MedicAlert LIVE Healthy Hour
Women's Health During COVID-19
Special Guest: Dr. Geraldine McGinty, MD, MBA, FACR
Practicing Radiologist
President, American College of Radiology
Chief Strategy Officer & Chief Contracting Officer, Weill Cornell Physician Organization
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Melody Howard:	00:40	Hello everyone. Welcome to MedicAlert's Live Healthy Hour. We're really glad that you joined us today. We're super excited to offer another Live Healthy Hour for you. This time we are focusing on Women's Health during COVID-19. Our Healthy Hours, as you know, were created with our members in mind, connecting as a community and providing additional resources during these trying times. My name is Melody Howard, and I will be your host today. I'm the community alliances director at MedicAlert foundation. And joining me as co-host today is Julie Hylton, our vice president of communications. Welcome Julie. So today I'll share some information about MedicAlert, you'll meet our speaker, and then we'll spend the bulk of our time on Q & A with Dr. McGinty. The subjects we'll cover today are questions related to women's health, breast cancer screening, and COVID-19. As always we'll share some valuable resources for you towards the end of our session today.
	01:50	So here is a little bit about MedicAlert. For those of you have not joined us in the past and are not really familiar with the services that we provide, MedicAlert is the original medical ID created in 1956 by a local physician in Turlock, California. He created the organization as a means of ensuring medical responders knew about his daughter's potentially fatal allergy in an emergency. Since that time, MedicAlert has become the nationally recognized symbol for medical emergencies. What's so unique about MedicAlert is that we go just beyond an ID. Our IDs are backed by our dedicated emergency response team 24/7. This team is always standing by to relay your critical medical information to those treating you in your moments of need. We are the only nonprofit organization in the medical ID space; all of our revenues fund our emergency services and help provide IDs and memberships to people in financial need.
	02:48	Our mission after 64 years still remains unchanged - and that's to save and protect lives by sharing vital information in our member's moments of need. I'll share a little bit about how the service works. Your medical ID is engraved with your most vital medical information that first responders need to know right away. In an emergency, they contact our 24/7 emergency response team to get your full health record. Your health record

includes additional health data and emergency contacts, which we relay to emergency personnel. We've been training first responders to look for your MedicAlert ID, empowering them with vital information. It's so important for first responders to know about any existing conditions or important information so that you get the best possible care. MedicAlert is your voice when you need us most.

03:42 Today I'm very excited to introduce you to our speaker, Dr. Geraldine McGinty. Dr. McGinty is a board-certified radiologist specializing in women's imaging. She is assistant professor of radiology at Weill Cornell Medical College. She completed her medical training at the National University in Ireland, along with a residency at University of Pittsburgh and fellowship in women's imaging at Massachusetts General. She is an internationally recognized expert in imaging economics. In addition to her clinical practice, she serves as chief strategy officer and chief contracting officer for the Weill Cornell Physician Organization, with more than 1600 members. Dr. McGinty is also president of the American College of Radiology. Welcome Dr. McGinty.

Dr. Geraldine McGinty: 04:32 Thank you so much for having me today.

Melody Howard: 04:36 Well I know that we have a hard stop today at a certain time, so I want to make sure that we get into as many questions as we can. For Dr. McGinty so our first set of questions is in the category of women's health. And this question specifically was submitted by Allison.

During the COVID-19 pandemic what, in your opinion has been the biggest impact to women's health?

Dr. Geraldine McGinty: 05:03 Well, this is a very broad question and it's tough to generalize. Clearly we've seen women who've obviously suffered through having COVID themselves, and we've seen many more lives lost than we would ever have hoped. And there are clearly parts of the world where access to sexual and reproductive services is challenging at best. So this pandemic has made that worse. And likewise, we're seeing significant concerns around gender-based violence. It's increased during this time, but what I'd like to focus on is our wellness and our mental health, because what we're seeing - and this is some data from the Kaiser Family Foundation - is that women are reporting more negative feelings about their mental health worrying about coronavirus. And I think I will talk more about what we need to do to take care of ourselves. But you know, I think as we look at the

combination of responsibilities that many women have, adding COVID-19 onto that was just the last thing we all needed.

