

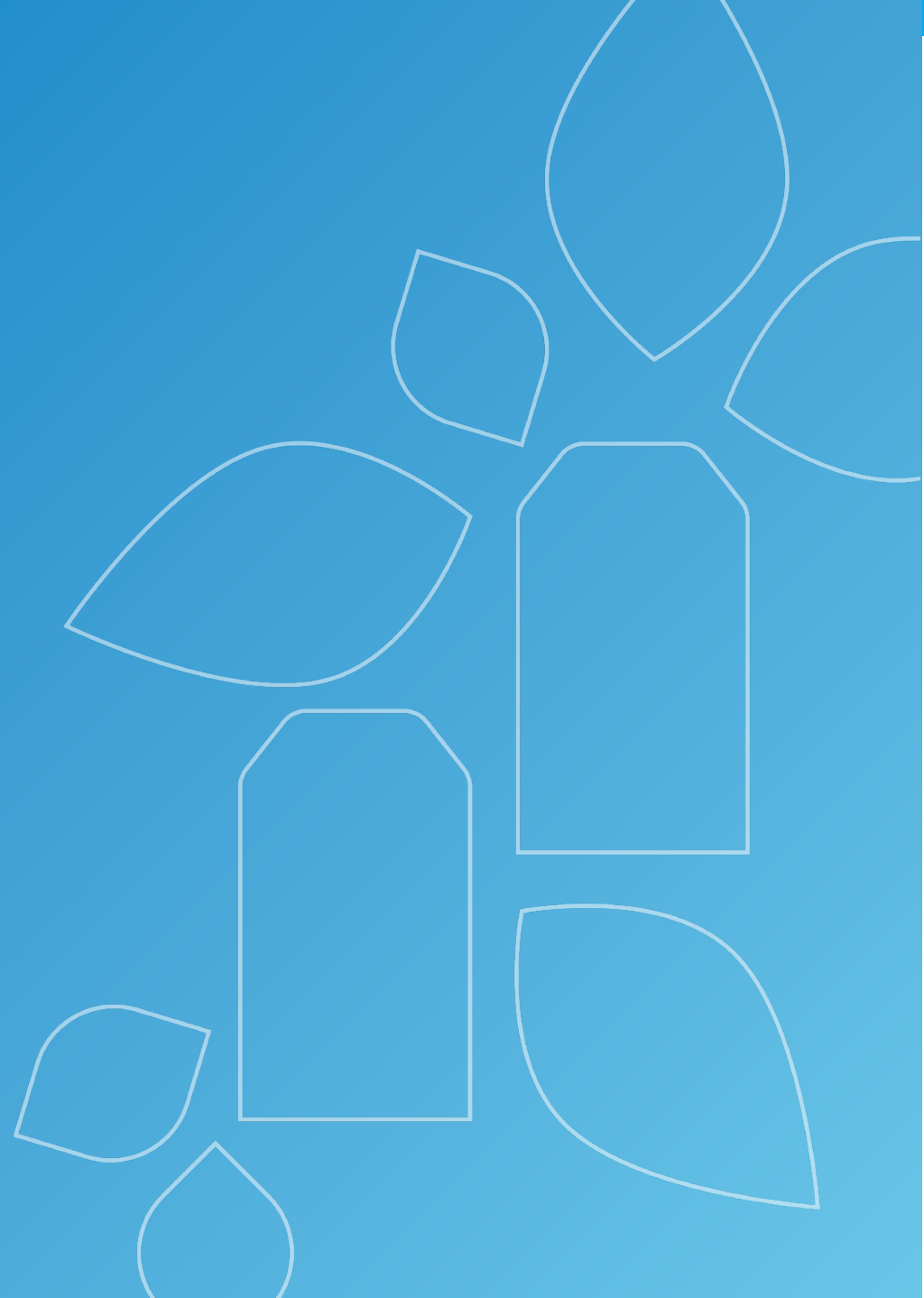


Southeastern Multidisciplinary Approaches to Cancer Symposium

From Data to Dialogue: AI and Social Media in the Evolution of Breast Cancer Care

Miriam A Knoll, MD

Medical Director of Digital Engagement
Radiation Oncologist
Northwell Health



Disclosures

I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.



Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

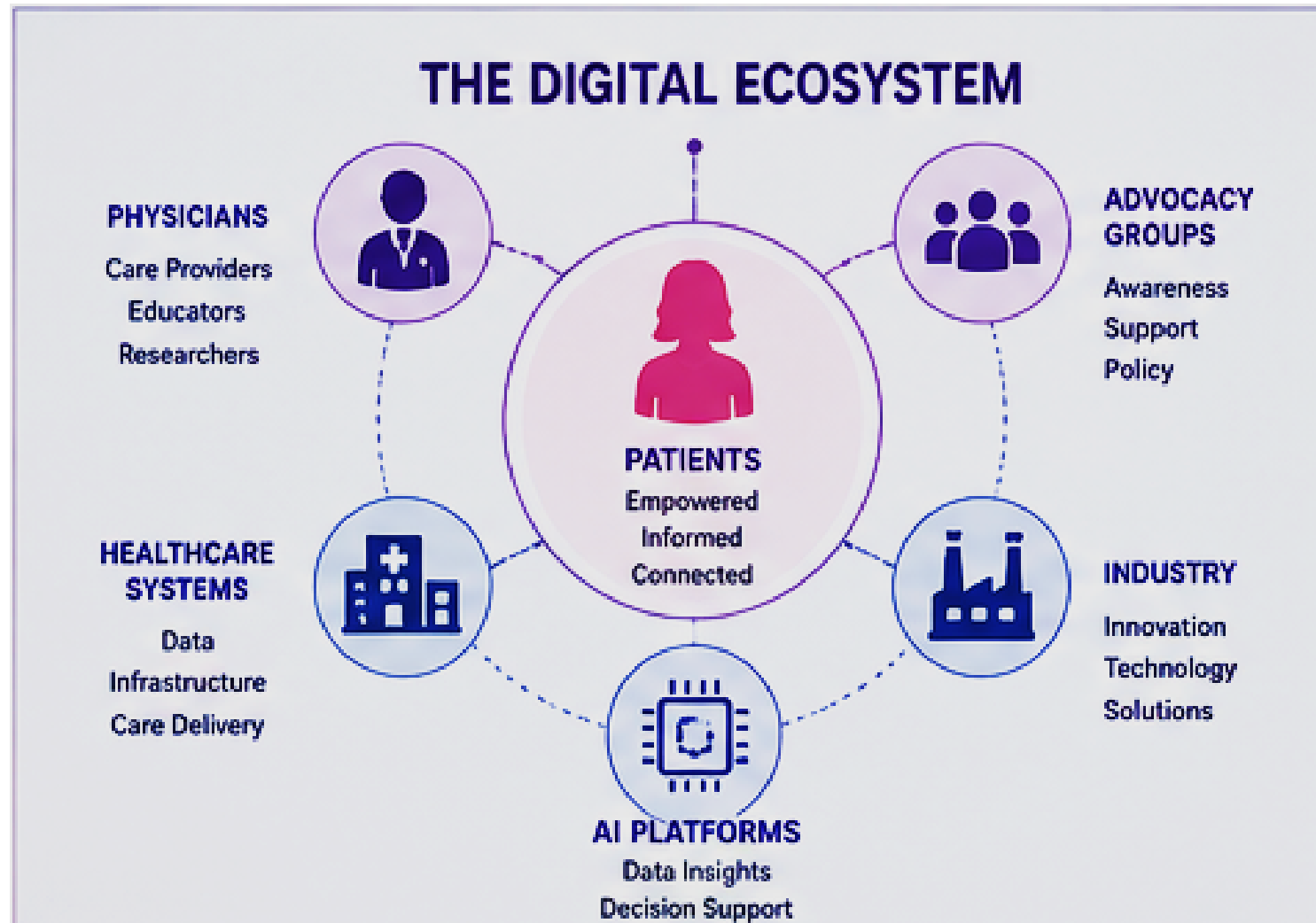
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *How populations utilize social media for health education*
- *Access to internet and digital resources*



The Rise of Digital Transformation in Healthcare



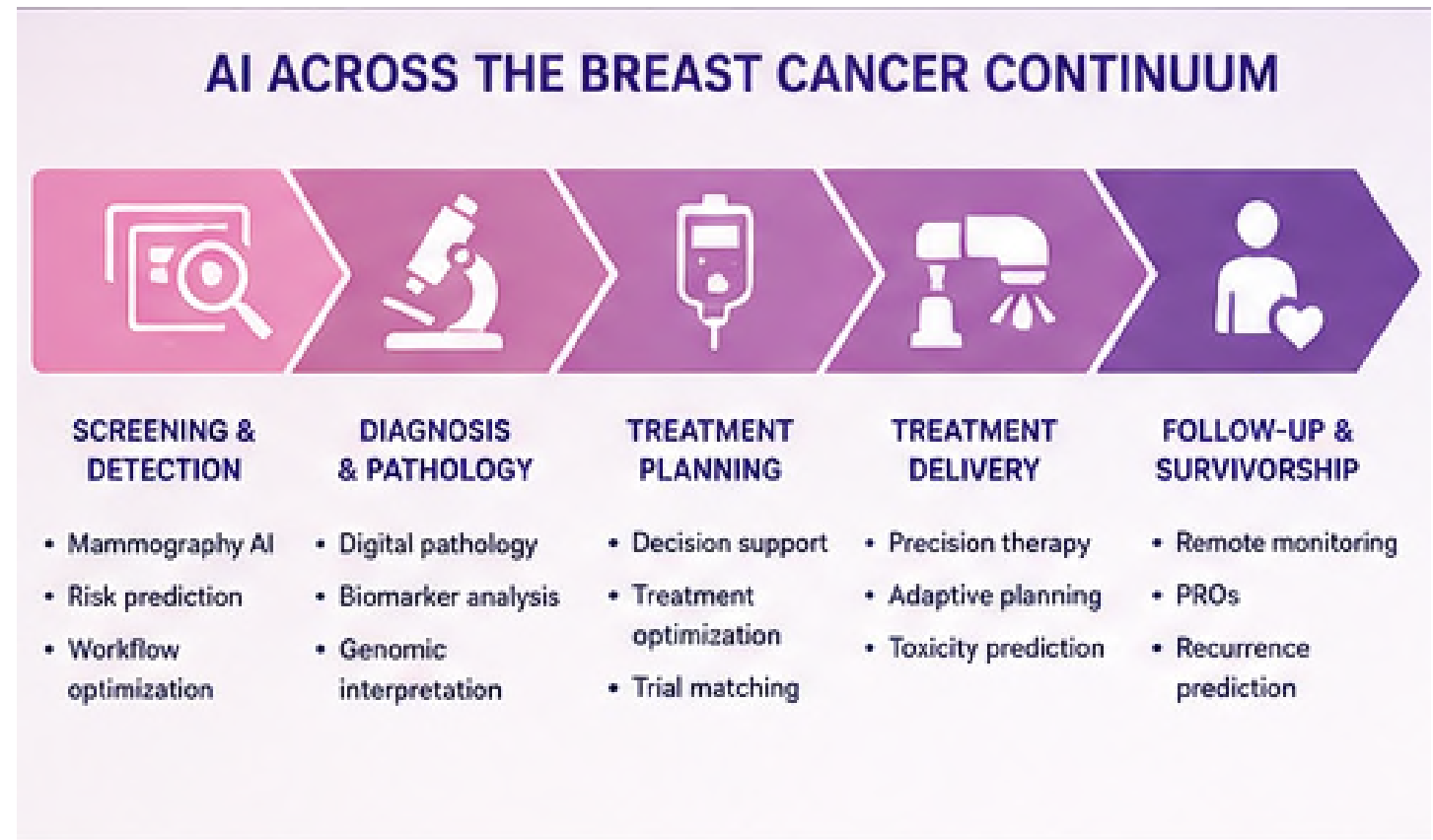
Artificial Intelligence (AI) in Breast Cancer Care

