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00:00:00.076 --> 00:00:21.500 Announcer Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer.

00:00:21.576 --> 00:00:50.653 Eric Winer Tonight, we're talking to Doctor Monica Valero, the director of the Hispanic Breast Cancer Program and assistant professor of surgery and surgical oncology and the Department of Surgery at Yale School of Medicine and at the Yale Cancer Center. Monica, it's a pleasure having you here. I know you've been at Yale now for I'm going to guess, 4 or 5 years somewhere in that range.

00:00:50.653 --> 00:01:03.153 Eric Winer Tell me if I'm wrong. Yeah. And I'm hoping to mostly talk about breast cancer in Latina women tonight, although we may stray to other topics. So welcome.

00:01:03.230 --> 00:01:11.000 Monica Valero Thank you. Thank you very much, Eric, for having me here today. It's a pleasure. And yes, I have been here for four years.

00:01:11.076 --> 00:01:15.384 Eric Winer Tell us just a little bit about about you. Where did you grow up?

00:01:15.423 --> 00:01:47.615 Monica Valero Yeah. So I actually was born and raised in Caracas, Venezuela, and that's why I received my medical degree from the Universidad Central de Venezuela. And then I, you know, I moved to the United States. I apply for and won an international research research scholarship. I moved to Boston to the Brigham and Women's Hospital and Dana-Farber. And I, you know, they had some time to work on research, have wonderful mentors.

00:01:47.615 --> 00:01:52.192 Monica Valero And after that, I follow with my general surgery residency.

00:01:52.307 --> 00:02:06.807 Eric Winer How hard is it to get a residency in the US if you've trained outside the US? I mean, it seems that we often need more and more doctors in the United States, and yet we often put up a lot of barriers.

00:02:06.846 --> 00:02:30.307 Monica Valero It's actually a challenging pathway because when you come from outside of the United States, you have to basically take the steps which are like, you know, the standardized test for the American graduates and not having that training and that kind of like pathway back home can be challenging. So you can take courses and then you have to take the test.

00:02:30.307 --> 00:03:09.038 Monica Valero And after that you kind of like have to prove yourself. You have to at least, you know, get get your name out there. And you know, research, working in research and publication is always a good

way to kind of like learn about that process. And it helps you make connections and learn about that pathway. So having some publication and some time with like research help you to navigate the system and then make your application a little stronger when you have to get to the general surgery residency residency application.

00:03:09.115 --> 00:03:39.461 Eric Winer You know, as a cancer center director and as a leader, you know, at various centers, oftentimes the best people we get are people from outside the US. And that's because they have to go through so many steps and survive those steps to get to where they are. All right. Well, I suspect that your background has at least partially contributed to your interest in breast cancer and Latino women.

00:03:39.500 --> 00:03:40.884 Eric Winer Is that correct?

00:03:41.000 --> 00:04:09.692 Monica Valero Definitely, definitely. I think once I was in training, I realized the significant difference, right, that patients have to go through during their, like, journey for breast cancer. And just to take a step back. I was always passionate with cancer, especially breast cancer, even during medical school, I think as during my second year I kind of like a really kind of was thinking about risk cancer.

00:04:09.692 --> 00:04:38.346 Monica Valero And this was driven because all the advances that we see in breast cancer, I think the sentinel biopsy procedure to me was very appealing. And I felt like, you know, I like taking care of women. And it's like, you know, there is a lot of continuity in this, in this field. So having the opportunity to take care of women and help them navigate through a very challenging and overwhelming time was something that I always, I always wanted to do.

00:04:38.384 --> 00:04:48.769 Eric Winer Let's talk about breast cancer and Latino women. How common is the problem? Is it less common than in white American women or black American women?

00:04:48.884 --> 00:05:13.730 Monica Valero It's actually less common. So overall, we know that white women are slightly more likely to develop breast cancer than Latino or Hispanic women. And however, Latina women are often diagnosed at a younger age and in many cases at a more advanced stages. That's what sometimes make us see the breast cancer in Latina as more aggressive or maybe more common.

00:05:13.730 --> 00:05:21.000 Monica Valero But is is a matter of presentation more than being more common in Latina?

00:05:21.076 --> 00:05:46.000 Eric Winer Yeah. And and of course, being a little less common than in white women still means that it's a common problem because breast cancer is so very prevalent in our society. What about the outcome for for women who are Latina or Hispanic? Unlike unlike women who are Black or African American, there doesn't seem to be a worse outcome.

