

cancer NEWSLINE

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>> Welcome to Cancer Newsline, your source for news on cancer research, diagnosis, treatment, and prevention. I'm your host, Dr. Oliver Bogler. Our guest is Dr. Eduardo Bruera, Professor and Chair of the Department of Palliative Care, Rehabilitation Medicine, and Integrative Medicine. And we're talking about supportive care today. Dr. Bruera, supportive care has traditionally been focused on end-of-life support. But now it seems an increasingly important feature of treatment earlier on, even in an outpatient setting. Can you tell us a little bit about why that is?

>> Yes, that's a wonderful question. We know that when we get diagnosed with cancer, even at early stages of our cancer and when we are starting our treatment, we may have multiple physical symptoms. We may have pain, fatigue. We may have nausea. We may have emotional symptoms -- we might feel sad, we might have anxiety, we might be unsure, uncertain about what will happen to us. And we might have also spiritual issues, personal issues, family issues. The Supportive Care Center is a place where we can address all those issues in one stop for the patient and their loved ones. And we have been quite pioneers at MD Anderson at having a supportive care center, where we have a group of specially trained doctors, nurses, pharmacists, counselors who will see the patient and their loved ones. Usually the same day as the primary oncologist sees them in their center, then they come to the supportive care center. But also many times our patients come back when they are not feeling well, even if they do not have an appointment -- about 25 to 30% of the patients we see every day are patients who come to see us.

>> So what's the emphasis or the focus in the outpatient supportive care setting?

>> We do a very thorough assessment of all the symptoms that our patients have; we measure those. We have wonderful nurses who do a lot of those measurements. Then we go in and work on the medicines, work on the communication, work on the function. We make a lot of emphasis in physical function, emotional function, in having sometimes counselors. If there are young kids involved, how do we manage the communication? How do we manage the communication with families? And we accompany the patient and family throughout the trajectory of their treatment. When the treatment goes very well and they go back to the community, then we just are there to say what they should do when they go back home. If the treatment is not that successful and then the patient needs to stay with us or becomes more ill, we are there to accompany them through the trajectory of their illness.

>> Now, the cancer care at MD Anderson is famous for being multidisciplinary. And I've heard that you also have a team for the supportive care elements. Who's on that team? What kind of specialists do you need?

>> Yes, and that's why the center is so important. Because then when the patient arrives to our supportive care center, we have a team of people who are specialized in dealing with those personhood issues that affect us. So we have specialist doctors. We have palliative care specialist doctors. We have

rehabilitation specialist doctors. We have specially trained nurses. We have specially trained counselors. And when we need to have access to them, we have our chaplain, we have our social worker, we have case managers. We have people who we can bring down to make sure that the patient gets all the services they need, ideally in one stop. And when we need more help, then we make arrangements for them to visit other specialists at a very short notice.

>> How do you coordinate the supportive care with the work of the medical oncologist, the surgical oncologist and the other treating doctors?

>> They work very closely with us. We receive the referrals from the oncologist -- 100% of our patients are referred by a colleague. And about 72% of the patients say that they were referred right in time; not too early, not too late. That is helpful because now we can work as a team with that primary oncologist. And as the oncologist decides to change one treatment or change another, we will be there with the patient to support them through the physical, the emotional, the family issues that might happen. And so we keep regular contact. Fortunately, through our electronic medical record, we're able to get very quick access to the information. But we also use a lot of messaging in real-time with their primary oncologist when we need to make a change in medication to make sure that it doesn't have any interaction with other medications, or clinical trials they might be getting. Or if we're going to need another specialist on board, we can do it with instant messaging internally.

>> So, Dr. Bruera, you mentioned that you've been pioneering this type of medicine at MD Anderson? So this is not the kind of care that people can receive in every setting?

>> Unfortunately, this is very early in the development of outpatient supportive care in the United States. Still today, the majority of comprehensive cancer centers in the nation do not have supportive care centers. And the vast majority of the community-based oncology teams do not have outpatient supportive care centers. We think the trend is starting to work. We've worked on that; we have published many papers on it and I think there's a lot of enthusiasm. But I have to say that Anderson has been quite a pioneer in being certainly the first comprehensive cancer in having one. And still one of the small number that does have a very comprehensive supportive care center.

>> Finally, what's the benefit to the patient of accessing your outpatient supportive care center?

>> The main benefit that our patients experience is that we are able to help them with personhood problems. Their cancer is being treated very effectively by their own breast center, GU center, lung center, lymphoma center. And we add to that by helping the person feel well, tolerate their treatment better, move on to their activities in their life in the most effective way. So they're getting a whole other aspect of the experience of having cancer addressed in a way that is totally complementary, totally simultaneous with the excellent management they're getting of their tumor.

>> Thank you very much, Dr. Barrera, for sharing your knowledge with our listeners.

>> Thank you for having me here.

>> For more information, visit mdanderson.org. Thank you for listening to Cancer Newline. Tune in for the next episode in our series.

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