

0:00:00 -> 0:00:02.49 Support for Yale Cancer Answers  
0:00:02.49 -> 0:00:04.98 comes from AstraZeneca, dedicated  
0:00:05.057 -> 0:00:07.432 to advancing options and providing  
0:00:07.432 -> 0:00:10.42 hope for people living with cancer.  
0:00:10.42 -> 0:00:14.18 More information at [astrazeneca-us.com](http://astrazeneca-us.com).  
0:00:14.18 -> 0:00:15.85 Welcome to Yale Cancer Answers  
0:00:15.85 -> 0:00:17.186 with your host doctor Anees Chagpar.  
0:00:17.19 -> 0:00:19.514 Yale Cancer Answers  
0:00:19.52 -> 0:00:21.455 features the latest information on  
0:00:21.455 -> 0:00:23.743 cancer care by welcoming oncologists and  
0:00:23.743 -> 0:00:25.801 specialists who are on the forefront of  
0:00:25.801 -> 0:00:27.866 the battle to fight cancer. This week,  
0:00:27.87 -> 0:00:29.784 it's a conversation about cancer care  
0:00:29.784 -> 0:00:31.879 in the community with Doctor Anamika Katoch.  
0:00:31.88 -> 0:00:34.274 Dr Katoch is assistant professor  
0:00:34.274 -> 0:00:35.997 of clinical medicine and medical  
0:00:35.997 -> 0:00:38.23 oncology at the Yale School of Medicine,  
0:00:38.23 -> 0:00:41.236 where Doctor Chagpar is a  
0:00:41.236 -> 0:00:43.61 professor of surgical oncology.  
0:00:43.61 -> 0:00:46.554 Doctor Katoch, maybe you could start off by  
0:00:46.554 -> 0:00:49.476 telling us a little bit about yourself and  
0:00:49.48 -> 0:00:51.676 what it is that you do.  
0:00:51.68 -> 0:00:53.52 So I'm a hematologist oncologist,  
0:00:53.52 -> 0:00:56.089 and I work out of Smilow Waterbury.  
0:00:56.09 -> 0:00:58.554 It's a small community setting we  
0:00:58.554 -> 0:01:01.445 work out of a regional Cancer Center  
0:01:01.445 -> 0:01:04.079 called the Harold Leever Cancer Center.  
0:01:04.08 -> 0:01:06.636 So I'm a general community oncologist,  
0:01:06.64 -> 0:01:09.629 and I see all kinds of cancer.  
0:01:09.63 -> 0:01:11.334 The more common cancers,  
0:01:11.334 -> 0:01:13.39 of course, are more common,

0:01:13.39 -> 0:01:17.739 so I tend to see those more than the others.  
0:01:17.74 -> 0:01:20.14 But breast, lung, colon, lymphoma,  
0:01:20.14 -> 0:01:22.44 and also some hematology patients.  
0:01:22.44 -> 0:01:26.28 And so how common is cancer in  
0:01:26.28 -> 0:01:27.302 the community?  
0:01:27.302 -> 0:01:30.368 I mean when we think about  
0:01:30.37 -> 0:01:32.262 cancers,  
0:01:32.262 -> 0:01:34.627 very often we think about  
0:01:34.627 -> 0:01:37.127 people going to large centers.  
0:01:37.13 -> 0:01:38.579 New York, Boston,  
0:01:38.579 -> 0:01:40.028 Houston, New Haven.  
0:01:40.03 -> 0:01:42.44 But you're in a  
0:01:42.44 -> 0:01:43.886 small Community Center.  
0:01:43.89 -> 0:01:46.788 So how often does cancer present  
0:01:46.788 -> 0:01:48.72 in those community centers?  
0:01:48.72 -> 0:01:50.66 So it is surprising  
0:01:50.66 -> 0:01:54.034 to see that cancer is very prevalent,  
0:01:54.04 -> 0:01:56.938 and especially in the Waterbury area.  
0:01:56.94 -> 0:01:59.976 I would say maybe because it  
0:01:59.976 -> 0:02:02.6 has been an industrial town.  
0:02:02.6 -> 0:02:06.18 And we do tend to see a lot of breast cancer.  
0:02:06.18 -> 0:02:10.96 A lot of bladder cancer in this area as well.  
0:02:10.96 -> 0:02:12.472 And yes,  
0:02:12.472 -> 0:02:14.74 the bigger centers actually have  
0:02:14.81 -> 0:02:17.246 the good fortune of having many  
0:02:17.246 -> 0:02:19.15 good bigger centers around us.  
0:02:19.15 -> 0:02:21.1 There's Memorial Sloan,  
0:02:21.1 -> 0:02:22.66 Dana Farber.  
0:02:22.66 -> 0:02:25.453 And certainly these are very useful and  
0:02:25.453 -> 0:02:28.477 helpful for us when we have particularly  
0:02:28.477 -> 0:02:31.093 tough situations where we need to

0:02:31.176 -> 0:02:33.618 get another opinion or some help.  
0:02:33.62 -> 0:02:37.196 But I would say in the general Community,  
0:02:37.2 -> 0:02:38.538 cancer is fairly  
0:02:38.54 -> 0:02:41.669 prevalent and so many people,  
0:02:41.67 -> 0:02:44.095 because cancer really doesn't discriminate  
0:02:44.095 -> 0:02:47.479 based on where you live  
0:02:47.48 -> 0:02:50.67 and many people may wonder,  
0:02:50.67 -> 0:02:53.07 are there advantages and disadvantages  
0:02:53.07 -> 0:02:55.794 to being treated closer to home  
0:02:55.794 -> 0:02:58.206 versus going into a larger center?  
0:02:58.21 -> 0:03:00.892 What would you say to people  
0:03:00.892 -> 0:03:02.68 who are contemplating those  
0:03:02.68 -> 0:03:04.688 decisions?  
0:03:06.7 -> 0:03:09.34 It is important,  
0:03:09.34 -> 0:03:11.685 especially for certain rare cancers  
0:03:11.685 -> 0:03:15.222 to be seen at bigger centers that tend  
0:03:15.222 -> 0:03:18.56 to see a lot more of those cancers.  
0:03:18.56 -> 0:03:20.75 Sarcomas being one.  
0:03:20.75 -> 0:03:22.94 They require a real multi  
0:03:22.94 -> 0:03:23.816 disciplinary approach.  
0:03:23.82 -> 0:03:26.22 You have to have surgeons who've  
0:03:26.22 -> 0:03:28.65 done enough of those surgeries,  
0:03:28.65 -> 0:03:31.122 trained radiation oncology team,  
0:03:31.122 -> 0:03:33.594 trained chemotherapy  
0:03:33.594 -> 0:03:35.32 professionals who've dealt  
0:03:35.32 -> 0:03:37.365 enough of with that cancer.  
0:03:37.735 -> 0:03:39.56 It is always patients preference  
0:03:39.56 -> 0:03:41.945 to be treated close to home and  
0:03:41.945 -> 0:03:44.444 nobody wants to drive 2 hours to get  
0:03:44.444 -> 0:03:46.559 treatment because you know chemotherapy  
0:03:46.559 -> 0:03:48.944 treatment is not just about chemotherapy,

