

## Compassionate Care for the Breast Cancer Journey: A Dialogue with Maira Campos, MD, MPH



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♪ [music] ♪ - [Matt] Welcome to "Sansum Speaks," an educational speaker series presented by Sansum Clinics Women's Council.

I'm Matt Baumann, Vice President of Oncology for Sansum Clinic. And our central theme for today is that cancer patients and their families are not alone in their journey. With us today is medical oncologist and hematologist, Dr. Maira Campos, who's going to share insight into some of the advancements that she's witnessed in breast cancer care throughout her career.

She's also going to talk about her purpose, which is guiding patients through the challenges of cancer diagnosis and treatment, offering not only her medical expertise, but also empathy, understanding, and a commitment to closing the gap on healthcare disparities. Dr. Campos joined Ridley-Tree Cancer Center in 2021 from St. Charles Cancer Center in Bend, Oregon.

She completed her Hematology-Oncology fellowship at UCLA's David Geffen School of Medicine and her internal medicine residency at the University of Miami. Originally from Brazil, Dr. Campos attended medical school and received her Masters in Public Health at the ABC Foundation School of Medicine in São Paulo. Her journey from Brazil to the United States and finally to our Ridley-Tree Cancer Center family is a testament to her passion for medicine and patient care.

Dr. Campos treats patients with all types of cancer, but has a special interest in breast, ovarian, and endometrial cancers. Welcome, Dr. Campos.

- [Dr. Campos] Thank you.

- So let's get started. What inspired you to pursue a career in oncology?

- I think that I've always been passionate about being part of people's lives and making them feel less suffering. And the idea of walking together with them during a time of difficulty where they're struggling or they're anxious, where I can provide comfort is really what attracted me initially to the area.

During med school, I learned that the science of it was also fascinating. So I think it was both things coming together. My personality of loving and wanting to care for people plus the science of it are just fascinating to me in oncology.

- And why focus on women's health and women's cancer diagnoses or breast cancer specifically?

- I think it started as role modeling. I had very good mentors in training that were in women's health. And that inspired me to look at an area that is fascinating, that has a big need for women. And I feel that women caring for women just makes the care better.

I feel that we feel that we're listened to more. I feel that we go through the same things in lifetime, working and struggles. And when you have that exchange in the office, it just makes it for better care because they feel that they are not alone, that they are not isolated. And as a physician, you're not seeing them from the standpoint of these different levels, but rather this is a path that we share that make us all vulnerable.

And how can I help now in this moment to keep you in the present and to make your life better while you're undergoing a treatment that you never expected to have to endure?

- I think that makes a ton of sense. I know, you know, breast cancer, our breast cancer patients are typically our youngest patient population, oftentimes parents. And so you being a parent, I think probably helps in kind of understanding, you know, the sensitivities around what our patients are dealing with.

- Yeah, and I think vulnerability, right? I think that people are always looking for things that are relatable. And if you are relatable, you can convey messages better. The communication channel is open, and then sharing doesn't become something that you feel that you're going to be judged if you do so. But rather, I would share that because I know that my doctor also has been through things. And she's just a human being like I am.

And I'm on this journey now, but anyone can go through that. Cancer can affect anyone. So, anything to make their journey less lonely is what I think is important. And I try doing that every day, seeing them entering the office crying and anxious with a lot of family members. And how can you make them get out of there with a little smile, like, just not feeling alone?

- Absolutely. Can you talk a little bit about your research background, but maybe just kind of some of the types of research that you've worked on and maybe how that influences the way that you approach patient care?

- I've been doing research since medical school. I did a master's degree with my medical school because I had an excellent mentor. We published 15 papers during med school, did small groups, and that, we had an oncology league that was incredible. And I realized how amazing that was. And it led to a presentation at the ASCO Annual Meeting initially to 4,000 people.

And that was very eye-opening for a foreigner, having to train specifically English for that occasion that was very inspiring to me, going to the biggest meeting in the country. And after that, was just fascination for the idea of how can we really study this so then we have better options for patients, right?

So during fellowship, I focused mostly on all the gynecology malignancies. My mentor was a gynecologist oncologist. And after that, practicing in a smaller community, they had a need for breast cancer. This is when I started specializing and going to meetings and just learning more and just becoming more passionate about breast cancer and realizing how much data we have on it and how many new developments we have.

