Dr. Tasha Gandamihardja: Understanding breasts

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SPEAKERS

Dr Tasha, Joyce Harper

Joyce Harper 00:02

Joyce, hi. I'm Joyce Harper, Professor of reproductive science at the Institute for Women's Health at University College London. Welcome to season three of my podcast. Why didn't anyone tell me this? This season, we'll be diving into topics that explore how to achieve good health and happiness. I'll be speaking with leading experts who will provide evidence based advice and debunk some of the many myths around our health. Additionally, I'll be having conversations with individuals who bring unique perspectives through their lived experiences. In season three, will cover a diverse range of topics, including reproductive anatomy, inspiring female icons, chronic health conditions, factors that influence our well being, and global women's health issues. I really hope you enjoy season three of Why didn't anyone tell me this welcome to the mini series on understanding reproductive anatomy, and today, we will be talking to Dr Tasha about breasts. Dr Tasha is a highly respected consultant oncoplastic breast surgeon at the holly private hospital, and also practices for the NHS in Chelmsford. Her specialisms include breast cancer surgery, breast lumps and breast pain, alongside breast reconstruction, nipple discharge and breast surgery. Dr Tasha has an MBBS from the Royal Free Hospital School of Medicine and an M Ed in surgical education from Imperial College London, and a BSc and PhD from University College London. She also has an FRCS from the Royal College of Surgeons of Edinburgh. Dr Tasha shares her expert knowledge via her my breast my health blog and podcast. She has dedicated her life to helping people navigate through breast cancer. Welcome, Tasha.

Dr Tasha 02:07

Thank you. Thank you very much for having me total pleasure.

Joyce Harper 02:10

Now, I always start my podcast by asking my guests why they chose their career. So why did you want to become a doctor, and specifically a doctor specializing in breasts?

Dr Tasha 02:22
Yes, very good question. My path to becoming doctor was a little bit less, less, I guess, predicted I wasn't one of those kids who wanted to become a doctor from the beginning. I know lots of people, her boys wanted to become a doctor since they were little, that wasn't me. So I stumbled across being a doctor because didn't really know what I wanted to do, to be honest with you, but what I did know that I wanted to be helpful to other people. Now that sounds like a bit of a cliche, but that, I guess that was that was quite truthful from from my part. So I went to medical school and, you know, graduated and then didn't really know still what I wanted to do in terms of specialization. So as you know, you can either go down the medicine route or the surgical route or the ops and gynae route. And I like both medicine and surgery. But I guess what really appealed to me about surgery was the fact that I thought at the time when somebody, you know, somebody can come to us as surgeons and they have a visual problem that isn't quite right. So, you know, broken bone, a lump that shouldn't be there, you know, some form of defect, you know, like a ruptured something, and they come to a surgeon and we can fix them, and then they leave with that problem fix. So I thought, Well, I think I was, I'm pretty good with my hands. And I thought, yeah, let's, let's do surgery. Surgery sounds like a pretty good speciality to go into. So it challenges you, not only from the cerebral parts, obviously the thinking part, but also challenges you from the skills part. So that's what I that was attracted me to surgery and breast surgery, I thought was a very good mix of surgical side, but also the medical side, so there's a lot of oncology involved in in breast surgery. So that's what attracted me to do that. And so yeah, so that's why I'm a breast surgeon now,

Joyce Harper 04:30
fantastic, and we're very happy, and we'll talk a bit about oncology later on. But let's start with some basic anatomy. So can you explain the structure of the breasts, and I think probably we know the primary function, but tell us a little bit more about the function of the breasts?

Dr Tasha 04:47
Yeah, sure. So the breast itself consists of many types of tissues. So consist of lobules, ducts, fatty and glandular tissue, and it sits on your chest wall, muscle. Or your pectoralis major muscle, and it extends from your second to your six costal cartilage. So, you know, quite, quite just below your clavicle, all the way down to your six costal cartilage. And then it extends from the outer aspect of your chest bone, so your sternum all the way to to the outer part. So what we call the MIDI icilla line, and obviously the function is for, you know, for lactation, breastfeeding, but also it has a role for sexual pleasure, so, and that's both for men and women. So, yeah, the anatomy of the breast is not too complicated, but it does have, you know, certain bits and pieces that lends itself to its function.

Joyce Harper 05:47
So I'm glad you mentioned men as well. Men's pleasure. So a question I get asked quite a lot, what? So I'm gonna sneeze. Why do it's gone. It's gone. And I hope that I know the right answer, but I want to hear what you're going to say. Why do men have nipples?

