

THE LACNETS PODCAST

With Chandana Banerjee, MD
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Lisa Yen

Welcome to The LACNETS Podcast. I'm your host, Lisa Yen. I'm the LACNETS Director of Programs and Outreach, as well as a caregiver and advocate for my husband who is living with NET. In each podcast episode, we talk to a NET expert who answers your top 10 questions. This podcast is for educational purposes only and does not constitute medical advice. Please discuss your questions and concerns with your physician. Thank you for joining us for today's episode of The LACNETS Podcast. I'm excited to introduce today's guest, Dr. Chandana Banerjee, known to her patients as Dr. B. Dr. Banerjee is the dean, director and designated institutional official for the graduate medical education at City of Hope. She is also an Assistant Clinical Professor in the Department of supportive care medicine, specializing in hospice and palliative care. Dr. Banerjee also developed and directed City of Hope's Annual End of Life Symposium. She is currently Chair Elect of the American Academy of Hospice and Palliative Care Medicines Medical Aid in Dying Special Interest Group. And I could go on and on about Dr. B as her bio and list of accomplishments are quite extensive. And she's active in multiple committees, boards and publications for hospice and palliative care. Dr. B first came to LACNETS at our NET Cancer Day Symposium, which took place in person at City of Hope in 2019. And at that time, I shared with her my dream of launching a virtual NET support group for caregivers as a safe space for NET caregivers to share their own struggles and concerns about issues like grief, loss, coping and self care. She shared my heart for caregivers and said, "Let's do it!" So in May 2020, just over three years ago, we launched our monthly virtual NET caregiver support group, where the focus is not on the disease and treatments, but instead on the mental and emotional well being of caregivers. And together, we built an incredible community and shared rich discussions. And the last thing I'd like to share about Dr. B is that she loves to write poetry as perhaps a form of healing for her. And she's published two poetry books, "Ashen Leaves" and "Neruda in Bed." Welcome, Dr. B! It's really good to have you here with us today. Would you start by sharing a bit about yourself, and what first interested you in the NET community and how NET patients come to see you as part of their medical care team?

Dr. Chandana Banerjee

Thank you for having me on this podcast, and thank you to LACNETS for actually putting it on. It's been such a privilege to work with you and be a part of the caregiving group that you've created here with LACNETS. Caregiving is something that is just something near and dear to my heart. I think any one of us as human beings are going to be put in a position of caregiving, whether it's for our families, or friends, or loved ones or our pets. But each one of us, when born, are in some form or the other caregivers. And when you look at life, and when you look at people go through serious and complex

illnesses, such as cancer, it just becomes evident that so many times we focus on the patient who is going through the disease process, that we don't really pay enough attention to the people that are caring for that patient. And as we know, any kind of serious illness, like cancer, like other neurological diseases, have extensive involvement for caregivers that are part of the day in and day out of disease management, taking care of them day to day, discussing and planning life as they navigate the disease and walking the journey with them. So when I saw that as something that was a deficiency in my patient group, naturally, as part of being a palliative care physician, I actually involved the caregiver a lot in the patient's journey as they face cancers. And it gave me a special skill set to work with patients and their families. And I just understood that by doing that the quality of life for the patient and the families significantly improved. And that's what propelled me to continue doing it. And then when we met, I remember that Saturday, and I spoke to the caregivers. I remember coming back during lunch, and we did an impromptu caregiver group during lunch. And it was so well received. I said this could be something that would benefit so many people. Along with your dream and your inspiration, it became a reality. So that's what got me to NETs.

Lisa Yen

Thank you for your openness and for your passion for that. As a caregiver myself, that really deeply resonates with me and really is meaningful to me as well. So glad to have you part of that process with us. So let's dive into the first of 10 questions, shall we? So the first question, which is really appropriate for you and your field, what is palliative care and how's it different from hospice?

Dr. Chandana Banerjee

Palliative care is still not [a] well understood field in medicine. It's a specialized area of medicine that really focuses on people with serious illnesses like cancer, like neurological diseases, like ALS and Alzheimer's to name a few. But basically in these complex and serious illnesses, it focuses on preventing, and managing symptoms that are part of the disease process itself or side effects of the therapies that they're receiving. The beauty of palliative care is that palliative care medicine is a team based approach. So the field itself consists of a multidisciplinary team, along with the palliative care physician, includes someone from chaplaincy, someone from spiritual care, someone from the volunteer side, someone from social work, and all these people come together to really offer the patient and their families the support, whether clinical or non clinical to really navigate the entire disease process from the time that they sign onto palliative care to the time that they sign off.

