

[00:00:09.110] - Speaker 1

Welcome to the Your Stories Podcast, where we hear candid stories from people conquering cancer. I'm your host, Dr. Mark Lewis, and I am delighted to welcome Brenda Brody to the podcast today. You may recognize Brenda as one of our Your Stories podcast hosts. She actually has her very own cancer story to share. Today, we'll be diving into Brenda's experience facing stage two breast cancer and how she's using that experience to inspire others. Brenda, welcome to the podcast.

[00:00:36.110] - Speaker 2

Thank you so much.
It's great to be here.

[00:00:38.570] - Speaker 1

So tell me a little bit about yourself, both, so I can get to know you. And so our audience sort of understands your personal background.

[00:00:45.590] - Speaker 2

I'm a single mom of a 19-year-old daughter, been a single mom since she was two.

[00:00:51.110] - Speaker 2

I also have a background in business and theater. I used to tour in musicals, but I have degrees in both the business and the arts, which led me to the world I'm in now, which is producing meetings, conferences. But it led me to a world of producing product launches and sales meetings, which is kind of interesting because then hence I get cancer and add some knowledge in the background of what it takes to bring a drug to market. I'm working with physicians and doctors and patients through my career.

[00:01:26.150] - Speaker 2

So it's been an interesting journey professionally and personally. I am one of three girls born and raised in Washington, D. C. Spent a lot of time in New York and around the globe business wise and grew up in a family business. So my cousins are all my friends. So we have a huge network of friends, which once we start talking about my journey, really made a big difference.

[00:01:52.970] - Speaker 1

You are quite a Renaissance woman. Thank you for that background. This is going to sound like a strange quote. At least it's coming from but Stalin, I want to be clear. I'm not a fan. We don't want to make headlines here for the wrong reasons, but he said something really chilling that Unfortunately, I think, is true in oncology. And he said a single death is a tragedy. A million deaths is a statistic, and the numbers

around cancer are unfortunately so large that I think they've become very difficult for our heads to comprehend.

[00:02:25.730] - Speaker 1

And so I think it's important to appeal to the heart. And I think storytelling is such an important narrative around that. And I think people really resonate with people like you who are willing to waive some of their own confidentiality and really make themselves vulnerable and share what they've been through.

[00:02:42.050] - Speaker 2

My life is an open book. So ask away.

[00:02:44.210] - Speaker 1

Okay. So I have this phrase I use Brenda called The Tinnitus of Terror, which means that when I first tell someone they have cancer, they tend not to hear very much after that. So I'm not in any way trying to bring back painful memories. But can you walk us through the experience of being first diagnosed.

[00:03:00.290] - Speaker 2

Sure, it was 2012. My daughter was eleven, and I want to also mention that two years before I lost my best friend and my dad to cancer. Dad had a year and a half battle and he was 85, which was devastating. But my girlfriend was very young. She was in her early 50s with two teenagers and she had kidney, renal that was stage four from the beginning, sent to NIH, and I helped her with her battle for six and a half years. And it was heartbreaking. So I say that say, I learned a lot from her about battling cancer.

[00:03:39.410] - Speaker 2

So the day that I discovered my lump was a week before my yearly mammogram, and it was a Saturday, and my daughter and I were just hanging out and she wanted her cell phone and I reached over with my right arm, my left side, and I found a lump from the palm of my hand. I felt something, so I had a feeling I knew what I was feeling. But I called my best friend. And Monday morning, thanks to a girlfriend, I headed down to Siblings Hospital here in DC, where they had a record from years past of my mammograms.

[00:04:14.390] - Speaker 2

And I called Dr. Razavi on the phone. I happened to know her and it was Hurricane Sandy, and she kept the center open quickly. After the mammogram, she came back in and said, we need to do a sonogram biopsy. So we did the sonogram biopsy, and I had a strong suspicion it was cancer. They still don't want to believe it. And then on October, I got the call from the radiologist. In fact, that I did have cancer and it was 300 in the afternoon. I'll never forget it.

[00:04:44.750] - Speaker 2

And my colorful life turned Gray and black and everything moved in slow motion. And I had to go take my daughter trick or treating and pretend nothing was wrong.

