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Patient-Provider Communication Challenges About Side Effects from Metastatic Breast Cancer (mBC) Treatments

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Introduction

- Treatment decisions for ER+/HER2- mBC therapies may be influenced by patients' knowledge about treatment side effects, which is shaped by patient-provider communication

Objective

To better understand experiences of treatment side effect communication with oncologists/medical teams, and the preferred types of side effect information, for patients with ER+/HER2- mBC

Design

- The 55-question, online ESR1 QUALity of Life Survey 3 (EQUALS 3) was emailed to US patients from the Cure Media Group and authors' contacts, and posted on private Facebook and Twitter groups of patients with mBC, for 2 weeks in June 2023
- Patients were eligible if they had ER+/HER2- mBC and reported changing treatments because of disease progression
- A \$10 gift card was given to participants at survey completion
- Survey answers were summarized descriptively

Table. Patient demographics

Characteristics	ER+/HER2- mBC (n=213)
Age, y	
<40 yrs	19 (8.9)
40-49 yrs	73 (34.3)
50-59 yrs	72 (33.8)
60-69	26 (12.2)
≥70 yrs	23 (10.8)
Race/ethnicity, n (%)	
Hispanic/Latino	103 (48.4)
White	94 (44.1)
Black/African American	9 (4.2)
American Indian/Alaskan Native	4 (1.9)
Declined to answer	3 (1.4)
Menopausal status, n (%)	
Pre-menopause	73 (34.3)
Post-menopause	82 (38.5)
Perimenopause	33 (15.5)
Uncertain	25 (11.7)
Living setting, n (%)	
Urban	109 (51.2)
Suburban	58 (27.2)
Rural	46 (21.6)
Average household income, n (%)	
<\$25,000	11 (5.2)
\$25,000 to <\$50,000	45 (21.1)
\$50,000 to <\$75,000	87 (40.8)
\$75,000 to <\$100,000	29 (13.6)
\$100,000 to <\$150,000	15 (7.0)
≥\$150,000	9 (4.2)
Declined to answer	17 (8.0)
Highest level of education, n (%)	
Some high school	5 (2.3)
High school	57 (26.8)
Bachelor's degree	118 (55.4)
Master's degree	25 (11.7)
Doctoral degree	8 (3.8)
Primary oncologist, n (%)	
Female	139 (65.3)
Male	72 (33.8)
Other	2 (0.9)

Results

Participant disposition and demographics

- 213 patients completed the survey; most participants were <60 years of age (77%), Hispanic/Latino (48%) or White (44%), peri-/post-menopausal (54%), and urban-area residents (51%); and had a college education (71%) and household income >\$50K (66%; **Table**)

Breast cancer treatments

- Most patients were on second-line therapy (36%) or third-line therapy or beyond (51%)
- Current mBC treatments were endocrine ± targeted therapies (71%), chemotherapy (11%), others (9%), and antibody-drug conjugates (8%)
- Most patients' oncologists were female (65%), breast cancer specialists (51%), and from an academic hospital (61%)

Patients' perceptions of provider communication

- Only half (49%) of surveyed patients felt extremely or very comfortable discussing side effects with providers, and about one-third (36%) were only somewhat comfortable (**Figure 1**)
- While 86% felt well informed about treatment toxicities, 25% said providers did not ask what side effects patients would find tolerable or intolerable
- Providers inquired about acceptability of side effects most often with a treatment change (25%) or when the patient brought it up (20%)
- Most patients felt extremely prepared for treatment toxicities (78%) and well prepared to manage them (86%), but 19% felt they did not get optimal guidance on managing potential side effects from their providers
- Patients reported that several important topics were missing from provider conversations: which rare but serious (44%) or common (32%) side effects to expect, and how to deal with potential side effects (39%; **Figure 2**)
- Patients thought that topics of the likelihood of experiencing side effects (40%), what rare but serious side effects to expect (39%), and how to deal with potential side effects (28%) were not presented well (**Figure 3**)

Patients' desired communication topics

- To facilitate treatment decision making, patients would like more time discussing treatment options (48%) or side effects (39%); additional written or visual resources on side effects (29% and 23%, respectively) and treatment efficacy (39% and 8%, respectively); as well as the ability to ask questions and receive meaningful answers (39%), talk directly to other patients' (20%), and listen to videos of other patients' stories (11%; **Figure 4**)
- Common additional forms of information that patients would like to have had on side effects were patient testimonials (45%), toxicity descriptions/examples (42%), and toxicity management strategies (36%) (**Figure 5**)

Figure 1. How comfortable are you discussing treatment side effects and toxicities with your medical team?

