

# Title: Acceptability, Facilitators, and Barriers to Implementing a Short Brief Intervention for Alcohol Counseling in the Oncology Setting

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## Scientific Poster:

### Acceptability, Facilitators, and Barriers to Implementing a Short Brief Intervention for Alcohol Counseling in the Oncology Setting

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#### Introduction

- 77.7% of adults being treated for cancer consume alcohol
  - Of these, 38.3% engaged in hazardous drinking<sup>1</sup>
- Wisconsin has one of the highest excessive drinking rates in the country<sup>2</sup>
- Alcohol consumption associations: seven different cancers, complications during cancer treatment, increased risk of recurrence, increased risk of mortality<sup>3,4</sup>**
- The U.S. Preventive Services Task Force recommends that Screening and Brief Intervention (SBI) for alcohol use be implemented into primary care settings due to its effectiveness at reducing hazardous alcohol use<sup>5</sup>
- Little is known regarding acceptability, barriers, and facilitators to implementing SBI for alcohol into the oncology setting

#### Results

##### Participant Demographic Information

Gender	n=12
Male	4 (33.3%)
Female	8 (66.7%)
Years in Practice	
<10	4 (33.3%)
10-20	3 (25.0%)
20+	5 (41.7%)
Practice Type	
Community	4 (33.3%)
Academic	7 (58.3%)
Specialty	1 (8.3%)
Currenty Consumes Alcohol	
Yes	11 (91.7%)
No	1 (8.3%)

Gender	n=15
Male	12 (80.0%)
Female	3 (20.0%)
Age	
<60	1 (7.7%)
60-70	4 (30.8%)
70+	8 (61.5%)
Role	
Patient	2 (13.4%)
Survivor	5 (33.3%)
Caregiver	4 (26.7%)
Advocate	2 (13.4%)
Currently Consumes Alcohol	
Yes	8 (66.7%)
No	4 (30.8%)
Years since diagnosis	
<5	4 (26.7%)
5-10	3 (23.1%)
>10	4 (26.7%)
Not applicable	2 (13.4%)

##### Understanding and Addressing the Alcohol-Cancer Connection

- Average interview length: 12 minutes 36 seconds
- Participant's understanding of alcohol use and its relationship to cancer risk was variable
- High amount of variability in how alcohol use is addressed

How Do You Address Alcohol Use with Patients? Oncologists' Responses

Was Alcohol Use Addressed by the Oncologist? Patient/Advocate Responses

#### Results

##### Potential Advantages of SBI for Alcohol Implementation into the Oncology Setting

\*Percentage of participants who mentioned given advantages to SBI implementation

##### Potential Disadvantages of SBI for Alcohol Implementation into the Oncology Setting

\*Percentage of participants who mentioned given disadvantages to SBI implementation

#### Methods

- Semi-structured interviews with medical oncologists practicing in WI were performed**
  - Oncologists were emailed and participation was based on voluntary response
- Topic of the interviews included:
  - Physicians current understanding of alcohol and its relationship to cancer risk and outcomes
  - How they address this with patients
  - Current understanding of SBI for Alcohol and experience with it
  - Acceptability to implementing SBI for Alcohol into the oncology setting
  - Barriers and facilitators for implementation
  - Advantages and disadvantages to implementation
- Parallel interviews with survivors, patients with cancer, caregivers, and advocates was also performed**
  - Contacted members of WI-based organizations
  - Participation based on voluntary response
- Used Braun and Clarke's approach to reflexive thematic analysis
- Data Source and Investigator Triangulation to increase validity of our findings

#### Results

##### Understanding/Acceptability of SBI for alcohol

- Almost no participants were familiar with SBI for Alcohol
  - 50% of MDs were using something similar
- All found implementation in this setting acceptable**
  - Patients and Advocates (PIAs) were more likely to support SBI for Alcohol for all
    - Excluding patients with advanced disease was a common theme
- Equal support for SBI use at initial visit vs. later visits
- 23% of PIAs mentioned importance of including caregivers, not mentioned by MDs
- 38% of PIAs mentioned heading follow-up, mentioned by 17% of MDs
- Almost 70% of PIAs mentioned importance of a nonjudgmental approach, only mentioned by 17% of MDs**

#### Results

##### Anticipated Barriers/Facilitators for Implementation

- Time and concern for patient's thoughts and feelings were the most mentioned barriers by both groups**
  - Subthemes: engrained in social culture, fear of causing guilty feelings, fear of reactions, competing demands
- Lack of reimbursement or training were minor themes
- Structural Implementation was a commonly mentioned facilitator**
  - Subthemes: standardization, ability to submit prior to appointment, institutional quality improvement effort, ability of other team members to help with implementation
- Patient's motivation for behavior change was a facilitator mentioned by 77% of PIAs but only 8.3% of MDs**

