

03:23:47 DR. PETERSEN: How are you?

BARBARA L: I'm fine.

DR. PETERSEN: Yeah?

BARBARA L: I feel a little anxious.

DR. PETERSEN: Yeah. How was the, uh, consultation with Dr. Cohen?

03:23:55 BARBARA L: Um, that went well. It took me longer than I thought to make a decision...

DR. PETERSEN: Um hm.

BARBARA L: ...of course, you know, I called back a few times with questions, and she called me right back.

03:24:04 DR. PETERSEN: What, what options did she give you?

BARBARA L: Um, the tram flap;

DR. PETERSEN: Uh huh.

BARBARA L: The tissue expander...

DR. PETERSEN: Uh huh.

BARBARA L: And the latissimus.

DR. PETERSEN: Uh huh.

03:24:10 BARBARA L: And I didn't really understand, um, more about the tissue expander.

DR. PETERSEN: Right.

03:24:15 BARBARA L: Which is the one I went with.

DR. PETERSEN: Okay.

BARBARA L: But she answered, you know, a lotta questions for me over the phone.

03:24:20 DR. PETERSEN: She thought you had enough tissue for the tram flap?

BARBARA L: Yes.

DR. PETERSEN: Eh heh heh.

BARBARA L: But she said, you know, she [did], yeah. She said, you'd be smaller than you are now, but...

DR. PETERSEN: Right.

03:24:29 **BARBARA L:** ...we could do that. But she said to really think about that, because the extent of the surgery, and...

DR. PETERSEN: Right.

BARBARA L: ...the fact that I would be, uh, much smaller, she said.

03:24:39 **DR. PETERSEN:** Okay. So you decided on the implants.

BARBARA L: Yes.

DR. PETERSEN: Okay. And not with the latissimus; just the plain...

BARBARA L: No.

DR. PETERSEN: ...implants. Okay.

BARBARA L: She said with, uh, the skin-sparing...

DR. PETERSEN: Um hm.

03:24:47 **BARBARA L:** ...and I guess they take, I believe she'll take skin from either the inner thigh or, to, for the [UI]...

DR. PETERSEN: Uh huh.

BARBARA L: I believe. Those, you know, I still need to, I think, to iron that out with her, but.

DR. PETERSEN: Well, with the tissue expander, we'll stretch the skin on the chest wall...

03:25:04 **BARBARA L:** Oh, okay.

DR. PETERSEN: ...to match the size that ultimately you would want. So we shouldn't have to harvest any skin from that area.

03:25:11 **BARBARA L:** Really?

DR. PETERSEN: Yeah.

BARBARA L: Oh, okay.

DR. PETERSEN: Yeah. I mean, we shouldn't have to.

BARBARA L: Okay.

DR. PETERSEN: But you know, it depends on how large you want to go, obviously. And that's what makes the difference. //

03:25:22 **BARBARA L:** But if, if you only had a certain amount of skin...

DR. PETERSEN: Right.

BARBARA L: ...and you try to stretch it too far?

DR. PETERSEN: Well, we...

BARBARA L: How do you...

DR. PETERSEN: Well, we never...

BARBARA L: ...how do...

DR. PETERSEN: ...stretch it too far.

BARBARA L: You know what I mean?

03:25:31 **DR. PETERSEN:** Yeah, but what happens...

BARBARA L: [UI] I think.

DR. PETERSEN: Right. The process hap-, what happens after the tissue expander comes in, you come in, usually, like every week, or every two weeks...

BARBARA L: Okay.

03:25:39 **DR. PETERSEN:** ...and she keeps inflating the expander with more fluid to keep stretching the skin.

BARBARA L: Okay.

DR. PETERSEN: And what we try to do is actually stretch beyond where you would like to go. And then put in the size that ultimately you would like to be.

BARBARA L: Oh, okay.

DR. PETERSEN: Okay?

BARBARA L: Okay.

DR. PETERSEN: And that's how it, that's normally done.

BARBARA L: Okay.

DR. PETERSEN: So it shouldn't be...

03:25:57 **BARBARA L:** 'Cause I thought, of, you know, I just think, when you stretch and stretch. I, I really don't know.

DR. PETERSEN: Yeah, well, eh, a part of that will guided, again, by...

BARBARA L: How...

03:26:04 DR. PETERSEN: ...what you're comfortable with, in terms of the new size that you would like to be. And then also, just...

BARBARA L: Mm.

DR. PETERSEN: ...you know, it can be a little uncomfortable, the stretching, you know, every time you put fluid in. So...

