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**GUEST NAME: DR DINEO TSHABALALA – MEDICAL ONCOLOGIST – CHARLOTTE MAXEKE ACADEMIC HOSPITAL & SENIOR LECTURER AT THE UNIVERSITY OF THE WITWATERSRAND**

| SPEAKER | TRANSCRIPTION |
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| DR. MALKA | Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates women's milestone achievements in their struggle for liberation, self-emancipation, human rights, democracy and much more. |
| DR. MALKA | Joining us today, from Johannesburg, is Dr. Dineo Tshabalala who is a Medical Oncologist at the Charlotte Maxeke Academic Hospital and Senior Lecturer at the University of The Witwatersrand. She has a special interest in Triple-Negative Breast Cancer; an area which is under-researched and given that October is Breast Cancer Awareness Month, which serves as an annual international campaign to raise awareness about breast cancer and furthermore the 13th of October is International Metastatic Breast Cancer Day, in today's conversation we'll unpack some of the stats, early warning signs, risk factors, preventative measures as well as treatments. With that said; welcome to the show Dr. Tshabalala. |
| **DR. TSHABALALA** | **Thank you Dr. Goneos-Malka for having me on the show.** |
| DR. MALKA | When I was reflecting on this topic I looked at some of the recent statistics that are published and according to the 2019 National Cancer Registry, apart from non-melanoma skin cancer, breast cancer is the most common cancer in women across all races and from a South African point of view there's a lifetime risk of 1 in 27 and throughout Sub-Saharan Africa the incidents of breast cancer seems to be on the rise. So given this, I suppose some of the questions that we'd want to ask; is it due to changes in environment, lifestyle, genetics, or age, or other factors? |
| **DR. TSHABALALA** | **So, well I've got a bit of the statistics from the South African Cancer Registry, the last reported statistic was in 2019, where the South African National Cancer Registry did actually state that breast cancer is the one cancer that is most diagnosed in female patients. So at the moment it is number one, followed by cervix cancer and that's according to the last reported 2019 National Cancer Registry data and globally we've got the latest US SEER statistics saying that breast cancer has surpassed most of the common cancers that are prevalent in females and it is currently the most diagnosed malignancy in female patients worldwide and it's the second commonest cause of death in female patients worldwide. However, you find that in western countries like the US, their breast cancer numbers are coming down because they've got better screening programmes and those are aiding them in make a diagnosis of the breast cancer earlier and of course we know with breast cancer with early detection you do eventually get cured of the breast cancer. So, they are well ahead in terms of decreasing the numbers of occurrence of breast cancer in their patients. Of course, as you've said there are lots of risk factors that can predispose patients getting breast cancer, by far and large some patients present sporadically, you know, we don't know what the risk factor could be or indeed there is a family history of breast** |

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| | **cancer. For instance, Caucasian patients and those of Jewish decent, we know and there is a lot of data that's been confirmed to say that Ashkenanzi Jewish female patients and male patients are known to have hereditary or genetic causes that predispose them to certain cancers, for instance for females there is a BRCA1 and 2 gene that is very prevalent in that community; they are not just prone to having breast cancer but those females indeed can also have an increased lifetime risk of other cancers like pancreatic cancer and ovarian cancer is high on the list. So the BRCA mutation there is the increased risk of developing mostly breast and ovarian cancer.** |
| DR. MALKA | So genetics is one component, which at this stage we can't really change; what about age and lifestyle; is there particular risk groups the older we become or leading an unhealthy lifestyle as contributing factors? |
| **DR. TSHABALALA** | **So sticking to breast cancer we know that indeed the incidence of developing breast cancer increases with age. However, you can get breast cancer at any age, but the older you become you are more prone to getting breast cancer. So you find that patients with a stronger family history of the genetic cluster of cancers may present earlier than the age of 45, but by far and large after the age of 50/55, that's your highest risk, if you are a female, of developing breast cancer, hence the importance of screening for breast cancer once you're above the age of 50 to screen once a year. But yes, there are other factors and other risks or for lack of a better word, other components that can put you at increased risk of developing breast cancer indeed. When you talk about when you touch on lifestyle, patients that consume a lot of alcohol, we know that alcohol is a very big risk factor for developing breast cancer because it can cause the body to be in a chronic inflammatory state. We know that things like smoking and alcohol