IASLC 2020 World Conference on Lung Cancer Submission

Title: Treatment Decision-Making and Decisional Support Experiences Among Lung Cancer Patients and Survivors

Authors: Elissa C. Kranzler, PhD, Erica E. Fortune, PhD, Melissa F. Miller, PhD, MPH, Kelly Clark, MA, Jemeille Ackourey, MPH, Linda Bohannon, RN, BSN, MSM, Heather Badt, MBA, LSS, Corey J. Langer, MD, FACP, and Alexandra K. Zaleta, PhD

Background: With recent advances in early detection of lung cancer, biomarker testing, and personalized treatment planning, effective patient-provider communication is more important than ever for short- and long-term survivorship. Open communication between patients and clinicians about treatment options and cancer experience is a critical step toward collaborative treatment decision-making (TDM). We characterized lung cancer patient experiences regarding TDM and satisfaction with health care team (HCT) communication.

Methods: Eligible patients and survivors enrolled in Cancer Support Community's online survey, the Cancer Experience Registry®. Survey items assessed participants' knowledge about treatment options prior to decision-making, involvement in the TDM process, perceived preparation to discuss treatment options with their doctor, (response options for these three items: *0=Not at all* to *4=Very much*), and desire for additional support prior to treatment decision-making (*Yes/No*). Frequencies and correlations between these items and socio-demographic and clinical history measures were examined.

Results: Of 360 patients enrolled, 276 completed survey items pertinent to TDM. The sample was 67% female and 86% White. Mean age was 61.8 years (SD=10.9). 61% reported an annual household income of <$60,000; 73% indicated at least some college. 82% reported NSCLC and 19% had SCLC; mean time since diagnosis was 3 years (SD=5.1). 23% experienced a recurrence, and 39% were ever metastatic. 76% received chemotherapy, 28% immunotherapy, and 58% reported current treatment. 67% of participants reported they were *quite a bit* or *very much* involved in their TDM process; only 34% indicated they were *quite a bit* or *very much* knowledgeable about treatment options prior to TDM. 38% would have liked more support prior to TDM; only 40% indicated they felt *quite a bit* or *very much* prepared to discuss treatment options with their doctor. Preparation to discuss treatment options was correlated with greater knowledge about treatment options (r=.51, p<.001) and involvement in the TDM process (r=.52, p<.001). Higher income was correlated with greater preparation (r=.24, p<.01), knowledge (r=.27, p<.01) and involvement (r=.19, p<.01), and higher education was correlated with greater knowledge (r=.13, p<.05). Females reported greater preparation than males (t=2.69, p<.01). There were no significant differences in TDM by age, race, or lung cancer type.

Conclusions: Though most lung cancer patients and survivors reported considerable involvement in TDM, half as many reported high levels of knowledge about treatment options prior to TDM. Relatively few felt prepared to discuss treatment options with their doctor and many indicated a desire for additional support prior to TDM. Individuals with less education reported less TDM knowledge, and those with less income reported less TDM knowledge, preparation and involvement, suggesting that individuals with lower income may have less access to TDM resources compared to their economically advantaged counterparts. Results suggest involvement alone is insufficient for an informed TDM experience, and highlight a need for additional resources (e.g., TDM guides, in-person counseling) to enhance HCT communication surrounding TDM for individuals with lung cancer, particularly for economically disadvantaged individuals. Such efforts may provide patients better knowledge about treatment options, thus enhancing their preparation to discuss and select the appropriate treatment pathway.