BARBARA L: Okay.

03:26:14 DR. PETERSEN: ...you know, how much you tolerate that procedure as well.

BARBARA L: Okay.

DR. PETERSEN: That's how we would do that.

BARBARA L: Okay.

DR. PETERSEN: All right. So now that that's handled...

BARBARA L: Right.

03:26:22 DR. PETERSEN: ...okay. What about the rest of your treatment and care? You have other questions that you...

BARBARA L: Uh, well I had the genetic testing done.

DR. PETERSEN: Right.

BARBARA L: On April 6th.

DR. PETERSEN: Right.

BARBARA L: But I have not heard...

DR. PETERSEN: The results have not come back yet.

BARBARA L: Have you gotten the results?

DR. PETERSEN: No. No.

BARBARA L: Oh, okay.

DR. PETERSEN: And...

BARBARA L: 'Cause it's been a month.

03:26:35 DR. PETERSEN: Right. And normally, you would be the first person to get the results.

BARBARA L: Really?

DR. PETERSEN: Yes.

BARBARA L: Okay.

DR. PETERSEN: Because it's sort of confidential information. And then once you've heard them...

BARBARA L: Right.

DR. PETERSEN: ...then yo-, you know, the, the counselor will usually tell you, now it's time to share them with, you know...

BARBARA L: Oh, okay.

DR. PETERSEN: ...Dr. Petersen], so.

BARBARA L: Okay.

DR. PETERSEN: That's how we would do that.

03:26:55

BARBARA L: So do I need to call her? I thought they would call me.

DR. PETERSEN: No, she would call you.

BARBARA L: Oh, okay.

DR. PETERSEN: Yeah, once the results come back, uh, she'll call you. It takes about, it can take like four to five weeks to get those tests back.

BARBARA L: Okay.

DR. PETERSEN: I mean, it's,

//

DR. PETERSEN: ...the genes that we're testing for...

BARBARA L: Um hm.

03:27:07

DR. PETERSEN: ...are extremely large. I mean, they have about seventeen thousand or, uh, million, you know, different letters in the alphabet...

BARBARA L: Um hm.

DR. PETERSEN: ...is the best way I can describe it.

BARBARA L: Okay.

DR. PETERSEN: And when we look at the DNA, that, we're looking for just one...

BARBARA L: One.

DR. PETERSEN: ...one...

BARBARA L: Okay.

03:27:25 **DR. PETERSEN:** ...of those letters in the alphabet to be incorrect. So it takes a long process to look for that. And then...

BARBARA L: Okay.

DR. PETERSEN: ...after they, after they scan the gene in the forward direction...

BARBARA L: Right.

DR. PETERSEN: ...then they scan it in the reverse direction...

BARBARA L: Oh.

03:27:39 **DR. PETERSEN:** ...to double-check and make sure that they actually, you know, got the correct information. So it does take awhile to get that information back.

BARBARA L: Okay.

//

03:27:47 **BARBARA L:** ...I had someone mention to me, just to be nice, are you gonna need blood? I said, hah, good question. I will ask, I mean, do people, this is probably off the wall, but...

DR. PETERSEN: Sometimes when we do the tram flaps, sometimes...

BARBARA L: Okay.

DR. PETERSEN: ...patients may need blood. And if we have any concern about that...

BARBARA L: Um hm.

03:28:06 **DR. PETERSEN:** ...sometimes we'll have patients actually donate their own blood.

//

With what you're having...

BARBARA L: I don't think [UI].

DR. PETERSEN: ...yeah. There will be...

BARBARA L: [UI].

DR. PETERSEN: ...right. There should be...

BARBARA L: Okay.

DR. PETERSEN: ...minimal blood loss.

BARBARA L: Okay.

DR. PETERSEN: And with the tissue expander, that shouldn't be a problem. So that should be okay.

03:28:19 **BARBARA L:** Okay.

// and //You said you make an incision.

DR. PETERSEN: Yeah. I will, my incision...

BARBARA L: [UI].

DR. PETERSEN: ...will be based on what Dr. Cohen does. I mean, normally...

BARBARA L: Oh, okay.

03:28:29 **DR. PETERSEN:** ...she and I will decide; what is the smallest incision we can use to do the operation? Now sometimes, when we're putting in the tissue expander, they actually prefer that I remove a little bit more skin, because they're more interested in stretching what skin you do, um have.

//

BARBARA L: Okay.

DR. PETERSEN: Um hm.

03:28:48 **BARBARA L:** And you've, I know you've said you've done a bunch of these. Am I right?

