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00:00:00.076 --> 00:00:21.538 Announcer Funding for Yale Cancer Answers is provided by Smile Cancer Hospital. Welcome to Yale Cancer Answers with the director of the Yale Cancer Center, Doctor Eric Winer. Yale Cancer Answers features conversations with oncologists and specialists who are on the forefront of the battle to fight cancer. Here's Doctor Winer.

00:00:21.615 --> 00:00:56.730 Eric Winer This evening, we're talking to Melinda Irwin, who is the Susan Dwight Bliss Professor of epidemiology and associate dean of research at the Yale School of Public Health. Doctor Irwin is also deputy director of the Cancer Center, focusing on population sciences. She's done a great deal of research on diet and exercise and other interventions in people at risk of developing cancer and people who have cancer.

00:00:56.884 --> 00:01:27.846 Eric Winer And we were going to talk about some of that work today. But this morning, Melinda texted me and said, I want to do this differently. I want to try interviewing you today. So after first hemming and hawing, I said, okay. And so with that background, I'm actually going to let Melinda ask me questions, which in truth, we haven't done on this show before.

00:01:27.846 --> 00:01:31.615 Eric Winer So I hope it's okay. Melinda, take it away.

00:01:31.730 --> 00:02:00.884 Melinda Irwin Great, I love this. I love flipping the script and making you be the interviewee. So, Doctor Eric Winer I have had the absolute pleasure working with you and collaborating with you. You are the Yale Cancer Center director and president of Cancer Hospital at Yale, and you are also a breast medical oncologist. And you have shared with me that your number one love is being a doctor.

00:02:01.153 --> 00:02:06.576 Melinda Irwin Can you share with us a little bit about the journey to becoming a doctor?

00:02:06.653 --> 00:02:36.576 Eric Winer I wasn't always sure I wanted to be a doctor, and in fact, I majored in college in history and Russian studies. But I still kept coming back to this idea that somehow being a doctor was right for me. And probably a lot of it had to do with the fact that as a kid, I had spent a fair amount of time at Children's Hospital in Boston because I had some health problems, and so early on I got this into my head.

00:02:36.653 --> 00:03:07.461 Eric Winer I ended up dropping out of that Russian studies program, taking pre-med courses, staying here at Yale for medical school. And and the rest is sort of history. I trained in internal medicine, and then I finally managed to extract myself from New Haven, went to Duke for ten years, where I was on the faculty in medical oncology, and then spent 24 years up at Dana-Farber running the breast cancer program.

00:03:07.538 --> 00:03:12.153 Melinda Irwin So what was it about being a cancer

doctor?

00:03:12.230 --> 00:03:38.653 Eric Winer You know, I think there are many different ways that one can have a satisfying career as a physician, or for that matter, as a nurse practitioner or a PA or a nurse. But there's something about cancer that really drew me in. Maybe it's because cancer is so feared in our society, maybe more so in the past than it is today.

00:03:38.653 --> 00:04:18.346 Eric Winer But it's just such a such an overwhelming diagnosis for people that it actually gives you a chance to really get to know people well. And that's something I was always interested in. And one of the things that I've said before and, and the way I think about being a cancer doctor is that when you walk into a room with a new patient who has a new diagnosis of cancer, or for that matter, an older diagnosis of cancer, because they've they've been getting treatment for a while and are coming for another opinion or ongoing care.

00:04:18.423 --> 00:04:55.384 Eric Winer There's this opportunity to walk into a door in their lives, and you don't have to choose to step through that doorway and suddenly learn a lot about the person you're seeing as a patient. But if you choose to and you choose to try to get to know someone, it can be a pretty rich experience. And I think the relationships that cancer doctors oncologists have with patients are not the only saturation relationships that exist.

00:04:55.384 --> 00:04:58.500 Eric Winer But I think it's a it's a special way of being a doctor.

00:04:58.500 --> 00:05:01.538 Melinda Irwin And you've shared so you're a medical oncologist.

00:05:01.576 --> 00:05:25.384 Eric Winer And I am indeed I don't I don't take patients to surgery. You don't want me to do an operation. I actually and this is absolutely true. I had a nightmare about two years ago that I was in the Or, and I was supposed to be doing a mastectomy, and I realized I didn't have the faintest idea where to put the scalpel.

00:05:25.576 --> 00:05:29.730 Eric Winer So it is a good thing I'm not a surgeon.

