

Transcript Details

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A Look at the Treatment Journey & Patient Experience for MDS

Announcer:

Welcome to ReachMD. This is a medical industry feature sponsored by Taiho Oncology. This program is intended for healthcare professionals only.

Moderator:

Today we're joined by two experienced nurse practitioners who will be discussing myelodysplastic syndromes, or MDS, their experience with treating patients in this disease state, and their journeys to treatment. We like to open Word of Mouth by having you tell our listeners a little about yourselves and your practices.

Natasha:

Hi I'm Natasha. I have been a nurse for over 15 years, and I've been working in oncology. I've been a nurse practitioner for the last 8 years. I am currently in the malignant hematology department in the outpatient clinic setting in an academic center, and I take care of patients with MDS.

Ashley:

Hi, my name is Ashley and I'm an oncology nurse with about 9 years of experience. All 9 of those are in oncology. I currently work in research for hematology phase 1. I do see patients from the time of screening all the way through their treatment visits for research-related visits. I work in a teaching hospital. So, it is a university medical center—we see patients both inpatient and outpatient. And I would say we probably see somewhere between 18-25 patients with MDS on trial every month.

Moderator:

Tell us about your experience with MDS diagnoses.

Natasha:

Well, as I'm sure you know, MDS is a rare type of blood cancer. I started working in hematology, because I found it absolutely fascinating. To give our listeners a bit of a background on MDS—sometimes classified as bone marrow failure disorders, it occurs when bone marrow doesn't produce enough functional blood cells. There are several different types of MDS. The World Health Organization, or WHO, recognizes six of those types, classified mainly by how the cells within the bone marrow look. In my experience, this has a tendency to make it difficult to identify the exact type of MDS a patient has.

Ashley:

Yes, she's right. And although it is a rare type of blood cancer, there are as many as twenty thousand new cases of MDS reported in the United States every year. It's estimated that somewhere between sixty thousand and one hundred and seventy thousand people in the United States have MDS. There is a revised International Prognostic Scoring System which looks at five disease factors, and this scoring system helps our oncologists determine when to start treatment and how intensive it should be. They look at the patient's platelet count, their hemoglobin levels, cytogenetics, the percentage of blasts in the bone marrow, and their absolute neutrophil count.

Natasha:

Those are the factors we look at when diagnosing patients in our practice. Sadly, the cause of MDS is unknown in more than eighty percent of diagnosed patients. MDS often occurs in patients older than sixty-five. It's not contagious, and it is extremely rare to inherit a genetic predisposition to the condition.

Moderator:

Do you see mostly older patients, or a certain gender in your practices?

Ashley:

I would say we see more male patients than female, but our MDS population is primarily patients over sixty. The effects of MDS can vary from patient to patient. Most of our patients didn't even experience any symptoms when they were first diagnosed.

Moderator:

So, when a patient is diagnosed, how do you help them decide on their treatment choices? Will you walk us through your process for treating patients with MDS in your practice setting?

Natasha:

Well, for most patients with intermediate-or high-risk MDS, stem cell transplantation is not an option due to age and/or comorbidities. The majority of patients we see receive treatment with a hypomethylating agent. These agents are a type of chemotherapy that helps to activate the genes and kill cells that divide rapidly. They have typically been the foundation of therapy for MDS, and the ones we use are administered either intravenously or by subcutaneous injections. They must be given anywhere from five to seven days in a row, every month. Many of the patients with an MDS diagnosis in our practice are older than sixty-five.

Ashley:

Right, and the travel can really pose a challenge for these patients. If they are unable to drive themselves, it can sometimes be difficult to arrange travel with their caretakers to get them to and from our treatment center. Scheduling with a caretaker can also be challenging if the drive is lengthy and takes caretakers away from their jobs or children for hours at a time. We use hypomethylating agents as well in the hospital when a patient is not a candidate for stem cell transplantation. Hypomethylating agents are our standard of care when we treat patients with MDS in our particular infusion center.

Natasha:

MDS can require lifelong treatment, and some may remain on it for years. When it comes to administration, some of our patients have concerns with subcutaneous or intravenous treatment, which can also be a challenge.

Moderator:

Are you involved in the treatment decisions?

Natasha:

I am involved in helping patients understand that there are choices out there. I help them understand what is involved in each treatment, and try to help them follow their treatment regimen, but essentially it is the hematologist-oncologist in our practice who prescribes treatment.

Moderator:

And do patients come to you with treatment options that they have researched on their own?

Ashley:

I have definitely had patients reach out with questions about a treatment that they have heard about, or a trial that they read about online. An oral treatment might be more convenient for some of those patients and caregivers in our practice—especially those who don't have the support needed to manage travel to and from the infusion center so often. Not to mention, the additional chair appointments that using an oral treatment would open up for other patients who can only receive infusion therapy.

Natasha:

It would be great to let our patients who are not able to receive—or simply fear—intravenous injections know that there was an oral option available. It would save their caregivers some time and potentially relieve some of the challenges they may be facing.

Moderator:

Well I think I can speak for our listeners out there when I say that I learned a lot today. I'd like to thank you both for spending some time with us and sharing your experiences with MDS. Grab a seat and tune in for our next episode of Word of Mouth.

Announcer:

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