are modifiable risk factors, meaning your lifetime risk increases with the increase of use of those toxins because it increases the oxidative stress on your body cells and if those cells don't rest, that chronic inflammation eventually will lead you to develop cancer. We know that other causes or risk factors for developing breast cancer and other cancers is the type of diet that we eat, so red meat and processed foods indeed do increase your risk of developing any form of cancer. Your sugary drinks and your sweets lead to diseases or syndromes like obesity and obesity has become the biggest risk factor for developing some cancers, so there's a lot in terms of risks that we need to look at, in terms of what could possibly cause breast cancer. There are females who have had radiation previously to their chest wall, who are at an increased risk of developing breast cancer, but we know that with most malignancies genetics seem to play the biggest role so far. However, in addition to all the other risk factors that I've mentioned, we are seeing an increased rise in breast cancer among women that are HIV positive, we're seeing a lot of our patients, about 70 to 80% of our patients that do present to our oncology clinic are indeed HIV positive and it goes back to the data that has shown that the reason for why these patients become at increased risk of developing cancers like breast cancer is because of that chronic inflammatory state, so that oxidative inflammatory state that is caused by HIV infection, does indeed put them at an increased risk of having breast cancer, even without a strong family history. Other diseases like diabetes does indeed also cause that oxidative stress, that increase stress on your cells, that inflammatory process that does not remit, does indeed put you at increased risk of developing breast cancer.** |
| DR. MALKA | Thanks for highlighting some of the risk factors, some of the factors that we |

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| | can't control but also factors which we can control and are linked to lifestyle orientation. |
| DR. MALKA | You are listening to 'Womanity –Women in Unity' and today we're talking to Dr. Dineo Tshabalala, who is a Medical Oncologist at the Charlotte Maxeke Academic Hospital and Senior Lecturer at the University of The Witwatersrand. We would love to receive your comments on Twitter:@WomanityTalk. |
| DR. MALKA | When we started the conversation you mentioned for instance that in the United States the statistics are starting to reduce in breast cancer and that is really about contributing to the fact that people are more aware, that they're being diagnosed correctly and that's why the incidence is dropping because once people discover that they've got breast cancer, they're obviously doing something about it and having the treatment. I realize we're on radio, but what should women look out for when they're doing their self-checks? |
| **DR. TSHABALALA** | **So indeed screening plays a major role in patients presenting earlier from a disease point of view and we know that the survival benefit is greater if you present early with any malignancy, because the cure of any cancer, including breast cancer, is to cut it out, you know, yes there's other treatment modalities that support the surgery, but if you cut it out early then your chances of survival and remission are higher. So with this screening the patient actually plays the most important role, because the people that do in fact pick up the abnormalities in their bodies are the patients themselves, because as a patient you know your own breast, you know, you're naked when you're washing your body, so you know the shape of your breasts so I think to pay particular interest to monitoring your breasts while you're taking a shower or just after taking a bath, standing in front of the mirror and looking at your breasts; do they look the same, are they the same size, is there a mark that you don't understand on your breast, is the other breast looking fairly abnormal to the other one. So there are abnormalities that are common that you can find on your breast when you do a self-examination, just on inspection, check if there's a nipple discharge that shouldn't be there when you're not breastfeeding, number one, check that there's a certain redness, an itchiness and pain in that breast that is new and is not improving with for instance if you go to your primary healthcare provider and they give you antibiotics if they think that's a bit of inflammation or infection or a collection or an abscess or something; if it doesn't remit with the treatment that you've been given by your primary healthcare provider, then I think you should look more into it. We find that most of our youngest patients are those that are diagnosed after breastfeeding or while they're breastfeeding. So while breastfeeding we know that patients can get what is called Mastoiditis; what Mastoiditis is, is infection of the ducts that produce the milk and then later the milk comes out through the nipple, so when you're breast feeding indeed you are at increased risk of developing a Mastoiditis. So you go to your clinic or your general practitioner and you present and they tell you that you've got Mastoiditis, it's related to lactating, they give you an antibiotic, but indeed it doesn't remit, there's an entity called inflammatory breast cancer and most of our young lactating females sometimes are missed at that point. Inflammatory breast cancer is a cancer where you get more than 50% of your breasts red and inflamed and painful and in most instances, as a young female patient, if they do a mammogram on you, young patients have very fibrous breasts so you can miss breast cancer, especially if it's the inflammatory type of breast** |

