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**PROGRAM NAME: WOMANITY – WOMEN IN UNITY**

**GUEST NAME: PROFESSOR JACQUELINE SMILG – DIAGNOSTIC RADIOLOGIST – HEAD OF BREAST IMAGING AT THE CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL**

<b>SPEAKER</b>	<b>TRANSCRIPTION</b>
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	Joining us on the line today is Professor Jacqueline Smilg who is a diagnostic radiologist; she is the head of Breast Imaging at the <a href="#">Charlotte Maxeke Johannesburg Academic Hospital</a> and is an Adjunct Professor in the Department of Radiology, School of Clinical Medicine, at the University of the Witwatersrand. She is also the current chair of the Breast Imaging Society of South Africa and serves on the Council of the Breast Interest Group of Southern Africa as the Radiological Member. Welcome to the show Professor Smilg!
<b>PROFESSOR SMILG</b>	<b>Hi, good afternoon, it's a pleasure to be here.</b>
DR. MALKA	Prof Smilg, October is Breast Cancer Awareness month; it's an annual campaign which serves to raise awareness about breast cancer, breast cancer being one of the top five cancer's that affect women. According to the International Agency for Research on Cancer, in 2020 breast cancer accounted for nearly a third of all new cancers in South African women, numbering fifteen thousand, four hundred and ninety-one cases. Throughout Sub-Saharan Africa the incidents of breast cancer amongst women is on the rise and I suppose some key questions to ask in this space would be if this is due to environment, lifestyle, diet, genetics, age. Given that we're in Breast Cancer Awareness Month and your expertise; prevention and early detection of breast cancer is clearly important; please can you start by explaining some of the risk factors for women?
<b>PROFESSOR SMILG</b>	<b>Yes, absolutely, as you've said October is the Pink Month internationally, across the world where we try and raise even more awareness to breast cancer than throughout the year. Breast cancer is an extremely significant cancer, as you've already quoted with some figures there; being the most frequent cancer that we find in South African women and it has a lot of potential causes. We probably don't even know all the causes, but the one's that we do know of are all multifactorial and they all have a contribution to the disease. Firstly, if we start with your family history or your genetics, certainly there are genes that are associated with an increased risk of breast cancer if the individual holds those genes, so if you have a first degree relative and by that we mean either a parent, a sibling, a child or a maternal grandmother with a history of breast cancer, you are at increased risk for breast cancer, potentially with a genetic link, but having said that, we have to remember that over 60% of people presenting with breast cancer actually have no attributable family histories, so it's not only genetics that play a role. There are other things that can contribute to it and those include lifestyle factors; the use of alcohol certainly increases the risk for breast cancer, the lack of exercise in the individual, if the individual is a smoker and if the individual</b>

	<p>partakes in a diet high in saturated fats; these can all increase the individual's risk for breast cancer. The hormonal environment that the woman experiences can also contribute to breast cancer, if you have early menarche, that's the age when you periods start in your teens and a late age of menopause, when your periods stop around between the ages of forty-five and fifty-five, this can increase your risk of breast cancer. The use of some of the hormone preparations that we have, the oral contraceptives or the hormone replacement therapy that we see in the older person can elevate one's risk of breast cancer, there are other things that contribute towards it in terms of personal history; if an individual has had breast cancer they are at a higher of breast cancer in the opposite breast and if an individual has had any radiation treatment to their chest wall area early on in life due to some of the childhood cancers, that can increase the risk for breast cancer. Obviously also age is a risk for breast cancer, as we get older and older there's an increased chance with increasing age of breast cancer and then also the type of breast tissue that an individual woman may have, the dense breast tissue, that is something we identify on a mammogram, that is the proportion of the breast tissue that one has in the volume of the breast; that is an independent risk factor for breast cancer, so the denser a woman's breast tissue, increased risk she runs of breast cancer.</p>
<p>DR. MALKA</p>	<p>Thanks for unpacking the multifactorial elements and factors that contribute towards breast cancer. Some of them, as you say, are genetic, there's nothing we can do about them, but other factors from leading a less sedentary lifestyle, to being conscious about our diet, to not smoking, to reducing alcohol consumption or eliminating it completely, are factors that we can control to help minimise our risk. Thinking about the diagnostic elements, what should women be on the lookout for, I realise we're on radio, but and we can't be as visual as one would like, but can you almost describe the A-B-C's of self-checks that people should perform and how often this should be done?</p>
<p>PROFESSOR SMILG</p>	<p>As you say, we have to now be able to paint a picture for your listeners as to what they should be doing every month. Breast self-examination sounds very easy and in fact it's not an easy thing at all. With the hormonal changes monthly on a woman's breast, the consistency and the feel to that breast tissue changes throughout the month so that if the woman randomly feels her breasts it can be even more difficult to try and assess what's going on because normal breast tissue can feel very lumpy to the touch. So the first very important factor and we encourage women to choose the same part of their menstrual cycle each month to examine their breasts, hopefully that then has the breast under the same hormonal influence each month, which makes it only slightly easier for the woman to try and then discriminate between lumpy tissue and an actual breast lump. Breast self-examination we advocate from basically the late teens, anywhere from eighteen/nineteen onwards, a woman should start doing self-examination on a monthly basis and they should continue this throughout their lifetime. The best self-examination we encourage women to do, only once a month, again just so that they don't get confused with different consistencies that they may feel due to hormonal change on the breast. In terms of the practical issues, the one big thing we often find is we tend to always use our thumb and forefinger to feel things, we squeeze things between our thumb and forefinger and in the breast that will always make the tissue feel as if there are lumps within it, so we encourage people never to use the thumb in breast self-examination, we encourage the use of the next three fingers in alignment so that you are actually compressing the tissue between your flat fingers and the chest wall and</p>