So it's just a less frustrating area than gynecology- oncology where there are not many resources for researching there, but for breast cancer, it's incredible to see that all the things that are published, you know, a couple of weeks ago, we can apply in clinics. So this is really what I have focused on, mostly on Phase 2 and Phase 3 trials, not investigator-initiated trials, but focusing on Phase 2, Phase 3 trials and how can we apply that in clinic.

That's really what is fascinating to me, to work in a community where we also can provide access to research and to very good care.

- Yeah, it's interesting, you know, as you know very well, about 25% of our patient population has a breast cancer diagnosis. If we look at our clinical research profile and portfolio, if you will, what's available to our patients, almost half of those trials are breast cancer trials. And I think that's specifically because of physicians like yourself and you leading the charge there in opening breast cancer trials that are going to help our patient population beyond maybe what's normally available as standard of care.

So I think we're really kind of at the tip of leading breast cancer care in that regard. How has that experience been with you in terms of now going from this

research environment to applying research to our patient population, maybe here in Santa Barbara County?

- Well, the population in Santa Barbara is fascinating, right? Because you have a lot of diversity, which we don't see a lot in clinical trials. We see under-representation nationally. So the fact that we can translate our consents in Spanish, have research coordinators that speak Spanish, the fact that I can convey those consents in a non-scary way to people that really, usually are scared of this trial being, like, treated as a test and rather than a new option that is helping others.

So I feel that being in Santa Barbara has...and with this robust research group that we have here has really been fascinating to enroll patients, to offer those options to them. And that allows them not to have to drive three and a half hours to LA. And we are building that and this is expanding and the group is very solid with not only a very great group of women leading research coordination and really screening panels for patients, but we have patients coming from outside of our town, from San Francisco, from other areas also to look for our trials here.

So for me it has been really important to practice in a community setting where you also can allow your patients to have access to research and to clinical trials because the standard of care ends at some point. So you have to be able to offer something else, something different. And I think our differential is really this robust research group that we have here, that works really well integrated with our clinical study.

- Couldn't agree more. You know, one of the outcomes, obviously, for an individual patient is their clinical outcome, but another outcome for us as an organization and maybe even science, generally speaking, is new FDA-approved treatments. Can you talk about some of the most significant advancements in breast cancer treatment that you've experienced during your career?

- I think that has happened lately with breast cancer. And two things that I think are super important is the definition of HER2, HER2 receptor positivity. And the fact that now we have a medication calling HER2 that allow patients that previously have been called HER2-negative, but now having any expression of HER2, they have one more line of therapy to go through, right?

So this has been a big development in the last six months in my practice. So lots of patients that had no options being able to embark on a new treatment plan.

Another recent development has been sacituzumab. So as we welcome the ADC therapies, so therapies that go directly into the cancer cells and attack cancer cells in a more specific way.

There has been a development for triple-negative breast cancer patients and also hormone-positive breast cancer patients after at least two therapies. So it's been incredible to be able to offer these therapies and see people that would very likely be in hospice care have one more line of therapy that works well, that has great CNS penetration. So, it's fascinating to see those things and then a week later be able to apply them in clinic.

I think that that's the beauty of practicing in a place like this is just fascinating to me, applying science to people that would have no other treatments, right? So, I am thankful for the researchers, for the people who are actually in the labs and working with that so then we all clinicians, community practitioners can be applying that, right, those are the heroes, they're making developments in our area.

- Absolutely, definitely feels like the world around us is changing and we're a part of that change. I agree. It makes us proud to be a part of the work that we're doing here too. You know, I want to shift focus to one of our greatest ongoing challenges, maybe, you know, generally in the healthcare industry.

But really this kind of this concept of healthcare disparities, just for our audience, you know, health disparities are really the preventable differences in the burden of disease or even opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Health disparities are truly inequitable and I think we generally all agree upon that.

And they are often directly related to both historical and current unequal distribution of social, political, economic, and maybe even environmental resources. Dr. Campos, you've now been a part of many cultures. Having been a Miami native, I've experienced that culture as well.