0:03:48.944 -> 0:03:50.312 it's also about supportive  
0:03:50.312 -> 0:03:51.89 care that goes with it.  
0:03:51.89 -> 0:03:53.9 So we don't just see patients  
0:03:53.9 -> 0:03:55.849 on day one and say OK,  
0:03:55.85 -> 0:03:58.16 now we'll see you in three weeks.  
0:03:58.16 -> 0:03:59.81 It doesn't work like that.  
0:03:59.81 -> 0:04:02.12 So we see patients on day one,  
0:04:02.12 -> 0:04:04.43 we're always available by phone.  
0:04:04.43 -> 0:04:06.74 We are seeing them sometimes the very  
0:04:06.74 -> 0:04:08.808 next day, sometimes within a week.  
0:04:08.808 -> 0:04:10.568 Sometimes they need transfusion support.  
0:04:10.57 -> 0:04:11.866 So it is a  
0:04:11.866 -> 0:04:14.49 complicated and complex process,  
0:04:14.49 -> 0:04:16.735 so patients preference is always  
0:04:16.735 -> 0:04:20.219 to be treated in your home and I  
0:04:20.219 -> 0:04:22.9 would say that we have very robust  
0:04:22.9 -> 0:04:24.624 multidisciplinary teams for almost  
0:04:24.624 -> 0:04:27.616 all cancers and we also recognize that  
0:04:27.616 -> 0:04:30.01 some cancers do better when they are  
0:04:30.01 -> 0:04:32.332 referred out to tertiary centers,  
0:04:32.332 -> 0:04:34.69 one major example being acute leukemia.  
0:04:36.66 -> 0:04:39.018 It is a cancer that requires  
0:04:39.018 -> 0:04:40.59 a lot of resources.  
0:04:40.59 -> 0:04:41.616 A lot of support,  
0:04:41.616 -> 0:04:44.01 a lot of experience and  
0:04:44.087 -> 0:04:45.972 people who have acute leukemias  
0:04:45.972 -> 0:04:48.41 tend to do better when they're  
0:04:48.41 -> 0:04:50.795 treated at tertiary care centers,  
0:04:50.8 -> 0:04:52.95 so this is also recognizing  
0:04:52.95 -> 0:04:54.67 what are your limitations.  
0:04:54.67 -> 0:04:56.728 And what are the patients that

0:04:56.728 -> 0:04:58.87 you can best serve and which  
0:04:58.87 -> 0:05:01.32 patients will do better if they are  
0:05:01.32 -> 0:05:04.416 referred out? And so I guess the  
0:05:04.416 -> 0:05:07.366 take home message there is that if  
0:05:07.366 -> 0:05:10.174 a patient has a cancer that they can  
0:05:10.174 -> 0:05:13.08 be seen at a Cancer Center in their  
0:05:13.08 -> 0:05:15.6 community and that Community Center  
0:05:15.6 -> 0:05:17.346 will have no hesitation about referring  
0:05:17.346 -> 0:05:19.881 them out to a larger center if that's  
0:05:19.881 -> 0:05:21.84 in the patients best interest.  
0:05:21.84 -> 0:05:24.128 That is absolutely correct and a  
0:05:24.128 -> 0:05:26.83 lot of times it is driven by physicians.  
0:05:26.83 -> 0:05:28.39 Sometimes it's driven by patients,  
0:05:28.39 -> 0:05:30.448 but I have to say that patients  
0:05:30.448 -> 0:05:31.717 often feel uncomfortable telling  
0:05:31.717 -> 0:05:33.697 their physicians that they  
0:05:33.7 -> 0:05:36.82 want to get a second opinion and  
0:05:36.82 -> 0:05:38.885 part of it will also depend upon  
0:05:38.885 -> 0:05:40.56 your approach to the patient,  
0:05:40.56 -> 0:05:43.056 and we're sort of very open about it.  
0:05:43.06 -> 0:05:44.615 We understand  
0:05:44.615 -> 0:05:45.859 that this is cancer.  
0:05:45.86 -> 0:05:48.247 It can be a life changing diagnosis.  
0:05:48.25 -> 0:05:51.094 So we we will often say to our patients,  
0:05:51.1 -> 0:05:53.636 if you would like another opinion,  
0:05:53.64 -> 0:05:55.548 please let me know  
0:05:55.548 -> 0:05:57.76 and I will help you get one.  
0:05:57.76 -> 0:06:00.014 So sometimes people do elect to get  
0:06:00.014 -> 0:06:01.878 another opinion and lots of times  
0:06:01.88 -> 0:06:03.026 people say no,  
0:06:03.026 -> 0:06:05.318 what you're saying makes sense if

0:06:05.318 -> 0:06:07.35 they've already developed a  
0:06:07.35 -> 0:06:10.07 sense of trust and confidence in you  
0:06:10.07 -> 0:06:12.471 they will stay with you  
0:06:12.471 -> 0:06:14.968 and be treated close to where they  
0:06:14.97 -> 0:06:17.094 live and so are there particular  
0:06:17.094 -> 0:06:18.909 cancers that are particularly amenable  
0:06:18.909 -> 0:06:20.919 to being treated closer to home.  
0:06:20.92 -> 0:06:23.384 So you mentioned that the rare cancers  
0:06:23.384 -> 0:06:26.2 might be ones where you want to seek  
0:06:26.2 -> 0:06:28.525 a second opinion, but are there  
0:06:28.525 -> 0:06:30.7 certain cancers that  
0:06:30.7 -> 0:06:33.316 you think, if you have  
0:06:33.32 -> 0:06:35.774 for example, breast cancer or colon  
0:06:35.774 -> 0:06:38.21 cancer that that those really can  
0:06:38.21 -> 0:06:40.37 be treated closer to where you  
0:06:40.37 -> 0:06:42.266 live that you don't necessarily  
0:06:42.266 -> 0:06:44.835 need to go to a larger center.  
0:06:45.61 -> 0:06:47.034 That is absolutely true.  
0:06:47.034 -> 0:06:49.627 It of course depends upon  
0:06:49.627 -> 0:06:51.542 the strength of your surgical  
0:06:51.542 -> 0:06:53.67 staff and your surgical support,  
0:06:53.67 -> 0:06:55.59 because a lot of these  
0:06:55.59 -> 0:06:57.126 cancers do need surgery.  
0:06:57.13 -> 0:06:59.916 So if you have a trained  
0:06:59.916 -> 0:07:02.49 oncological surgeon on staff who  
0:07:02.49 -> 0:07:05.088 is equipped to do these surgeries,  
0:07:05.09 -> 0:07:07.826 then I think these cancers can  
0:07:07.826 -> 0:07:10.777 be very well handled in the community.  
0:07:11.6 -> 0:07:13.345 And what questions should  
0:07:13.345 -> 0:07:15.427 patients be asking of their  
0:07:15.427 -> 0:07:17.345 team of doctors if they are

