WNPR Radio Voice 00:00:00:02 - 00:00:30:06 Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital. Welcome to Yale Cancer Answers with the director of the Yale Cancer Center, Dr. Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Dr. Winer. Tonight's show, we're going to be focusing on the social and emotional challenges that can come up with cancer treatment. Dr. Winer 00:00:30:07 - 00:01:14:25 Cancer is, of course, a medical problem that people confront. But accompanying the medical issues are also a complex set of emotional and psychological challenges. Many patients going through cancer treatment and many survivors struggle with these psychological, emotional, and social adjustments. Joining us this evening is Dr. Nancy Borstelmann, an expert in psycho-oncology. Dr. Borstelmann is an assistant professor in the Child Study Center and the chief of Family Behavioral Health Services in hematology oncology. She now also is the co-director of the Cancer Center at Smilow Cancer Hospital's Early Onset Cancer Program, which is addressing the needs of individuals with cancer who are between the ages of 18 and 45. And as you can imagine with her background, she is focused on the psychosocial part of that program. So, Nancy, it's a pleasure having you here tonight and joining us for Yale Cancer Answers. Dr. Borstelmann 00:01:42:19 - 00:02:13:19 Thank you, Eric. I'm really glad to be here. Dr. Winer I think maybe we can just start pretty broadly. Maybe you can just talk in general about the complex psychological and emotional issues that people with cancer face. And you can't cover the entire territory in a sentence or a paragraph—you could write a book on it. But what are some of the highlights? Dr. Borstelmann 00:02:14:01 - 00:02:47:27 Let me give you a few broad categories that are somewhat common across cancer diagnoses and the whole age spectrum. So, anxiety—dealing with the disruption of cancer in your life can lead to a lot of worries and a feeling of being overwhelmed. Sometimes depression or intense feelings of distress, like, "I don't even understand what's happening to me. Suddenly I have to drop everything I was planning in my life and figure out how to deal with this." Dr. Winer 00:02:49:07 - 00:03:32:04 Let me just ask you—I would imagine that anxiety is almost something that virtually everyone experiences, whereas symptoms like depression and feeling down may be something that people experience. Everyone probably experiences it intermittently, but true depression that is persistent and pervasive is probably a little less common than anxiety. Is that the case? Dr. Borstelmann 00:03:32:04 - 00:04:02:28 Yes, absolutely. Anxiety is probably the most common emotion experienced, and that runs a spectrum as well. But when it comes to depression, I mean clinical depression—something that is more severe and persistent and is really interfering with a person's life. That's to be differentiated from understandable feelings of sadness and loneliness or just feelings of being overwhelmed or confused, like, "What's happening to me? What is this going to be like to go through cancer treatment? How is it going to affect me?" Dr. Borstelmann 00:04:02:28 - 00:04:28:23 And that anxiety, of course, also can take many different shapes and forms. Some of the anxiety is just over things like making appointments, going through tests, and dealing with so much that's unknown. Dr. Winer Some of it, I imagine, is also related

to having to tell family members and friends. And then, of course, some of it—because in our society, cancer is greatly feared—is about what cancer treatments are going to mean and the potential that it could threaten somebody's life. Dr. Borstelmann 00:04:29:17 - 00:05:08:21 It's all of those things. For different people, depending on who they are, who's in their support network, and to what extent the cancer treatment is going to really disrupt their life, it will factor in. For example, these logistical issues—is there someone who's going to help them out with that? There are a lot of appointments. There's a lot of scheduling. There's insurance. There are all these things that you may not know quite how to deal with. And then if you're trying to figure out how to tell your family members—say you have children—how do I tell my children? Even your adult children, if you don't have young children. How do I tell them? What do I tell them? When do I tell them? And in the many other ways that you have to then kind of reconfigure things, all of that can lead a person to think, "How do I problem-solve? I don't even quite know what to do." Dr. Winer 00:05:49:15 - 00:06:22:02 It's incredibly complicated. We talked recently to one of your colleagues, Rachel Greenup, one of our breast surgeons who does research on financial toxicity. She was talking about how anxiety-provoking all the financial aspects of cancer care can be. And I'm sure that comes up in conversations with patients all the time because cancer care can be expensive in ways that you may not necessarily think about. Dr. Borstelmann 00:06:22:12 - 00:07:10:02 Yes, it can feel incredibly overwhelming. And financial toxicity is a real thing. For instance, if someone has to cut back on the amount that they work, or if their spouse or partner does as well, they might face unexpected expenses for childcare, medications, co-pays, and so on. And no one wants to deal with insurance—it's just sometimes hard to even know