Melody Howard: 06:05 Thank you. So our next question was submitted by Faith.

How important is it for women to maintain their regular appointments with their OB GYN or PCP?

Dr. Geraldine McGinty: 06:18 Well, thanks for this great question, Faith. You know, in the early days of the pandemic, I practice in New York and we had to shut down a lot of elective care as we all focused on safety and the rising number of cases of COVID that we had. But as we've come out of that, it's really important to maintain our appointments with our preventive care and the physicians who take care of us on an ongoing basis - especially if you're suffering from a chronic condition. So I would say it's extremely important. And what's been, I think, a positive during this pandemic is that we've seen the expansion of tele-health - the ability to see your doctor for almost all of what you need to do using video or even telephone from the comfort and safety of your home. Most doctors have adapted very nicely and very quickly to that. So all the more reason to keep up with your regular appointments.

Julie Hylton: 07:18 It makes me think about when you board an airplane and they always tell you that if the oxygen mask drops, you put it on yourself first, before you can help someone else. And with women - women are caregivers, right? Often for children, for older people. And if they're not taking care of themselves, they won't be in a position to help take care of others when needed.

Dr. Geraldine McGinty: 07:41 Such a such a great point, Julie. Yes. And I know, we've all dealt with a number of things that we've had to be responsible for, and putting our own health last is something that we women often do. And I would urge us not ignore our own health issues. So thank you Faith for this great question. It's a great reminder. We shouldn't do that.

Melody Howard: 08:03 So our third question is in the category of breast cancer screening. Sally asks:

Should I still have my annual mammogram during the pandemic?

Dr. Geraldine McGinty: 08:11 Thanks for this question, Sally. And the answer is absolutely yes. Again, now that we've gotten through the early days where we did have to shut down elective screening, it is so important not

to miss a year. With guidance from the American College of Radiology we've helped facilities to really gear up, to provide that care safely: cleaning the rooms appropriately, social distancing, and screening you before you come in. The reason we choose an interval of every year is because in the event that you had a breast cancer, we want to be picking that up as early as possible, so that it is treatable and often curable. We don't want you to miss a year. Definitely I understand that there may be some concern about coming on site. But as I say, you'll find if you check in with your local facility, they have safety measures in place. Every facility that provides mammography services in the US is accredited by the American College of Radiology or one of the other accrediting agencies. So you will find that they have put in place procedures for your protection. So the answer is - absolutely get that mammogram.

Melody Howard: 09:26 So our next question was submitted by Ginger.

I don't think I have a high risk for breast cancer. Do I still need an annual mammogram, especially during a pandemic?

Dr. Geraldine McGinty: 09:35 This is a question we're often asked even outside of the pandemic: nobody in my family has breast cancer - do I really need to get a mammogram? The reality is that most women who get breast cancer don't have a significant family history of the disease. So even though you might not think you're high risk, we know that one in eight women will develop breast cancer over their lifetime. So yes, absolutely. We want you to come and get a mammogram. We recommend it for all women over 40. Now, if you are at higher risk - whether it's a family history, if you know that you have a genetic mutation or perhaps you had radiation for another condition earlier in life - that's often a conversation that you want to be having with your doctor about whether you need additional screening beyond the yearly mammogram. On top of your mammogram with ultrasound or MRI, those are some more specialized guidelines, so definitely have that conversation. But, you know, average risk means that you should be getting a mammogram every year over 40.

Julie Hylton: 10:48 I think the really striking fact as we were looking through this was that 75% of the people that are diagnosed don't have any identifiable risk factor.

Dr. Geraldine McGinty: 10:57 It's a great point, Julie. Yes. And most people don't and you know, so that's why we screen everyone over a certain age.