Dr Tasha 06:10
Yeah, that's an interesting question. Well, I mean, in the early stages of development, all embryos kind of follow a similar blueprint, as you know, and the breast nipples start to develop, really, before the sex chromosomes are defined. So that's about the sixth, seventh week of pregnancy, I think. But once the sex is determined, whether you're male or female, then the breast starts to develop. And if you, if you're designed a male, then it kind of regresses, but the nipple remains. But you know, obviously between men and women, the substance of the breasts, between male and females, the substance of the breast is is much less, but the nipple is still there. And you know, yes, it doesn't function as an organ to use for breastfeeding, but as I mentioned earlier, it does have function for kind of as an erogenous zone in men, so that's where they're little

Joyce Harper 07:07
fantastic. I did know the right answer. That's the answer, right?

Dr Tasha 07:13
I was going to give you the wrong answer.

Joyce Harper 07:15
No, no, we agree. We agree. Well, taking, that's the right answer. And as you said, two functions, so sexual pleasure. So, you know, for men and women, I think probably everyone would know this, you know, they are, as you say, a wonderful erogenous zone.

Dr Tasha 07:34
Absolutely, yeah, definitely. And it's, you know, and it's something that is important to be preserved. So definitely, that's one of its functions.

Joyce Harper 07:44
Now let's talk about Its second function, so breastfeeding. So I don't know what you want to say about breastfeeding. The main question I wanted to know was your views about breastfeeding in today's society, but maybe start by telling us a little bit more about how breastfeeding works.

Dr Tasha 08:01
Yeah. I mean, I think, you know, breastfeeding, I think, is becoming less less common in today's society. And obviously there are cultural differences globally, but I think in general, I think certainly in the West, there are fewer numbers of people who are breastfeeding. And I think there are a number of reasons for this. It's multi factorial, multi faceted, you know, things like lack of access to breastfeeding spaces. Maybe, you know, women are feeling more embarrassed to do that in public, if they're not at home, sometimes they are unable to breastfeed. You know, the babies may not want to latch on, so they have problems with that. But also, you know, modern living people may have other responsibilities. So work responsibilities, they might have other children to look after. They might be caring for other people, you know, parents, partners. So I think less and less people are breastfeeding. And of course, there is, you know, I guess, a drive from companies to to promote their products. So saying that, you know you can get formula and it's more convenient, and so forth, so then, generally less people are breastfeeding.

Joyce Harper 09:28
How do you feel about that?

Dr Tasha 09:33
I mean, I think you know, it's, it's, it's difficult, isn't it, because it's a personal preference, and there, of course, many, many benefits to to be able to breastfeed. And I guess, yeah, it's, it's, we live in a different world now. I think maybe 50, 6070, years ago. You know, modern life is very what's very different to what it is now so. And I guess, yeah, perhaps we need to be more. More aware of enabling those who want to breastfeed, you know, in public spaces, in work spaces, to be able to do that and make it less of a, I guess, a social taboo. And you know, it's probably something we ought to be talking about more as well.

Joyce Harper 10:18
Yeah, and there's varying responses about women breastfeeding in public. I I'm always a bit, you know, someone tells me not to do something, I probably will go and do it. So I did. I did even breastfeed. I breastfed on the train quite a bit, but I also breastfed on the tube. Yeah, I didn't get very good response from, you know, I didn't, I didn't get anything verbal, but I was just sort of making a I also breastfed during my tutorials with my students and during meetings.

Dr Tasha 10:51
Wow, that's amazing,

Joyce Harper 10:54
but it's hard. It is hard in today's society to do that. It wasn't. I didn't feel comfortable doing that. So, yeah, how does, how does the breastfeeding work, and the milk, and, you know, what stimulates all of this? Because that's a really interesting concept of how that all works.

Dr Tasha 11:14
Yeah. I mean, it's all kind of hormonally driven. And, you know, whilst you during pregnancy, your breasts are kind of being prepared for that function. So the hormonal changes will, you know, will increase the the degree of lobules and the glandular tissue, and just make it making the body prepare for breastfeeding. So you know, for those who have been pregnant, you know, the breast changes quite a bit. It becomes more you know, the volume increases. You know the areola might enlarge. It changes in color. Sometimes becomes quite heavy. And you know, if you know on When, when, when you're when you're feeling your breast whilst you're pregnant, it feels very, very different to when we know if you are not pregnant, or even after pregnancy and and so you know your the pregnancy kind of prepares you for it, and then whilst, after giving birth, and the the kind of act of latching by the baby, kind of stimulates hormones and stimulates their milk production. So, yeah, and it's, you know, it's, it's something that many, many women, you know, go through and and have, you know, really good experiences. And some women can't, you know, can't, can't breastfeed for whatever reason. And I know women who breastfeed for, you know, a couple of years, and others who can only breastfeed for three weeks. So it really does depend on on the individual.

Joyce Harper 12:56
I personally did. I did find it really hard, especially from my first pregnancy, and then I had twins, and luckily, the second time around, it seemed much easier, but for me, the best thing I'd say, with my first baby, it was the hardest part of that pregnancy. The delivery was fine, the pregnancy was okay, but breastfeeding was tough at the beginning. But I think for me, just seeing that little contented face when they sort of nod off, they almost look, you know, yeah, they sedated.

