

Perceived Barriers to Optimal Management of Breast, Colorectal, and Lung Cancer by Oncologists

Gregory D. Salinas, PhD, B. Stephen Burton, MS, Christy Cheatham, MS, Chad Williamson, MS, and Maziar Abdolrasulnia, PhD

CE Outcomes LLC, Birmingham, AL

Background

Over 560,000 new cases of breast, colorectal, and lung cancer are estimated to occur within the United States in 2009.¹

Even with the availability of clinical practice guidelines and new agents designed for the treatment of cancer, gaps in optimal healthcare and cancer management in the US have been consistently reported.² Barriers to optimal management of cancer may contribute to these gaps in care.

The purpose of this study was to aggregate the results of several focus group sessions with US oncologists in order to identify key barriers oncologists perceive when managing patients with breast, colorectal, and non-small cell lung cancer (NSCLC).

Methods

In order to gather comprehensive and prioritized lists of barriers oncologists face, we conducted nominal group technique (NGT) sessions with United States-practicing medical and surgical oncologists. The NGT is a facilitated systematic and structured group approach to elicit and prioritize the responses of a panel addressing complex issues,^{3,4} and has been applied to analysis of continuing medical education (CME).⁵ The sessions involve the following steps:

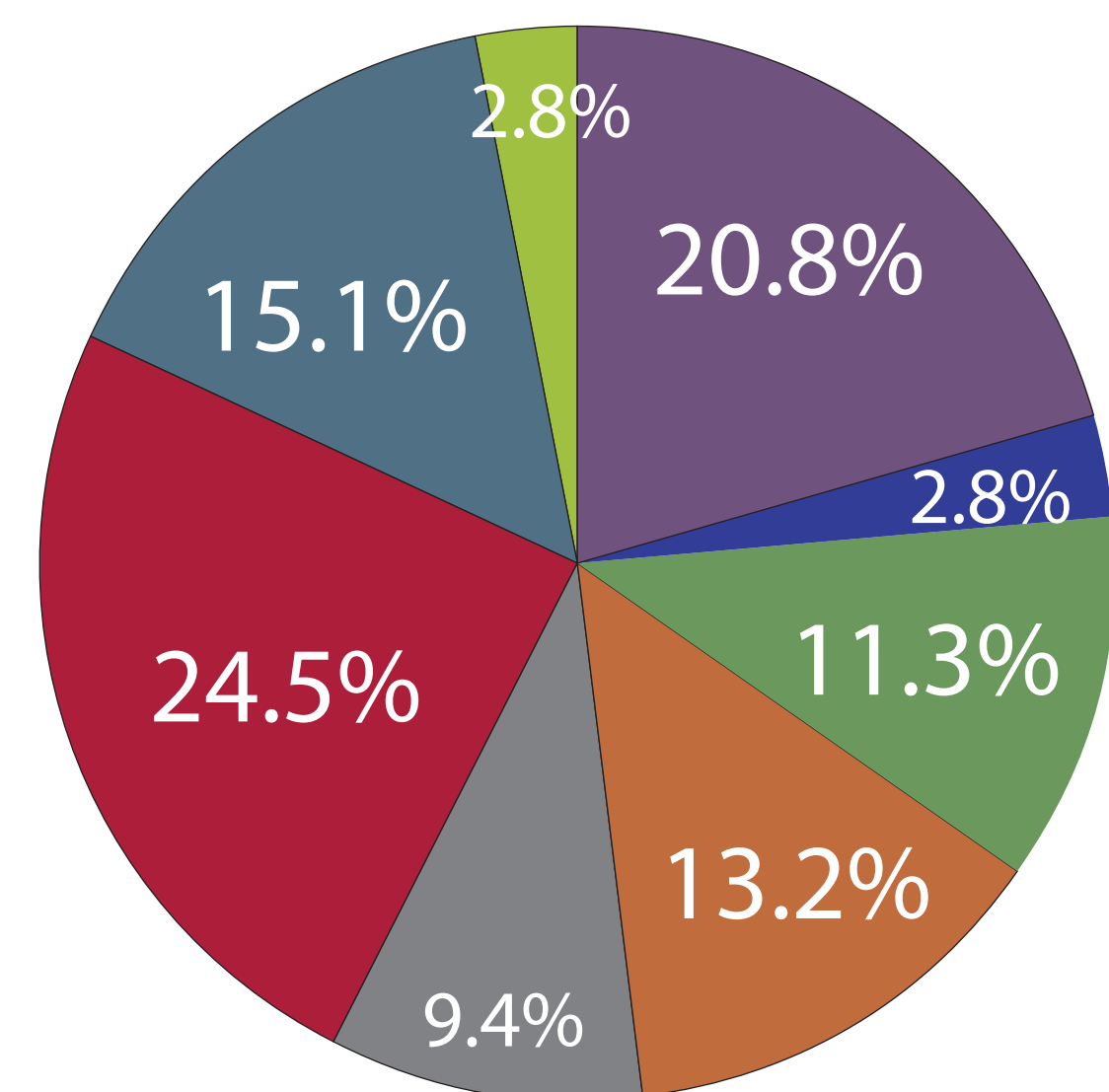
- 1) silent written generation of responses to a question;
- 2) round-robin recording of responses;
- 3) discussion for clarification and aggregation;
- 4) prioritization of responses.

