Outcomes meaningful to patients

**EXPECTATIONS OF PATIENTS AND PHYSICIANS**

**TRIAL SUMMARY: What young survivors expect**

Wang Y, Camateros P, Cheung WY. Young cancer survivors’ expectations of physicians for issues of mental health, interpersonal relationships, and reintegration to society. Canadian Association of Medical Oncology Annual Scientific Meeting, 2016, Abstract 37.

As patients transition from cancer treatment to survivorship, issues surrounding the social and mental health impacts of survivorship gain increased importance. This study examined young cancer survivors’ expectations of their physicians with respect to mental health, interpersonal relationships, and reintegration back to work and school, and explored factors associated with these expectations. A survey was conducted with patients aged 20 to 39 years who were diagnosed with solid tumours at regional cancer centres in British Columbia, and alive at 2 or more years after their diagnosis. Survey results were analyzed to understand the relationship between patient factors and expectations, adjusting for confounders through the use of multivariate regression models.

**Results:** With a survey response rate of 57%, a total of 447 patients were analyzed: median age was 35 years, 30% were men, and 89% had Eastern Cooperative Oncology Group (ECOG) 0 cancers. Tumour sites included breast (50%), testicular (28%), gynecologic (17%), and colorectal (5%). Patients indicated that their cancer specialist (CS) should have “some” to “full” responsibility on issues related to mental health (72%), social counselling (48%) and reintegration (28%). Patients had much higher expectations of their primary care physician (PCP), expecting them to take “some” to “full” responsibility for these same issues (see Table 1). Expectations of their PCP were further increased when there was frequent contact between patient and PCP. The majority of young cancer survivors in our survey expected their PCP, more than their CS, to have a significant degree of responsibility for mental, interpersonal and social issues arising from their cancer or treatment. Early integration of PCP into survivorship care models may supplement the work provided by the psychosocial cancer team and ease patients’ transition to survivorship.

**Table 1. Patient expectations**

<table>
<thead>
<tr>
<th>Expectation for “some” to “full” responsibility:</th>
<th>CS</th>
<th>PCP</th>
<th>Increased patient expectations of PCP with more clinic visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health issues</td>
<td>72%</td>
<td>87%</td>
<td>P=0.02</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>48%</td>
<td>73%</td>
<td>P=0.03</td>
</tr>
<tr>
<td>Reintegration</td>
<td>28%</td>
<td>53%</td>
<td>P=0.007</td>
</tr>
</tbody>
</table>

**TRIAL SUMMARY: Outcomes of import to oncologists and patients**


Clinical trials are designed to detect meaningful improvements in endpoints such as overall survival (OS) and time to progression (TTP), while balancing side effects (SE) and quality of life (QoL). This study aimed to find out how cancer patients and medical oncologists (MOs) evaluate these endpoints to inform treatment decision-making. Patients and Canadian MOs were surveyed using hypothetical scenarios in the adjuvant and metastatic settings to assess how incremental improvements in OS, TTP and QoL affect treatment decision-making.
Data were analyzed using chi-squared and Fisher’s exact tests. 

**Results:** Survey responses were received from 101 MOs and 75 patients (24% genitourinary, 24% breast, 20% gastrointestinal, 32% with other cancers). In the adjuvant and metastatic settings, most MOs chose any treatment over best supportive care (BSC), while patients expected a larger OS improvement in order to choose treatment (see Table 2). In the metastatic setting, the most commonly chosen minimum median OS improvement in order to choose treatment over BSC was 3 to 4 months for MOs and >10 months for patients (p<0.0001). Similarly, the majority of patients expected a longer TTP of >10 months compared to MOs, who chose 5 to 6 months (p<0.0001). When ranking endpoints, patients placed greater importance on QoL than OS, while MOs chose OS over QoL (p=0.01). In both the adjuvant and metastatic settings, patients require a greater improvement in OS and TTP than MOs in order to consider a treatment to be worth taking. Patients value QoL over OS, while MOs value OS over QoL. These factors should be considered when designing clinical trials and discussing treatment options.