## Introduction and the Cancer Journey Book

Well, I'm so excited. We're we're getting to have a, a a repeat oncologist on to our, on this show. And, just come out with a new amazing book. Thank you so much for being with me here today, doctor Chadi And, Nabhan this is going to be great.

Thank you so much for the invite. Really appreciate it. And thanks for having me. Absolutely. And I and I would love for people just to kind of understand because, I mean, there's so many different opinions out there, and we we have so many different influencers, and they say this, they say that.

But you come with with with true, you know, in the trenches knowledge as a medical oncologist, hematologist. So that this is your world that we're going to be talking about.

Yes. And I you know, in addition to taking care of patients in the exam room and holding this telescope for 20 years and making sure that, I prescribe therapy, took care of all of these things.

I transitioned also to the other side, which is when you actually, work on health care delivery, on research in innovative precision medicine, molecular profiling.

And currently, I am chief medical officer of a generative artificial intelligence company called Right Regt, where we focus on bringing technology into how we do clinical research, to help patients.

And we all know how clinical research and clinical trials help patients and has been important in bringing new drugs to market. So hopefully me being me working in various settings, is culminating into better understanding of the overall journey of cancer care and the healthcare ecosystem.

And you just came out with a new book, you know, called The Cancer Journey. And, tell me a little bit what why did you feel that this book was important to write?

You know, it's, there's so much information out there. I, you know, I think I think that's good. I think that, people, when they are faced with any question, frankly, they go to the web and they try to research it and do all of these things, and that's fine.

However, despite the wealth of information that we actually have access to, there is difficulty when you are patients and families to separate signal from noise to really know the truth from, no truth.

So I noticed that a lot of times I get asked questions by relatives, by friends, by family members. That made me wonder, you know, these questions should really be easily answered in the era where we have access to so much information.

Reality is, it's not. When you are a patient, when you're a family member, you are very overwhelmed. You just now or faced you know, health is the most precious thing that we have.

And when you are threatened, you are very vulnerable. And when you're vulnerable, you can think clearly. And sometimes this information become more burdensome on you.

The not so I wanted to actually help patients families, as they navigate that unfortunate journey. I also wanted to help primary care physicians, because you've had a primary care physician for 20 years before you got diagnosed with something and that primary, you rely on the primary care physician.

You have the relationship with, the primary care physician and the primary care physicians probably are not well

versed with the advances with the technology.

How do you explain to a patient chemotherapy, radiation therapy, hormonal therapy. So I wanted to have a resource because it's not uncommon for the patient to pick up the phone and say, hey, my oncologist prescribing this, should I take it or not?

And then the primary care physician probably going to go Google or up to date. And I think this will be a simple way. This is very, very simplified way to explain things.

And lastly, two other things. One is the nurses, the pharmacists. There are so many folks who are involved in taking care of patients with cancer that I wanted to provide ideas of how to simplify things through storytelling, and I wanted to finish with a very upbeat look.

We have so much advances in the way we take care of patients so much. I mean, this is, you know, when I first started seeing patients over 20 years ago, it wasn't like that.

And suddenly now we have so much of these new therapies, technologies.

## Why Patients Need Clear Cancer Information

So I wanted really to share that with people, to explain to them that there's a lot of these new treatments and this is how they work. And the future is bright.

And and I provide so many examples, these newer therapies and new this I think all of this together, I felt, you know what? It's probably time for a book on this.

It's genuinely a dream come true. I've always wanted to do something that's going to help people understand the disease entity, but not in a textbook manner, because textbooks are boring and they will put you to sleep.

So I figured out the best way to do this is by telling stories, having dialog with patients, with families, and by simplified language. Not too complex, very easy to read.

Yeah, and you're absolutely right. I mean, I used to be at the time. Yeah. Where it's very hard to find information. Yeah. And now in this era, we're just overwhelmed with the information.

And now to understand, you know, what is reliable, what is not reliable information. And to be able to have something that will kind of guide you and kind of bring that information more out of focus.

Because when when you're diagnosed, you step into a world that there's so much to learn and, and here is your your life is on the line and you really want to understand what is what is taking place.