	<p>you're not pinching the tissue. We encourage people to do the breast self-examination in two positions; the upright position and ideally in front of a mirror, that is so that not only are feeling the breast but at the same time you're looking at the skin for discolouration, dimpling or retraction and you're also looking at the nipple for the consistency of placement of the nipple and any retraction or in-pulling of that nipple that may be indicating something happening early in the breast. In the erect position you do the full examination which involves feeling the entire breast, often in a circular motion around the nipple and then extending up under the armpit as there is breast tissue extending up there, as well as the glands that may be associated with breast cancer live up under the armpit. We then also encourage women to do the same examination again in the supine or flat position and often it's easy to do it in the bath, where you've got the soap and the water to help you in your examination. So it's important to do it in both positions, looking and feeling at the same time.</p>
DR. MALKA	<p>What should we be feeling? I know that you've said that during a woman's menstrual cycle obviously the tissue consistency is different; would it be an obvious lump that one would feel?</p>
PROFESSOR SMILG	<p>So yes, you're trying to identify a lump that is separable to lumpy tissue, as I said, and it can be very difficult, but more than just a lump, you're looking or feeling for change; things that are new to you as an individual. Each individual needs to develop a memory of what their normal breast tissue feels like and that's why we encourage it on a monthly basis, so that they can then identify things that weren't there the month before, something that's not normal for their breast.</p>
DR. MALKA	<p>Self-examinations are one aspect where someone gets familiar with their own body, they can detect changes and that could effectively prompt a deeper diagnosis if something was concerning; can you please tell us more about some of the different kinds of diagnostic or screening measures that can detect cancers and possibly, because you find them at an early stage, reduce the seriousness?</p>
PROFESSOR SMILG	<p>So we have two types of imaging categories in radiology when we talk about breast imaging; we have what we term screening imaging, that is when all women between the ages of forty and at least seventy and maybe even later, should be encouraged to present for a yearly mammogram. A mammogram is an X-ray done in a radiology department of the breast tissue and that is certainly today still the gold standard of a diagnostic procedure to look for and to screen for early breast cancers. The second category of breast screening is the diagnostic side of breast imaging where there is a problem, there are symptoms, something that's concerning the individual that prompts them to go for further investigation. So in terms of the screening, that is people who have no problems with the breast, we actively encourage that from the ages of forty upwards, the scientific literature runs hard and deep, showing that the value of mammography certainly very justified in the forty and older age group. In the diagnostic side, that is when women or men of any age who have something of concern; a symptom, a problem with the breast, something that they have identified come for the imaging and that applies to any age group, there's no age limit attached to that. So anybody with a breast problem or if you're over the age of forty and you are a female who is having their annual check-up should present to a breast imaging unit where they will be offered a mammogram and then depending on the type of tissue that we see, the density of the tissue and possibly symptoms that they may present with, they may then have other adjunct imaging, the most</p>

