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

**GUEST NAME: DR. LIZANNE LANGEHOVEN – CLINICAL AND RADIATION ONCOLOGIST – PANORAMA MEDICLINIC– CAPE TOWN**

<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 women's milestone achievements in their struggle for liberation, self-emancipation, human rights, democracy and much more.
DR. MALKA	Joining us today from Cape Town is Dr. Lizanne Langehoven who is a clinical and radiation oncologist with the Panorama Mediclinic in Cape Town. In light of October being breast cancer awareness month, we continue to raise awareness of this important issue which affects many women and their families across the continent. Welcome to the show!
<b>DR. LANGEHOVEN</b>	<b>Thank you very much for this lovely opportunity and I look forward to our discussion this afternoon.</b>
DR. MALKA	Dr. Langehoven in a previous session we had with Dr. Dineo Tshabalala, we spoke a lot about several risk factors which could trigger breast cancer in women, whether it is inheriting unfavourable genetics to poor lifestyle choices be it diet, smoking, alcohol, to diseases like obesity, diabetes and HIV. Literature and various studies on cancer all remark that the effectiveness of treatment improves with early detection; in your opinion, do you think there's enough awareness about breast cancer?
<b>DR. LANGEHOVEN</b>	<b>So I think in terms of awareness it's very easy to put the responsibility with someone else and to want to outsource the responsibility to a big company or a drive for someone else, but the truth is that we all have the responsibility ourselves to be our sisters' keepers. If you go for a mammogram you should make a day of it, take your best friends with you, take women you love with you and you can be certain that you are taking care of each other. So I think we all have the responsibility to be part of breast cancer awareness and not just leave it to someone else.</b>
DR. MALKA	And when you talk about taking ownership of your life, effectively, so being responsible for yourself, for your loved ones; one of the elements which we also chatted about earlier in our offline discussion is the impact of COVID on people either being delayed or not going for their regular screenings; please tell us a little bit more about that.
<b>DR. LANGEHOVEN</b>	<b>So the idea of mammography is to detect cancer before it becomes apparent. In other words it's ideal that we pick cancers up; the smallest one I have seen has been 1mm in size, so well done to the radiologist who picked that up, but the idea is that if we pick up a small cancer, even if it's a really bad or aggressive sub-type, our outcomes at ten years are so much different to when the cancer actually becomes apparent and you can feel the lump and you've got lymph nodes under the arm. So in early breast cancer we know our cure rates at ten years is about 90 to 92%, so that should be the reason we go for mammography, that if you were to develop a breast cancer, that your chances of cure would be 90% at ten years and not 70% at ten years if you were to have clinically apparent disease. So what unfortunately has happened, during the COVID period mammography was one of the non-essential services that was offered. People were also scared of hospitals, so no-one would willingly go into a</b>

	<p>hospital where COVID patients were being treated, so lots of women missed one or two years of mammogram screening and now present with much more clinically apparent disease that would have been picked up had we been able to do the mammograms during COVID. So unfortunately we're seeing a lot more advanced disease than we should be seeing.</p>
<p>DR. MALKA</p>	<p>That's yet another unfortunate outcome of COVID, which has spread its tentacles into every sphere of life. Talking about early detection and correspondingly early treatment, it obviously improves the likelihood of successful outcomes, I know that pain management is part of the process and is also a very special interest to you, so can you please tell us about your approach to treating patients with breast cancer as they cope with this life-changing condition?</p>
<p>DR. LANGEHOVEN</p>	<p>In terms of breast cancer I hope that everyone knows that breast cancer lumps are usually not painful, so that's something that we really need to drive home. A non-painful lump is very worrying, we call it inflammatory breast cancer, but women often think that cancer needs to be painful, but please note that breast cancer as a rule is not a painful condition in the breast itself and its usually a painless hard lump that you can palpate, but we do encounter pain in that breast cancer journey. A lot of women will tell you that the biopsy needle itself was painful and I do think that although the biopsy itself is painful, I also think the amount of anxiety that we enter the room with that frames is how we experience that biopsy and then when you get to the surgical part and surgery can range from a small just a removal of the lump to removing both of the breasts and in this day and age we don't often remove the skin of the breast, so usually we can do immediate reconstruction, but that still is associated with a surgical intervention that can be painful. What's interesting is if you look at women who are cured of cancer, two thirds of them will report chronic or ongoing pain after treatment and a third of that will be debilitating and why does this happen? Women who had chemotherapy will often have early onset menopause