You know, what's taking place in my body. What is this process going to look like? You know how I you know, it's scary. I'm meeting with oncologists, you know, how is that conversation going to look like?

How is, you know, that all these different steps that is involved in this journey and understand, you know, the pros and cons and all the different things and the the new things that are out there, you know, that that that is so vital for people on this journey.

Yeah. No. Absolutely. And I mean, think about it, right? I mean, you you were diagnosed with a serious illness. I mean, I know people say there are good cancers and bad cancers.

I'm going to argue there is no good cancer. I would prefer no cancer, but certainly cancer is different. The prognosis. But you suddenly were diagnosed with the disease.

And now within a week or two, you are supposed to establish trust immediately with a completely new person and a

new team, and that individual and their team are going to have huge impact on how you're going to receive care and where you're heading.

And that's not easy because you know, you want to just move forward. You want to establish that trust and you want to proceed with therapy. And I think that is very overwhelming to the best of us.

There's probably no one that is listening to this show, including myself and you, that have not had at some point a scare, whether it is whether you just were sleeping and got some chest pain and you thought it's a heart attack and it's a heartburn, whatever it is, in that moment when you have that scare, you're really overwhelmed and your thoughts are wandering and you just want either someone to calm you down or a friend to calm you down, or a resource that can just tell you exactly what's going on.

And I figured out by writing a book, I will be extending a hand to anyone out there. And even if you are the brightest health care provider out there, believe it or not, sometimes when you are overwhelmed, you can think clearly.

You actually want things simplified. I'll share a story with you. My goal is that, I was taking care of. This is, like, scalable with a couple of physicians.

One of them was an oncologist. One of them was not an oncologist. And both of them, when they would see me, they literally they said this the same request they had.

Don't talk to us as doctors. Pretend we're not physicians because they want the information simplified. They want the information digestible. We're not having a medical lecture, me and them.

And that is key. That's really I think, you know, I'm biased because I wrote the book, but I think that's the author of that book and that I hear that so frequently with, with, patients and also, you know, on the podcast here is that you step into a world and there's all these phrases that throw them, there's all these technical terms, you know, it's it's this positive, that negative, that gene mutation that, you know, and and it becomes it's it's so hard, you know, to read for an a normal person just a, yeah, you have a pet scan and you, you read, you know what.

What is all these numbers mean or you know, biopsy. What does, you know, Her2 negative. You know, positive. Yeah. What does all of that mean. And K I 67 and you know there's so many terms thrown around and and and people you know feel like they don't understand these terms because that relates to their ability to survive and their ability to, make a decision whether the, the therapy that the oncologist or the all the things that are thrown at them is something that they're going to feel comfortable with or not.

Yeah. And there's also. Oh, absolutely. But there's also a lot of things aside from treatment. There's the anxiety as you're waiting for the first visit.

It's never going to happen in two seconds. Your primary care doctor or your surgeon told you the news and you're making an appointment. And maybe your appointment is in two weeks, which is not bad.

Frankly, maybe in a week or ten days. But whatever it is, it's probably unlikely to be the same day. And you're going to be going home to your loved ones and sitting down and waiting.

And that wait period is going to create all the anxiety in the world. So I thought to myself, I need to actually figure out what should patients do as they're waiting.

And that's the chapter of the first and college visits, which is are there things that could be done while you're waiting? Coping mechanisms, researching.

Where do you research? Remember the history, the medications, things like that. Because I think that is very important. But, you know, the most important thing I probably said in that chapter is that don't worry about waiting a week or two weeks.

Nothing bad is going to happen in a week or two weeks. And if your doctor thought that something bad will happen would have happened, they would have put you in the hospital.

And I think that sentence, hopefully, if it has not been told to the patient and they read it, they say, you know what, that's probably right. I mean, you know, if you let me go home, then I think I'm okay to go home.

So I just want to I wanted to distill some of these common questions that have been asked on and on again, over my over my 20 year career and plus obviously over 25 years.

And yeah, it's important kind of along that line is that, you know, cancer you know. Yes. It was just recently discovered, you know, in that individual.

