A Personalized, Holistic Approach to Cancer Care

LONG-TIME ONCOLOGIST AND HEMATOLOGIST LAUNCHES CONCIERGE PRACTICE; STRIVES TO BE "COUNTRY DOCTOR" FOR PATIENTS

By Jim Braibish, *Kansas City Medicine*

Dealing with a cancer diagnosis is a traumatic and confusing time for patients. Providing the patient with a better and more streamlined experience through the cancer journey is the goal of Overland Park medical oncologist and hematologist Sukumar Ethirajan, MD.

He is one of a handful of oncologists across the nation who have started specialty concierge practices. In both the concierge practice and his practice with Kansas City Urology Care, Dr. Ethirajan utilizes a holistic approach integrating traditional cancer therapies with genomics and other personalized medicine. He also strives to incorporate the patient's social and psychological factors in the treatment plan.

DR. E.T.'S CONCIERGE CARE

Dr. Ethirajan launched the concierge practice, Dr. E.T.'s Concierge Care LLC, in February 2016. Patients pay Dr. Ethirajan a flat fee or hourly rate for services not covered by insurance. As part of the concierge arrangement, patients have direct access to him by text and cell phone. He is available for house calls if necessary.

"Patients receive my time and my ability to listen to their concerns without the constraints of the appointment schedule," Dr. Ethirajan said. "We can talk things through. My goal is to be their 'country doctor'—similar to the TV character 'Marcus Welby, MD.'"

In the concierge practice, Dr. Ethirajan serves patients with all types of cancer. Besides a listening ear, he functions as a patient advocate and care navigator. "I try to be the patient's main advocate, and give them options to make the decision best for them."

His patients utilize hospitals and outpatient facilities across the Kansas City metropolitan area. "I can help save the patient money by directing them to less costly sites for radiology, labs and other services," he noted. "This is especially helpful to a self-employed person or a self-insured business with a high-deductible plan. One or two hours of my concierge time can save them thousands in out-of-pocket expenses."

He added, "In a system that is still volume-oriented, we work to link the patient with the best mix of resources for their needs, the best value. Our goal is to give the patient the best experience possible."

To date, he has served about 375 patients in the concierge practice. He likes to keep a panel of 50 to 100 full-service patients at any given time. The hourly rate is $395 and the flat fee is $2,000 per year for non-covered services. The only insurance he accepts are Medicare and Blue Cross Blue Shield.

"This is a high-value proposition for the patient," he said. "It is good medicine and I expect it will be good business." He has not advertised the practice; all patients have come through referral.

About the concierge practice, he said, "You're really practicing medicine. This is a lot more fun. When the patient calls or texts, I am there as their doctor. This is the reason we got into medicine."

He continued, "I would like to do this as long as I can."

TREATING THE PERSON FIRST

Through both practices, Dr. Ethirajan says, "We are treating the person with a disease first, not the disease."

Besides the normal medical evaluation, Dr. Ethirajan also notes the patient's various psychosocial factors, something which often is not well covered in a patient's chart. This might include:

- Life expectations. "Do they have education or employment goals? Do they want to spend more time with a grandchild?"
- Access to care—transportation, insurance, etc.
- Lifestyle—fitness, pets. "We document the names of their pets."
- Spiritual factors
- Other factors, e.g., if a caregiver for someone

"All of these factors can influence what will be the most effective and appropriate treatment for the patient," Dr. Ethirajan said. "We must consider the whole person."

He mixes this person-centered approach with the increasing array of treatment options available to cancer patients today. Besides traditional surgery, chemotherapy and radiation, these can include genomic therapies as well as hormone therapy, immunotherapy and others. Using these targeted approaches is termed "precision" or "personalized"

cancer care.

Precision cancer care is currently defined as "the right treatment for the right patient at the right time."

BENEFITS AND LIMITATIONS OF GENOMIC THERAPY

Genetic testing enables the physician to learn the exact genes where cancer mutations or expressions are occurring. This makes it possible for the physician to prescribe a medication that attacks the problem gene, rather than using traditional chemotherapy which impacts the entire body. Just over 20 medications have been approved for genomic treatment of cancer.

In the case of leukemia, genetic therapy has become the standard of care, Dr. Ethirajan said. Chronic Myelogenous Leukemia and the Philadelphia chromosome are personal for him. In medical school in the early 1980s, it was a professor's prompting about the Philadelphia chromosome that sparked his interest in oncology as a specialty.

Then, in the 1990s while now working in Kansas City, "My good friend with whom I played recreational basketball was diagnosed with CML," says Dr. Ethirajan. "At that time the only treatment available was a bone marrow transplant, and though he did receive one, his remission was short-lived and he passed away. Just a year later, an oral genomic treatment was available to help treat CML."