0:07:17.345 -> 0:07:19.637 seen by a Community cancer program,  
0:07:19.64 -> 0:07:21.887 what questions should they be asking in  
0:07:21.887 -> 0:07:24.201 order to make the best informed decision  
0:07:24.201 -> 0:07:26.68 as to where they should be treated?  
0:07:27.9 -> 0:07:29.276 That's a good question,  
0:07:29.276 -> 0:07:31.682 but can be a little bit tricky.  
0:07:31.682 -> 0:07:33.99 I don't know if patients  
0:07:33.99 -> 0:07:35.286 would entirely feel comfortable  
0:07:35.286 -> 0:07:36.84 sometimes asking their physicians  
0:07:36.84 -> 0:07:38.56 what their experiences  
0:07:38.56 -> 0:07:39.936 in treating this cancer are.  
0:07:39.94 -> 0:07:41.998 And I do get that question,  
0:07:42 -> 0:07:42.99 but very occasionally,  
0:07:42.99 -> 0:07:45.3 but I think it is important for  
0:07:45.37 -> 0:07:47.278 patients to get involved in their  
0:07:47.278 -> 0:07:49.23 care and ask these questions,  
0:07:49.23 -> 0:07:52.047 and I think a lot of times people don't  
0:07:52.047 -> 0:07:54.793 ask this question because they feel that  
0:07:54.793 -> 0:07:57.968 they are going to offend the physician.  
0:07:57.97 -> 0:08:00.25 Which sometimes may be true,  
0:08:00.25 -> 0:08:03.7 but most times is not.  
0:08:03.7 -> 0:08:05.632 So I think it's fair enough  
0:08:05.632 -> 0:08:07.676 to say, Doctor,  
0:08:07.676 -> 0:08:10.43 do you treat a lot of these cancers and  
0:08:10.504 -> 0:08:13.045 it's sort of a ubiquitous question.  
0:08:15.39 -> 0:08:17.06 How do patients generally do?  
0:08:17.06 -> 0:08:19.724 Do you think I need a second opinion?  
0:08:19.73 -> 0:08:22.075 So I think these are all fair  
0:08:22.075 -> 0:08:24.408 questions to ask and say,  
0:08:24.408 -> 0:08:26.746 do you work with the surgeon closely?  
0:08:26.75 -> 0:08:29.414 Do you know if he's done many surgeries?

0:08:29.42 -> 0:08:31.73 Is it possible for me to speak  
0:08:31.73 -> 0:08:33.942 to someone who has  
0:08:33.942 -> 0:08:35.646 gone through this process?  
0:08:35.65 -> 0:08:39.234 Also, just basic questions that might help  
0:08:39.24 -> 0:08:41.008 keep patients well informed.  
0:08:41.01 -> 0:08:44.074 And I think that that's so important  
0:08:44.074 -> 0:08:46.912 that patients really do advocate  
0:08:46.912 -> 0:08:49.402 for themselves and truthfully,  
0:08:49.41 -> 0:08:51.322 many Community programs actually  
0:08:51.322 -> 0:08:54.19 do have the infrastructure to be  
0:08:54.27 -> 0:08:56.478 able to provide good quality care  
0:08:56.478 -> 0:08:59.129 for the more common cancers.  
0:08:59.13 -> 0:09:01.34 So you mentioned, for example,  
0:09:01.34 -> 0:09:03.6 that you have a multidisciplinary  
0:09:03.6 -> 0:09:06.357 team tell us more about how  
0:09:06.357 -> 0:09:08.407 that works in the Community  
0:09:08.41 -> 0:09:09.082 setting?  
0:09:09.082 -> 0:09:12.12 I would say that our our care,  
0:09:12.12 -> 0:09:14.544 even if I say so myself,  
0:09:16.07 -> 0:09:18.262 We bring most of our cases to a  
0:09:18.262 -> 0:09:19.41 multidisciplinary tumor conference.  
0:09:19.41 -> 0:09:21.822 So if I were to pick, let's say,  
0:09:21.822 -> 0:09:24.58 the most common cancer that we see in women,  
0:09:24.58 -> 0:09:27.328 which is breast cancer.  
0:09:27.33 -> 0:09:31.075 So once a woman gets a mammogram,  
0:09:31.08 -> 0:09:34.818 gets a biopsy, or sees a surgeon,  
0:09:34.82 -> 0:09:37.495 she is presented at a  
0:09:37.495 -> 0:09:39.1 multidisciplinary tumor conference.  
0:09:40.17 -> 0:09:44.45 For people who don't know what that is,  
0:09:44.45 -> 0:09:46.87 it is basically a collection  
0:09:46.87 -> 0:09:49.29 of many oncologists or any



0:09:49.385 -> 0:09:51.937 oncologists in the community.  
0:09:51.94 -> 0:09:54.62 Radiation oncology, radiology, the breast  
0:09:54.62 -> 0:09:55.796 surgeons themselves,  
0:09:55.796 -> 0:09:57.56 social worker, nutritionists.  
0:09:57.56 -> 0:10:00.552 So we all get together as a team  
0:10:00.552 -> 0:10:02.958 and discuss the presentation of  
0:10:02.958 -> 0:10:05.563 each sort of person's cancer,  
0:10:05.57 -> 0:10:08.24 and then we decide  
0:10:11.082 -> 0:10:13.58 to dealing with that situation.  
0:10:13.58 -> 0:10:16.7 Being most of the time, it's standard,  
0:10:16.7 -> 0:10:18.48 but things are changing.  
0:10:18.48 -> 0:10:21.588 You know we were used to using,  
0:10:21.59 -> 0:10:22.48 for example,  
0:10:22.48 -> 0:10:24.26 chemotherapy in always the  
0:10:24.26 -> 0:10:25.595 post surgical setting.  
0:10:25.6 -> 0:10:28.45 But now we're moving to using  
0:10:28.45 -> 0:10:29.701 treatment sometimes upfront  
0:10:29.701 -> 0:10:31.786 before surgery so not everybody  
0:10:31.786 -> 0:10:34.257 is a good candidate for that.  
0:10:34.26 -> 0:10:36.75 We talk about  
0:10:36.75 -> 0:10:38.41 the things like that.  
0:10:38.41 -> 0:10:41.315 Other things that come up are genetics.  
0:10:41.32 -> 0:10:43.91 This has also become a very  
0:10:43.91 -> 0:10:46.71 important part of management for patients.  
0:10:46.71 -> 0:10:49.2 You know 10% of the cancers  
0:10:49.2 -> 0:10:50.445 that are diagnosed,  
0:10:50.45 -> 0:10:52.106 especially breast cancer I'm  
0:10:52.106 -> 0:10:54.176 talking about can be genetic,  
0:10:54.18 -> 0:10:56.67 so we always talk about that.  
0:10:56.67 -> 0:10:58.82 We have a genetic counselor  
0:10:58.82 -> 0:11:01.097 as a part of the team who will

