

# Trends in the 2012 Eisai Oncology Digest : Counseling and Communication of Cancer Treatment

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## Introduction

This is the second article in a 3-part series discussing results from a recent survey of 418 patients with cancer.<sup>1</sup> Patient demographics and details on cancer types and treatment were published in the first article of this series.<sup>2</sup> This article discusses patients' perceptions of the communication and counseling they received during cancer therapy.

It is important for healthcare professionals to communicate effectively with patients in a manner that ensures treatment efficacy, safety, and compliance. Professional organizations, such as the Commission on Cancer (CoC)<sup>3</sup> of the American College of Surgeons and the American Society of Clinical Oncologists (ASCO),<sup>4</sup> continue to call for proper treatment summaries and other forms of communication to be part of treatment plans. Effective communication and counseling should be considered an essential part of cancer treatment to ensure that patients adhere to, and are part of, the treatment plan.

Because cancer can impact patients of all ages, it is imperative for healthcare professionals to know from where patients are getting information and with whom they are sharing that information. Moreover, technology has increased the ways in which healthcare information is communicated. This article highlights patient communication preferences and describes how they have changed in recent years.

## Treatment Coordination

An essential part of cancer therapy is coordination of patient care. A variety of people were identified as the primary coordinator of care, including surgeons, oncologists, family members, nursing staff, family physicians, and patient navigators. Of those, patients most often identified surgeons and oncologists/hematologists as the coordinator; patient navigators (eg, social workers, nurse case managers) were identified least often.

It should be noted that the patient navigator is a relatively new role. In 2012, however, the CoC added a new accreditation standard requiring cancer programs to phase in a process for patient navigation by 2015.<sup>3</sup> Therefore, patient navigators will likely increase

in prominence over time. Also, patient-centered medical homes, specific to oncology, are embracing the use of a patient navigator-type position to facilitate care coordination and patient involvement.<sup>5,6</sup>

One further interesting observation from the survey was that preferences

were different based on sex and age (Table 1). Men and older patients tended to rely on traditional healthcare providers like family physicians for information, whereas women and younger patients were more inclined to get information from patient navigators and oncology nurses.

