

Knowledge and skill gaps in the treatment and management of patients with endometrial cancer: A mixed-methods needs assessment in the US

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Objectives

Assess:

- Knowledge, skill, confidence levels of healthcare professionals (HCP) treating endometrial cancer (EC)
- EC patients' perspective of their relationship with HCPs and engagement in decision-making

Identify:

- Gaps and barriers to optimal care delivery

Methods & Sample

Phase 1

Thematically analyzed interviews (n=42)
June-Aug. 2020

Participants	Interviews	Surveys
Medical Oncologists (MO)	8	48
Gynecologic Oncologists (GO)	8	45
Nurse Practitioner /Physician Assistants (NP/ PA)	8	46
Clinical Pharmacists (CP)	4	33
Clinical Oncology Pharmacy Specialists (COP)	4	14
Patients with endometrial cancer	10	35
Total Sample	42	221

Phase 2

Surveys with nominal answer choices, Likert-type, and 100-point visual analogue scales (n=221)
Nov-Dec. 2020

Results

% of surveyed HCPs who reported sub-optimal knowledge of side effects of:

1. immunotherapy*
2. tyrosine kinase inhibitors*
3. multi-kinase inhibitors*
4. mTOR inhibitors*

% of surveyed HCPs who reported sub-optimal skill managing patient expectations for:

5. Sub-optimal skill adjusting the dose of a targeted therapy*
6. hysterectomy*
7. radiation therapy*
8. hormone therapy*
9. chemotherapy*
10. targeted therapies*