0:11:01.097 -> 0:11:03.143 be there and say, OK,  
0:11:03.143 -> 0:11:05.569 I think this person needs to meet with me.  
0:11:05.57 -> 0:11:06.92 We need to  
0:11:06.92 -> 0:11:09.22 check her or family members.  
0:11:09.22 -> 0:11:12.328 If there are  
0:11:12.33 -> 0:11:13.578 financial issues.  
0:11:13.578 -> 0:11:14.41 Social issues.  
0:11:14.41 -> 0:11:16.958 We have a social worker who is  
0:11:16.958 -> 0:11:20.418 present who can help  
0:11:20.418 -> 0:11:22.703 guide patients through that process.  
0:11:22.71 -> 0:11:25.092 We have a licensed nutritionist who can  
0:11:25.092 -> 0:11:27.69 provide support as to healthy diets.  
0:11:27.69 -> 0:11:30.246 Because this really becomes a very  
0:11:30.246 -> 0:11:32.811 important part of what people feel  
0:11:32.811 -> 0:11:35.145 that they have some control over it  
0:11:35.145 -> 0:11:37.65 and it empowers them.  
0:11:37.65 -> 0:11:40.751 And of course we know that obesity  
0:11:40.751 -> 0:11:43.68 and cancer have a direct link so  
0:11:43.68 -> 0:11:46.458 we always want to talk about  
0:11:46.458 -> 0:11:48.31 maintaining a healthy lifestyle  
0:11:48.392 -> 0:11:50.708 and a healthy body mass index.  
0:11:50.71 -> 0:11:53.77 Once a case is discussed at  
0:11:53.77 -> 0:11:55.3 the Multidisciplinary conference,  
0:11:55.3 -> 0:11:57.85 we will then make recommendations.  
0:11:57.85 -> 0:12:00.4 The patient gets established with  
0:12:00.4 -> 0:12:02.95 medical oncologist or radiation oncologist,  
0:12:02.95 -> 0:12:06.472 and it's really a very good  
0:12:06.472 -> 0:12:07.646 collaborative approach.  
0:12:08.02 -> 0:12:10.684 The other thing that we often  
0:12:10.684 -> 0:12:13.853 talk about on the show is things like  
0:12:13.853 -> 0:12:15.473 personalized medicine and genomics.

0:12:15.48 -> 0:12:17.64 So are those things available in  
0:12:17.64 -> 0:12:19.527 Community settings or are those  
0:12:19.527 -> 0:12:21.801 really only the purview of the  
0:12:21.801 -> 0:12:23.69 larger academic centers?  
0:12:23.69 -> 0:12:26.301 There has been so much progress in  
0:12:26.301 -> 0:12:29.452 these things that they are now  
0:12:29.452 -> 0:12:32.5 easily available to us as well.  
0:12:32.5 -> 0:12:36.835 Our goal is always to be able to  
0:12:36.835 -> 0:12:40.515 at least offer standard a standard of care,  
0:12:40.52 -> 0:12:43.787 which means if you were to see  
0:12:43.787 -> 0:12:47.211 an oncologist here or you went to the  
0:12:47.211 -> 0:12:50.648 West Coast and used an oncologist there,  
0:12:50.65 -> 0:12:52.73 the therapy recommended  
0:12:52.73 -> 0:12:55.709 would be similar,  
0:12:55.71 -> 0:12:57.126 if not identical,  
0:12:57.126 -> 0:13:00.43 so that is called standardized  
0:13:00.518 -> 0:13:02.588 care and it is based now  
0:13:02.59 -> 0:13:05.422 on genomics, which do play a huge role  
0:13:05.422 -> 0:13:07.608 in determining treatment for cancer,  
0:13:07.61 -> 0:13:09.15 it has been a significant advance.  
0:13:11.08 -> 0:13:13.01 In the treatment of breast cancer,  
0:13:13.01 -> 0:13:15.692 when we look back we find that  
0:13:15.692 -> 0:13:18.746 we were probably over treating a lot of  
0:13:18.746 -> 0:13:21.889 the breast cancer patients with chemotherapy.  
0:13:21.89 -> 0:13:24.284 Now we have tests that can actually  
0:13:24.284 -> 0:13:26.14 determine benefit from chemotherapy,  
0:13:26.14 -> 0:13:28.276 and these are based on genomic  
0:13:28.276 -> 0:13:31.028 tests allowed for a lot of the  
0:13:31.028 -> 0:13:32.696 cancers including lung cancer,  
0:13:32.7 -> 0:13:34.7 colon cancer we are doing  
0:13:34.7 -> 0:13:36.179 molecular testing we're

0:13:36.179 -> 0:13:38.644 identifying targets on these cells,  
0:13:38.65 -> 0:13:41.614 which we know drive the growth  
0:13:41.614 -> 0:13:43.096 of cancer cells,  
0:13:43.1 -> 0:13:46.142 and then we can actually pick  
0:13:46.142 -> 0:13:48.17 medications that would specifically  
0:13:48.248 -> 0:13:50.508 block these drivers and that  
0:13:51.39 -> 0:13:54.47 is sort of the tailor made approach  
0:13:54.47 -> 0:13:56.44 for treating cancer.  
0:13:56.44 -> 0:13:58.408 So it sounds like  
0:13:58.41 -> 0:14:00.978 you know patients can get that  
0:14:00.978 -> 0:14:04.084 same kind of genomic testing in  
0:14:04.084 -> 0:14:06.046 that personalized therapies  
0:14:06.05 -> 0:14:08.17 even staying closer to home.  
0:14:08.17 -> 0:14:10.949 We're going to take a short break  
0:14:10.949 -> 0:14:13.546 for a medical minute and come  
0:14:13.546 -> 0:14:16.18 back and talk more about cancer  
0:14:16.18 -> 0:14:18.736 care in the community with my  
0:14:18.74 -> 0:14:20.96 guest Doctor Katoch.  
0:14:20.96 -> 0:14:23.18 Support for Yale Cancer Answers comes from  
0:14:23.252 -> 0:14:25.182 AstraZeneca, working to eliminate  
0:14:25.182 -> 0:14:27.62 cancer as a cause of death.  
0:14:27.62 -> 0:14:31.188 Learn more at [astrazeneca-us.com](http://astrazeneca-us.com).  
0:14:31.19 -> 0:14:33.25 This is a medical minute  
0:14:33.25 -> 0:14:34.486 about colorectal cancer.  
0:14:34.49 -> 0:14:35.891 When detected early,  
0:14:35.891 -> 0:14:38.226 colorectal cancer is easily treated  
0:14:38.226 -> 0:14:41.109 and highly curable and as a result  
0:14:41.109 -> 0:14:43.439 it's recommended that men and women  
0:14:43.439 -> 0:14:46.113 over the age of 45 have regular  
0:14:46.113 -> 0:14:48.388 colonoscopies to screen for the disease.  
0:14:48.388 -> 0:14:50.273 Tumor gene analysis has helped

