Focusing on You: World-Renowned Leukemia Specialist Now Treating Patients at Sylvester

Patients with blood cancers must take extra precautions during COVID-19 pandemic.

Dr. Mikkael Sekeres, M.D., the new Chief of Hematology and leukemia specialist at Sylvester Comprehensive Cancer Center, part of the University of Miami Health System, discusses how patients with blood and bone marrow cancers are taking extra precautions during the COVID-19 pandemic, and how advancements in
therapies are helping leukemia patients live longer healthier lives.

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**TRANSCRIPT**

*Read the full interview with Dr. Sekeres.*

**Pam Giganti:**
Hi, Dr. Sekeres. Welcome to Miami. It's so great to have you.

**Dr. Sekeres:**
Thanks so much. I'm so thrilled to be here from Cleveland.

**Pam Giganti:**
Well, I bet. Especially right now in the wintertime. So let's start off the bat by telling us a little bit about what you do. You are now the chief of hematology at Sylvester Comprehensive Cancer Center. What does that role entail? And tell us about what kind of diseases and disorders you will be treating?

**Dr. Sekeres:**
Sure. Well, what an honor and a privilege it is to be here also with this fabulous group of doctors and nurses, pharmacists, and social workers. So people here at hematology, at least when I used to hear about it, I would think people bleeding, it's much more complicated than that.

It includes people who have a variety of different types of cancers, like leukemia, lymphoma, multiple myeloma, and people who have different types of disorders of the blood, where they are prone to form blood clots or bleeding disorders.
Pam Giganti:
So let's talk about people who are suffering from some sort of blood disorder now complicated by the COVID-19 pandemic. Are they at a higher risk of contracting COVID? And if they do, suffering some sort of terrible consequence from it, or possibly even dying from it.

Dr. Sekeres:
Well, this pandemic has been rotten, hasn't it? And we've all been suffering through it. One of my patients who had leukemia made the comment, “It's almost like the entire country has leukemia with the precautions we've all been taking.”

So people who have blood disorders, particularly blood cancers are at a much higher risk of not only getting very sick from the virus, but also potentially even dying at a rate that may be four times higher than people who don't have those sorts of blood cancers.

So these are conversations that I have all the time with my patients to try to convince them about just what high risk they are and how they have to protect themselves.

Pam Giganti:
So how do patients who have a blood disorder protect themselves, especially now?

Dr. Sekeres:
Right. So they tend to take on the same precautions that the rest of us do. This is not rocket science. It's fairly simple stuff. When they go out, they wear a mask and they made sure that mask covers both their mouth and their nose. They do a lot of hand sanitizing. And you almost become a little bit like we do, when we always know when we've touched a patient, need to wash our hands or sterilize them and then when we haven't.
So that's always in the back of their minds, they always have a bottle of Purell or some other type of hand sanitizer with them. They avoid enclosed spaces where they're with other people, even if they're family members, even if they're people who've been vaccinated because people who've been vaccinated can still carry the virus and pass it onto somebody else. So they're just acutely aware of this.

They're weathering it. They're zooming a lot with family and friends, but they recognize that risk. So they're doing anything they can to avoid catching the virus.

**Pam Giganti:**
And then doctor, why should a patient who is suffering from some sort of blood disorder come to Sylvester Comprehensive Cancer Center, even more so now with you being there and leading the department and bringing your expertise to the table? Why should somebody say, "I really need to go there for treatment."

**Dr. Sekeres:**
Well, I'll tell you why I came here, and why I have actually already referred friends and families to Sylvester. Here at Sylvester, we have the latest in treatments for people who have very rare hematologic disorders. That includes treatments that harness the immune system, and retrain it so that it attacks cancers.

That includes treatments that target the genetic underpinnings of these cancers, the actual root cause of what made the cancer arise. These drugs tackle that and eliminate the cancer. We have new combinations of therapies that we're trying. And most importantly, we have the latest and greatest clinical trials that are looking at the treatments that will become the standards even years from now. We're able to offer that to patients today

**Pam Giganti:**
And talk about that a little bit more, because I know from your bio and what I read,
you work extensively with clinical trials. So I'm sure you bring all of that knowledge and experience obviously to the table here at Sylvester with more of that. So talk about how important clinical trials are, and maybe some of the things you've worked on in the past that are sort of routine care now for patients.

