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Science of MBC

Episode Title: Treatment Type Talk

Guest: Erika Hamilton, MD, Director, Breast and Gynecologic Cancer Research Program – Sarah Cannon Research Institute

DR. COMEN: Hi, I'm Dr. Elizabeth Comen, a medical oncologist specializing in treating breast cancer patients. When someone is diagnosed with metastatic breast cancer, they're often in a state of shock, especially when they find out it is the most advanced stage of disease. But we want to help you feel both informed and empowered. We are here to help you, Find Your MBC Voice.

PATIENT:

BARBARA: After I was early stage, the thing that we were most worried about was the breast cancer returning in my breasts... which that really wasn't what we should have been worried about. We should have been more about returning somewhere else in my body, which is what it did. And when I was newly diagnosed with metastatic breast cancer, I really felt alone. And my fear was, what am I going to do? How long am I going to live? What's going to happen? I mean, it was horrible, it was like free falling. And I think all patients feel that way until a treatment plan is set up... that period between diagnosis and a plan.

DR. COMEN: And of course, this holds true for so many of the people living with metastatic breast cancer that I see daily. They want to know what treatment is going to keep them alive and feeling well. Join me as we speak with Dr. Erika Hamilton about what you and your oncologist should discuss when putting together your treatment care plan. The reality of breast cancer affected Dr. Hamilton at a young age when her mother was diagnosed, and she began to pursue a career in breast cancer research, treatment and care. Dr. Hamilton is now the director of the Breast and Gynecologic Cancer Research Program at Sarah Cannon Research Institute in Nashville, Tennessee. This is Science of MBC. Dr. Hamilton, welcome. We're excited to have you here today and speak with you.

DR. HAMILTON: Thank you so much for having me.

DR. COMEN: Erika. Like so many of us, you have a personal story that inspired you to become a breast oncologist. Would you mind sharing that with us today?

DR. HAMILTON: Absolutely. So when I was in middle school, my mom was actually diagnosed with breast cancer. I didn't really think about becoming a breast cancer doctor at that point. I kind of had actually been one of those annoying children that said that I wanted to be a doctor since I went to kindergarten and lo and behold, it actually happened. So I went to medical school actually thinking I wanted to do pediatrics, and that eventually changed. I realized that I like the conversations with adults and empowering them to make their own decisions and ended up in adult oncology, but I think that's probably driven me as well.

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DR. COMEN: Erika, thank you so much for being so open and sharing that story with us. And as you know, over the last 20 years, the landscape for how we treat breast cancer and the options available to treat patients has changed dramatically. Most patients only know about radiation and chemotherapy. And in those options, it can be very confusing and overwhelming as well. Can you give us an overview of the common treatment options that are considered when a patient is diagnosed?

DR. HAMILTON: Absolutely. Most patients actually go through multiple treatment options. Surgery, patients really have options nowadays, a lumpectomy is a surgery where you just remove the actual tumor and a little bit of tissue around it and leave the rest of the breast intact. Where you've often heard of mastectomy, which is removal the entire breast. We make these decisions based on how large an individual patient's tumor is. And also some of the risk factors, like hereditary breast cancers. Radiation is a little bit of a cleanup treatment strategy, similar to chemotherapy, but it's for the local area, so the breast in the chest wall and the adjacent lymph nodes. Radiation is normally delivered daily for several period of weeks. Endocrine or otherwise sometimes called hormonal therapy and is specifically for breast cancers that are hormonally driven or express the estrogen and progesterone receptor. So, a lot of times patients are worried about these multiple options, Dr. Google, I think is, fabulous for patients to educate themselves. A lot of times people come in with a preconceived notion about something they're afraid of or somebody that had radiation and had a hard time with it. So I think a lot of times talking through that and how that person's experience might be different than what the actual patient is facing is very helpful. But I really think the more that we can educate our patients, what to expect gives them peace of mind.

DR. COMEN: Erika, I'm sure you feel the same way, but it's so exciting about all the new treatment options that are available for metastatic breast cancer patients. I think it's important that patients really know what these options are, particularly with hormone receptor positive breast cancer, or HER-2 positive breast cancers. Could you elaborate on some of those newer options that patients may not be as aware of?

DR. HAMILTON: Absolutely. There are really more treatment options for breast cancer than we probably can even get into today accurately. I think you mentioned HER-2 therapy and there's multiple types of HER-2 therapy. We also have some pills for HER-2 positive breast cancer and over the years we've had some new ones. These are the so-called tyrosine kinase inhibitors, and they work for HER-2 positive disease as well. In the hormonally driven space, we certainly have PI3 kinase inhibitors and mTOR inhibitors, AKT inhibitors, et cetera. This is all a certain class of drugs and blocks a certain pathway in the cancer that causes the cancer to grow and divide. Additionally, we have a class of medicines CDK 4/6 inhibitors, of which there are three on the market right now. One of the things that I'm particularly passionate about is clinical trials. Clinical trials not only advance our care, which is so important, but also provide additional treatment options to patients. And so, I think it's always worth patients asking their doctors whether a clinical trial may be a good fit for them.