	<p>common of which is ultrasound or a sonar, traditionally we know that as the thing that looks at pregnant ladies, looking at the babies before they are born and we do that as an adjunct in imaging, adding to our diagnostic capabilities.</p>
DR. MALKA	<p>How accessible are mammograms in the public sector and are they available at no cost?</p>
<b>PROFESSOR SMILG</b>	<p>So in South Africa we unfortunately don't have a national screening programme. Many countries in the world offer the ability for all their female population to have a mammogram at a certain time interval, we don't have national screening programmes here, but what we do offer is individual screening, for the individual woman there is the ability to access mammograms, both in the private health sector and in the public health sector. I talk particularly for the Gauteng area because I work in the Charlotte Maxeke hospital, which is one of the main teaching hospitals here in Johannesburg and we have a breast unit there, there are also good breast units at many of the other government hospitals where any of the population can present for individual screening over the age of forty or can present with an issue if they are under that age. In terms of the cost, obviously in the private sector there are private rates applicable to that and medical aid rates that are covered by the individual's medical aid. In the government sector, registration at a government hospital, regardless of what you're coming for, hinges on your individual income, the patient is then classified within the hospital system and that will dictate the fee that is applicable for that visit to the hospital. Each visit to a government facility has a fee associated with it that covers everything that is needed and is done at that single visit and those fees are very, very reasonable, being under R100 at the moment for a single visit to a government hospital, so if you are visiting a clinic and then having a mammogram, you would get that all potentially for under R100 if that is the individual's financial classification within the government setting.</p>
DR. MALKA	<p>I really appreciate you sharing the dynamic of cost because it does make things more affordable or let's put it this way, that people are able to manage their costs if they know what the expectant element is.</p>
<b>PROFESSOR SMILG</b>	<p>Sure, I mean cost is always a very important issue to people and people must look at it in the benefit that you're gaining from that relatively small cost in terms of getting clearance for at least a year and again not having to participate in further treatment if we can find things early or hopefully reassure the women that they don't have any issues.</p>
DR. MALKA	<p>On that point, if unfortunately the prognosis turns out to prove that there is a cancerous tumour, what types of treatments are available?</p>
<b>PROFESSOR SMILG</b>	<p>So breast cancer, as with many of the cancers nowadays, is a multi-disciplinary team approach and the treatment varies according to the individual. When we have a cancer diagnosis in the individual, that individual and their cancer are subjected to various interventions to stage the disease, that means we look to see how far the cancer has spread; is it only within one breast, has it spread to the glands under the arm associated with that breast or has it in fact spread further within the body and depending on where and if there is spread in an individual, they will be offered treatment appropriate to that stage of the disease and treatment will include, potentially, surgical options, operations to remove part or all of the breast or chemotherapy, which is the use of medication and drugs or radiation therapy which is the use of radiation to help in the treatment of cancer, but each treatment course will be individualised to the individual.</p>

DR. MALKA	I realise that treatments are evolving and there is always new information, new research being undertaken and as a result of that there's new methods of treatment; what would you say today are the typical survival rates of people who experience breast cancer?
<b>PROFESSOR SMILG</b>	<b>So, the survival rates are getting better and better and this hinges often not only on improved treatments but on earlier diagnosis. Unfortunately in South Africa itself we don't always have up-to-date statistics, we are maybe very busy treating the diseases rather than collecting the statistics around them, so we use statistics coming from international sources and there we have survival rates that demonstrate how effective we've become in trying to manage this disease. Typical figures that are quoted are that if the cancer is only within the breast tissue there is a five-year survival of about 99%. If the breast cancer is non-metastatic, that means it hasn't moved out of the breast or armpit region, those five-year survival rates are about 90% and the ten-year survival rates are quoted at about 84%. So you can see that with non-metastatic, that means when the cancer hasn't spread out of the breast or armpit area, we're getting extremely good survival rates, but you can see that's talking to early detection and that comes back very much to our mammography and the use of mammography to find that disease early so that not only if we find it early, can we be effective in treating it, again with our advancing treatment methods combining, we get very good prognostic rates.</b>
DR. MALKA	Prof Smilg thank you very much for walking us through let's say the A-B-C's or the 1, 2, 3's of breast cancer, from detection methods, from preventative measures towards treatment and sharing the views in terms of survival rates.
	<b>AD BREAK</b>
DR. MALKA	Today we're talking to Professor Jacqueline Smilg, who is a diagnostic radiologist, Head of Breast Imaging at Charlotte Maxeke Johannesburg Academic Hospital and Professor in the Department of Radiology at the University of the Witwatersrand. We would love to receive your comments on Twitter: @WomanityTalk.
DR. MALKA	Having spoken about breast cancer and highlighted awareness aspects, I'd like to turn the conversation more towards yourself; please tell us what prompted you to focus on radiology and breast imaging in particular?
<b>PROFESSOR SMILG</b>	<b>So, obviously as an undergraduate when you are training to be a medical doctor, you are exposed to all the different disciplines and it is during that training time that you often become more attracted to a certain discipline. In my fifth year of medical studies we had the opportunity of spending about eight weeks in a discipline or multiple disciplines that we were potentially favouring so that we could see if indeed those were areas that we would like to explore further and I was lucky enough to do my time in London at one of the main hospitals there, in radiology, in diagnostic radiology and it was during that time that I think the interest in radiology was sparked. As a medical student, radiology is one of the under-developed areas, in fact, or under-exposed areas to medical students, we didn't get a lot of time or exposure to diagnostic radiology and it was during that fifth year period when I could spend that dedicated time, doing only radiology, that my passion for it was ignited. I think radiology, one of the appeals of it is that it covers all the other disciplines, all the other disciplines from surgery, general medicine, obstetrics and gynaecology, orthopaedics, etcetera; they all require radiology to help them in their various disciplines. So radiology is all-encompassing, you get everyone coming from those disciplines, so you're very involved in all the aspects of medicine, although you're not necessarily a specialist in all</b>

