

# An Evening with Trevor Smith By Sue Claridge



Trevor Smith

It is always rewarding spending time with Trevor Smith; he has such a refreshing approach to breast cancer. As he is a breast surgeon of some repute, you could be forgiven for expecting him to be totally focused on treating breast cancer. However, Mr Smith\* has always been a staunch advocate of prevention, which is why he has a bit of a soft spot for the Breast Cancer Network, and why we always enjoy hosting him as a speaker.

Mr Smith's talk covered much ground, far more than I can reasonably report on here. So, I have covered what I feel were the most interesting or important topics.

One of the advances in treatment that he discussed was *clinician performed ultrasound*. Traditionally, ultrasound is performed by radiologists at diagnosis. Clinician performed ultrasound is undertaken by the surgeon, giving the surgeon a "real feel" for what is happening under his or her hands, rather than relying on images taken prior to surgery.

Clinician performed ultrasound guides needle biopsy, helps determine the size and location of the tumour and may show up second cancers. It can help avoid sentinel node biopsy, and may also reduce operating time and alter the sequence of treatment, perhaps indicating that pre-op drugs to reduce tumour size may be preferable.

In one study, 134 patients were randomised to receive intra-operative ultrasound guidance or not. Use of ultrasound reduced the volume of tissue that need to be removed with an average of 38 cubic centimetres removed under ultrasound guidance compared with 57 cubic centimetres without.

"In the last ten years there has been a dramatic increase in the acceptance of clinician

performed ultrasound," Mr Smith told us. "Now it needs to become the standard-of-care."

Mr Smith reiterated what we have all been hearing and reading over the last few years—breast cancer is not a single disease. This has changed the way in which we describe the cancer—forcing us to dig deeper than just what the cancer looks like on the surface to profile cancer in a molecular sense, to describe what goes on, on the inside.

Our understanding of the complexity of the disease has allowed the development of targeted treatment. The differences in tumour characteristics mirror the fact that patients differ in their personal characteristics, too.

"Not all patients are the same," he said. "Yet we treat them the same."

There are differences in age, weight, smoking status, diet, shift work, alcohol consumption, all of which impact on health and the risk of disease. In addition, some patients have co-morbidities, for example diabetes, which are associated with increased risk and poorer outcomes. Trevor went on to discuss the impact of diabetes\*\* on breast cancer, pointing out that taking the diabetes drug, metformin, reduces the risk of breast cancer.

Mr Smith would like to see patient factors as part of the equation, just as tumour factors are used to help make decisions; a "patient online" calculator that works much the same way as the clinical tool Adjuvant! Online, which helps health professionals and patients with early cancer discuss the risks and benefits of adjuvant therapy. He also believes that rehabilitation is important.

"Heart attack patients get rehab to prevent another heart attack. Breast cancer patients need rehab to prevent a recurrence of the cancer."

In discussing the need to engage with patients, Mr Smith believes that there are seven

Cs: caring, comfort, continuity, clarity, consistency, community and compassion. He says that care is often compartmentalised and there is little continuity. There needs to be consistent messages and the same information given by all members of a woman's care team.

The journey must be planned; as a sailor, Mr Smith says you must plan your passage. The same goes for the breast cancer journey.

"Plan for the worst, expect the best!"

"At the end of the passage," he says, "you will never be the same. Your boundaries will have expanded. You will have met new people and seen new things."

Mr Smith says that patients have amazing dignity, even when things are going badly. However, more than 75% of patients are successfully treated and do not die from their breast cancer, although many have issues related to their previous or on-going treatment (for example, endocrine therapy).

Unfortunately, despite all treatments 25% of patients will experience progression of their disease, and he points out that as a community "we don't do death well". We don't manage dying well, and we don't know what to say, but we have to accept that it is a reality for many women...

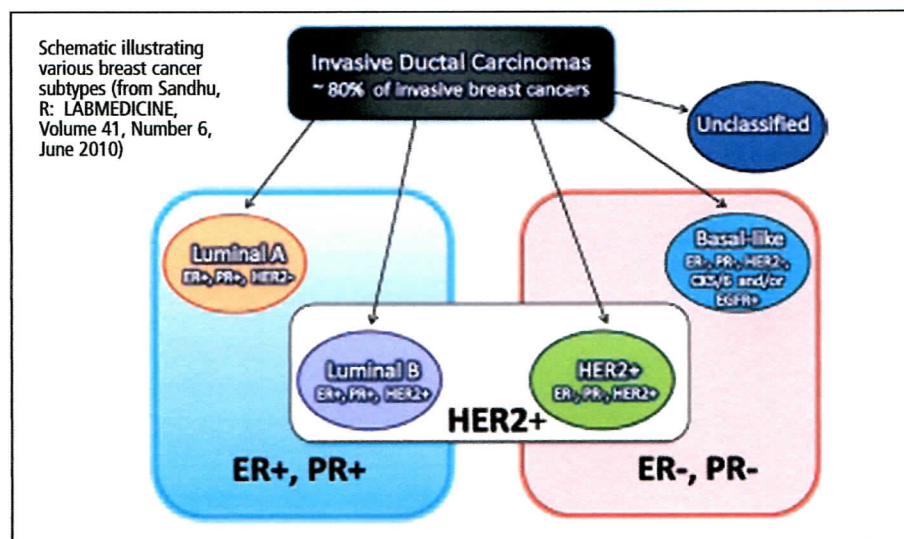
...which leads us to Mr Smith's last topic for the evening:

"An ounce of prevention is worth a pound of cure." (Benjamin Franklin)

I first met Trevor Smith in 2006 and I've always known him to be passionate about breast cancer prevention. Despite the fact that he is a wonderful breast surgeon, I sometimes wonder if he could not achieve as much, if not more, if he was to concentrate on preaching the gospel of risk reduction. So, as always, I had looked forward to what he had to say on the subject.

