

# THE DO'S AND DON'TS

OF COMMUNICATION  
ON ADVANCED/  
METASTATIC  
BREAST CANCER

Metastatic Breast Cancer

**MBC**alliance>

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# Effective Communication from a Patient Perspective

# Dr. Ellen Landsberger, Patient Advocate, MBC Alliance

- Ellen Landsberger is a retired Obstetrician-Gynecologist who specialized in Maternal-Fetal Medicine. She was active in the American College of Obstetricians and Gynecologists (ACOG) and retired from practice in 2016.
- She developed Breast Cancer, Stage 1 ER+/PR+/Her2- disease at age 43 and treated it aggressively. Ten years later she was found to have serous carcinoma of the uterus and again, treated it aggressively. Shortly after retiring from her busy academic practice, she was shocked to be diagnosed with metastatic breast cancer 22 years after her early breast cancer.
- She volunteers as a Breast Cancer Patient and Research Advocate with several organizations, primarily at Memorial Sloan Kettering Cancer Center where she is treated. She is a member of the Patient and Family Advisory Council for Quality (PFACQ) at MSK.
- No financial disclosures



# My Background

- 1995 ObGyn/ Maternal-Fetal Medicine Specialist
  - Stage I ER+PR+HER2- Invasive Ductal Carcinoma
- 2017 22 years later, retired
  - MBC bone only, spine and pelvis

## Reminders for Health Care Professionals

- LISTEN !
- Don't interrupt
- Look at patient, not computer
- Written material

## Reminders

- Patients don't fail the drugs - The drug or trial fails the patient
- Avoid militaristic language
- Be truthful

# Do's and Don'ts for Patients

- Speak up
- Be prepared
- Compliant patient  $\neq$  better outcomes
- Be proactive

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