## **EPISODE 21:****Randall Broad on the Importance of Two-Way Communication Between Cancer Patients and Their Physicians**August 2019

Karan Cushman: Welcome to [*The Precision Medicine Podcast*](https://www.interventioninsights.com/precisionmedicinepodcast)*,* sponsored by Trapelo. This is the podcast where experts come to discuss the problems oncologists, reference labs, and payers face, as precision medicine grows, and consider solutions for advancing the quality of patient-centered cancer care.

Jerome Madison: Welcome to another episode of the Precision Medicine podcast. I'm Jerome Madison, Vice President at Trapelo, and today we have Randy Broad, founder of C-Sessions. We've been listening to the feedback of all of our listeners out there. Thank you for tuning in, and we've had requests for more guests and more voices of those patients who have benefited from precision medicine, and Randy has a phenomenal story, and we invited him on to share it. Randy, thanks for being a guest on the Precision Medicine podcast.

Randy Broad: Well, thank you Jerome, it's a pleasure to be here.

Jerome Madison: So, as we've connected, C-Sessions is a health care focus program designed to improve communication and collaboration between patients and their healthcare provider, which is a tall task. But I want first to start with your story, which I think is just fascinating. Can you walk us through your experience of being diagnosed with cancer and the different issues that you encountered along the way?

Randy Broad: Sure. It was March, 2008. It was a Sunday morning. I woke up, and I had a cough. I'd had this nagging cough for over a year, but it would come and go, and it was very periodic, and I'd had it checked, x-rays and endoscopies, nothing ever showed. So, my primary care physician just always said, "You're stressed out, you know, try to be not." So anyway, I coughed up blood that morning, so I obviously knew something was amiss. I hadn't ever done that before. I went in and within a week's time I was diagnosed with stage three non-small cell lung cancer. It was needless to say, a bit of a shock. First, I was diagnosed at my community hospital where I'd been treated my entire life practically, and my primary sent me upstairs to see the pulmonologist, and he did a bronchoscopy and that was on a Friday, and he said, "Come back on Monday, and we'll give you the results, but we did find a mass."

Randy Broad: So, I walked in, I was in the office there on Monday after spending the weekend kind of cultivating all this, and he walked in, I was sitting there on the bench, and he said, "You have stage three non-small cell lung cancer. It is malignant. You don't need me anymore. You need a thoracic oncologist, and I wouldn't wait too long to find one." Reached over, shook my hand and said, "Good luck. I've got a tee time in 45 minutes, I’ve got to go." He turned around and walked out the room.

Jerome Madison: Wow.

Randy Broad: That was how I was diagnosed, like most people, I was 52 years old. I was running a small business. I had a 13 and a 14-year old at home, and all I could do was think about my kids in that moment.

Jerome Madison: You know, with that type of engagement with a healthcare provider as a patient, what is your expectation of their ability to communicate this type of really powerful information that's going to sit upon the patient, but what's your expectation about their bedside manner and their ability to deliver news like this?

Randy Broad: Well, I mean obviously, it was just an absolute shock. I mean, for me, I always, probably like most people thought somebody that got lung cancer was a gray-haired old man sitting in a dingy bar, drinking bad whiskey and smoking a cigarette. I had the gray hair, but I didn't have the rest of it. So, having that delivered the way it was just alarming to say the least. I don't know that I had any expectations. I mean, I really didn't think for a moment, even when I went in there after spending the weekend thinking about it that I had quote, unquote lung cancer. I mean I wasn't a smoker, I didn't work in the Radon factory, I mean, none of it stacked up.

Randy Broad: So I would hope ... Like I say, what I've learned since then has just been phenomenal in talking to patients and providers but at the moment, to answer your question, I just, I don't know ... I…one would hope that somebody would be a little bit more sensitive than the way I was delivered that news. But it was what it was and my guess is that he wasn't really thinking about it too much. He was more thinking about hitting a straight drive on the first hole.

Jerome Madison: Then you went on to meet with a thoracic surgeon and other care providers. Did that communication with your providers improve?

Randy Broad: Well, the answer to that Jerome, is yes and no, but I had to completely fire my first team because I met with the thoracic oncologist, he didn't even sit down next to me. He stood in front of me in the lobby and told me how he was going to take out my lung and put me on chemo and do radiation and be very, very aggressive and blah, blah, blah. Then he turned around and walked away, that was five minutes, but he said, "I want you to meet the surgeon." So I went and met the surgeon on the next day or two or whatever it was. Well, he hadn't even looked at my chart. He didn't know if I was stage three or stage four and by this time I knew the difference. This time I actually took somebody with me, so that I had an extra pair of ears and in the middle of his dissertation about how he was going to resect my lung, the phone rang and he goes, "Oh, hey stop. I got to take this." It was his wife and she asked him to stop and get groceries on the way home. I sat there just in utter disbelief and then he got back into it and he started telling me more stuff.

