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Science of MBC

Episode Title: What Now?

Guest: Alison Conlin, MD, MPH, Oncologist – Providence Cancer 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:

LINDSEY: Each treatment is a bridge. When you finish one, you've got to hop to another. And the goal is to keep the bridges going until you've made it, as far as you can. And that's the way I've always looked at it then, is that my treatments are a bridge. And luckily, this last bridge gave me five years and now I'm going to start a new treatment and hopefully that will give me another five years. But even if it gives me six months, I still have bridges to pull out and jump on.

DR. COMEN: Many patients who I treat with metastatic breast cancer tell me that emotionally they are living scan to scan, hoping that their current treatment will continue to work. All too often, treatments may stop working. And, of course they immediately want to know, "what comes next." Here to talk about how we answer the question of "what comes next" is Dr. Alison Conlin. Dr. Conlin works in medical oncology at Providence Cancer Institute at St. Joseph's Health in Portland, Oregon. In her clinical practice, she works closely with patients who need to transition to different treatment goals. We're so honored to have her join us to share some of her experiences and talk about a delicate, but so important, topic for people living with this disease. This is Science of MBC.

Alison, welcome. We're so honored to have you here. We trained together and it's lovely to have this unique opportunity to speak with you today. To kick things off, let's talk a little bit about how you ended up becoming a breast oncologist. What inspired you and how do you sustain that passion day in and day out?

DR. CONLIN: Yeah, thanks for having me. I always knew I would go into women's health. I found that pretty early, even in college. And once I decided on medicine, I thought, oh, that means you become an obstetrician gynecologist. And as I kind of went through it, I found oncology is such a passionate, research driven but patient focused specialty that I knew that was for me, and breast cancer was such a natural fit. Also, I found great mentors like everybody. Now in my job I am lucky enough to only treat breast cancer patients and have a big research program where I can offer new things to them and, you know, it truly is that day in, day out seeing people and really helping them through this most challenging part of their life that is what, you know, keeps me going and makes me want to do this work even more.

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DR. COMEN: And we're so grateful that you do. And when you say challenging, one of the most challenging parts of treating metastatic breast cancer patients, perhaps for the doctor, but most importantly for the patient, is when they have what we call progression of disease or they're on a treatment and it's no longer working. Can you elaborate a little bit about that, what that means to have progression of disease?

DR. CONLIN: Yeah, I think it is a really difficult time for patients and a really important time for a doctor and a patient to really come together and talk about what's happening. Progression is a bit of a paradoxical word, right? It feels like it should be a positive thing but yet for cancer, it is not. So often we talk a little bit about, you know, the treatment not working. It usually means there's cancer growing more than it should, there is a new spot of cancer, there are signs and symptoms that their cancer just isn't going in the right direction. So when we talk to patients about their progression, we're talking about the resistance of their cancer, there are cells that aren't getting taken care of by the treatment that we're giving them.

PATIENT:

ROBIN: I may be unusual, but I want to know what they're thinking is next before we're at the next point. That probably bothers some oncologists because they only have so much time to spend with the patient and I'm already going to the next level. I want that time to say, "Okay, we know where we are now. We hope we stay there as long as we can, but knowing this disease progression, what do you think will be the next step? You know, is there clinical trials? Is there, you know, genomic studies?" I'm big into knowing and thinking about the next step.

DR. COMEN: So when we think about a treatment not working, there are different ways that that can present. Sometimes that does present with a more obvious clinical finding. Someone has new back pain, new stomach pain, or they have a neurological symptom, but oftentimes that can just be something that we see radiographically, meaning something that we see on a CAT scan or a PET scan. And that can sometimes be pretty alarming for patients that they're feeling well, but yet something doesn't look right on their scans.

DR. CONLIN: Yeah. I think it's important to remember that when we treat patients with advanced breast cancer, our goals are to feel as good as they can feel for as long as they can feel that way, with a treatment that's working for them. And sometimes the treatment isn't working for them just by the scans and they're real disappointed because they have been feeling well. But we do want to be mindful that patients are paying attention to what's going on with them, that they come to us and tell us, you know, I'm having new symptoms. Sometimes that's from the treatment, though, so we really also have to remember, you know, if you're not giving the information to your clinicians, your providers, your doctors and telling them what's going on then, it might be missed what's happening.

DR. COMEN: Right. And that's where the doctor patient relationship becomes so important that patients feel comfortable to talk with you, that they are paying attention and they know that they're going to have a thoughtful conversation with you about what's going on.

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And I know you as a physician, and I know that you are so thoughtful and compassionate and empathic and, to that end, what are some of the ways that you do communicate with patients and prepare yourself in advance to communicate with patients when the treatment that they're on may not be working so well?

DR. CONLIN: Yeah, I mean, I think every patient, getting to know them really helps, so everyone sort of receives the information differently. There are patients who just want to know the facts, you know, "just tell me what, what to do here, doc." And then there certainly are a group of patients that really want to understand, "Okay, what's happening in my liver, what's happening in my bones?" And I mean, one small tidbit is sometimes it's just, get it right out of the way when you walk in the room. You know, people want to know they're not going to hear anything till you say, "what's the results of that scan?" And so, kind of sit with that for a minute and then talk about it. But also, maybe, you know, detail out, "okay, the liver still looks okay right now, but because there's new spots in the bone, it really means the treatment isn't working as well as we'd hoped, and we need to shift gears." You know, as oncologists, we often have a plan A, B and C, and sometimes patients are happy to know that. They want to know there's something behind this. And, you know, they may not choose your choices for plans B and C, but the fact that they have some choices and some options and it's really, you know, we're not just going to say, "okay this is that I'm done talking to you about this." I'll always have something to tell you about what's going on.