Dr Tasha 13:30
Yeah, I'm full. Thank you very much. Now I'm gonna go to sleep

Joyce Harper 13:34
just for about half an hour. I do, I do have a controversial question, which I'd really like to hear your views on. So they I've heard that with giving giving males or trans women some hormones, they're able to lactate. And what's always worried me is, is that safe? What's getting into the milk and what? What's your view on that?

Dr Tasha 14:11
Um, yeah, I don't know very much about it, to be honest with you, but it's, it is something that obviously, you know many, many people are doing. I'm not sure how sustainable it is. I'm not sure you know whether it's something that is easily, easily achieved. I guess so. Yeah, I guess it's something that you know we need to study more and learn more about to be honest,

Joyce Harper 14:45
right? Enough about breastfeeding, let's let's move on to, let's move on to how our breasts look. So we've all got different sizes shapes. Men and women all have different size and shape. Breast breasts, and they vary so hugely. Do we know why this is is it genetic, environmental? Why have some of us got big breasts and some have got small breasts?

Dr Tasha 15:14
I think it's a combination of genetics and just how your body habitus is, you know? And and, yeah, your weight, what your weight is like. But I think genetics does play a big part in and what your breasts look like, and you know how big they become. So it's, it's, it's, I suspect it's somewhat predetermined, and obviously also, you know your body habitus and how, how much you weigh, how much muscle mass you have, all of all of those will, I would suggest, contribute to the shape and the volume of the breast.

Joyce Harper 15:55
And during our menstrual cycle. I've heard so many of my friends say they've got their really painful breasts at certain times. So during our menstrual cycle, how are those breasts changing from day one of our cycle till our next period?

Dr Tasha 16:11
Yeah, so you know the menstrual cycle kind of causes changes in hormonal fluctuations, and it's obviously not that uncommon to get a little bit of tenderness before you start your period. Now, having said that, you know, people can get breast pain at any point of their their cycle, in a way, so we

categorize breast pain as either cyclical or non cyclical, and the fluctuation, fluctuation hormones can increase the sensitivity of the breast causing discomfort. So if it's a non if it's cyclical breast pain, usually it's worse before your period starts. Then the period starts, it kind of eases off, and then it gets better, you know, once your period ends. Whereas non cyclical, or a cyclical breast pain women can get at any point, and it's something that is extremely common. I see women with breast pain all the time, you know, I see them in my clinics all the time, and and there are some things that, you know, obviously, if it persists and it's and it's worrying, then get get it checked out. But you know, if it's hormonally related, then there are some things that you can do to to alleviate the symptoms, but you can't necessarily prevent them from from happening.

Joyce Harper 17:36
So if a woman's feeling that it's really pain that's affecting her quality of life, then she should go and get some checks done. Is that right?

Dr Tasha 17:45
Yeah. I mean, you know, breast pain, as I said, isn't extremely common, but if it persists, then you know, somebody's worried about about their symptoms, then they ought to get it checked out.

Joyce Harper 17:58
Excellent. And let's think about the changes then, from puberty to post menopause. Do our breasts change? What's happening there?

Dr Tasha 18:07
Yeah, so during puberty, obviously, you know, the breast starts to grow, and for lots of young girls, it can be quite either slightly awkward, yeah, perhaps a bit traumatizing. And so I'm, you know, welcome, welcome that. But yeah, the breast will grow. You know, fat deposition starts increasing the volume of the breast, and, you know, shape of the breast and the milk ducts and the lobby will start to develop. So that's kind of what happens with puberty. And then obviously it changes throughout your you know your product, your reproductive years, as we've mentioned, or what happens around your mental cycle, and then around the peri menopausal, post menopausal years, also the the breast changes again. So it the glandular aspects of of the breast starts to kind of regress, and the fatty aspects start to predominate. And, you know, as we know, it kind of leads to reduction in elasticity and the reduction in volume, and that kind of progresses throughout, throughout the years, post, you know, in the post menopausal years. So, yeah, the breast definitely changes between, you know, throughout, throughout our lives, from puberty all the way to to post menopause.

Joyce Harper 19:29
I was one of those girls. Unfortunately, I myself and another friend both in the same year. So we were in equivalent to year five now. So we were about eight nine, and got breasts, and to the great hilarity of the boys giving us lots of grief about these appendages that had appeared, and then feeling feeling sad for some of my friends who were much later and almost had breast and envy, but you know, me and the other girl were really. We really didn't want them. Yeah, it's a, it's a, it's a tricky, tricky one for girls. Um, it is tricky. Definitely it is. It is really true, I think, well, puberty, there's so many things that go on at puberty. It's, it's actually growing. Our breast is the least of our worries. Um, let's talk about bras. Now, I

know there's so many myths about bras, so what would what would you like to tell women about bras and some of the myths around wearing a bra?