Well. But cancer has been developing over time. So it's not like it just popped up and then it's going to, you know, take over the body like immediately within the next two weeks.

I mean, there are times where, you know, time is of the essence, but like you mentioned, then, you know, your your doctor would be able to recognize that and kind of move the process along.

## Choosing an Oncologist and Building Trust

But the majority of time, you know, you have that ability to, to wait, reflect, to understand, to research and, and and and that's that's okay. Absolutely.

You're absolutely spot on. This did not happen overnight. You may have discovered it on Tuesday, October whatever. But it did not evolve on Tuesday October or whatever.

And I think that's key. But but I think what I think is that level of communication, that level of discussion that Michael, you and I are having is not happening across exam rooms in America.

Physicians are pressured on time. They're busy. There's honestly more demand and supply. Of course, in large cities in America, probably there's less supply.

But despite this, try calling and make an appointment I and make an appointment with, a primary care physician. You get like 2 to 3 months. So physicians are busy, pressured on time, and patients demand more time appropriately. So.

And then that's where the problem. So our physician is really sitting down looking a patient in the eye, holding the hand and saying all of this information that me and you are sitting comfortably on a podcast.

I don't know, I think some are able to do that a lot or not. So, any additional resource that can help patients, I hope it's welcome. And what are some of the tips that you can give, you know, patients that are diagnosed and how to develop a good relationship with our oncologist?

What what are some things that they can do on their side? What are some questions they can ask? What well, what can they do to really make that as, as valuable of an experience as possible?

So when you look at how patients decide on which and colleges to see over 90%, it's going to occur because of the recommendation of their primary care physician or their surgeon.

And that's totally fine. I mean, you are you just had surgery. Your surgeon told to go see Doctor Smith. You just go and see Doctor Smith. I think the first advice is don't ever be shy of getting a second opinion.

I have an entire chapter on that is, physicians should embrace that and should always help you with that. If a physician is resistant to you getting a second opinion, think twice whether you want to really stay with that physician.

And I say that, without regret. I strongly believe about that. When you are going to see that physician that is going to care for you, think about beyond just the knowledge base.

The knowledge base is important. But if you can't get hold of your doctor, you can't really tap into that knowledge base. Ask the question, you know what happens on Saturday night if I need to reach you?

I mean, is there an on call schedule? Can I reach X, Y, and Z? Try to see how friendly the staff is. The nurses, are they available for you with questions?

Is the front desk even nice? Because you probably need some copies. You need other things. You know how accessible these folks are. Is there a financial counselor on premises in the office?

Because, you know you're going to have some financial questions about your co-pays, about the cancer treatments? This are not trivial and they're not really cheap.

And you need to have some answers. I mean, you know, you try to get these answers when you go to the grocery store. So imagine what it's your health. And then when you are sitting down with the.

So these are just common things that you really have. Follow your intuition I really feel strongly about this. You know, sometimes if you feel it's if you're just not comfortable if something is off and that's okay.

I mean, when you sit down in the room, you have to have chemistry with that physician. And by chemistry, I mean you have to feel comfortable. Like when you're sitting there, you have to feel that you are at ease.

What do I mean by that? You're of course, nervous and anxious, but are you feeling rushed? That's the key. If you're feeling rushed during the first time you're meeting your oncologist with a new diagnosis, how are you going to feel when you're coming in for a return visit on subsequent visits?

Is the physician just sitting down and listening to your complaints and your questions, or just interrupting you? Just providing his own and her own things.

You know, in my practice, I've always said don't. And I literally have had to for the first five minutes, I had open ended question like, tell me, what do you understand while you're here, tell me what's going on.

And I, you know, did not want to interrupt patients because I wanted to hear them say sometimes they go all over the place, but that to me, just helped me understand how much they know and how much they don't know.

But, you know, you're sitting in the room. Are you being rushed? Do you understand? Are they listening to you? And then and then I think it's really critical to it's okay to ask questions as to whether they've seen cases like this.

Of course. I mean, frankly, if it is common one breast cancer or prostate cancer or colon cancer, with all due respect, I'm sure they have. But, you know, you may have like a rare thing, you may have a sarcoma, you may have a just a very rare type of thing.