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| | **cancer.** |
| DR. MALKA | Two points that come to mind as you're talking now, one from a point of mammograms; how do they cost, are they easily accessible to the public, because getting the right diagnosis is obviously critical to getting the right treatment and then the second question relates to access for women who are perhaps living in more rural areas and maybe they present too late? |
| **DR. TSHABALALA** | **I think I will finish off what I was addressing then address the two questions. I think I need to move a step back where I say when does a female start screening because I think those are important questions and females don't know when they should start screening for their mammograms. It's safe to say over the age of 50, definitely, if you haven't started you should start screening for your mammogram, okay, and it should be on a yearly to two yearly basis if you don't have a strong family history or if you don't have an abnormal mass or any high risk features that lead you to have a higher index of suspicion that there might be in fact something abnormal with your breasts. If you are younger than the age of 50, then we can say if you have a high index of suspicion or you're just nervous, like most of us are as females, then it's a discussion that you can have weighing the pros and the cons of starting your screening for breast cancer at an earlier age, at the age 45. So in a younger female we usually do two screening modalities; we do a mammogram and a sonar, so but if you have a high index of suspicion and you're younger than the age of 45 then indeed you should ask your primary healthcare clinician or nurse to please refer you to a tertiary institution because those breasts then can be subjected to a contrast MRI which will definitely pick up the abnormality, even if there's no underlying mass, but the MRI will have sufficient sensitivity and specificity to even pick up inflammatory breast cancer on the skin and the other underlying tissues in the breast. Going back to your other question where you say are mammograms readily available, are they free in public hospitals? So, mammograms are available to female patients in our secondary and tertiary hospitals. In our primary clinics unfortunately mammograms are not available, however, you are well within your rights to please request with a primary healthcare nurse or clinician that's seeing you in the clinic or a general practitioner to please transfer you or refer you to a secondary or a tertiary institution that can indeed assist with the mammogram. In most facilities, if you're a South African citizen, it should be free of charge. There are other initiatives like the Pink Drive that do run free services from time-to-time in different locations of South Africa, they go into taxi ranks and do breast examinations and if indeed you do have an increased risk or they feel something abnormal, they do have their trucks where they've got radiographers that do assist with doing mammography's. There's a lot of initiatives, but in general there are a lot of secondary and tertiary hospitals where mammograms are done and they are freely available, but you need to be referred by your primary healthcare facility like your clinic, or your general practitioner. The three institutions that I can think of or four, at the top of my head, at Chris Hani Baragwanath Hospital there is a good breast clinic there; at Charlette Maxeke there's a good breast clinic; at Helen Joseph there's indeed a very good breast clinic where you can do your mammographies and Pholosong Hospital has just joined as one of the breast clinics that do feed into our system at Charlotte Maxeke. So female patients are please encouraged, if you feel something abnormal, rather err on the side of caution than not, so do present to any of these facilities with a referring letter, the Sister just** |

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| | **needs to say abnormality in the breast please investigate further, that's it and you get it free of charge.** |
| DR. MALKA | So check, check and re-check. |
| **DR. TSHABALALA** | **Yes check, often our patients are missed and you know it's so nice to see patients coming in with an early diagnosis when the breast cancer is … the tumour is still small in the breast, you know, it hasn't spread to other organs and we can definitely cure you of your breast cancer. It's so disheartening to see a young female in her 30s with a young family presenting with advanced disease that's already spread to the lungs, to the liver and to other organs indeed and you know, your five year survival risk is less than two years, it's definitely less than 24 months. So the earlier you present the better and you can indeed be cured from breast cancer.** |