Julie Hylton:	11:06	Okay. Thank you.
Dr. Geraldine McGinty:	11:09	So our next question submitted by Sandy and Bridget.
		What's the difference between screening and diagnostic mammograms? Is there a difference between film, digital or 3D mammography?
Dr. Geraldine McGinty:	11:21	Great, thanks Sandy and Bridget, lots to unpack here. So let's start with the difference between screening and diagnostic mammograms. A screening mammogram is a mammogram that we do as purely a preventive service, where you're not coming in with any symptoms. We do this routinely every year and a lot of facilities will do your screening mammogram. And in order to make the process as efficient as possible, they will not necessarily read it while you're there. Then the radiologist may not interpret it while you're there. What that means is probably on average, there's a 10% chance that you might get called back for some additional pictures. And you should never panic when you get that call because that's expected. Sometimes tissues overlap. Sometimes we just need to see an area a little bit differently. And most of the time when you have to come back from a screening mammogram, it turns out to be nothing.
	12:15	But when you do come back for that mammogram, that's now called a diagnostic mammogram. We do diagnostic mammograms if we've asked you to come back after a screening mammogram. We also do diagnostic mammograms if off the bat, you have an issue. You're feeling a lump. You're noticing a discharge from your nipple, or you've had a recent surgery for breast cancer or something else that we're following closely. That's a different mammogram. And in that case, the radiologist will interpret it while you're in the office. When we do screening mammograms, there's a set number of pictures we do. When we do diagnostic mammograms, we do whatever pictures we need. We tailor the exam to what it is that you need that day. So sometimes that can take a little bit longer. So you will typically plan to be with us a little bit longer, but you will get your results before you leave that day. The radiologists will tell you, and hopefully they'll tell you everything's fine.
	13:11	Sometimes they'll tell you, you need a biopsy or you need to come back say in six months, but you'll get that result that day. So screening is when you're not having any symptoms. It's just your routine annual mammogram. And diagnostic is when we're really tailoring an exam to do what we need to do to solve a particular problem. So your next question was about the

difference between film digital and 3D mammography. So let's start with film and I'm sure there are still some facilities doing film. It's entirely fine to have a film screen mammogram, but the vast majority mammograms now are done digitally. So instead of acquiring a film that you put up on a light box - that might be what you see radiologists do on television - we have a computer screen in front of us and we bring up the image of the mammogram digitally. And that was a huge advance for us, because it meant that we didn't have to worry about those old pictures getting lost if you moved or you changed facilities.

14:15 We also know that there were things we were able to see better because we were able to adjust the images electronically. 3D mammography was yet another enhancement. And what that does is instead of just taking a flat picture of the breast, it's almost like a CT scan, which allows us to sort of scroll through the breast. How I would describe is that it means that we can move the tissue out of the way and see what's behind it. And what's great about 3D mammography is two things. One is it means that the number of times we have to call you back for more screening is less. So that's all good. And then for women with dense breast tissue - I'll talk a little bit about dense breast tissue later - it means that our chances of finding a breast cancer are higher. We do a better job with 3D mammography. So I think that if you are offered a 3D mammogram, there's definitely advantages to having that 3D mammography. Let me just talk now briefly about dense breast tissue, because I see actually somebody put it in the chat.

15:23 Everybody's breasts are made up of a combination of fat and glandular tissue. And the glandular tissue is essentially the functioning breast tissue. It's what allows you to breastfeed. And that combination is different in every patient. If you have more glandular tissue, it's what looks white on the mammogram. That means you have dense breast tissue. So what does it mean to have dense breast tissue? Well, there are two things to know. The first is it does make your mammogram harder to read. Second thing is that it is associated with a slightly increased risk of breast cancer. So it's important that we decide ii your breast tissue dense, because then we might make decisions about additional screening perhaps with ultrasound. And we give you a sense of how much you can rely on the mammogram, knowing whether your tissue is dense or not. Most states now have a have a law that requires us as the radiologist to notify you as the patient about whether or not you have dense tissue.