Ask the question, is this something you are comfortable with? I mean, it's totally fine. You know, we ask these questions when you go by a car. I mean, how could you not as these questions, but yeah, I mean, I sorry for the long answer.

I hate having long answers, but there's so much to unpack in your question that I believe hopefully people feel at ease when they go in. But follow the intuition is my my pet peeve.

I think you just have to feel comfortable. Yeah. And I and I, I agree. I mean you have. I wouldn't say frequently but a number of cases I have, you know, patients that come and you know exactly what you're explaining, where the oncologist is rushing the patient onto a decision, and they're using scare tactics.

And in order to be able to kind of drive that patient to the decision that the oncologist feel is best for the patient, but the patient just haven't had time to process it, you know, so so that I assume would be one case, you know, where if you need to kind of step back a little bit.

I mean, still, the oncologist may be a great one, but just kind of recognize that you don't have to kind of step into that fear space, to give yourself the time and, and follow the intuition and feel what's right.

I totally agree, I totally agree, you have to feel at ease. You have to feel at ease, and that sometimes does the physician make you feel at ease or they just making you feel comfortable?

Are they just listening to you? Listening is so important. We sometimes we can all frankly in life do way more listening than talking. But, I think that especially for a patient with cancer, the listening is key.

And patients know, patients know, you know how many times I've had, patients sometime tell me, is that, Yeah. You know, I mean, like, I would send them to see somebody, let's say a surgeon or whatever, and they would say, he doesn't really have the best bedside manners, but.

But he's a great surgeon. I'm just going to stay with them. And I'm thinking this shouldn't be really mutually exclusive. Like, you know, he could be a great surgeon and great bedside manner.

So I'm like, you don't have to compromise. I mean, we're so, so I think it's it's really key. But the chemistry of the team is very critical because this is the team is going to be with you, by the way, for a long time, forever.

And in the cancer journey, there are many bumps along the road. And if you're going to question your team and their capabilities every bump, then we are in trouble because there will be bumps.

Guaranteed. No cancer journey is ever smooth and easy, so if you have the trust and the respect and the chemistry, you will understand that these bumps are just part of the course.

If you don't, then you'll have doubts always. And one of the questions that a lot of people are, are confused about is, you know, how cancer is diagnosed, how it's monitored, what what is the best way?

Yeah. So we have things like imaging, we have labs, we have, you know, biopsies. And you know, what are what should a person understand. Yeah. And then we have, you know, where they do Pet scans, CT scan, MRI, ultrasound with a with the dye, without dye with I mean, how do they understand.

You know what. What these you know, what's the pros and cons of all this. And how does that help them to understand what's going on with their cancer and what the what our why do Pet scan versus MRI, MRI versus Pet scan and all of that?

Yeah, I mean that's always depends on the disease, and what the physician is looking for. I think the diagnosis is of cancer in 99% of the cases will only occur if you see the cells under the microscope.

There are some rare situations where if there is a particular blood test or a tumor marker that is very much elevated, you can really tell that there's cancer of that nature without really even doing a biopsy.

That's very rare.

## Understanding Imaging and Cancer Staging

An example of this, disease called hepatocellular carcinoma, like liver, liver cancer, if you see something in the liver that on imaging and you have a high level of alpha fetal protein, then it's probably liver cancer.

But aside from that, you have to see the cells under the microscope. In general, the imaging studies are done to really know where the cancer has gone.

If you already have a diagnosis of cancer, you want to know, is it just in the area that was discovered or has it gone actually elsewhere in the body?

And that's really why imaging is done. Some of this imaging is literally, like you said, Cat scans, others are MRI's, others are Pet scans and things of that nature.

The choice will vary based on the cancer that is being done. I don't want to belabor the point, but as an example, there are some tests that you do not need to do a Pet scan.

Some cancers, others you would, it's becoming more common to do Pet scans almost on everybody. But in general, some cancers don't really light up one pet.

Regardless, and the MRIs, for example, are good for the spine. Looking at the bones and the nerves to look at, there's something there, but you probably don't do them for the chest.