and they will complain of sore joints, they'll complain of sore muscles. We get something we call peripheral neuropathy where the nerves in the hands and the feet are damaged by the chemo and that is one of the things that can be quite severe, I've seen women not being able to pick up a mug to have a cup of coffee from peripheral neuropathy. Radiation can cause the long-term pain syndromes and often women are unprepared to develop these symptoms because it often happens after treatment is completed, so you think that okay everything is now fine, I've gone through my treatment, everyone at work was very supportive during your journey, but now that it is over they actually want you to get back into the seat and deliver. So often the pain comes at a point where you have the least amount of support and the least amount of grace, so that is why I have this special interest in pain management through every phase and it looks different. Sometimes you can manage pain by managing an expectation of pain, like for the biopsy and if you actually just breathe and sit back you will find that the doctors take care and they're gentle, using aggressive pain treatment after in surgery. Looking at alternative ways of management treatment for chemotherapy and hormone withdrawal during pain, you know, encouraging exercise, encouraging a healthy lifestyle lived in a society. So often pain management is not just something I give you, it is something we work on together to rehabilitate you back into society following a very traumatic experience.</p>

DR. MALKA	So it's not as simple as just taking a pill. It's a process that needs to be managed across the different phases and particularly as you say, towards the end, when you are rehabilitated and going back to normal life, but that's actually where part of the challenge lies.
<b>DR. LANGEHOVEN</b>	<b>And the other thing that I think is important; we live in this world where we've got instant gratification. We can go and get a Big Mac at night, you can order anything online during the day or at night too, we've learned that there's something like instant gratification. So when these things do not go away overnight and you're not instantly improved, when it's a process it's really hard, you know, you can lose a little bit of steam in the recovery process which even makes it harder then and I do think it's because of our expectations. We want to be cured overnight, we want to be better overnight, we want to go back to being normal overnight, we want to forget overnight; I think that is impacted by the way we live and how we see the world.</b>
DR. MALKA	That is so true, instant gratification is part of our expectations in the world today.
DR. MALKA	You're listening to 'Womanity – Women in Unity' and we're talking to Dr. Lizanne Langehoven who is a clinical and radiation oncologist with the Panorama Mediclinic in Cape Town. We would love to receive your comments on Twitter: @WomanityTalk.
DR. MALKA	Dr. Langehoven, in the previous conversation we were talking about your approach to managing pain and we were talking about early detection, one of the other elements that I wanted to chat to you about was the culture within your clinic and the setup, because it seems to be a very collaborative approach between you and your colleagues and a nurturing environment as you help people walk this journey.
<b>DR. LANGEHOVEN</b>	<b>I am very, very blessed to be part of an amazing team of doctors at our unit, in the unit that I am in. I am part of a specialized breast cancer unit, a multi-disciplinary team, so we have a cancer surgeon, two breast plastic surgeons, we are two oncologists, we have a psychologist, we have a geneticist and we have lymphatic rehabilitation. So all of us work together and form the basis of a person's journey and it's easy because I can just knock on the door next to mine and say come have a look, what do you think and I've learned that seeing the same through different eyes can contribute greatly to the outcome and then we have meetings once a week where we are again a combined group of people, so all of the people I've just mentioned and then we're joined by radiologists, by nuclear physicians, by pathologists and then we have a case discussion about each new case; we look at it from all of these different aspects. We have then the value of ten or fifteen specialists looking at your case before we decide on treatment. So this creates an environment where I function in and I feel safe to function in this environment, but it also creates an environment where my patients know that they are in a safe environment, that I don't make decisions because it's something I can do, I don't decide to radiate you because I can do radiation. It's been discussed and we agreed that this was the best port of call, you know, that absolute support professionally and emotionally just really, really adds so greatly to my ability to do a really difficult job.</b>
DR. MALKA	That multi-disciplinary approach is so important and the fact that you've got experts within each of their respective disciplines coming together, looking at a problem through their lens and their discipline and then collectively being able to derive the best course of treatment for your patient. We are yet to live in a breast cancer free world and to pursue this ideal more

	research is needed; what would you say have been some of the recent research breakthroughs that really hold promise for prevention or treatments of breast cancer?