00:05:46.038 --> 00:06:15.346 Monica Valero Yeah. So so that's where the paradigm, you know, exists, right? If if we know that genetically they are not more common to developers cancer than white women, they usually present at a later stage or more advanced stage. And we believe that these differences are mainly driven right by barriers to health care, such access to screening, language differences, insurance coverage, transportation and navigating the medical system.

00:06:15.384 --> 00:06:39.884 Monica Valero I think, like, you know, breast cancer overall is a very overwhelming process that women have to go through. And, you know, women's receive so much information that even in your native language, understanding all the steps that women have to go through to take care of the breast cancer, it's hard. So imagine these when like you can navigate the system in your own language.

00:06:40.115 --> 00:07:05.730 Eric Winer It's quite challenging. And just for our listeners, we'll come back to the issue that I raised just a few minutes ago about the overall prognosis of breast cancer in black or African American women being worse than in white women. And we'll talk a little bit about that. But that doesn't overall seem to be the case in women who are Latina, thankfully.

00:07:05.807 --> 00:07:27.730 Eric Winer But I have no doubt that there are many Latina women who find it challenging accessing the health care system, and that seeing doctors who may or may not speak their language, having variable interpreter services available to them, it's not easy.

00:07:27.846 --> 00:07:58.807 Monica Valero I agree it's a combination, right? We know that nowadays we live a very fast pace. So taking care of you know, your health sometimes can be difficult, especially if you have challenging situations with child care, transportation. You don't have time of work to attend to multiple appointments so that all add ups and pileup, creating difficulties for for women to take care of themselves.

00:07:58.807 --> 00:08:23.884 Monica Valero And if we go, we take a step back. You know, we have data and we have find out that we know that women face challenges after being diagnosed with breast cancer. But like when we asked ourselves, so how do they get diagnosed? There is a significant gap in that process of a women going for their annual screening mammogram, being told that they have to come back for additional imaging, right.

00:08:24.000 --> 00:08:39.192 Monica Valero Require maybe additional biopsies and procedures before they can really get the diagnosis. So that's where we also see a significant gap. And it's a, you know, area where we really need to intervene to make sure we're not delaying the diagnosis.

00:08:39.346 --> 00:08:55.384 Eric Winer Somebody can easily drop out or be lost to follow up in that process, particularly if we as a medical system, don't take extra efforts to get them back in. I mean, then that's where, of course, patient navigation plays a huge role.

00:08:55.461 --> 00:09:17.576 Monica Valero Exactly, exactly. You're exactly correct. And we know that navigation is such an important key part of this process. And we will think like we have navigation in every single, you know, place where we are treating breast cancer. And unfortunately that's not the reality. So so definitely yeah you're correct.

00:09:17.615 --> 00:09:46.269 Eric Winer So it used to be fairly widespread that many women didn't want to come forward with a diagnosis of breast cancer because they were concerned about how people would perceive them. They were concerned about how their husband or partner would would think of them. Is that at all an issue in the Latino community, any more so than it is in the white community?

00:09:46.307 --> 00:10:12.076 Monica Valero I think so, especially, you know, having the background as Latina and Hispanic. I think that's true. I think there are a lot of misconceptions in everybody. But in the I can speak from the Latino community, I think, you know, one of the myths also we see is like, if they if breast cancer doesn't run in the family, they don't think they need to worry about that, right?

00:10:12.115 --> 00:10:34.846 Monica Valero Also, once sometimes there is a misconception that, you know, if they get a mammogram or they get screen, then they're going to know that they're sick. And once you know breast cancer diagnosis has been made, then there is like this automatically concern about that. Immediately they will have to lose their breasts or that this is a fatal disease.

00:10:34.884 --> 00:10:49.384 Monica Valero And and thankfully right. We know that research has evolved significantly in this field. And we have multiple treatments that allow women, you know, to have great outcomes, especially if they're diagnosed at an early, early stage.

00:10:49.461 --> 00:11:25.769 Eric Winer So it sounds like particularly for for Hispanic women, that a public health message that's focuses on not just early detection leads to a higher survivability rate, but that early detection can lead to far less extensive treatment that not all women need to have mastectomies. In fact, the majority of women these days don't need to have a mastectomy, and not everyone is going to receive chemotherapy and lose their hair or have other consequences.

00:11:25.769 --> 00:11:37.692 Eric Winer So portraying it more as a as an ill-ness that people can get through and do fine with, I think is probably pretty important as a message to get across.

