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

Ginny Jacobs PhD, M. Ed, CHCP, FSACME AXDEV Global Inc., Virginia Beach, VA
Don G. Dixon MD, Department of Medical Oncology, Lifespan Cancer Institute, Rhode Island Hospital, Providence, RI
Monica Augustyniak MPH, AXDEV Group Inc., Brossard, QC, Canada
Judith A. Smith PharmD, BCOP, CPhG, FCP, FISOPP Department of Obstetrics, Gynecology and Reproductive Sciences, University of Texas Health, McGovern Medical School & UT Health-Memorial Hermann Cancer Center, Houston, TX

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
Thematic analysis of interviews (n=42)
June-Aug. 2020

Participants
- 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* 60%
2. tyrosine kinase inhibitors* 40%
3. multi-kinase inhibitors* 40%
4. mTOR inhibitors* 30%
5. Sub-optimal skill adjusting the dose of a targeted therapy* 30%
6. hysterectomy* 20%
7. radiation therapy* 20%
8. hormone therapy* 20%
9. chemotherapy* 20%
10. targeted therapies* 20%

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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References


[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 differences between four professions (MO, GO, NP/PA and 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.

Patient perspectives

Interviewed HCPs 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.”

43% (22/52) of surveyed patients received educational material related to EC

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

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

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

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– 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

Inclusion and exclusion criteria

HCPs: ≥3 years of practice experience; actively practicing in the US; GO caseload ≥6 EC patients for surgical treatment / month and ≥6 for medical treatment / month; Non-GO caseload ≥4 patients with EC / month. Exclusion: CP/CPH 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.

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