It's very different from the rest of our country. But for you, the journey from Brazil, you've spent time in LA, in Miami, in Bend, Oregon, and now in Santa Barbara County. We're certainly eager to explore how you've made a difference in closing the gap in healthcare disparities.

So maybe my first question is what motivates your commitment to addressing disparities in healthcare?

- I cannot tolerate injustice. So I think that that comes initially from that, that has been a trait. But I think that being a foreigner and being Brazilian has allowed me to see things through a different perspective in the U.S.

So I think here, the reality is really palpable in very recent history where African-American patients are treated with inferior care. And I think that if we realize that that's a reality, and if we realize that patients that don't speak English are treated differently, I think it gets a little easier to address.

But there are many concerns and fear of dealing with the subject, which I think they just add to the barriers for these patients to have access to care. So I can speak, like, here at Ridley-Tree, with the navigation support, with the support of Hospice of Santa Barbara, and institutions that actually will accompany your patients.

And when I detect those difficulties in the office, I start an appointment and I see that I have a vulnerable patient, an elderly that has family in another state, that is struggling to walk, struggling to take notes, multiple medications. We bring the navigation team into the room, and we just do that appointment together, call family members, take notes, print a fresh medication list, and we make sure that that care is done so then the family is comfortable.

And how can we support these patients, not only here, because it's the smaller part of what we do, but also at home, so that they don't fall, they don't have trouble. For my Spanish-speaking patients, which are not minority in this area, I just empower them to advocate for good care. So you don't like your doctor, you ask for another one.

So you feel that you're getting care that is inferior for some reason. If you are not treated and feeling empowered to fight your disease, you just find a person, because there are people here that are excellent. And I think that if we empower African-American patients and Spanish-speaking patients to feel that they should advocate and question their care and ask for better care, I think that's the only way to fix the gap, which is patient realizing that something is off, that they don't feel that they are addressed.

People are very good at that. I don't think that's in all cultures. We know when we're being ignored or perhaps not addressed the way we would like, speaking up, advocating for care, and saying, "I would like to understand this better. I don't get it, I don't understand what this vocabulary is. I don't understand what you're saying, Doctor, it's too hard. Can you talk slower? Can you explain to me? Can you draw? Can you just..."

You know, currently, I've been using my whiteboard a lot. I have it in the rooms. And I just explain what the disease is. How do you meet your patient on that educational level? And you communicate the message, because if you're just sitting at the height of your you know, white coat and trying to convey beautiful information that, you know, you could read it doesn't translate into good care.

Good care is when the patients can ask questions, when you can explain to them what you know and they can bring their own cultural knowledge, explain what that means to them, and then you try coming up with a plan together. So if we do that, and it's a multidisciplinary thing, and that's why I'm here, and that's why I'm so grateful to be here, because navigation, social work is a team that is solid, and without them, the care will be inferior.

It's just, you know, this, this team provides and carries this patient through their journey, so then they don't feel alone. And it's fascinating to watch someone coming in anxious and through chemo, through Cycle 3, be smiling and be positive and actually counting down and visiting people and bringing cards. And, you know, the amazing ability that people have to be resilient and to just, you know, overcome things doesn't come when they're alone, when they don't trust their healthcare system.

So what I feel here when I'm providing care is that they are trusting, they're building a relationship like we all do and each psychotherapy, they trust more and more because they feel that we are consistent and they can rely on us.

- Yeah, you've touched on so much that I think is so critical to our audience. You know, I think one of the things on disparities in care and just maybe even a unique approach to the value that you as a healthcare provider can offer to our patient population, I think I certainly love that. You even talked about the value of comprehensive care, potentially even in closing the gap to healthcare disparities.

Can you talk a little bit about just your experience, maybe even on the financial side related to financial aid or even just the education on what's out there, charity care, because I know that that's a whole 'nother world to navigate. What's been your experience as a provider in terms of encouraging patients or educating patients and maybe even the comprehensive model on how that helps you do that?

- I think as an oncologist, because of the cost of care in these areas, so great having the support of a robust social work team that will meet the patients

where they are and in a non-judgmental way, approach if they need help and provide that support when they are ready to receive it is incredible, right?