0:14:50.273 -> 0:14:52.012 improve management of colorectal  
0:14:52.012 -> 0:14:54.172 cancer by identifying the patients  
0:14:54.172 -> 0:14:56.355 most likely to benefit from  
0:14:56.355 -> 0:14:58.445 chemotherapy and newer targeted agents,  
0:14:58.45 -> 0:15:00.35 resulting in more patient  
0:15:00.35 -> 0:15:01.3 specific treatments.  
0:15:01.3 -> 0:15:03.372 More information is available  
0:15:03.372 -> 0:15:04.408 at [yalecancercenter.org](http://yalecancercenter.org).  
0:15:04.41 -> 0:15:07.53 You're listening to Connecticut Public Radio.  
0:15:10.62 -> 0:15:12.612 Welcome back to Yale Cancer Answers.  
0:15:12.612 -> 0:15:15 We're discussing the care of  
0:15:15.073 -> 0:15:17.133 cancer patients in the community  
0:15:17.133 -> 0:15:20.034 and right before the break  
0:15:20.034 -> 0:15:22.722 we were talking about some of the  
0:15:22.722 -> 0:15:25.276 differences and the other thing that I  
0:15:25.276 -> 0:15:27.95 was wondering about was clinical trials.  
0:15:27.95 -> 0:15:30.764 So often on this show,  
0:15:30.77 -> 0:15:33.29 we talk about the importance of  
0:15:33.29 -> 0:15:35.48 clinical trials and how that's  
0:15:35.48 -> 0:15:38.476 one of the ways to get tomorrow's  
0:15:38.476 -> 0:15:40.709 therapies today in that patients  
0:15:40.71 -> 0:15:43.398 often will get the best care by  
0:15:43.398 -> 0:15:45.352 participating in clinical trials for  
0:15:45.352 -> 0:15:47.9 which they are eligible and for which  
0:15:47.9 -> 0:15:50.898 their Doctor thinks they would benefit from.  
0:15:50.9 -> 0:15:53.168 Talk to us about whether clinical  
0:15:53.168 -> 0:15:55.61 trials are available in the community setting.  
0:15:55.61 -> 0:15:59.129 You bring up a great point,  
0:15:59.13 -> 0:16:02.271 and it is true that we wouldn't  
0:16:02.271 -> 0:16:05.606 be where we are today in cancer if  
0:16:05.606 -> 0:16:08.03 we didn't encourage our patients

0:16:08.03 -> 0:16:10.76 to participate in clinical trials.  
0:16:10.76 -> 0:16:13.318 As everyone knows, 2020 has  
0:16:13.318 -> 0:16:15.138 been a particularly challenging year,  
0:16:15.14 -> 0:16:18.344 and also for clinical trials it has been a very  
0:16:18.344 -> 0:16:20.617 challenging year simply because  
0:16:20.62 -> 0:16:21.715 clinical trials require  
0:16:21.715 -> 0:16:22.81 very diligent follow-up,  
0:16:22.81 -> 0:16:24.29 mostly for patient safety,  
0:16:24.29 -> 0:16:27.19 and that we all know because of covid  
0:16:27.19 -> 0:16:29.78 we've had to resort to  
0:16:29.78 -> 0:16:31.584 virtual appointments and seeing  
0:16:31.584 -> 0:16:34.08 patients may be a little bit  
0:16:34.145 -> 0:16:36.677 less frequently than we normally would,  
0:16:36.68 -> 0:16:39.214 so a lot of the clinical trials  
0:16:39.214 -> 0:16:40.75 had to be put  
0:16:40.75 -> 0:16:44.03 on hold, but usually we have a very  
0:16:44.03 -> 0:16:46.418 robust collection of clinical trials  
0:16:46.418 -> 0:16:48.888 for patients with breast cancer,  
0:16:48.89 -> 0:16:50.694 colon, cancer, lung cancer,  
0:16:50.694 -> 0:16:51.596 chronic leukemias,  
0:16:51.6 -> 0:16:52.502 and myelomas.  
0:16:52.502 -> 0:16:54.757 That brings up  
0:16:54.76 -> 0:16:57.329 a great point. The fact that you're  
0:16:57.329 -> 0:17:00.405 part of a network and can avail  
0:17:00.405 -> 0:17:02.77 yourself of clinical trials that  
0:17:02.77 -> 0:17:05.61 are available at larger centers.  
0:17:05.61 -> 0:17:08.316 Maybe not all of the trials,  
0:17:08.32 -> 0:17:11.338 but certainly a collaboration whereby  
0:17:11.34 -> 0:17:13 patients can avail themselves  
0:17:13 -> 0:17:14.245 of clinical trials,  
0:17:14.25 -> 0:17:17.155 oftentimes closer to home, and if not,