**Dr. Sekeres:**
So I'm a big fan of clinical trials obviously. And the reason I am is because I've seen in real-time during the past two decades, the time during which I've practiced, how participating in a clinical trial benefits the person in the trial and future generations of patients. I've been truly privileged to have participated in some trials where those drugs eventually did get approved by the FDA.

And I recognize that my patients had access to that drug years before the general population who hadn't participated in those trials. I'm a big fan of clinical trials because they're safe, because people get at the very minimum, the standard of care, and often they get more attention than they would if they're not on a clinical trial and a very rigorous follow-up.

**Dr. Sekeres:**
I've done a lot of research in this area, obviously. And I asked a lot of my patients personally, what they felt of clinical trials. And to a person, they're happy that they participated. And from a very altruistic standpoint, they themselves feel proud to have helped people in the future.

**Pam Giganti:**
One of the other things that I read about in your bio is that you said you came or you come from a family of storytellers, and you bring that into your practice as a physician, and you love to help write the story or be a part of the story, if you will, for all of your patients. Talk a little bit about that.
Because you said a lot of them really take control in their will to live and sort of write out how it is that they want their life to unfold, knowing that they potentially could pass away. I mean, I remember reading something about a lady writing all of these letters to her family, and then she passed away shortly after that. So talk to us about this whole storytelling part of the work that you do as a physician.

**Dr. Sekeres:**
One of my favorite topics, actually. So I always think medicine is another form of storytelling. A patient comes to see one of us and tells us a story of illness. We then tell ourselves that story and see whether it makes sense or whether we need help from our colleagues. We tell them a story about the illness to get their input.

So eventually we can tell the story of making people better, hopefully even curing things like cancer. I think it's an amazing opportunity because I get to meet people from all walks of life. I always say, as a leukemia specialist, that leukemia doesn't read a tax return or political affiliation.

And I've had patients who take private jets to come see me. I've had patients who have to strain to gather enough coins to pay the Regional Transit Authority bus to come and see me. And I get to learn about their lives and what they've done for a living.

To me, it's just marvelous to get to meet so many different people from so many different places in the world, and learn about how they live their lives, and kind of become a part of that life. It really is at a critical juncture for them. And that is the diagnosis of cancer.

**Pam Giganti:**
Yeah. And how do you view your role as a physician, kind of taking all of that into account? And I know one of the other things you had said is obviously over all these
years of practice, you've seen things change and methodologies have changed. So how do you see your role as a physician? It's clearly not just the medical part of what you do. There's so much more to it.

**Dr. Sekeres:**
I think one of the magical things about Sylvester is how much attention they pay to the whole person. Listen, if I were to say to a patient, "I recommend this treatment, and go ahead and take it." It involves a lot of visits back and forth to the cancer clinic.

And if I haven't asked that person about whether he or she has someone else at home, whether that person has the capacity to get rides to the cancer center, if they can afford to pay for their gas to come back and forth to the cancer center, then I haven't done a very good job as a doctor.

If I've prescribed something that somebody can't take, they can't get better despite my best intentions. So I look at learning somebody's stories, somebody's goals, what they want to accomplish with their treatment as part and parcel with having knowledge about the right types of medicines, chemotherapy, radiation therapy to recommend for that person.

**Pam Giganti:**
Doctor, what are some of the things you're most looking forward to? Now that you're here now, that you're in South Florida, you're finally there at Sylvester, this is really a new chapter for you in your life as a physician. What are you most looking forward to?

**Dr. Sekeres:**
Well, it would be obvious to say that after living in Cleveland, I'm most looking forward to never having to pick up a snow shovel anymore. I've been telling people
the next shovel I'm going to pick up is to transfer sand to a little plastic pail. And that's as far as I'm going.

I'm really looking forward to meeting the people in South Florida. It's a totally different culture from where I come from in Northeast, Ohio... And learning Spanish, that's pretty much number one on my list. I've even forced one of my children to take Spanish in school so that I can learn it from him.