Julie Hylton:	16:26	And is that condition, the level of density, is it independent of any other factors like a body type or race, ethnicity? I don't know if it's correlated with any of those?
Julie Hylton:	16:41	Pretty much. It really is. And it's incredibly variable, so yes, pretty much.
Melody Howard:	16:52	So our next question submitted by Tricia. **I've heard conflicting information for when women should start breast cancer screening, and the frequency of screening. What is your advice?**
Dr. Geraldine McGinty:	17:05	Well, thanks, Tricia. Let's just say that all of the organizations who've put guidelines out there have acknowledged that we save the most lives when we start brest cancer screening at 40. The American College of Radiology and the Society of Breast Imaging, we are the radiologists. We are the physicians who interpret mammograms – and we say start at 40 every year. And as long as you're in good health, keep going. There are other organizations that say start a little bit later, don't screen. We would regard those guidelines as a missed opportunity for women's health. You know, this is a relatively easy test. Yeah, it's a little uncomfortable, but it's the opportunity to detect breast cancer while it's tiny, while it's curable. That's an opportunity that we wouldn't want to miss. And certainly, you know, our belief is that we save the most lives starting at 40, and that's when you should start. One of these statistics that always shocks me every time I see it, is one in six breast cancers occur in women under 50. So, those are women, obviously, with many years of productive life ahead of them. Often they have small children. We absolutely want to save all lives, but, why we would start screening later and miss an opportunity to save those lives is beyond me.
Julie Hylton:	18:36	It is frustrating because it seems like every couple of years something comes out that says, Oh, do you really need to have a mammogram at 40? And do you need to do it every year? So it's really helpful to have a very cut and dried recommendation on the best way to protect the most people.
Melody Howard:	18:52	And I think our next question you've answered that already. But we have a resource about breast density to give some more information.

Dr. Geraldine McGinty: 19:03

Absolutely. And whichever facility you choose for your mammogram should be able to provide you with this type of information, but we'll also send this out. This is from the American College of Radiology about Breast Density and Cancer Screenings. One of the questions I sometimes get asked is, well, you're telling me that I have dense breasts. So the mammography is harder to read - why am I bothering to get a mammogram at all? Why don't I go straight to an ultrasound or an MRI? Well, it's important to know that mammography is the test where we have robust evidence that it really does make a difference in terms of saving lives from breast cancer. And also there are some specific signs of breast cancer that we really only see on the mammogram. So we do still recommend that you have the mammogram.

Julie Hylton: 19:53

When you talk about those signs, you're talking about things like calcifications, right? I feel like everybody's heard that term, but I don't know if everybody is clear on it. When you hear "we're seeing some calcifications or micro calcifications" - what does that mean?

Dr. Geraldine McGinty: 20:12

Sure. Calcium deposits, they show up as sort of little white spots or dots on the mammogram. And I will say that they're very common. Many women have them. In fact, most women have some calcium deposits and the vast majority of them are nothing to worry about. But there are certain types that can be a sign of breast cancer, and sometimes the earliest sign of breast cancer. So how do we know which are? Well, we look at shape and size and distribution. Unfortunately it's not always possible from the way they look to determine what they are. So sometimes we'll have to do a needle biopsy to determine what they are. But just because you've been told you have calcium deposits, you shouldn't panic about that. But you want to know that your radiologist is looking carefully to determine whether these are calcium deposits that might need additional testing.

Melody Howard: 21:09

So our next question submitted by Julie:

When might I need additional breast screening, like an ultrasound or breast MRI?

Dr. Geraldine McGinty: 21:18

Great question, Julie. So I already talked about the fact that sometimes for dense breasts, we'll add additional evaluation with ultrasound. There are certainly people whose family history of breast cancer risk is high enough that they will need additional screening with MRI. So that's something that you would talk about with your own doctor. Typically, I'm

generalizing here because it's worth going through a detailed history. But typically if you have two first degree relatives - and what I mean by first degree relatives is a mother or sister - if you have two first degree relatives with premenopausal breast cancer, breast cancer before menopause around 50, that means that you're in a high enough risk category that we should be doing an MRI on you every year in addition to your mammogram. There are some other conditions. People who've had Hodgkin's lymphoma, which sometimes requires treatment with radiation to the chest - that can increase your breast cancer risk. And there are some other genetic syndromes that would put you at risk.