Randy Broad: Then the phone rang again. He says, "Oh, sorry, I've got to take this again." And then I looked at my friend, and I said, "I can't do this, I've got to ... I can't do this right now." I got up and walked away, and he says, "Wait a minute, I'm not done." I looked at him, and I said, "I am." I walked out of the room and I didn't look back. That was when I realized that I actually had to go shop for a doctor. It just never dawned on me because this is, again where I've been treated my entire life. Fortunately I found somebody, after interviewing about three different doctors, I found the one that I was actually treated by. I can almost guarantee you had I not gone that course, you would be having an interview with somebody other than myself right now.

Jerome Madison: Wow. As a result of this experience, or after you endured this, what was it that helped you to focus on a larger vision and to create C-Sessions, and what did you hope would happen as a result of your work and your efforts?

Randy Broad: I do a lot of advocacy work. I'm kind of a cancer lightning rod, if you will, of anybody that knows me. I'm on LinkedIn, I'm on Facebook. I'm not bashful about sharing my story. When I talk to ... especially newly diagnosed patients, I have a series of questions that I ask. It's not a long list, but it's really ... and most of the people that I talk to are typically out of the area. They'll be out in rural America, if you will. So, most of them are being treated at a community hospital setting.

Randy Broad: When I ask these questions, I invariably will ask, "And how do you feel about that?" Nine times out of 10 they say, "Well, I'm not happy," or, "I'm freaking out." Based upon what most of them have said. I said, "That's good because you should be." And I said, "Have you gotten a second opinion?" Again, nine times out of 10 they'll say, "Well, my doctor told me I don't need one." At which time I will say, "You don't need to walk, you should run." Because a doctor that says you don't need a second opinion, in my opinion, is not doing what they should be doing.

Jerome Madison: How do patients find you? How do they come into the knowledge of what C-Sessions is and how you can help them?

Randy Broad: Well, I mean, I've just started this program. I did a pilot last year, and we did it at a planning meeting for a pharmaceutical. I had spoken, they'd had me come in to be the voice of the patient before and they had about 150 people and they actually were having this in Seattle, and they said, "Randy, would you mind doing it?" And that's when I brought the idea. I said, "Instead of just me standing up and telling my story, what if I were to recruit an oncologist and we actually have a conversation and we discuss treatment options, we discuss how ... the journey for a patient, what would be, how are ways to better communicate between the two parties?" Anyway, they thought it was a good idea. We did it, and that's really where it was incubated, but there were some things before that that led up to that, that I had to explore, but I just kept coming across this lack of communication between the parties and the lack of transparency.

Randy Broad: Doctors for the most part, and again, I don't mean to stereotype, but they speak a different language than just a standard human off the street, and they learn different things and they listen to abstracts and research and things along those lines. So, a lot of the times, what they convey isn’t communicable to just a layperson like myself. So, I wanted to break tarrier down so that it was more transparent, and that's really where it started.

Jerome Madison: What types of events has C-Sessions given and how can patients actually get involved if they want to participate?

Randy Broad: Well, what I've done so far is we do live taped programs, and then we'll edit these segments down so that they're based on specific topics and then put them on the internet for distribution, and the plan is I'm going to be doing at least one of those a month. I'm geographically agnostic and cancer agnostic. Doesn't matter whether it's lung, breast, colon, pancreatic. I don't care because the message is the same, there has to be communication between the two parties and yes, the treatment options are different. But again, in setting up these programs, they're not rehearsed. We have a set of topics that we will cover, and it's pre-agreed between the two parties so that we're not embarrassing somebody if you will, at least, but we were having a conversation around treatments and then what is the best way to communicate some of these different options.

Jerome Madison: You mentioned that your diagnosis was 10 years ago and the way we treat non-small cell lung cancer today is completely different approach than the way we did it 10 years ago as precision medicine has become a very common topic of conversation, but when you were being treated and diagnosed, was the topic of gene testing, molecular testing, discussed at all? When did you come into the knowledge of precision medicine and targeted therapies?