He began by discussing the *World Cancer Report 2014* (see page 1 of this edition) and said that three million cases of cancer could be prevented each year.

"It is not rocket science," he said, quoting the oft repeated cliché, "but it is science!"





Mr Smith can't understand why people are not getting excited about prevention, and of course, at BCN we agree. He picks out all the usual suspects.

He talked about the obesity epidemic and its role in raising the risk of cancer. In New Zealand in 2011, 37% of the population was overweight and a further 28% were obese.

"We should ban the word diet and talk about healthy eating," he said.

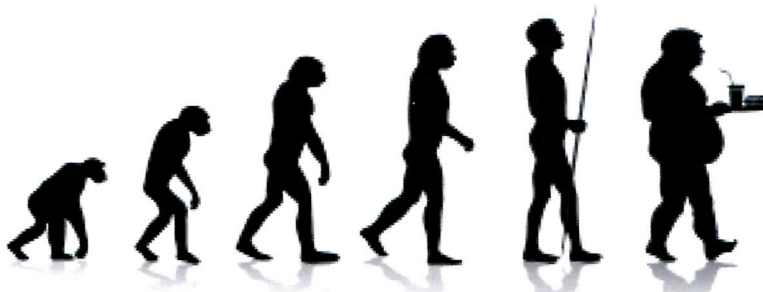
Some of Mr Smith's comments about nutrition might raise eyebrows:

- there is no science behind the traditional food pyramid;
- just as there are gluten intolerant and lactose intolerant people, some are carbohydrate intolerant;
- fat and cholesterol are not as bad as they are made out to be;

but these views are gaining increasing currency, even among members of the medical establishment.

We need 30 to 60 minutes of exercise a day, and the benefit is independent of weight loss.

Alcohol is a carcinogen and there is no safe dose. Mr Smith says that the biggest concern is drinking in young people, and a University of



Otago study identified alcohol as one of the leading contributors of breast cancer deaths. Despite alcohol being seen as a danger for other reasons (for example, injury), breast cancer was the leading cause of death from alcohol in both Maori and non-Maori women overall.

A US study investigating the role of smoking found that the rate of new cases of breast cancer was 24% higher in smokers than in nonsmokers, and 13% higher in former smokers than in nonsmokers.

To conclude his talk, Mr Smith used another sailing analogy; winning against the odds. Oracle was 8:1 down against New Zealand in the America's Cup and still won. It is an apt comparison, as one in eight women will be diagnosed with breast cancer, and although we are yet to win the battle, Trevor clearly feels we have the tools to do so, particularly when it comes to prevention.

He asks if we are trying all the available options. And crucially do we want to change... enough to change?

\* Medical School graduates typically use the title "Dr"; however, after obtaining a surgical speciality most revert to "Mr" if they are male, and in this case "Mr" denotes a greater level of training rather than lesser.

\*\* in a subsequent edition of *Upfront U Kaiaora* we will look at the link between diabetes and breast cancer.

*"Change and growth take place when a person has risked himself and dares to become involved with experimenting with his own life."*

American Author, leader of the human potential movement

## ● from the committee ●

In February we hosted a simply wonderful talk by Trevor Smith, Breast Surgeon from 'The Breast Centre' in Auckland. Mr Smith engaged the capacity audience at the Cancer Society with his wealth of knowledge, including information on reducing breast cancer risk through lifestyle changes and treatment options. Mr Smith is always well received owing to his warmth, wisdom, and a good dose of wit!

Also in February, the BCN committee gathered for its annual planning meeting. As a result of the success of our 'Breast Cancer and Environmental Risks' Expert Panel event in 2012, and subsequent the talks we have hosted since then, the committee would like keep the momentum going, and we plan to hold a multi-speaker event in 2014. At this stage we are looking at a Saturday in either late August or early September (details to be confirmed). We are thrilled to announce that we have already secured Professor Ian Shaw to speak for us again. Professor Shaw is the Professor of Toxicology at the University of Canterbury, and he plans to talk on the topic of the moment – Epigenetics! Prof Shaw was a very popular presenter at the Expert Panel event when he spoke on 'Endocrine disrupting chemi-

cals in food and in the environment – what are the health implications?' and we expect that his talk on epigenetics will be as fascinating and as well received.

The committee would also like to extend a warm invitation to all readers concerned about those affected by breast cancer to consider volunteering your time for BCN. Maybe you would consider joining our small, friendly committee, which meets on the second Monday of every month in Onehunga (Auckland) from 6 to 8pm. We welcome fresh new ideas and input, and would be grateful for as much or as little time as you can spare.

If the committee is not your thing but you are interested in helping us out, volunteering could involve assisting at our events, distributing our magazine to local libraries and doctor's offices, or maybe popping in to the office bi-monthly to help with our mail out; the latter is a good chance to catch up and enjoy a friendly conversation with other women over a hot cuppa.

We look forward to continuing to bring you more... informing, educating and advocating for breast cancer risk reduction in Aotearoa.

**The BCN Committee welcomes** Louise Bobbit to their number. Louise joined the committee in January 2014. She is a Registered Nurse and works as Clinical Nurse Specialist in Breast Cancer and Reconstructive Breast Surgery. Her role involves supporting patients at their time of diagnosis and throughout their cancer journey, guiding them through the various stages of treatment and coordinating their care with the greater multidisciplinary teams. Louise has a keen interest in complementary therapy and is a professional Aromatherapist and Reiki Practitioner. She also practices mindfulness and is passionate about sharing what she practices herself, with her patients, to enable them to be on a healing cancer journey with loving kindness and self-compassion.

