, get to the right people at the right time and go and do something about it. The next subject for all the girls out there, if you decide on doing something go for it with your whole being and don't be put off by anyone. It's going to be hard, you're going to bump your head against many others, but just persevere, just carry on.**
DR. CARLA NORVAL	**I think it's important when you're younger to decide what you want to do and to pursue that dream and not – and to be persistent and have stamina and you know, whatever the odds may be against you, to persist and to do what you want to do because I think it's important, you know, to be happy and I think that my job plays a huge role in my life and if I think if you're happy with what you're doing, and you're spending a lot of time at work and you find that you 're making a difference, then it really is worthwhile taking the longer road to get there. And then from a breast health point of view I think it's important to go for breast screening and to do self-examination and then to act on that, even though you might think that the lump that you feel is nothing to worry about, it's just to go and have it seen to and checked out and then once a diagnosis is made of cancer, so not to lose hope but to get it seen to and get it treated in the right way and to go to someone with a special interest in breast surgery and look at the possibilities of having breast reconstruction as well.**
DR. MALKA	Thank you very much we appreciate you being on this show today.
DR. MALKA	You have been listening to 'Womanity – Women in Africa, on Channel Africa, the voice of the African Renaissance.
	PROGRAMME END