Scott: Welcome to the 3Ps of Cancer podcast. Where we'll discuss prevention, preparedness and progress in cancer treatments and research. Brought to you by the University of Michigan Rogel Cancer Center.

I'm Scott [Redding 00:00:10].

We're here with Dr. Shirish Gadgeel to talk about cancer care and how to choose a cancer center. Let's meet Dr. Gadgeel. He's the co-leader of the Thoracic Oncology Research Program and the Mary Lou Kennedy Research Professor in Thoracic Oncology at the University of Michigan Rogel Cancer Center. He's also is the Associate Director for Cancer Care Network and Affiliated Centers.

Shirish has served on a number of committees through the American Society of Clinical Oncology. Is on the lung cancer committee for the National Cancer Institute's SWOG research group and serves on editorial boards for cancer and clinical lung cancer journals as well as being published extensively over the past 20 years.

Now Shirish, your clinical and research focus seems to be on lung cancer in particular, yet you're the Associate Director for Network and Affiliated Centers. Can you explain what that means?

Dr. Gadgeel: First of all, thank you Scott for inviting me and giving me this opportunity to participate in this podcast.

University of Michigan Cancer Center has expertise in clinical care or cancer clinical care. University of Michigan Rogel Cancer Center is making a concerted effort in extending its reach so as to provide accessibility to patients all over the state of Michigan to its high quality of cancer care as well as high quality of clinical research. As one of these efforts, University of Michigan Rogel Cancer Center will now be located at several satellite offices. We have active oncology practices at the Northville satellite office. Also in Canton. In fall of 2018, we expect to start a fairly large center in Brighton, which will have several specialties but include comprehensive cancer care.

This is an effort by the University of Michigan Rogel Cancer Center to extend its reach beyond its Ann Arbor campus. So as to provide accessibility to its research and clinical care to patients all over the state of Michigan and I might say to patients all over the Midwest.

Scott: What you're saying is I don't necessarily have to drive to Ann Arbor to get the exact same care? Will I get that if I'm a satellite location?

Dr. Gadgeel: That is the goal of establishing the satellite offices in Northville, in Brighton and to a limited extent, also in Canton. That we can extend the reach of University of Michigan Rogel Cancer Center to these areas to provide the high quality of both

cancer care as well as cancer research for patients all over the state of Michigan. Of course, not every aspect of the care can be delivered at these satellite offices. There might be certain tests or certain procedures for which the patient may have to come to Ann Arbor.

The attempt here is to make as easy and facilitate the care as close to the patient's residence as possible.

Scott: We've talked a little about the Rogel Cancer Center being out more in the community but are there differences between cancer centers or getting care in the community or use the word comprehensive. I've heard the term multidisciplinary. What does all that mean to a patient?

Dr. Gadgeel: I think that's a very relevant question because when patients look up different cancer centers, they see the word comprehensive or a variety of terminologies used with regards to cancer centers and a variety different places but it's important for patients to understand that the National Cancer Institute, a federal agency, has designated 49 centers in the entire country with the designation of a comprehensive cancer center. What the NCI's mission in assigning these designations, is to ... is the belief that only through cancer research, can the outcomes of cancer patients be improved, can the cure rates of cancer patients be improved.

The requirement for each of the comprehensive cancer centers, is to demonstrate that they have expertise, not only in delivering excellent cancer care, but to conduct high quality cancer research. As well as what is called, as population science research. To integrate these three aspects in a multidisciplinary fashion. That is, use the expertise of individuals, of physicians, of scientists with a variety of backgrounds with the mission of improving the outcomes of patient care.

Only after each of these centers were able to demonstrate these capabilities, did the National Cancer Institute assign this designation to these 49 centers. In the state of Michigan, the University of Michigan is of one of two comprehensive cancer centers. It's a unique designation and just the designation itself, should convey to a patient, that there is a high quality of both clinical care being delivered and conducted as well as high quality of both basic clinical and population based research being conducted.

I would also add that the research is being utilized to improve the outcomes of patients. To generate new clinical trials that could eventually improve the cure rates or improve outcomes in our cancer patients.

Scott: Well that's a pretty, no pun intended, comprehensive list of things that make up a Rogel cancer center. You mentioned something about research and I'm sure many cancer centers around the country do research. Is there a difference in

kind of research that's done at maybe more of a community based cancer center compared to a comprehensive cancer center?