DR. PETERSEN: Heh. Yes. Ha ha ha ha. You're not the first!

BARBARA L: [UI]. No, I know.

DR. PETERSEN: Ha ha ha ha! Oh, dear.

03:28:58 **BARBARA L:** Do you mind if I...

DR. PETERSEN: No, absolutely. That's why you're here.

BARBARA L: 'Cause of course I brought my little list.

DR. PETERSEN: That's why you're here.

BARBARA L: And I do also have, um, I hate to just come flying in with all this stuff. Disability papers?

03:29:09 DR. PETERSEN: Sure. Give that to me.

BARBARA L: Um...

DR. PETERSEN: We'll take care of this.

BARBARA L: Okay. Because I believe...

03:29:12 DR. PETERSEN: Yeah, that's pretty, that's pretty standard in a situation like this, that we'll have to fill out this paperwork. Yeah.

BARBARA L: Okay.

DR. PETERSEN: We'll take care of it.

03:29:19 BARBARA L: Uh, and that's like eight, is that like eight weeks recovery?

DR. PETERSEN: Yes.

BARBARA L: Or does it depend on...

DR. PETERSEN: Eh, well...

BARBARA L: ...certain things?

03:29:25 DR. PETERSEN: ...some-, sometimes it depends on just how much, benef-, how, how much benefits you have. Like, if you can take eight weeks,

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it's not just a physical recovery, but there's the emotional recovery that you need to take into account here. So if you have the benefits where you can take, you know, eight weeks off...

BARBARA L: Um hm.

DR. PETERSEN: ...then that's what you should do. You know.

BARBARA L: Okay.

DR. PETERSEN: And that's fine with me.

03:29:47 BARBARA L: Okay. Because I mean, I know this process is longer, I believe, than the other two.

DR. PETERSEN: Right.

BARBARA L: Uh...

03:29:53 **DR. PETERSEN:** We also have to keep in mind also that, um, the question about chemotherapy after, and how you're going to feel, and if you're go-, you know, what you ultimately decide with that as well. So um, you know, we d-, we do need to be mindful of that, in terms of your recovery as well.

BARBARA L: Okay. Because that depends on what is taken out.

DR. PETERSEN: Right. Exactly.

03:30:17 **BARBARA L:** [UI]. That I, at this time...

DR. PETERSEN: So, and we'll, right.

BARBARA L: ...I don't need it. But...

DR. PETERSEN: Right. We'll, you don't need it, but we'll readdress that issue if in fact you ultimately, you know, need additional treatment.

BARBARA L: Okay.

DR. PETERSEN: Okay?

BARBARA L: Okay.

03:30:28 **DR. PETERSEN:** And we're keeping our fingers crossed that you won't need anything else.

BARBARA L: Okay.

DR. PETERSEN: Okay?

BARBARA L: [UI]. Okay.

03:30:34 Um, so are you taking, when you take the tissue out from the right side, are you taking more lymph nodes?

DR. PETERSEN: No.

//

'Cause your sentinel lymph nodes, which you had removed before, were negative. So there's no reason...

BARBARA L: So there's no...

DR. PETERSEN: ...to take out...

BARBARA L: Okay.

DR. PETERSEN: ...any additional lymph node.

BARBARA L: Okay.

//

03:30:49 do I need to have mammographies?

DR. PETERSEN: Uh, no. You won't need...

BARBARA L: 'Cause I read...

DR. PETERSEN: ...any mammograms.

BARBARA L: Okay.

DR. PETERSEN: Yeah.

BARBARA L: I didn't think so, but I must have read something...

DR. PETERSEN: You will still need...

BARBARA L: ...somewhere.

DR. PETERSEN: ...you will still need regular checkups.

BARBARA L: Right.

03:31:01 **DR. PETERSEN:** But you won't need mammographies. 'Cause the breast will be, both breasts will be removed.

BARBARA L: Okay. What about, uh, for, being the fact that I'm, you're, the skin-sparing surgery...

DR. PETERSEN: Um hm.

BARBARA L: ...you're keeping my own skin.

DR. PETERSEN: Right.

03:31:14 **BARBARA L:** Is that increased risk of getting breast cancer, if you still have your, I mean I know it's within the ducts, but this is still the same skin.

DR. PETERSEN: Right.

//

For instance, if you have a tumor that's almost eroding through the skin...

BARBARA L: Okay.

DR. PETERSEN: ...or if you see changes on the skin as a result of the cancer...

BARBARA L: Right.