| DR. MALKA | And I think that's such an important message, the issue of presenting early, the issue that you have a high likelihood of being able to be cured. |
| DR. MALKA | Today we're talking to Dr. Dineo Tshabalala, who is a Medical Oncologist at the Charlotte Maxeke Academic Hospital and Senior lecturer at the University of the Witwatersrand. We would love to receive your comments on Twitter:@WomanityTalk. |
| DR. MALKA | I wanted to ask you; what prompted you to specialize in oncology? |
| **DR. TSHABALALA** | **So I was lucky, after I finished my undergrad studies at the University of KwaZulu-Natal, I had the privilege of coming to do my internship here at the Charlotte Maxeke Hospital, so I came to the Charlotte Maxeke Hospital and obviously it had been turned into a tertiary institution where every discipline was specialized, so medical oncology was offered here and at the time in Gauteng there were only two oncology facilities, you either go to Steve Biko in Pretoria, affiliated with the University of Pretoria, or you come to Charlotte Maxkeke which is affiliated with the Wits University and earlier on in my training, which is something that a lot of us don't get as intern doctors, I got the opportunity to actually work in the oncology department with Professor Paul Ruff and there was also the Nosworthy brothers, so I got to enjoy doing oncology at a very young age, earlier on when I did my internship in 2008. Although some cases were sad to see patients lose their lives to cancer, but it was exciting to see how we could cure some patients. So for me seeing the good results encouraged me and prompted to me to probably do oncology in the future, because when I rotated here and it was earlier on in my training and I had never, ever done or seen any oncology, even at the University of KwaZulu-Natal because it's highly specialized and you only get to the exposure later on in your life when you're a registrar doing your apprenticeship in internal medicine or indeed when you start specializing, but I had the privilege of doing it earlier and where the outcomes were good it really gave me this fulfillment to say I'd like to make people happy and I'd like to see people being cured and I'd like to encourage those with bad disease and although you're a bearer of bad news, but walking the journey with these patients and encouraging them along the way and having exposure to their families as well, counseling them, I felt that I was actually a perfect candidate to be able to walk the journey with most of these patients and I knew that after my internship and my community service, which I did both here at Charlotte Maxeke, I was definitely going to do my apprenticeship in internal medicine and later come back and do my medical oncology training, which I did do and became an oncologist in 2018** |
| DR. MALKA | The work that you do is saving lives; it's saving families and is so incredibly |

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| | meaningful. What triggered your interest in investigating breast cancer and Triple-negative breast cancer? |
| **DR. TSHABALALA** | **So we know that Triple-negative breast cancer is the most aggressive type of breast cancer that anybody can be diagnosed with. Yes it only accounts for 15% of breast cancers that we do diagnose worldwide, but it is the most lethal in that even if you are deemed cured after surgery and chemo and radiation, it's got a high recurrence rate, mainly because in the genetic makeup of the cancer it's got many mutations and it's just the nature of the disease, it presents normally De Novo, meaning you present initially with metastatic disease and in most instances it grows very fast and even on treatment it's got that propensity to progress.** |
| DR. MALKA | We can hear the passion for your field and the work that you are doing through your voice. Dr. Tshabalala so we've spoken about the work that you currently do and that it entails from an oncology perspective with your particular interest in breast cancer. Reflecting back for a moment, do you think that from a South African point of view our environment is supportive enough towards female doctors and are medical schools in the country encouraging women to pursue careers in medicine/ |
| **DR. TSHABALALA** | **So, I mean looking at my background, I grew up in Soweto and for me, you know, being a doctor, being a lawyer, being a teacher, being a nurse; those were the careers that we esteemed or were encouraged to pursue and in particular with medicine, I mean I forever wanted to be a doctor and I know with Wits University, since I am now affiliated with them, that most of the universities and their medical schools have a quota that they need to stick to, that the government has stipulated and given them a mandate that they have a fairly good representation of females that they do take into their medical school programme, so I know at Wits they are mandated to take 60% must be female and then obviously there's other demographics like the racial profile, but I think there's a good female representation in the medical schools and the graduate training programmes, but unfortunately as you go up into post graduate training programmes there's a bit of a stifling and competition for posts because number one there's not enough funding by the government for people to do or specialize further, so it becomes very tricky in that the representation of females and males is very disproportionate. For instance, you take internal medicine, currently there is more males as physicians and as cardiologists if you talk about super specialists as cardiologists, as a nephrologist, there are more males and you know there still needs to be a lot of work done in terms of getting more females as specialists and super specialists in the positions of heads of units, it's still male dominated in the most of the universities with a handful or less than a handful of females holding those senior executive positions in all our disciplines in all the universities.** |