The chest. You do a CT scan as an example. There are always exceptions. But that's why, if the doctor is ordering certain tests that are different than the test that your neighbor or relative or friend had, it doesn't mean that one of the doctors is wrong.

It just means that you have two different things and that's why you had two different tests. So I think I explained that as well. And yeah, Pet scan. So what are the benefits of a Pet scan?

I mean, what what you know, because it's not as accurate like an MRI or CT scan to show sizes of things. Right? Right. I mean, a Pet scan banks on the fact that, cancer cells metabolize sugar, very fast.

So your, you actually inject sugar with, linked to, a lighting material that circulates in the blood and it gets taken by the cancer cells. And these light up.

So you actually know that there's some activity in that particular organ because these cancer cells took that, but also inflammation causes, these cells to take glucose.

So if somebody has pneumonia or has an infection somewhere, the cells there will take up the sugar. And it would light up when you actually do the scan.

The benefit of the Pet scan. Very one of the benefits is initial staging. So when you stage, when you have, somebody has a particular cancer and you don't know what it is, sometimes the Cat scans or the MRI's will show you certain, imaging, or some shows and lesions, but they could be scars.

They could be inflammation. That is all that that you just have had. Could be whatever it is, it doesn't mean they're cancerous. So when you do the Pet scan, if they light up, then you start thinking maybe there's cancer there.

If there's a liver thing that you thought it's a cyst, benign cyst, it should not light up on the Pet scan. If it lights up on the Pet scan, it means something is up.

Why would a benign cyst light up on a Pet scan? Is it inflammation or is it actual cancer? So the benefit of the Pet scan is initial staging tell you where the tumor is in certain cancers, and also to differentiate some of the abnormalities in the body where we are not certain.

Are they representative of cancer or something else. But just keep in mind not everything that lights up on a Pet scan is cancerous. It could light up because there's an inflammation or some reactive process that is not related to cancer.

And I would assume then if you do kind of comparative, you know, you do Pet scan and then, you know, a number of months later, you know, follow up with another imaging, then that would kind of show if it's still still lighting up or not lighting up.

And then we know that it was just a maybe inflammation or infection or something like that. In certain situations. You do that in other situations. Also, if you do the Pet scan and you know it's cancer and you treat after treatment, you repeat a Pet scan.

Then all of these things that were lighting up on the Pet scan before treatment, they go away after treatment. And and do you mind just kind of sharing.

So when when a person comes in with they've, you know, they've been diagnosed, you know, they've done the imaging, how how's kind of the decision tree in regards to what kind of therapies, you know, you should do, whether, you know, I should jump in with surgery first and then followed by chemo or maybe do chemo first, followed by surgery or want to bring in radiation.

You know what what what kind of goes on. And oncologists had, you know, as a see a patient and you know, they presented with, you know, you know, the disease.

Yeah. It is totally variable based on the disease itself. There are some cancers that are completely not surgical. You do not treat with surgery at all leukemia or lymphoma.

You do not treat those with surgery. These are treated with chemotherapy alone. And that's really key. Some cancers are treated with surgery, breast cancer, colon cancer, things of that nature.

You have to remove the tumor. Sometimes you give chemotherapy before surgery and sometimes you give it after surgery. Some cancers you give radiation therapy, others you don't give radiation therapy.

So there is absolutely no uniform way to treat all cancers. And that's actually key because I can tell you the most common question I get asked one is what caused my cancer.

And the second one is why can't you cure cancer? And my answer to this is we cure a lot of cancers, actually, but the way we cure them differs between the cancers and the people.

So so there's no one way to treat cancer because every cancer is different. You know, let's say, I mean, any examples? Many breast cancers right now. You actually give chemotherapy before you remove the cancer, then you give the you remove the cancer, and then you decide whether the patient needs more chemotherapy, radiation or not.

So hopefully I know it doesn't really answer the question directly because it's impossible, frankly, to answer it because every cancer is different. So the decision what goes through the oncologist mind is, what type of cancer is this?

What is the stage of the cancer? What is the goal of my treatment? And then after all of these three, a decision is made. What is the best approach for that cancer?

And in your book you talk about, you know, curative and then palliative. Yeah. And so what is the line there. Because obviously everyone dealing with cancer, they want to be cured.