<b>DR. LANGEHOVEN</b>	<b>For me the most exciting breakthrough will always be knowledge. So a few years ago, probably fifteen years ago but it's also more recent than that, we just saw breast cancer as a single disease. So a big lump was bad and a small lump was good and a lymph node under the arm was bad and when there wasn't one that was good and often our decisions were based on this concept of size, but we now understand that there are at least four sub-types of breast cancer and they are treated according to the genetic makeup that is driving the cancer itself. In the old days we were giving eleven women chemotherapy to save one life and now we've got a more advanced genetic sequencing to distinguish between cancers that would benefit from chemotherapy and those that would not, so for me that's really changed the way I practice medicine. We had to make these decisions ourselves a few years ago; we had to decide is this someone who needs chemo or not and unfortunately the data shows us that we were wrong 50% of the time. So 50% of the time I omitted giving chemo, I gave it where it shouldn't have been given with no benefits, so I think just understanding that there are different sub-types of breast cancer and that that determines our treatment, to me is the biggest step forward and then we're looking at new treatment options. We're looking at immunotherapy, although it's not showing such exciting promise in breast cancer yet, subsequent lines of immunotherapy I'm sure we're going to have more and more success with our immunotherapy options and then there is a very exciting new way of thinking and I absolutely love this, it's like if you can imagine a paratrooper jumping from an aeroplane, with a little backpack on his back and then looking for a cancer cell, identifying the cancer cell, connecting to the cancer cell and then blowing up the backpack. So a big part of our treatment options is what we call antibody drug conjugates, especially in the triple-negative sub-group and these drugs minimize chemotherapy effects to normal tissue, because you selectively bind to the cancer cell, or as selectively as possible, and then the chemotherapy is delivered into the cancer cell itself and I think that's going to be a big part of our future treatment in breast cancer.</b>
DR. MALKA	That sounds incredibly exciting, being very specific about treatments. In terms of medicine and women in leadership posts and managerial posts; top positions in the medical world still tend to be occupied by men. You're a breast cancer specialist and people expect you to make the right decisions at all times because this is literally their life in your hands, and whilst you make every effort to you succeed, do you ever feel that you are judged by your gender and not by your capabilities?
<b>DR. LANGEHOVEN</b>	<b>I gave a lot of thought to this question because someone else asked me this recently; I would like to answer in three ways. I think the first one is initially when a patient needs me I do think there is a form of bias, but once I've taken them through the explanation of their disease I actually spend a lot of time on education and I find that they leave feeling educated and feeling safe. So I often get comments oh you're so young and I said well I have been a doctor for seventeen years, I don't know what you expect a doctor to look like, so I often get that comment, but I find that I settle that once I've had an opportunity to have the floor with my patient. The second aspect I'd like to answer from was the way I came into the hospital and initially I felt that I had to work ten times</b>

	<p>harder than any male colleague, it felt like I had to shine, it felt like I had to be present all the time at every clinic, at every discussion and the first two years were really hard for me in a man's world and then something happened and this is the third comment I'd like to make. I realized that it's possible for men also to feel uncertain and that they need to prove themselves in the first two years and what if it some of it was real and what if some of it was my perception of myself and I found myself in one of the clinics in the main hospitals in our own unit where it's very safe, but in the main hospital I am often in combined clinics where I am the only female, and this one day I found myself speaking a female voice, not speaking a male voice, not speaking a problem-solving voice, the voice that give them this chemo, do this radiation. I found this emotive voice of empathy and care and love that went above and beyond this male approach of problem-solving and everyone felt a little bit weird, because I had been suppressing this part of myself, I had been trying to conform to their way of being and in that moment I just couldn't care anymore, I was like okay, listen up, this is me, I am emotive, I'm instinctual, I'm feminine, I'm loving and I see things from a different way but if we look at it from both our ways we're probably going to end somewhere where the patient actually benefits. So I started a very emotional discussion a few years ago, it must have been about five or so years ago, but initially it was very, very awkward at combined clinics and the men found it very strange that all of a sudden we were talking about the impact on the children and the cost of treatment and how this family would survive and what you're doing to the breadwinner and all of a sudden our dialogue started changing, you know, it took two or three months and the boys joined in and during the COVID times when we were all really struggling emotionally we found doctors speaking to each other saying I'm tired, I need help. I found that our emotional discourse was so different to many other cases because we had gotten used to being human and I'm so proud of who I am now in the workplace, I no longer try to be a problem-solver, I bring my feminine strengths and wisdom with me to work and I'm so proud of it.</p>
DR. MALKA	That is such an interesting development and in a way you've helped shift the dynamics within the working world that you operate and function in, changing culture; so it's really talking to the heart.