| DR. MALKA | What do you think needs to be done to accelerate that to get more women into leadership posts, because they've demonstrated that they've got the credentials, you spoke about funding as being one of the deterrents in terms of specialization opportunities, but beyond funding; what needs to be done, is it about building better networks, how else can we create these opportunities so that women enter these spaces? |
| **DR. TSHABALALA** | **So unfortunately, you know, there's processes and procedures when you go for these interviews for these positions and in most instances when you go for this interview you seem to be the candidate that will actually get the job, but whether there's a bias or unfortunately some departments already have their own candidate that they would like to fill** |

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| | **the certain position, so unfortunately there is still competitiveness, favouritism and even if you're a female and your point scoring or your profile or your interview indeed puts you as first place to get the position, it's still very competitive, unfortunately, and I can't say what it is we can do more to tackle such a problem but I can probably suggest that the more resilient us women can be in that if you don't get the position the first time, go back. For me I never got the position when I went for my interview. I remember very well going for my interview in 2015, there were two candidates, it was a male and me and the male was not a black female, so already for me was a point more than him, but unfortunately in the interview other things were brought up that subjected me to not being the candidate of choice. But I persisted and I stayed within the hospital so that I was visible and the next time there was an interview at the end of 2015 I went for the interview indeed and I was successful this time and ever since I've been in the department of internal medicine and I'd like to think Prof Paul Ruff played a big role, because I was about to leave Wits University and Prof Ruff called me the one day and said you know what, in life sometimes you're not going to get everything the way you want it, it's not going to come easy, so just stick around, make yourself visible, you know, show them you really want this and be resilient and I took his advice and the very next time I got the position and I'm now a senior consultant in the department. So sometimes not giving up does assist, does help; I'm one person who is very resilient so I stick it out and I think that's why I've managed to be where I am.** |
| DR. MALKA | I think that's such an important message, this message of persistence, of perseverance and in a way I'm almost reminded of an advertising model called Aida which is about awareness, Interest, Desire and I think the last part is Acquisition, which really just shows this, of showing up, making sure that people know who you are and continuing with that presence and when the next opportunity arises you're prepared and taking advantage and opening those doors, so well done. |
| **DR. TSHABALALA** | **Thank you.** |
| DR. MALKA | Dr. Tshabala we're coming towards the latter part of the show and everybody has a different journey in their life and whether that's about drawing on different resources to help them attain their goals, we know that perseverance is certainly one of your traits, but a question I ask all my guests is about some of the factors that they consider have contributed to their success. Some will speak about discipline; others will talk about focus, values, a particular person. Please can you tell us in your opinion what have been some of the key drivers to your success? |
| **DR. TSHABALALA** | **So for me growing up in a township in Soweto, I grew in the more affluent part of Soweto but it was still Soweto, you know, there were very few role models but the ones that stuck out constantly for me throughout my primary school and high school journey were two gentlemen in fact, one of them is actually an advocate right now and an acting judge, so he lived the next street from my street and I always admired him, you know, a simple man but a man of integrity and every time you spoke to him he had words of encouragement and what do you want to do when you grow up, make sure you are something. So he really encouraged me, his name is Mandla Motha and then I had a cousin, also a male, very quiet, but really went on to achieve great things, he is a quantity surveyor and their company does a lot of construction around the country, it's 100% black owned company and they've done well for** |