Early detection

Personalized treatment

Risk assessment and prognosis

“The promise” → AI as a powerful assistant, augmenting human expertise



nature medicine

AI-based triage and decision support in mammography and digital tomosynthesis for breast cancer screening: a paired, noninferiority trial

[Esperanza Elías-Cabot](#) , [Sara Romero-Martín](#), [José Luis Raya-Povedano](#), [Alejandro Rodríguez-Ruiz](#) & [Marina Álvarez-Benito](#)

“In the AI strategy, radiologist workload was 63.6% lower; the cancer detection rate was 15.2% higher”

Risk Assessment

➤ [Sci Transl Med.](#) 2026 May 20;18(850):eady7414. doi: 10.1126/scitranslmed.ady7414.

Epub 2026 May 20.

A long-term image-derived AI-based risk model for primary prevention of breast cancer in individuals at high risk

Mikael Eriksson ^{1 2}, Kamila Czene ¹, Christopher Scott ³, Shawn Stoddard ³, Hugh Smith ⁴,

Adaptive radiotherapy



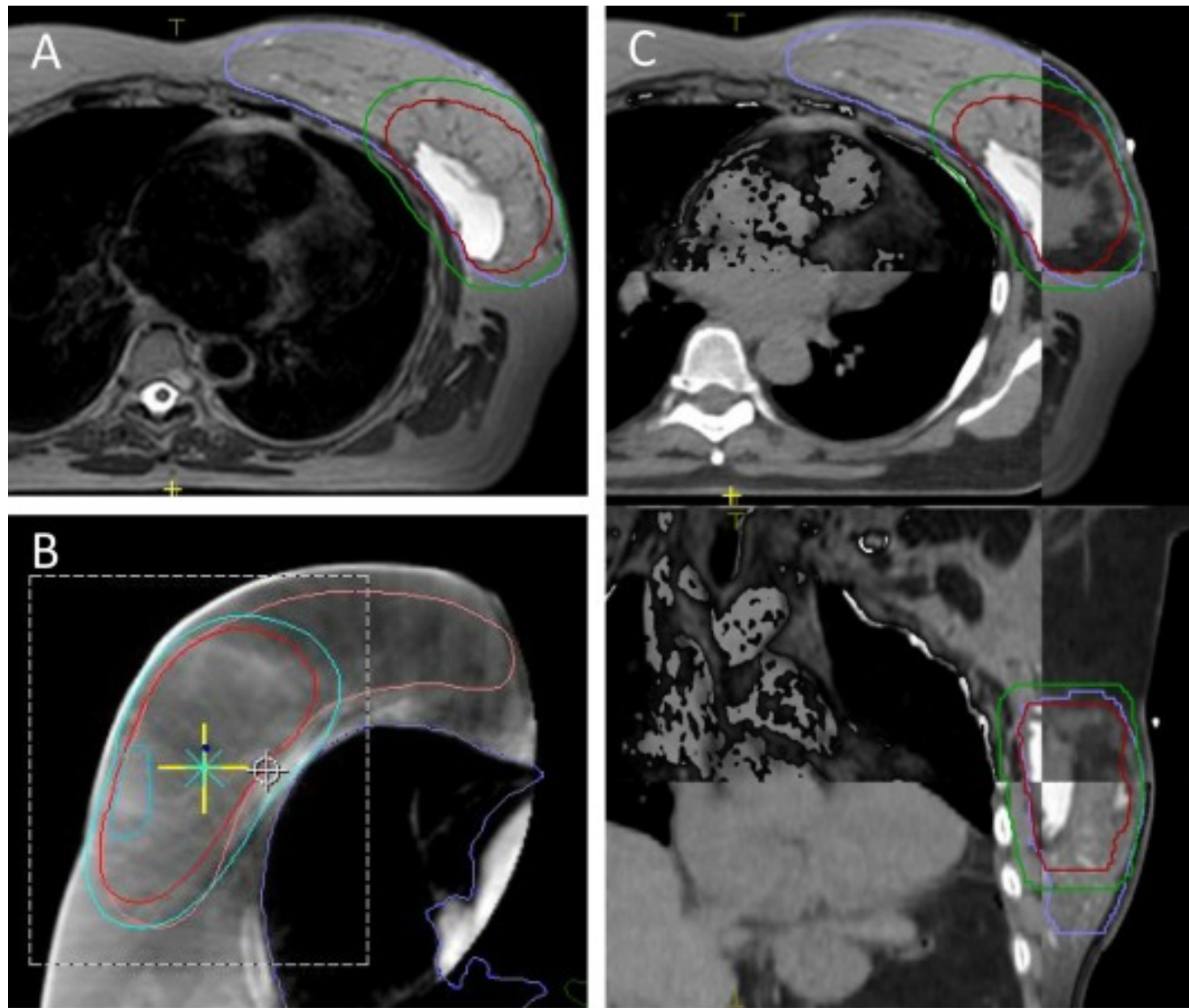
Clinical and Translational Radiation Oncology

