



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

2018 ASCO Annual Meeting, June 1-5, Chicago, IL

Treatment Decision-Making Priorities and Satisfaction among Melanoma Survivors

Joanne S. Buzaglo, PhD¹, Melissa F. Miller, PhD¹, Shauna McManus, BS¹, Niraj Gupta², MD, Alexandra K. Zaleta, PhD¹

¹Cancer Support Community, Research and Training Institute, Philadelphia, PA

²St. Vincent Cancer Care, Carmel, IN

Background: Understanding priorities in making treatment decisions is essential for shared decision-making. This study examined patient priorities in making melanoma treatment decisions and satisfaction with health care team (HCT) communication.

Methods: Of 114 melanoma survivors enrolled in the Cancer Experience Registry, 72 completed questions about treatment decision-making (TDM). Respondents rated (0=*Not at all*; 4=*Very much*) the importance of cost of care (CoC), length of life (LoL), quality of life (QoL), and family impact when making a treatment decision and rated satisfaction with the TDM process and treatment outcomes. Associations between treatment-related variables and socio-demographic and clinical variables were examined via Spearman correlations.

Results: Participants were 93% White, 72% female; mean (SD) age 54 (13) years, 4.8 (8.0) years since diagnosis; 35% received chemotherapy; 35% radiation; 25% targeted therapy; 25% biological and 59% immunotherapy. The most important factor for TDM was QoL (96% quite a bit or very much), followed by LoL (86%), family impact (84%), and CoC (29%). 64% were quite a bit or very much involved in TDM; 43% felt knowledgeable about options; 35% were prepared to discuss options with their HCT. 27% received decision support prior to TDM; 39% wanted more support. Fewer participants were satisfied with HCT discussion of CoC (43%) than with how a decision was made (68%), level of TDM participation (65%), and HCT explanation of treatment risks and side effects (62%; $p < .001$). Satisfaction with TDM process was associated with knowledge before TDM ($\rho = .46$, $p < .001$), level of involvement ($\rho = .58$, $p < .001$), feeling prepared to discuss options ($\rho = .59$, $p < .001$), and metastatic disease ($\rho = .25$, $p = .04$). Satisfaction with treatment outcome was associated with knowledge ($\rho = .24$, $p = .04$), involvement ($\rho = .43$, $p < .001$), and preparation ($\rho = .41$, $p < .001$).

Conclusions: Many melanoma survivors do not feel fully knowledgeable about nor prepared to discuss treatment options with their HCT, and were not satisfied with cost of care discussions. These results support enhanced HCT communication around treatment options, especially regarding the impact of treatment on symptom burden and finances.