But there is a group that is you know, they they medically cannot be cured, but they, it can be palliative care. So what what is kind of the fine line I or I would say fine line, but what is the line dividing the two.

Yeah. You know, I probably talked about this mostly under cancer staging because in staging cancer people use these numbers. Stage 0123, four. And the higher the number is, the more anxiety we get as people, because we always assume that the higher number means that it we are not going to really get any, cure the way I actually advise people to think of cancer.

It has only two stages, either curable stage or what I call controllable stage, because that's really what people care about a patient cares about. Is my cancer going to be cured?

So that's the curable stage. Is my cancer going to be controllable? That's the controllable stage. In the curable stage, the cure, the the way we cure it.

It depends on the cancer. Is it surgery, chemotherapy, radiation? All of the above. So that's one category in the controllable stage. This is a situation where we cannot cure the disease but we can control it.

And that's where it's like a palliative stage. I'm not really curing it but I'm making things better by making that's what validating. So making things better, it means either I'm making the symptoms go away, making the patient live longer but not curing them.

So it's just you live longer but without cure. So I'm able to extend life or improving quality of life and things of that nature.

## Treatment Decisions and Curable vs Controllable Cancer

I think the usually most cancers fall in this category. Now, some cancers start in the curable stage so you can cure them, but then they come back and they become, in the second stage, controllable.

Because they come back, you can't cure them. So they are in the controllable stage. So that's really where the, the line is. I think. I think one of the things that I try to illustrate is people assume if you have a disease that has gone elsewhere in the body, you cannot cure it because it has spread.

And I brought several examples of real life scenarios of people I have cured for where the disease has gone elsewhere, outside of the original location, and you're still able to cure it.

And the reason I mentioned that is because there's no really there's no clear line between those two categories. That's why I think it's very critical to ask the ecologist is our goal to cure this and why?

Or if we cannot cure it, then what can we do? So I hope, was this helpful or was it more confusing? Yeah. No, it's great. And I think it's great for people.

Understand? Just like what you're highlighting. Just because it's stage four doesn't mean that it may not be curable. Yeah. There, there. Yeah. So the staging in itself is one component.

But then you have another aspect which is, you know, is is it curable or is it something that we, we can kind of extend life and increase quality of life.

And that extend of life can be many, many, many years. Yeah. So, so yeah, you know, I bring the example of Lance Armstrong. Lance Armstrong had testicular cancer that has gone to the brain and he's fine, you know, for 20 plus years or so.

So I think it's essentially it was stage four because it's gone to the brain and it was cured. So I think that's why I never liked the staging for patient for it from a patient perspective, I always wanted to do things.

What do patients care about? It's either you going to cure me or if you can cure me, you can control the disease. I mean, that's frankly what people care about.

So let's just make two stages only versus all of this complex thing when you talk to patients. Yeah, the control stage or the control stage. And I think patients will this will resonate with patients most.

Yeah I love that. And then you have the the quest I mean you talk about different trials, different phases of trials. And because people always, you know, think that if I have the ability to enter into trial, I should do that.

So are there pros and cons to that? I mean, how how should people feel about stepping into a trial? Yeah. Look, I mean, I think that clinical trials, I'm very, I'm, I'm a pro clinical trials.

I believe that clinical trials are the reason we are here when it comes to, advances in cancer, many of the newer therapies have have seen the light because of clinical trials.

I think that patients need to understand, that if you are on a clinical trial, you're not being a guinea pig. This is the most common reason patients don't go on to clinical trials.

And I think they're not guardrails about clinical trials. And, and, to make sure that this is the case, what I think is very important is to understand the goals of each clinical trial.

That is key. So I think that's important to understand if I'm in phase one, what's the goal of the study? I'm in phase two. What's the goal of the study?

I think patients should ask the physician, are there any preliminary results about this trial? I'm going to go on. What did other patients that you have cared for on this trial experience?

Physicians should share with you to the degree possible, the type of side effects they're dealt with. Are there any, unusual side effects that patients before me on this trial actually encountered?