00:05:29.730 --> 00:05:40.423 Melinda Irwin So. But you have you have shared with me that you sort of view the medical oncologist as the quarterback of the oncology care team. So so explain what you mean about that.

00:05:40.461 --> 00:06:10.730 Eric Winer Well, now you're going to get me in trouble with my colleagues because, you know, for all I know, the surgeons might say the same thing. So typically what what happens is that for most types of cancer, certainly most types of what we call solid tumors. So breast cancer, lung cancer, colon cancer, and the ones I'm excluding here are diseases like leukemia, which is not considered a solid tumor.

00:06:10.730 --> 00:06:44.769 Eric Winer But for most solid tumors, there's a group of doctors who take care of somebody. There's oftentimes a surgeon.

There's oftentimes the radiation oncologist, and there's a medical oncologist. If there's a surgeon, that surgeon will quite frequently do a surgical treatment of some sort. They'll do surgery frequently, but then it's done and they move on to receive treatment from a medical oncologist.

00:06:44.769 --> 00:07:13.846 Eric Winer And that medical oncologist is really there for the patient for their entire journey until they no longer need treatment for cancer. And in a similar way, the radiation oncologist is often sort of somewhat in and out, meaning that the the radiation is administered for a period of days to multiple weeks. But when it's done, there isn't as much ongoing care.

00:07:14.000 --> 00:07:30.769 Eric Winer So the medical oncologist is sort of, in my view. And again, I don't want to get into trouble with my colleagues is really the consistent physician there for the patient for a long period of time.

00:07:30.846 --> 00:07:44.653 Melinda Irwin So you primarily see patients who might need chemotherapy for breast cancer if they don't need chemotherapy. Are you not seeing them or is a breast medical oncologist not seeing them?

00:07:44.692 --> 00:08:26.730 Eric Winer No. We we see everybody. And thankfully we give much less chemotherapy than we did in the past. We've gotten way smarter about who needs chemotherapy and who doesn't need chemotherapy. We've learned how to better characterize different tumor types. And there are there's a large proportion of of women and occasionally men with breast cancer who simply don't benefit from chemotherapy at all, but may get a lot of benefit from treatments like endocrine treatments or hormonal therapy, where we counteract the effect of estrogen at the level of of the cancer cell.

00:08:26.769 --> 00:08:44.538 Melinda Irwin Take me through a standard first visit with a new patient who, let's say is going to have chemotherapy. Share with us what you sort of look for in her chart before you see her. And then on that first visit, what would sort of be discussed.

00:08:44.576 --> 00:09:06.384 Eric Winer So I have to say, the first thing that I do when I see a patient is I just talk to them to try to understand them a little bit. It's not just to go through some set of questions. It really depends on the person and sort of where the questions may lead us. But I want to know where somebody is from, and I want to know what kind of work they do.

00:09:06.384 --> 00:09:35.346 Eric Winer And I want to know if they're partnered and if they if they have children or don't. And you know what makes them get up in the morning? You know, it's surprising when you ask open ended questions just what you hear from people. And it allows oftentimes people who are in this very stressful situation because, you know, suddenly this doctor comes in and this is somebody who you might be having an ongoing relationship with for years and years.

00:09:35.384 --> 00:09:49.653 Eric Winer And I think it's a little intimidating for a lot of people. People always seem to be a little surprised when their doctor

just wants to talk to them about who they are. And I don't think I'm alone in this in doing this.

00:09:49.692 --> 00:10:09.692 Melinda Irwin Yeah. And and I think, you know, for many people, a diagnosis of cancer or breast cancer sort of interrupts their life. I mean, they felt that it usually is on a mammogram and then a biopsy. Right. And so I think that's so important that you talk to them about where they are or do they work? Do they not?

00:10:09.730 --> 00:10:19.230 Melinda Irwin Do they have kids? Do they have grandkids? And so, you know, where this sort of diagnosis comes in the moment of their life?

00:10:19.307 --> 00:10:43.346 Eric Winer Yeah. No, I mean, it's and you know, many cancers are found on screening. Many cancers are still palpate by a woman. She feels a lump notices some change in the breast. And you know, as I was saying, the minority of people now get chemotherapy. But still we give chemotherapy and we give other types of treatment for her to positive breast cancer.