how to fill out these forms. Dr. Winer 00:07:10:02 - 00:07:32:15 Not surprisingly, I think as a doctor, I hear about these concerns from patients relatively infrequently because they don't want to take up my time with it. But as social workers, I think that this is something that comes up frequently. Dr. Borstelmann It does. It comes up. And actually, it's good that it comes up because whenever patients are carrying a level of worry or concern, that just adds to their distress. I think we all, as an oncology team and as clinicians, want to do whatever we can to help reduce that. You know, where can we relieve some of the burden? And there is help out there. However, we want to hear about it, and we also need to ask about it. Dr. Winer 00:07:33:00 - 00:08:00:17 Yeah, and maybe we can just focus on this whole area of communication with friends and family. In a minute, I'll ask you about the communication with children, whether it's a patient's own children or other children that they may be closely related to. But first, how do you advise people when they ask you about communicating with their friends and family members, and what they should say? Sometimes people are afraid of the kinds of responses they're going to get. Dr. Borstelmann 00:08:01:22 - 00:09:09:29 I think it's important for the person who has those worries or is just wondering to try to tell us what it is that they're worried about. Just as you were saying, Eric—are they worried that people are going to say things to them that they don't know how to answer yet because they don't even have a treatment plan?

Or are they worried that their loved ones are going to get upset and then they're going to have to manage the fact that their loved ones are upset while they're already dealing with their own distress about having cancer? Dr. Winer Yeah. I mean, you know, there are people who often comment that they feel like they have to support their friends more than their friends are supporting them. And my response to that is, that's probably not somebody who's going to be very helpful to you during your cancer journey, even though they may be a very close friend. Dr. Borstelmann 00:09:10:11 - 00:09:42:09 Yes, and I think that's an important point. People sometimes surprise you. Sometimes people come out of the woodwork and are incredibly helpful, and others who you thought might be more of a support may just struggle with how to be that friend to you. I think another thing is trying to help the patient think through what it would be like to have that conversation. You can even do a kind of role play in some ways—what are you anticipating? And also, sometimes you have to help them think, "What's your tweet? What's your email?" Dr. Borstelmann 00:09:42:17 - 00:10:12:15 What's the short form of communication that might just help you in different types of situations so you don't have to tell the whole story? Sometimes it's good to have a little rehearsal of what some of those conversations might bring up, and that can help you feel a little more prepared. And a little more preparation goes a long way. Dr. Winer 00:10:12:26 - 00:10:43:13 I think one of the most challenging areas for people is talking to their own children, and particularly for children of any age, in truth, but especially children who are under the age of 20 or early twenties. Of course, it's harder and harder the younger the children are. How do you advise people? And I'm sure that that varies based on the age of the child. Dr. Borstelmann 00:10:43:13 - 00:11:41:25 Absolutely. It's important to think about the age of the kids and what developmentally appropriate information is going to be helpful for them. First, I'd want to know, how many kids do you have? What are their ages? Tell me a little bit about them. Then, in so many words, I'd share a philosophy that I think holds up well: open communication with children is the best thing to help them. Of course, there's a timing issue here, too. When you're newly diagnosed and just beginning to figure out what's going on, when you have an actual plan, then maybe that's the time to talk with children and to make it clear that you don't have to say everything. Just tell them what they need to know right now. Dr. Borstelmann 00:11:42:17 - 00:12:03:22 For example, sometimes things are really observable to children. Like, the schedule's different. Different people are going to be picking them up and dropping them off. Maybe there's going to be a change in how you look—like hair loss or other changes. They're going to notice those things. So it's better to prepare them and let them know what's happening and what you're doing about it. That makes them feel safer and more secure because you're sharing that information with them. Dr. Winer 00:12:03:22 - 00:12:41:22 And how does the approach differ with, let's say, a 3- to 5-year-old versus a 10- to 12-year-old? Dr. Borstelmann For a 3- to 5-year-old, it'll be harder for them to understand the intricacies of what's happening, but they can understand that there is something changing in the family. So it's really helpful for them to know about changes in the schedule, such as, "This