0:17:17.16 -> 0:17:20.445 you can always send them to to a larger  
0:17:20.445 -> 0:17:22.578 center where they can participate  
0:17:22.578 -> 0:17:25.9 and that brings up my next question,  
0:17:25.9 -> 0:17:28.948 which is in those cases where  
0:17:28.948 -> 0:17:32.225 there is a particular nuances of the care  
0:17:32.225 -> 0:17:35.877 or where a second opinion might be needed,  
0:17:35.88 -> 0:17:38.28 is it possible for patients to  
0:17:38.28 -> 0:17:40.412 seek a second opinion somewhere  
0:17:40.412 -> 0:17:42.657 and still get treated  
0:17:42.66 -> 0:17:43.8 closer to home?  
0:17:43.8 -> 0:17:46.46 So for example getting the  
0:17:46.54 -> 0:17:49.669 advice of an oncologist closer to home  
0:17:49.669 -> 0:17:52.21 about what particular regimen to use,  
0:17:52.21 -> 0:17:55.53 or how a radiation plan might be structured,  
0:17:55.53 -> 0:17:58.85 but then still get their care closer to home?  
0:17:58.85 -> 0:18:00.99 Absolutely yes,  
0:18:00.99 -> 0:18:03.13 and this happens more  
0:18:03.13 -> 0:18:05.579 frequently than one would think.  
0:18:05.58 -> 0:18:08.076 And you know, sometimes I'll say to my  
0:18:08.076 -> 0:18:10.5 patients when I'm torn between two options.  
0:18:10.5 -> 0:18:13.443 And I'll say I would like you to see,  
0:18:15.09 -> 0:18:17.058 so and so maybe at the Dana Farber Institute,  
0:18:17.06 -> 0:18:19.356 maybe closer to home at Smilow.  
0:18:19.36 -> 0:18:21.53 And then I always give them the  
0:18:21.53 -> 0:18:24.18 option that if this is  
0:18:26.228 -> 0:18:28.538 recommended and if it's not on a clinical  
0:18:28.538 -> 0:18:31.489 trial and we are able to do it here,  
0:18:31.49 -> 0:18:33.814 you are welcome to come here and  
0:18:33.814 -> 0:18:36.188 we would love to treat you here  
0:18:36.19 -> 0:18:37.95 if that is your preference,  
0:18:37.95 -> 0:18:38.781 so this is,

0:18:38.781 -> 0:18:40.72 you know a very sort of open  
0:18:40.795 -> 0:18:42.529 discussion with patients,  
0:18:42.53 -> 0:18:44.315 and sometimes patients will finish  
0:18:44.315 -> 0:18:46.502 their clinical trial and then will  
0:18:46.502 -> 0:18:48.882 continue to follow with you as their  
0:18:48.882 -> 0:18:50.623 primary oncologist.  
0:18:50.623 -> 0:18:52.378 Ultimately it's about the patient.  
0:18:52.38 -> 0:18:54.486 What is best for the patient,  
0:18:54.49 -> 0:18:57.658 and I make sure that our patients  
0:18:58.402 -> 0:19:00.257 know that and they're not feeling pressured  
0:19:00.257 -> 0:19:02.052 and not feeling that their  
0:19:02.052 -> 0:19:03.288 offending us in any way.  
0:19:03.29 -> 0:19:05.288 It's important  
0:19:05.288 -> 0:19:07.091 for patients and everybody listening  
0:19:07.091 -> 0:19:08.719 to really understand that.  
0:19:08.72 -> 0:19:11.012 You know this is a collaboration  
0:19:11.012 -> 0:19:12.971 and it's a collaboration amongst  
0:19:12.971 -> 0:19:15.101 physicians who are all trying to  
0:19:15.101 -> 0:19:17.718 treat you in the best possible way.  
0:19:17.72 -> 0:19:20.38 And so you're not going to offend  
0:19:20.38 -> 0:19:23.35 anybody and for for the most part  
0:19:23.35 -> 0:19:25.526 many of us actually do seek the opinions  
0:19:25.526 -> 0:19:28.063 of our colleagues at multidisciplinary  
0:19:28.063 -> 0:19:30.468 tumor conferences like you mentioned,  
0:19:30.47 -> 0:19:32.888 as well as outside the institution  
0:19:32.888 -> 0:19:35.583 and frequently you can get the  
0:19:35.583 -> 0:19:37.599 same care then closer to home.  
0:19:37.6 -> 0:19:39.928 If somebody has a better idea  
0:19:39.928 -> 0:19:42.43 of how to treat something.  
0:19:42.43 -> 0:19:44.565 Whereby those services  
0:19:44.565 -> 0:19:46.7 are available in the community.



0:19:46.7 -> 0:19:48.84 You can still do so.  
0:19:48.84 -> 0:19:51.374 Talk to me a little bit  
0:19:51.374 -> 0:19:53.96 about kind of community support.  
0:19:53.96 -> 0:19:57.124 You mentioned one of the  
0:19:57.124 -> 0:19:58.964 disadvantages sometimes of going  
0:19:58.964 -> 0:20:01.813 into a larger center is that you  
0:20:01.813 -> 0:20:04.207 know frequently if care is required,  
0:20:04.21 -> 0:20:06.766 say for example with radiation therapy,  
0:20:06.77 -> 0:20:09.57 five days a week for many weeks  
0:20:09.57 -> 0:20:13.276 that a 2 hour drive might not be  
0:20:14.062 -> 0:20:16.408 the most feasible thing one would  
0:20:16.408 -> 0:20:19.11 also imagine that just being  
0:20:19.11 -> 0:20:21.24 in the community where you're at,  
0:20:21.24 -> 0:20:23.4 being around loved ones and so  
0:20:23.4 -> 0:20:26.107 on can sometimes be a little bit  
0:20:26.107 -> 0:20:27.295 more comfortable for  
0:20:27.3 -> 0:20:30.34 patients. Do you find that that's the case?  
0:20:30.34 -> 0:20:32.524 So I would say that in cancer care  
0:20:32.524 -> 0:20:34.88 that is of utmost importance.  
0:20:34.88 -> 0:20:37.533 This is 1 diagnosis where  
0:20:37.533 -> 0:20:39.998 just having the support of the  
0:20:39.998 -> 0:20:42.5 people you love is so meaningful  
0:20:42.5 -> 0:20:44.889 because it's not just a physical  
0:20:44.89 -> 0:20:46.954 diagnosis. It's an emotional,  
0:20:46.954 -> 0:20:49.534 psychological diagnosis that  
0:20:49.534 -> 0:20:51.957 affects all the people around you.  
0:20:51.96 -> 0:20:54.936 So it's really important to have that social  
0:20:54.936 -> 0:20:57.82 support not only from your family,  
0:20:57.82 -> 0:21:00.022 but also from where you are being  
0:21:00.022 -> 0:21:02.57 treated so where we are  
0:21:02.57 -> 0:21:04.663 for example, at the Yale Cancer Center

