

FIND YOUR MBC VOICE

ABCs of MBC

Episode Title: Let's Be Honest

Guest: Dr. Neelima Denduluri, Breast Medical Oncologist, Virginia Cancer Specialists

MEREDITH: Why me? What do I say to my family? What'll happen to me? These are a few of the many questions that can overwhelm someone faced with a metastatic breast cancer diagnosis. It's a traumatic time for a person and their family. I'm Meredith Vieira, and I know firsthand how fear of the unknown can dictate the decisions we make. My maternal grandmother was diagnosed with metastatic breast cancer back in the 1970s. I was in college back then, I really didn't understand much about it because she didn't talk about it with us. And I don't think that she shared many of her concerns with her doctors, didn't ask a lot of questions. But I did know that she was very scared and overwhelmed. However, if you're too afraid to ask questions, then you'll never get the answers you need to make informed decisions about your treatment plan. So I'm here to help you find your voice, your MBC voice. Throughout this series, we will provide you with information to help you speak up and have a more informed conversation with your doctor. Join me as we talk to Dr. Neelima Denduluri, breast medical oncologist with Virginia Cancer Specialists and U.S. Oncology Network. She sees firsthand the physical and emotional toll metastatic breast cancer can have on patients and their families. She wholeheartedly believes it is her job as a health care professional to build trusted relationships with each of her patients and ensure that they feel comfortable in the care she's providing to them. This is the ABC's of MBC. Dr. Denduluri, welcome, we are honored to have you with us.

DR. DENDULURI: Thank you so much for having me here.

MEREDITH: I want to start off talking a bit about how you got involved in this field.

DR. DENDULURI: I grew up in a family of physicians. My father is a physician in small town Louisiana. I recently moved to Houston and my grandfather, who I lived with until I was about seven and visited every summer in a village in India, was a small-town doctor and really provided care to the whole community. And that was really inspiring to see firsthand; the small touches and the big impact.

MEREDITH: You are very passionate about your patients. Same way your dad and your grandfather were.

DR. DENDULURI: Yes. Because, you know, as you know, we're all treating members of our extended family, essentially, so we want everyone to receive the same care that our family would receive.

MEREDITH: When you're dealing with somebody, though, with metastatic breast cancer as a diagnosis, that's a devastating diagnosis, not just from a physical point of view, but also emotional. What do you bring to the table there as a doctor? What is your goal when you first meet these patients?

FIND YOUR MBC VOICE

DR. DENDULURI: I think, as you know, metastatic breast cancer is such a heterogeneous disease. It impacts everyone very differently, and there are so many subtypes of it, so I think that initially when we meet someone we definitely try to educate them on their disease but I think a lot of what our initial visits focus on is the uncertainty of the diagnosis, but also the fact that we have so many options and one size doesn't fit all. And I think that telling them that there are options for therapy, there are options to help support them is really the biggest thing that happens during that first meeting when we meet someone with metastatic breast cancer.

MEREDITH: Do you feel you have to tell them somewhat over and over because they've just been given this news that is just...

DR. DENDULURI: Absolutely. Absolutely. And I think that that's one of the biggest challenges. And there is a range regarding how long people will live. And there's a range regarding the quality of life so, sometimes one size doesn't fit all. Everyone is different and their goals are different so trying to figure out, does someone want to travel and see their daughter in college once a month, or does someone want to continue to work full time? All of those questions will help us kind of tailor the plan, what is best. And a lot of times some people say, listen, I want everything you can do but I also want my quality of life. And those are the two goals that we really try to keep in mind when we're treating someone in front of us.

MEREDITH: In that first conversation, a patient can only absorb so much. So what do you want them to take away from that first conversation after they've been told, you have metastatic breast cancer?

DR. DENDULURI: There are lots of options, we don't ever stop supporting them and that, really, we appeal to the entire village when we treat them.

MEREDITH: It's interesting you say that because it's not just you. It takes a team of people, a health care team. Can you talk a little bit about that, doctor? Who those people are, what their role is?

DR. DENDULURI: Oh, absolutely, I think that a lot. A huge, integral part of our team is, of course, our nurses but it's also the person that checks them in. It's a person that takes their blood pressure. A lot of our patients with metastatic breast cancer are in clinical trials so it's a huge team of scientists, a clinical research staff, pharmacists and also social workers, case managers, counselors - all of them come into play. We also use a team of supportive care or palliative care teams and one kind of fallacy about palliative care or supportive care is that it's only for end-of-life. No. I encourage every one of my patients who was diagnosed with Stage 4 breast cancer to please meet a supportive team early.