Randy Broad: Well, it was about halfway through my treatment, and I remember sitting there specifically talking to my doctor, and I said ... and this was after I was deemed inoperable, which was done while I was on the table. Then I started my second round of chemo combined with radiation. So I had CRT for about four months, the remainder of that year. I remember asking him, I said, "So Renato, if this doesn't work, then what?" And he looked at me, and he says, "A little white pill." I said, "Really? What's the little white pill?" And he says, "Well, let's just put it this way. If you drop it in the toilet, you're going to reach in there and pick it out and keep using it because it costs about $15,000 a month." Now, he was obviously trying to be humorous about this, but at the time it was a clinical trial.

Randy Broad: It was crizotinib, which Pfizer created, but it was not an ... it was, I think, in phase three at the time, but he went on to say this is a targeted therapy and that was the first time I ever heard the word. But no, they did not test, for ALK or EGFR or any of the at the time, which I have subsequently learned more about, and to your point Jerome, there is a lot of different precision medicines that have occurred over the last 10 years, and I've seen numerous people benefit significantly from such.

Jerome Madison: Yeah. I want to take a minute to pause for our listeners just so you can understand the context of what we're talking about here. Now Randy, you presented at stage three, you were on the operating table, and they opened up and they deemed you inoperable at that time and then you went on to be treated with chemotherapy and radiation, but you did not receive targeted therapy, nor was your tumor profiled. Is that correct?

Randy Broad: That is correct.

Jerome Madison: Yet you are a 10-year plus survivor. That alone is remarkable, and I'm sure you have many physicians and people who've said the same to you and are very interested in your particular case for that reason, aren't they?

Randy Broad: I have been called an anomaly. I've been called a lot of things, but yeah, I actually had one doctor, I was about five years out, and I shared it with him, and he looked at me and he just shook his head, he says, "Well, you're an anomaly." And I went, "Okay." Then one time I was back East, I was actually up in New York, and I was asked to present again before a group of research individuals for a major pharmaceutical. I remember one of the vice presidents of research at the end of my presentation, he said, "I don't think you really ever had cancer. I think you should go back to your physician and find out. Make sure that they didn't get your chart wrong.".

Jerome Madison: OMG.

Randy Broad: I remember going and telling Renato that, he about fell out of his chair.

Jerome Madison: Oh my gosh.

Randy Broad: So, he pulled up my chart. He showed me my lung. He brought every ... he says, "Next time you go give a presentation," he says, "I think you should open with this.".

Jerome Madison: Yeah. Oh wow.

Randy Broad: So yeah, I've heard it all Jerome, there's no two ways around it but to your point, yeah, there's ... But you know, it's funny, I know more 10-years survivors now than I did five years ago, that's for sure.

Jerome Madison: Well, there's obviously a reason you're still here and the mission that you're carrying on with C-Sessions is vitally important. So if you're speaking to those physicians that are out there, many of them listen to the podcast, what do you want them to know about the importance, about number one bedside manner, but also the importance about communicating about precision medicine, the options are there with their patients?

Randy Broad: Well, it's key. That's, to me, at the very root of this situation is to have a transparent conversation, to be able to discuss what all the various treatment options are, and, based upon their tumor type and their stage and et cetera, et cetera. Again, it's an educational process and then maybe send them out and say, "Look, by the way, don't just take my word for it. Go online, check this out. Here's a good place to look. We've got a resource center upstairs, et cetera, et cetera." So that the patients are more informed, and they're more engaged in the process. Because again, I come across so much where the patients just hear, "Well, we're going to do this, this and this," and they'd nod their head and go, "Okay," and don't question it. Again, I think it's really a two-way street.

Jerome Madison: It's obvious that you are here for a reason because your legacy continues with the work that you're doing with C-Session which you also wrote a book called It's An Extraordinary Life: Don't Miss It. Tell us about your inspiration for writing your book and the message that you have inside.

Randy Broad: Well, I was just out of ... Okay, so let me back up here just a little bit. When I was deemed inoperable on the table, in my postop meeting with the surgeon, he told me ... I mean, I remember asking the question, I said ... Again, how naive I was at the time. I said, "So, since you didn't take anything out, I guess that's a good thing?" He looked at me, he says, "Well, actually quite opposite." He goes, "We didn't take it out because it wasn't going to solve the problem. You still had infected lymph nodes, and you're going to have to be treated with a fairly aggressive form of chemo combined with radiation." And he says, "And you probably only have about a year to live, so if I were you, I would get your things in order."