22:24 Now that's one category that's screening, but know that we also use ultrasound and breast MRI as problem-solving tools, whether it's for something we've seen on the mammogram that we need additional detail about. Or we will often use breast MRI in someone who's been newly diagnosed with breast cancer, if we want to get a sense of exactly how extensive the disease is. We use these tools in various situations. What we always try to do though, is use them appropriately and not use them when we don't need them. An MRI, especially, is exquisitely sensitive. It is more sensitive than mammography and ultrasound at finding breast cancers. The problem is it's not always very specific. What do I mean by that? It picks up a lot of other things too, a lot of false positives. So we want to make sure that we are thoughtful about using it so that we're not subjecting people to additional biopsies or additional testing, chasing down these false positives. This is something that when you need these extra tests, the radiologist who's interpreting your mammogram should be able to speak to you and talk you through this and answer your questions.

Julie Hylton: 23:41 I know we talked earlier about the recommendations for everyone - start at 40, and have a mammogram every year. Are there different recommendations for people who've already had breast cancer? I'm sure there's many on this call, myself included, who have already had breast cancer. What type of follow-up protocol would you as a radiologist recommend?

Dr. Geraldine McGinty: 24:01 That's a great point. So for someone with a breast cancer history we will typically work with you and your surgeon, who's usually the quarterback for your care in that regard. Oftentimes we will see you a little bit more often in the first few years after your initial diagnosis and treatment. We might do some extra views of the scar area just to keep an eye on that. But by and large, we should be able to get you back to routine screening

mammograms within a few years. And what's important about that is it means you don't have to pay a copay, because screening mammograms are 100% covered due to the ACA. Even if we get you back to screening mammograms, we typically like to - if possible - give you your results that day. We know that coming back for your mammogram after you've been through breast cancer treatment can be a pretty scary day. So we want to do everything we can to reduce that anxiety.

Julie Hylton: 24:56 And would you recommend any additional screening like the MRI for somebody who had breast cancer before?

Dr. Geraldine McGinty: 25:02 You know, I think some places are doing it. It's not universal and not all insurance companies are covering it. Again, that should be an individual decision. And obviously if between you and your physician and the radiologist, you feel like there's a compelling reason to add that to your screening, it may require a conversation with your insurance company in terms of whether they'll cover it or not.

So I do want to add one other point about people who might not fit into the normal screening methodology or guidelines if you have a first degree relative. So again, mom or sister with premenopausal breast cancer, we usually like you to start screening 10 years before they were diagnosed. So if your mom was unlucky enough to be diagnosed with breast cancer at 40, we don't want you starting at 40. We want you starting at 30.

Julie Hylton: 25:57 Yeah. Good to know.

Melody Howard: 26:02 So our next category of questions deals with women's health. This question was submitted by Joyce.

I'm due for a colonoscopy. Should I still get it done?

Dr. Geraldine McGinty: 26:13 Absolutely. I think again most facilities are back up and running. We did want to highlight here the option of virtual colonoscopy, which is basically a CAT scan where we sort of adapt the way we take the images and the interpretation to essentially replicate what we're able to see with an optical or traditional colonoscopy. The results are, we know that the efficacy of this in terms of seeing significant polyps is exactly where it needs to be. And it's covered by most insurances. Medicare doesn't cover it for screening, unfortunately, but certainly check with your insurance company and it can definitely be a better tolerated alternative, but whichever way you do it, this is absolutely not something you want to miss. It's an important test. And we saw

the tragedy of losing Chadwick Bozeman this summer. We want to make sure that, especially in our communities of color, we're getting screened.

Melody Howard: 27:28

So our next question was submitted by Michelle.

What are some other women's health concerns that should be addressed right away, even during the pandemic?

Dr. Geraldine McGinty: 27:37

Let's see. It's a great question. We often hear about the fact that women present with slightly different constellations of symptoms for things like heart disease and stroke. They're a bit beyond the scope of my expertise to talk through a lot of that. Really, I think paying attention to our health and obviously any of those symptoms like chest pain or any kind of neurologic symptoms, loss of speech or loss of motion or power - that's something you need to take care of right away. And I totally recognize that during this pandemic, there might be some trepidation about going to the emergency department, but again, we are set up to see you safely. Do not ignore the symptoms and do not put your own health last. So certainly though anything that's a sort of a traditional emergency, stroke, heart disease, you absolutely need to be taken care of that.

