

Yale CANCER
CENTER

answers

WNPR Connecticut Public Radio



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Pain and Palliative Care for Cancer Patients

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Hi, I am Bruce Barber and this is Yale Cancer Center Answers with Dr. Edward Chu and Dr. Ken Miller. Dr. Chu is the Deputy Director and Chief of Medical Oncology at Yale Cancer Center and an internationally known expert on colorectal cancer. Dr. Miller is a medical oncologist and he is the Director of the Connecticut Challenge Survivorship Clinic, Ken specializes in pain and palliative care. If you would like to submit a question about cancer, please e-mail us at canceranswers@yale.edu or it is an easy phone call 1888-234-4YCC. If you would like to listen to the past editions of the Yale Cancer Center Answers, each segment is posted on the Yale Cancer website at yalecancercenter.org. This evening, we will answer your questions about supportive care for cancer patients and so interviewing his co-host Ken Miller on this important topic is Dr. Edward Chu.

- Chu Good evening Bruce. Today our special guest is in fact my co-host, Dr. Ken Miller, who is also the Director of Supportive Care here at the Yale Cancer Center. In his role, Ken oversees and directs the pain and palliative care initiatives for cancer patients. Ken thanks so much for being with us and talking about the issue of supportive care.
- Miller It is nice to be a guest on the show.
- Chu It is always a pleasure and a delight to interview you. Let's get right into things. What is supportive care?
- Miller Oncology, thankfully, in our field has made tremendous advances in the treatment of people with cancer. Supportive care is the aspect of care focusing not only on getting better, but also quality of life and getting through this experience and living well beyond cancer.
- Chu That is an aspect of cancer care that has really evolved for the positive over the last 15 to 20 years as our various treatments have gotten so much better.
- Miller In terms of improvements, we now have drugs that are more effective. In general, we are diagnosing cancer earlier which is terrific. We have drugs that are more effective and targeted. They are going after specific susceptibilities of cancer cells. There is a greater interest, and more expertise, in helping people get through this treatment as easily as possible and minimizing the side effects. Not only can people get the full dose of therapy, but they can get through it and hopefully have a good quality of life at the same time.
- Chu Supportive care is sometimes referred to as the fifth dimension of cancer therapy. Can you explain what that means and what the other four dimensions of cancer therapy are?
- Miller It is an interesting term thinking of it as the fifth dimension. That sounds sort of

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mysterious. The other dimensions of care are ones that we are familiar with. Our tools are:

1. Surgery
2. Radiation
3. Chemotherapy
4. Biological therapies; these are very specific therapies to attack the biologic nature of the cancers.
5. The fifth dimension that really covers all of the above encompasses helping people. Our patients are people, and helping them get through this experience with the best chance of doing well and the best chance of having a good quality of life is important.

Chu Supportive care and supportive therapies are pretty big fields unto themselves. Can you help break down what the different elements are that go into the supportive therapy?

Miller There are essentially three major elements. The first is providing care and services for people that are actively on treatment. This is from truly the moment of diagnosis for as long as they are being treated for this illness. The second aspect is related to symptom management including pain and palliative care. Palliate means to relieve symptoms, whatever they may be. Sometimes that is pain, nausea or fatigue. The third aspect of supportive care is extremely important, it is survivorship. Survivorship issues, again a cancer survivor is defined as a person from the moment of diagnosis for as long as they live, which we hope is a long time, focus quite a bit on long-term issues. We concentrate on learning what issues people face as they finish treatment; both emotionally and physically.

Chu Maybe we can take each of them one by one.

Miller Sure.

Chu With respect to pain, quality of life is associated with ongoing treatment. Pain obviously is a big issue, in fact it is known as the fifth vital sign.

Miller Correct.

Chu Can you explain that a little bit?