[00:04:53.930] - Speaker 1

Wow.

[00:04:54.590] - Speaker 2

And I had to figure out next steps and also had to figure out something really important for me was how to tell my daughter and how to tell my best friend children who had been very instrumental and involved with since she had passed, like everyone that I mentor and talk to now that have been recently diagnosed, getting that call that you have cancer, whether you are kind of suspecting it or not really changes your life forever.

[00:05:22.790] - Speaker 1

Yeah. You can't unring that Bell. And that's why I think the language we use in oncology is so important. I've had patients sort of hang on my every word, but sometimes I'll use lesions. Sometimes I'll say mass. Sometimes I'll say tumor and almost anonymously, but they tell me that they really hang on those definitions. Of course, the seaward is the heaviest of all. So the challenges that you faced after your diagnosis, of course, it's not strictly medical. It's also personal and familial. How did you negotiate that with your daughter and your family?

[00:05:55.190] - Speaker 1

Life. How did you continue sort of professionally and just tell us a little about the challenges there.

[00:06:01.010] - Speaker 2

For me, it was an interesting challenge because I didn't know yet anything about my stage or my grade or anything like that. I had four lumps in my left breast. So they decided that I would meet with the surgeon and that I would have a lump back to me because from the sonogram, the larger one came back cancer. The other three came back negative. But the radiologist had a hunch, and I'm grateful again for that, that she took it to the next level. And I had an MRI biopsy.

[00:06:34.970] - Speaker 2

And the night before my lumpectomy, I got the call from the surgeon that, in fact all four were cancer so that it was a more aggressive cancer because there was nothing the year before. So they were going to

treat me aggressively. And we had a quick discussion and she basically said, you have a choice to have a double mastectomy or not. I knew the answer of what I wanted to do, but I talked to her about it, and we had a really lengthy discussion. We decided that I would do a double mastectomy and we had a suspicion that I probably would need chemo and obviously then reconstruction.

[00:07:14.150] - Speaker 2

So that's part of the journey from a medical perspective. And then from a personal perspective, I was running my own business at the time, on top of raising my child alone with a dad who was not involved. So I immediately went into business mode, and I called my sisters and one of my best friends. Immediately, these two survivors came over, took off their tops, showed me their breasts, and told me I was going to be fine, which is what I needed from an emotional perspective. And then from a logistics perspective of how am I going to manage fighting cancer alone because I didn't have a spouse and I was running my business and I'm an extrovert and I love people.

[00:08:04.130] - Speaker 2

But I became an introvert and I didn't want to talk to people. I was very depressed. I was fighting a lot of anxiety and depression, and so I basically gave my sisters and my friend Carte Blanche, and they put together a spreadsheet and we really ran my cancer almost as I run my business. Thank God for a bunch of driven women. And I had chemo buddies, and I had surgery buddies, and my family was very supportive and involved all along. But I was home alone with an eleven year old, and the school came through, and they found a parent that took my child because she went to a private school at the time for kids with learning differences.

[00:08:48.470] - Speaker 2

And it's not in our neighborhood. And then one of the students of my best friend who passed away of cancer and she was a musical theater teacher at Catholic University. One of her students took off performing when she found out I had cancer and she took care of my daughter every day after school until bedtime.

[00:09:09.350]

Wow.

[00:09:09.710] - Speaker 2

So I had a village around me, and it was run like a very tight ship, and that was extremely helpful for me. But I was grateful that I was able from the beginning because I knew I was stage two, grade three. But I was able to tell people that I was going to survive, and I believed it because I watched someone who was stage four, and I spent a ton of time at NIH. And so I knew that the difference between stage two, even

though I was grade three and it was very aggressive and they knew they were going to have to do hardcore chemo on me.

[00:09:45.830] - Speaker 2

I still had a lot of hope, and that mattered from a mental state.