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DR. COMEN: Erika, obviously we all have different styles for how we approach patient care. I think when I first meet a patient, obviously we want to know the details of their disease, the subtype, the biology, how it's presented, what treatment lines they've had. But it's also so important to know who a patient is, what they enjoy doing, what their family support is, what brings them joy, what are their hobbies? And for me, that really plays into how I come up with a patient's treatment plan. Can you discuss your approach to how you come up with treating a patient for metastatic breast cancer and how you hone in on the goals of their care?

DR. HAMILTON: Yeah. I think you bring up a lot of really good points. I think the better you know the patient, you really can find out what's important to them and how treatment is going to fit into their value system and what they want. I think shared decision making is incredibly important with patients. I think it empowers them to make the decision that's right for them, helps them understand what treatments they are receiving. So I often go through patients that are similar to them, what the recommended therapy is, what the choices are. I try to quantify for patients the individual benefit of each part of the treatment plan and what those side effects would be for a discussion of whether that's appropriate for them. I think you make a great point about what the patient's activities, family life, et cetera, you know, depending on where you are in life and your experience, the side effects that you're willing to tolerate can be quite different. Somebody that's older may be particularly concerned with not interfering with the quality of everyday life or having any side effects. Somebody that's very young with children, on the other hand, might be able and might be willing to tolerate much more side effects even for a small perceived benefit, because they really want to lower their risk of recurrence to as low as possible. And so, I think having an individual conversation with the patient and not using a cookie cutter approach is particularly helpful here. I think one of the tricky things as an oncologist is the patient that says, "But doctor, you know more than me, just tell me what I should do". And I think that's a tricky scenario. I certainly think it's our role to help provide guidance and guide what might be appropriate. But I tell them that I'm just one part on the team, and they're on the team as well, and so that I'm happy to provide that information for them, but that we're going to make a decision together.

DR. COMEN: One of the things that's been very interesting in the history of how we treat patients in this country is that there's really been a movement to honor patient rights, to offer patient autonomy and really have shared decision making when coming up with treatment plans for patients. As a result of that, patients have really evolved into finding their own voice, as we know, and becoming more empowered about how they can have an active role in putting their treatment plan together. I'm sure you've had lots of experiences with patients who really come with a binder, with all the tabs, with every PET scan they've ever had. And then other patients who may be so overwhelmed that they don't know where to turn. What would be great is to get your sense of how you encourage patients to be an active participant in their treatment decisions and how their care will play out moving forward.

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DR. HAMILTON: Yes, different patients want different things, you bring up an interesting point that somebody wants, some people want to know absolutely every last individual lab value and others don't really want to get into the weeds of that, they prefer to stay at a higher level. And so, I think it's important to take the cue from our patients about what makes them feel most comfortable and what they want. I think one of the really important things as a physician is to empower the patient that their questions are welcome, that not only do you welcome them, but you actually would like for them to ask questions. That you want them to be an active participant in the care team. I think that's very important to create a safe environment where they feel comfortable asking questions, especially as this will be a longer visit, et cetera, and knowing that their opinion is very important to you. I think bringing questions is a great way, a lot of my patients do use a notebook, especially if it can't be the same caregiver, that comes to each appointment. For example, if their significant other works or something and it's friends, that this notebook comes back to every visit, regardless of who is bringing them to the visit. It's a nice way during the visit to write down some things, to make sure that they remember what's been discussed or things that they're supposed to follow up on, et cetera. I think it's very important to talk when patients are going through therapy about how it's affecting them, how it's affecting perhaps their day-to-day life, or if they're feeling more tired, if they're having any trouble with anything. I think when you ask an open-ended question about how is this affecting you day-to-day, sometimes you get different answers than you would per say if you ask something like what's bothering you. And I think also, you know, as I mentioned in the top of this discussion, that it's important to just ask patients what they want. How much information do they want? How would they like it to be given? Would they like it to be given with just them in the room or their support system, et cetera? And I think, a lot of times, just determining the patient's values and what they find important really helps you tailor the individual care to the patient to have this be the best experience it can be for them.

PATIENT:

LINDSEY: The point about metastatic breast cancer is you're going to be on these treatments indefinitely. We don't get to ring the bell. We don't get to finish treatments. We don't get to count down only one treatment left. So, you have to have a quality of life. You don't just want to be there, going through treatment. You want to make sure that you're an active part of your family and you want to make sure that you're feeling good enough to go out and do the things that you could do before.