Miller In the hospital when someone is admitted we look at their blood pressure, pulse, respirations and their temperature, but we also try to score their pain. We ask them very specifically if they are having pain, which by the way is not enough of a question because what needs to follow is, where is the pain? We use an expression called WILMA. W is for words, what are the words you would use; I

is intensity, how strong it is; L is location; M is medication that the person has used and whether it has helped or not and A is for aggravating or alleviating factors, what makes it better or worse. A good pain history involves all five aspects of the WILMA, and by getting at what words they use, what the intensity is, the locations etc., we can focus on how to relieve that pain. I will give you an example. If someone reports that they have pain when they go for their radiation treatments or after lying on a flat table, we call that incident pain because every time that incident occurs, so does the pain. We might treat them with a specific pain medicine 30 minutes before treatment as opposed to someone who has pain issues all day, in which case we might use a long-acting pain medicine. All that comes from getting a good history.

- Chu We have come a long way in terms of the types of medications we have to offer patients who experience pain. Therefore, my view is that the patient shouldn't have to suffer from pain.
- Miller There is absolutely nothing good about pain. We have plenty of treatments available for people with pain, but one of the things that stops people is the fear that the pain cannot be relieved, which is a myth. There are other myths about treating pain. People say they are afraid to take medicine for their pain because they are afraid they will become addicted; that is a myth. I am afraid if I take medication now it will not be available if I really need it; that too is a myth, and there are others.
- Chu The key message we want to give to our listeners is that in this day and age, we should be able to control pain with the best medicines available to us.
- Miller Absolutely. Another point I would like to hit on as well is that there are a lot of high-tech ways of treating pain, nerve blocks and other kinds of interventions that can be done, but with a careful history and careful use of medications, usually given by mouth, almost all pain can be relieved quite adequately.
- Chu Two other big symptoms that typically are associated with chemotherapy are nausea and vomiting. How do you approach an individual who experiences those side effects?
- Miller When I see new patients who are talking about starting chemotherapy a lot of concerns come up. One of them is about hair loss, but the other one that always comes up is about nausea. People do not want to be sick. I feel very confident now that with good use of preventative medication, we can almost always prevent the development of nausea. One of the studies I hope to start this fall will be using a different combination of anti-nausea medicines for the small group of people who still have nausea despite our best efforts, because I think we can do better.

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Chu You also mentioned hair loss. Obviously that has a psychological impact, particularly for women. How do you approach that and resolve those issues?

Miller That is the hard one. I remember when I started training in oncology and on rare occasions we would use ice caps on people's heads and it really did not work. For the most part, we do not have a way to prevent hair loss. We have some medications, chemo drugs that do not cause hair loss. But I've got to share with you that most people are prepared and are actively making a choice by saying, "you know what doctor, I know it is going to happen, I am prepared, let's get started." That kind of attitude tends to make chemotherapy go a lot easier

Chu I guess for those individuals, male and female alike, there are wigs.

Miller Absolutely.

Chu They are actually amazing because of the fact that they feel and look just like the real thing.

Miller It is true, and hair does grow back. I usually will say to people that there are two ways to take chemotherapy. One is saying, "All right, if you insist." And the other is people who are much more proactive and say, "You know what, this is my choice. I want to do this." Those people tend to have fewer side effects.

Chu Here is an email that we received from Robert in Glastonbury, CT. His question is regarding the fact that many people are under the wrong impression that cancer patients who receive pain medications are in advanced stage of their disease and may be dying. What are your thoughts on that Dr. Miller?

Miller Robert, thank you for posing that question because that is one of the myths about the treatment of cancer. People get pain for many reasons, including from surgery. A woman may have had a lumpectomy and has pain from it; we can treat that. Here is another example that is a common one. Many of my patients with breast cancer will say to me about six to twelve months later, and they will say it quietly because they are worried, that they are having pain in their left breast where they had surgery. I examine them and do the appropriate studies and am able to say to them that the nerves are hooking up again. So I will ask them, is it sort of like a burning or electric pain, and they will say, "Yeah! How did you know?" Some of it is that common. The nerves are regenerating and that pain is not a bad sign, it is just a sign of healing.

Chu In fact, it is a good sign in this case.

Miller Absolutely, and so pain is not an indication that you have advanced cancer, it's

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something that you report to your doctor and they take care of. Again there is nothing good about pain.

Chu We would like to remind you to email your questions to canceranswers@yale.edu or call 1888-234-4YCC. We are going to take a short break for medical minute. Please stay tuned to learn more information about supportive care and survivorship for cancer patients with Dr. Ken Miller.