	<p>of them. Radiology is also very exciting, it's like solving a crime, you get all the evidence, all the symptoms, all the presenting factors given to you and you've got to use your imaging modalities to try and answer questions to help the people, the doctors referring to you and give the patient a diagnosis, so it's a very exciting field I think. In terms of breast imaging as a sub-specialty of diagnostic radiology, I think I was inspired to look at that by a mentor I had during my early years as a consultant, I had a very dedicated professor who had been in the teaching field for many years and he had a passion for breast imaging and he introduced me to breast imaging, it was back in the nineties, back at Hillbrow Hospital which is now no longer functioning as a general walk-in hospital, but it was a place where I did a lot of my early days and he allowed me to work a lot in the breast imaging unit there, which I think ignited my particular interest in breast imaging.</p>
DR. MALKA	What would you say have been some of the key landmarks in your career?
PROFESSOR SMILG	<p>So, my career has spanned several decades and hopefully will continue to do so, I think one of the landmarks was obtaining a PhD when I was over the age of fifty, it certainly shows people that you never stop learning, you never stop achieving and you can be a mature student. Several other landmarks I would say potentially, along with my PhD, was within the same following twelve months I was promoted to Adjunct Professor within the university structures, which was very exciting. I had decided I would stay within the government sector for my career and as that I am also a joint member of the University of the Witwatersrand, so that was a highlight of my career or my academic career and one further landmark I would say would be when I was promoted to head of my clinical unit, my clinical unit being breast imaging, within the government sector at the Charlotte Maxeke Hospital back in 2001, I was given headship of that unit and with that came the ability for me to develop that unit on a path and a direction that I was wanting to take and I was given more-or-less carte blanche to make that unit what I would like it to be and I hope that that unit now speaks to it and we've had several awards over the last years attesting, hopefully, to the excellent unit that it has become.</p>
DR. MALKA	Thanks for sharing some of your achievements and what I really like about what you're saying is this evolving process of being able to change and to redirect organisations and focal points so that you continue to advance in your field.
PROFESSOR SMILG	I think it's very important. You've got to have a career path and sometimes the criticism in the government sector is that there aren't enough career paths, so you have to take every opportunity that you get to try and make sure that you carve out a niche for yourself in the system.
DR. MALKA	You've got a foot in the practical world and you've got a foot in the academic world; can you expand on some of the more significant collaborations or research projects that you've been working on with your counterparts in other countries on the continent?
PROFESSOR SMILG	<p>So I have two main collaboration pathways, firstly stemming from my PhD where I used radiology to contribute inter-disciplinary, with the discipline of paleoanthropologist, that is the exploration and the search for human origins, I used CT imaging to explore and find fossils for looking at our ancient human ancestors. So a lot of the collaboration I do is with other units within the University of the Witwatersrand, initially the Evolutionary Studies Institute and more currently the Centre for The Exploration of the Deep Human Journey, those are the paleoanthropological units in the University of the Witwatersrand and I</p>