0:21:04.663 -> 0:21:07.328 we have a radiation oncology division,  
0:21:07.33 -> 0:21:09.526 which is in the same building.  
0:21:09.53 -> 0:21:11.355 So people who need radiation  
0:21:11.355 -> 0:21:12.815 can come right there.  
0:21:12.82 -> 0:21:15.636 If we are doing something which is a  
0:21:15.636 -> 0:21:17.209 combination chemotherapy and radiation,  
0:21:17.21 -> 0:21:18.418 we will  
0:21:18.418 -> 0:21:20.23 try to make sure  
0:21:20.31 -> 0:21:22.038 that their appointments  
0:21:22.04 -> 0:21:23.894 can be coordinated that life really  
0:21:23.894 -> 0:21:26.447 can be as simple as possible for them.  
0:21:26.45 -> 0:21:28.03 Sometimes people don't have transport,  
0:21:28.03 -> 0:21:30.76 so we have a social worker on site who will  
0:21:30.832 -> 0:21:33.38 arrange for transport for people and  
0:21:34.006 -> 0:21:36.197 we will tell our patients, our elderly  
0:21:36.197 -> 0:21:38.42 patients who often rely on their children  
0:21:39.365 -> 0:21:40.625 but their children work,  
0:21:40.63 -> 0:21:42.61 so it's not always possible for  
0:21:42.61 -> 0:21:44.869 somebody to give you a ride each  
0:21:44.869 -> 0:21:46.603 and every day back and forth.  
0:21:46.61 -> 0:21:48.946 So we have that kind of support and  
0:21:48.946 -> 0:21:51.647 we want our patients to know about it.  
0:21:51.65 -> 0:21:54.248 We want them to use it.  
0:21:54.25 -> 0:21:56.31 We also have support groups.  
0:21:56.31 -> 0:21:59.11 We have a very robust and active  
0:21:59.11 -> 0:22:00.83 breast Cancer Support group.  
0:22:00.83 -> 0:22:02.755 Other support groups which are  
0:22:02.755 -> 0:22:05.35 not as robust but are present.  
0:22:05.35 -> 0:22:08.03 They meet once a month I think now  
0:22:08.03 -> 0:22:11.453 with some of them have been  
0:22:11.453 -> 0:22:13.754 meeting remotely but that women

0:22:13.754 -> 0:22:16.37 also find a very strong sense  
0:22:16.37 -> 0:22:18.5 of community and support with  
0:22:18.5 -> 0:22:20.55 those centers and I would  
0:22:20.55 -> 0:22:22.695 think that the other  
0:22:22.695 -> 0:22:24.84 place where  
0:22:24.84 -> 0:22:28.333 optimizing and kind of using  
0:22:28.333 -> 0:22:31.529 that social support is at end of life.  
0:22:31.53 -> 0:22:34.206 In terms of palliative care.  
0:22:34.21 -> 0:22:37.192 So our palliative care resource is  
0:22:37.192 -> 0:22:40.002 available in the Community both on  
0:22:40.002 -> 0:22:42.571 inpatient as well as there is  
0:22:42.571 -> 0:22:45.757 such a thing as home palliative care  
0:22:45.757 -> 0:22:48.492 where people can really  
0:22:48.492 -> 0:22:51.649 take community all the way back to  
0:22:51.649 -> 0:22:55.045 your own home and have the services  
0:22:55.05 -> 0:22:56.51 that keep you comfortable at  
0:22:56.51 -> 0:22:58.35 the end of life at home.  
0:22:59.79 -> 0:23:02.52 You bring up an excellent,  
0:23:02.52 -> 0:23:05.34 excellent question, so palliative care is  
0:23:05.34 -> 0:23:08.439 a very important part of cancer care,  
0:23:08.44 -> 0:23:11.618 and you know it includes pain control.  
0:23:11.62 -> 0:23:13.895 It includes things that can  
0:23:13.895 -> 0:23:16.17 occur like loss of appetite,  
0:23:16.17 -> 0:23:18.45 loss of interest in life,  
0:23:18.45 -> 0:23:21.278 so we actually offer a consultative  
0:23:21.278 -> 0:23:24.359 service that is available through Yale.  
0:23:24.36 -> 0:23:27.336 We can do it either virtually  
0:23:27.336 -> 0:23:29.8 or we can do it  
0:23:29.8 -> 0:23:33.349 in the office, we actually have consultative  
0:23:33.349 -> 0:23:35.579 care services available on site,  
0:23:35.58 -> 0:23:39.436 so that is outpatient and inpatient.

0:23:39.44 -> 0:23:41.364 Palliative care services are available  
0:23:41.364 -> 0:23:42.807 through both hospitals.  
0:23:42.81 -> 0:23:46.308 So both Waterbury Hospital and Saint  
0:23:46.308 -> 0:23:48.64 Mary's Hospital offer palliative  
0:23:48.724 -> 0:23:51.846 care services is an inpatient unit 4.  
0:23:53.008 -> 0:23:56.47 A lot of patients want to be home.  
0:23:56.47 -> 0:23:58.4 They want to  
0:23:58.4 -> 0:24:00.682 be surrounded with the loved ones they  
0:24:00.682 -> 0:24:03.398 want to be in familiar surroundings.  
0:24:03.4 -> 0:24:05.71 So we have several Hospice agencies,  
0:24:07.255 -> 0:24:09.83 who can make that possible  
0:24:09.83 -> 0:24:13.166 and who do really do a very  
0:24:13.17 -> 0:24:16.306 fabulous job of taking  
0:24:16.306 -> 0:24:19.358 care of patients at the end of  
0:24:19.358 -> 0:24:21.77 life, they trained to do that.  
0:24:21.77 -> 0:24:23.03 They are compassionate,  
0:24:23.03 -> 0:24:25.13 their empathetic and most patients  
0:24:25.13 -> 0:24:27.79 are very pleased with their services.  
0:24:29.94 -> 0:24:31.66 It's really important for cancer  
0:24:31.66 -> 0:24:33.81 patients to get treated where  
0:24:33.81 -> 0:24:36.424 they feel the most comfortable and  
0:24:36.424 -> 0:24:38.539 being surrounded by loved ones,  
0:24:38.54 -> 0:24:41.12 particularly at the end of life,  
0:24:41.12 -> 0:24:44.06 is something that they may consider.  
0:24:47.525 -> 0:24:50.158 You've mentioned a few times  
0:24:50.16 -> 0:24:52.505 this whole crisis that  
0:24:52.505 -> 0:24:54.85 we've been through with Covid,  
0:24:54.85 -> 0:24:58.084 which in and of itself has restricted  
0:24:58.084 -> 0:25:00.958 mobility in terms of going across  
0:25:00.958 -> 0:25:03.76 state lines for certain states,  
0:25:03.76 -> 0:25:05.24 travel and so on.