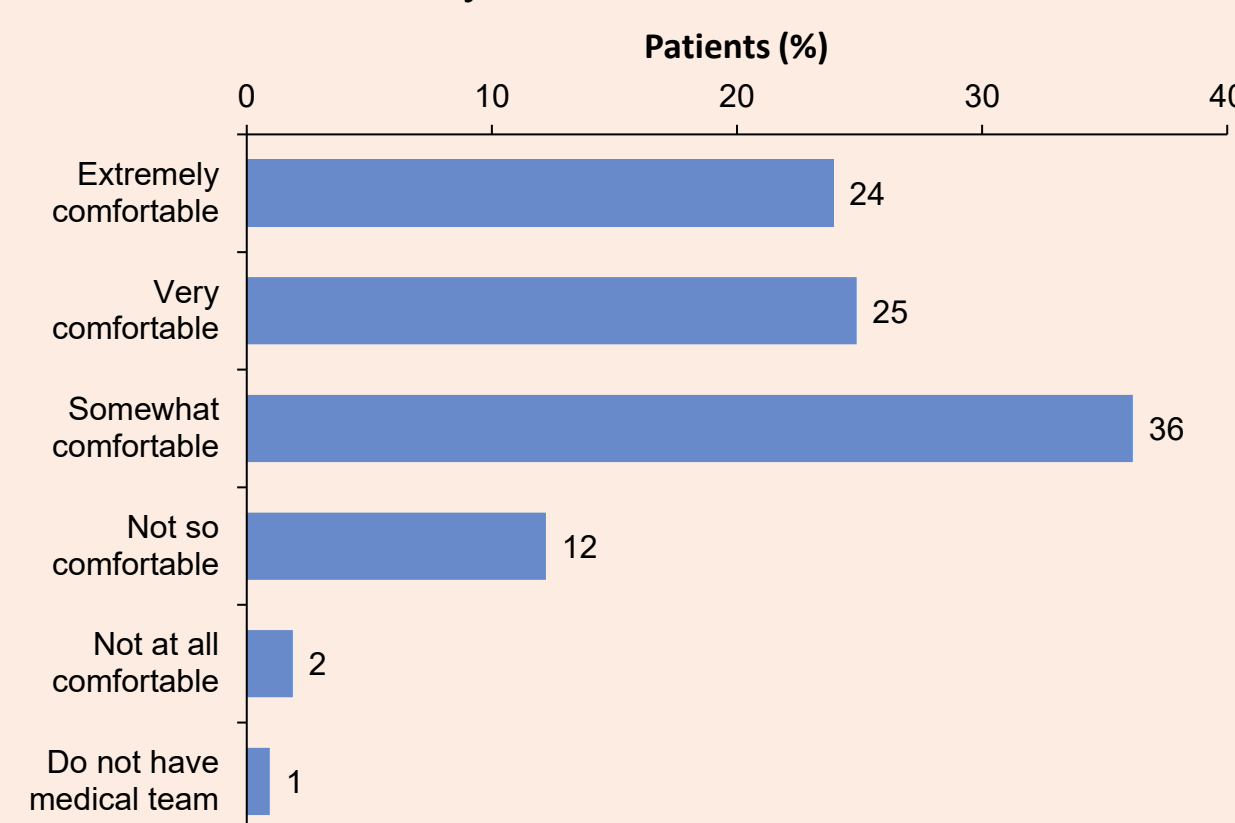


Figure 2. What information was missing from the conversations with your medical team regarding side effects and toxicities?