Dr Tasha 20:32
Yeah, so bras is a funny one because it's, it's quite funny in terms of the myths that you hear about bras. So one, one of them is, you know, wearing an underwire bra causes breast cancer, yeah, which is untrue. I think this started, I don't know many, many decades ago where I think it stemmed from the idea that the underwire stems kind of lymphatic flow that increased the rest of breast cancer. So that is untrue. And the reason why that heard was, you know, you shouldn't wear bras at night, because that increases the risk of breast cancer. Again, that's not true. So, yeah, bras are kind of an odd one, but I think we all need to to get a good bra fitting. Many of us don't get that. Many of us go to the laundry department, go along the racks, and then pick up a few, put them on. Yeah, they'll do they'll, you know, that kind of fits and then, and then walk out. But I think the truth is, a lot of us are not wearing the right bra. So my my suggestion would be to go and make an appointment to get a bra fitting. That would be really helpful.

Joyce Harper 21:41
And what about now, as we as we get older, we talked about, you talked about post menopause and perimenopause. So for most women, their breasts will start sagging, and that those perk breasts we had when we were younger and no longer there is, is it true that if you wear always wear a bra. This won't happen. Or what's the truth around that?

Dr Tasha 22:08
I mean, I think it's as I mentioned earlier. You know, as we get older, the elasticity of the breast just kind of reduces now, you know, I'm not sure by just wearing a bra constantly that will minimize the reduction in elasticity. That's, I guess, debatable, but I think worrying, yeah, I don't know of any studies that has looked into whether you know, wearing a bra in the post menopausal setting reduces the amount of droop one gets with age, you know, with time. I guess I don't know, maybe that's the study we could do, but, you know, I think it probably is best. It provides good support, which is good. And obviously, if you, if you don't wear a bra, you know, you're gonna be trying to fight gravity, and you're not going to win. So that might I guess, you know, accelerate the droopiness even more, perhaps. But, yeah, but yeah, wearing, wearing a good supportive bra. You know, all good, all good points, I think,

Joyce Harper 23:18
Well, I must admit, and I have admitted this before on this podcast that I hate wearing, I hate wearing a bra and I hate wearing tights. So I think, I'm not sure, I don't think I've recorded any of these podcasts wearing a bra. I'm not. I just and I have, I have been to the brilliant fitting places, and I've been fitted. There was one bar I bought last year. It was 120 pounds from a really good shop. I cannot stand it. I really and I it's definitely got worse as I've got older, I've become really intolerant to anything tight or fitting. I always wear big baggy dresses, and as I said, don't wear tights. So I'm really minimal, and I so, for me personally, I just so I'm really glad that we work at home more, but I do sometimes walk around Tescos with no bra on, and hope I don't meet anybody. Now the truth is out, no, it's been, it's been that I've admitted this. And I Yeah, yeah, I don't know. I mean, I could spend ages talking about it, but yeah, so, and I've heard a lot of women, you see lots of means and things, saying first thing they do when

they get home, take the bra off. So yeah, well, everyone needs to do what feels right for them. But let's Yeah. I mean,

Dr Tasha 24:40
you know, lots of people don't like wearing bras, right? And I think probably nine times, if not 10 times out of 10. Well, you know what women do first thing and they go through the door is take their bras off, because it's kind of you just It's freeing, isn't it? It's liberating. But, and I think that's fine. You know, if it's more comfortable for you, that's absolutely fine. It's only when. Get kind of the discomfort and the niggling pain, then sometimes you actually wearing a bra, can actually help with that. But you know, whatever works right, whatever works for you, if you feel you know you better, loosey goosey, then that's fine too.

Joyce Harper 25:19
Yeah, mine. Mine are free. Free is a bird. Now, one more thing about bras, so sports bras. So I did talk about sports bras with baz from the well, HQ last year. And she talked about how, you know, how really important. And I know there have been studies looking at women running and how their breasts move and doing other kind of kinds of exercise. So what's, what's your advice about sports bra?

Dr Tasha 25:49
Yeah, I mean, I would, I guess chime what, what was said, and that sports bras are very important if you do any kind of sports really. Getting a sports bra is really, really useful and really helpful, because you want your breast to to be supportive, and you know, not moving around and not moving around much, you can, you can just imagine, if you're, say, generously breasted, and you're not wearing a supportive bra, and you're going for a run, you just can imagine what the breasts are going to be doing, right? So definitely, definitely get a good, supportive bra, especially if you're for sports, definitely.