Lisa Yen

Wow. It sounds like with this multidisciplinary team, with NET, we're often familiar with different types of specialties that might see the patient or might be involved in the care. But like you mentioned, you're really involving other roles that support the mental, emotional and spiritual well being of the person as well, all with the goal for symptom management.

Dr. Chandana Banerjee

Exactly. Then also, the important aspects of palliative care are that ultimate goal is also that they have good quality of life, as they're navigating this journey, as they're getting treatments, as they are getting side effects from these treatment. In addition to that, the palliative care teams really bridge the gap between patient's families and their providers for any kind of miscommunications that they may be in terms of what the understanding might be. So if you have a palliative care team that sort of becomes the bridge between the oncology team and the other teams, the oncology team and the families and they bring the entire team involved in this patient's care, as well as the families together to really do

what's best for the patient. Keeping the patient in mind, keeping what the patient needs, keeping what the challenges are from a family perspective, for caregivers, and also really making sure that we can explain what the providers don't explain because cancer care, as you know, can be very complicated. Many times, especially with NETs, people don't quite understand the full scope of what a NET tumor is. They may not understand or grasp the complications that can come. Some of them are slow progressing, some of them are fast and because there's that ambiguity sometimes that patients have, it's the palliative care team can help them navigate and ask questions that could be appropriate to clarify things for them as they go through this.

Lisa Yen

Bridging gaps and focusing on quality of life, those are important things to us. So what about the second part? How is that different from hospice? I'm also wondering, is there a time limit? When do you come on into someone's medical care process? And is there like a time limit to that?

Dr. Chandana Banerjee

So again, same thing, hospice sometimes is confused with palliative care. And there's clear distinction. Now the goal of both hospice and palliative care are focused on symptom management, spiritual emotional support for the patient and their families. The difference is that palliative care can be started at any point in the disease process. You can start at the very beginning of their diagnosis and go all the way to the end of the disease process, to the end of their life. Or it could actually stop when the patient is cured, or the patient no longer need that because they may not be having extensive side effects or complications. Very clear, but defined eligibility criteria. So hospice eligibility is when a patient with serious illness becomes terminal, and they have a life expectancy of six months or less. So that's when you become eligible for hospice. The difference is that although palliative care focuses on symptoms, palliative care can go side by side with curative care of your disease. But hospice usually once you become eligible and decide to sign up for hospice, either at that point, curative treatments are not available for that specific disease, or the patient has decided to forego those curative treatments, because the burdens might be more than the benefits to them. And so hospice care really then has really the same interdisciplinary team that we look at in palliative. But then the focus is much more on making sure that those last six months are really focused on the quality of life that the patient has, and making sure that you're focusing on managing all the symptoms that you know, that the disease has with its progression, and making sure that you still provide emotional and spiritual support for the patient. And hospice is a Medicare benefit, so most Americans are eligible for it.

Lisa Yen

That's really helpful and really clear. So palliative care can really have a really long range and hospice tends to be more limited in terms of when and how you do it. So naturally, the next question might be who should be in palliative care and who should not be in palliative care?

Dr. Chandana Banerjee

Palliative care, I believe is for people who truly are going through serious illnesses like cancer. If you look at medicine, in general, every patient whether you have a serious illness or not are actually receiving some sort of palliative care, somewhere along the line, you're getting some sort of guidance, some caregiver support, some help with creating your advanced directives. That's what I look at as primary palliative care that all medical professionals should be practicing, no matter which specialty you're in. Then you talk about that specialized palliative care, it's really diseases like cancer that we're looking at, that have a significant disease burden on the patient, and the significant burden of emotional

spiritual and psychosocial means on the patient and their families. So those are the patients that I feel like at the very beginning of their diagnosis should really start looking at palliative care because as you find, many diseases need help in terms of how they are navigated, and how patients understand their diseases, and the decisions they make as a result of their understanding, really has a huge influence on their quality of life as they advance with a disease. And so I say anyone with cancer, anyone with complex, serious illnesses, whether it's for the kidneys, or the heart, or even other cancers, I think should subscribe to palliative care thoroughly, almost immediately when they're diagnosed, so that they become a part of their caregiving team. Many people think that when you sign up for palliative care, you're giving up on your other care or you may not be able to see an oncologist. That's not the case. Palliative care specialists and the palliative care team, works with your oncologist to make sure that you have the best and most comprehensive care that's available for you. It's more about involving everyone earlier, you work with the patient.