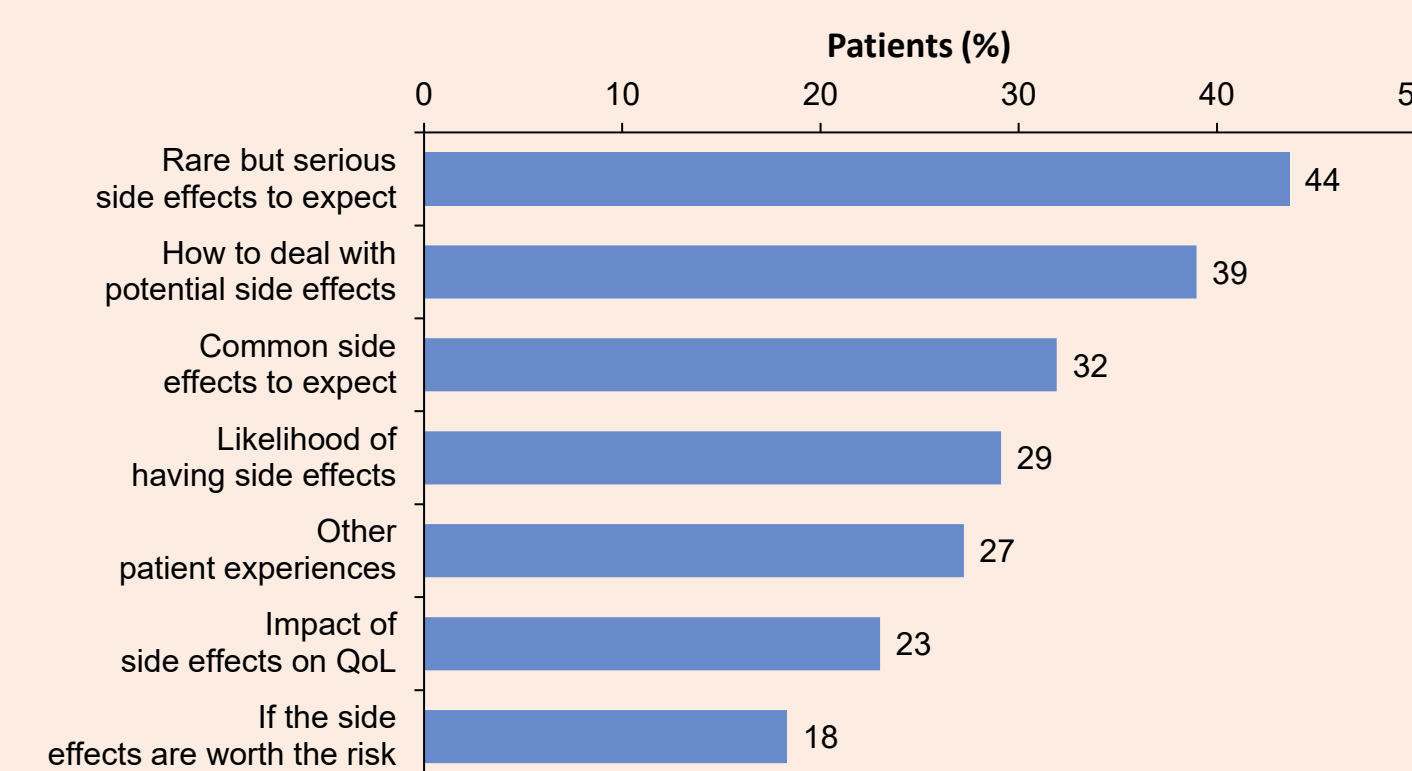


Figure 3. What information was not presented well by your medical team regarding side effects and toxicities?

