## Transcript Details

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A Memorable Lesson Learned from a Patient with NSCLC

### Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

### Dr. Birnholz:

From the ReachMD studios, I'm Dr. Matt Birnholz, and on this episode, we connect with Dr. Ross Camidge, Professor of Medical Oncology at the University of Colorado. Dr. Camidge reflects one patient's story of living with non-small cell lung cancer. Here's what he shared.

### Dr. Camidge:

In terms of memorable cases, there are a number of different examples I could use. Perhaps it's human nature, but I tend to remember the ones where I have totally messed up. Usually, that's because I've made some assumption about the knowledge or the value belief of the patient in front of me. But I'm going to try and give you a positive example instead, and this is an example of a pretty well-to-do patient who was diagnosed with lung cancer. They'd never been a smoker, they smoked a few cigars, they had been in the military, and they were diagnosed with lung cancer. And their family network said, "You have to go and see this doctor," who is in a fancy part of California. And the patient had molecular testing done, and they were told, "You don't have a targetable abnormality." And so they got chemotherapy, and then they got more chemotherapy, and then they got more chemotherapy, and they kept changing the chemotherapy and the cancer would stay under control, and the patient's quality of life was getting worse and worse. They had terrible neuropathy. They had pain. Their wife had to kind of massage their legs with oils every night. Their 1 pleasure—they are in their middle '60s—was playing golf. He couldn't even play golf anymore.

And they had come across a patient advocacy organization who said, "Well, why don't you just get a second opinion?" They go, "Oh, no, no, I'm with a really great doctor. It will be fine." And eventually they just nagged them and nagged them and nagged them, and eventually they sort of reluctantly came for a second opinion. And what we did was we got the original testing results from this other center. And when we looked at the report, it said, "ALK FISH testing negative." But then when you looked at it, it said, "86% of cells show no evidence of a gene rearrangement." And you go, "Well, hold on. So, 14% do?" So we just repeated the test, and now the number was 18%. And that patient has been on ALK inhibitors for the last 6 years, and their neuropathy has settled; they haven't had any more chemotherapy since then; they have returned to playing golf and traveling around and seeing their grandchildren.

And the message I want to give you here is we're all busy physicians, and we went to medical school, and then the science evolved around us, and unfortunately, there's an aspect where we have to go back to medical school and learn what our molecular pathologists are telling us. And it's not enough to just act like we're in the Oscars and we open the envelope and it says, "and the result is." We have to say, "When it says positive or negative, what was the test, and how did they make that decision?" And that's how we'll do the best service to our patients.

### Dr. Birnholz:

That was Dr. Ross Camidge shedding light on the quality of life impacts and challenges experienced by both, patients and physicians. For ReachMD, I'm Dr. Matt Birnholz, inviting you to be part of the knowledge.

### Announcer:

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