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Managing Anemia in Myelofibrosis: A Multidisciplinary Approach

Announcer:

You're listening to *Project Oncology* on ReachMD, and this episode is brought to you by Glaxo Smith Kline. Here's your host, Dr. Brian McDonough.

Dr. McDonough:

Welcome to *Project Oncology* on ReachMD. I'm Dr. Brian McDonough, and joining me to share multidisciplinary care strategies for myelofibrosis patients with anemia are Drs. Douglas Tremblay and Marina Kremyanskaya, who are both affiliated with the Icahn School of Medicine at Mount Sinai in New York. Dr. Tremblay is a hematologist and Assistant Professor of Medicine, while Dr. Kremyanskaya is an oncologist and Associate Professor of Medicine, Hematology, and Medical Oncology. Dr. Tremblay, Dr. Kremyanskaya, thank you both for joining us.

Dr. Tremblay:

Pleasure to be here.

Dr. Kremyanskaya:

It's great to be here. Thank you.

Dr. McDonough:

So let's just dive right in, Dr. Tremblay. Can you tell us who should be part of the multidisciplinary care team for myelofibrosis patients with anemia?

Dr. Tremblay:

Sure. Myelofibrosis patients with anemia have a lot of different needs, so it's really important to incorporate a multidisciplinary care team. And so, aside from the patient, there are other components of the care team that include patient's family members and caregivers because patients with anemia may need things like red blood cells transfusions and may be fatigued or tired. So it's important to have a network that involves patient caregivers as well.

But then, from the healthcare providers' side, there are many different people who are part of the care team, be it infusion nurses who provide medications, clinical coordinators, or nurse practitioners. And really importantly, especially when we think about different medications to give and therapies, is collaboration with pharmacists as well.

And then outside of those direct patient care team are social workers and people to help arrange the many needs that patients with myelofibrosis have. So there is a very big network of people that is needed to care for people who have anemia in myelofibrosis.

Dr. McDonough:

Now, if we zero in on supportive care, Dr. Kremyanskaya, how can specialists like nutritionists and palliative care clinicians help address quality-of-life issues related to anemia?

Dr. Kremyanskaya:

That's a great question. So one of the most common questions I get from patients and their family members is, "What should I be eating to help my anemia?" And in general, I think, in all cultures, this is a very important aspect of patient's care; they want to make sure that they're getting the right diet. And then, their family members and caregivers want to make sure that they're providing them with the most optimal nutrients that they can get.

My answer is always that it's important to eat a well-balanced diet. And then different patients have different nutritional requirements,

and they can focus on that at that's fine, but I think it's really important that they get a well-balanced nutritious diet.

And then this is where the nutritionist comes in. They can really spend a lot of time with their patients going through what's important to them—like what kind of diets they have and what they want to focus on—and try to optimize their choices and their diet to provide them with the most calories and the most nutritious meals that they can have.

So this is where the nutritionist's job is very important, and they can really spend a lot of time with the patient and also the family members to give them ideas on specific foods and recipes and what they should focus on.

Now, if we switch to palliative care, it's a team-based approach. It's very important for patients and their families to discuss with them, what is important to them. What do they want to focus on? How much quality of life focus do they want to have? Because as Dr. Tremblay mentioned, patients with anemia often need transfusions or red blood cells, which often requires them to come in very frequently. It's a very time-consuming process for both patients and families.

And so figuring out, "What's important?" "What should we focus on?" "How can we best make this arrangement?" so that patients get what is the most important to them out of the treatments. And I think this is where supportive care team comes in.

Dr. McDonough:

For those just tuning in, you're listening to *Project Oncology* on ReachMD. I'm Dr. Brian McDonough, and I'm speaking with Drs. Douglas Tremblay and Marina Kremyanskaya about how we can use team-based strategies to manage myelofibrosis patients with anemia.

So now that we know who's involved in this multidisciplinary approach, let's focus on how they can all work together to care for myelofibrosis patients with anemia. Dr. Kremyanskaya, why is regular communication between the team important?

