



A Doctor, Patient and Caregiver: Understanding Cancer From All Angles With Jim Omel

James Omel, MD
Patient Advocate

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Mary Windishar:

Hello and welcome to the American Society of Hematology's conference 2016 here in San Diego. I'm Mary Windishar, and I'm so excited to introduce you to Dr. James Omel. He wears three hats. He is a caregiver, his wife has MS. He also cares for all kinds of patients just like him. He's a patient, and he's also an MD. So we're very happy to have you here, talk to you in all of your multiple personalities today.

Dr. Omel:

Thank you, Mary.

Mary Windishar:

You bet. In fact, when you became a patient, what did it feel like to stop being an expert and be someone who gets some care?

Dr. Omel:

Mary, it was a totally new world. I had ordered MRIs for patients many times, not even thinking what they would be going through. When I got in an MRI machine myself, it was daunting. Just the thought of cancer, I had explained cancer to many patients, but facing it myself, I knew my own vulnerabilities just like they do.

Mary Windishar:

Oh, yeah.

Dr. Omel:

It was—it was—it was frightening.

Mary Windishar:

And the cancer that you ended up with was?

Dr. Omel:

Multiple myeloma. It's a diagnosis that's sometimes hard to make, and I literally missed my own diagnosis for many months, putting up with back pain. So it's a cancer that's really made great strides, and here at ASH we're finding out even more things that's going to work for patients.

Mary Windishar:

Well, you've actually transferred to advocacy. It probably feels pretty good seeing how you were a doctor, but what kinds of things are you finding about the advances in multiple myeloma here?

Dr. Omel:

Well, certainly immunotherapy is one of the big topics here. It's got great promise. I think it's also important to keep in mind that it also has great drawbacks. It's a two-edged knife, and immunotherapy by turning the immune system loose can hurt the cancer, but it can really hurt body tissues, healthy body tissues, your liver, your heart, your skin. Other things can be attacked, your gastrointestinal system. So immunotherapy is the big item, and I like the way that some speakers are really commenting that immunotherapy needs to be kept in perspective.

Mary Windishar:

In Pandora's Box, maybe.

Dr. Omel:

That's exactly right. That's what it is.

Mary Windishar:

What should a patient look for if they do get started with immunotherapy? What are the warning signs that maybe it's not doing the job it should be doing?

Dr. Omel:

Well, sometimes the symptoms are quick. You can get blood pressure problems. Certainly you can get reactions that you just feel horribly sick, but sometimes also, Mary, those reactions can happen later when a person is at home. So as these inhibitors become more well-known, we're going to be able to recognize those symptoms earlier. We're still early. Immunotherapy is still in early, early stages.

Mary Windishar:

And what about clinical trials? You've been an advocate on Patient Power talking about myth busting when it comes to clinical trials. Tell us a little bit about what we should think about and whether you've ever participated in any.

Dr. Omel:

Clinical trials are what brings these new treatments to patients. They're just absolutely essential. As a physician, as a patient, I did join a clinical trial, and I started on it and really, Mary, I looked at it and thought of other possibilities. And as I read more and learned more, I dropped out of the trial. I'm not telling patients to do that, but I am telling them that you have that option. You're not tied in to the trial forever. You can change your mind—not that you need to change your mind because this is cutting-edge treatment. You get good treatment by good specialists on clinical trials.

Mary Windishar:

And you also are a caregiver, and when a caregiver is asked to weigh in on a clinical trial what is—what is our role as far as that's concerned?

Dr. Omel:

That's a big role, because many times patients are too tired, they're too affected by their drugs or chemotherapy to perhaps even think and reason reasonably. I think a caregiver's role is to educate themselves. You need to be the one to be there, to give good guidance and counsel to your loved one and tell them how clinical trials can really be what they need. If they failed a therapy or two, a clinical trial can be exactly what is necessary to get them back into remission.

Mary Windishar:

And even if the patient says you decide, do you think the care partner should decide, or should they just give the information to the patient that will help the patient decide?

Dr. Omel:

That's a tough decision.

Mary Windishar:

Believe me, I know.

Dr. Omel:

I know. But really it comes down to the patient and their decision. And I try to tell my support group members and other patients that you, you the patient, make the final decision. Your doctor is your advisor. You, however, have to make the final decision yourself.

Mary Windishar:

So you've been at ASH, and you kind of warned us about some things to not get too crazy about yet, but what does give you hope here at ASH this year?

Dr. Omel:

Well, I think some of the hope is just the young researchers that we found. To digress just a bit, to get back to the question, I'm a Twitter fan, and on Twitter I saw a young researcher proud of her red ribbon. Those of us who aren't members wear green ribbons. The red ribbons represent ASH members. And I wrote to her on Twitter and said I'm so happy that you're happy to be a member. We patients need you. We need your generation of researchers to help us. And it was gratifying to be able to actually show our gratitude to these young people we see walking around these hallways from many, many countries.

Mary Windishar:

To say thank you. I agree with you.

Dr. Omel:

And to say thank you to them, yes. Absolutely.

Mary Windishar:

And as far as the hope goes?

Dr. Omel:

The hope is for a cure, and I really feel we're close. It's just perhaps—as an example, Mary, I have been free of my myeloma symptoms, no drugs for almost six years. Six years, Mary. I have had myeloma since '97, three bad relapses, and yet we have reached the point where I can start thinking, baby, I'm free of this horrible cancer.

Mary Windishar:

Congratulations. Thank you so much for being here. We'll see you next year for sure.

Dr. Omel:

And thanks for what Patient Power does for patients.

Mary Windishar:

Oh, thank you. For Patient Power here at ASH, I'm Mary Windishar. Thanks for joining us.

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