



Headquarters Office:
734 15th Street, NW Suite 300 Washington DC 20005
202.659.9709 Phone 202.974.7999 Fax 888.793.9355 Toll Free

New York City Office:
165 West 46th Street, Suite 805 New York, NY 10036
917.305.1200 Phone 212.967.8717 Fax

Research & Training Institute:
4100 Chamounix Drive, Fairmount Park Philadelphia, PA 19131
267.295.3000 Phone 202.974.7999 Fax

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Treatment Decision Priorities and Decisional Support Experiences of Gastric Cancer Survivors

Linda House, RN, BSN, MSM¹, Melissa F Miller, PhD¹, Alexandra K Zaleta, PhD¹, Shauna McManus, BS¹, Crystal S Denlinger, MD, FACP², Julie S Olson, PhD¹, Joanne S Buzaglo, PhD¹

¹Cancer Support Community, Washington, DC

²Cancer Support Community, Research and Training Institute, Philadelphia, PA

³Department of Hematology/Oncology, Fox Chase Cancer Center, Philadelphia, PA

Background: With newer gastric cancer (GC) treatment combinations and targeted therapies, it is important for patients to understand treatment options and their impact. We examined GC patient priorities in treatment decision-making (TDM) and satisfaction with health care team (HCT) communication.

Methods: Through the Cancer Experience Registry, 50 GC survivors (42% stomach, 42% esophageal, 16% GIST) rated importance of cost of care (CoC), length of life (LoL), quality of life (QoL), and family impact for TDM, and satisfaction with TDM and treatment outcomes. We evaluated associations between treatment, socio-demographic, and clinical variables via Spearman correlations.

Results: Participants (pts) were 82% White, 58% female, mean age 62 years ($SD=11$); 5 ($SD=8.3$) years since diagnosis. 76% received chemotherapy; 71% radiation; 21% biological and 33% targeted therapy. The most important TDM factor was QoL (94% quite a bit or very much), then family impact (74%), LoL (72%), and CoC (25%). Pts felt involved in TDM (69%), but less knowledgeable about options (54%) or prepared to discuss options with the HCT (43%). Few received decision support prior to TDM (34%), though only 38% wanted more support. Few were satisfied with discussions around CoC (27%), but were largely satisfied, however, with how decisions were made (63%), level of participation (65%), treatment outcome (65%), and HCT explanation of risks and side effects (65%) ($p<.01$). TDM satisfaction was associated positively with knowledge ($\rho = .63, p<.001$), level of involvement ($\rho=.40, p<.01$), and preparedness to discussion options ($\rho=.41, p<.01$), and negatively with age ($\rho=-.30, p=.049$). Treatment outcome satisfaction was associated positively with knowledge ($\rho=.42, p<.01$) and preparedness ($\rho=.36, p=.02$). LoL and CoC importance were positively associated with preparedness ($\rho=.46, p<.01$ and $\rho=.58, p<.001$, respectively); CoC importance was negatively correlated with age ($\rho=-.45, p=.02$).

Conclusions: Many GC survivors are not fully prepared to discuss treatment options with their HCT. Pts were largely unsatisfied with CoC discussions. Enhanced HCT communication about treatment options, especially regarding symptom burden and finances, is necessary.