

Physician Speak Week

National Physician's Week

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Pediatric Hematologist-Oncologist, TN
Active SHC Community Member Since 2011

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

A: *In the world of pediatric oncology, I have seen targeted drug therapy instead of traditional chemo treatments, CAR-T cells (autologous cell engineering to harness a patient's own immune system) for leukemia is huge. Stem cell transplants, including haplo-identical, which is a "half match". This is particularly helpful in pediatrics where a parent can be an appropriate match. And, in hematology, using gene editing techniques (CRISPR) for sickle cell.*

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

A: *It's challenging because there's a lot of information out there. In my space, I attend the American Society of Hematology meeting, and keep up with their journal, which is called "Blood". I keep up with ASBMT, which is the American Society for Bone Marrow Transplant. I think certainly information that comes down through conferences, journals, peers, colleagues is really important, and is of course using up to date and pubmed.*

Q: In your personal experience, which do you mostly see in pediatric patients?

A: *I see a lot of leukemia, a lot of acute leukemia. It is the bulk of my practice. But, also I see lymphoma, sarcomas, neuroblastoma, brain tumors, and other solid tumors. I also do stem cell transplant for these diseases, as well as for immune deficiencies.*

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

A: *I think that probably is still a little way's away. I think we're at least making headway, as we mentioned before, in regards to at least some drugs that are targetable to specific mutations for patients' specific tumors or engineering cells and harnessing the patient's own immune system. I think those things are closer. At least they don't have the general side effects that go along with traditional chemotherapy. So, I think that at least is a very positive improvement. As far as a preventative vaccine, probably not. There's just so many different causes for cancer, so, I'm not familiar with anything in that space coming out any time soon.*

Q: How has chemotherapy shortage impacted patient care? how often and in what ways have you had to compromise your preferred treatment method?

A: *That can be challenging. I think we try very hard to think ahead to adjust medicines if possible, for patients to try to ration out drugs, but it can be a significant challenge. Sometimes, we have to become creative with postponing a drug and maybe using it later when the drug becomes available. It can definitely impact patients' care. It's something we talk about regularly, and not just really chemotherapy, but sometimes even supportive care medicines like morphine, and electrolyte solution sometimes can be on shortage. So those things obviously cause changes potentially significant in the way that we approach patient.*

Q: In your personal experience, which is the most common treatment/therapy option that you recommend? (stem cell/bone marrow transplant, chemo, radiation, etc.)

A: *Well I think all of them are definitely possibilities. I think it just depends on what the patient's diagnosis is and if they have refractory disease or if they have relapse disease. So, a lot of things need to be taken into consideration. But all of those treatment options for various pediatric diseases are all definitely potential options.*



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

A: *I do get a fair number of surveys during the week. I usually tend to save them during the week and dedicate some time on the weekends to go through them. At least half of the surveys I receive are from Opinion Site, so it's very robust, and I would say they are certainly tailored to what my specialty and my practice is.*

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: *I find that when I save the surveys to take over the weekend, many of them are closed by the time that I get to them, so I don't even get to have the opportunity to try them. But one thing I do appreciate is that sometimes OpinionSite will apply credit, or you guys have been doing a raffle or drawing for those even who don't qualify, but still go through a screener. So that's unique. I haven't seen that in other companies. I think it is nice to have a little bit of recognition for at least trying to go through a survey, and even if you fail the screener, like we just said, put a dollar in the account or some sort of incentive to do the screeners.*

I like when there's a bar at the top of the survey that shows percentage completed, so I have an idea of where I'm at, because sometimes, you are taking surveys in between doing other things, and it's nice to know how much farther you have to go. Also, having a mix in response types helps keep my interest, because, to be honest, it's easy to become fatigued from seeing the same repetitive question types.

I do find surveys generally interesting because I get to learn new information or see something about a new drug that's coming out, or it reminds me about a drug that's out that maybe I haven't used as much as I could or should. I've done studies where I have talked to a moderator beforehand and we've gone through the survey together before it get released to a wider audience to kind of trial it and see what changes need to be made. I think that's really helpful.

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: *No, I don't think it's an interference. We're living in an era where people are using the Internet all the time. People, especially those in the oncology space, are desperate and really want to find new options, so they definitely do come to appointments with information that maybe they saw online or on TV or radio. So no, I don't I don't think it's an interference, even if it sometimes may not be the right option for a patient. But I don't think there's a reason that there shouldn't necessarily be advertising.*