Volume 39, March 2023, 100564



Adaptive radiotherapy for breast cancer

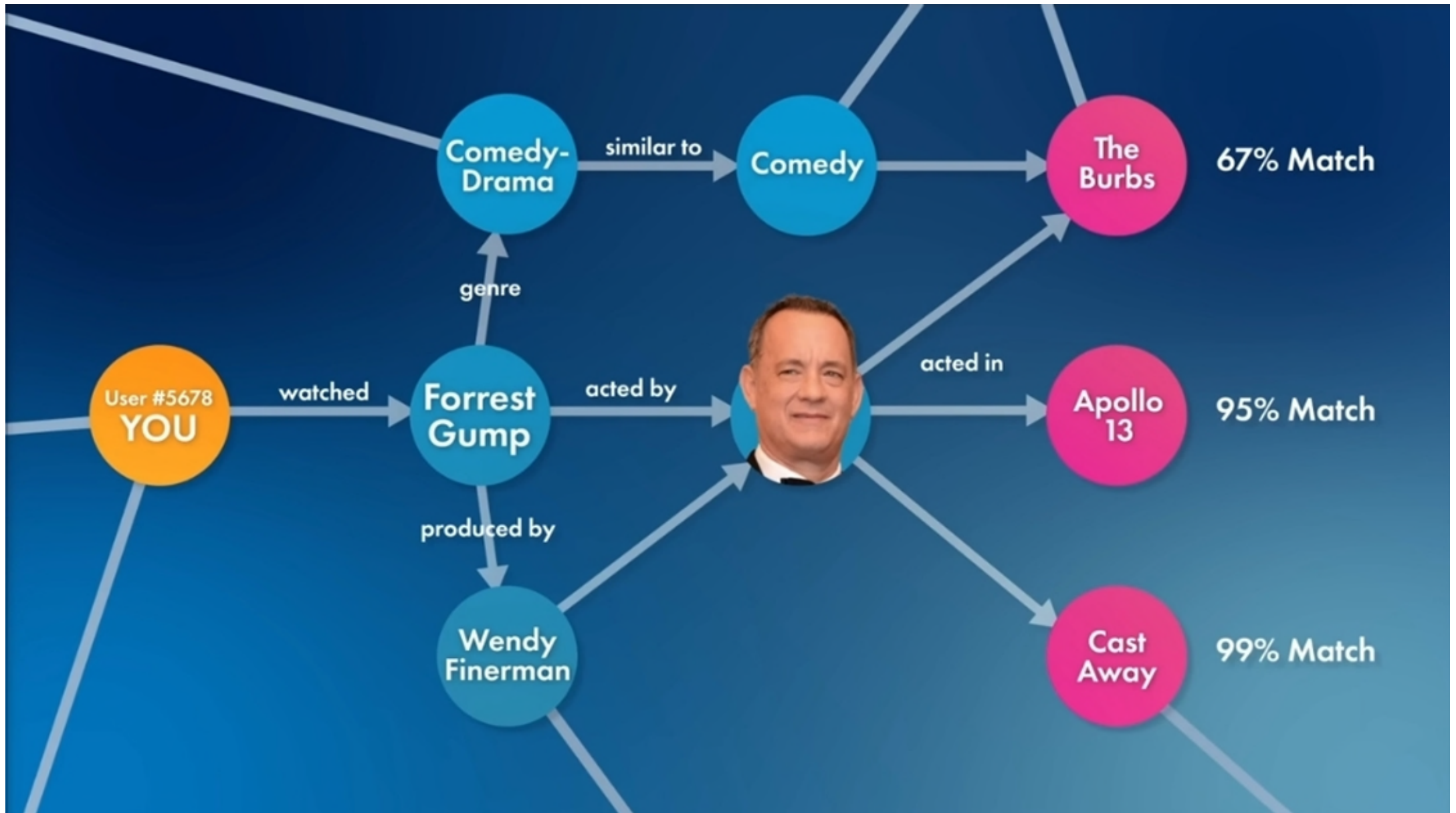
C. De-Colle ^a ✉, A. Kirby ^b, N. Russell ^c, S.F. Shaitelman ^d, A. Currey ^e, E. Donovan ^f, E. Hahn ^g, K.