person is going to pick you up from school," or "This is how things are going to be different." You also want to reassure them about things they might misinterpret, like, "You can't catch this. It's not like when your brother had a cold and then you got a cold." Sometimes younger children misunderstand and apply things they know to this situation, which isn't the same thing. Dr. Borstelmann 00:12:41:22 - 00:13:38:07 For an older child, like a 10- to 12-year-old, they might already know what cancer is because they've heard about it from other sources. They can handle a bit more information and might have a lot of questions. As a parent, one of the most helpful things you can do is warmly welcome their questions. Let them know it's okay to ask about what's going on so they're not holding in their worries and trying to manage them on their own. The most important thing is to create a sense that this is something we can manage and talk about together. Dr. Winer 00:13:38:07 - 00:14:09:21 That's such an important point—letting children know that it's okay to talk and ask questions. Well, we're going to have to take just a brief break, and in a minute, we'll be back with our guest, Dr. Nancy Borstelmann, an expert in psycho-oncology, to discuss how we communicate with patients and help them with their emotional needs. WNPR Radio Voice 00:14:09:21 - 00:15:08:23 Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, where nationally renowned breast cancer specialists deliver compassionate, cutting-edge care. Learn more about innovative treatment options at SmilowCancerHospital.org. Over 230,000 Americans will be diagnosed with lung cancer this year. And in Connecticut alone, there will be over 2,700 new cases. More than 85% of lung cancer diagnoses are related to smoking, and quitting—even after decades of use—can significantly reduce your risk of developing lung cancer. Each day, patients with lung cancer are surviving thanks to increased access to advanced therapies and specialized care. New treatment options and surgical techniques are giving lung cancer survivors more hope than ever before. Clinical trials are currently underway at federally designated comprehensive cancer centers, such as the Battle 2 trial at Yale Cancer Center and Smilow Cancer Hospital, to learn if a drug or combination of drugs based on personal biomarkers can help to control non-small cell lung cancer. More information is available at YaleCancerCenter.org. You're listening to Connecticut Public Radio. Dr. Winer 00:15:08:23 - 00:16:17:18 Welcome back to Yale Cancer Answers. I'm Dr. Eric Winer, and tonight we've been talking about the mental health challenges that come with surviving cancer. This includes the social and emotional aspects of having a diagnosis and how we can support our patients in going through a cancer diagnosis. I've been speaking with Dr. Nancy Borstelmann, who has played a critical role, both in her former position at Dana-Farber and now more recently at Yale, in this area. Nancy, I want to start this segment by talking about some of the work you and your colleagues are doing in the Early Onset Cancer Program, which focuses on patients who are 18 to 45 years old with a diagnosis of cancer. In particular, I want to ask how it's different for younger people with cancer compared to someone who is 60, 70, or 80 years old. Part of the reason for creating this program was the recognition that it's just that much harder for a young person. Dr. Borstelmann 00:16:17:18 - 00:17:54:09 Absolutely, Eric. For anyone getting

a cancer diagnosis, it is distressing. There's a lot to take in and manage. But for younger patients, there are distinct and unique needs because of where they are in life. When we talk about patients aged 18 to 45, this is a time when people are often working on developmental milestones—things like finishing school, building a career, dating, starting a family, or raising young children. Cancer can disrupt all of that. For example, fertility and family planning are common concerns for younger patients. Someone might be thinking about starting a family or might already have plans in place. Suddenly, they have to think about what their cancer treatment means for those plans. That's a very different experience than for someone who is in their 60s or 70s. Dr. Winer And of course, there's also the issue of having to talk to young children. If you're a younger person, you're more likely to have young children. Dr. Borstelmann Exactly. And another thing we hear from younger patients is that they often feel out of place in the waiting room. A 28-year-old might be surrounded by people who are in their 50s, 60s, or 70s. That feeling of being alone and isolated is something we hear about a lot. Dr. Winer 00:17:54:13 - 00:19:21:21 Yes, I could imagine that the reaction a 30-year-old gets when they tell their friends that they have cancer is also very different from the reaction a 70-year-old gets. For a 30-year-old, it's shocking—it's not what their friends expect to hear. Dr. Borstelmann Absolutely. Friends are often shocked because it seems to come out of the blue. For younger people, cancer brings up all sorts of fears—not just for the patient, but for their friends as well. It raises questions about mortality and how this could happen to someone so young. Often, younger people don't have the same life experience or coping skills to manage their own reactions when they hear this news. Dr. Winer 00:19:21:00 - 00:20:14:21 It's such a unique challenge. I want to spend a little time focusing on how we can help people deal with the emotional challenges they face. I can think of three groups of people I want to talk about. First, there's the family member or friend of someone