



Patient Power

How Can CLL Patients Benefit From Participating in a Clinical Trial?

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Jeff Folloder:

Clinical trials, for lack of a better term, are experiments. We're not being guinea pigs when we participate in a clinical trial. We're learning. Jackie, when should a patient consider participating in a clinical trial?

Dr. Broadway-Duren:

Well, patients who—sorry.

Dr. Lamanna:

Sorry. Anybody who sees Dr. Keating.

Dr. Broadway-Duren:

Right. Anyone who comes to MD Anderson.

Dr. Ferrajoli:

Yes, everyone, any time.

Dr. Broadway-Duren:

You know, so the benefit of the clinical trials is not only for gathering information, but many of them are pharmaceutical sponsored. So, the patients, oftentimes, who have problems with difficulty with insurance, and trying to get certain medications, those drugs may be provided through the trials. And, when that's gonna provide the best treatment, outcome for the patient. The goal, based on the type of chromosomal abnormalities, usually, and different things that the patient had. So, in some instances, that's the best option for the patient, and they should definitely consider. But, they also should consider all the different components of the trial, the time that's gonna be needed to be here, and so, yeah.

So, any patient that's in a treatment situation where it's gonna improve the outcome, should consider a clinical trial, unless standard treatment is optimal for that patient.

Jeff Folloder:

Dr. Keating, when my symptoms got a bit too intense, I remember exactly what you said. Well, I guess it's time to look at a treatment. And, I had nearly a panic attack, because I knew the day would eventually come, that I needed a treatment. But, the next words out of your mouth had nothing to do with standard treatment. It was like you had this little menu in your back pocket. I think we need to enroll you in this particular clinical trial, and I asked you, why? And, you told me, because you're going to have the best outcome with the least amount of side effects.

How do you know that, with a clinical trial?

Dr. Keating:

Well, a lot of clinical trials that people go on early in their treatment are based on the fact that we've been doing clinical trials in patients that have failed traditional therapy. So, you gather that information, and so you know what the side effect profile is, what the outcome has been, and you compare it to your past experience. And, one of the things that we have to—I was going through the clinical trials that we had at MD Anderson since 1999, and we had 243 different CLL clinical trials.

And, they were not all—most of them were not up-front treatment. They were often people that were being treated elsewhere, and had come because it hadn't worked, etc. So, you base it on what happens in the lab. If you work closely with certain labs, you'll get an idea of what treatment is likely to be most beneficial, for one particular circumstance. And, it's the experience factor. There's this little place called the Mayo Clinic, up in Rochester, Minnesota, and everyone who works in the hematology department there is superbly trained, they go through all their screening process, they're all really good hematologists. But, Dr. Shannonfeld did a study, and looked at the outcome of CLL patients—who were treated by doctors in the Mayo Clinic, whose major interest was CLL, versus the other really good hematologists, whose interest was in clotting, or something else. And, there was a significantly different, better outcome in the ones that concentrated their experience on one disease. So, and we can't achieve that with everything, but even in big oncology practices, they'll usually say, well, he does more breast cancer, and he does more bladder, and this one does more lung. So, that everyone's trying to develop their own experience, and going to various meetings, and putting their experience in the context of what's being reported at these meetings.

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