DR. LANGEHOVEN	Yes, it is talking to the heart and it's so much more difficult to be dismissive or be quick in making a decision when it's just a name on a piece of paper, but when you know where this patient comes from, you do take that decision a whole lot more seriously when that person becomes humanized to you, when you know what matters to them. So I find that the care we provide as a consequence is I think that we offer excellent care at our facility and I'm very proud of our team and I'm proud of all the progress we've made in embracing the emotiveness of the person in front of us.
DR. MALKA	You're listening to 'Womanity – Women in Unity' and we're talking to Dr. Lizanne Langehoven who is a clinical and radiation oncologist with the Panorama Mediclinic in Cape Town. We would love to receive your comments on Twitter: @WomanityTalk.
DR. MALKA	Thinking back for a moment along your journey; so being a doctor for seventeen years, being an oncologist for eight years, what were some of the factors that made you decide to pursue oncology as your specialization?
DR. LANGEHOVEN	I used to be someone who enjoyed adrenaline a lot, so in our internship we had a lot of adrenaline but it was really when I did community service

	<p>in Atlantis that I learned the meaning of adrenaline. So in those days we were one doctor on the premises and we had to manage everything from complicated cases where we were having a problem with a troublesome birth, to stabbings and shootings and car accidents and heart attacks and strokes and, you know, at night it was very far to get to your nearest referral hospital, so you're referred to Somerset and in the day we had a chopper, but mostly at night you were alone, it was very long before a car could get to you for support and it almost, in that year, felt like life had no meaning, nothing had meaning, it was just one patient after the next and one horrible thing after the next. I remember all the trauma I used to see and how there was no meaning to life almost, you know, you just had this emergency, you didn't know who you were dealing with, something bad had happened and you just went from one bad thing to the next and the next and the next and I sort of got tired of adrenaline. I wanted there to be connection, I wanted there to be meaning, I wanted to know who the person was that I was helping, I wanted to know how to help them, because that's a problem in an emergency setting, you don't know what matters to that person and I remember the one day or the first day I became aware of that, one of my patients was dying and I walked past the bed and she looked cold so I closed her feet for her and then the family almost had a heart attack, like you can't close her feet, she doesn't want her feet to be closed, please you can't, she likes her feet to be open and something so small had such a big impact on me because I realized that we think we know how to help someone, but we don't, and that is why oncology offers me the ability to connect, to understand, to learn, to ask, to honour the person, to honour the journey and I see every journey with me, regardless of whether it ... the outcome doesn't really matter, but this art piece that we create as we battle this together or we go through this process together, I'm so proud of the changes and the growth that happens, I'm so proud of the connections that I made. So that's really how I came into oncology, from feeling nothing to feeling everything and respecting nothing to respecting everything.</p>
DR. MALKA	<p>An amazing contrast to having now such deep care and empathy with the people that you see. What would you say are some of the challenges that women face entering the medical field and importantly staying in the medical stream?</p>
DR. LANGEHOVEN	<p>I see this as a 100 metre race. So the men and the women start at the same line and then the men get to run and we leave at the same point, I mean that's fair enough, the gun goes off, but there are hurdles on the females' side and the first hurdle is being a mom, taking care of your family, conforming to society's ideas of what a woman should be, you know, even though I am a professional woman who works long days that doesn't mean I get to not contribute to my child's plan or my child's school and so I think it's really difficult for women to manage that but also manage everything else, you know, her occupation, but also everything else. So I have this discussion with my husband a lot, I think that professional women are often hard on ourselves because we have long days and we feel guilty towards our children because of our long days and demanding jobs, but remember the person who assists you when you go to your local shop, their days are just as long as our days. You don't now all of a sudden have less responsibility because you have less responsibility at work, often that involves informal travel which takes a longer time, it's less predictable, so you need to leave earlier to get to work. You still have these long shift days and then you have to take transport back home, which means that working hard and not being</p>