Dr. Gadgeel: I think that there is a distinction between the type of research conducted on comprehensive cancer center like University of Michigan and some of the other centers. One of the things that needs to be recognized is that every physician, as well as every cancer research, at University of Michigan, is focused on either a specific cancer, or specific aspects of cancers and therefore that expertise leads to generation of research and therefore, clinical trials that are fairly unique.

This includes both investigator initiated trials based on concepts developed in the laboratories at the University of Michigan and then extending those concepts to the clinic. As well as, very unique partnerships with the industries. So there are a variety of centers that partner with industry. But we tend to partner primarily on early development of drugs so that the drugs are properly tested in the right patient population.

There is tremendous amount of classification that has occurred when it comes to cancer. For example, I deal ... my area of interest is lung cancer and about 10, 12 years ago, there were basically two large types of lung cancer that I treated. Which was non-small cell lung cancer and small cell lung cancer. However, now I do not treat just non-small cell lung cancer or small cell lung cancer. There are further distinctions and that has allowed us to develop very precise therapy for that particular patient. At the University of Michigan, we have to sort of identify the unique characteristics of the tumors that the patient has or the cancers that the patient has. Based on those unique characteristics, either define the proper therapy or consider trials that are evaluating drugs that will target the specific, unique feature of that patient's cancer. And thus provide ... thus provide an opportunity for the patient to get the maximum benefit from such therapy.

This is where the involvement of individuals with variety of different expertise with the availability of tools that really define the unique features of the patient's tumor that allow physicians at the University of Michigan Rogel Cancer Center to not only do standard care therapy but also select appropriate trials for the patients.

Scott: If I've been diagnosed with cancer, do I need to seek a second opinion? If so, what would make sense? Or are there cancers that would be better treated closer to my house instead of maybe driving past a couple of other centers that potentially could treat it?

Dr. Gadgeel: In general, I always urge patients to seek a second opinion. I tell that or advise that to the patients because we are learning a lot on almost daily basis about all the different cancers. Again, my area of interest is lung cancer. As I mentioned earlier, our understanding about lung cancer is far greater and far better than what it was, even a few years ago. One of the advantages of working at a place like University of Michigan, is I can focus on one type of cancer. That just allows me the opportunity to be engaged in, not only the research, but follow what is

going on. Frankly, all over the world with regards to lung cancer. Therefore, many physicians, all the physicians here at the University of Michigan, have a certain level of expertise that may not necessarily be present in a physician who's dealing with all the cancers.

This is not to say, that a physician closer to home couldn't provide excellent level of care. But I think engaging a physician who has a certain level of expertise in the specific tumor type, the tumor type that you are ... you in particular, are suffering from. Or your family member, your friend is suffering from is always important.

What we here at the University of Michigan believe is that we actually want to see patients when they come for second opinions. That's because we want to provide them maybe a more comprehensive understanding of their cancer, the rationale behind making therapeutic choices. But then work with their physician, their oncologist ... what I would say, primary oncologist. Wherein we can collaborate in such a way that if the best option for the treatment for the patient, is getting standard of care treatment, absolutely, by all means, they could receive it closer to home. But if their care, their cancer requires maybe, at least a consideration of a clinical trial that is open at our center or maybe a certain procedure that can be uniquely done by a surgeon here or by a certain other physician here, then we would advise them to seek that care.

Second opinions don't necessarily always mean moving their care to a comprehensive cancer center that is far away from their residence. But may allow them to involve other doctors that may have a level of expertise that is greater than what is available in a way next door. We really believe in collaborating with their primary oncologist with the goal to provide the best care possible for the patient.

As an extension, I do remain in contact with the patients that I've provided second opinion for. But then advise that they should get standard of care treatment closer to home because it is possible that later in the course of their disease, they may benefit from consideration of certain treatments or certain clinical trials that are only available here at University of Michigan.

The collaboration with the primary oncologist as well as the interaction with the patient who has come to seek second opinion, doesn't necessarily end at the second opinion visit, but can continue throughout their care.

Scott: Is it imperative for patients that might be looking for second opinion as well as their physicians, to maintain a relationship with specialized oncologists at centers like the University of Michigan?

Dr. Gadgeel: I really think so. Just to illustrate this, I'll give you an example of a patient that I had the privilege of taking care of for almost seven years. I will admit that, unfortunately, he at the end, succumbed to his disease but when he was first

diagnosed, he came for a second opinion to see me. Based on his clinical condition at that time, I felt that the best option was that he be treated with a specific drug that was most appropriate for him and was available in the community. He was treated locally. He came from almost three hours away from where I was working.