Joyce Harper 26:27
And the other thing buzz was saying was that changed them quite regularly, because I noticed today I was doing body attack, which is very jumpy, and loads of star jumps, and I wore a bra that I that used to be really tight, and I've realized it's been getting a lot easier to get on, and it seems more comfortable. But then today, I realized as a result, it's not supporting me enough, and my breasts were all over the place. So yeah, that wasn't a good look. So I think that might be the last time I wear that bra. So yeah, keep get regular sports bras. Do have a life time. So, yeah, because

Dr Tasha 27:02
the elasticity, elasticity runs, runs down, doesn't it? And the more work that you do, and the certain ways you need to to do wash your bra, you know, and I don't think, well, bras aren't supposed to last forever, so, and your your your weight changes as well. You know, you might gain weight, you might lose weight. So, or, you know, getting a kind of a regular bra fitting is quite

Joyce Harper 27:23
helpful. Yeah, I think I have lost a bit of weight because I've not been eating sugar. And I think that's the problem. I did note, as I said, I noticed when I went, before I got to the gym, that, Oh, feeling very

comfortable. And there was like, oh my god, yeah, keep them supported, ladies. They shouldn't. They shouldn't be jumping. Definitely

Dr Tasha 27:44
not. Yeah,

Joyce Harper 27:45
you mentioned about pain. So let's talk. What else can go wrong with the breasts and the most common conditions that women can have?

Dr Tasha 27:56
Yeah? I mean, there are lots, you know, there's a plethora of things that can develop in the breast. And obviously there are benign things, ie non cancerous things, and there are, obviously, you know, cancer. So there's cancer. So the benign conditions, you know, you can have, things like cysts, fibroadenomas, those things, non cancerous and but then, of course, you know, you can develop cancer, and pain is obviously another, another thing that many women experience,

Joyce Harper 28:34
yeah, and how important is it for women to keep the Check of their breasts and look for warning signs?

Dr Tasha 28:43
Yeah, I think it's very important to be breast aware. The recommendation is to to examine your breasts, you know, once a month. I mean, doesn't have to be like on the dot, every month, you know, but regularly is, is the take home message. So breast breast examination is important. And also, if you're over 50 and over in the UK, at least, you would be invited to attend the breast Ready program, and you would be offered a mammogram once a year. Sorry, a mammogram every three years. So So definitely, if you're over 50 in the UK, make sure you're enrolled in the NHS breast screening program. Now,

Joyce Harper 29:25
I've gone for every mammogram. We have a mobile unit that comes through our supermarket just very close to where I live, and I've always gone. But there was, I think, I think it was a paper out a couple of weeks ago that was saying that the data is saying that mammograms don't make any difference. Is that true? I can't believe it really

Dr Tasha 29:51
well. I mean mammograms, the the the aim of mammograms is to detect cancer early. I. And you know, it doesn't obviously prevent cancer, you know, so A mammogram is is a snapshot of what your breast is like that day, and that's why it's important to be breast aware. Because you know, if you're having a mammogram, say, once every three years, your breast is going to be changing within that time. And similarly, you know, having regular checkups will mean that any anything that's new, that you know is unusual, would be picked up. So I mean, certainly the guidelines at the moment is still that screening is offered to those over 50, whilst being breast aware is very important as well.

Joyce Harper 30:46
And when women are doing their breast examinations, is there somewhere they can go to get the right information about because I know things change, so about how they should do that. And you said once a month, is it any they used to say a particular time of your menstrual cycle, if you're having a menstrual cycle, yeah, yeah. I

Dr Tasha 31:06
mean, if you're, yeah, if you're premenopausal, you know, do it kind of after your period ends. So that's, you know, don't do it before, because obviously that's when your breast is quite, you know, it's quite active and might be tender. So do it after your period ends. If your post menopausal can just pick, pick a time during the month when it's convenient to you. And there are kind of you know, examine your your your breast with the flat of your hand. Don't forget to examine your your armpits as well, usually, opposite hand, opposite breast. It doesn't really matter how you do it, as long as you examine the entirety of the breast, not forgetting the central aspect of the breast, you know the nipple area as well, and then examine your your armpits as well, and do obviously, both sides. I actually have a YouTube channel. It's called Dr Tasha, and if you go onto that channel, there is a guide to how to examine your breast, but, you know, that's, you know, you can go there, but there are other resources out there breast cancer. Now, you know, I'm sure, I know, we'll have information about how to do breast exam, but, yeah, it's, it's not that. It's not rocket science. I think we, we think that it's something, you know, really complicated, and it's, you know, I need to, kind of read it somewhere to tell me exactly the steps I need to do and follow. It isn't really, literally, just, you know, just just examine your breath with with your hand. And if there is something that isn't right, then you should, you should be able to, hopefully, should be able to pick

Joyce Harper 32:41
it up. Great, great advice. And I'll put the link to your YouTube channel in the show notes as well so people can get straight there. But that's, that's brilliant. You've done that, so that's great. Now let's, let's talk about cancer. So breast cancer, so I've interviewed Liz o'rourden, wonderful Liz, on my podcast. I think actually the first year of the podcast. We're in year three now. So Tasha, can you tell us more about breast cancer, how common it is the treatments and the prognosis?