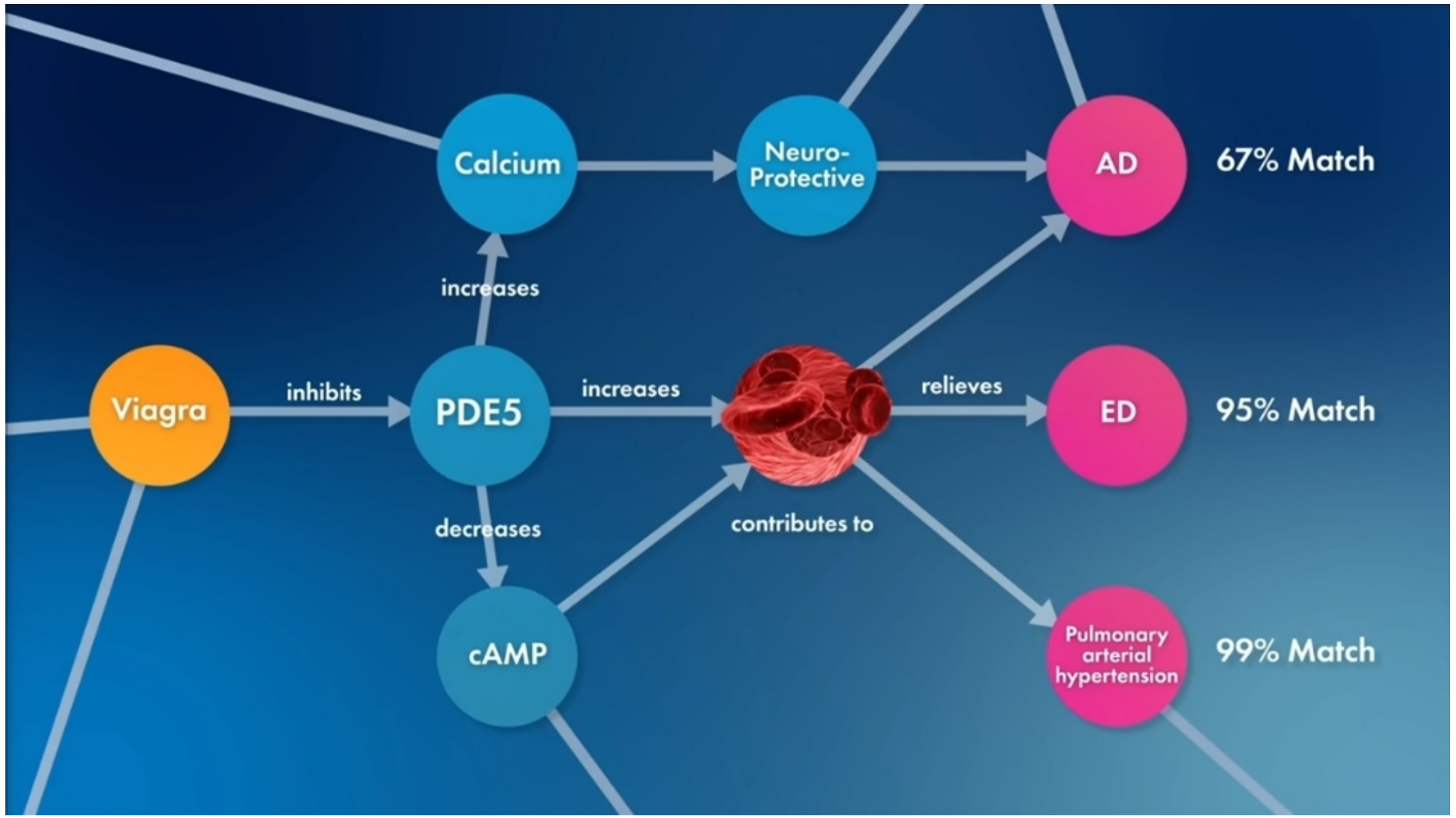




EVERY
CURE





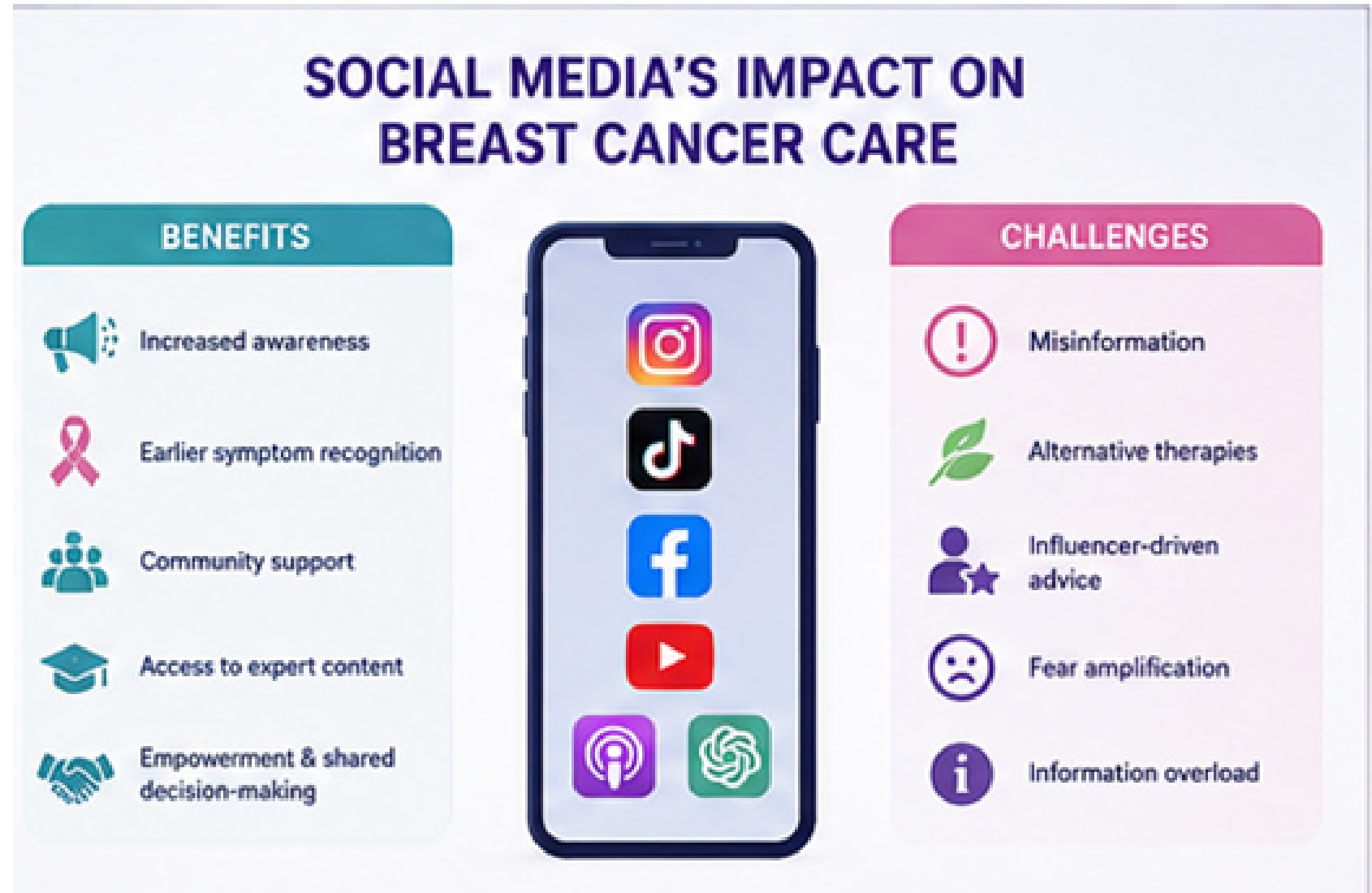


Social Media and AI as Health Platforms

Two sides to every coin

→ Patient education

→ Patient advocacy