Medical minute

It is estimated that over 2 million men in the US are currently living with prostate cancer. One in six American men will develop prostate cancer in the course of his lifetime but major advances in the detection and treatment of prostate cancer have dramatically decreased the number of men who die from this disease. New treatment options now provide hope for all men diagnosed with prostate cancer. Screening for prostate cancer can be performed quickly and easily in a physician's office using two simple tests. With screening, early detection, and a healthy lifestyle, prostate cancer can be defeated. Clinical trials are currently underway at Yale Cancer Center, Connecticut's federally designated comprehensive cancer center to test innovative new treatments for prostate cancer. The patients enrolled in these trials are given access to experimental medicines, which have not yet been approved by the FDA. This has been a medical minute brought to you as a public service by Yale Cancer Center. More information is available at yalecancercenter.org.

Chu Welcome back to Yale Cancer Center Answers. This is Dr. Edward Chu and I am here in the studio with my co-host, and today our special guest expert, Dr. Ken Miller. We are discussing supportive care for cancer patients. In the first part of the show we were talking about the issues of pain, nausea, vomiting and hair loss. What are your thoughts relating to the emotional and psychological aspects of cancer care and supportive therapy?

Miller It is a good question, both as an oncologist and as a husband as well. My wife, as you know, was treated for acute leukemia eight years ago. Thankfully, she is well now, but it is a disease that affects not only the patient, but the spouse and the entire family and friends etc., because someone goes from being in good health one day and then being very ill the next. There is a lot that goes through everyone's mind including, will they make it? Will they survive? What's life going to be like? When treatment is over, a lot of people go back to looking fine, looking like themselves, and you never know there was ever an issue, but the recovery in terms of emotional recovery can take quite a long time; weeks, months, even years. Most cancer survivors are incredibly resilient, they bounce back and are able to go on with their lives, but there is fall-out as well.

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- Chu How do you, as the medical oncologist and particularly someone who focuses on supportive care, deal with those emotional aspects which are really quite relevant and critical?
- Miller A couple things come to mind, one is that oncology is a team activity and oncology nurses are incredible resources. They are very well trained, bright sensitive people; oncology professionals in general, but also including pharmacists and social workers etc. Part of it is working with the other team members and encouraging the patient to do that as well. The other thing is sometimes just asking them questions. I have learned that when I am talking with patients about the medical aspects of illness, lets say a woman with breast cancer, to at some point in our meeting say, "let me ask you, how are you doing?" People will sometime say something basic like "I am doing pretty well" or they will say, "I am doing pretty well, but in terms of my husband, I am having a hard time," or "it has been very difficult with my kids." I do not pretend to have all the answers but sometimes just bringing up the issues is useful.
- Chu Is there ever a time when you might suggest getting input advice from either a neuropsychologist or in fact a psychiatrist?
- Miller Great question. I personally can prescribe antidepressants as appropriate, knowing that I am not a psychiatrist, but I do feel comfortable with many of the drugs. However, I highly recommend people go for counseling and we hope to be able to provide even more counseling services here at the cancer center, as well as in the community and using a psychiatrist when needed.
- Chu In fact you and Dr. William Sledge from the Department of Psychiatry, who is also Director of Yale Psychiatry Hospital here, have been working very closely to try to develop such a program that would include psychiatrists who have a particular expertise in psychooncology.
- Miller Absolutely, I think it would be very useful to have a cancer counseling center where professionals work with people that have cancer and are very comfortable with it and the special issues that come up. Sexuality is an important topic. It is one that we do not talk about that much in our regular lives, but it is a big one that comes up for people that have had a cancer experience.
- Chu Dr. Schwartz and you have been instrumental in developing the Schwartz Rounds here at the Yale Cancer Center. Can you tell our listeners what the Schwartz Rounds is all about?
- Miller It is a wonderful dialogue that we have once a month that includes doctors, nurses, social workers etc. We usually talk about a patient and one of the many

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complicated issues, social and emotional as well as medical, and focus on compassion and care giving and some of the challenges in caring for this patient. We try to help each other work with some of these difficult issues so that we can continue to do an even better job.