Also - we are coming to the end of this difficult year. We should really be alert to where we're not sleeping, not eating, just finding it just difficult to get up in the morning, and feeling even more exhausted than we might expect. Because you know, our mental health is something that has been extremely challenged over this year. Even those of us who are still employed, who've got robust family structures are finding it tough. So for anyone who's got more than the usual challenges, those are things we shouldn't ignore.

Julie Hylton: 29:26

I feel like I'm seeing more and more people that I feel like have done such a great job through the pandemic that are starting to falter. I mean, you're right - this longest year ever for keeping it together, staying positive. And I just feel like I'm seeing more and more people kind of hit a wall lately of just fatigue with everything, with the constant anxiety, with the health concerns, with the lack of social interaction, with all these other things. And I don't think you can underestimate really what the long-term effects mental health-wise are going to be for people.

Dr. Geraldine McGinty: 30:00

Yeah. I know at the beginning of this my teams for my administrative work - we had group yoga, we had fitness challenges, we had bingo. And then, you know, that sort of

petered out and, I think you're right. People are a little bit exhausted now. I will say we had our first vaccines delivered yesterday. I feel just such a sense of optimism and hope, knowing that we have light at the end of the tunnel. So I'm hoping that having a sense that we're going to get beyond this is going to be helpful. Now, recognizing again, lots of people have had a financial impact,, some of the financial impact, you know, and keeping going with school and all those things, this is not over and it remains a challenge.

Julie Hylton: 30:50 I'm going to go back to one other thing on this question specifically. We've done a number of these sessions over the year. We've talked to people that are experts in in diabetes and Alzheimer's and heart disease. And one of the things that they've continued to stress to us is: if you have some sort of chronic condition, now is not the time to stop your regular doctor visits or any kind of maintenance that you do around those conditions. Because with many of those conditions you, if you are unlucky enough to catch COVID, those conditions can be serious risk factors for more severe illness. So, just letting people know that doctors are putting in place ways to keep people safe, so they can come in and see them and not let go of that regular care.

Dr. Geraldine McGinty: 31:46 Couldn't agree more. Absolutely. You know, we definitely saw that people with pre-existing conditions and co-morbidities were definitely more challenged by COVID. So, absolutely.

Julie Hylton: 31:59 I think I saw a figure in some of the information you shared, I'm not sure if it was American College of Radiology or the Society for Breast Imaging that because of delayed care, they estimated that potentially up to an additional 5,000 women could die this year from not having detected their breast cancer early enough. And that to me was just such a sobering fact.

Dr. Geraldine McGinty: 32:21 Absolutely. Just anecdotally, we know that in three months of this year, this spring, compared to those three months last spring, we diagnosed 1/10th as many breast cancers. We're obviously working incredibly hard to catch up and get people in through extended hours. But we know that there are people who just aren't going to make it this time to get to us this year for whatever reason, and that's scary.

Melody Howard: 32:53 So our next question submitted by Roxanna.

Women are often caregivers for either children or parents and sometimes both, how do we take care of ourselves during this time when we're being stretched so thin?

Dr. Geraldine McGinty: 33:05

Well, Roxanna, I hesitate to put out advice there because I don't know that I'm always as balanced. I'm not taking care of kids and my parents are all doing okay, but I think it goes back to all of the questions about, should I take care of my house? Should I not miss my appointments? It's really acknowledging that we do need to put ourselves and our own health as a priority. And I think we've all shared tips over this time. It's really whatever works for you. I certainly know that that for myself, finding time to exercise, even if it's 10 minutes on the carpet in my bedroom, that's really positive. So I think that finding whatever it takes to to make some time for yourself. Some of the meditation apps have been very gracious and given out free access for healthcare workers, and we know that can really help. Finding community is something that I think women are great at. So just the fact that we're together today, I think is really important.

Julie Hylton: 34:22

I agree.

Melody Howard: 34:23

So our next question submitted by Dan, Henry and Mary.

Any special advice for older women? What regular screenings are important for us?