## Treatment Counseling

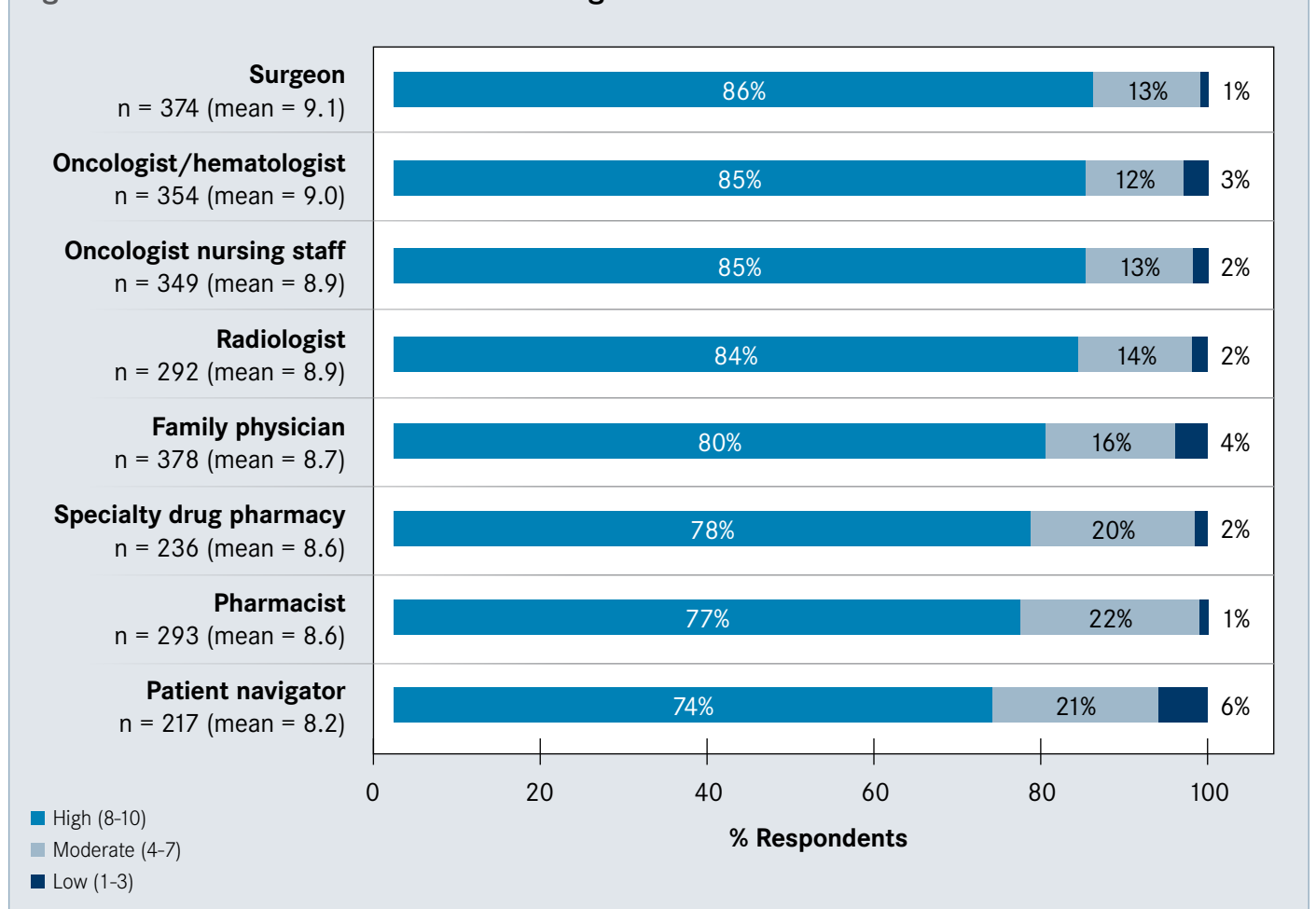
Patients were asked which person on their care team provided treatment counseling, and their level of satisfaction. As shown in Figure 1, most patients gave moderate or high scores of satisfaction to the healthcare professional who provided treatment

**Table 1. Main Care Coordinator in the Survey Population**

Care Coordinator	Age, y			Sex	
	21-54	55-64	65-84	Male	Female
	% by Age			% by Sex	
Surgeon (n = 137)	29	33	39	47	53
Oncologist (n = 130)	31	33	36	43	57
Family/spouse (n = 109)	39	28	34	51	49
Yourself (n = 95)	30	41	30	35	65 <sup>a</sup>
Oncologist's nursing staff (n = 93)	43 <sup>a</sup>	32	25	30	70 <sup>a</sup>
Family physician (n = 84)	31	31	38	57	43
Patient navigator (n = 43)	54 <sup>a</sup>	30	16	33	67

<sup>a</sup>Denotes a statistically meaningful difference between columns/rows (+/- 10% at the 95% confidence level).