Chu You and Dr. William have done a terrific job and you should be commended for your efforts.

Miller Thank you.

Chu We have an e-mail from Erin who writes about her father who has completed his treatment for brain tumor nearly 10 months ago. She says he is doing well physically, but still has serious lengths of time where he is depressed. How can we help?

Miller Couple of things, firstly this is common and I give you a lot of credit for recognizing it and putting it out there. Sometimes it is very difficult to talk about depression but it is worth it. If you haven't already, just ask him questions. Say, "Dad, you seem down in the dumps is there something wrong?" Then just pause and sometimes the people respond, "no I am absolutely fine," but other times they will say "you know, yes I have been," and that can open a dialogue. That dialogue may not be completed in on sitting, but it allows you to ask again a couple of days later. Hopefully you can also get your dad the appropriate help and bring it up with his doctors.

Chu We have discussed this on the program before, but you oversee and direct the Connecticut Challenge Survivorship Clinic. For those listeners who may not have listened to the show before, could you explain what the Connecticut Challenge Survivorship Clinic is?

Miller It is a fantastic program. We see patients who are essentially finished with the beginning of active treatment or have completed treatment. We focus with a team of people and have each of our patients live with a wellness approach to their lives. They see a nutritionist and talk about diet. They see a physical therapist and talk about exercise. They see a nurse practitioner to talk about wellness and health screening, and they also see a social worker to talk about what this whole experience has been like. I see many of the patients myself. We are really looking at what is the next step. They have been through this very major experience and we want to help them take that next step. We had our fantastic Connecticut Challenge bike ride yesterday. Some people were riding 25 miles, others 50 and some 100 miles. I was out there and hopefully a lot of our listeners were as well.

Chu Which one did you ride in?

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- Miller I am going to be honest, there was a 12 mile ride, but I did the 25. I did not do the lowest, but I did the second lowest. I am tired but it was a lot of fun.
- Chu I will be honest, I was in the tent with my two and three year old, so I feel fine today. In fact, on next week's program we will actually be interviewing Melinda Erwin, a terrific individual who focuses on the role of exercise and prevention of cancer.
- Miller Melinda has taught me over the few years we have been working together that almost anyone can do some kind of exercise. For years I have been talking with patients about the importance of taking certain medicines, chemotherapy or hormonal therapies, but now, looking at the research and from talking with Melinda, I realize that physical activity and nutrition make a difference that sometimes is as profound as some of the things that we do medically.
- Chu It impacts overall quality of life which is terrific. There are very few cancer centers in the country that have a survivorship program, or survivorship clinic, like the one that you have established here at the Yale Cancer Center.
- Miller There are about 13 cancer survivorship programs in the United States, which is really a very small number when we think how big the country is. There are other programs for survivors of childhood cancer which has been going on longer, but for adults it is a smaller period of time that these have been available. Many of those twelve are just for women with breast cancer. Our program is for anyone who has had cancer. I would encourage our listeners to consider coming to visit with us as a patient in the program, or start looking at the Yale Cancer Center website where there will be a lot of material. There are interviews with experts on important issues that you may face. We have a very good tape on children and people with cancer. They both tell stories of patients and their families, but also have advice from professionals and how to deal with certain issues.
- Chu If someone would like to make an appointment to see you and your team in the survivorship clinic, how can they get in touch with you?
- Miller They can call us at (203) 785-2273.
- Chu Any last minute words of advice for our listeners out there?
- Miller Cancer is a treatable and curable disease. Our ability to help people get through this experience is improving. I want to encourage people to take the bull by the horns and get out there and exercise and improve your nutrition. These are some ways that you can contribute to your quality of life and long-term prognosis.

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Chu

Ken, it has been great as always to interview you as a guest. Thank you for discussing the various options for supportive care for cancer patients on Yale Cancer Center Answers. Until next week, this is Dr. Edward Chu and Dr. Ken Miller from the Yale Cancer Center wishing you a safe and healthy week.

If you have questions, comments, or would like to subscribe to our podcast, go to www.yalecancercenter.org where you will also find past episodes in written form. Next week on Yale Cancer Center answers, join us for a discussion on exercise and cancer prevention.