MEREDITH: Why is that?

FIND YOUR MBC VOICE

DR. DENDULURI: So, everyone has different symptoms with metastatic breast cancer, some of it takes a huge emotional toll, understandably. Some of it is that cancer can be in locations that causes traditional physical symptoms and palliative care specialists are really well equipped to better support patients so that they can maintain their quality of life. And so, there are a lot of things that they can do to help support them. And it's also better to meet someone early on when they're feeling relatively good so that you get to know them better, you get to know the team better. You know that so-and-so's daughter is graduating in a year and people set short- and long-term goals. And I think that having that palliative care team really walk along with you, along with your physician, your nurse practitioner, your nurse, it really helps them.

MEREDITH: Really.

DR. DENDULURI: So, it really is something that can help with symptom management, or psychosocial distress.

MEREDITH: Well, obviously, the most important member of that team is the patient.

DR. DENDULURI: Absolutely. They are the captain of the ship.

MEREDITH: But being the captain of the ship when you feel like your ship is, you know, sinking or you don't know where it's going. That's not easy. How did they begin forming their team?

DR. DENDULURI: So obviously, it starts with meeting a physician and the nurse and the nursing team. And I think it's very daunting now because it's a blessing that we have so many ways to gather information and we want our breast cancer community to advocate. We want our patients with metastatic breast cancer to be well-informed. But it's very hard to know what source should we use so I think that making sure that you find a couple of trusted sources, and then running them by your physician team, I think is very important.

MEREDITH: I've heard so many people use that word, doctor: Trust. Trust is the most important thing in building a team.

DR. DENDULURI: Absolutely, and I think that trust not only is, did you recommend the right therapy? But are you listening to the fact that I don't necessarily want to travel eight hours to participate on a clinical trial? Are you listening to the fact that I want to fly to Europe if it means that I can participate on a trial? Or, for example, I have this lovely lady, the most important thing to her is that she can clean her chapel, which serves 30 people, and live independently. And so, I think listening to those goals and understanding how can we get them there.

MEREDITH: So adjusting their care based on what they need.

DR. DENDULURI: Exactly.

FIND YOUR MBC VOICE

MEREDITH: As an individual.

DR. DENDULURI: Exactly. And I think some part of our responsibility, and that's where the trust comes in, is knowing when to talk with people and saying, listen, I think that we need to support you, we're not going to abandon you. We may need to pull back, we may need to concentrate more on making sure you're comfortable. You know, those are all important conversations and everyone's reaction is different and I think the hardest part for someone listening to this, the families too, is that what they may think is the best option for their mother, or their daughter, or their spouse may not be the best option for what the captain of the ship, the patient, believes.

MEREDITH: That's going to be hard from the doctor standpoint, from your standpoint, because you have a sense of what you want to do. And if the patient is not on board, you have to accept what they're saying.

DR. DENDULURI: Right. I think that, you know, as we've grown as a community, yes. We definitely want to recommend what we think is the best medically sound advice, along with maintaining the quality of life. And you're right that sometimes if people don't take your advice because of whatever is going on in their life, we have to respect it. But it is our job to also educate and then also saying to patients, I say this to my patients, hey, listen, I'm clearly not doing a great job explaining this to you. How can I help? Can I find you someone else maybe that can say it to you a different way and maybe it can help further our understanding? That's something that I do ask patients, is to say, how can we help you? Because I may say things a certain way and they may not be receiving that information to make what they find is a sound decision. A lot of times when I say to my patients is, it's not hard on me, but I want to do the best thing for you, in accordance with your wishes. I may not be explaining this the right way. How can I help? How can we work through figuring out our next step? Would it help you to talk with another team?

MEREDITH: I was just going to ask you that. How often do people adjust their health care team depending on where they are with the disease?