Online Social Engagement by Cancer Patients: A Clinic-Based Patient Survey

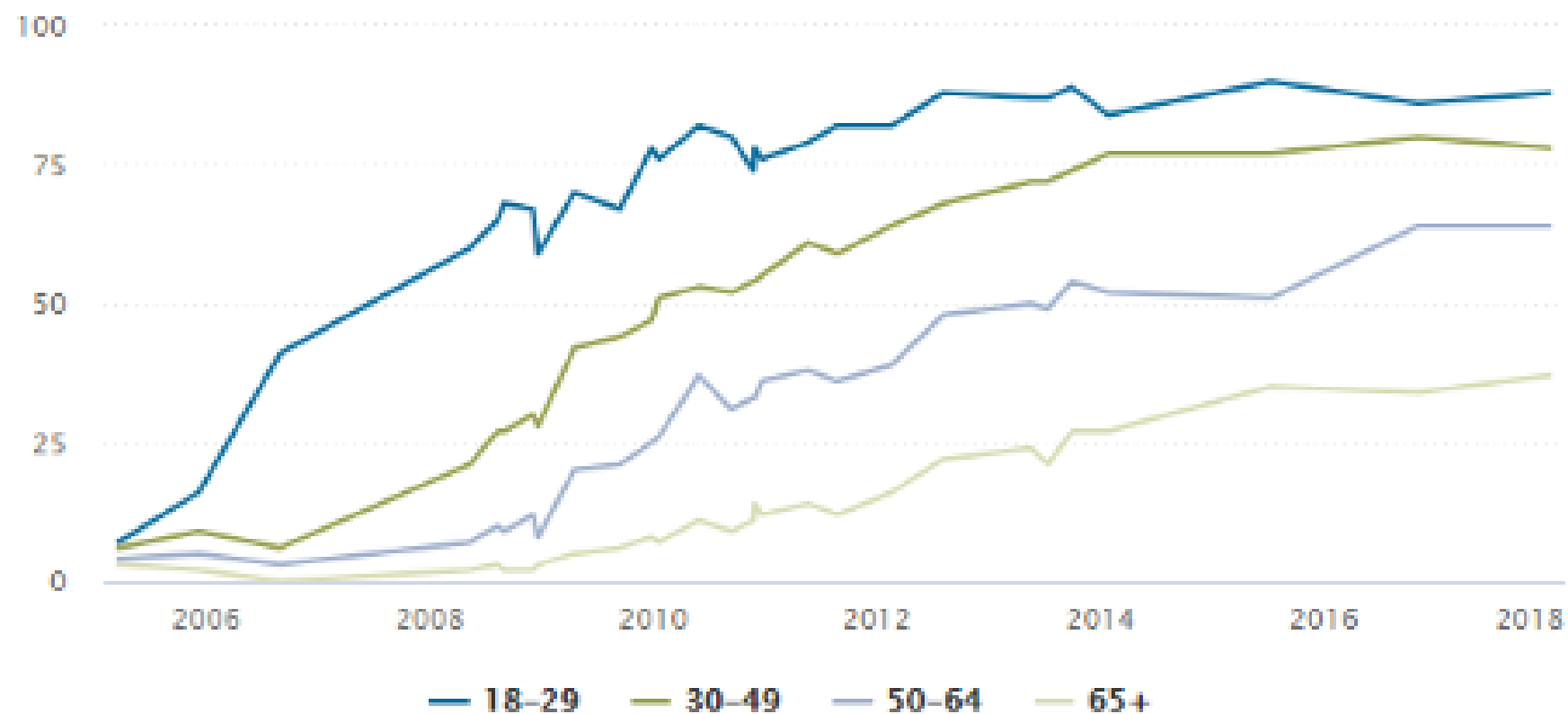
[Lawrence C An](#)^{1,#}, [Lauren Wallner](#)², [Matthias Alexander Kirch](#)^{1,✉,#}



"You can't list your iPhone as your primary-care physician."