Lisa Yen

I imagine that it can be confusing for people because when they think about symptoms, say diarrhea, that's a common symptom of the illness. So who should we go talk to? Should we go talk to our oncologist about that symptom? Or should we be seeking palliative care?

Dr. Chandana Banerjee

Things like that, I think it's best to involve both. So if you had the oncologist involved, the oncologist is going to take a very treatment focused approach to it. They'll use very similar medications that palliative care would use. The additional benefit of having palliative care is really going beyond just that symptom as your symptom. How is that symptom affecting you otherwise? How is it affecting your relationships? How is it affecting your ability to go out and enjoy yourself at a restaurant if you needed to? So that's where the palliative care team actually can help not just address symptom not just as a symptom, but it's something more that actually affects the patient's life.

Lisa Yen

Wow, that sounds amazing. And I imagine, especially with the most common symptom reported with NET, which is fatigue, other things like pain, depression, that is really where palliative care does its magic.

Dr. Chandana Banerjee

Yes, absolutely. Especially fatigue. People don't even understand fatigue, and with fatigue, not only do the people have a hard time identifying it, but also identifying it not only in the patients but identifying it in the caregivers. And then when you have doubled fatigue there, then you have the patient and caregiver burned out, it really makes it very difficult environment for the patient.

Lisa Yen

Supporting the caregiver supports the patient. Thanks for that. And the second part of the question, who should not be in palliative care, or maybe who can't get palliative care?

Dr. Chandana Banerjee

Palliative care is for people that have serious illnesses. It really shouldn't be for the run of the mill, healthy person. It's looking at it as any other specialty. If you didn't have a heart problem, you won't actually see a heart doctor. Same thing with something like palliative care, if you didn't really have a serious illness, you wouldn't see a palliative care specialist, because some of the things that the

palliative care specialists do, like things like goals of care and advanced care planning, are things that other specialties do as well. And so they don't necessarily need the palliative care specialists, a healthy person is not going to have extensive symptoms that a disease might bring on. And so they don't necessarily have to see a palliative care specialist.

Lisa Yen

I think it might be confusing for those with NET, because they otherwise might feel well or they have their good days and bad days, so would they still be a candidate for palliative care?

Dr. Chandana Banerjee

NET is one of those where I consider it a serious and complex illness. They have NET. It's not like they don't have NET, unfortunately, they do have NET, and that in itself, is something that is stressful. It's something that has to be treated, whether it's a slow progression, or whether it's rapidly progressing. And so I think with a disease such as NET, it's important to have palliative care specialists on board sooner than later so that the palliative care specialists learn to develop relationships with their patients. And so as patients start experiencing more complicated symptoms, or more lead burden, or disease progression is more fast than they anticipated, the palliative care specialist can then help them along the way, and really help them with the symptoms, help them with navigating the other needs that their situation might bring about. Support for NET patients, even though I say you know many of them may not have aggravating symptoms, or debilitating symptoms until much later, they still have a serious complex illness. And then they should actually make sure that every aspect of the team, which does include oncologist, it includes the palliative care teams, it includes your caregiver support groups.

Lisa Yen

And really managing in a multidisciplinary way, as you're saying. So as someone is listening to this podcast, and they're thinking, oh wow, I would like to focus on quality of life. I'd like to have some of these gaps bridged, that sounds really appealing to me, how does someone ask for palliative care?

Dr. Chandana Banerjee

So anyone with NET is seeing an oncologist, I'm hoping. So every oncologist that works at a hospital center, or an academic center should be able to either point you to a palliative care specialist within the group, or the center itself, or in the community. Palliative care is still one of those disciplines that there aren't too many of us available. It's still a growing discipline. And as palliative care grows, there will be more programs and more specialists out there. But that does not mean that your patients need to wait for getting palliative care. There are many avenues, many providers that can actually point you to those right directions. And anyone with NET should actually ask their oncologist to set up a meeting for them with the palliative care group if it's available to them, just because then they can introduce themselves and start familiarizing themselves with palliative care and what the field can do for them. Often what happens is when you don't get palliative care early, and if they're not partners with you from the very beginning, when they introduced at a later stage, then it does become scary because then that's when you associate palliative to end of life care. And that's not the case. It's a very different field. Palliative care is not end of life care. It's really important that early introduction of this field is recognized not only by the oncologist that are treating NET but also patients that are looking for it.