	Barriers	Facilitators
Oncologists	<ul style="list-style-type: none"> <li>Lack of Reimbursement</li> <li>Concern for Patient's Thoughts and Feelings</li> <li>Inadequate Time</li> <li>Education</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Efficient</li> <li>Reimbursement</li> <li>Structural Implementation</li> <li>Patient Motivation</li> <li>Team Based Care</li> <li>Training</li> </ul>
Both	<ul style="list-style-type: none"> <li>Concern for Patient's Thoughts and Feelings</li> <li>Inadequate Time</li> <li>Education</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Efficient</li> <li>Reimbursement</li> <li>Structural Implementation</li> <li>Patient Motivation</li> <li>Team Based Care</li> <li>Training</li> </ul>
Patient/Advocate	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> </ul>

\*Percentage of participants who mentioned given barriers/facilitators

*"It's going to depend on how it's presented, gently and, you know, in a helpful way" (P3)*

*"How do I reduce the risk of cancer in patients by cutting back on alcohol?...Doesn't agree the cardiac benefit of alcohol. We'll let the French do that. But in the cancer world, it's less to more" (MD2)*

*"I mean we all do kind of our own thing in oncology. There's no standard... For the great thing that if we could standardize how we approach, especially in a state like Wisconsin, where we know there's problems" (MD2)*

*"Anything we can do to... reduce risk factors, because, especially in my age group, cancer is like a tsunami, you know? And so anything I think that people can do to change lifestyle, to reduce their risk" (P5)*

*"Why wouldn't they present it? What would be a possible barrier to talking about that, I don't think you can safely assume that somebody does or doesn't drink, or somebody does or doesn't want to hear about how they might make their life and health better" (P5)*

##### Advantages/Disadvantages to Implementation

- Improved health and reduced morbidity were commonly mentioned advantages by both groups**
  - Subthemes: identifying and reducing alcohol use, reducing complications, improving relationships and quality of life, healthier patients, and reducing cancer risk
- General education was a minor theme mentioned by PIAs
- Policy change was a minor theme mentioned by MDs
- Patient-provider relationship damage emerged as a potential disadvantage in both groups**
  - Subthemes: making patients feel judged, causing guilty feelings, dishonesty
- 42% of MDs and 23% of PIAs said there were no disadvantages**
- Preexisting cancer was mentioned by both groups and time was mentioned by MDs

#### Conclusions

- Currently variability in how alcohol is addressed, but SBI was felt to be an acceptable method of screening**
  - Structural implementation would be beneficial
- Timing of screening can be individualized in practice
- Non-physician team members can facilitate screening
- Conversations should be non-judgmental
- Predominant barriers were time and concern for patient's thoughts and feelings
- Predominant facilitators were structural implementation, patient motivation, and team-based care

#### References and Acknowledgments

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**Written Lay Abstract:**

Drinking alcohol can increase the chance of getting cancer, cause complications during cancer treatment, increase the chance of recurrence (getting cancer again), and increase the chance of dying from cancer. Having more than 14 drinks in a week is called excessive or hazardous drinking because it is linked to worse cancer and health outcomes.

2 out of 3 adults being treated for cancer continue to drink alcohol, and 1 in 3 of these adults do hazardous drinking. Wisconsin has one of the highest hazardous drinking rates in the US.

The US Preventive Services Task Force recommends that healthcare workers screen adults using Screening and Brief Intervention (SBI) for alcohol drinking. This SBI is very good at lowering hazardous drinking, but we do not know how best to start using it in cancer clinics.

To see how the SBI for alcohol drinking could be used in cancer clinics, the researchers interviewed 12 oncologists (cancer doctors), and 13 people who were cancer survivors, cancer patients, caregivers of cancer patients, or cancer patient advocates.

Researchers asked what they knew about alcohol and cancer, how oncologists talk to their patients about alcohol, what they knew about the SBI for alcohol, and their thoughts on starting to use the SBI.

Researchers found that none of the people interviewed knew about the SBI for alcohol. Only half of the oncologists talked to patients about alcohol as a risk factor for cancer. Everyone thought that the SBI was a good idea to use in cancer clinics, though. Patients and advocates shared that it is important to talk about alcohol use in a non-judgmental way, but oncologists usually did not mention this.

# How to talk about alcohol and cancer risk

## What's the problem?



2 in 3 adults with cancer drink alcohol, but often do not know this can cause worse health outcomes



## What did we study?

We asked 12 cancer doctors and 13 people with cancer experiences about how to discuss alcohol drinking and cancer risk.

## What did we find?

Cancer doctors do not regularly talk with patients about alcohol and cancer risk. Patients want doctors to talk with them about alcohol in a non-judgmental way.

## What's next?

In cancer settings, doctors can use a tool called Screening and Brief Intervention for alcohol drinking and non-judgmental terms to talk about alcohol and cancer risk.



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