**Figure 1. Patient Satisfaction With Counseling**



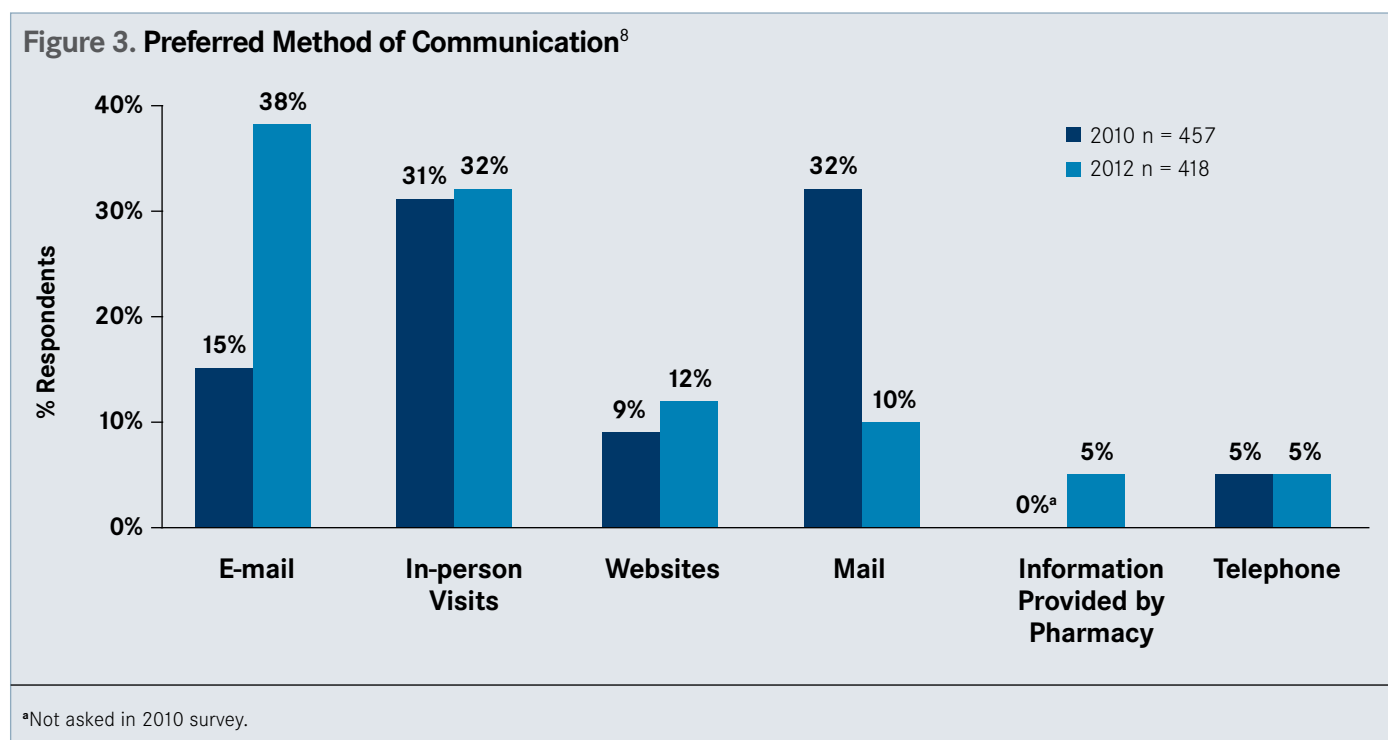
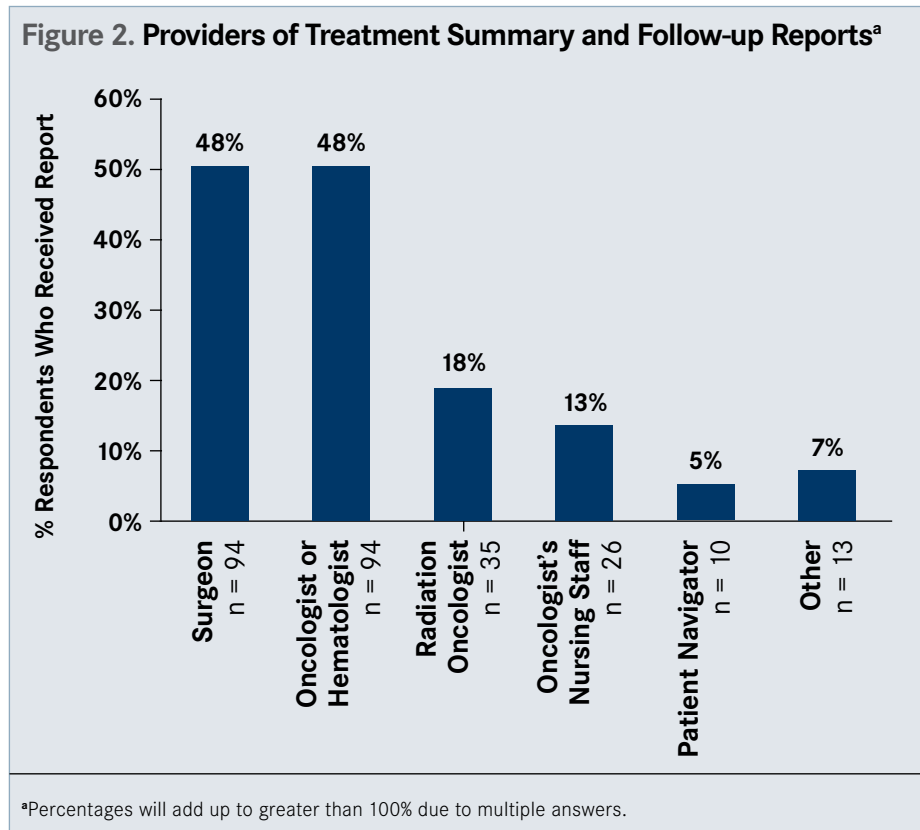
counseling. Surgeons and oncologists received the highest scores for satisfaction.