	<p>at home is actually something that we all have, that's a universal problem for women in every aspect of society. I think these problems that we face are universal, I don't believe they come with a certain job description, I think they are universal and that is the one thing we have to start normalizing, we have to start normalizing the discussion around the pressures faced by women in all walks of life, in the workplace, in how they take care of their families and sustain work where they are often not treated as equals. It's a very difficult discussion to have, but we should start having it.</p>
DR. MALKA	<p>And I wonder in that, if companies and organizations shouldn't be doing more to support women, whether it's a case of having the ability to change the hours that you work with a more flexible structure, I just think there's better ways of doing things.</p>
DR. LANGEHOVEN	<p>I agree, I had a discussion with a colleague recently where he spoke about dedication. One of our colleagues said he is going to work less hours and work five hours a day on certain days and not always be available and my other colleague said well, look at that, you know, he lacks dedication, some people who can't stand it in the trenches, you know, and then those of us in the trenches that just keep going and I felt so sad at that comment, because that's often a part of what's holding us back in creating change, the belief that if you're not in the trenches and giving your 110% that you are somehow less of a doctor or less of a mom or less of whatever you are in the moment and it really got me thinking, because in that moment I was like no, we've got to be in the trenches, we've got to be in the trenches people, we can't be seen to getting out of the trenches, we've got to be in the trenches and we've got to be fighting and we've got to be working hard and we've got to be part of the team, but do we, or can we change that narrative, can we change the narrative to saying haah he is such a clever man, he's got balance, he puts his family first, it's amazing to see how he can make it work financially, why don't we tackle him and see how he is doing this and maybe our quality of life can improve. But instead of celebrating someone for being different and wanting to lead a more balanced life, it's about you're out of the trenches, you're out of the team, you know, so that mindset of having to sacrifice everything for a job that really won't miss you for a month after you're gone, you know.</p>
DR. MALKA	<p>That's the sad part, isn't it; that your contributions, your dedication are not lasting. So if you had a crystal ball, if there was one thing that you could change to ensure that women had a better future or rather have a better future, what would that be?</p>
DR. LANGEHOVEN	<p>Do I have to choose one?</p>
DR. MALKA	<p>You can choose as many as you like.</p>
DR. LANGEHOVEN	<p>I wouldn't mind a female president, I think it would be a beautiful way of bringing to the fore issues that affect women and leading by example, I think our idea especially in our country, is still of a male leader and a leader style, but if we can lead with heart and intelligence I think that would really be wonderful. The second thing I would want to change and I don't know how a big a problem this really is because I think it's a subjective observation on my behalf, but I often feel that we don't cheer each other on enough, I often feel that there's jealousy and there is gossiping, oh look at her, she's achieved that but at the cost of that, and, and, and you see now she's a bad mom and a da, da, da and then this one is pretty but she has to do that and that and that and I often find that we</p>

	<p>can't come out and say you just got an achievement at work, we are so proud of you and end the conversation there, without measuring it against ourselves. And I think the newspapers and the magazines teach us about seeing ourselves relative to someone else or an ideal and so we see ourselves relative to other women as well and that is the one thing I think we can actively try to change, we can actively encourage each other, cheer each other on, change the narrative, oh she's a bitch look at her, when she's just being assertive, but if a male said the same thing he would never have been called a bitch, he would have just been assertive. You know, we contribute to that language, we contribute to the language of oh yes, look at how much weight she has gained. No, we don't have to contribute to that language, we don't have to comment on it, we can comment on her beautiful soul or the things that she's achieved and we can leave out that little bit where we see other women relative to ourselves and just really, really create a safe space where women don't fear being labeled as bossy or bitchy. You know there are a lot of narratives that go with being an assertive woman and I think we can start changing that and I think that will make a big difference.</p>