So, the biggest drawback to clinical trials is adverse events and side effects and the fact that sometimes we do not know if the drug that the patient is going to go on is going to work or not.

And, I wish we knew if we knew, there wouldn't be a clinical trial, the drug would be available. So yes, there are some drawbacks. The drawbacks is if we do not know, fully the type of side effects that patients could encounter and the adverse events that they have.

And I think we need to really share all of our experience patients. And lastly, we just don't know if it's going to work. And you may end up being on a clinical trial and it's not effective.

So these are the biggest drawbacks. But on balance, whenever you look at the net, it's really net positive that it's it's fair to ask in any scenario what are the experimental therapies out there?

Am I eligible for them? Do you think I should get along with them and things of that nature? And when should a cancer patient starts thinking about or asking about clinical trials?

I mean, when when in their journey, is that appropriate? I actually think they should ask right away about clinical trials. I think it doesn't mean they're going to get on it, but I think asking about clinical trials early on allows you to know that whether these clinical trials are available options in the practice that you are seeing in the cancer center that you are at, because they may come the point where you need a clinical trial is the center that you're being treated at, equipped for clinical trials.

Do they have these innovative therapies and things of that nature? Again, asking does not mean you're going to sign up for a clinical trial. Basically simple question is, are there do you have any clinical trials for this disease in your office or in your practice in your hospital?

Do you think I should be on a clinical trial right now, or do we reserve clinical trial for later? If you don't have these clinical trials, do you work with another larger center that has clinical trials for this particular disease?

I think knowing this gives you a peace of mind that if the treatment that you are on stops working or no longer works, then there are other options that you could explore through clinical trials.

Yeah. And and a lot of the clinical trials, like I was, speaking to a patient of mine yesterday dealing with, breast cancer and entering into clinical trial, that of a drug that's been used on for prostate cancer.

Yeah. So, so then you can then look and see, you know what? What are some of the negative effect then that those patients have had, you know, that have had prostate cancer.

And, and then you can see that it's fairly benign.

## Clinical Trials and Integrative Therapies

I mean, yes, it's going to have some but then you can then feel a bit safer. A lot of these trials out there are then drugs that I've used in a certain population that may be appropriate for another cancer as well.

And yeah, so it's not always that it is that scary. Stepping into clinical trial. And there is a lot of safety data already. Yeah. And I think knowing that many of the new cancer therapies went through clinical trials should really put people at ease.

And lastly, honestly, anything that we do has side effects, anything. There's no. So you always think of the net positive or net negative. That's how I think about, you know, when you have a bad back pain.

I just took 600mg of Advil, which usually causes upset stomach for a lot of people, including me. But when you have back pain, you're like, okay, well, I think I'm going to tolerate this because I only have back pain.

That only responds to add, though. So anything that we do has side effects. So of course I don't want to. I'm not comparing Advil to chemotherapy. I just want to think about the concept that everything that we do has side effects, and you have to balance net positive or net negative.

And you do have a chapter also in regards to integrative therapies, complementary medicine, etc.. I mean, how a lot of oncologists say they want to kind of stay, you know, when they do their therapy, so want to keep it very clean, you know, don't bring in other factors to interfere.

Kind of with, with with the therapies that I'm doing. What what do you feel I mean, from your point of view, you know, what are the appropriate additions while you're going through chemo, radiation, surgery, etc.?

I mean, how how should a person navigate that space? Yeah. I mean, look, first of all, this is very important from a patient perspective. I think patients have a lot these questions.

And I think dismissing these questions is a very bad idea. I mean, if a patient is asking about vitamins and certain things, you can dismiss that. Now, you may not agree with it, but at least you have to hear the patient out and understand the question, and then do the due diligence and the research before you form an opinion.

There are many things we have done in the past that we thought they were good, and now we know they're not, and vice versa. Things. We thought they were bad and now we know that they are good.

So, the first thing I would say is dialog is critical because I cannot tell you how many patients will not tell a physician if they are taking supplements because they do not want to be dismissed or laughed at or be told not to take it.

So believe it or not, patients just hide that many times. Well, I'd rather know because maybe they're taking something that might be interfering with the chemotherapy.

