

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.
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.
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.
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
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.

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.