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Oncologist,
Green Valley, AZ

Physician Speak Week

National Physician's Week

March 25-31, 2019

Oncologist, Green Valley, AZ
Active SHC Community Member Since 2011

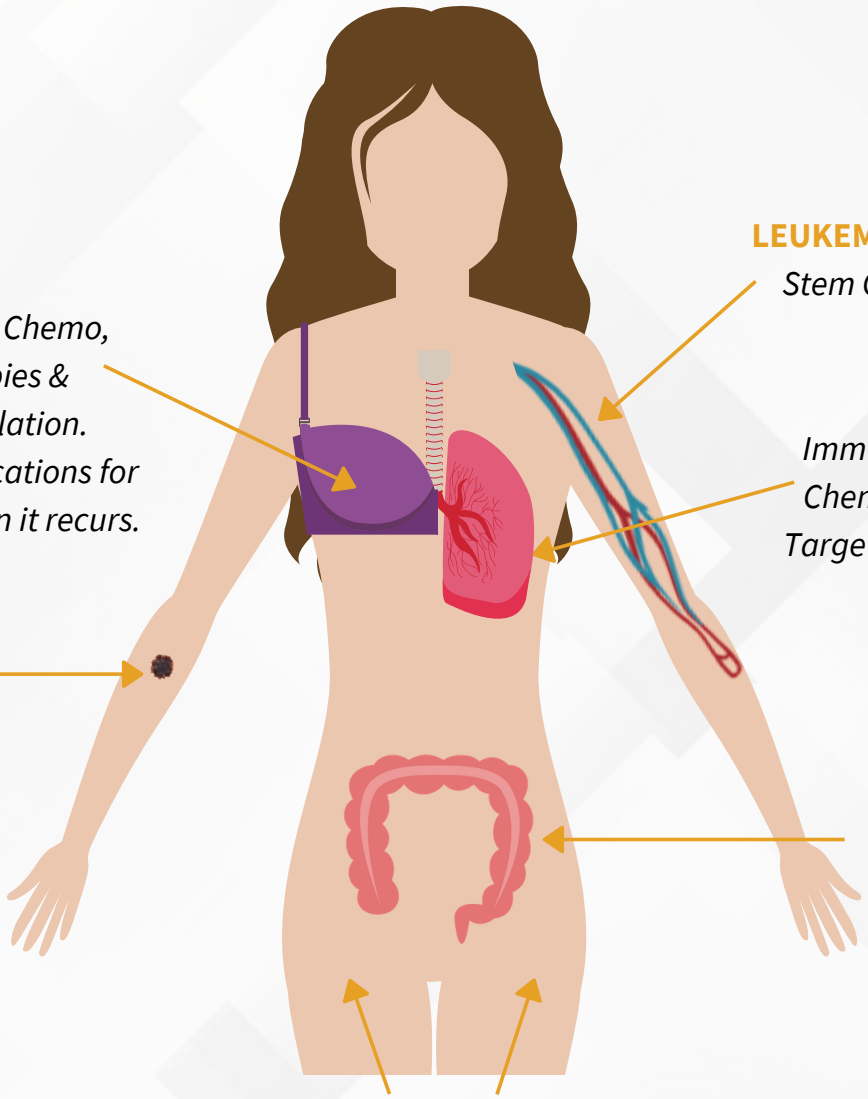
Q: What are some new trends, developments, technologies & treatments currently happening in Oncology?

A: *There's a very exciting new plethora of drugs that are targeted for AML Acute Myeloid Leukemia, and there are a multitude of new indications for the checkpoint inhibitors.*

Q: How do you personally keep apprised of new and emerging trends in the Oncology field?

A: *I do a little bit of everything to keep up. To get hot-off-the-press updates you either have to go to a meeting in person, which I like the best, or a virtual meeting, or read the round-up of the virtual meeting. I attend one to three conferences a year. Ash (American Society of Hematology), ASCO (American Society of Clinical Oncology), Lynn Sage Breast Cancer Symposium, Leukemia Lymphoma Meeting in New York, The Chemotherapy Foundation meeting in New York, and ESMO if I can get to Europe. I try to keep up with journals. I read Blood, JCO, a little bit of New England Journal of Medicine, and JAMA. I visit new drug websites when I get an email that a new drug has been approved. I also find reps to be very helpful and I talk to them a lot, because they can give me information and can easily get me drugs for indigent patients.*

Q: In your personal experience, which of the below cancer therapies is most commonly used to treat cancer patients?



BREAST:
Surgery, Radiation, Chemo, Targeted Therapies & Hormone Manipulation. Now there's new indications for immunotherapy when it recurs.

