



THE BENEFITS OF MULTIDISCIPLINARY & INTEGRATED CARE IN MANAGING BLADDER CANCER



With Dr. Jeanny B. Aragon-Ching, Dr. Sam Lolak and Lauren Broschak, LCSW



Lauren, you had spoken about all the different services that other organizations might provide, but when people aren't close to you in Fairfax, Virginia, how could somebody in California, what should they be looking for in their local hospitals?

Lauren Broschak: This is a good question. There's a person probably to talk to in your local community and treatment center, maybe your social worker. Social workers are amazing in finding resources, whether that's the resources that are national and online available to anybody regardless of where they are, or resources in your specific community, knowing what's available. If they don't know, we're usually pretty adept at finding those things for you. I would recommend talking to your social worker. If you don't have somebody titled social worker, I would say, look for your case manager. Again, if you've trouble finding them, talk to your physician and say, "Is there a support staff member I can talk to, a patient navigator or a case manager or a social worker or counselor that can help me find the support I'm looking for?"

Do you have any information about the use of hyperbolic chambers in conjunction with chemotherapy for... excuse me, hyperbaric chambers in conjunction with chemotherapy for bladder cancer, so something that's going on at your institution or do you know anything about that?

Dr. Aragon-Ching: Not this moment at Innova. Certainly, there has been some data on the use of hyperbaric chambers a lot of times in terms of, specifically for bladder cancer. The data right now is a little limited and so it has not yet been translated into routine practice. A lot of times, we have delivered care in a manner that is, we often look at the stage of the disease and whenever it is a disease, that stage, that is appropriate for the treatment, we usually decide on treatment delivering, chemotherapy or if we need bladder preservation or surgery.

Do you have any information on taking vitamin C in conjunction with chemotherapy or other cancer treatments for bladder cancer?

Dr. Aragon-Ching: Yes. There has been a lot of data in terms of vitamins and supplements in order to help from one aspect of, is it an antineoplastic, a treatment on the other hand, vitamins and supplements to enhance the ability to tolerate treatments such as chemotherapy. At this point in time, I don't think we have sufficient data to say we're using high doses, let's say of vitamin C, would help and therefore it has not yet translated into standard of care practice. If a patient has a well balanced diet, we certainly encourage that as a first step rather than going to vitamins or mega supplements and doses.

One of our attendees has had some experience in challenges getting a second opinion and using two centers or private oncology practice in a university setting, which offers additional options like Blue Light Cystoscopy. What are your suggestions for helping to integrate both practices and get the maximum or any additional resources? Do you have any suggestions for how they could work together with the community practice and the academic university setting?

Dr. Aragon-Ching: Yes. This is an experience that a lot of patients have and, unfortunately, sometimes there is such a dichotomy between the care that's delivered in the private practice setting and academia. Now, my one advice would be, communication really is key. A lot of times we also work with a lot of other private oncologists and, in the same time, we work with a lot of other centers, let's say within our area. I think communication is very important amongst the oncologists that provide the care for the patient. After all, our goal is one and the same, which is to provide good care, great care, for the benefit of the patient.

I think that's really the paradigm that we always want to envision. A common scenario is, a patient, let's say, maybe undergoing a clinical trial in the center, but we always engage the help and really the services of the private oncologists, because when a patient goes back to his or her community, the private oncologist, the local oncologist needs to know what kind of treatment that they're receiving in order to be able to fully anticipate, let's say, if there are side effects or adverse effects that happens. I think communication is key to that.

Do you have any specific advice for dietary additions or foods to avoid when you have a bladder cancer diagnosis. Is there out there that you can suggest?

Dr. Aragon-Ching: Yes. At Inova, we actually have a registered dietician that we often engage and it's actually, they're disease specific. For the GU section of disease group, we have one that we often engage their help on. Now, my general advice is the patients often as this, are there foods to avoid or foods that I must absolutely have? We often say, especially when patients are undergoing chemotherapy, and this is an advice that you would not hear probably from other physicians is, eat what you like to eat because this is not a time to diet. Now, obviously, we always want them to be prudent too.

If there are foods that absolutely make their stomach hurt, or they get heartburn, spicy foods, for instance, or foods that are very rich, high fat content, then avoid them. It's really just being prudent about what we eat and whatever it is that tastes good that you can tolerate. Because we also understand that when patients undergo treatment, in fact, not just chemotherapy, if they've undergone surgery, radiation, sometimes, there is not that huge desire to eat and therefore it's

very important to just get their nutrition in and calories. There's no specific food or diet that we adhere to.

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