Over 12,000 patients with cancer
>85% had internet access
70% reported daily activity

% of U.S. adults who use at least one social media site, by age



Source: Surveys conducted 2005-2018.

PEW RESEARCH CENTER



Women's Health and Cancer Rights Act 1998



Janet Franquet
32 year old with breast cancer



Dr Todd Wider
Plastic surgeon



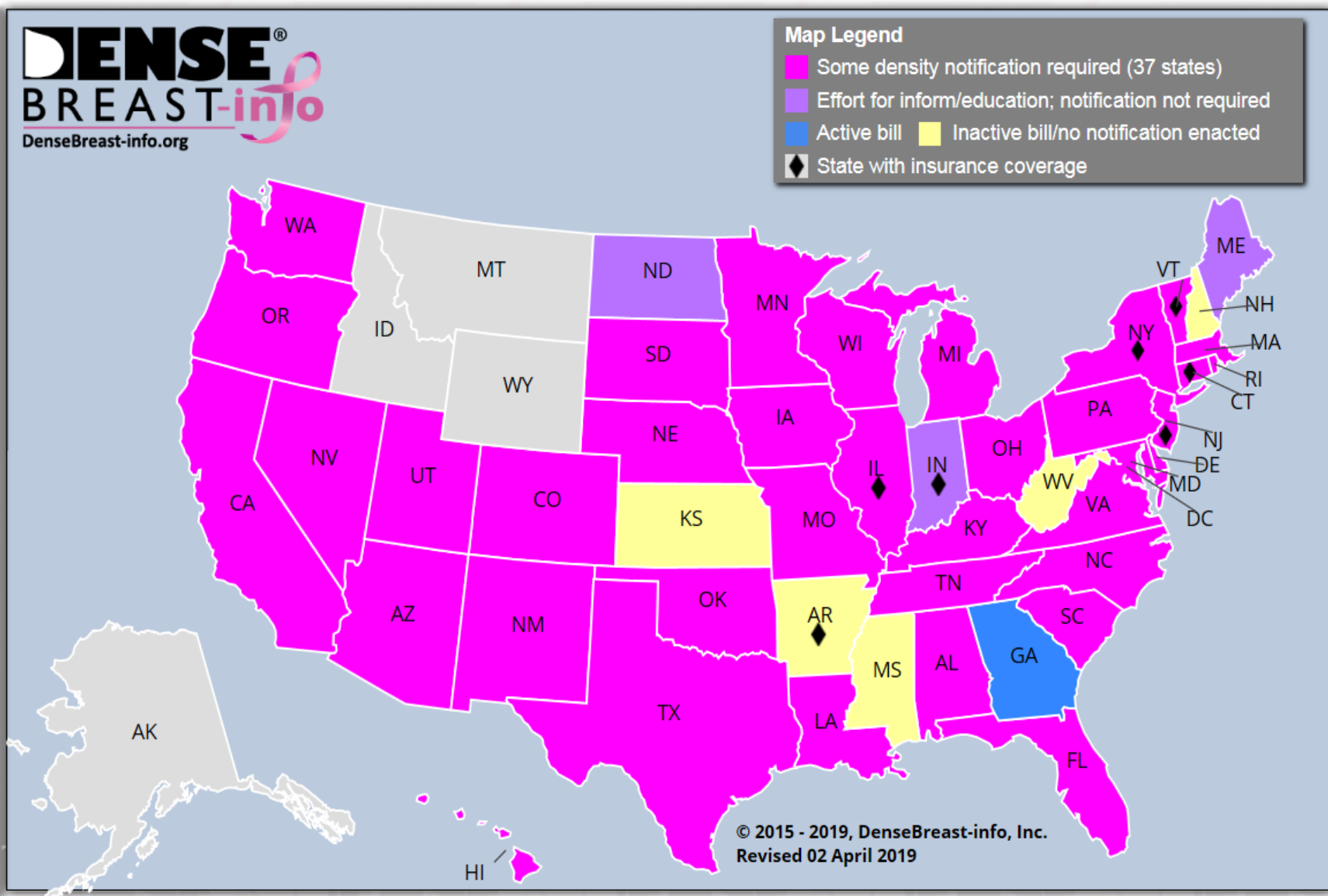
Al D'Amato
NY Senator



HEALTH

Cancer Survivor Pushing for State Law on Dense Breast Notifications

Kristen Thometz | December 6, 2017 1:29 pm



QUESTIONS TO ASK POST THE ASCO MEETING

1.

With so many new targeted approaches, have we done all the latest biomarker/genomic testing?

2.

With promising therapies moving earlier and in combination, should I consider a trial?

3.

Is immunotherapy an option for me?

4.

Should we be tracking my cancer via ctDNA testing and/or MRD?

5.

Based on data, is there a way to de-escalate my treatment?



kathy.giusti ✓ ...

Kathy Giusti

637 posts 32.2K followers 780 following

30-year cancer survivor (myeloma + breast)

Founder @themmrf

📖 Author Fatal to Fearless

Helping you navigate cancer-and live fully beyond it

🔗 www.kathygiusti.com and 4 more

📧 kathy.giusti





BRAVE NEW WORLD DEPT.

THE BILLIONAIRES' VAGINA CLUB

With her motto, "Sexual health is health," Dr. Sally Greenwald aims to optimize orgasms for the women of Silicon Valley.