with cancer. Second, there are the healthcare professionals—doctors, nurses, and others—who see patients in the clinic or hospital. And finally, there are the mental health professionals who work directly with patients. Let's start with the family member or friend. What advice would you give to someone in that position? Dr. Borstelmann 00:20:14:21 - 00:22:28:22 I would say the most important thing is to be a good listener. Be curious, ask questions, and just be available. Sometimes people don't reach out because they don't want to bother the person with cancer or feel like they might be burdensome. But that can lead to isolation for the patient. It's also important to ask how you can help. Keep the lines of communication open. And while offering encouragement can be helpful, avoid saying things like, "I know you're going to be okay" or "You're a fighter." These comments, while well-intentioned, can sometimes shut down the conversation and make it harder for the person with cancer to share their true feelings. Dr. Winer 00:22:28:22 - 00:23:09:29 Yes, there's a balance between being positive and allowing space for someone to express their fears and worries. It's so important to let them know that it's okay to feel whatever they're feeling. Now, let's move on to healthcare professionals—doctors, nurses, and others. Sometimes, I think patients feel totally supported by the medical team around

them, and that's probably more common than not. But we've all seen situations where the emotional needs of patients aren't fully addressed. And as I often say, there's nothing worse than an anxious patient and an anxious doctor, because together they can really create a lot of discomfort. What advice would you give to doctors and nurses about talking to patients, especially when it comes to their emotional challenges? Dr. Borstelmann 00:23:10:23 - 00:25:11:01 That's such a good point, Eric. I think it starts with self-awareness. Healthcare professionals need to be aware of their own emotions in the moment. If you're feeling anxious or overwhelmed, it can affect how you communicate with your patient. Patients pick up on everything—your tone, your facial expressions, your body language. It's important to take a moment to center yourself so that you can be fully present for the patient. This helps create an environment where the patient feels safe to share their concerns. Another piece of advice is to ask open-ended questions. For example, instead of just saying, "Do you have any questions?" you can ask, "What's on your mind today?" or "What are you most worried about?" These kinds of questions encourage patients to open up. And finally, it's okay to acknowledge uncertainty. Sometimes, as healthcare providers, we feel like we need to have all the answers. But saying, "I don't know, but we'll figure it out together," can be very reassuring for patients. Dr. Winer 00:25:11:01 - 00:26:26:25 I think that's such great advice. I've been struck for years by how patients pick up on even the smallest cues. If I have an unexpected expression on my face, for whatever reason, patients notice it immediately and might start to worry. Now, let's talk about mental health professionals and the specific interventions they can offer. There's psychotherapy, group therapy, medications, and more. How do you think about the range of options available to help patients? Dr. Borstelmann 00:26:26:25 - 00:27:54:15 There are many ways to get help, and what works best will vary from person to person. For some, group therapy or support groups are incredibly valuable, especially for those who feel isolated. Being able to connect with others who are going through similar experiences can provide a sense of community and belonging. For others, one-on-one therapy with a clinical social worker or mental health professional might be more helpful. This gives patients a chance to explore their primary concerns, whether it's depression, anxiety, worries about their family, or anything else. Therapists can also help patients develop coping strategies and problem-solving skills. Sometimes, just having a safe space to talk and process everything that's happening can make a big difference. Dr. Winer 00:27:54:15 - 00:28:20:19 What about patients who say, "I don't need to talk to a therapist; I can just talk to my friends"? Dr. Borstelmann 00:28:20:19 - 00:28:50:27 Talking to friends is wonderful, and having a strong support network is incredibly important. But talking to a mental health professional offers something different. A therapist provides an objective perspective and a safe space where patients can express themselves without fear of judgment. With friends or family, there's often a natural tendency to filter what you say because you don't want to worry them or because they're emotionally invested in your situation. A therapist, on the other hand, is there solely to help you process your feelings and figure out how to move forward. Dr. Winer 00:28:50:27 - 00:29:00:00 Dr. Nancy Borstelmann

is the chief of Family and Behavioral Health Services at the Yale Child Study Center. If you have questions, the address is CancerAnswers@Yale.edu, and past editions of the program are available in audio and written form at Yale-CancerCenter.org. WNPR Radio Voice 00:29:00:00 - 00:29:09:07 We hope you'll join us next time to learn more about the fight against cancer. Funding for Yale Cancer Answers is provided by Smilow Cancer Hospital.