The list of topics covered during counseling was extensive. Almost all patients (95%) stated that they received information about follow-up care. Most patients also received counseling about pain

management (65%), nutrition/exercise (62%), palliative care (51%), and chemotherapy plans (51%). Less than half of the respondents were provided counseling or information on life expectancy, support for family/caregivers, clinical trials, will planning, financial planning, or hospice care.

**Table 2. Percentage of Patients Receiving a Cancer Treatment Summary or Follow-up Report**

Answer, %	Total (n = 418)	Currently Have Cancer (n = 151)	Cancer Free (n = 267)
Yes (n = 197)	47	49	46
No (n = 189)	45	47	44
Not sure/can't remember (n = 32)	8	4	10



**Cancer Treatment Reports**

Given the CoC's accreditation standard requiring cancer programs to phase in "a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment,"<sup>3</sup> and the plethora of templates available for treatment planning,<sup>4</sup> patients were asked if they had received a treatment summary or transition plan. As shown in Table 2, only half of respondents received such counseling. This was quite surprising, especially in patients who have completed treatment (ie, the cancer-free group).

Of the 197 patients who received a treatment summary or follow-up report, most obtained the report(s) from their surgeon (48%) or oncologist/hematologist (48%) (Figure 2). Surprisingly, only 18% of reports were communicated by the radiation oncologist, even though more respondents underwent radiation therapy (51%) than chemotherapy (41%). The American Medical Association's (AMA's) Physician Consortium for Performance Improvement developed 2 quality performance measures to document whether the treatment summary was communicated to the patient by the medical oncologist or radiation oncologist, respectively.<sup>7</sup>

Written treatment summaries were well utilized. Most patients (96%) shared the report with other healthcare providers. Summary reports were commonly shared with the patients' family physician (77% of patients) or with other specialists (57%). Sharing the report with a family member was also common (61%), but the reports were rarely communicated to the patient navigator (5%) or pharmacist (5%).

**Sources for Health Information**

The survey also asked patients how they obtained most of their health information. Most patients (83%) relied

on their doctor/doctor's office as their main source of healthcare information. The Internet was the second most common source of healthcare information, with 62% of respondents reporting its use. Common websites for information included WebMD (36%), the Mayo Clinic (13%), the American Cancer Society (12%), and the Leukemia & Lymphoma Society (4%). Survey respondents indicated that e-mail was the preferred method for communication of health information; this is in sharp contrast to 2 years ago, when postal mail was frequently selected (Figure 3).<sup>8</sup>

**Conclusion**

Results from this survey indicate that surgeons and oncologists are the most likely healthcare professionals to provide counseling and treatment summaries to patients. While counseling was commonly practiced, the required treatment summary report at the end of therapy was only given to half of the patients who participated in this survey. It remains to be seen whether the advent of patient navigators improves patient communication and reporting. However, there appears to be room for improvement based on recommendations by the CoC and the AMA. The last article in this series will examine insurance and cost obstacles in cancer treatment. **EBO**

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