I'm Sarah Goldberg.

I'm an associate professor of medicine.

In this section of medical oncology, thoracic oncologist, which means that I treat patients with cancer in the chest.

Most commonly lung cancer, but other cancers as well such as mesothelioma and thymoma.

I decided long time ago that I wanted to become a doctor even when I was in high school.

I was interested in this field, but really it was more in college and
then in medical school where I started. Interact with patients and work in doctors offices and hospitals that I realized it was clearly the field that I wanted to be part of. I really love to take care of patients and to interact with them to get to know people well and get to know people's families and have long term, important relationships with them where I feel like I could make a difference in their quality of life and how they live and their health when someone has an appointment to see me or one of my colleagues here.
There's a variety of ways that you could think about preparing. Some people really come in and. Don’t necessarily know too much about their diagnosis or what’s happening, or they may not even have a diagnosis yet. And so in those cases it’s made Harvey hard to prepare, and so I think I think of my role and my goal of the visit is really for me to educate the patient and the family and friends or whoever is with the person on what is happening, what we know, what we don’t know, what we can do to figure things out better, and what we can do to help.
Some people do, like to prepare to do things in advance. I know a lot of people go online and look things up and search for answers before they come into their visit. I think that can sometimes be helpful when someone is really anxious to hear more information, but there’s a lot out there that can be not so clear on the Internet or may not even be correct. So I think that could be a little bit difficult at times.
writing things that you really want

and make sure that we touch on all the points that are important to the patient and their family. I think that can be really helpful 'cause sometimes you come in and people forget what they really wanted to get out of the visit or specific questions that they had. I think it’s really helpful to have family or friends or loved ones with the patient for their first visit, and even often subsequent visits. There’s a lot of information that gets exchanged during a visit with an oncologist,
we talk about the diagnosis about what that means about treatment options, and I think it can be a lot of information. I always try to go through things really, really carefully and in detail, and repeat things when needed, but I still think having an extra set of ears, someone else too. To absorb the information can be really helpful and can really provide a lot of support for the person going through the diagnosis and talking about treatment options. It really can be helpful to have someone with them.
Sometimes people want to bring several family members or friends and really have a lot of support around them that can sometimes be helpful too, but I think you know really having one key person who can be your advocate or you know, be another set of ears is incredibly helpful at times. Sometimes we do that by phone or even. My video is not everybody has family or friends close by and we absolutely can accommodate that. If someone comes in and they want to call a relative or friend by phone while they’re in during the visit,
I absolutely welcome that.

I think that can work out really well.

Huge part of what I do today is research,

so it’s really another reason why I really like the field of oncology and specifically lung cancer,

because not only does it allow me to treat patients and really help them,

but I also able to do research and really try to advance the field,

meaning figure things out about lung cancer that we didn’t know before.
An even more importantly, try to figure out better treatments for people so there’s really incredible advances in treating people with lung cancer over the last few years, but there’s still a lot that we don’t fully understand or know, and there are still many medicines that I think we will have in our future that can really help people and so. A lot of my research focuses on that trying to understand who is benefiting from the medicines that we have. If they’re not benefiting, why not, and then also trying to find even better...
00:04:26.416 --> 00:04:28.469 treatments for people with lung cancer.