03:31:33 DR. PETERSEN: ...then we are a little, we take a much wider, uh, portion of the skin when we're doing, uh, the procedure. But in your case, you're an excellent candidate.

//

BARBARA L: Okay.

03:31:41 DR. PETERSEN: However, like I said to you before, we still are going to do regular exams, where we do check the skin...

BARBARA L: Okay.

DR. PETERSEN: ...uh, by palpation...

BARBARA L: Okay.

DR. PETERSEN: ...to make sure that we're not feeling any little nodules, or anything like that, that are worrisome.

BARBARA L: Okay. Oh. Yeah, that just came to me...

DR. PETERSEN: Yeah.

03:31:59 BARBARA L: ...and I don't know what made me think of that, but...

DR. PETERSEN: Well, it's a great question.

//

But I think we've done so many of these procedures for so many years now that...

BARBARA L: Um hm.

03:32:05 DR. PETERSEN: ...we're comfortable with who are good candidates for it, and exactly, you know, what the ultimately outcomes are for the patients who have skin-sparing mastectomy. And the outcomes are great. Uh, both from a cancer standpoint, and also from a cosmetic standpoint.

BARBARA L: Okay.

DR. PETERSEN: As well, yeah.

BARBARA L: Okay.

03:32:23 // again, you know, I met with my OB/GYN, Dr. Rosenzweig,

//

she said to ask you about the, uh, I guess she took me off — because I was on, you know, a birth control pill?

DR. PETERSEN: Right.

BARBARA L: Mainly to curb the, she said if anything was going on, you know, with the ovaries — because my mother had ovarian cancer?

DR. PETERSEN: Right.

03:32:42 **BARBARA L:** Um, but she said, you know, you better talk with him, because I think you should stop using that.

DR. PETERSEN: Right. For right now, until we sort out everything, it would be best if you stopped, uh, using the oral contraception.

BARBARA L: Okay.

DR. PETERSEN: And she's right.

//

oral contraception, uh, does play a role in preventing, uh, ovarian cancer. But in this case, while we're still trying to find out more about your disease...

BARBARA L: Right, right.

DR. PETERSEN: ...and how we're going to treat, we should hold off on oral contraception for now.

03:33:08 **BARBARA L:** Okay. And that whole, because she brought up these questions, and I said, I just wanna deal with, you know, my breast right now, I said...

DR. PETERSEN: No, these are great, no...

BARBARA L: ...it's all to, it's all intertwined...

DR. PETERSEN: It's all...

BARBARA L: ...but...

03:33:16 **DR. PETERSEN:** ...it's all part of the process. And she's absolutely right. I mean, these are all important questions, in terms of, eh, you know, for a young woman like yourself, I mean, these are

important questions, be-, and these are not issues that we would have in a post-menopausal pa-, you know, patient.

BARBARA L: Right, right.

03:33:31 DR. PETERSEN: But clearly, for a pre-menopausal patient, we have a lot of different issues that we're dealing with, including, you know, what if you want to have more children? You know. How do we preserve ovarian function...

BARBARA L: Um hm.

03:33:42 DR. PETERSEN: ...if you are going to have chemotherapy. And so once we know everything about your tumor, and all of the disease has been removed, then we'll start to make certain decisions, and address, um, each concern...

BARBARA L: Um hm. Okay.

03:33:56 DR. PETERSEN: ...that's p-, you know, pertinent for your lifestyle, as well.

BARBARA L: Okay.

//

03:34:00 HER2. What is that? What is that, HER2...

DR. PETERSEN: Okay, HER.

BARBARA L: ...status.

DR. PETERSEN: Right.

BARBARA L: [UI]. What is...

DR. PETERSEN: HER2, HER2U status.

03:34:06 Um, HER2 is a receptor on the surface of the breast cancer cell.

BARBARA L: Okay.

DR. PETERSEN: Just like you have estrogen receptors and progesterone receptors?

BARBARA L: Right.

DR. PETERSEN: So HER2 is also a receptor that sits on the, on the surface of the cell. And that receptor, um, gives us some indication as to how aggressive, um...

03:34:30 BARBARA L: Oh, okay. Okay.

DR. PETERSEN: ...the tumor is. Uh, if you have HER2 receptors on the surface of the breast cancer cell...

BARBARA L: Um hm.

03:34:38 DR. PETERSEN: ... the cell says that that s-, that the cancer, um, is a more aggressive form; it divides more...

BARBARA L: Okay.

DR. PETERSEN: ...frequently, and can spread, uh, to other parts of the body more. So that a patient whose breast cancer, uh, whose breast cancer is devoid of HER2, uh, receptors. So we look at the estrogen receptors; the progesterone receptors; and the HER2 receptors...