Dr. Geraldine McGinty: 34:33

Right. Well it's probably beyond the scope of today to go through them comprehensively, but certainly when it comes to mammography we recommend that as long as you're in good health to keep coming every year. And then I think it's a question of working with your own physician, depending on whatever conditions you might have whether it's for preventive care or whether it's for the various vaccinations. It's not necessarily a screening, but your flu vaccination is extremely important. And one thing that's been a positive from the pandemic is we've seen that the rates of immunization for the flu have gone up significantly.

Julie Hylton: 35:12

One of the questions that we had that didn't make it into here was specifically around bone density screening. Do you have any information on the recommendations for that, I believe it generally starts at 65?

Dr. Geraldine McGinty: 35:26

Right. We, I think we can share something that has the recommendations. And again, those recommendations have evolved over the years. So we definitely target them now

towards older women. Unfortunately there are some concerns about having bone density measured and then finding yourself in a situation where your insurance premiums are higher. I'm not an expert in that field, but that seems unfortunate to me that we will be penalized for trying to take care of our health, but yes, we can certainly share those recommendations.

Julie Hylton: 35:59

Yes. And then every person that we've talked to this year has said, get a flu shot, get a flu shot, get a flu shot. So I'm glad to see that people are heeding that advice and hearing that the immunizations are higher. Some of the other things that are mentioned often were around pneumonia and shingles, and were those things that are critical to keep up with?

Dr. Geraldine McGinty: 36:24

Absolutely. So again talk to your doctor about when that's right for you.

Melody Howard: 36:30

We have another couple of questions and these are in the area of COVID-19. Now we recognize it's not your area of expertise. So if you wouldn't mind sharing information that you're comfortable sharing, we would sure appreciate that. This question submitted by Raquel.

Do we know anything about how COVID-19 affects women who are pregnant, or want to become pregnant?

Dr. Geraldine McGinty: 36:51

Well, we do know that pregnant women who've had COVID, especially in late pregnancy, have seemed to have had more severe impact from the disease. Obviously, we're all being careful, but being extra careful if you're pregnant is really important right now. We certainly had a brief period where things were so challenging in New York where we weren't even comfortable letting partners into the delivery room. And that was just a horrible time for everybody. But yeah, there is evidence that it does seem to have a more severe impact, especially on late pregnancy. So again, important to be as careful as possible.

Melody Howard: 37:35

And this last question:

Should women be concerned about whether the COVID-19 vaccines can potentially impact fertility?

Dr. Geraldine McGinty: 37:42

No, that's all I'm saying. What I will say is, since I know we're streaming live on Facebook, there is lots of reliable advice out there from the CDC and your own doctor. I'm delighted when my patients do their homework and do their research and come

in with questions. But I think it's so important to understand that there's social media content out there that is simply not science-based and not even fact-based. So I really think at this challenging time we're in, we have to rely on those entities which really have proven themselves to be committed to the truth and to science.

Melody Howard: 38:34 That actually wraps up our session of questions. Do you want to go over resources?

Julie Hylton: 38:38 Sure. Dr. McGinty was gracious enough to connect us with the American College of Radiation and some specific resources that they shared around some of the things that we've discussed today. So everything that we've talked about I believe was popped into the chat, and we will also be sending a follow-up email to everyone that's registered today. That includes links to all of these pieces of information. So you'll have that as a follow-up. I just wanted to say there was one more question that came up in the chat. I just wanted to ask that.

Is the colon screening still recommended every 10 years, or has that changed for the colonoscopy?

Dr. Geraldine McGinty: 39:26 We are starting to recommend starting screening at 45, not 50 and for the screening intervals - again, check with your doctor.

Julie Hylton: 39:35 Okay. And another question that we had in the chat if you've had COVID-19, do you still need to get a vaccine?

Dr. Geraldine McGinty: 39:48 I'm probably not going to be comfortable commenting, and we know that's going to be a question. A lot of people who have had COVID-19 or feel like they had it may not have actually had testing. And so I think it's, again, something to check in with your own doctor. And certainly if you're a healthcare worker at the front lines, your hospital or health system will be giving you guidance on that.

Julie Hylton: 40:12 I'm so excited. My sister is a nurse practitioner and she's getting her vaccine on Friday, and she's so relieved. Our healthcare workers, you included have been absolutely heroic during this time. It's been really amazing to see how people that have dedicated their life to serving others have been so selfless during this time. Thank you.