00:11:37.769 --> 00:12:07.461 Monica Valero I agree with you. You know, it's like I think like us, you know, we continue to send the message and empower women to, you know, get screen and receive the appropriate treatments. I think, like, you know, the younger generations are becoming more open to share these diagnoses and to share with the family, because it's so important to know if

there has been someone you know in your family that has been diagnosed with this, with this type of this.

00:12:07.500 --> 00:12:33.538 Eric Winer And of course, we talk about Latina women, but Latina women are lots of different types of women who come from many different countries. And do you find differences? And I'm sure you do, between Latina women who are from Venezuela versus from one of the islands versus Argentina, for example?

00:12:33.615 --> 00:13:07.653 Monica Valero Yeah, there are like some subtle differences. But I think, you know, Latinas, which involve women from South America, we share a kind of like a very common cultural background and cultural beliefs and sometimes misconceptions. So, so yes, I think, you know, there is a wide variety in terms of like, you know, these beliefs and misconceptions, but like, you know, it's a very I will say, you know, similar I find similar concerns when I take care of this population.

00:13:07.653 --> 00:13:27.307 Eric Winer Well, we're going to have to take just a very brief break. We'll be back in a minute. I'm speaking tonight with our guest, Doctor Monica Valero, assistant professor of surgery at Yale School of Medicine and director of the Hispanic Breast Cancer Program, as part of our cancer center. We'll be right back.

00:13:27.384 --> 00:13:47.269 Announcer Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, where the tobacco treatment program offers evidence based support to help patients being treated for lung cancer and other cancers to improve their treatment outcomes by quitting smoking for good. Learn more at SmilowCancerHospital.org.

00:13:47.346 --> 00:14:18.000 Announcer The American Cancer Society estimates that more than 65,000 Americans will be diagnosed with head and neck cancer this year, making up about 4% of all cancers diagnosed. When detected early, however, had a neck. Cancers are easily treated and highly curable. Clinical trials are currently underway at federally designated Comprehensive Cancer Center, such as Yale Cancer Center and its Milo Cancer Hospital, to test innovative new treatments for head and neck cancers.

00:14:18.192 --> 00:14:46.500 Announcer Yale Cancer Center was recently awarded grants from the National Institutes of Health to fund the Yale Head and Neck Cancer Specialized Program of Research Excellence or SPORE to address critical barriers to treatment of head and neck squamous cell carcinoma due to resistance to immune DNA damaging and targeted therapy. More information is available at YaleCancerCenter.org. You're listening to Connecticut Public Radio.

00:14:46.576 --> 00:15:20.076 Eric Winer Hello. Or perhaps I should say hola. And welcome back to Yale Cancer Answers. We are speaking with John Doctor Monica Valero, the director of the Hispanic Breast Cancer Program and assistant professor of surgery in surgical oncology at Yale. We're talking about breast

cancer in Latino or Hispanic women. We're going to just take a little tangent, because I made a comment earlier about the worse outcome that is sometimes seen in Black or African American women.

00:15:20.115 --> 00:16:18.461 Eric Winer And just want to make a quick comment on this. So we've known for quite some time that women who are Black or African American have a overall lower incidence of breast cancer, but a higher mortality rate from breast cancer. And it's estimated that that higher mortality rate is about a 40% higher rate. So it's quite significant. And we know it's from probably many different factors that include difficulties with access to care as well as possibly, although many of us have some doubts about this, some underlying genetic differences in the tumors, although there is a different proportion of different types of tumors that are seen in Black or African American women.

00:16:18.538 --> 00:16:37.615 Eric Winer And then finally, because health care in the United States is so complex, there is the issue of of racism that we all worry about and its impact on the health of individuals who are black. Monica, do you have other thoughts about this?

00:16:37.653 --> 00:16:53.538 Monica Valero We also see in the black population of black women that they are more likely to develop aggressive forms of breast cancer, and that can be, you know, driving the differences that that we see in the outcomes as well.

00:16:53.576 --> 00:17:28.269 Eric Winer Yeah, it's it's hard for me to believe. And my comment just a minute ago may have been a little confusing to the audience. It's hard for me to believe that that's because of underlying genetic changes, meaning the genes people inherit. I think quite possibly because of environmental exposures, the types of breast cancer and these aggressive cancers, which are more common in in black women, particularly in young black women, clearly exist.

00:17:28.384 --> 00:18:02.500 Eric Winer But I doubt that they're a result of what we inherit from our parents. But of course, that remains to be seen. So let's get back to the issue of Latina women who thankfully don't seem to have a higher mortality rate. I'm wondering if you can describe for us the look on the face, on the faces of women. You go in and see and suddenly they're seeing a surgeon who speaks their language and understands their background.