DR. MALKA	<p>And it's such a simple thing to do, it's generating that positivity, generating that nurturing spirit and wholeheartedly supporting our women folk. Dr. Langehoven we are coming towards the end of the show and one question that I ask all my guests is about the factors that they consider have contributed to their success; so can you please tell us what would you say have been some of your key drivers for success?</p>
DR. LANGEHOVEN	<p><b>My uncle had an injury when he was nineteen years old and he fractured his C spine and he became paralyzed, so from a very young age I learned about caring for someone, even if you didn't feel like it, you know, he couldn't even lift his hands to wipe something off his face, so we were always asked to do small things that we take for granted and I remember, you know, when I was much younger feeling irritated by the requests, until I realized but he can't actually do it for himself and he didn't choose this and I'll never forget that moment where I went from irritation of a child to the maturity of understanding what love and compassion means in that moment, it means not when you feel like it and not when it's appropriate or nice or you're calm and rested and you've had a good day. Caring and love means being that all the time. When you're a mom you have to be there all the time, you have to be all of those things, so I think that was the defining factor for my life that steered me towards meaning and towards taking care of those often without a voice. So when we were in the emergency unit during my community service, if someone came in with a cancer diagnosis, I remember they were pushed to the back of the queue, you know, because they were the dying ones, we had to focus on the living ones, but that is such an outdated way of looking at cancer; so many of our cancers are cured. But for my uncle I wanted to be a voice against what society often thinks, they think if you are in a wheelchair that you are mentally disabled, or if you have cancer that they can push you in a corner and you can just lie there and you can wait your turn because everyone else are the living. So I think that was for me a most defining moment, is being a voice for those who do not always have their own voices.</b></p>
DR. MALKA	<p>That's a really powerful story, thanks for sharing it with us. Lastly, as we close out today's conversation, please can you use this platform to share a few words of inspiration or wisdom with younger women that are listening to the show today?</p>

<p><b>DR. LANGEHOVEN</b></p>	<p>My best advice would be; be unashamedly who you are. It's often the things that set us apart that add the value, even if we're broken, there is a concept in Japan where a piece of pottery can be mended if it's broken, using gold thread and it actually becomes worth more in its broken and repaired state than it ever was when it was perfect and new and shiny. And I think often part of the imposter syndrome, which is also something I think many women struggle with, we see all the brokenness in ourselves and we focus so much on that and we try to conform to what the standard is and what the standard should be that we miss these beautiful golden threads that run through our lives and these are actually the things that sets you apart, these are the things that people remember and appreciate. It was only when I embraced being a female voice in a male dominated world that I not only changed my own internal voice, but I changed the discourse for a whole hospital and I'm hoping that as that message spreads between hospitals that we can actually start making a change in how we talk and how we approach things and that can only happen if you allow yourself to be who you are and bring to work your gifts and they might not be the gifts that are traditionally celebrated, but they might just be what is needed.</p>
<p><b>DR. MALKA</b></p>	<p>Thank you for those very important words, I feel that my key takeout of today's conversation has been about destroying the stereotypes and embracing your uniqueness and your own inherent gifts, being able to be true to yourself and contribute to society. So thank you so much for joining us.</p>
<p><b>DR. LANGEHOVEN</b></p>	<p><b>Thank you for having me.</b></p>
<p style="text-align: center;"><b>PROGRAMME END</b></p>	