Treating Blood Cancers

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What is hematologic oncology?

It's a specialty that focuses on cancers that derive from the blood and the lymphatic system. We're generally talking about leukemia, lymphoma and multiple myeloma and diseases that lead up to them. The specialty is broad. It includes people who treat with medicines and people who do cellular and bone marrow transplants. Clinicians often care for patients and also do research.

What are the challenges in treating blood cancers?

Blood cancers generally come on rapidly. You often need to treat them very quickly. Treatment for many of these diseases in the past has been very aggressive. Because blood cancers are less common, up until recently there's been less interest in the pharmaceutical industry to develop drugs for them.

How has therapy changed?

About two decades ago, the introduction of a drug called Gleevec (imatinib) converted chronic myeloid leukemia to a disease that you treat with a pill. That served as a prototype for developing targeted medicines that don't cause a lot of the side effects of chemotherapy. There have been drugs approved for almost every type of blood cancer in the last five years. There's been a plethora of new targeted medicines that have greatly impacted most blood cancers.

When should patients seek out specialists in their particular form of hematological cancer?

The management of cancer in general—whether it's a solid tumor cancer or a hematologic cancer—has become really complex. It's very difficult for a general hematology oncology specialist to keep up with everything that's happening. The best model, in my opinion, is for patients to partner their local physician with a disease-specific expert, particularly at the critical points where they're deciding on treatment or have an unusual side effect of treatment.

How important is prognostic testing to guide treatment of hematological cancers?

It's absolutely essential. In some patients, tests that identify the genetics of a particular cancer can direct therapy so they may never receive chemotherapy. It's important for knowing if they need a more intensive therapy after they get their initial treatment, such as a stem cell or bone

marrow transplant or CAR-T cell therapy. In general, prognostic testing—studying the genetics of the blood cancer—is critical to deciding how to treat the disease and allowing the patient to be informed on how they're going to do.

What inspires you?

I'm inspired every day by the patients I interact with in the clinic and the relationships that we establish. I'm inspired by being able to help them navigate through their disease to become comfortable with it and, when it comes time to treat, to intervene with treatment that in the past was very tough but, in most cases, is now better. I also do laboratory-based work. If I see a patient who has a side effect or a poorly responding cancer, I enjoy trying to work on strategies based on experiments we do in the lab. My research can positively impact that patient or a future patient.