DR. COMEN: Right. That's part of... as we do care for patients. I think one of the things that you said that's so important is that, and I know that you do this as well, is preparing in advance, what are perhaps some of the standard of care options, what are clinical trial options, so that when we move through the emotionality of perhaps the bad news of what's been going on, that we then can say these are what, these are the options that I've been thinking about. And sometimes even when we're talking about those treatment options, we're also talking about how we can provide supportive care for patients, palliative care needs, which we know is so increasingly important. Expanding the provider team that we have for patients to help with pain or nausea or any other symptoms that may be harder for us to detail in an office visit.

DR. CONLIN: And certainly the emotional support of this time. So, I mean, one great piece of advice is never come to these visits alone if you can help it, really, a trusted set of ears - because you may not hear anything after, there's new spots here, you know, or this cancer has progressed, and someone else in the room might hear different things. Bring your questions beforehand, because, you know, you might be kind of surprised by what the conversation happens, and you might forget you meant to ask about, you know, some other part of your care that's important. And know that, yes, if this is feeling really overwhelming, you know, your mental health is important and we have people like social work and some of the services in our clinic that can really help you continue to kind of feel through the emotions that go with this. And then there's all the other people in your life who want to have a Facebook post or, you know, an e-mail update. And so I often give my patients a little quick summary that's written of what we talked about.

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DR. COMEN: It's an excellent idea.

DR. CONLIN: Just because it's so overwhelming. "What can I tell my family? What's a good thing for me to put in my one liner to my support people that don't come to the appointments?"

DR. COMEN: What a great idea. Thank you for sharing that. In the vein of advice, what is your best piece of advice for a patient who's progressed? And I know that obviously no two patients are the same. But is there something that you want to impart with patients just to help them make informed decisions and to empower them to be part of these most important discussions?

DR. CONLIN: I mean, my gut reaction is always ask about all the options, like clinical trials and other things, but really too it's to make sure you find the good thing, well, something good. I mean, I always will talk to my patients about, well, you know, even though other things aren't happening well, you know, your liver's looking good, your bones are looking stable or this next treatment you know, even though we were hoping this current treatment was going to last longer, the next treatment has a better schedule. You only have to come in once a month. Or it doesn't have as much nausea and you'll find something to look forward to with the shift. While there's so much change and uncertainty in dealing with metastatic breast cancer, there's always something hopeful. And even if it's just this is a different time for you to focus on spending time with your family. I mean that really, we have to try to find the hope even in the hardest parts.

DR. COMEN: Mm-hm. I think that's so very true. And finding the joy, too, in what brings meaning to our life and making sure that we tap into that and help patients tap into those interests as well and support them.

PATIENT:

SHEILA: When you're diagnosed with metastatic disease, it's important to know that there's hope and don't put off doing the fun things. I'm grateful because I raised my children, but I want to see my grandchildren. I want to see marriages. I want to see college graduations. So pull out your china, pull out your best utensils, put on your high heels. There's a lot of life to enjoy. Don't hold back. Just live life.

DR. COMEN: Alison, one of the things that's so gratifying about our career is that even patients who have metastatic disease can live so much longer and live better. And for us, that means we get to know our patients so well. And in the course of that, there can be these ups and these downs. And we're used to it because we know that that landscape can be common for metastatic breast cancer patients. For you, how do you approach that in your relationship with patients? Knowing that when they've been diagnosed with metastatic breast cancer, fortunately, you may have some, a lot more time than you thought you might? And I think that probably shapes your relationship with them.

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DR. CONLIN: For sure. I think it's a joke I bring up in the beginning when they, were talking about their metastatic breast cancer, I'm like, well, the good news is you're going to get to know me a lot better. You know, you're going to know about my kids and my life, but the truth is, what is so incredibly rewarding for us as clinicians, as breast cancer doctors, is knowing people for a long time. And that actually really helps when we're talking to them in these really hard times. You know, I know who and how they're going to bring to the appointments, how they're going to deal with it. And, you know, that can hurt inside my heart to know how much it's going to be difficult for them. But I also feel like I know who their support is. I know who they're going to go home and talk to. And I'll say, "you know, is your daughter gonna be around, are you gonna call her today? Should I call her for you? Will that be helpful?" But you also kind of know what the next move is for them. You know, they're going to want to try another treatment or they're thinking about maybe focusing only on their symptoms so it is a great part... it makes it even harder for the oncologist. I truly love many of my patients and it is why we do this and it makes that relationship even stronger.

DR. COMEN: Thank you. I echo everything you're saying, particularly the point about loving our patients. I think people have this perception of oncologists as perhaps being compartmentalized or that the longer we do this, the colder we get. I get that question all the time.

DR. CONLIN: Right. "How can you do this?"

DR. COMEN: "How can you do this? You must become so detached." And I think it's actually just the opposite. You just dive right in to these extraordinarily, extraordinary women and sometimes men and families.

DR. CONLIN: I can't believe how many people count me in their prayers. I mean, that's amazing. I have so many people helping me do this hard work.

DR. COMEN: Yeah, and I think that is what makes our job so incredibly sacred, and at times so incredibly difficult.

DR. CONLIN: True.

DR. COMEN: Thank you so much, Alison, for coming today and for sharing your experience and your knowledge with us today. It's really so special to have you. And thank you, Pfizer, for sponsoring this conversation. Dr. Conlin addressed one of the most difficult things a patient has to deal with in their metastatic breast cancer journey. When someone learns that the treatment they're taking is no longer working, it can obviously cause a sense of paralysis, not knowing what to do, which questions to ask and what new options are available to them. While it can indeed be difficult, it's important to stay focused and work with your doctor to put together a new treatment plan.

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