Lisa Yen

That's a really good point. And this early introduction could really help NET patients. You've already touched on some of the ways that it might help with certain symptom management like fatigue. But perhaps, if you could give an example of how palliative care can specifically help someone living with NET.

Dr. Chandana Banerjee

For example, someone with NET that has a lot of pain and disease progression throughout the body. Not only are they going through pain at that time, but they're also going through a lot of frustration, a lot of fear, a lot of anxiety. That's when the palliative care team can come in, and not only start pain management with basic pain medications, but also then involve other team members of that interdisciplinary team so that we can address issues such as anxiety, fear, sadness, that all ultimately contribute to your symptoms of pain enhanced by multitude because all these symptoms are happening at the same time.

Lisa Yen

That's a good example because, as we know, so many things can trigger it and it's not just necessarily a physical thing. So addressing the other potential triggers as well. And so, talking about all these feelings and things that are coming up, what does coping with cancer diagnosis look like, and what suggestions do you have to help with coping?

Dr. Chandana Banerjee

It's individual for every patient. Each one of us have very different coping mechanisms. But one thing we know is that NET patients go through some things that are very familiar and very similar to each other, versus some symptoms and some experiences that are different. Coping really means to me, ideally, that the patient is allowed a safe space to really express what they're going through, not only physically, but emotionally, socially, and psychologically. That is what coping is for any kind of patient. Some patients will cope well. Some patients will not cope well. But every one has to go through a phase where they identify what that means to them. And that's where, again, the palliative care team can help immensely. Because each person in that palliative care team can speak to a very specific side of that coping for the patient, and not only for the patient, but for their families, because one of the things we know is as patients get more symptoms, and the disease starts progressing, part of the coping mechanism is also how do they cope with losing their families? How do they cope with leaving back their families? That's an important aspect as well. This is really helpful. I think we often talk about NET patients being like zebras and the treatments needing to be individualized, like stripes of zebra, and you're saying too all of the other aspects of it also needs to be individualized, including coping strategies and symptom management and such. Thank you for that. So you and I have worked with NET caregivers with the caregiver support group for some time now, over three years, what advice do you have for NET caregivers? The best advice I would say is that you're not alone. I think they should all recognize that it may feel that you and your loved ones feel very alone at times, but just know that I think you are in the company of many others that are going to very similar experiences with you. I think caregivers are exceptional people in who they care for. And one thing we have to recognize that just like patients, caregivers also have burnout, they also have symptoms of their own. They also have spiritual, psychological, emotional needs of their own. And sometimes caregivers put themselves secondary to their patients, and rightfully so for many instances. However, I often tell our caregivers that if you cannot focus on being healthy, and whole yourself, you're not going to be able to do a good job at providing a caregiving support for your loved ones. So I think it's really important that caregivers

identify their triggers, identify what works for them, what doesn't work for them as caregivers, set boundaries with your loved ones, although that might be difficult to do, especially when you have a prior relationship. If you've been a spouse before, suddenly to move into that caregiving role, there's a huge transition and I think you can lose that relationship and you can get angry about certain things if you look at it just from the viewpoint of the spouse. Now that you're in a caregiving role, it's a much different role. And there really are certain things that you should be doing to make sure that caregiving is separate from what you do otherwise for the loved one of yours.

Lisa Yen

Really good points. And as you're saying, put the oxygen mask on yourself before others.

Dr. Chandana Banerjee

Yes, that's exactly it!

Lisa Yen

It seems so much easier to say all these things tend to do it and really to follow through. So I can see how that discussion with the palliative care team and that support would really help empower the caregivers, myself included. So as you've seen in your work, sometimes there's communication gaps, and not just between patients and their doctors, but also patients and their loved ones. So what insights or advice do you have to help with communication between NET patients and their loved ones?

Dr. Chandana Banerjee

Communication is the central aspect of any kind of relationship. That applies also to patients and providers and patients and their caregivers. If you don't know what to ask, you're never going to know all the answers. If you're afraid to ask the difficult questions, you're not going to get those answers. What I always tell my patients is no matter how early you are in your disease, get a good understanding of what this disease is. How does it apply to you right now? What does the future look like? What should you be looking at for the next three months, six months, one year, five years, I think it's really important for a patient and their family members to understand what this disease does and what it can do so that they can plan to make certain changes in their lives, and also be ready if certain things were to happen. Communication is critical between providers and patients because if the patient does not understand the treatment options completely, there can be resentment if treatments don't go well. There can be anger, they might feel like the providers have failed them. At the same time, providers might get frustrated if the patient does not ask or understand the disease and their treatment. So I think communication really is the center of everything that holds together. And that's the other beauty of palliative care is that they're all about communication. They're all about communicating, not only to the provider, but to the patients, the families and the rest of the multidisciplinary team. And I think communication is something that really allows for continuity and smooth transitions of care at any given point during a disease.