BARBARA L: Okay.

03:35:04 DR. PETERSEN: ...to determine what kind of treatment, whether systemic treatment...

BARBARA L: Um hm.

DR. PETERSEN: ...meaning chemotherapy, as well as hormonal treatment, um...

BARBARA L: Okay.

DR. PETERSEN: ...that you give a patient, um, after surgery. And then there's one drug in particular that's specific for the hor-, HER2 receptor, and that's a drug called Herceptin, uh...

03:34:23 BARBARA L: Oh.

DR. PETERSEN: ...and we know that, um, for some groups of women, Herceptin becomes very important in terms of increasing survival.

BARBARA L: Oh.

03:35:33 DR. PETERSEN: Uh, in your case, with negative lymph nodes on a small tumor, it's unlikely that you would need Herceptin, or even benefit from it.

BARBARA L: Okay.

DR. PETERSEN: Uh, it's a, it's a drug that's really more important in women who have, uh, breast cancers where the cancer has already spread to the lymph nodes.

BARBARA L: Okay.

03:35:51 DR. PETERSEN: Um, and they have larger tumors, and more aggressive tumors.

BARBARA L: Okay.

//

I think that's it.

DR. PETERSEN: Yeah?

03:35:58 BARBARA L: I gave you my disability papers, and I updated all my medical information, because of course we've changed...

DR. PETERSEN: Oh...

BARBARA L: ...providers, effective May 1st.

DR. PETERSEN: All right. So we're still working on the surgery date...

BARBARA L: Okay, good.

DR. PETERSEN: ...right now. Um, it becomes a bit of a problem, um, coordinating Dr. Cohen's schedule...

BARBARA L: Ah, sure.

03:36:18 DR. PETERSEN: ...and my schedule, and finding time in the operating room. Um, but they do give the breast cancer patients a top priority...

BARBARA L: Okay.

DR. PETERSEN: ...in terms of, uh, space. So Janet is working out those issues and logistics...

BARBARA L: Okay.

DR. PETERSEN: ...and dates right now. And as soon as we have that, um, we'll let you know. We're hoping for next week, no later than the week after.

BARBARA L: Okay. Heh heh.

DR. PETERSEN: I know it's, it's [UI], so I'll be happy...

03:36:44 BARBARA L: No, that's, that's fine.

DR. PETERSEN: [UI].

BARBARA L: I'm...

//

BARBARA L: just tell me when, where, I'm there.

DR. PETERSEN: Well I hope you're there. Ha ha ha ha ha. You know. Uh.

BARBARA L: Yeah. My schedule is easy.

DR. PETERSEN: Okay.

BARBARA L: Just go.

03:36:54 DR. PETERSEN: Okay. So that's, uh, that's pretty much where we are.

BARBARA L: Okay.

DR. PETERSEN: And then obviously, when we get all the results, we'll be back here again, discussing what all we know and where we move, move forward from there.

BARBARA L: Okay.

DR. PETERSEN: Okay?

BARBARA L: Thank you very much.

DR. PETERSEN: Oh, you're welcome.

//

03:37:08 DR. PETERSEN: Did you ask everything?

BARBARA L: Yes.

03:37:13 DR. PETERSEN: Do you need to be upright] coming out of surgery. Nausea. Plagued with extreme pain. Okay.

BARBARA L: Yeah. I didn't think that was appropriate now. But, 'cause I was kinda all over the place.

//

DR. PETERSEN: Well it's good that you write them down. Because a lot...

BARBARA L: [Okay].

03:37:25 DR. PETERSEN: ...of people don't write them down, and they go, uh, uh, what should I, and then, and then they go home, and they go, oh, I should have asked him that question. So you should always write them down. That's a good thing to do.

BARBARA L: Right. And I, of course...

DR. PETERSEN: And you typed yours, too.

03:37:37 **BARBARA L:** ...you know, [UI]. So it's easy. It's easier than writing. You just type it up.

DR. PETERSEN: Yeah, that's great. That's great.

BARBARA L: So.

DR. PETERSEN: Okay.

BARBARA L: Okay.

DR. PETERSEN: All right.

BARBARA L: Thank you. Thank you doctor, [UI].

DR. PETERSEN: {laughing} Ah.

BARBARA L: Thank you.

03:37:47 **DR. PETERSEN:** We'll get through this, okay?

BARBARA L: Yes.

DR. PETERSEN: All right. Okay. Let me walk you out.

BARBARA L: Okay.