Based on a True Story…:
Using Re-Enactments of Actual Clinical Visits to Improve Oncologist Communication about Clinical Trials

Susan Eggly, Ph.D.
Associate Professor, Department of Oncology
Wayne State University/Karmanos Cancer Institute
Detroit, Michigan
Why Cancer Clinical Trials?

• **Essential to**
  – Test the safety and efficacy of new treatments
  – Translate knowledge into tangible benefits for patients
  – State-of-the-science treatment for eligible individuals

• **IOM/NIH:** every individual with cancer should have access to high quality clinical trials

• **So why are so few eligible patients enrolled?**
  – And why are minority populations underrepresented?

---

Patient Decision to Participate

High Quality Informed Consent Discussion

Available Trials
Supportive Hospital Infrastructure
Willing and Able Physicians
Patient Decision to Participate

High Quality Informed Consent Discussion

Available Trials
Supportive Hospital Infrastructure
Willing and Able Physicians
Conceptual Model: Patient-Physician Communication & Cancer Trials

Physician
Background, Experiences, Attitudes, Beliefs, Judgments, Decisions, & Behavior

Patient
Background, Experiences, Attitudes, Beliefs, Judgments, Decisions, & Behavior

Physician Recommendations
Patient Decisions and Behaviors
Health Outcomes
KCI Video Archive (~450)
Research Summary (1)

• Most eligible cancer patients are never informed about trials
  – Physicians unaware of trials, too busy, not interested, don’t feel supported, worry about patient trust, biases

• When physicians offer a trial, most patients agree
  – Both minority and majority populations
  – Agreement is higher when physicians use patient-centered communication and make an explicit recommendation

Research Summary (2)

- When trials are discussed, physician language is often *confusing* and/or coercive
  - Technical language, no mention of purpose, maximize benefits, minimize risks

- For trial discussions with Black (v. White) patients:
  - Visits are shorter
  - Fewer mentions of the trial are made
  - Less information re: key elements of consent is provided

Eggly Pat Educ Couns 2008; Barton Writ Comm 2009; Eggly Health Expect 2013
Black-White Differences in Trial Discussions

Number of Times Elements of Consent Mentioned

<table>
<thead>
<tr>
<th>Element</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>2.36</td>
<td>2.55</td>
</tr>
<tr>
<td>Benefits</td>
<td>2.64</td>
<td>2.73</td>
</tr>
<tr>
<td>Risks</td>
<td>1.91</td>
<td>3.18</td>
</tr>
<tr>
<td>Alternatives</td>
<td>2</td>
<td>1.91</td>
</tr>
<tr>
<td>Voluntary</td>
<td>2.18</td>
<td>1.55</td>
</tr>
<tr>
<td>Participation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Eggly Health Expect 2013
Oncologist Training Objectives

- Improve **knowledge and attitudes**:  
  - Knowledge: Role of oncologist in trial accrual  
  - Attitudes: Increase positive attitudes (clinical trials are important); reduce negative attitudes (trials are a burden)

- Improve **communication**:  
  - Provide background and real-life examples of  
    - *Informational* communication (e.g., key elements)  
    - *Relational communication* (e.g., patient-centered, shared decision making)
Aims

• **Aim #1: Re-enact videos**
  – Select, re-enact video segments illustrating trial-related communication (informational and relational)

• **Aim #2: Assess re-enactments**
  – Obtain *stakeholders’* perspectives on suitability for training on oncologists
  – *Compare* re-enactments to originals
Procedures: Aim 1

- **Data**: Videos from prior study on communication and clinical trials if had an explicit offer of a trial (n=39)

- **Selection of segments**: Research assistants observed videos and selected segments based on:
  - Relational Communication: high- and low-quality
  - Informational Communication: key elements of consent, side effects, and randomization

- **Re-enactment**: Segments (n=11) and “mashups” (n=2) transcribed verbatim, professionally re-enacted
Sample Re-enactment

• Watch for
  – Relational and informational communication
  – Any interesting aspects of the interaction
Procedures: Aim 2

• **Evaluation:**
  – Stakeholders’ perceptions (Med oncs, cancer survivors n=19)
  – Fidelity of re-enactments (Trained research assistants n=15)

• To what extent do you think…. (1=low; 5=high)
  – The segment was believable, informative, realistic, valuable for training
  – The doctor used lay language, used clear and easy explanations, was informative and thorough, seemed to care, encouraged questions
  – The discussion included information about the trial’s purpose, risks, benefits, and voluntariness
Results: Stakeholders’ Perspectives

- Believable
- Informative
- Realistic
- Valuable for Training
- Lay Language
- Clear and Easy Explanation
- Informative and Thorough
- Doctor seemed to care

Quality of Segment

Quality of Physician Communication

Physicians (n=9)
Survivors (n=10)
Results: Re-enactments v. Originals
MD Informational Communication

- Doc Explained Purpose
- Doc Explained Risks
- Doc Explained Benefits
- Doc Explained Voluntariness

Original vs. Re-enactment
Results: Re-enactments v. Originals: MD Relational Communication

![Bar chart showing comparison between Originals and Re-enactments across different metrics: Lay Language, Clear Explanations, Informative, Thorough, Seemed to Care, Encouraged Questions. P-values indicated where significant differences were found, with *P<.05.](image-url)
Conclusions and Next Steps

• Re-enactments are appropriate for training
  – Future research is needed to assess effectiveness

• Integrate re-enactments into training module
  – Relevant to clinical practice
  – Interactive & engaging; encourage critical thinking & reflection
  – Web-based; access from anywhere; CME-bearing

• Pilot-test for feasibility, acceptability, and effectiveness on oncologists’
  – Attitudes about trials
  – Rates of trial offers to eligible patients
  – Quality of communication during trial offers
  – Rates of informed participation in diverse population
Acknowledgments

• Grants
  – NCI R01CA75003 (Albrecht)
  – WSU/Henry Ford INPHAASE (Eggly & Chapman)
  – Behavioral and Field Research Core: P30 CA22453

• Collaborators
  – Terrance Albrecht, Ph.D., KCI/WSU
  – Robert Chapman, M.D. JFCI/Henry Ford Health System
  – Louis A. Penner, Ph.D., KCI/WSU
  – Tanina Foster, Ph.D., KCI/WSU
  – Jennifer Vichich, KCI/WSU
  – Community Members & Physicians