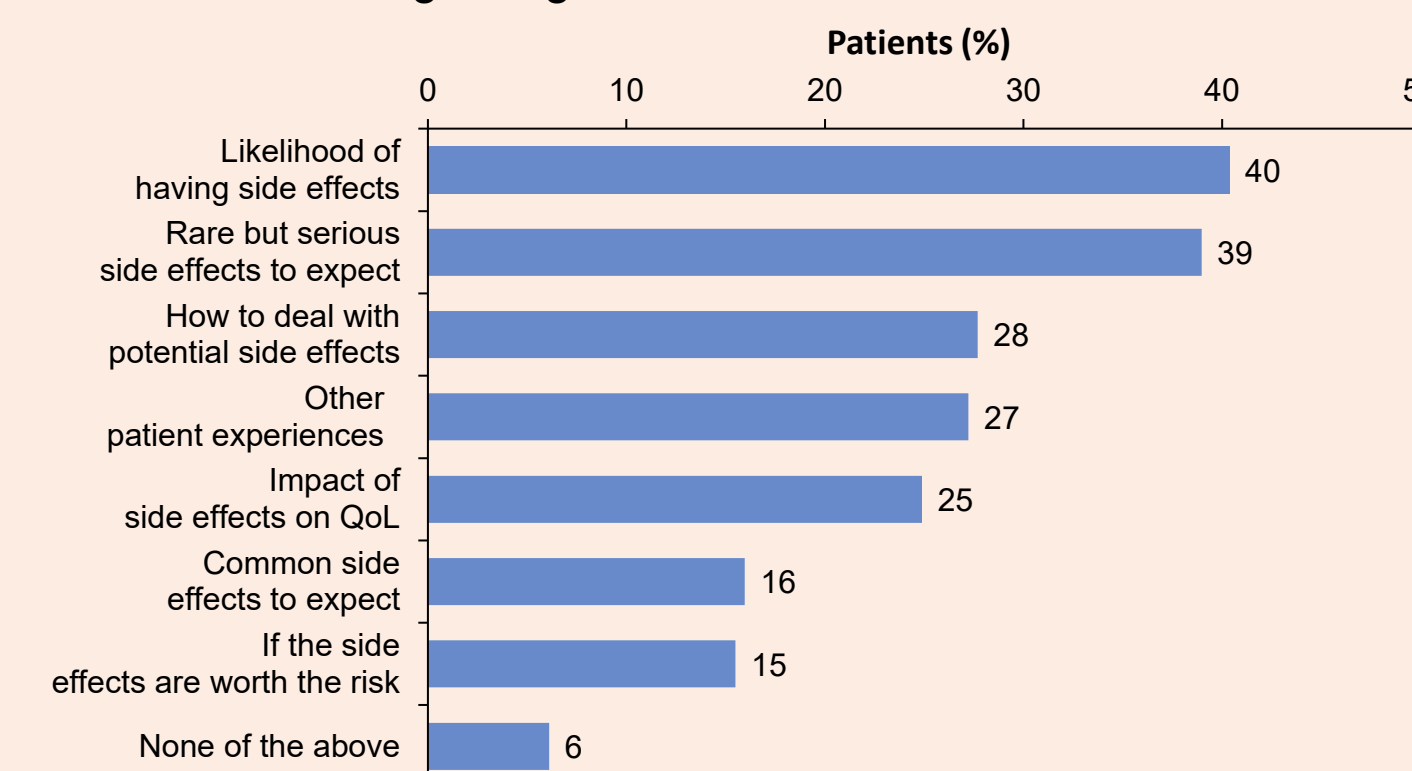


Figure 4. Is there anything that you would have liked done differently to make treatment decisions easier?