	<p>collaborate with them, we having ongoing scanning projects where we use the CT scans to look at the fossil breccia, those are the large rocks that are coming out off the Cradle of Human Kind, fossil sites here just outside Johannesburg and we use imaging to get into these rocks to see what's within those rocks to help triage those, to help sort those for preparation and further exploration. So that is certainly an ongoing collaboration that resulted in my PhD and I am still busy with that at the moment. Obviously my second interest is breast imaging and on that side I do collaboration, I did some collaboration recently with the University of Johannesburg with the use of artificial intelligence in the early diagnosis and detection of breast cancer and I collaborate with colleagues in the United States with ongoing research topics. I've also just recently completed a collaboration with colleagues in pathology and the surgical disciplines, looking at hormonal receptors in the diagnosis of breast cancer.</p>
DR. MALKA	<p>Your schedule is certainly packed and adding to that packed schedule, you're also Chair of the Breast Imaging Society of South Africa, you serve on the Council of the Breast Group of Southern Africa and participate in several other committees. Participating in these types of organisations or initiatives really seems to be a reflection of your commitment to the discipline; do you feel that taking part in important associations and organisations, as well as teaching, comes with the territory of advancing your field or do you think that it's something that has almost grown on you and become a part of your identity?</p>
<b>PROFESSOR SMILG</b>	<p><b>I think it's a little bit of both. I think as you advance through there are criteria for your promotions, as I said to you I was relatively recently promoted to adjunct professor and there are specific criteria that you have to fulfil within the academic setting and those include participation in these kind of associations, but you don't only do those things to advance your career, you've got to enjoy what you do, you've got to love what you do and you've got to want to give back that passion to the community, to your patients, to clinical service. So a lot of the things I do are just because I enjoy doing them, I also run several Facebook pages, I'm the admin on those pages, just because I enjoy doing that, that's getting the word out, that's spreading the breast awareness that is so crucial to that early diagnosis.</b></p>
DR. MALKA	<p>You've got a real sense of I would say academic citizenship, as well as social citizenship, because everything that we've spoken today concerning breast cancer is about early detection and I just don't think we can have enough awareness.</p>
<b>PROFESSOR SMILG</b>	<p><b>Awareness is certainly key to this; people don't know what to expect if they've never been told how to look for it or what might happen and that's part of what October is, every year internationally across the world, it's a Pink Month, where we try even harder than normal, although breast cancer awareness shouldn't only be one month out of the year, we hope it should be twelve months of every year, but October month is a particular drive, a lot of the NGO's and the breast passionate organisations do a lot of social media awareness, radio/TV awareness and they have a lot of functions, making it fun, it's not necessarily a happy topic, but if we can bring it people's attention you can see in the survival rates that it certainly reflects that if we can have early detection and early stage disease being found, instead of late stage, where the survival rates are poor and the treatment much more aggressive.</b></p>
DR. MALKA	<p>Well we will certainly be contributing to the awareness, not only from this show's perspective, but also through promoting October and the Pink Drive on</p>

	our social media channels.
	<b>AD BREAK</b>
DR. MALKA	Today we're talking to Professor Jacqueline Smilg who is a diagnostic radiologist, Head of Breast Imaging at Charlotte Maxeke Johannesburg Academic Hospital and Professor in the Department of Radiology at the University of the Witwatersrand. We would love to receive your comments on Twitter: @WomanityTalk.
DR. MALKA	Prof Smilg, you've shared with us a very important accomplishment in your career of attaining your PhD at fifty. Looking at your resume, we see that you graduated with your medical degree in 1988, you obtained your radiology qualification in 1994 and your career has spanned over three decades. You've got an ongoing relationship with the institutions that are responsible for producing medical professionals, having taught and lectured more than five hundred registrars; do you think that the environment in South Africa is supportive enough towards female doctors?
<b>PROFESSOR SMILG</b>	<b>Certainly over the years of my career there has been a vast improvement in what is done to support female doctors, but we've still got a long way to go. Unfortunately we still see these incidents of gender discrimination within the hospitals, doctors being targeted within the hospitals and unfortunately often the female doctors. The environments we work in are not necessarily always entirely safe for both males and females, but compared to my student days and the early 2000's, I think we have made tremendous strides in addressing the issues.</b>
DR. MALKA	And what would you say are some of the gaps that still need to be overcome?
<b>PROFESSOR SMILG</b>	<b>Well luckily I think in the medical field we're not so challenged by differential salaries that we hear, in fact on the news this morning I was hearing that there are still sectors of the economy where females are discriminated against in terms of their pay package, medicine certainly hasn't had that for several years now, so that is a very positive step, but I think females particularly are often the primary caregivers in their family and when they come off duty as a medical professional, they have to go home and look after the family and fit all their family life in and around their medical career. So I think the support given to females particularly, is an area we could look at developing.</b>
DR. MALKA	One of the questions that I'd like to ask you now is about your personal journey. Some of our guests who've reached tremendous achievements in their lifetimes have spoken about factors of perseverance, hard work, value systems; in your opinion, what would you say have been some of the key drivers to your success?
<b>PROFESSOR SMILG</b>	<b>So, as you've mentioned, certainly the factors that you started with; hard work, perseverance, commitment are an absolute, but I think one of my personal ones would be you have to enjoy what you do. Unfortunately I work with a lot of disillusioned colleagues, maybe they're in medicine for the wrong reasons, I'm not sure why they're disillusioned, but they don't seem to enjoy coming to work each day and if you don't enjoy coming to work each day and doing what you've chosen to do, then I think you need to look introspectively and see what you can do, because you can't be successful and you can't be an inspiration to others if you're not enjoying what you do. You've got to make your environment where you work on a daily basis pleasant and a place you enjoy coming to, because again, if you're not happy in that place you're not going to project a good image. You have to have your own values, your own ethics and your own morals and those you develop over time from all your role models, from your parents, your family, your teachers and your colleagues and I think you</b>