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| | **themselves, so I've always had those two gentlemen as my benchmark that you know when I grow up I better be something, if not equivalent to them, better than them. And then I had the extra, an added influence of a friend of mine, that we actually met in grade nought, so Michelle was very driven from when we were young and as soon as we got to high school she was a very high achiever. I was more into sports, but you know academia was also, so I was more well-rounded, you know, an all rounder and Michelle then when we passed matric indeed had big plans of being a chartered accountant and for me, from the time that I was in grade eight, you know, my first year of high school, I knew I wanted to be a medical doctor but I had to do well in my maths, so Michelle played a very big role in that she always was consistent in her achievements and I promised myself and I was competing with her, she doesn't know, but I competed with her a lot in that every time I had to write a test effort, you know, Michelle's going to get an A for this so I better get an A or something close to an A. So she was my biggest driver with that competition that I had secretly with her.** |
| DR. MALKA | That's such a great story, that competitive rivalry, having that extra boost just to keep driving and pushing you ahead to do your best and then obviously your cousin and your neighbor down the street, having the aspiration to either aspire to be like them or to indeed be better or an par with them. Can you tell us about a few moments in your life growing up that were particularly impactful? |
| **DR. TSHABALALA** | **So for me, I have a very strong mother, although my mom did not finish matric, at the time when they were in school, grade 10 was good enough for you to start work and she went on to work at the Shoprite … OK Bazaars / Shoprite at the time, she was a manager. In those companies you were either a manager as a white woman or a coloured woman but because she was so fluent in Afrikaans they made her a manager and shortly after that she got into First National Bank, she worked at FNB as clerk clearing cheques and for the rest of her life that's all she did until she retired and the strength that my mom … when I looked at her, you know, every time it reflected and bounced back on me and my mom always had strong words for us, we didn't grow up in a smooth easy environment where money was easily available and my mom was the sole breadwinner in the house, my dad, ever since I was wise enough to see what was happening in the family dynamics, my dad has never worked. My mom used to provide, my dad used to be home and make sure that we are coming back from school and we were fed and everything, so he was almost like a house husband and my mom did all the work and provided for us. So that strength came from my mom and my mom always used to have … she would joke around, but she used to say, you know, unfortunately you've got peers that you're growing up with and if you don't aim to do your best and become something in life, you're going to wash your friends' car one day. So I promised myself I was never going to ask a friend for money or indeed wash my friends' car one day because she has the money, she has the car and I have nothing. During that time my mom used to say to us or you can be somebody's domestic worker and wash for them and clean for them and I didn't want that and I also didn't want to be a clerk like my mom, I admired her for everything she did for us, my aspiration was definitely not doing clerical work as mom at a bank and the only thing I did indeed want to be was a medical doctor. So indeed then I went on to do well and get into medical school and yes, the rest becomes history and I'm glad that I've achieved what I have managed to achieve, despite my background and** |

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| | **it's just living proof to any young student, learner, that with hard work, unfortunately it can't happen without hard work, with hard work and a lot of discipline, there's a lot of things that I had to miss out on while the rest of my friends were enjoying some of the other perks of doing three year courses and they could work sooner than I did. I remember vividly my best friend Michelle, you know, she was going on trips overseas because she was already working and I couldn't, I still had to be a student, but you know you persevere, you know, and you focus and you know what your end goal is and you just put your head down and you persist and remain disciplined and those are my words of encouragement. It's a lot of hard work and you're going to miss out on a lot of great things, but you know, you're never too old to achieve and become great.** |
| DR. MALKA | Thank you very much for that message, your words of encouragement, the fact that everybody has their own life to pursue and their path and their journey and depending on what choices you make, it may be a little bit of a longer route in comparison somebody else pursuing a different field, but those are your choices and your foundation. So thanks very much for joining us on the show today, for sharing your journey and we wish you every success on your next path. |
| | **PROGRAMME END** |