00:18:02.576 --> 00:18:29.884 Monica Valero This is a relief, especially when they don't speak English. Right? So for me, it is a privilege. And also it is a responsibility because being part of the Latino community give me an appreciation for many of the cultural values that are so important for for these patients, like family resilience, faith, myth, cultural belief, and the desire to care for other before even caring for themselves.

00:18:30.115 --> 00:19:00.653 Monica Valero So I think that this share cultural understanding can help build trust immediately and, you know, make difficult conversations a little easier. So I sometimes I'm able to get cues and, you know,

go deeper in some areas, understand, like that's how I sometimes captures if they're going to be barriers that we can address at that point, if they need more help or they need information or they just need more encourage, you know, messages about about the treatment.

00:19:00.653 --> 00:19:14.115 Monica Valero So but at the same time, I will say, like every women, history is unique and my role is to listen, understand their circumstances and help them guide, help guide them through this process of the you.

00:19:14.115 --> 00:19:27.730 Eric Winer Know, see what proportion know before you walk in the room that you have the ability to speak Spanish to them, and that you are a woman of Latino origin.

00:19:27.730 --> 00:20:01.884 Monica Valero I would say, you know, it's interestingly, not many of them are small, small proportion. You know, now a days is like you see so much diversity and variety and people from everywhere that they don't immediately link my name, but like someone that speaks Spanish. So when I get into the room, if as soon as they speak to me, or if I speak to them in English, as soon as they respond in Spanish, it's like you can see a relief when I say, oh, okay, we can speak Spanish the entire conversation.

00:20:02.000 --> 00:20:12.346 Eric Winer Yeah. No, I can imagine. Do you think that the decision making process is any different for Latina women than for white women?

00:20:12.384 --> 00:20:37.576 Monica Valero I cannot speak for every single Hispanic or Latino women, but my perception of some or many of my patients is like, you know, we sometimes tend to have like a more paternalistic, you know, culture where like they see the doctor and sometimes they cannot even make the decision. They're like, you tell me what to do instead of like, okay, these are all my questions, and I want to do this right.

00:20:37.769 --> 00:21:03.884 Monica Valero So some patients, they're just coming here for your advice, and they realize that not having, you know, the background from the healthcare system, right. Don't put them in a position where, like, they're going to decide what to do. So they really look like they advise and and they kind of like feel really relief understanding that, you know, we share that cultural background.

00:21:04.038 --> 00:21:21.192 Eric Winer Sure. And how do their family members react if, if in any way differently from family, other family members? You see, my impression has always been that Latino families tend to be quite close.

00:21:21.346 --> 00:21:37.730 Monica Valero Yes, they're close. And, you know, they're usually have a, you know, big community and they tend to come to the visits with a lot of family members. So I will say for minorities in general, sometimes they can be a little suspicious of the healthcare system.

00:21:37.769 --> 00:21:38.730 Eric Winer For good reason.

00:21:38.730 --> 00:22:02.576 Monica Valero So I even going to quote something that a patient told me not long ago, and this is a patient that Hispanics and it's Latina, and I'm telling her and explaining her that she has, you know, early stage that we're going to cure her and that even though we need to do more biopsies, you know, that doesn't mean that her stage is worse and she then, you know, have a moment of silence.

00:22:02.576 --> 00:22:31.846 Monica Valero And then I was like, do you have any questions? And she's like, well, it's like, I don't know if you're telling me the truth. It's like, well, I have to tell you, the truth is like. And she tell me, no. You know how sometimes doctors don't tell you everything and they lie to you. And and I pause at that moment and I told I told her, I know that in some places you cannot get the right or straight answer, but I'm not allowed to tell you something beside the truth and and that, you know, give me pause.

00:22:31.846 --> 00:22:54.192 Monica Valero Because even for her realizing that we're speaking the same language, right, she's still having some doubts. And like some like some fear about maybe me like minimizing the the stage or making her think like her her her like prognosis is going to be better just for comfort or something like that. So so that was very interesting.

00:22:54.230 --> 00:22:57.769 Eric Winer And is your family still in Venezuela?

00:22:57.807 --> 00:23:09.000 Monica Valero Yeah. They they split sometime between Venezuela and here. And I have another sister in Europe. So they kind of like spend time with us, but they reside in Venezuela.

00:23:09.038 --> 00:23:16.461 Eric Winer And how different would your life as a breast cancer doctor be in Venezuela than it is in the US?