0:25:05.24 -> 0:25:08.061 Talk to us a little bit about  
0:25:08.061 -> 0:25:10.591 how the covid epidemic affected  
0:25:10.591 -> 0:25:13.61 cancer care in the community.  
0:25:14.99 -> 0:25:18.518 Well, you know a lot of the screening  
0:25:18.518 -> 0:25:21.16 procedures that people would go for,  
0:25:21.16 -> 0:25:23.86 I think those have been the  
0:25:23.86 -> 0:25:27.029 first ones to have gone  
0:25:27.029 -> 0:25:29.976 away or have been put on hold.  
0:25:29.98 -> 0:25:31.306 So screening mammograms,  
0:25:31.306 -> 0:25:32.19 screening colonoscopies,  
0:25:32.19 -> 0:25:34.39 those have been a challenge,  
0:25:34.39 -> 0:25:37.498 so people have either put them off  
0:25:37.498 -> 0:25:41.009 or have just been afraid to go out.  
0:25:41.01 -> 0:25:42.369 And you know,  
0:25:42.369 -> 0:25:45.087 we've resorted to some virtual visits.  
0:25:45.09 -> 0:25:46.944 Which I would say patients are  
0:25:46.944 -> 0:25:48.71 thankful that they're seeing a doctor,  
0:25:48.71 -> 0:25:50.69 even if they're not coming into  
0:25:50.69 -> 0:25:52.598 the office and patients who have  
0:25:52.598 -> 0:25:54.446 been able to come to the office  
0:25:54.446 -> 0:25:56.57 are just so delighted to be there,  
0:25:56.57 -> 0:25:58.523 and they have often said to me  
0:25:58.523 -> 0:26:00.7 that this is my first  
0:26:00.7 -> 0:26:02.608 outing in the last three months.  
0:26:02.61 -> 0:26:05.93 I cannot tell you how happy I am to be here,  
0:26:05.93 -> 0:26:10.56 so it's sort of kind of funny to hear that.  
0:26:13.328 -> 0:26:16.267 But a lot of people have delayed their  
0:26:16.267 -> 0:26:20.001 care and we are beginning to see  
0:26:20.001 -> 0:26:22.545 a little bit of an uptick  
0:26:22.55 -> 0:26:25.214 now in patients presenting with slightly  
0:26:25.214 -> 0:26:27.88 advanced cancers at this time because

0:26:27.88 -> 0:26:30.54 of the lack of screening, you  
0:26:30.54 -> 0:26:33.648 think lack of screening and self delayed  
0:26:33.648 -> 0:26:35.869 patient care, obviously,  
0:26:35.869 -> 0:26:38.084 for reasons that are understandable.  
0:26:39.24 -> 0:26:41.598 And so are you recommending that  
0:26:41.598 -> 0:26:44.29 people get back into screening now?  
0:26:44.29 -> 0:26:47.018 Do you think that we have gotten over  
0:26:47.018 -> 0:26:49.937 the height of the pandemic such  
0:26:49.937 -> 0:26:53.169 that people should really get back into  
0:26:53.169 -> 0:26:55.659 doing those screening mammograms and  
0:26:55.66 -> 0:26:56.114 colonoscopies?  
0:26:56.114 -> 0:26:58.384 I think in the Community  
0:26:58.384 -> 0:27:00.709 people are already back to it.  
0:27:00.71 -> 0:27:03.236 You know our centers, they are  
0:27:03.24 -> 0:27:05.345 asking everybody  
0:27:05.345 -> 0:27:07.029 to wear masks, temperature checks.  
0:27:07.03 -> 0:27:09.646 Most people now have been immunized.  
0:27:09.65 -> 0:27:11.81 I would say at least 90%  
0:27:11.81 -> 0:27:13.518 of my patient population,  
0:27:13.518 -> 0:27:16.502 who I ask has either received the  
0:27:16.502 -> 0:27:18.548 vaccine or is going to receive  
0:27:18.548 -> 0:27:21.427 it in the next few days so I do  
0:27:21.427 -> 0:27:24.05 get a sense that at least as far  
0:27:24.05 -> 0:27:25.85 as medical care is concerned,  
0:27:25.85 -> 0:27:28.73 that the Community is getting back to normal.  
0:27:29.67 -> 0:27:32.631 And do you think that some of the things  
0:27:32.631 -> 0:27:35.537 that we've kind of learned about medicine  
0:27:35.537 -> 0:27:38.229 and how medicine can be delivered?  
0:27:38.23 -> 0:27:41.016 For example, you know virtual visits  
0:27:41.016 -> 0:27:42.899 and telemedicine really opened up  
0:27:42.9 -> 0:27:46.252 a whole horizon for people for

0:27:46.252 -> 0:27:48.34 whom transportation was a big issue.  
0:27:48.34 -> 0:27:51.444 Do you think that that's here to stay?  
0:27:51.45 -> 0:27:53.694 That will continue to have Tele  
0:27:53.694 -> 0:27:55.73 medicine visits into the future?  
0:27:56.68 -> 0:27:57.07 Excellent  
0:27:57.07 -> 0:27:59.779 question and I think that it  
0:27:59.779 -> 0:28:02.884 is here to stay and it has made  
0:28:02.884 -> 0:28:05.6 life simpler for a lot of people.  
0:28:05.6 -> 0:28:07.54 But it has also brought  
0:28:07.54 -> 0:28:08.704 along many challenges.  
0:28:08.71 -> 0:28:10.78 The older patients  
0:28:10.78 -> 0:28:12.98 cannot get the video connection.  
0:28:12.98 -> 0:28:15.144 They are so frustrated  
0:28:15.144 -> 0:28:18.39 by the end of the visit.  
0:28:18.39 -> 0:28:20.766 But I would say the telephone  
0:28:20.766 -> 0:28:22.35 visits go much smoother,  
0:28:22.35 -> 0:28:25.46 especially if you're dealing with  
0:28:25.46 -> 0:28:26.684 an older population or you  
0:28:26.684 -> 0:28:28.52 know people who are just not  
0:28:28.585 -> 0:28:30.589 comfortable doing it on the phone.  
0:28:32.495 -> 0:28:33.638 Other than the technology challenge,  
0:28:33.64 -> 0:28:36.307 I think it is here to stay.  
0:28:36.31 -> 0:28:37.57 Doctor Anamika Katoch is an  
0:28:37.57 -> 0:28:39.25 assistant professor of clinical  
0:28:39.25 -> 0:28:40.884 medicine and medical oncology  
0:28:40.884 -> 0:28:42.78 at the Yale School of Medicine.  
0:28:42.78 -> 0:28:44.312 If you have questions,  
0:28:44.312 -> 0:28:45.844 the address is [canceranswers@yale.edu](mailto:canceranswers@yale.edu)  
0:28:45.844 -> 0:28:47.953 and past editions of the program  
0:28:47.953 -> 0:28:49.885 are available in audio and written  
0:28:49.94 -> 0:28:51.548 form at [yalecancercenter.org](http://yalecancercenter.org).

0:28:51.55 -> 0:28:54.374 We hope you'll join us next week to  
0:28:54.374 -> 0:28:57.122 learn more about the fight against  
0:28:57.122 -> 0:29:00.068 cancer here on Connecticut Public Radio.