[00:09:51.050] - Speaker 1

Absolutely. Wow. There's so much to unpack there. I mean, first of all, as we sort of intimate at the very beginning, I think your professional skill set almost prepares you, if that's the right phrase for one way to handle this pragmatically, another thing that strikes me that you don't know about me yet, I don't think is my wife is a position. And I'm always struck by the phrase that Ginger Rogers had to do everything Fred Astaire did, but backwards and in heels. Right. So I think the degree of difficulty that your situation at the time when you were having to cope with cancer, running your own business, raising your daughter largely, it sounds like on your own is really an incredible testament to what you and I imagine many women have to go through.

[00:10:32.390] - Speaker 1

There's a breast cancer community which is sort of a model, I think, for support. That's incredibly remarkable to me, that patients would come over and sort of literally and figuratively open themselves up to you so you could have some understanding of what it was going to be like. And also, I imagine sort of embody again, quite literally, what it's like to be on the other side of treatment. I've actually had patients with it or not do similar things with Stomas. So one of the great fears, many of my patients, when they come to me, especially with cancers of the lower GI tract, is are they going to need a permanent or at least a temporary ostomy?

[00:11:06.290] - Speaker 1

And I think that's a really tricky thing to conceptualize until you've actually seen another person with it. So my example in my practice is I've had patients be gracious enough to open themselves up in a similar way to the other patients did to you. I don't know if you know this, but when we're taking our initial summary of you the social history, it really is only required to have a few things. And I hate this, but this is behind the scenes peeking behind the curtain. It's a reductive checklist devices.

[00:11:36.110] - Speaker 1

Do you drink? Do you smoke? Do you use a list of drugs, and we're not really required, perhaps to our shame, to go beyond that and even know your occupation or much of value. So I think there's just so much in what you said, and I'm thrilled that ultimately you're able to keep that hope kindled, even in what I can imagine in very dark times. And now again, you're on the other side of it and helping other people deal with it. So I'm curious during treatment, what are your greatest sources of support?

[00:12:04.190] - Speaker 1

And again, as an oncologist, I'm always curious to know what was your relationship and your report, like with the oncologist that was administering these treatments to you? Sure.

[00:12:13.910] - Speaker 2

My oncologist was Dr. John Walmart, and he had a physician assistant, Lisa. And every time I went to visit was one or the other. Obviously, it was very professional relationship. And you could tell he was trained, that he had to watch the boundaries, which he was very respectful. And I would say he is a research nerd, which I loved about him. He gave me such confidence the day I walked in to meet him. Of course, I was interviewing him, and I said, do you want to hear what so and so said at this institution, he's like, no, do you want to hear what I need to do?

[00:12:51.530] - Speaker 2

And I thought, oh, yeah, he knows what he's going to do? Well, it was the same protocol as everyone else, but his confidence and his knowledge and the data mattered to me. He also quickly realized that through my professional career, things I've learned I could be a little bit of trouble to him and myself if I Googled a little too much.

[00:13:18.470]

Sure.

[00:13:18.830] - Speaker 2

So he quickly told me that it was time for me to stop Googling and start trusting. I think his advice was a really good one. Once we had the knowledge and we knew what my protocol was going to be, there was a sense of relief that okay. Now game on now. I know I'm fighting it and I'm going to succeed, but it's going to be a really rough battle. But there was never a question that I had that he didn't answer. And I always came with a ton of questions every time.

[00:13:45.530] - Speaker 2

And his physician assistant as well. I have to commend her. I thought that they were true team, which I think really matters for a patient that I never felt like he knew something that she didn't know. And I mentor patients now that are recently diagnosed. I have usually two a week, believe it or not, that are sent to me. There's different channels to go from anxiety, and the anxiety kind of went away for me during treatment during my chemo treatment.

[00:14:16.070] - Speaker 1

I see it's not quite a bit.

[00:14:17.630] - Speaker 2

Yes, you do. Yes, the anxiety goes away, but the depression sets in. And for someone who's a people person, it freaked me out a little bit, but it really freaked out. My family because no one knew what to make of it, how to help me. I did have a therapist. I did have a psychiatrist. They did put me on a nice cocktail to help me just get through it because my doctor was encouraging that I do something about that because it was a rough battle in the sense that I had every side effect that is known for each one of those chemo treatments.