Dr Tasha 33:12
So yeah, breast cancer. One in seven women will develop breast cancer in their lifetime. In the UK, that equates to about 55,000, women a year are diagnosed in the UK, that and men can get breast cancer too. So about, you know, about 500 just under 500 men are diagnosed with breast cancer each year. And you know, with with modern medicine and modern techniques, modern drugs, survival is, is, you know, it has improved over the years, over I would say, you know, around 80% will survive the disease and the different kinds of breast cancer, right? So, but overall, you can divide breast cancer into invasive cancer and non invasive cancer. So the invasive cancer are the cancers that can, by by its definition, invade other parts of the body. And the commonest invasive cancer in the breast is invasive ductal carcinoma, and the second common is invasive lobular carcinoma. So those are the two common types. There are other invasive types of breast cancer, but those are two common types. And then you go and there's the non invasive breast cancer. So that's what we call DCIS, normally, ductal carcinoma in situ. Those are the cancers that we detect on screening mammograms a lot of the time,

although DCIS can live side by side with invasive cancer at the time of diagnosis. In terms of treatment, it is multi, you know, multi modality treatment. This is usually what is offered, and it is individualized according to the patient's cancer, so it can involve surgery, chemotherapy, radiotherapy, immunotherapy, endocrine treatment, and it depends on the that person's cancer. And so always say to a patient, please do not compare your cancer to somebody else's cancer, because firstly, you know, you don't know what cancer they might have had, and also that the type of the cancer, and so their treatment might be very, very different, so you can't really compare treatments. So yeah, so that's kind of a general overall picture of cancer.

Joyce Harper 35:40
Yeah, it's great news that the prognosis is so so improved. So I know if women do find something on their self examination that they obviously are going to worry. I've, I've had breast benign breast lumps before that have been tested, so it is a worry. But you know, please just go and see your doctor as soon as you can, because the the outlook is really good. I think for some of the treatments are quite harsh, but the outlooks good. So, yeah, just get down to your

Dr Tasha 36:09
dog. Yeah, yeah, definitely. I mean, you know, sorry, just want to say something about prognosis, I guess survival, although, whilst you know, whilst the majority of people do survive the disease, unfortunately, not everybody's cured of this disease. And you know about 12,000 deaths per year is attributed to breast cancer, and that's about 32 deaths per day. So you know, 32 deaths per day from breast cancer, that's, that's a lot. So, yeah, we still need to do a lot of research. We need to, you know, to raise awareness and things to make sure that, you know, as you mentioned earlier, you know, be breast aware. And you know, if you have any concerns, just do please get it checked out.

Joyce Harper 36:59
Is there an age when it's more prevalent, you know, it's going to happen at any age, or is it more likely over 30 or over 40 or over 50?

Dr Tasha 37:10
Yeah. I mean, it's the risk increases with age. It does come it does cover the spectrum of ages. You know, you can get breast cancer, you know, in your 20s, 30s, but the incidence is lower. The risk is lower. The risk increases as we age. So of all those cancers that are diagnosed in the UK, all the from that number, but 80% are over 50. So it increases with age. The older you are, the greater the risk.

Joyce Harper 37:39
So it's important for everybody to check their breasts, but really, for for those over 50, we really need to do that. And I must admit, I haven't been doing it as often as I should. So you've made me go do it a minute. Not now, not now. I've heard Liz talk about this, but I wanted to talk about lifestyle, so our diet, exercise, etc, affecting, well, breast health, but also breast cancer. So how does life starts? Lifestyle affect our breasts?

Dr Tasha 38:17

Yeah, lifestyle has so many effects on so many levels, for so many you know, it determines so many aspects of health, right? But for breast cancer, definitely, you know, the things that then there are things that we can't change. So the two biggest risks for breast cancer is getting older and and being a woman, so we can't change those things. But there are certain lifestyles and modifiable things that we can change, so alcohol, to limit alcohol intake, that that is a, you know, that's, that's something that we can do. You know, the advice is limited to about 14 units per week. And if you've had breast cancer. That certainly should be reduced to about, I think, five units per week, obviously, kind of maintaining a steady weight. So and maintaining steady weight can be, you know, either Well, diet and exercise. Maintaining steady weight also reduces that risk of developing breast cancer. Exercise is extremely important, especially for those who actually have had breast cancer. We know that exercise reduces the recurrence risk, you know, by about 40% so I always tell my patients, you know, please, after you've finished your breast cancer treatment, do some exercise if you haven't done exercise before, you know, starts, and if you have had, if you have been exercises before, then, you know, try to get back to your your level, or increase it even. So, you know, these are things that not rocket science, right? I mean, you know, we talk about this a lot in terms of just health in general, you know. Uh, the other thing is obviously sleep, and sleep is just part and parcel of being healthy, and and and all that good stuff. So yeah, if we can do our bit, that would be really helpful.