Dr. Geraldine McGinty: 40:38 And I'm by no means on the front line, I give such credit to my colleagues in the emergency department and the ICU, and the

biggest thank you we can get is to see everybody wearing their masks, socially distancing, and washing their hands.

Julie Hylton: 40:55 Thank you. We're going to share a couple more resources here. Things that were recommended by Dr. McGinty, I know doctor that you need to leave us, so we will again say thank you for sharing your expertise with us today on a really important subject for so many of our members. And again just your excellent advice on how we continue to take care of ourselves as women during this time.

Dr. Geraldine McGinty: 41:28 Thank you for having me. And I wish everyone a safe and healthy holiday season. Bye bye.

Julie Hylton: 41:35 And if you want to hang with us for just another moment, we're going to share a few more things with you. We have some resources from the Society of Breast Imaging and the American College of Radiology. They get into very specific information around when it makes sense to get a certain type of breast screening test - an MRI versus a mammogram, versus different types of mammograms. And also really the importance of beginning the screening at age 40. Take us to the next page. Also some really great resources that Dr. McGinty shared with us from the Kaiser Family Foundation, looking at how coronavirus affects different genders. There's also a really interesting article from the Lancet on the effect that COVID-19 has had on women and girls around the world. And an important piece from Psychology Today on the critical need for women to practice self-care and to maintain our own health during this time. And then some other information on the difference that Dr. McGinty did such a great job explaining earlier, the difference between a diagnostic mammogram and a screening mammogram.

42:53 And then from a MedicAlert standpoint wanted to make sure that you were aware of some other resources. We have a COVID-19 resource center that includes a lot of links. We've taken a lot of care to provide vetted resources from trusted experts in the field. So there's information there about if you're living with a very specific medical condition, what does COVID-19 mean for you - as well as some more general resources on how to best manage through this extended period of chaos and craziness that we're living through right now. And then if you enjoyed this today, I encourage you to check out some of our previous Healthy Hour sessions. We have talked about everything from chronic disease, stress and anxiety, diabetes, heart disease, autism, allergies, asthma, Alzheimer's. So

whatever you're interested in there is probably something within our library that talks to that. And we've had some really fantastic experts visit us over the last several months and I encourage you to take advantage of those.

44:13 One thing we'll ask is that you consider making a donation to MedicAlert Foundation. As we mentioned at the very beginning, MedicAlert is a 501 (c)(3) registered nonprofit. We provide a 24 hour response service, training for first responders, and also MedicAlert IDs and memberships for people who are facing financial hardship. If you are so inclined, we would very much welcome a donation during this time. You can go to medicalert.org/givehope and contribute there if you'd like, and we would very much appreciate it. It helps us provide the resources to do events just like this. And then we're going to do a quick survey before we tell you about our next session, which I think you'll be very interested in.

Melody Howard: 45:02 Great. So I'm going to launch the poll for you, and if you don't mind giving us that feedback, we certainly love hearing from you on whether these sessions are helpful for you. We feel that the content is really helpful. I get a lot out of these myself, so definitely appreciate your feedback, and I'll keep that going for a few more moments.

Julie Hylton: 45:26 And at the same time, I'll tell you a little bit about our next session on **January 13th** as we move into 2021 and leave 2020 behind us. The very first thing that we'll be talking about in our next session is **the status of the current COVID-19 vaccines**. And as you know, that's a subject and a situation that's evolving very quickly, but we have several experts who are going to be joining us to tell us what the status of those vaccines are, and what the plan is for rollout. They'll be able to answer questions that you might have about those vaccines and next steps there. So we encourage you to join us in January. You can register at our Healthy Hour page, and we'll be sending you a reminder about that as well. So please do come back for that. And with that, I would like to thank you for joining us today. Again, our thanks to Dr. McGinty for sharing her expertise. We are fortunate that so many really talented and smart people have been able to join us for these sessions to share their information with you. And we're happy to do that. So thank you again. Thank you, Melody. And we wish everyone a very happy holiday season.

Melody Howard: 46:50 Take care and stay safe. Bye-Bye.