By Melanie Thernstrom

June 29, 2026

"She'd had breast cancer in her thirties and, consequently, had been warned away from H.R.T., which has been thought to be unsafe for cancer patients. But Greenwald explained that there is only a modest increased risk of recurrence. (This is a controversial position and one that many oncologists oppose, in the belief that data are still emerging and that even a modest risk is not worth taking.) She prescribed an estrogen patch to alleviate the night sweats and an estrogen ring, which is placed inside the vagina and releases local doses of the hormone."





jessgrossman • Follow

Doechii, SZA • girl, get up.



jessgrossman This is the raw, real emotion of me not knowing what to do with what I read.

On Friday morning, I had an MRI at 9:30am. By 4:30pm, the results appeared in my MyChart. I have never received results that fast in my life.

I immediately opened the report and read it, trying to parse through the doctor speak to find the answers to why I have been in so much pain.

After spending multiple days in the ER after my first chemo treatment with excruciating pain, I forced my drs to get me an MRI. What I was experiencing was not expected, not normal, and I could feel that something was wrong. I know my body - things weren't ok.

I had been hoping the results would tell me that the pain was the "chemo working," as my doctors, had said as their default reply. "Oh I'm sure you're just feeling the tissue decay from the chemo! That's a good pain!" They had no other explanation.

But that is not what the report said.

Based on the data reported, and from what I could understand: the chemo is not working.

I put the report into ChatGPT, and asked it to break it down in

"I am terrified. There is nothing I can do until Monday when my doctors are at their desks."



BREAST CANCER AWARENESS

WITH
DR. MONIQUE GARY
& MIRANDA MCKEON

eric2687

In case you're wondering
what it's like to be a doctor
in 2025

mannequinonthemoon
Suggested for you

Follow ...



"Thank you doctor, now let's hear
what a raving lunatic thinks."

ASCO ascocancer 8h

There are 18 million cancer survivors in the U.S...
today, a 5x increase since 1971. Federal
research funding has delivered an undeniable
return on investment for America in the form of
extended lives and healthier futures.
[#ASCOAdvocacy](#) [#SaveResearchStopCancer](#)

CANCER RESEARCH
ISN'T OPTIONAL

JUST ASK
18M
SURVIVORS

Save Research. Stop Cancer. **ASCO**



Mark Lewis, MD, FASCO 

@marklewismd

X.com

Honestly don't know how to earn that 5th star



Dr Lewis saved my life!

9:13 AM · 4/2/24 · 5.3M Views

 663

 7.7K

 164K

 2.6K



What Doctors Want– and Need



OpenEvidence is the fastest-growing and most widely-used clinical decision support platform in the world –used daily, on average, by over 40% of physicians in the United States, spanning more than 10,000 hospitals and medical centers nationwide. 4 Jul 2026

Care Delivery

Automation of care navigation
Peer-2-peer and insurance denials



Elisabeth Potter MD ✓
@Epottermd

A hospital quoted a cancer patient \$431,620 for surgery. I asked what the same surgery would cost at my surgery center. Here's what happened.



Challenges and Ethical Considerations

Privacy and security

Algorithmic bias

Misinformation and disinformation

Digital divide

Governance and ethical frameworks



Meaning, and What Matters



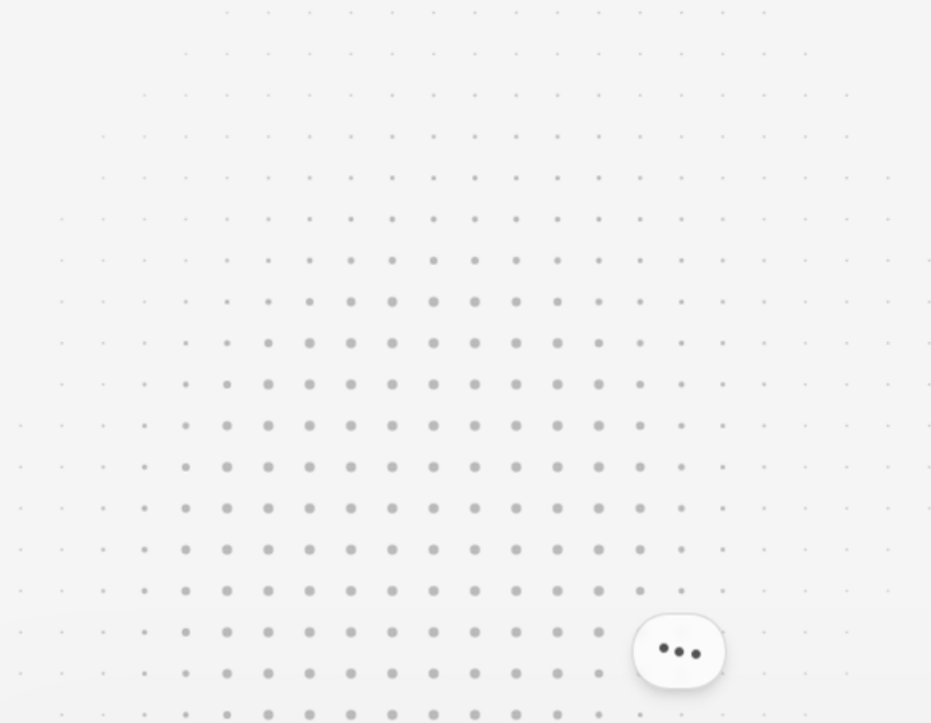
“AI may speed up access to information, but only foundational medical knowledge can tell us what to look for, what to prioritize, and which questions matter most. That is the difference between data and care.”

NEJM VOICES | MICHELLE KITTLESON, M.D.



create an image using the iconic "we need you" from the U.S. army but make it a doctor using artificial intelligence and social media

Setting the scene



Thank you!

Contact:
MKnoll1@northwell.edu