00:10:43.346 --> 00:11:13.730 Eric Winer We give antibody therapy. We give immunotherapy for patients who have what is called triple negative breast cancer, where it's not sensitive to the cancer, to the effects of hormones, and it's not sensitive to the effects of these anti Her2 drugs. So you know the treatment much much more than was the case ten, 2030 years ago. The treatment is really very much more individualized.

00:11:13.769 --> 00:11:42.538 Eric Winer Not to the extent that we ultimately think it will need to be because personalization of treatment or individualization of treatment, I think, can be taken a lot further than where we are now, but we're getting there. But, you know, I often I often say that if all we did was administer therapy and of course, we're actually not the ones who actually administer the therapy.

00:11:42.538 --> 00:12:11.884 Eric Winer There are infusion nurses who do that. But if all we did was right, prescriptions for chemotherapy or hormonal therapy or whatever treatment, it would be a pretty boring job. And what makes the job interesting is having relationships with people over time and getting to know them and and going through sometimes a lot of good times and sometimes some harder times.

00:12:12.192 --> 00:12:34.115 Melinda Irwin Yeah, I really appreciate that. So as an oncologist in a cancer center, director and president of the cancer hospital use oversee the cancer research and the cancer clinical care going on. Can you share a little bit about the importance of a patient coming to an NCI designated cancer center?

00:12:34.153 --> 00:13:10.192 Eric Winer Well, so, you know, I think that it's hard to say that getting care in any particular place is the best approach. I do think, though, that you want to see a group of oncologists, surgical oncologists,

medical oncologist, radiation oncologist, along with nurses and others who work together seamlessly and who in the ideal world are involved in research. Now, I'm going to take the prerogative of the person who usually interviews and say that it's time for a break.

00:13:10.230 --> 00:13:18.730 Eric Winer We can pick up on this importance of of where you get your care. When we come back from that break. In just a minute.

00:13:18.846 --> 00:13:37.269 Announcer Funding for Yale Cancer Answers comes from Smilow Cancer Hospital, now providing care at 15 locations throughout Connecticut and Rhode Island to bring personalized treatment and world class expertise to patients closer to where they live. Learn more at Smilow Cancer Hospital.

00:13:37.346 --> 00:13:59.153 Announcer Genetic testing can be useful for people with certain types of cancer that seem to run in their families. Genetic counseling is a process that includes collecting a detailed personal and family history, a risk assessment, and a discussion of genetic testing options. Only about 5 to 10% of all cancers are inherited, and genetic testing is not recommended for everyone.

00:13:59.192 --> 00:14:32.269 Announcer Individuals who have a personal and or family history that includes cancer at unusually early ages. Multiple relatives on the same side of the family with the same cancer. More than one diagnosis of cancer in the same individual. Rare cancers or family history of a known altered cancer predisposing gene could be candidates for genetic testing. Resources for genetic counseling and testing are available at federally designated comprehensive cancer centers, such as Yale Cancer Center and at Smilow Cancer Hospital.

00:14:32.307 --> 00:14:39.000 Announcer More information is available at YaleCancerCenter.org. You're listening to Connecticut Public Radio.

00:14:39.076 --> 00:15:05.115 Eric Winer This is Eric Winer. Welcome back to Yale Cancer Answers, where I'm speaking with Melinda Irwin, who is the Susan Dwight Bliss Professor of Epidemiology at the Yale School of Public Health, where she's also the associate dean of research. And we're doing a little bit of a one off this evening. And Melinda has stepped forward and is interviewing me.

00:15:05.115 --> 00:15:08.269 Eric Winer So we're going to just keep on this track.

00:15:08.269 --> 00:15:10.500 Melinda Irwin I'm really enjoying this, Eric.

00:15:10.500 --> 00:15:53.230 Eric Winer So so you want me to talk a little bit about where you get your cancer care? So again, there isn't one single place that is the right place and where everybody should get their care. That said, I think that we do have good reason to believe that seeing doctors who both work together as a team, as I was mentioning before, and who are in one way or

another involved in some amount of research, and that research doesn't mean that they're conducting the research themselves.

00:15:53.269 --> 00:16:36.615 Eric Winer It may simply mean that they're helping to enroll people on clinical trials. They know the state of the art. I think there's there's reason to believe that that's oftentimes the best care. And finally, I'll say that cancer is really complicated and has gotten more and more complicated. It's hard for most oncologists to do everything. And we've come to a point where even in community practices, many oncologists subsub specialized meaning medical oncology is already a sub specialization within internal medicine.