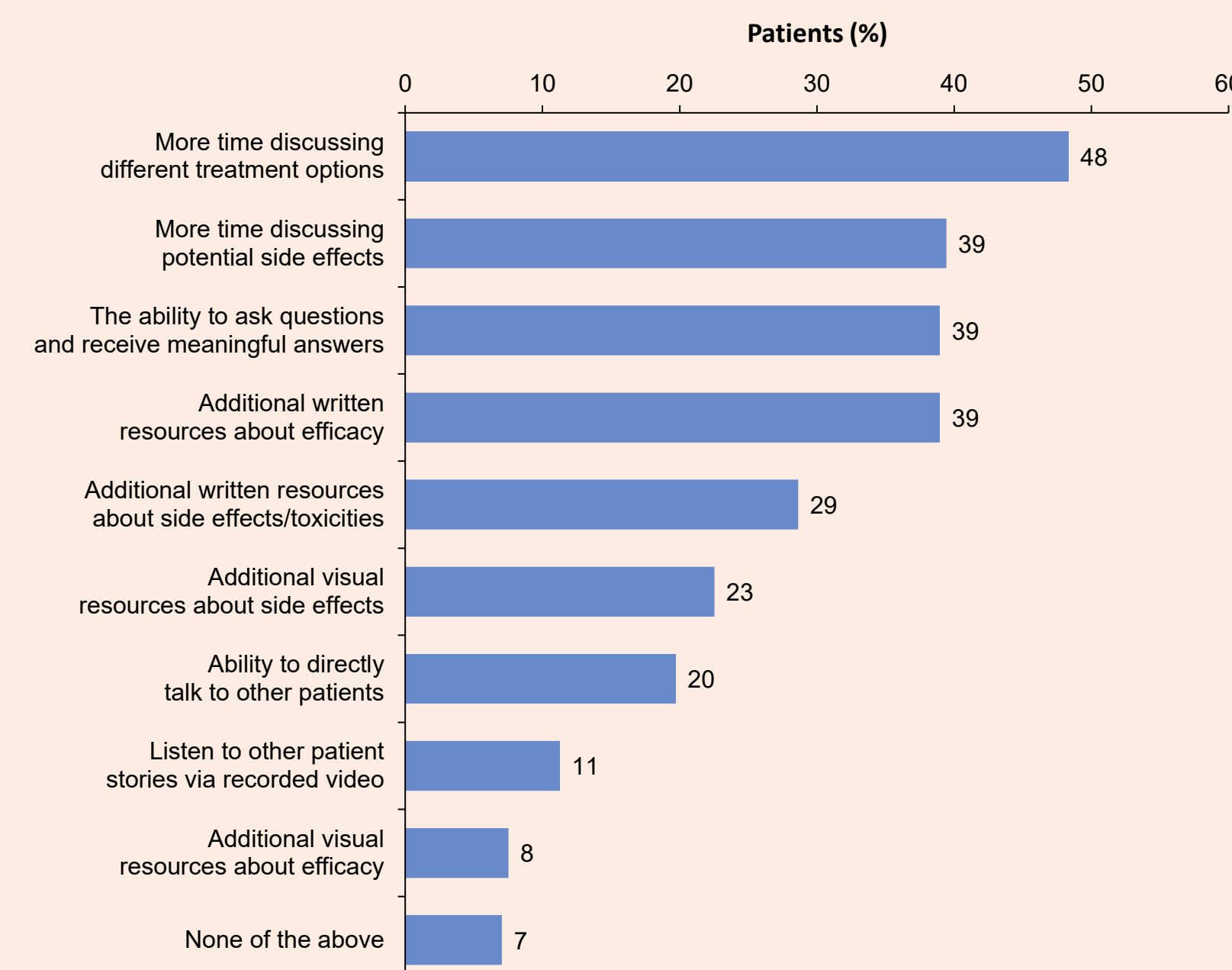
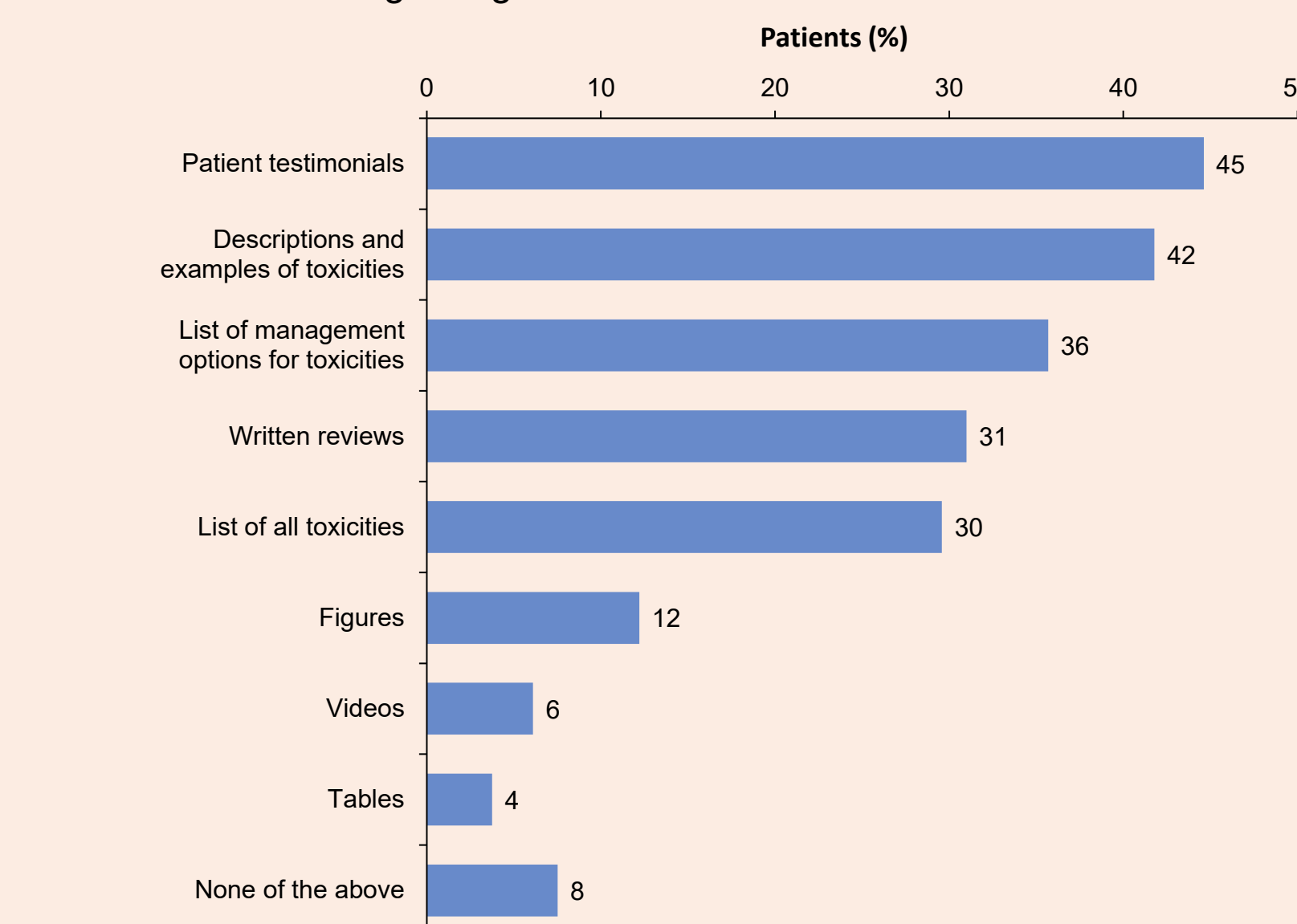


Figure 5. Are there any additional types of information that you would have liked to have regarding side effects and toxicities?



Key Takeaways

- Most patients with mBC feel relatively well informed about treatment toxicities, but substantial percentages feel several important topics are missing or inadequately addressed
- Patients would like to have more time discussing treatment options, what side effects to expect and how to manage, as well as information on tolerability with their providers
- Written and visual resources on specific side effects, their management, and effects on treatment efficacy, as well as patient testimonials, may improve provider communication and patient decision making

Conclusions

- In this survey of patients with ER+/HER2- mBC, many felt well informed about treatment toxicities, but felt substantial information was missing
- Information about what side effects to expect (including rare but serious ones) and resources describing management strategies are some of the things patients felt could be most improved upon
- Asking a patient what side effects they would find tolerable or not tolerable could lead to better shared decision making and patient satisfaction
- Patients felt that testimonials from real patients, descriptive management strategies for individual toxicities, and concrete examples of side effects would be important in building new educational tools
- This survey highlights the need to improve provider communication regarding mBC therapy side effects, as well as the need for standardized tools to ensure that patients feel comfortable and well informed managing their side effects

Disclosures

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