[00:14:56.150] - Speaker 2

And so I would have my chemo on a Monday with a chemo buddy. Then I was falling downstairs. I decided I wanted to take my daughter to school one day. Well, that's just not possible when you're drugged up and you just had chemo that day. So I pulled over and passed it out behind the wheel. Er started seeing me a lot, so they started inviting me back. They found out that the dehydration was just so bad for me. So I was invited, as I like to say, on Wednesdays and Fridays, to go back into the infusion room and spend a few hours getting some fluids in order to just get me through because I still hear them saying, we just want to keep you on time, we want to keep you on schedule and we're going to do whatever that takes and we're going to keep you out of the hospital, something that I did during it, which I also encourage others.

[00:15:49.490] - Speaker 2

I think journaling is very therapeutic and I'm not a writer. I suck at writing, but I created an online blog that I thought was private, but I found out that if I sent it to you, you can send it to your cousin. The next thing I know, I'm being stopped on the street and I'm talking about the hemorrhoids I had yesterday. I am a full disclosure chick if you haven't. So I just told everybody everything because a lot of people wanted to know and it was inspired by my friend who died.

[00:16:15.650] - Speaker 2

She was full disclosure too. And I think a lot of people learned a lot from going through it with me as well as it. Also, I have a lot of people who love me and I feel grateful for it, but I didn't want to talk to people I just couldn't handle just getting through my day and I had employees. So I was still trying to work even though I was going to meetings and I was £118.05 six and a half and I looked so great. It was a nightmare of a year, as you know, we also have to have heart doctors and checking in on us during chemo.

[00:16:50.150] - Speaker 2

I had all my doctors following as well, and they said like you were saying that they learned a lot watching and reading from the patient perspective of what was going down and how I was being treated. But I'm grateful because I had incredible care. I had incredible and support system. There are things that if I wasn't trying to be so independent now that I look back, I would have done differently to get more support for me and for my daughter. But that's hindsight. And now I'm trying to help others, not make my mistakes.

[00:17:20.390] - Speaker 2

But chemo is rough. My statistics I know, are great that I won't get back again. But I've also met many people that had cancer, including friends that I have that are now terminal and have had it two and three times. So I don't take that for granted that there's still not a chance that I might not get it back.

[00:17:40.850] - Speaker 1

So again, a lot to touch on. First of all, in regards to what you said about chemotherapy as a tough regimen. And when my wife was doing her training, she's a pediatrician. They did something in Pediatrics that we can't ethically do in oncology. But I think it would make a huge difference. So here's what happened. They made the pediatric residents taste the antibiotics that they were going to prescribe to children. They wanted the doctors to know what they were asking, especially of the parents. So, for instance, if you have a child who needs clindomycin, it is kind of a nightmare to convince them to take it because it's so unpalatable.

[00:18:18.290] - Speaker 1

And I thought that was such a fascinating and smart didactic exercise to help doctors understand that oncologists largely have not had a taste of our own medicine. So I'm curious when you were told about chemo when you were consented, so to speak, did you feel prepared then, for all the things that came after or there are still surprises from what sounds like quite toxic treatment.

[00:18:41.630] - Speaker 2

Since my friend Jane had gone through every clinical trial known to mankind for kidney, renal at NIH, I had watched someone battle six and a half years of chemo, and sometimes she would stay with me. And I knew a lot of the rough side effects of some of the really tough Chemos. But I don't think you're ever fully prepared for it truly sucks you of your body, mind and spirit and every day getting up and trying to stay positive. And some days I just couldn't. And I didn't.

[00:19:18.530] - Speaker 2

Thanks to therapy, they would say, you need to let yourself be.

[00:19:23.690]

Today.

[00:19:24.830] - Speaker 2

I tried all kinds of positive motivation quotes of the day. I would do every morning. But the reality is it was so brutal on my body and my mind. There were days I didn't know if I could get through it, but when you're sick, the only people you want to talk to are your doctors and people who have been through it. And it's a terrible thing that I'm saying it here, but I didn't say it all the time to them, but no one understands better than someone who has treated a lot of folks who have gone through chemo or who has been through it themselves.

[00:20:03.350] - Speaker 2

It's toxic.

