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

> > BARBARA ANN



CANCER INSTITUTE

Wayne State University

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?





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)





Karmanos 215



NCI R01CA75003 (Albrecht)

CANCER INSTITUTE

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 patientcentered communication and make an explicit recommendation

Albrecht J Clin Onc, 2008; Wendler PLOS Med, 2006; Eggly Pat Educ Couns, 2008

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

Eggly Health Expect 2013

Oncologist Training Objectives KARMAN

- 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)

CANCER INSTITUTE

Wayne State University

Aims

- Aim #1: Re-enact videos
 - Select, re-enact video segments illustrating trialrelated 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

- <u>Data</u>: Videos from prior study on communication and clinical trials if had an explicit offer of a trial (n=39)
- <u>Selection of segments</u>: 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
- <u>Re-enactment</u>: 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



Results: Re-enactments v. Originals MD Informational Communication



Results: Re-enactments v. Originals: MD Relational Communication



*P<.05

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

Acnowledgments



- 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