Lisa Yen

Communication is key. It's really vital. So you have developed and directed the End of Life Symposium at City of Hope and I know that's a passion of yours. What does end of care planning look like? And, when should it begin?

Dr. Chandana Banerjee

I think all of us should begin our end of life care planning, the minute turn turn eighteen. I think all of us should have an Advanced Directive, and I'm guilty myself of not having one for the longest time. But it's really important that we start looking, especially when we are diagnosed with a disease. We start looking at the whole picture. As they say, we are all mortal beings. Not one of us is going to be remaining on this earth forever. And so it's coming. So when I told my patients is that if you have a serious illness, you should live every day and give it your best. However, you should also plan for your end of life, if that's something that your disease is progressing toward. There's a lot of fear about death and dying, not only in this country, but in many other cultures. And I think the biggest disservice we do is not talking about it or not helping each other plan and talk about it. Because if you can prevent a poor death, you should prevent a poor death. Everyone should deserve to die in peace. Everyone should deserve to die with dignity. Everyone should deserve to die in the best way that they can. And I do feel like people with NET, and people with other serious cancers and illnesses, should at some point throughout their disease, disease progression, sit down with their providers or their palliative care teams, or their caregivers just look at the advanced directives and look at what certain things look like for you. What situation would want to avoid? Would you be the kind of person that wants to have cardiopulmonary resuscitation? Or do you not want to do that? Are you the kind of person if your disease was to progress, and it meant that you're going to be on a ventilator for the rest of your life to stay alive, is that something that you want? End of life doesn't really mean discussing end of life. But it also means discussing everything else in between. I think what end of life conversations do is that they help you plan. Now, live the best you can until that day comes.

Lisa Yen

That's powerful. That's discussing the in between. And we really appreciate you being willing to talk about these topics that I think many people wonder about, but may be afraid to ask about or may not know how to broach these subjects. And one question in particular, that people might wonder, but may be afraid to ask or say out loud for various reasons, what does the end of life look like for NET patients?

Dr. Chandana Banerjee

Again, I think with NET, it's, it's very interesting. Every NET patient is different. Some of the symptoms that some NET patients experience are so different from symptoms another other NET patient can experience. But I think one of the things we do know that NET is one of those cancers where it can be slow progressing, or it can rapidly decline. It can bring about a lot of symptoms, or you can be symptom-free for the longest time, and then you might start getting right. So what does the end of life really look like? I think the end of life for someone with NET is very much like the end of life with many of the other cancers in general. However, the symptoms that they may experience might actually be more debilitating. Symptoms of diarrhea, symptoms of depression, symptoms of fear, anxiety, along with the pain, along with the fatigue, they all are compounded. And these symptoms can last and linger for a long time because these symptoms can actually become, I guess, for a better word, they can become prolonged, until you approach that very end of life. We know that in some NET patients, as we have even seen in our caregiving group, you know, some of the patients have had symptoms for a long time. And they might go in ebbs and flows. Some months they may be doing well. Some months, they look awful to the point that they feel like they're approaching to the end of their life, and then they might get better again. So I think it's very important, again, that communication with your oncologist should be in terms of that particular NET, and how that looks in the other patient populations with patients that have gone through that particular NET, right? I think it's important for us to even take it to that specific level. If you have a specific NET, I think it's a fair question to ask your teams. For other patients that

have the NET that I do, what does the end of life look like? What did it look like? And how can I plan for mine to be more peaceful? And to have more quality at the end of it?

Lisa Yen

Yeah, thank you for that thoughtful answer. And the last question, we talk about grief and loss all the time. And I know maybe people's mind immediately go to thinking about losing a person and bereavement. But of course, there's grief and loss all throughout, with just even the diagnosis. How can one manage the grief and loss? And what advice do you have in this realm?