[00:20:04.730] - Speaker 1

Yes. The other thing you don't know about me is I got into the field because my father had almost exactly six and a half years of chemotherapy when I was a boy, and we found it very socially isolating. And people keep their distance. Partly, I think, out of really well intended sort of respect for the patient. They're afraid that you might be compromised. They don't want to bring you a contagion. Of course, that's all heightened out during Covid. But there's also golly, I don't know if it's a stigma so much as a sense of remove from the person who's sick.

[00:20:33.590] - Speaker 1

And I think that's profoundly again, isolating and I have to tell you during Covid and you're talking earlier about your social support system. I've realized just what an invaluable therapeutic ally friends and family can be for my patients. There have been times here that the virus has been so rampant that we have visitor restrictions, and they can't have people come with them to clinic. They can't have people come with them to chemo, and they've even been in the hospital sometimes for weeks on end with no one from their personal circumstances.

[00:21:01.490] - Speaker 2

That's heartbreaking.

[00:21:02.630] - Speaker 1

It is some of the hardest times of the pandemic have been trying to support them emotionally. Like you said earlier, there's this balancing act where oncologists and patients, if things are going well in the

therapeutic relationship, will get very close. But I also know I'm not their best friend. So I'm not a spouse. So it's been interesting to watch that. And like you said, at times, are very heartbreaking.

[00:21:25.670] - Speaker 2

About three months into Covid, I was having nightmares and I couldn't figure out why. And I was having nightmares about me being in a mask because my counts were so low during chemo. Sure, I was in a mask when I was around people. Most of the time. When I was prepping to talk to you today, I went back through my blog and I realized there are all these photos of me in a mask like these patients are today and the world is today in covid and being isolated.

[00:21:55.190] - Speaker 2

It's very similar. Like you're saying, I think that people don't realize, but they are getting a sense of what someone going through. Significant chemo goes through because it is isolating and we have to be isolated. If our counts are down, you have no choice and we don't feel well. Usually there's a pattern you learn. Is it day one and day two after chemo that you're sick, you start learning your own rhythm.

[00:22:17.690] - Speaker 1

I wanted to ask you. I asked this of almost every survivor. How and when were you told that your cancer had gone away? And then what was the language that was used? Was it no evidence of disease? Was it remission was a cure? What was the language in that?

[00:22:33.470] - Speaker 2

This is where chemo brain is a beautiful thing. I don't remember. I remember that vaguely. I don't know how I was told. I remember after my surgery, they told me that they got it all. And then a few days later, I found out I was grateful it was not in my lymph nodes. So that was huge. And I have lymphedema, which is a whole another episode to discuss. But my surgeon felt that I was cancer free at that point. I always remember Dr. Walmart saying that the cancer is out and we're just making sure that we increase your stats for never coming back.

[00:23:11.870] - Speaker 1

But I don't really remember how I was told yet there's an interesting back and forth that happens again. It's a little bit behind the scenes between in this particular case, surgeons and medical oncologist, because oftentimes the surgeon will use exactly the phrase to use with you. We got it all. But then you come to the medical oncologist, and we have to also convince you that there might be microscopic residue that might have to be eliminated with chemo or suppressed with hormone therapy or both. So it's really interesting there.

[00:23:38.630] - Speaker 1

Sometimes the patients come to me and they have placed such weight on the surgeon's words that they don't really understand why a medical oncologist is going to be involved at all. I love the fact that you're still continuing with your oncologist even beyond the increasingly arbitrary five year milestone.

[00:23:55.670] - Speaker 2

I don't know how fabulous he thinks it is. He loves me, but I don't know. He's like, you really don't need me. And he's grateful for all the work I'm doing. I'm very involved now through ASCO and women who conquered cancer, and I just believe that we have a long way to go with research and great things are happening. But there's a lot more to do and part of managing my anxiety and my PTSD, I'm an A type personality. I'm solutions oriented, and I love to help.