Joyce Harper 40:14
Thank you. I'm glad everyone says the same thing about no matter what topic we're talking about, our lifestyle so important, and it really is in in our hands. And I think as we get older, we're much more aware of it, but the sooner we look after our lifestyle, it's, I always say it's the best preventative medicine. So you know, really, really think about that when you're having that glass of wine. Think about all the things that you could be doing that are negative to your to your health for sure. Yeah, not, not what people want to hear, but, but it's the truth. It's the truth. But I wanted, I wanted to ask now a bit about breast surgery. So breast surgery especially for cosmetic reasons. So certainly, when I was younger, the breast implants was a huge thing, I have the feeling, but I don't know if it's true, that it's decreased over the years. It seems now that the it seems to be a fashion with younger women not to have the big breasts anymore, but to have the big butt instead. So now they're sticking all sorts of things in people's bums. But what's your view about cosmetic surgery,

Dr Tasha 41:23
yeah. I mean, I think it's difficult to to, I guess, to definitively say which, which way it's going. But I think actually is getting, it's increasing. I think, yeah, I think, you know, I think the cosmetic world trying to achieve that, that perfect look, whatever that perfect look is, especially with the advent of social media. I think you know, breast implants, breast augmentation is, is increasing, and certainly why I am. I do see many women with breast implants. And yeah, as you said, you know, you know, the Brazilian, the Brazilian butts, I guess, is the augmentation of the of the bum and all sorts of things. So I think it is increasing, and it's something that, you know, people do cosmetic surgery for for individual reasons, right? And and it's there are, there are obviously risks pertaining to cosmetic surgery. Implants, for example, don't last forever, and at some point, they will need to be changed and removed, because they will rupture at some point. These are things that I think many, many people either don't want to think about or weren't told about. But yeah, I think cause, I think cosmetic surgery is on the rise.

Joyce Harper 42:56
Now, you started this podcast saying that the function of the breast is for sensation and arousal and breastfeeding. So if you have breast surgery, what happens to those two functions?

Dr Tasha 43:10
It depends on the surgery that you have. If you obviously, you know one of the other cosmetic things that people can have a surgery people can have a breast reduction. Now, although I think breast reduction has health benefits, you know, if you're, you know, generously breasted, and you're quite small, you're getting back pain and neck pain, then that is quite helpful. So it does depend on the surgery that you have. If you can have breast implants, and if you want to breastfeed, that doesn't necessarily stop you from breastfeeding. And similarly, you know, the the the purpose of the nipple are complex can still work. It depends on the surgery, whether the nipple are yellow, complex was, you know, disrupted. That might have an effect on on the sexual function of that area. So, yeah, it does depend, but people cancel breast food with implants.

Joyce Harper 44:06
Oh, thank you. I thought for most people, they couldn't, so that's really good to know so, but yeah, be careful what you do with your nipples. Are there any other common myths or misconceptions about breast health that we haven't talked about already, that you'd like to address.

Dr Tasha 44:28
Things like, yeah, there are quite a few actually, things like, mobile phones can cause breast cancer. That's not true. Eating soy. You know, sorry, has kind of phytoestrogens and that people think that increases the risk of breast cancer. That's not true. Trauma. So if you've knocked your breasts, then that can somehow trigger something to cause breast cancer. That's not true. You know, I think a lot of people, well, not a lot. You know, some people might have knocked them, knocked themselves, and then they examine their breasts because of that incident. And then they find something, and that prompted them to come to see, to see, you know, the surgeon, that thing probably was there already. The trauma was the trigger for the person to find it, rather than the cause of the cancer. So, yeah, that that's, that's a myth. Other things, if not many people think that if you're if their mother had breast cancer, then you'll get it too. And interestingly, you know, people think that, oh, I don't have any family history, therefore I can't have a breast cancer. So the genetic kind of component of breast cancer, or the, you know, the majority of breast cancer, is sporadic. I it just happens, only five to 10% are genetically linked. So, you know, and when I when I mentioned that to people, they're quite surprised by that, because I think people think if you don't have a family history, you can't get it, and vice versa. So, yeah, so that's another thing that I hear quite a lot.