DR. DENDULURI: That's an excellent question. It's highly variable. There are many times a week that I see a second, third, fourth opinions, because people are looking, understandably, for answers that they may not be readily - that they're looking for answers that may not be readily available, or they may say, you know, Dr. Smith may not be a great option for me. Or they may say, you know what? We've traveled this journey together, thank you, but I might need something different. Or there are patients that will still email their doctor that retired five years ago and keep in touch. So, I think it's highly variable. And I think it's important to make sure that we realize as a community that people need what they need, and it's not personal.

FIND YOUR MBC VOICE

MEREDITH: Well, that's the thing. That's right. It's not personal. It's what the patient needs in the moment. Is this something that has evolved, that you've seen evolve in terms of patient care over the years that you've been involved with metastatic breast cancer?

DR. DENDULURI: Oh, it's absolutely inspiring, the changes that we have with metastatic breast cancer. While I was in medical school, we didn't have these options, for example, for Her-2 positive breast cancer, that was metastatic, people did not live more than two years say, and now we have many women living eight, ten years. And no, by no means is that a homerun but at the same time, it's amazing. And similarly, in other types of breast cancer, for example, hormone receptor positive Her-2 negative breast cancer, we have medicines now that truly delay the time to chemotherapy and improve quality of life, and at the end of the day, yes, we want people to live longer. But we also really want them to be able to go swimming, go play tennis, if work rewards them, continue to work, and all of those things that they enjoy doing.

MEREDITH: Do you have any anecdotes of any particular patients that are those moments where you go home and say, that's why I do what I do?

DR. DENDULURI: Absolutely. You know, for example, there's this lovely mom in our community and there – if she was diagnosed five years ago with the type of breast cancer she has with brain metastases, she would not possibly be alive. But, we've made some great strides in breast cancer. And I saw her at a PTA meeting and she gave me a big hug and she said, who knew that you and I would be working on this initiative together?

MEREDITH: So, all it took was seeing her at a PTA meeting, living her life.

DR. DENDULURI: I loved it. I mean, we see each other in the office, but to see her at a middle school orientation or a PTA meeting. It's just wonderful.

MEREDITH: What are the misconceptions that seem to surround metastatic breast cancer?

DR. DENDULURI: One size fits all, and also that we can predict exactly how long people will live. Unfortunately, it's a huge range and, or fortunately, however, one of the misconceptions is that it's all the same. My neighbor passed away in eight weeks, or my other neighbor lived for 30 years.

MEREDITH: Right.

DR. DENDULURI: And so, it really is different. And I mean, it really is a heterogeneous disease. And also, I think another misconception, it's not the biggest maybe, is that people shouldn't go see palliative care or supportive care early on.

MEREDITH: So, summing up then, we're wrapping up here, for that person who just got diagnosed today, the first step they should take is forming their team, starting to form their team?

FIND YOUR MBC VOICE

DR. DENDULURI: Yes, form the team, write out questions. Sometimes it helps to go ahead and hear a potential plan and then formulate questions. But I think it's also very important at the outset to let the doctors know and the social workers, et cetera about any questions you have.

MEREDITH: But that suggests that the patient find their voice, which is ultimately what this campaign is about.

DR. DENDULURI: Absolutely.

MEREDITH: 'Cause that takes a lot of guts.

DR. DENDULURI: Absolutely.

MEREDITH: To say I don't agree with you or I can't do this.

DR. DENDULURI: Absolutely. And I strongly encourage everyone to advocate for themselves, because you'll be your biggest advocate, and it's important to remember that and not to be embarrassed.

MEREDITH: Is your grandfather still with us?

DR. DENDULURI: No, no.

MEREDITH: What would he think of what you're doing now?

DR. DENDULURI: He would love it.

MEREDITH: Yeah.

DR. DENDULURI: He would love it. Yeah. Because he thought outside the box and his whole life was spent about access to care.

MEREDITH: And that's just what you're doing.

DR. DENDULURI: And so, he would love it.

MEREDITH: A chip off the old block. Thank you so much, to Dr. Denduluri and thanks to Pfizer for sponsoring this conversation. This was a helpful reminder that your doctor is only one of many members of your health care team. It may not seem obvious, but it is important to understand that you - you are the most important member of your health care team. And because of this, you should not be afraid to speak up, ask the questions you want answers to. And if you're ever unsure about where to start, visit [find your MBC voice dot](#)

FIND YOUR MBC VOICE

com for an interactive discussion guide to help you have an informed conversation with your doctor. I'm Meredith Viera. Thanks for listening.

END