[00:24:27.290] - Speaker 2

So I believe that raising money for research is something that I can do with my skill sets, and I love to do. And everybody feels differently. But for me, being able to give back and continue to help where some people are like, you shouldn't be defined by your cancer. I'm like, I am not defined by it, but it is part of my story. And I want to continue to tell my story because I'm finding that I'm able to help people and to me that matters. And that's why I mentor people.

[00:24:56.630] - Speaker 2

And by saying, I'm a breast cancer survivor, people send people to me. Hey, my friend was just diagnosed. Now what? And that beginning to me. That's the most anxious part of the whole deal.

[00:25:08.330] - Speaker 1

Well, the fact that you continue to again speak to your own experience and help others. I mean, am I correct in saying that's how you continue to conquer cancer?

[00:25:16.970] - Speaker 2

Absolutely. 100%. I'm not a doctor, but I do believe that the research is important because I have a lot of friends right now and family members that are terminal and they are being kept alive because of clinical research. I had an extra two years with my best friend and for some significant, very close friends and family right now that are being kept alive for clinical trials. I know clinical trials matter well.

[00:25:46.970] - Speaker 1

Thank you for testifying to that. I think it's very natural to think if you're in a clinical trial that you're going to be a guinea pig, and the guys like me and white coats are going to Bloom over you. But honestly and

again, I think we should make this very explicit. Short of dumb luck, the only way we make progress is really through very thoughtful research. And again, I'll speak to this 100% agree right on the personal side. My father's diagnosis of cancer was in 1009 and his treatment again at the time, it was state of the art, but in just over a few decades, Hindsight looks completely torturous and almost medieval in how indiscriminately toxic it was.

[00:26:25.850] - Speaker 1

Now in my oncology practice. A lot of it is outpatient very few of my patients, and I realized this is different in the breast cancer community actually lose their hair, we're much better able to control nausea, we're much better able to boost people's immunity. So a lot of the things have gotten dramatically better. Now we have miles to go before we sleep. We cannot be satisfied with the current standard of care, because like you said, thousands, millions worldwide actually are still dying, and we can't rest on our laurels even while we celebrate how far we've come.

[00:26:53.390] - Speaker 1

So thank you for speaking to that, because I think hearing that from a patient, I think it's so powerful for the people to hear.

[00:26:59.870] - Speaker 2

And it's not a commercial. I mean, I truly believe it. And I've seen it.

[00:27:04.130] - Speaker 1

Brenda, is there anything else that you want to say to our audience?

[00:27:07.790] - Speaker 2

Something I was thinking about talking about was Lymphedema. I didn't realize that Lymphedema was a thing. I had three lymph nodes taken out and they were not cancerous, right? And so we were so busy treating everything else and getting through my surgeries and getting through my chemo that I didn't realize that there could be a chance that for life, I would be suffering from Lymphedema, which for those that don't know, my arm swells. And thanks to Kathy Bates again, who is an all star now in bringing awareness to Lymphedema, I don't have my sleeve on right now, but most days I do wear my sleeve, and I take it off for meetings because I'm tired of feeling like the victim.

[00:27:53.570] - Speaker 2

I don't mind people asking questions.

[00:27:57.230] - Speaker 2

I'm tired of people feeling I'm different and that they have to take care of me because I'm okay. But Lymphedema is a real thing. And some days I'm in a lot of chronic pain, and my arm by nightfall is completely swollen. And I've had three different Lymphatic massage therapists from three different significant institutions try and help me, and it's not getting better and they have some surgeries that are potential. And I'm not ready for another surgery. I've had so many, right. But I think that Lymphedema education is something I feel should be talked about sooner in the process.

[00:28:37.130] - Speaker 2

Such a vexing and chronic quality of life issue for so many people that have otherwise been cured of their breast cancer. I think you're so right about education, because I do think a lot of these long term effects sort of get lost in the initial focus on just getting through that short term period. And Lymphedema is absolutely a huge issue for so many women with breast cancer. Interestingly, you should know the concern then actually gets transmitted to my gastrointestinal patients. And so it's very common. In fact, it's standard of care for colon cancer patients to have at least twelve intra abdominal lymph nodes removed with their surgeries.

[00:29:13.310] - Speaker 1

You've done such a good job educating all of my patients are worried it's going to happen to them. And I have to explain it's completely different Lymphatic distribution. But I want you to know the word about Lymphedema is getting out there.