00:16:36.769 --> 00:17:01.038 Eric Winer But by subsub specializing I mean focusing on breast cancer or lung cancer. That may not be possible for a doctor if it's a very rare malignancy. But most women with breast cancer these days, I think, deserve to be seen by someone who focuses on breast cancer. It's just too complicated otherwise.

00:17:01.115 --> 00:17:24.846 Melinda Irwin Yeah. And the advances in research and treatments available, you really do need to be talking with that sub sub specialist. So in your role of president of Smile of Cancer Hospital at Yale and or the cancer Center director, what are what are sort of the the challenges right now in delivering cancer care and or doing cancer research.

00:17:24.884 --> 00:17:53.461 Eric Winer So we do have a lot of challenges, and I have to wake up every morning and remind myself to be the most optimistic person in the room. And I think there's there really is good reason to be optimistic. But we have challenges. There have been challenges in terms of federal funding for cancer research. More recently, we've had significant challenges with the current administration.

00:17:53.692 --> 00:18:26.846 Eric Winer Health care in the United States is challenged, and our whole health care delivery is troubled and far more complex than it is in many other countries. We know that, unfortunately, in the United States, care isn't distributed equally, and we know that people who are uninsured or underinsured don't receive the same care. We know that people of color oftentimes don't receive the same care.

00:18:26.846 --> 00:18:50.576 Eric Winer And that's also true of people who have not had as much education and don't have the same financial resources, and for that matter, people who don't have social support. So we have to work hard every day to make sure that everybody gets the best care that they can possibly receive. I think that I think it's going to get better.

00:18:50.576 --> 00:19:10.076 Eric Winer I have to believe it's going to get better. And, you know, in spite of these challenges, we do our best to continue to do research because that's what moves the field forward. And we try very hard to make sure that every patient gets the best possible care.

00:19:10.153 --> 00:19:37.192 Melinda Irwin I think what's important to realize

is that this is not unique to one city or state, but across the country and globe. And you are the former Asco president. And Asco as the American Society of Clinical Oncology. And you were the president of that society, which is the largest global oncology network of scientists and doctors. So it's really nice that you can come together every June.

00:19:37.192 --> 00:19:54.230 Melinda Irwin There's 30,000 plus oncologists and scientists who come together. So when you were asked a president just a couple of years ago, tell us a little bit about your platform and how Asco creates an opportunity to share some of these challenges with one another and find solutions.

00:19:54.269 --> 00:20:41.346 Eric Winer Asco is all about supporting cancer caregivers meaning professional caregivers. So largely physicians and others who work with physicians in their role providing care to patients and doing research. And it is an exceedingly well run organization that is really critical to the practices of oncologists, not just in the US, but around the world. And, of course, is critical from a research standpoint, because every year there's a large annual meeting where thousands of presentations are given and there are 40,000 people who attend the Asco annual meeting in Chicago.

00:20:41.423 --> 00:21:28.692 Eric Winer And it's a way of disseminating research findings before they're published in journals. And, of course, then there are additional meetings throughout the year that tend to be smaller meetings that focus on gastrointestinal cancers and genitourinary cancers and so forth. When I was president, I very much wanted to focus on the relationship of the doctor and the patient, and my theme was partnering with patients, the cornerstone of clinical care and research, because I think in in 2026, and this was certainly true when I was president in 2023 as well.

00:21:28.730 --> 00:21:58.538 Eric Winer I think that to provide the best care, you have to be a partner with your patient. And if patients are going to participate in clinical trials, they need to be partners there as well. And it's no longer the era of, for those who remember it, of Marcus Welby, who used to go around and see people at home and pat them on the head and tell them that they were going to get better, sort of a paternalistic style of treatment.

00:21:58.538 --> 00:22:14.307 Eric Winer I think that our, our care system at this point is really dependent upon a lot of communication between doctors and patients, and recognizing that each walks into the room with a different set of expertise.

00:22:14.384 --> 00:22:39.269 Melinda Irwin Yeah. And at the Asco meeting, often there is ground breaking, paradigm shifting results from clinical trials, therapeutic trials that are shared. Can you share a little bit about some of those recent trials specific to, say, breast cancer that either you have been involved with or your colleagues have, and how it's sort of shaping the future of breast cancer care.