DR. COMEN: So, Erika, I think one of the things that makes our job so special is that we are part of patients' lives during the scariest and perhaps most sacred time of their life, when they're making such important decisions about how they want to proceed, how they want to move forward, and also most importantly, what matters to them. And this is where that whole catch phrase, quality of life, comes in, which can mean so many different things to different people. And I find, certainly in my practice, that one of the greatest joys I have from treating my patients is to understand what really does matter to them. And so when you think about quality of life and when you engage with your patients about these topics and about their goals of care, can you elaborate for you about why it's so important for you to tap into these sorts of conversations and feelings with your patients?

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DR. HAMILTON: Yeah. I think quality of life is a word that gets used a lot and it has a pretty general meaning. You know, quality of life is really how somebody is doing day-to-day in regards to how they'd like to be doing. And so this means a lot of different things for different patients. There may be a patient that has a high-performance athletic lifestyle and quality of life to them as that they're still able to do those things without significant fatigue, that they're able to go to the gym or they're able to play tennis. Quality of life for somebody else is that they're able to go out on their normal lunch date with friends on Fridays. And quality of life for somebody with young children is that I have the energy to make dinner and play with them and help my kids with their homework. And so I think really defining what somebody's day-to-day life looks like and how or how it may not be affected by their therapy is really where you get into quality of life and what's acceptable and what's tolerable for the individual patient.

DR. COMEN: Erika, as we know, it's so important that our patients feel a sense of autonomy in their care and how they move forward. What's one piece of advice of how a patient could feel more informed about considerations in their treatment plan?

DR. HAMILTON: Yeah, I think that autonomy is really the ability for the patient to make their own decisions. It's not saying this is how we're going to treat this cancer and you're going to do it. It's really giving the patient options of what the possible treatment strategies may be. And coming to a decision together or this so-called shared decision making. I think it's really important because it gives patients power back. They got cancer and that obviously was not a choice for them and not something they're happy about. But they have a lot of choices about how it's treated, how they react to it, what choices they make for themselves, how they interact with their health care team, what they tell family and friends, how they interact there. And so I think really empowering the patient that they do have a lot more control than they may realize they do, can be very helpful in the patient's experience having to go through this cancer journey.

DR. COMEN: So, Erika, I want to go back in terms of how we help develop a treatment plan for a patient and the importance of them feeling informed and confident about how they move forward with what may be a very complex future in terms of how we care for them. With that in mind, do you have one piece of advice for how a patient could become more informed in their conversations with their doctor?

DR. HAMILTON: I think something that's helpful is kind of laying out the way things are gonna go. Giving them a tentative calendar. I think it's very anxiety provoking for patients to kind of only understand what's happening now without a clear understanding of what's happening next. So we actually give our patients a written treatment plan that outlines kind of how things are gonna go. I think most of us like to plan a bit forward, and I think having this information is helpful. It also gives the patient the ability to kind of research or look up, come up with questions about what comes next, and to be able to have more of an open dialog about that. And I think really just having an open dialog with patients, answering questions, figuring out what their fears are in regards to different therapies, because this

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really is very individual from one patient to the next, helps them feel better about this and have a little bit more control in a very difficult time.

PATIENT:

SHEILA: The first thing I did with my oncologist was I let him know that I needed to know everything. I wanted to know what he knew, because the first thing he told me is, you have metastatic disease and I plan to treat you for a long, long time. Okay, I need to know a little more information. So, you do have to be your best advocate. You do have to speak up when necessary. Learn about... learning about your disease, and it is, like, key. Very key.

DR. COMEN: Erika, thank you so much for joining us today. And I wanted to make sure to give you the opportunity, if there's anything else you wanted to add about how you treat your patients that you might want to share with us today.

DR. HAMILTON: I think the biggest thing to leave with is that there really is hope. I think a lot of patients are very scared when they're diagnosed with breast cancer. Our treatment options are helping patients to live longer, we're also helping find treatments that are a little bit smarter, that spare some of the side effects we traditionally think of with cancer therapy. So not only are they living longer, but they're also living better. And so I really try to emphasize that with patients as well.

DR. COMEN: Thank you so much Erika. I really enjoyed speaking with you today, and I know our listeners will really enjoy hearing from you.

DR. HAMILTON: Thank you so much for having me. I've really enjoyed this and hope we can continue the conversation.

DR. COMEN: And thanks to Pfizer for sponsoring this conversation. Every person living with metastatic breast cancer is different, which means they need a unique treatment plan that fits their own specific needs. It is important that you and your doctor work together in putting together your own treatment plan. Open, honest and informed conversations are the best way to do this. Ready to have that conversation? Visit Find Your MBC Voice dot com for an interactive discussion guide to help you have a more informed conversation with your doctor.

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