Randy Broad: So, there again was somebody giving information that I didn't even ask for and obviously he was incorrect. Again, I remember when I shared this with my doctor, I could see the fumes coming out of his ears, if you will. He was not pleased with that even though this surgeon was as good a surgeon as you could hope for with a knife, but he just lacked the bedside manner element. So given this news, I sold my business, I took my kids out of school, we traveled various places. I wanted them to know more about who their father was because I had been running this business and working so hard at that, I had missed some really key moments with my kids. So, I wanted to have the remainder of my life be focused with them.

Randy Broad: About a year out of treatment I was obviously still alive, and I came across a book publishing coach just very, very randomly. Anyway, on that moment I decided to write a book and it was basically for me to just chronicle some stories that mattered to me in my life that helped shape who I was, that I could leave for my kids, that they could browse or refer to in the event I wasn't around, and share some of the things that enlightened me as I grew up. So that's what it was really about and it's since ... it's actually become an Amazon bestseller, and it's one of the greatest accomplishments of my life, believe it or not.

Jerome Madison: Tremendous. Randy, do you have any examples of how you've been able to work with patients who've gotten in touch with you? Maybe for a second opinion or to answer some of their questions?

Randy Broad: Yes, I have had quite a few but one particular really stands out. I had a close friend who was diagnosed with stage four non-small cell lung cancer. He was inoperable, and he was in a rural setting. He was in South Dakota to be exact, and he was sharing … he was not doing well ,and he said he'd been to see his oncologist there locally, and he said he just didn't like what she was saying, and I didn't like it either. And I said, "Let me see if I can get you to at least talk to my doctor here in Seattle who works at Seattle Cancer Care Alliance, which is a academia cancer center." So, I called my doctor. He said, "Yes, have him contact me." They talked on the phone, Matt got all of his records wired over. Renato looked at them and said, "You are an absolute prime candidate for this clinical trial."

Randy Broad: So, he talked to Matt's oncologists there locally. The oncologist agreed and Matt was put on this clinical trial. Matt lived another five years just from that engagement.

Jerome Madison: Incredible.

Randy Broad: Unfortunately, he passed away last fall, but he got five years off of doing a clinical trial and getting a second opinion from a academia cancer center, and I can't stress this enough, how important that is.

Jerome Madison: So, you encouraged clinicians with their communication with their patients, but you actually also encourage patients and help them communicate with their provider as well.

Randy Broad: It's a two-way street and that's why again, I think it's really important that patients do self-advocate and be as engaged in this process as they can possibly be. Again, when you hear the words for the first time, "You have cancer," I know it's a daunting situation but it's so important and it can be the difference between life and death.

Jerome Madison: Well Randy, it is indeed an extraordinary life and for our listeners, tell them where they could possibly go get the book and your website if they want to connect with you.

Randy Broad: The book is available on Amazon and it's, *It's an Extraordinary Life: Don't Miss It* is both in ... You can get it electronically, you can get it paperbound or you can have it audio version, either one, take your pick and the website is csessions.com and on there, there's a contact button, and I'm on LinkedIn, I'm on Facebook. Those are my two primaries that I work through and if you reach out to me, I don't think there's anybody ever that I haven't returned their phone call. So, more than happy to address and discuss, and we'll be doing a lot more podcasts in the near future. So, I'm very grateful to have been here and got a chance to talk to you and hopefully this will be beneficial for all.

Jerome Madison: Absolutely. We thank you, Randy first of all, for your courage for launching C-Sessions and sharing your story with as many providers and other patients because you are an inspiration and most importantly the mission that you're carrying out to improve communication and collaboration between patients and their healthcare providers because with any relationship, the thing that will ultimately make it successful is communication and healthcare is one of the most important areas where this needs to be continued to be refined. Thank you for being a guest on the Precision Medicine podcast.

Randy Broad: Thank you.

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**About Our Guest: Randall Broad**
**Cancer survivor, patient advocate and founder C-Sessions**

Randall Broad is an entrepreneur, business founder, and the guiding force behind several successful enterprises. After working as a salesman in the aerospace industry, he moved to Hollywood to embrace his dream of being an actor, making several commercials and being employed as a leading man stunt double. In 1990, Randall founded Opal Enterprises, a marketing services company focused on maximizing client resources by building and managing successful partner integration programs.

Now a cancer survivor, Randy takes the stage professionally to share his views and lessons on living a work/life balanced existence. When he’s not speaking or working with clients, he enjoys investing in real estate and exploring the world with his two children. In *It’s an Extraordinary Life*, he has chronicled his experiences and adventures for future generations to learn from and enjoy. He lives in Kirkland, WA with his son and daughter, Riley and Emily.