I'm looking forward to hearing a whole different set of stories from my patients as I start to see them in a few weeks. And really getting to work with the people here at Sylvester. I have to say the culture at Sylvester is really remarkable. You have a bunch of people who are incredibly bright, but they don't fit into that mold of the nerdy doctor. They're all so nice. They're incredibly personable, and they really love their patients.

Pam Giganti:
Yeah. Speaking of that, they're very athletic as well. Talk a little bit about your cycling, and how you're diving already into the Dolphins Challenge Cancer, the ride.

Dr. Sekeres:
So, probably my number two favorite topic is cycling. I have been cycling now for a couple of decades as well, and have participated in a number of different fundraisers around the country for cancer research. So I can't wait to take on the Dolphin Challenge.

I understand that you all don't have quite as many hills as we do in Northeast Ohio also. So I'm hoping I'll have slightly better times in doing my miles. And eventually, I'll be working up to my usual 100-mile goal of cycling. It's a great form of exercise.

What's really incredible about things like this though, and this isn't something you
hear about all the time. It's you hear people's stories on the road. As you're riding, people will start to chat about why they're riding. You hear about their cancer or a family member's cancer. Maybe even someone they've lost, and why the ride is so special to them. So again, with me, it all circles back to storytelling. It's a great opportunity to meet people.

**Pam Giganti:**
Yeah. So when is your kind of first day of seeing patients? Do you know when that's happening yet?

**Dr. Sekeres:**
It's going to be the end of January, beginning of February. And honestly, I can't wait. I've missed it. I've been off from seeing patients for six weeks going on eight weeks, and you feel like a part of yourself isn't really being used and you miss what attracted you to medicine.

**Pam Giganti:**
Anything doctor that you'd love to mention or talk about that I didn't ask you already?

**Dr. Sekeres:**
My mom was diagnosed with lung cancer and I helped her go through that. And even as somebody who was in the cancer field, having to navigate the complexities of getting the right diagnosis, and getting in to see the right person to get the best treatment is really intimidating. A place like Sylvester makes it easy for people.

And you think of it as, "It's a university, it's academic. Maybe it will be cold. I don't want to be treated as a number of people." We're never treated that way here. Every person is an individual who's special to us. So I can tell you from personal experience of a son who's had to take this mom through a cancer treatment, this is
the sort of place where I would want her to be.

**Pam Giganti:**
So Dr. Sekeres, tell us, patients who have suffered from some sort of blood disorder of blood cancer because of new methodologies, are they living longer?

**Dr. Sekeres:**
Actually, they are. When you look at the United States' way of tracking cancer diagnoses and cancer deaths, it's something that has this complicated name called The Surveillance, Epidemiology, and End Results or SEER.

What you've noticed is that over the past few decades, survival for leukemias in particular has doubled from where it was. And that's a testimony to advances in therapy for patients, and also to specialty centers like Sylvester, where you can get those advances in therapies and also dedicated inpatient units to treat people with these very rare cancer diagnoses within hematology.

**Pam Giganti:**
Doctor, I have a question. What should people be looking for? I mean, before the diagnosis comes, how does somebody notice or think, "Something is not right here."

**Dr. Sekeres:**
So people who have blood and bone marrow cancer sometimes may not have any symptoms at all and it's a routine blood test that reveals it. Well, to me, that's actually the best-case scenario that someone hasn't suffered yet when we have a chance to intervene.

But typical symptoms relate to the fact that the bone marrow is compromised. The bone marrow needs the cells that wind up in our bloodstream, the red blood cells to bring oxygen work issues, the white blood cells that help fight infections, and the
platelets that help stop bleeding.

So people have low blood counts. And for example, maybe there's symptoms of shortness of breath, headache, loss of appetite, feeling fuzzy, just not feeling well. Or, with a low white blood cell count, they may be more prone to infections and have recurrent infections like urinary tract infections over and over again.

With little platelets, they may be more prone to bleeding. They start to get nose bleeds or gum bleeding, where they ever noticed that before. So, anyone who has any of these types of symptoms, the first stop should be a primary care doctor to have his or her blood count checked and see if there were any abnormalities that then would require a visit to a hematologist.

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