



Patient Power

Bringing the Primary Care Physician Back Into Cancer Care

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Rebecca Seago-Coyle:

Hey, everyone. I'm here with Dr. Larissa Nekhlyudov from Brigham and Women's Hospital and Dana-Farber Cancer Institute. Dr. Nekhlyudov, tell us a little bit more why you're here at ASCO and why it's important.

Dr. Nekhlyudov:

So I'm at ASCO this year because I chaired and presented in a session that focused on bringing the primary care physician back into the care of cancer patients.

Rebecca Seago-Coyle:

That's a huge topic, and as a cancer survivor myself I struggle with this as well. So tell us some of the tips and tricks that our communities might be interested in hearing about.

Dr. Nekhlyudov:

Right. Absolutely. So, I mean, so often primary care physicians are the ones who make the diagnosis of cancer, and then once the cancer diagnosis is made the patient then transitions into this big space of oncology care, and often they get lost in the hustle and bustle of oncology care. They may see multiple providers, their oncology specialist, maybe a radiation oncologist, a surgeon and others, and then often the rest of their healthcare needs sort of fall aside.

And to some extent that's okay because really the focus during that time is on their cancer care, but it is also important, especially as patients are older with cancer or patients who have other chronic medical conditions such as hypertension or diabetes or others for them not to fall too far away from their primary care provider and neglect focus on those other medical conditions.

Rebecca Seago-Coyle:

So do you have any tips and tricks? Like, for instance, I'm nine years out from my cancer survivor. My oncologist gracefully kicked me out of the nest, but my original primary care physician told me I was too much paperwork. So how do you go about finding a new primary care physician while still keeping in mind some of that history of having cancer and knowing about some of those long-term side effects from that treatment?

Dr. Nekhlyudov:

No, absolutely. I think to whatever extent possible keeping your current primary care provider in the loop even while you're undergoing cancer treatment is important, even if you don't see them as often obviously as you see your oncology provider, but seeing them intermittently or being in touch with them intermittently I think can be helpful. So this way

when you are ready to come back, the primary care physician doesn't feel like they know nothing about what's been going on with you for so long.

Having said that, I think if your primary care physician says that you're too much paperwork, then you probably do need a new primary care physician. And so I think talking to your oncology provider or going to the, you know, whatever the hospital for the primary care network and see what primary care providers are available, looking up their portfolio and their description online can be helpful. Not every cancer survivor necessarily needs a primary care provider who really understands cancer care. It really depends on what cancer you had and what kinds of treatments that you had.

Rebecca Seago-Coyle:

And I think for some folks who have been diagnosed early with a cancer, you know, sometimes what happens is they have that fear of recurrence. So when they go back to their primary care physician how do you have those conversations and make sure that you are still getting the care, that someone is still watching you?

Dr. Nekhlyudov:

Yeah. No, absolutely. So that really pertains, I think, right, when your oncologist kind of transitions you and you graduate from oncology care back to primary care. And generally speaking I think when that transition happens the oncologist feels that your risk of recurrence is very low. We never say never in medicine.

Rebecca Seago-Coyle:

Right.

Dr. Nekhlyudov:

You know, and so I think the important thing is you have to be aware of your symptoms but sort of find the right balance of how aware you are and where your next thoughts go, and then sort of developing a relationship with your primary care provider and make sure that you have a level of trust so that you can feel reassured when your primary care provider says it's probably not a recurrence. But on the other hand, have a primary care provider who is at least willing to listen to you and understand that fear of recurrence is real.

Rebecca Seago-Coyle:

So I think also just being your best advocate can help you with those conversations with your primary care physician and your oncologist. That kind of goes throughout the entire journey.

Dr. Nekhlyudov:

Right. Absolutely. But it's important also to have sort of reasonable expectations of what is your actual risk of recurrence, and I think fear of recurrence is so common among cancer survivors, and so it's important to kind of put that into perspective and really understand am I high risk. And if you are, then really being under active surveillance by your primary care provider and maybe by your survivorship provider. But if you're relatively low risk, it's sort of being vigilant but not overly concerned.

Rebecca Seago-Coyle:

There's a happy balance there.

Dr. Nekhlyudov:

There's a healthy balance, absolutely, and it's hard to get there.

Rebecca Seago-Coyle:

Yeah. And it's different for every person.

Dr. Nekhlyudov:

Absolutely.

Rebecca Seago-Coyle:

So one of the themes here at ASCO is caring for every patient, learning from every patient. How do you feel like you take that back into the work that you do?

Dr. Nekhlyudov:

Oh, absolutely. I learn from my patients all the time. I have been providing a lot of cancer survivorship care in addition to being a primary care physician, and a lot of what I know is based on what I've learned from patients. And if you really listen to your patients you can learn a lot.

Rebecca Seago-Coyle:

Right. Definitely. Well, thank you so much for joining us here today.

Dr. Nekhlyudov:

Absolutely.

Rebecca Seago-Coyle:

As we always say, knowledge can be the best medicine.

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