00:22:39.346 --> 00:23:10.384 Eric Winer You know, I am a breast cancer doctor. It's the only thing I've done for the past 30 plus years in terms of my clinical work. But as cancer center director, I've actually had to learn a little bit else. And as Asco president, I had to learn a little bit else. So I'm going to start off by just mentioning one trial that was presented last year that I think has the potential to really change how we think about our entire approach to cancer treatment, which was a trial conducted in Canada and Australia.

00:23:10.461 --> 00:23:48.423 Eric Winer You're familiar with this trial in which patients who had colorectal cancer were randomized to either a standard approach or to a died and exercise intervention, and the trial took many years to complete. But it's essentially the first large randomized trial to show that this exercise intervention, and it was a supervised exercise intervention, changed not only how people felt, but more importantly, it prevented recurrences of cancer, which is sort of incredible.

00:23:48.423 --> 00:24:26.884 Eric Winer And there are other studies going on like that in the world of breast cancer. Our treatment has just been revolutionized in the last 20 years. And it's not just medical treatments, it's surgical treatments. Our surgical colleagues do far less extensive surgeries than they used to do. That's a result of randomized clinical trials that people signed up for. Our radiation oncologist have figured out how to give radiation in a more effective and easier manner for the patient.

00:24:27.038 --> 00:25:14.269 Eric Winer And in terms of medical treatments, both in terms of hormonal therapy and targeted therapies, that is, therapies that are very much focused on the abnormalities within individual cancer cells. There's just been a dramatic change, and all of this comes about as a result of research. And I'll just add one more comment, which is that although a lot of this research is sponsored by the pharmaceutical industry, oftentimes we have studies that come out that are sponsored by the pharmaceutical industry that are hugely helpful in get a drug approved, but they don't always tell us how best to use that drug.

00:25:14.269 --> 00:25:26.846 Eric Winer And we then need additional studies, oftentimes sponsored by the National Cancer Institute, to help us better understand what the clinical role of a new drug is and how best to use it.

00:25:27.115 --> 00:25:56.346 Melinda Irwin And, you know, at most cancer centers, cancer hospitals where research is also done, only about 10% of patients are enrolled onto a clinical trial. Some of that is maybe because of eligibility criteria, but other reasons, not because of eligibility criteria. Share a little bit with us the importance from the patient perspective of participating in a clinical trial, and then also in regards to just moving the science forward.

00:25:56.423 --> 00:26:34.807 Eric Winer So I can never say to a patient, you have to participate in the clinical trial. It is a choice. And if we knew that the treatment being evaluated in a clinical trial were clearly the best treatment, then it wouldn't be a trial. It would be standard of care. But when we're

talking about a randomized trial comparing treatment A versus treatment B, or treatment A versus treatment A plus B, in that situation, what we can tell a patient is that is that she or he will be receiving either the best available care or something that a lot of people believe could be better.

00:26:34.807 --> 00:27:15.076 Eric Winer And while occasionally it's not better, much of the time it is. And so participating in trials like that in my mind, is just so very important, because that's how we move the field forward and we deliver the best care. There are other situations where people may participate in trials that give them access to a treatment where there's no randomized question, but in fact, being on a trial give someone the ability to get a drug that they might not otherwise receive.

00:27:15.076 --> 00:27:32.000 Eric Winer And again, that's very much a patient's decision. So, you know, I think that clinical research is really important. It's important in cancer. It's important in all areas. And it will change how we take care of people over the years ahead.

00:27:32.038 --> 00:27:40.769 Melinda Irwin Well, thank you, Doctor Winer for being an amazing leader here at Yale and worldwide and a great mentor and friend.

00:27:41.038 --> 00:28:19.000 Eric Winer Well, I will just say that, you know, we do all of this with the hope that we will ultimately have an impact on the lives of people. And in any comprehensive cancer center, the the ultimate goal is to change the way cancer is experienced by by all of us, and of course, ultimately to eliminate cancer. But before we eliminate it, I think there will be a period of time when we continue to reduce mortality and where we also focus very much on improving quality of life.

00:28:19.038 --> 00:28:38.384 Eric Winer So, Melinda, thank you so much for for interviewing me today, I appreciate it. This is Eric Weiner feeling mildly embarrassed having been interviewed for the past half hour, but I hope it's been of interest to some of you and we'll be signing off. Melinda, thank you so much for being with us tonight.

00:28:38.461 --> 00:28:57.576 Announcer If you have questions, the addresses is CancerAnswers @Yale.edu and past editions of the program are available in audio and written form at YaleCancerCenter.org. 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.