Maybe it causes drop in the white cells and the red cells in the platelets. So I think establishing that trust is key. So, to physicians, I advise, ask your patient in a non-threatening manner, what else are you taking over the counter and why that's important.

And for patients, I would say, tell your doctor, this is what I am taking and this is why I'm taking it. So have that open dialog as far as what patients could take, there are certain things that they should take because of the type of chemotherapy that they receive.

So I give an example that sometimes you have to take B-12 and folic acid and certain vitamins, because the chemotherapy depletes the body from this type of, elements that the body needs.

So I think you have to really replace that and supplement that. When I did a lot of research, what I came to, the conclusion is that there are a lot of things that patients could take that are likely not going to hurt, which is usually I embrace and I'm totally fine because, you know, why not?

But it's very difficult to tell that if you take this, you're going to cure the cancer. So I make it very clear. For example, vitamin D, you want to take vitamin D is totally fine.

I mean, I, I encourage that it's totally fine. And I don't think it's going to be a bad thing or a bad idea, but I just don't want you to take vitamin D because you think it's going to cure the cancer, because that's really where then you're going to get disappointed.

So I will tell you, yes, please take vitamin D if you want to. Please take multivitamins, whatever it is. So we go over all of this list, but I want to make sure I set the expectations that this will help you maybe feel better.

It will help X, Y, and z, but I don't want you to think that this is going to cure cancer. You still have to get the other treatments that we're talking about.

The other thing there are certain things are not really pills. I mean, we go to massage therapy, pet therapy, music therapy, all of these things. These are actually very important.

And some of these have actually shown with evidence in research that they actually help patients. I mean, music therapy has been you know, it does help.

And in fact, when you go to ICUs across or around the country, you will see sometimes the ICU physician put certain music or TV and they ask their family what type of music or what type of shows your loved one was actually likes, and they would actually put that in the ICU with the idea that this might actually stimulate the patient to maybe in a coma in the ICU.

So, I don't like when physicians dismiss all of these things. I also don't like when patients hide these facts or open dialog. And I embrace all of this.

I think that's totally fine to have an integrative type of an approach. And I think people are catching up to this. You will see across cancer centers, centers of integrative medicine, especially for survivorship and things like that.

It used to be frowned upon, 20 years ago. And I think now people are realizing maybe we rushed into judgment, but I still think having the conversation with your doctor is very key because you can't hide from each other.

You going be partners in this? And I think, I mean, yes, maybe the the oncologist will draw their eyes or, you know, they, they feel, I mean, whatever that is.

But I think the, the more frequent, you know, patients are then having these conversations. And the oncologist will understand that these conversations are important and they can't just, dismiss, you know, this, this anymore.

So, so just from that point of view that even though, yes, maybe you're afraid of having that conversation with the oncologist, I agree with you. I still feel it's very important.

And, you know, a lot of my patients, you know, they tell me, well, should I tell my ecologist what I do with you? And I say, yeah, please do. Because that I feel that it is, like you do, very, very important.

You know, so if the oncologist roll their eyes for something that you feel strongly about and you really feel good about and you I honestly would question that goes back to that trust factor.

That's not the way it goes, right? I mean, I think that people have to understand where the patients are coming from and why, and, and then have that dialog, and that's why it's complimentary and it's integrative because I think both, you know, it could help patients.

And that's really key patients who want all the help they want to get during their journey. And if that is something they want to go through and try it, help them, then let's have a dialog.

And maybe there are certain things my uncle says, you know what, maybe don't take the supplements because this, I've heard about could drop your platelets.

And if I give you chemotherapy, the platelets go down. And then. And then you would back off on something like this and things of that nature. But, Yeah.

Rolling the eyes. That's the warning signs in me. It means, like, time to see a different angle. Just. Oh, well, charity, that this this has been, incredibly insightful, as was our last conversation.

And, I mean, I, I feel that your book is something that each patient should have. Each, provider should recommend, because it is it is so important to understand your journey.

And I feel that you really, made that very clear in a very digestible format. So, so thank you so much for for bringing this forth. No, I appreciate the opportunity.

Means a lot to have you back on the show. Thank you so much, Michael. Thank you.