Two NGT sessions for each of the tumor types (6 panels in all addressing breast, colorectal, and non-small cell lung cancer) were conducted with a combined total of 44 physicians. The panels were asked to generate a list of barriers that they and their colleagues face when managing these cancer types, followed by prioritization of the barriers with the greatest impact on management and barriers best addressed by CME. The prioritization allowed each panelist to weight the most important responses with a score -- the response perceived as top priority is awarded 3 points; second priority, 2 points; third, 1 point.

These barriers were aggregated from all 6 sessions and classified into categories⁶ and subcategories. Each category was weighted based on the accumulated prioritization scores of each barrier response to show key areas of concern for oncologists, including top overall barriers and those that can best be addressed by CME.

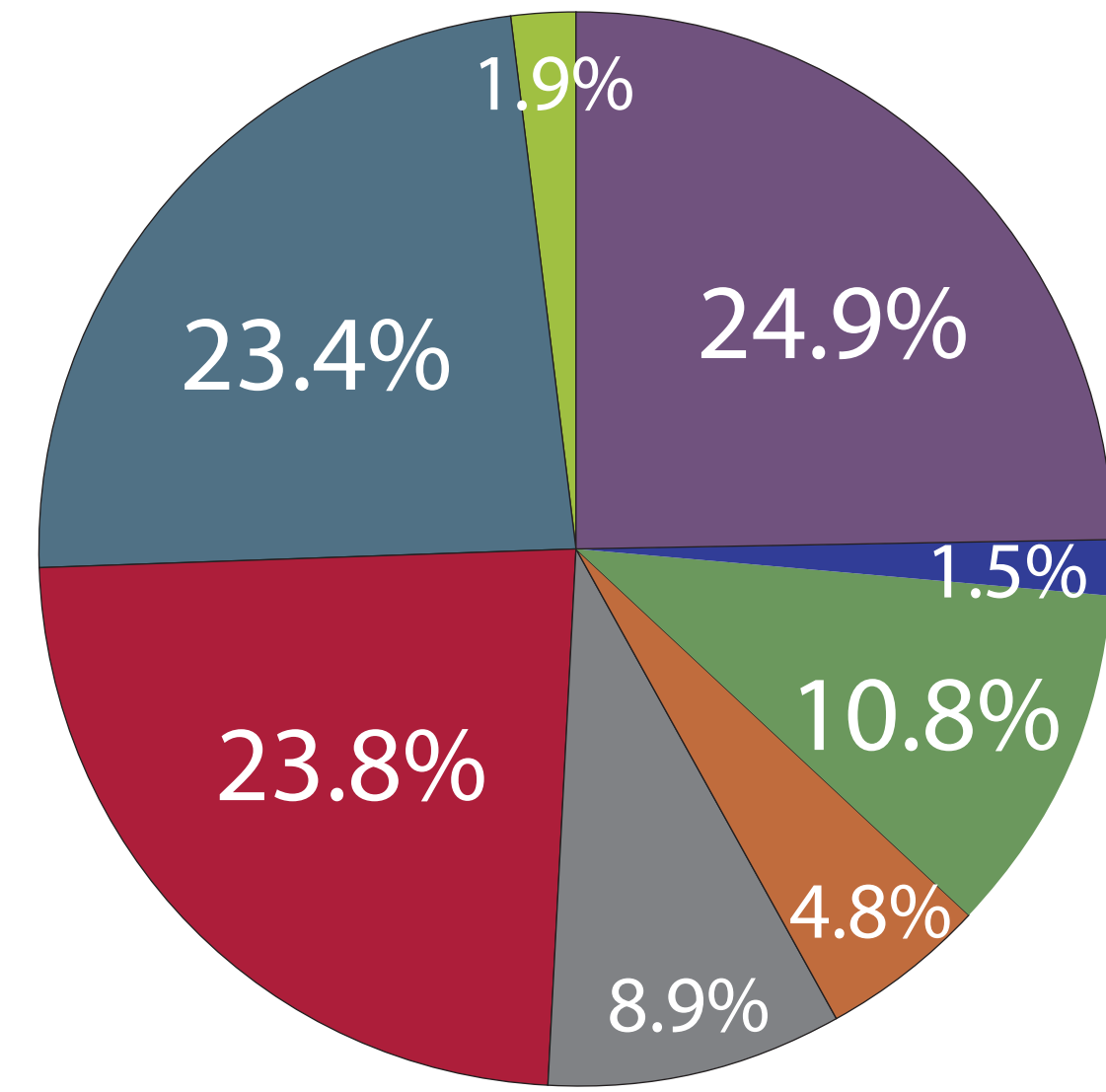
Results

Proportion of Elicited Barriers



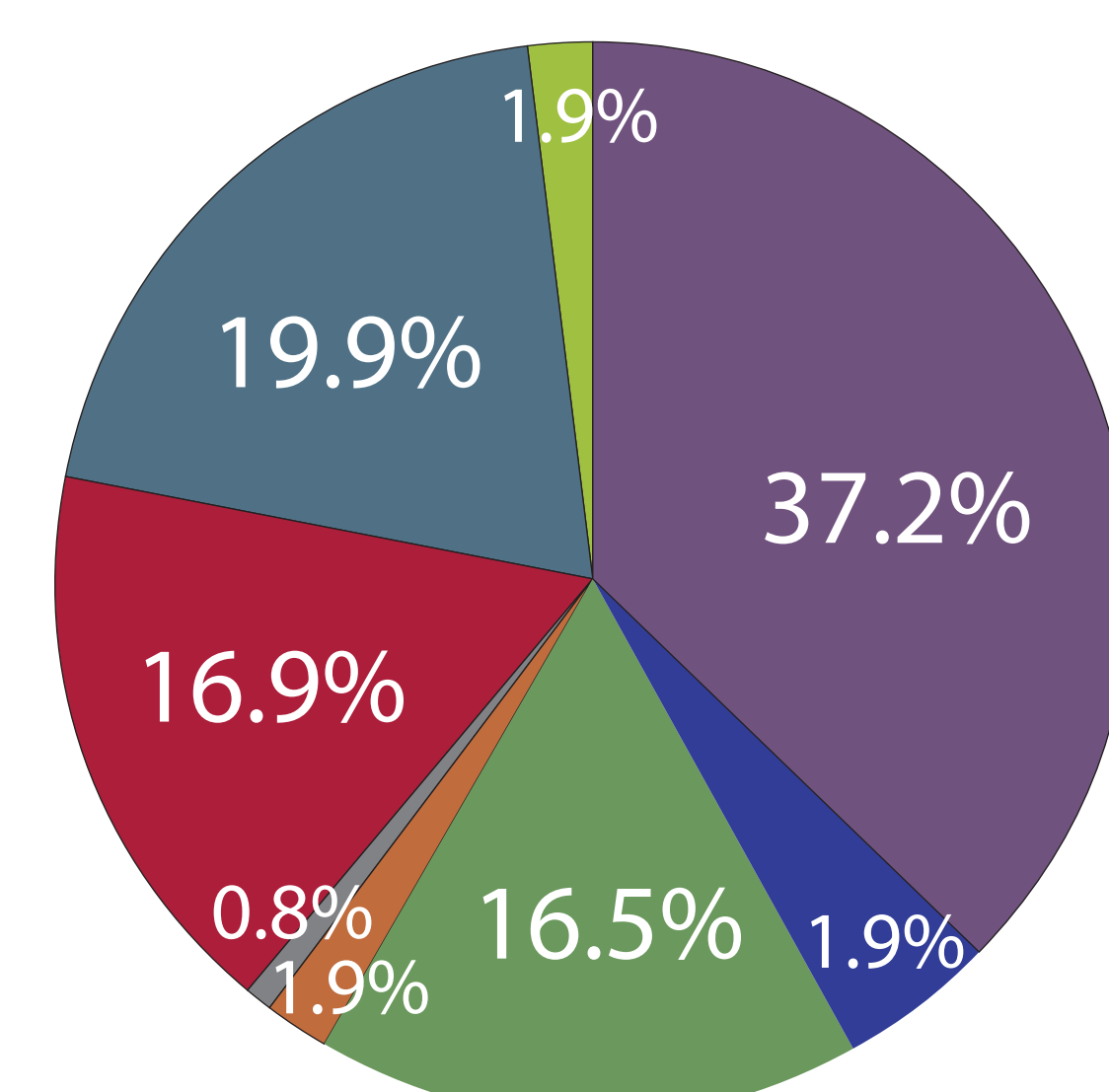
106 barriers were elicited from the 44 physicians.