	<p>must be true to those, you've to stick to those even when it sometimes it's very challenging in our situations. In terms of perseverance, as I said, yes absolutely, I have a saying that I tend to repeat, people that will know me say it quite often; "this too shall pass", you've got to always see that things are not necessarily all doom and gloom, you've got to look through that and see how you can make it better to get out the other side. You've got to be committed to the application of the rules, the laws and the policies that govern wherever you're working and again those that work with me know that's something I'm extremely passionate about, because I feel that only in doing that, can you treat people fairly and equally and on a consistent basis so that you're not being influenced by personal issues. You mustn't be afraid to voice your own opinion, to stand out in the crowd; often human nature likes to not raise us above everyone else and stand out in that crowd but I think you have to do that if you feel strongly enough about issues. I also often say to the people that I train, I feel you've got to be able to look in the mirror each night and you've got to be happy with how you've handled yourself in that day and how you did your job so that you can, as an individual, know that you've done the best you possibly could have as that individual. I think strong successful role models are very important in your life and you do take bits and pieces from many people to make your own portfolio.</p>
DR. MALKA	<p>Those are such fantastic points. On that notion of mentorship, because we believe that that's one of the key elements on helping women develop; can you please share with us who have been some of the strong women in your life?</p>
PROFESSOR SMILG	<p>So, unfortunately it's probably going to sound like a cliché, but I'm certainly going to start with my own mother; she was someone who trained during World War Two as a medical doctor and she was one of only five females in a class of over a hundred where they were training as medical students and the challenges that she faced during World War Two to come through her medical training, I think were an inspiration to me and she continued as a very willed, and I mean that in the best ways, woman who wasn't afraid to stand up for what she believed in, so I certainly think she has been the strongest female influence in my life.</p>
DR. MALKA	<p>Just imagining what she went through during World War Two era, let alone what was happening from an environmental point of view when there's a war raging, but knowing the conditions that women experienced in that period compared to what we have today, she must have been a phenomenal woman.</p>
PROFESSOR SMILG	<p>She certainly was very inspirational, quite a trendsetter I would have said, even in her retire.</p>
DR. MALKA	<p>And lastly, as we close out our conversation today, please can you share a few words of inspiration that you'd like to pass onto girls and women in Africa that are listening to us today?</p>
PROFESSOR SMILG	<p>So, not just necessarily for the girls and the women, but to everybody; never stop learning. I always try and find something at work that I have learned in each day, I always say to my students that I'm training, they must teach me something new each day, because I think we need to continue learning, that keeps us vibrant, it keeps alive, it keeps us dynamic. As I have mentioned, fairness in functioning I think is extremely important, you must be able to justify your actions each and every time so that they are fair, equal and consistent. Unfortunately, as women across the world, there are still discriminatory factors against us, but for an individual we've got to find an area where we as an individual can make an impact. It's not always about money and economics; there's lots that can be done with inspiration and commitment and can be done</p>

	<b>with a smile.</b>
DR. MALKA	Thank you very much for sharing those points and for being on the show today and taking us through a very comprehensive walk-through of breast cancer awareness, we really appreciate your time.
<b>PROFESSOR SMILG</b>	<b>Thank you, it's been an absolute pleasure to be with you.</b>
	<b>PROGRAMME END</b>