Joyce Harper 46:18
I can remember when I first heard about the breast cancer gene, the braca gene, and we really were so excited, and we thought this is going to explain we knew it wouldn't explain all of the cases, but we thought it was going to be like 80% and then to hear that it's five to 10% and that was a long time ago, it's been been a bit depressing to not find more reasons why Some people get it and some people don't. For sure,

Dr Tasha 46:44
yeah, definitely. I think, I think it's multi factorial, obviously, if there is the bracket, you know, if you if there is a history of the somebody carrying the bracket, unitation, then you get tested, and you know, if you have that mutation, then yes, your risk increases by 60, 70% and then, you know, there will be things that we can do to minimize your risk of getting breast cancer, but you know, unless you have the mutation, then you know, just because you have a family history doesn't mean you get it. Yeah,

Joyce Harper 47:14
necessarily, yeah. Natasha, I call this podcast. Why didn't anyone tell me this? Because there's so we were talking before we came on about the lack of education, and we're not often taught these things at school. So I don't, I don't know if anyone has a lesson at school about their breasts, please let me know, and I'll go and shake their teacher's hand for sure. But have you heard? But what's Well, you've talked about many things today, so what's the most common thing that people didn't know that you you told them, and they said I didn't know that.

Dr Tasha 47:48
Yeah, I think it would go, it would kind of pertain to the the myths that I've mentioned, you know, things like, Oh, I didn't know men can get breast cancer. That's something that I actually recently heard from somebody, you know, and that's like, Oh, wow. I didn't know I, you know, I just assume only women get breast cancer. So, you know, that's one thing again, as I said, the genetic link the underwired bras, you know. You know, I've thought that wearing an underwire bra will cause breast cancer. Therefore, I don't wear an underwired bra. So usually it's related to the myths that that I hear people say, and I do dispel quite a lot of them, quite often.

Joyce Harper 48:34
I have moaned about this quite a lot, that people like you and me, we spend too much of our time having to debunk myths that come from all sorts of places. But as you've said a few times, so social media really doesn't help at all. So yeah, thanks. And I think

Dr Tasha 48:51
that's the reason why you know you and I kind of do this, right? So, yes, you need to, you know, kind of want to, kind of claim a little bit of space to be able to, hopefully be able to give correct, robust, accurate information.

Joyce Harper 49:07
Absolutely, absolutely now, Tasha, my final questions to my guests, just to always end on a happy note. So Tasha, what makes you happy and where is your happy place?

Dr Tasha 49:22
Oh, yeah. Thinking about this. I don't know the answer to like definitively, because what makes me happy? It, it. There's many things that makes me make me happy. And I actually see I find the little things in life make me happy. So I'm very simple person, but genuinely, you know, like you wake up and it's a nice sunny day, or, you know, a nice cup of coffee in the morning. You know, know, my family's healthy things like that make they make me happy. Jen. Really, so many things make me

happy. And that's one of them. Many of them, rather, my happy place. Again, it varies. I like water and I like, I guess I like swimming. So I do, I do like being a water and, you know, currently I'm kind of swimming quite a bit, so the pool currently, at this moment in time, is making me happy, very happy. So, yeah,

Joyce Harper 50:29
lovely water is, I think, the most common, if someone talks about sort of, really environment. Yeah, water is, but, but, you know, I was having dinner with someone else. I say that. And one of my friends said, I hate water. I hate being near water. Hate being in water. No, we're all different,

Dr Tasha 50:48
which is great, yeah, we're all different. I mean, I think, like, I guess nature makes you know, is a happy place for me. Like, when I, when I, when I go skiing, I just love the mountains. And that's, you know, at that time, that is absolutely my happy place. So I guess, yeah, I guess nature is my happy place.

Joyce Harper 51:10
Yeah, those skis this, bring on a ski slope. It's so stunningly beautiful,

Dr Tasha 51:16
right? How can you not be happy there? Yeah, yeah.

Joyce Harper 51:18
For sure. For sure. Now the very last question, what advice would you give your younger self?

Dr Tasha 51:30
I would say, oh, there are many things I would tell my younger self, but I guess one of them would be, continue and follow your own path, and don't let other people tell you. Otherwise,

Joyce Harper 51:46
that's very beautiful. I love that. Well, Tasha, it's been absolutely fabulous. I am going to go off now while this is uploading and check my press so please everyone, don't forget once a month and Tasha, thank you for being a absolutely wonderful source of brilliant information about these wonderful structures our breasts. Thank you. Oh,

Dr Tasha 52:10
it's an absolute pleasure. Thank you so much for having me. It's been a delight having this conversation with you, and I hope your audience found it helpful. Thank you so much. Thank

Joyce Harper 52:19
you. And did I hear a little cat in the background a few times at the beginning? You did? I am so sorry. No, I love it. She's asleep. But yeah, she was mine. I have mine in the background. I'm doing a podcast, but normally, a couple of times, actually, not when I've been doing a podcast, but some meetings, they do bring in a mouse, sometimes alive so, but no, she sounded very me.

Dr Tasha 52:45
Yes, I do apologize, but yeah, she was behind me. She's behind me still. Yeah,

Joyce Harper 52:49
no, well, I just wanted to make that note on the air before we sign off. So thanks again. TASH, thank you.

Dr Tasha 52:56
No worries. Take care. Bye. Bye. You.