Is literally not something I've seen in another cancer center. So what we have here is unique. It's safety nets. So I'm treating patients that have all the barriers to care possible, language, not having housing, just working through family issues, domestic abuse. And then they are encountered with cancer which is the unimaginable, is like, how can it get harder for them to succeed?

And they end up in a state of vulnerability that the cancer is really seems to be the smaller problem at that point. So you have to address all these issues at the same time so then you can engage them to care for themselves to believe that there is a purpose, to trust that the treatment is going to work because they need them to do that, right? We don't do anything just with drugs.

We need the patients to engage. And with the help of our social work team here, financial people that are always ready to answer questions, patients can talk to them directly, medical assistants, like, always forwarding these messages. They bring bills to the office so then I can read them and I can forward them to social workers. They feel comfortable doing that.

They say, "I received this bill and help me figure it out." I love that. I encourage that. I'm like, "If something I order is generating, like, some kind of financial difficulty, please bring it up." So, gas cards, transportation, what else? Cold caps being done for free. There is so much in here.

I tell them, like, we're blessed to be in a place and in a town where people have big hearts and donate to allow this to happen. So I feel thankful that we have those and having access to this is crucial. It's crucial because we're treating people like us and it's not because of a financial difficulty that they should not be given the same care. So once they feel that they're important, you can see that later on they're getting jobs.

They're like, it's different. It's this lonely journey that most people go through in life and they just push through and then they encounter a cancer. It just feels that everything is lost. So bringing them back to the center and allowing them to reintegrate in the community is fascinating. And ultimately they are part of my community.

So, small town, so you're going to see them around. They know the role you had in their life and it's just beautiful. It's like, doesn't feel like a job.



- Absolutely. Yes, just even talking about this, a special thanks to the Cancer Foundation of Santa Barbara. A lot of that everything that, you know, Dr. Campos talked about in terms of financial aid, and social work, and navigation, That's all brought to us because of the Cancer Foundation of Santa Barbara. Super grateful to them for that.

Dr. Campos, you know, you talked about speaking Spanish. We know you're fluent in both Portuguese and Spanish. Coming from Miami, it seemed like finding a bilingual provider was not too difficult to do. Coming out here to Santa Barbara County, where a lot of our population is primarily Spanish-speaking, but our provider population is oftentimes not fluent in Spanish. Can you talk about being able to speak to a patient in their native language and maybe the value that that provides to their journey?

Like how does that affect their outcome?

- I think it's extremely important to understand that the conversations we're having in the office are not something that you can use a machine to translate. And some doctors might disagree, but I feel that there are different cultures interpret information different, right? So if I provide a piece of information to a patient and I just ask a machine to translate, it's not going to translate into any cultural appropriate way of telling someone something.

I feel that having a physician that speaks your language and understand a little bit of your culture can help you navigate your care because you feel comfortable talking about things that perhaps you wouldn't feel so comfortable telling doctors that just speak English. So many times I have so many examples, not just Spanish-speaking, but even like, you know, being a foreigner in general and an immigrant, right?

So I have Ukrainian patients now that feel scared from the machine, from the translator machine and, you know, the language spoken is Russian. And it's there's so many things that we can say, "Look, I mean, I'm a foreigner too. I'm here. We're going to do this together. Let's just, you know, we're here to help." And with my Spanish-speaking patients, it's just an exchange of fears, of cultural barriers to even psychological support.

Right? In Latin America, a lot of what we do when we have some kind of difficulty we just move on and try making it better. And for cancer care, they need to learn to stop, right? These patients were working hard, they are having full-time jobs, and then they have to stop doing what they're doing. And they don't have in general many hobbies because they had to work.

So you have to fuel them with the support groups that we have here that allow them to discover little passions so then they can distract themselves in this journey because they're not going to be able to do their full-time jobs. Support them financially so then the whole family that depends on them, it's getting some kind of money so then they can eat, right? So identify when they have unstable housing because not always people are going to feel comfortable telling you that.