[00:29:24.230] - Speaker 2

That's great news, and I'm glad to hear it. And something I deal with daily, and I don't talk about often, but I thought that for those that might be listening for this, that it's so important to know that they're not alone because it is something. And like we talked about once you get through all the medical stuff, I'm single. I'm trying to date. When do you start telling someone now? Luckily for me, I don't care as much, but I do feel for people that are single that are inhibited that aren't outgoing, like me and aren't no filter full disclosure that have to share these things because even for me, you have to decide when are you going to share it?

[00:30:10.310] - Speaker 2

You share it soon.

[00:30:11.750] - Speaker 2

But when are you going to share it and you want to share it in a way that someone doesn't feel sorry for you because you spend so much time feeling like people feel sorry for you when you're going through it,

that now you don't want to be that victim. You want to live life to its fullest. But these are all things that make us survivors are part of things that we have to deal with emotionally.

[00:30:34.370] - Speaker 1

Thank you so much for speaking to that. I had the experience of my cancer diagnosis coming eight years into my marriage, and so at that point, it was married to a physician and we had valued in sickness and health. But she didn't know the day that we were on the altar saying that to one another. What exactly that was going to mean. So I don't share the same perspective with you on relationships, and I can only imagine what disclosure up front feels like. So, Brenda, one of the topics that really has become very important oncology, not that it always wasn't in the last decade is financial toxicity.

[00:31:06.890] - Speaker 1

So can you speak to that aspect of your care if you don't mind when I got the call that I had cancer.

[00:31:11.750] - Speaker 2

I was lucky because there are so many people that don't have financial resources. I've had a great career. I was stable financially, and for that I was lucky. But what I didn't realize was that trying to run a business, trying to raise a kid that was in a private school for learning differences, and she's doing fantastic. She's at college and she's doing great now, but it's because I spent the money to make sure that she got the education that she needed. But I was so used to taking care of myself financially that I had a bookkeeper for my business, but I did not have anyone making sure my bills are paid on time, and I could have used it at the time because I was sick and I wasn't growing my company that year that I was sick.

[00:32:04.190] - Speaker 2

So I was in need of some financial resources because having cancer is expensive. It's extremely expensive, and I had very good health insurance. I'm grateful, but it did set me back significantly, and by the time I figured it out, I could not collect on my disability insurance that I had been paying in for a long time. So my message in sharing this is that if you are the one that is responsible and you have no backup plan for making sure that all your finances are being taken care of, I shouldn't have asked for help.

[00:32:41.810] - Speaker 2

Anybody could have taken it over for me, and I would have been in a different place than I am today because of it. And cancer did set me back financially. I'm grateful because I'm healthy, but I think about all those people who don't have the resources that I had and the positions that they're put in when they're trying to raise kids and trying to take care of their jobs, their kids and their finances alone.

[00:33:07.130] - Speaker 1

So I encourage people to ask for help and in the interest of full disclosure, Brenda, oncologists get little to no training in how to help patients with their finances. I can tell my patients there's the practice of medicine, which is what I've been training and practicing. And then there's the business of health care, which, frankly, I'm very ill suited to help them navigate. And so I actually think that sometimes comes off almost as insensitive that we're not talking about cost.

[00:33:34.130] - Speaker 2

But I think you're on to something because I don't think it's the oncologist's responsibility you guys have to save lives. But if there were people that could mentor and guide people from a financial perspective, when they're going through these treatments, it would be huge.

[00:33:48.590] - Speaker 1

I think it's back to the thread where we started seeing the patient as a whole person. You're not just the host for your disease social life. You have finances to think about your children, your job. I mean, I think it's so rich and I'm so glad, Brenda, that I got to spend the time getting to know you as a whole person again. Thank you for your spirit of disclosure. I think it takes a lot of bravery to sort of put yourself out there as you have and thank you again for sharing your insights with our audience.

[00:34:18.170] - Speaker 2

Thank you.

[00:34:19.550] - Speaker 1

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[00:34:43.970] - Speaker 2

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