Dr. Chandana Banerjee

Everyone, we all have lost family members and we've all probably lost friends. And we saw that the COVID pandemic really brought the issue of grief and bereavement to the forefront of the nation in the last couple of years about the pandemic. What I find is in patients with cancer, there is this increased anticipatory grief. Because once you've given the cancer diagnoses, there is a fear that comes about in you. And rightfully so, unless you're 100% cured. Everyone fears about whether it will come back, what's it going to look like? A long life not to live, and everyone has that anticipatory grief that they go through when they get diagnosed. Family members and caregivers go through that anticipatory grief thinking about their loved ones, and now, what this disease is going to do to them? How long do they have with their loved ones? How is their life going to change? What will they do once their loved ones are gone? So we all face these, whether we have cancer or we don't have cancer. And so the best advice I give for someone with cancer is that you're going to have grief, you're going to have an immense amount of grief, you're going to have fear, you're going to have anger, you're going to have denial, you're going to go through all those stages of grief that we've learned about. But what do you need to do in order to make sure that you go through these appropriately and come out of those with more support for yourself? Find that support system for you. There's nothing wrong with talking to friends and family members. But I often find that with cancer patients, talking to the loved ones often increases the burnout in their loved ones, especially their caregivers. So I think it's very appropriate and recommended that they find therapists and they find psychiatrists and psychologists to help them navigate this grief and the loss and the feelings of fear that they're going through, just so that they're better prepared. I think preparation is everything. The way I look at it, it's coaching. It's coaching for life. We all go through life and we all are going to die. You might as well get coaching for it.

Lisa Yen

What about for caregivers? What about managing grief and loss? And particularly as they think ahead, the question you mentioned, how would I deal with it if my loved one passes away? I think that's on many caregivers on mind, myself included.

Dr. Chandana Banerjee

I think is really important for caregivers to identify support for themselves as well. And then they need to seek out communities that can support them, and LACNETS does a fantastic job, even with other programs of LACNETS. I think shared experiences amongst caregivers, and the shared community resource can be very strong for the caregiver to actually go through the journey with the patient. What you've done with LACNETS is incredible, because we talk about these things often. And we see that every time we talk about them, caregivers really feel a sense of relief, that they've been able to address something related to grief. And they've been able to identify coping mechanisms, not only of their own, but with coping mechanisms that other caregivers have used when they're going through the same experiences. So I do feel like for caregivers, besides finding a support system and a community

resource, it's also advisable that they go to their own therapy. They seek out therapists and coaches for themselves, because they need someone to talk to as well. They need someone to guide them, because if they bottle it up, it's not going to help them, it's not going to help the patient.

Lisa Yen

And as you say, they bottle it up, it just comes out some way. And the talking helps. It demystifies it and makes it a little bit less scary and alleviates that pressure.

Dr. Chandana Banerjee

Yeah, it's a universal experience. We all will face grief and loss in some form or the other.

Lisa Yen

I think the way you talk about it just makes it a little less scary, a little less hard just talking about it openly and freely like this. So in closing, Dr. B, what final words or thoughts or advice do you have for NET patient and caregiver community?

Dr. Chandana Banerjee

First of all, I would say that what you're going through is unusual. And it's not your fault. Many patients blame themselves for going through what they're going through. What I will say is that, unfortunately, you do have NET, and for you making the right kind partnership is going to be very important, which means not only a partnership with your oncologist, but also identifying other members of the clinical and non-clinical team that can help you navigate this journey. NET can be a long term process. It can be a short term disease as well. And so I think having the right people in place will really help you navigate through all the burdens and the symptoms and issues that come up that you need to. Don't be afraid of asking the hard questions, the difficult questions are the ones that need to be asked. Don't ever be afraid about asking your providers to help you. That is what providers are there for. And don't ever feel that you're being a burden on anyone because you're not. This is something that you're going through. And this is something that everyone should support you through as you go through it. So seek that support. Smile. Wake up every morning and just enjoy the day the best you can although some days may be harder than the others. But just know that you're not alone through this. We are here for you.

Lisa Yen

What reassuring and comforting words. Thank you for all your wisdom, insight, your thoughts and sharing your experience with us. We're really grateful for you for all that you do for LACNETS and for the greater NET patient and caregiver community as a whole, and all the work you do in palliative care and hospice as we know that that benefits as well.

Dr. Chandana Banerjee

Thank you, Lisa. I'm honored to be a part of this group.

Lisa Yen

Thanks for listening to The LACNETS Podcast. We want to thank our podcast supporters Advance Accelerator Applications, TerSera Therapeutics, and Ipsen Pharmaceutical. For more information about neuroendocrine cancer, go to www.LACNETS.org.