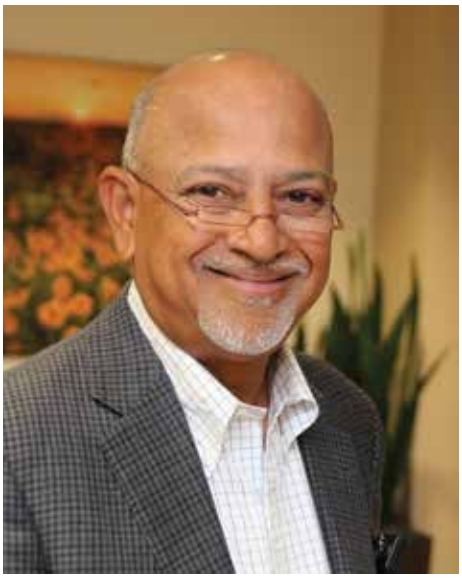
While the new genomic treatments can be effective, they are not the answer for everyone. In a July 2017 presentation to a Center for Practical Bioethics forum, he gave examples of three patients having genomics-based treatments.

One patient had gone through radiation and chemotherapy unsuccessfully for lung cancer, but started the EGFR target drug in 2009. The 83-year-old responded successfully for five-plus years until entering hospice care for other issues.

The second, a 47-year-old, was diagnosed with breast cancer in 2009 and it became metastatic in 2011. Various targeted treatments have been tried unsuccessfully. The third was a 48-year-old breast cancer patient where blood testing was negative for the BRCA gene but tumor testing suggested a germline mutation.

"Genomics is a good tool, but we can't overpromise," Dr. Ethirajan said. He noted several studies presented at the American Society of Clinical Oncology 2017 annual meeting showing that a relatively small percentage of patients are benefiting from the therapies. In one study, for example, ProfiLER out of France, of 2,490 patients with advanced cancer, 1,826 had tumors studied, with 940 showing "actionable" genetic mutations or expressions for which therapies exist. Of those, 101 initiated a recommended treatment. Of the 940 actionable,[2] (2.3%) showed complete recovery. While the ProfiLER study also demonstrated improved survival rates among those receiving treatment, the actual numbers remain small.[1]

Also at the Center for Practical Bioethics presentation, Dr. Ethirajan pointed out several ethical issues that have arisen with genomic therapies. One is the provider's "duty to inform" the patient of any unrelated results that genetic testing reveals, or inform family members of potential genetic risks. Such findings can be lifesaving, but also can lead to uncertainty and distress if they are unexpected or identify conditions for which no effective treatment is available. This is particularly sensitive since much of testing occurs in clinical trial research settings.



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Case law in this area still is being defined, Dr. Ethirajan said, although related cases in genetic testing show that physicians are obligated to inform patients of incidental findings.

A 2013 report from the Presidential Commission for the Study of Bioethical Issues advises physicians to seek informed consent from patients about incidental findings prior to genetic testing. The report said, "All practitioners should anticipate and plan for incidental findings so that patients, research participants, and consumers are informed ahead of time about what to expect and so that incidental findings are aptly communicated if they are found."[2]

Another issue is the ownership of genetic information. The U.S. Supreme Court has ruled that researchers and pharmaceutical companies can't "own" genetic information since they are discovering something that already exists.

"All of these are issues that society needs to talk about, and I am addressing these on the board of the Center for Practical Bioethics," Dr. Ethirajan said.

SERVING KANSAS CITY SINCE 1993

Dr. Ethirajan has earned his reputation for passion and compassion over 24-plus years of oncology practice in the Kansas City area. Prior to launching Dr. E.T.'s Concierge Care and joining Kansas City Urology Care in 2016, he practiced with the Sarah Cannon Cancer Institute at Menorah Medical Center from 2011 to 2015. Previously, he was with Kansas City Cancer Center for 11 years.

Obtaining his medical degree from University of Madras in 1982, he continued to pathology and internal medicine training at Boston University and Harvard affiliated hospitals. He then completed his hematology/oncology fellowship at University of California and a medical oncology fellowship at the University of Minnesota in 1993.

Dr. Ethirajan served as Kansas City Medical Society president in 2004. Besides board membership with the Center for Practical Bioethics, he was a founding member and board vice-chair for MetroCare which is now part of the Kansas City Medical Society Foundation. He was vice chair of the Midwest Institutional Review Board for HCA Midwest Health, and currently is a member of the Kansas City Blue Cross and Blue Shield Health Collaborative. In oncology, he is a past president of the Kansas Society of Clinical Oncology and has been a member of the American Society of Clinical Oncology clinical practice committee.

REFERENCES

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