

Title: Options for evaluating communication strategies in treatment and clinical trial discussions.

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Scientific Abstract:

Background: Nationally, participation in oncology clinical trials is low, with lack of representation of women and ethnic and racial minorities. Interventions to increase patient enrollment in clinical trials and to ensure equity are necessary to improve cancer care for all patients. Shared decision-making conversations are in physicians' control and are amenable to intervention. However, we must understand the current communication strategies used by medical oncologists in their discussions with patients about high-stakes treatment decisions, including participation in clinical trials.

Methods: This was an observational qualitative study conducted between Jan 2022 to Feb 2023. We recruited US medical oncologists who routinely treat colon cancer and have access to clinical trials. Oncologists participated in a simulated, recorded telehealth encounter with a standardized patient recently diagnosed with advanced colon cancer and referred for discussion of treatment options, including a possible clinical trial. Oncologists were provided with the same background information on the patient. Four actors, a Black female, Black male, White female, and White male, were trained to represent the same patient with the same values.

Results: 107 physicians at 42 academic institutions across 27 states were contacted via email, 47 responded (44%). 26 consented, and 21 completed the study. Participants were a median age of 41 (range 31-71 years), 48% female, 29% Asian, 5% Black. Encounter length ranged from 28:25 to 76:12 minutes (average 44:05 min). One to four treatment options were discussed during the encounter, including standard of care (1 or 2 options), clinical trial, and best supportive care. Clinical trials were explicitly discussed in nearly all (20/21) conversations and were introduced as an option 1st (1/20), 2nd (5/20), 3rd (12/20), 4th (2/20). Clinical trial discussion length ranged from 3:34 to 19:40 min (average 8:30 min). Discussions were shorter with Black vs White patient, average time 7:00 vs 10:00 min, respectively ($p = 0.05$), female vs male patient was 9:53 vs 7:34 min, respectively ($p = 0.12$). Recommendations varied from strong recommendation for a clinical trial (9/21), decision deferred to patient (9/21), recommendation for standard of care (3/21).

Conclusions: The way oncologists discuss treatment options with their patients powerfully influences the outcome of the conversation and potentially the decision to participate in a clinical trial. In our study, fewer than half of academic GI oncologists recommend a trial. There is significant variability in option talk including the order as well as the content, duration, detail, and recommendations. Clinical trial discussions were shorter for Black patients. A structured approach

to this complex decision-making conversation may help oncologists communicate treatment options to patients in a more equitable and effective way.

Written Lay Abstract:

To have cancer care benefit everyone, researchers need to make sure their clinical trials involve people from all types of patients. Right now, cancer clinical trials often have few women or people of racial and ethnic minority groups. To increase representation of these patients, the researchers in this study looked at how doctors can better communicate with these patients to let them know information and options for being in a clinical trial.

The researchers had model patients talk to 21 cancer doctors about treatments for colon cancer, including clinical trial options. They found that fewer than half of the doctors recommended the patient participate in a clinical trial. Doctors also tended to spend less time talking about clinical trials with Black patients compared to White patients.

This study tells us that cancer doctors may be talking to patients of different backgrounds in different ways, and this may be one reason fewer minority groups participate in clinical trials. Doctors may need support, such as structured discussions, to communicate clinical trial information to patients.

Visual Lay Abstract:



How doctors talk about clinical trials

What did we study?

We asked 21 cancer doctors to talk to model patients about cancer treatments.

What did we find?

- < 1 in 2 doctors recommended the patient join a clinical trial.
- Doctors spent less time talking about clinical trials with Black compared to White patients.



Doctors need support to talk about clinical trials more equitably.

Doctors could benefit from having support and structured discussions with patients to communicate clinical trial information.

Research Article



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