Identify when they have visa issues and they want you to write that letter to help see one family member one last time. So, there's so many ways that speaking your language and being able to share can help a patient. And I hear this daily in the office, they're so grateful. I have people that speak Portuguese here, I have people that speak Spanish, patients from other cultures just from Ukraine and other areas too feel that they can relate because of my journey as a foreigner coming to the U.S. and how much we miss things from home, how culturally things are different here, how do you adapt to it, what support groups we have, what little things we can do to make us feel home.

So it's not just the language or speaking Spanish but it's a little bit of like the feeling of not belonging and how do you find peace in your heart and search things in the community, especially our community here, they'll make you integrate and feel that you're important, especially after dealing with cancer. I think that people seek for this community and for this belonging more because they want to enjoy the day, they know time is short.

So, that's how I feel that I can be helpful.

- I appreciate that. You know, there are many students who are pursuing medicine here in the U.S. and many of them come from other countries with various backgrounds. What advice would you want to share with them in terms of pursuing the field of medicine and maybe even dreams to become a doctor or medical doctor?

- I think that the U.S. is a place of opportunity. So hard work in the U.S. is what really gets you places. So, being grateful for the opportunities, knowing that you are a foreigner and that you are taking a place of an American person, understanding the limitations of that, appreciating how welcoming this country is for to really allow a professional to develop and to discover who they are and the opportunities that we get.

And working hard and just finding, never letting this passion and the compassion that you bring from other cultures to go away because you want to

fit in. I think that this is your differential, right? So keep that because you will find patients that really look for that. They come to you because you're a foreigner.

They come because they haven't found the care they want and with the time they need, with looking in the eye and trying to understand who they are. And not seeing them as a disease, but rather than a person that at that moment is facing something really hard. And I have a lot of, I do a lot of support to people from other countries, at least from my country that wants to come in.

So this has been a presence there in my life to helping people succeed because my road I had to pave by myself. But I try helping as many people as I can there. And I encourage medical students to go into this field because oncology is fascinating. We need more doctors. And it's a beautiful area.

Everybody thinks it's sad. When I tell patients I'm an oncologist, they're always like, "Oh." And you're like, you're not the doctor that they want to need one day, but you want to be the doctor that they will appreciate and share the journey with when something bad happens that they never expect to have. So, I love my area.

I just love my job. I feel that literally it's a blessing.

- That's encouraging. Yeah, certainly some losses there, but also some huge victories. And I think it's cool to be a part of that as well.

- Yes.

- You know, thank you so much, Dr. Campos, for sharing...

- No, thank you.

- ...your experience today and your expertise. Is there anything else that you want our community to know about yourself or about Ridley-Tree Cancer Center?

- I think that's important to know that this place has a huge role in the community. Ridley-Tree is a place where you come in concerned, sad, heavy, and you encounter a smile from the time you walk in to the time you leave. The people that work in this place are amazing. So there is no judgment, there is no attitude.

We're here to help and everybody understands how hard cancer is. We don't expect anyone to be grateful to be here, but we are happy to walk the path with

you and make you feel that you're part of a bigger journey. So, I just want people to feel comfortable when they walk our doors and not feel that they have to be in a certain way.

It's like we welcome everybody, we welcome all communications in all their languages, and we just want to be of service.

- Absolutely. You know, certainly today's discussion, I think reaffirms our dedication to creating a place of peace, but also hope and the best, you know, a place where you can receive the best cancer care. And I think, Dr. Campos, people like you really are our only mechanism to providing the highest level of cancer care.

And again, thank you so much for taking the time to join us. And thank you, Dr. Campos.

- Thank you, Matt, for all you're doing. Thank you, we appreciate you.

- Thank you so much, Dr. Campos, for your time and your expertise. You know, today's discussion really reaffirms our dedication to providing a peaceful, hopeful place to receive cancer care and really care provided by a level of expertise that's unparalleled and a focus on the whole person.

Thank you for joining us for "Sansum Speaks." We hope you found this information to be valuable. And to view all of our other "Sansum Speaks" episodes, please visit [sansumspeaks.sansumclinic.org](https://sansumspeaks.sansumclinic.org). Thanks again. 🎵

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**Sansum Clinic**  
P.O. Box 1200  
Santa Barbara, CA 93102-1200  
<https://sansumclinic.org>  
(800) 472-6786  
[communications@sansumclinic.org](mailto:communications@sansumclinic.org)