Prioritized Proportion of Barriers

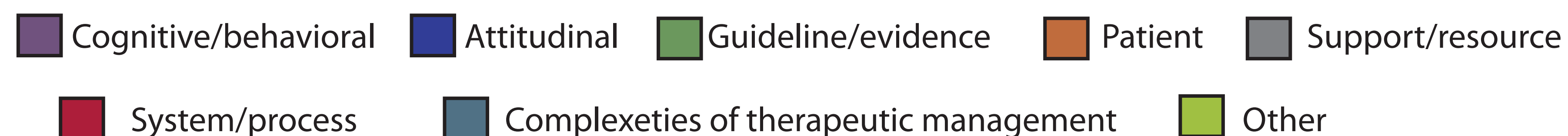


Out of 269 points attributed to identifying top barriers, nearly 3/4 were barriers associated with *cognition/behavior*, *system/process*, and *complexities of therapeutic management*.

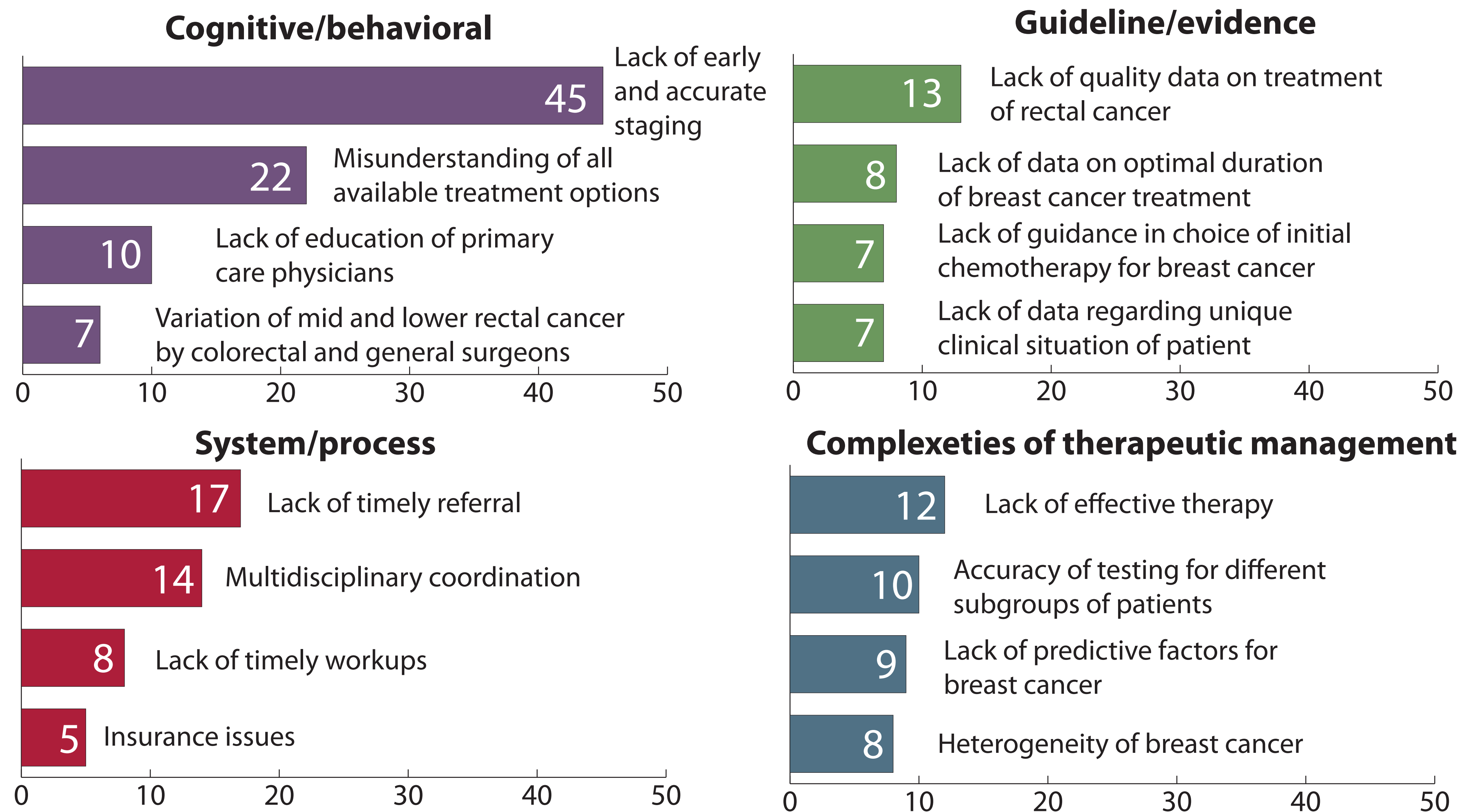
Prioritized Barriers To Address By Education



Out of 266 points attributed to identifying top barriers to address by education, more than 1/3 were barriers associated with *cognition/behavior*.



Top Barriers To Address By Education



Values indicate combined prioritization scores from 6 NGT sessions

Conclusions

While barriers elicited from medical and surgical oncologists are well-distributed within each of the categories, certain categories project as more important when prioritized.

The weighted proportions of barriers change when considering top barriers and those best addressed by CME. *Cognitive/behavioral*- and *guideline/evidence*-based barriers increase in weight when education is considered. Oncologists view these topics as important areas that are well-suited for future CME. Barriers associated with *system/process* and *complexities of therapeutic management* are perceived as important, but may not be as easy for CME to address.

When concentrating on barriers that can be best addressed by CME, the category of *cognition/behavior* comes to the forefront. This is no surprise, as this category captures issues of knowledge that are well-covered by traditional CME. The barrier viewed as most important for CME to address is a lack of early and accurate staging, which was highlighted in each session.

Educational Implications

Oncologists perceived that educational interventions were best suited to manage cognitive/behavioral and guideline/evidence barriers. Within these categories, oncologists viewed the most important topics to be on early and accurate staging, increased understanding of all available treatment options, and improved data on treatment of rectal cancer and optimal duration of breast cancer treatment.

Other barriers more related to the medical system or the specific individual difficulties in managing cancer were also viewed as important areas to address by CME. Such topics include education on ensuring timely referral and multidisciplinary communication.

References

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Greg Salinas, PhD
CE Outcomes LLC
greg.salinas@ceoutcomes.com
205-259-1500