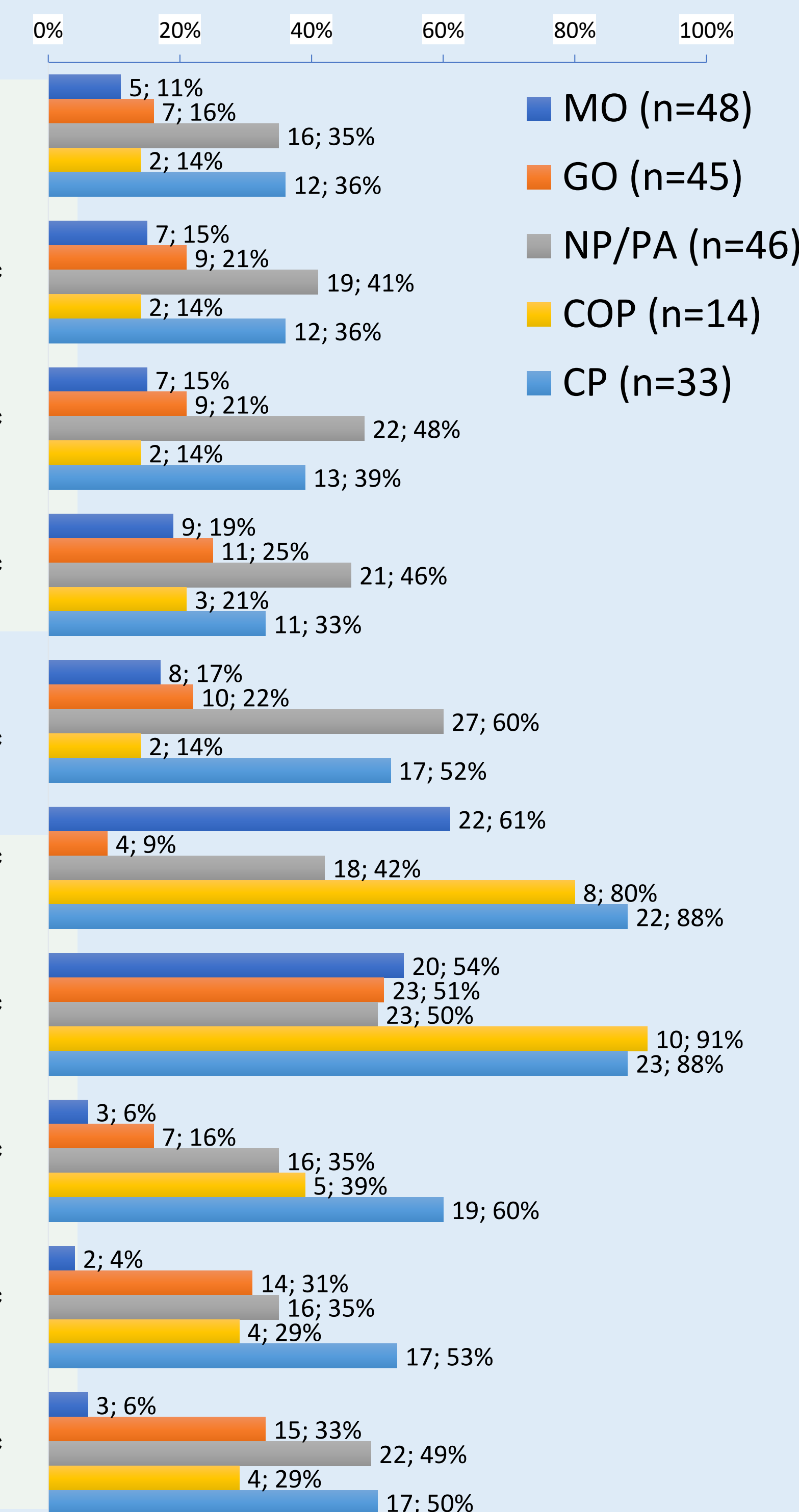


Figure 1. Description: Number and percent of HCP in the survey who rated their knowledge or skill levels with presented items as "none", "basic" or "intermediate" as opposed to "advanced" or "optimal". *Significant difference between four professions (MO, GO, NP/PA and CP/CPO) at p-value < 0.05 as found in a Chi-square statistical test. Significant differences between CP and CPO could not be calculated due to insufficient sample size and are presented for descriptive purposes only.

Interviewed HCPs expressed need for call to action, realistic expectations and coordinated care:

"I think that the conversation in advanced or recurrent disease are very challenging when patients don't want to believe that the outcomes are likely to be bad."

– Gynecologic Oncologist, Academic

"I would say just more coordination. Coordination and care, as you mentioned, other specialties and disciplines is very important."

– Medical Oncologist, Community

Patient perspectives

< 50% of the surveyed patients received educational material related to EC

Educational materials related to:

- Side effects (93%, 20/35)
- Targeted therapies (60%, 13/22)
- Sexual health and/or fertility (53%, 11/22)

Interviewed patients expressed a lack of engagement in conversations with HCPs pertaining to treatment, side-effects and next steps (especially at advanced stages):

"I wish that they had done more education with me. I think sometimes they just forget that not everybody is doing what they do every day, all day."

– Patient, Stage 3 or 4

34% (12/35) of surveyed patients never, rarely or sometimes knew what would be the next step in their treatment plan

Study limitations:

- Descriptive exploratory study
- Small sample sizes
- Based on self-reported data
- Recruited from online panels

Note: Triangulation of sources, methods, interpretations were used to increase trustworthiness of the data

Conclusions

Future education should support the acquisition and integration of knowledge and skills related to the dosing of targeted therapies and side effect management. Patients and HCPs would benefit from readily available educational materials and more collaborative treatment plan discussions.

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Inclusion and exclusion criteria

HCPs: ≥3 years of practice experience; actively practicing in the US; GO caseload ≥5 EC patients for surgical treatment / month and ≥5 for medical treatment / month; Non-GO caseload ≥4 patients with EC / month. Exclusion: CP/COP who worked exclusively in retail settings.

Patients: Age ≥18; residing in the US; diagnosed for ≥3 months with endometrioid or non-endometrioid cancer. Exclusion: uterine sarcoma.