Dr. Kremyanskaya:

Regular communication between the team is always important, right? Under any circumstances. But I think when taking care of these complex patients, it is essential. So there are many, many steps through the process of care for patients with myelofibrosis and, again, specifically if they have anemia and they require transfusions. It requires frequent visits to the infusion centers where they're spending all day, basically, getting this treatment.

And so it often involves communication between, of course, the physician, the nurses, and often, the nurse practitioners and the social workers. We may need to help arrange transportation and make sure that they have a way of getting to their appointments. And then different patients have different preferences of how they want their transfusions to be arranged: in the morning, in the evening. It just points out how big the care team is and why we provide great communication between all of the members of the team. And, of course, this includes the patient and the patient's caregivers to make this process that can often be difficult and painful for patients as smooth as possible. We're now doing a great job and so our aim is always to have perfect communications between all these different team members.

Dr. McDonough:

With that in mind, Dr. Tremblay, what are some best practices for shared decision-making while creating personalized treatment plans?

Dr. Tremblay:

That's a great question, Dr. McDonough. There are many different aspects to shared decision-making that are particularly relevant to anemic myelofibrosis patients. Dr. Kremyanskaya and I look at a lot of numbers and a lot of information about a patient, like their hemoglobin level, which is a measure of how bad anemia is. But what is most important is how the patient feels and how they're able to communicate how they're feeling. There's a difference between someone who's anemic and feeling fine and going for walks versus someone who may not even be as anemic but is extremely fatigued and tired. And this is extremely important to help Dr. Kremyanskaya and I, and other people caring for patients with myelofibrosis, determine the next course of action, whether it is a transfusion, whether it's therapies to try to improve the hemoglobin levels.

And so a key aspect, I think, of shared decision-making in myelofibrosis treatment is really advocating for yourself as a patient and being very truthful and honest in describing how you feel and how you've been feeling recently. We get to see patients only for a snapshot of time in the office, but it is extremely important to hear how they're doing at home, how they're doing with their normal activities, and how family members think they're doing.

Dr. McDonough:

Now, in our last few moments here, I'd like to ask each of you how we can effectively implement multidisciplinary care into practice. Dr. Kremyanskaya, would you like to start us off?

Dr. Kremyanskaya:

Definitely. I think a lot of the cancer centers that typically care for these patients already have these multidisciplinary approaches to manage patients with complex diseases such as myelofibrosis. But what's really important is to understand the complexity of the needs of our patients, and so do their families. We should be able to organize this team around the patient, and this involves all the key people that we already mentioned: the primary care team, the physician, the nurses, and the pharmacists. Social workers are also so important in caring for all the needs of the patients from the social aspects of it and helping patients logistically deal with all the issues that they have. And then, of course, we have palliative care and supportive oncology. So there are multiple layers of team care, and we all need to be able to support our patients and provide that care that they need.

Dr. McDonough:

And, Dr. Tremblay, I'll give you the final word.

Dr. Tremblay:

So I agree with everything that Dr. Kremyanskaya has mentioned. And I will also add that a best practice for multidisciplinary care is to recognize that no two patients are the same and that each patient has their individual needs. So it is really on the healthcare providers to customize a multidisciplinary treatment plan to fit the needs of each individual patient.

One patient may be traveling from far away and may need to stay the entire day for a transfusion, while another patient may be nearby and get their labs done the day before. And there's different levels of coordination based on how a patient's feeling and what their social and support network is like at home. And so it's really important to understand and digest that information and incorporate that information into designing a multidisciplinary care plan for a patient with myelofibrosis who has anemia.

Dr. McDonough:

Thank you both for sharing those key strategies with us. And as that brings us to the end of today's program, I want to thank my guests, Drs. Douglas Tremblay and Marina Kremyanskaya, for joining me to discuss the comprehensive management of anemia in myelofibrosis patients. Dr. Tremblay, Dr. Kremyanskaya, it was great having both of you on the program.

Dr. Tremblay:

Thank you so much for having me.

Dr. Kremyanskaya:

It was a pleasure. Thank you.

Announcer:

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