However, after a period of about a year and a half, his cancer progressed. Ever since, for almost five years, he was coming to see us because he ... we had clinical trials that he was a candidate for. I genuinely believe his participation in those trials, allowed him to ... allowed him an opportunity to be treated by drugs that were not yet available but did end up providing him clinical benefit. I can also say, probably extend his life far more that what may have been possible with standard of care treatment.

During those five years, there were definitely aspects of his care, even though he was on clinical trials, that were still delivered by his primary oncologist. So it was as if a team of doctors at two different sites, were taking care of this patient. Frankly, the goal of both me and the other physician that I worked with, was to provide the best care possible for the patient.

As I mentioned, this engagement with the University of Michigan physician, may not end even if the recommendation is to go and get standard of care treatment closer to home but can continue. In this regard, I believe University of Michigan Rogel Cancer Center and Michigan medicine as a whole, has created very nice tools. We have M-LINE where physicians can contact us right away. The patients are provided patient portal access to their electronic medical records and can send inquiries or questions through the patient portal to the physician at University of Michigan that they have interacted with. Of course, we have the other modes of access, the telephone, email and clinic phones but we make ourselves as accessible to the patient as possible. Their questions, even if they are not necessarily being treated here, can be answered to the best of our capacity.

Scott: You briefly just mentioned about the patient that drove three hours away. Obviously that's with a different kind of cancer, with lung cancer. But in general, how does being close to where you live, to where you get treatment, how does that affect the potential outcomes down the road for you as a patient?

Dr. Gadgeel: Close access to care is very important for cancer patients. Particularly, advanced cancer patients because not every patient has the capacity to go a distance. Whether, it's driving a for a few hours or maybe even flying to a different city. So close access to care is very, very crucial. However, at least in a proportion of patients, if not throughout the course of their cancer but least at some points during their care, they may need to access cancer centers that have a level of expertise that may not be close by.

Therefore, we have at University of Michigan Rogel Cancer Center made every effort to make ourselves accessible. Of course, our main center is here at Ann

Arbor, but we recognize that it is not possible for every patient to drive down to Ann Arbor. We are now trying to extend ourselves. One such effort previously mentioned, that we're opening the satellite offices in Brighton, Northville. But we're also trying to develop partnerships with other health systems in the state of Michigan to have collaborations wherein they could potentially get access to the expertise that exists here if not directly, indirectly through the oncologist that is present locally.

Then finally, even if we don't have an official partnership, physicians here all believe that they need to work with their local oncologist, if I can say that word, for the patient. So that between the local oncologist and the oncologist that the patient may have seen or wants to access at the University of Michigan, they could partner with each other and come up with a treatment plan that is most convenient for the patient as well as allows the opportunity when required, the accessibility to the treatments or clinical trials that the University of Michigan may have.

Scott: Well great. This is a lot of great information if I'm looking for cancer care. Can we kind of just do a quick sum up of if I were to be looking for cancer care, and/or I've been diagnosed, or a loved one's diagnosed. What would be the key main things to look for in a cancer center?

Dr. Gadgeel: First of all, I would say that you should trust your primary care physician and take the recommendation of your primary care physician.

I think the second thing is, I would always encourage, and frankly, urge patients to seek a second opinion. Preferably seek a second opinion from a physician at a comprehensive cancer center. The NCI created these centers specifically to deliver high quality cancer care to cancer research. I would strongly urge that patients consider that.

The final thing I would say for patients is at the end of the day, they need to be comfortable with whoever they're getting care from. And in this comfort may not just mean how close they are or how convenient it is to drive to that particular office. Comfort also may mean being comfortable with the recommendations made and the interactions. Cancer, probably more than many other medical disorders, requires the caregivers to have a certain level of compassion and empathy. It is not all about science and the next best drug or next best medical technologic tool that we have available. But at the end of the day, we also believe that we need to hold the patient's hand and make them feel that we will take care of them. I think at the end of the day, the patient needs to feel most comfortable with the physician and the place where they're getting care.

Scott: Like that old adage of the bedside manner, the doctors, is key?

I appreciate the time you took with me and thank you again.

Dr. Gadgeel: Thanks Scott. Thanks for this opportunity.

Scott: Thank you for listening and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to cancercenter@med.umich.edu or message us on Twitter @UMRogelCancer.

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