00:23:16.576 --> 00:23:52.076 Monica Valero You know, in Venezuela the medical system is divided between public and private. So in the public system. This is, you know, led by the government. So the resources are limited, very limited. And the majority of the patients will try to get private insurance to get a care at a private location if they can. So as a physician in Venezuela who can afford to work in the private system, I think you have a, you know, quite like, you know, very independent life and Venezuelans that work in the private system.

00:23:52.076 --> 00:24:11.807 Monica Valero They always try to teach in the public system. That was kind of like the culture. And that's how, you know, we kept the generations of like students growing. So aside of all the political turmoil and political circumstances, doctor in Venezuela used to have a very good life.

00:24:11.846 --> 00:24:25.384 Eric Winer And is there is there a greater disparity between rich and poor in Venezuela in terms of the health care people receive than in the US, where things are by no means perfect?

00:24:25.423 --> 00:25:04.346 Monica Valero Yes, yes. Unfortunately, there is a very significant difference between access and who can afford these days a private

insurance, because there is, even though there is no good insurance from like the government to cover, you know, even any minor disease someone going with like breast cancer in Venezuela with no private insurance is going to navigate a very difficult situation where like there may not have, like all the access to, you know, best treatments.

00:25:04.423 --> 00:25:10.115 Monica Valero Therefore, you know, in depriving these patients from, you know, better outcomes.

00:25:10.153 --> 00:25:36.615 Eric Winer By no means is are things perfect in the US, there are huge disparities in health care, some of which are related to finances, some of which are related to distance, to where the health care facility is and a whole range of factors. I think many of us are worried about cuts in in Medicaid that may further limit access to health care.

00:25:36.615 --> 00:26:02.500 Eric Winer We know that under under the Obama administration, when there was a real change in health care and in terms of access to health care, that in states that embraced the ACA, that in fact, there are studies that show that cancer mortality declined for specific cancers. So I think we can only hope that in the US it's going to keep getting better.

00:26:02.576 --> 00:26:05.346 Monica Valero Yes. That is like all our hope.

00:26:05.384 --> 00:26:14.807 Eric Winer It's something we all worry about a great deal. So how much of your time you spend taking care of Latino women?

00:26:14.846 --> 00:26:52.192 Monica Valero I think about maybe 30% of the population I see close to 40% is Latina. Yes. I think, you know, one of the beauty of the state of Connecticut is the diversity we have. And one of the things that was really appealing when I came here was to have the opportunity to care for, you know, my population. So I with having like about 30 to 40% of Latina population in New Haven and Great New Haven and even, you know, the bridge for area.

00:26:52.192 --> 00:26:53.846 Monica Valero So is a large community.

00:26:53.884 --> 00:27:04.576 Eric Winer If you had three pieces of advice to give Latino women about breast cancer, these are women who have not been diagnosed with it. What would you say?

00:27:04.615 --> 00:27:32.000 Monica Valero Well, I would say like, you know, three simple messages. First, I will say, don't blame yourself, right. This is something that we may never have. The answer why happens to you? So going and getting in a rabbit hole and thinking why you and why this happened I think is is is inevitable. Something that comes up, but something that, you know, patient needs to move on in order to move forward.

00:27:32.076 --> 00:27:53.500 Monica Valero Second, I would say don't let the fear keep you from getting screen right. Most women diagnosed with breast cancer have no family history and early detection. Say life that where I like. I

would like to encourage and highlight about the importance of getting mammograms every year. And yes, even if your mammogram was perfect last year, you need one next year, right?

00:27:53.538 --> 00:27:54.615 Monica Valero So every year.

00:27:54.653 --> 00:27:56.653 Eric Winer And people should start when they're 40.

00:27:56.692 --> 00:28:21.038 Monica Valero When they're 40, correct. Unless they have a, you know, other indications to start early earlier age. And finally I will say that many of the disparity we see are not inevitable. So by improving education access support, we can help ensure that every women, regardless of their background, language or life circumstances, has the opportunity for the best possible outcome.

00:28:21.038 --> 00:28:30.692 Monica Valero So in for the Latina, I will encourage Latina women to care for themselves with the same love and dedication they give to their families.

00:28:30.730 --> 00:28:38.576 Eric Winer Well, Monica, it has been a real pleasure talking to you and to our listeners. We'll be back next week. Thank you very much.

00:28:38.653 --> 00:28:57.576 Announcer If you have questions, the address is CancerAnswers@Yale.edu and past editions of the program are available in audio and written form at Yale Cancer Center. We hope you'll join us next time to learn more about the fight against cancer. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.