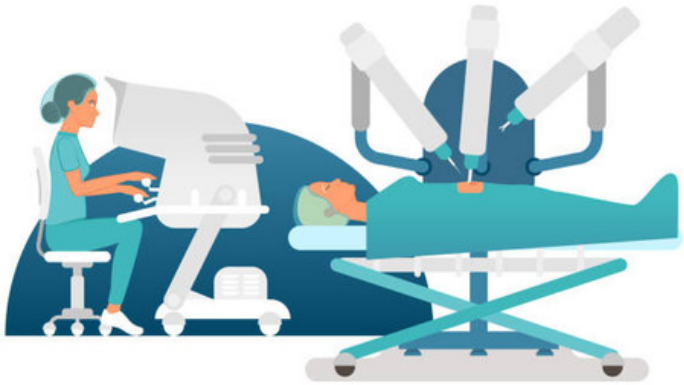
LEUKEMIA & LYMPHOMA
Stem Cell Transplants

LUNG:
Immunotherapy, Chemotherapy & Targeted Therapies

MELANOMA:
Targeted Therapies

COLON:
Targeted Therapies

EVERYWHERE:
Precision Medicine



Q: Is robotic surgery an improvement over traditional operations? Do you think it will replace it completely, or is the human element too imperative?

A: *I think robotic surgery is great -- it's a gigantic improvement. Smaller incisions, less time in the hospital, less time in the operating room. But there will always be a surgeon controlling the robot; I don't ever foresee a robot replacing the traditional method of operating.*

Q: **How far (or close) do you personally feel we are to discovering an FDA-approved complete cure for cancer? A preventative vaccine for cancer?**

A: *In regards to a one cure for all – that's never going to happen. But we already have cured some types of cancers such as breast, colon, ovarian, leukemia, and testicular. Gleevec and its cousins are pretty close for CML, Rituxan is pretty close for Lymphoma, Herceptin is pretty close for some breast cancer. I mean, I think we've already done it. In regards to a preventative vaccine – you already have one for cervical cancer, if people will just stop believing that their children are going to start having sex if they get the vaccine. But no kind of one cure for all to combat against cancer. Every tumor is different. I think we'll keep chipping away at disease by disease, but I don't think there will be one cure for everything cancer. I wish I could say yes.*

Q: **In your personal experience, how has rising costs of insurance and lack of coverage impacted patients from receiving top treatments/care?**

A: *Something's going to have to break somewhere because insurance premiums are higher and less people are getting less insurance. I don't know what's going to happen but something's going to have to break somewhere. And yes, I explore all sorts of routes, but indigent patients sometimes don't come in soon enough to have any type of curative therapy. They just couldn't come in in time to be cured. So they waited till their cancer progressed too fa if they didn't have insurance. Yeah well so you've had to see patients sometimes turn down treatment altogether because they just couldn't afford it. There's not always an alternative treatment to therapies, but we have looked for alternative routes to get money.*

Did You Know?

A 2018 study from the Harvard School of Medicine reported that

45,000 people die each year

due to lack of health insurance, and lack of access to ongoing medical care for a wide variety of treatable conditions.

Q: **How many surveys pertaining to market research do you receive?**

A: *That's hard to determine. I receive a lot, but some go to spam. I might do one or so a week, or every two weeks. Some surveys I do, some I don't. I don't have enough time to do them.*

Q: **What are your biggest frustrations within your survey-taking experience? What advice do you have for market researchers that would better improve your survey-taking experience?**

A: *No back button! There needs to be a back button, because sometimes you are typing something, and then you realize what the question really meant, but then you clicked it and it's too late to go back, and then you've got to make up other stuff to move on in the survey. And then I realized what they were really looking for, but then I have to move on, so then I wasted my time and it doesn't help to call anybody. I like talking to people, so those are the surveys I like to do best. In my experience, moderators have always been great and engaging. In general, I've had a great overall survey-taking experience.*

Q: **Do you personally find that pharma directly advertising to consumers is helpful in educating consumers or is it more of an interference between patient-physician relationship?**

A: *Sometimes they help me and sometimes they don't. Because if somebody has seen it, they know what drug they're talking about and some of the side effects. But then sometimes you just have to tell the patient you don't qualify for that drug. I'm just used to it now, it's just like Dr. Google. The worst advertising was from Procrit because they used to tell everybody that if they just took Procrit they'd feel better, but then you'd have to explain to people that no they wouldn't just feel better that they felt bad because they were getting chemo, and all sorts of other stuff. So it was a poor advertisement. The advertisements have gotten a little better, and they are letting consumers know that this drug is not for everyone.*