

# Assessing Barriers to Early Breast Cancer Management in a Group of Community Based Oncologists and Oncology Nurses



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## Background

Breast cancer is the most common malignancy among U.S. women, with more than 200,000 new cases diagnosed annually.<sup>1</sup> In the U.S., mortality from breast cancer has declined in recent years as a result of the following:

- more extensive screening, leading to detection of breast cancer in early stages in more than 90% of cases,<sup>2</sup>
- advances in the adjuvant treatment of early-stage disease.

Despite the availability of guidelines and best practices, oncologists and other oncology healthcare providers face numerous barriers to optimal breast cancer care.

The purpose of this study was to gain a better understanding of these issues from the perspective of the oncology healthcare providers.

## Methods

A needs assessment was conducted with two separate panels of oncologists and oncology nurses using nominal group technique (NGT). A total of seventeen participants were obtained in both NGT's.

The structured NGT sessions were one-hour in duration and were moderated by a health researcher. The NGT includes the following steps:

- 1) silent generation of responses to a question;
- 2) round-robin recording of the generated ideas;
- 3) serial discussion for clarification; and
- 4) prioritization of responses according to common themes.

The purpose of this study was to gain a better understanding of these barriers from the perspective of oncology healthcare providers.

The highly structured format of the session promotes equal involvement of participants while controlling evaluative discussion and reducing power differentials among participants.

As a rule, NGT sessions tend to elicit a greater volume of information regarding some specified issue when compared to unstructured focus group meetings.

Because the session tends to promote even rates of participation and equally weighs the input from all group members, the results are assumed to provide a direct reflection of the implicit views held by a group.

Panel was asked: "What are the barriers that oncologists face in managing patients with early breast cancer?"

After the generation of responses, each panel was asked to prioritize responses by voting for the three most important barriers that oncologists face in managing patients with early breast cancer

What are the barriers that oncologists face in managing patients with early breast cancer?

Session 1:				
What are the three most important barriers that oncologists face in managing patients with early breast cancer?	# of Votes	Votes Assigned	Sum of Votes	
Potential long-term and short term side effects of adjuvant chemotherapy and hormonal therapy - the effect of herceptin on heart function in long-term treatment and overcoming barriers of side effects	8	2, 3, 2, 2, 2, 2, 2, 3	18	
Inability to use certain drugs because of insurance issues, especially in the later part of treatment - for new drugs, trying to get them financed, which is a big problem - the reimbursement issues for doctors and patient financial issues if secondary options aren't available	4	3, 3, 3, 1	10	
The oncologist staying up with the rapidly moving field and new data - integrating new data, such as oncoprint, in treatment choice	3	1, 3, 3	7	
Prior authorizations for all treatment (new drugs, visits, etc.)	2	3, 1	4	
The age of the patient, in early breast cancer patients	2	2, 1	3	
Good communication between the surgeon, medical oncologist, and radiation oncologist	2	1, 2	3	
Length of the adjuvant therapy in the her-2/neu receptor positive breast cancer	1	1	1	
Any educational barriers patient might have in treatment options - patient educational status and how much do patients really understand what is explained to them	1	1	1	
Delays in getting reports, including obtaining receptor status in and confirming her-2/neu receptor status when we don't have a FISH	1	1	1	

# of votes = the number of participants who assigned a vote to that item  
 Votes assigned = the weight of each assigned vote (a ranking of most important receives 3 votes, a ranking of least important receives one vote, and the remaining responses receive 2 votes)  
 Sum of Votes = the sum of the weighted votes from the assigned votes

## Barriers Generated by Panelists

- Panelists generated a total of 48 barriers to optimal breast cancer care.
- Barriers fell into 2 distinct categories, patient centered and practice centered

### Patient Centered Themes

Patient education  
 Psychosocial factors  
 Adherence/screening  
 Access to care  
 Patient preferences

## Session 2:

What are the three most important barriers that oncologists face in managing patients with early breast cancer?	# of Votes	Votes Assigned	Sum of Votes
Reimbursement issues	4	3, 2, 2, 1	8
Lack of consensus between thought leaders on which adjuvant treatment to use - lack of consensus on appropriate therapy amongst experts	4	1, 1, 3, 3	8
Stage of disease and co-morbid issues	2	3, 2	5
Cost of the drugs, compliance issues	3	2, 2, 1	5
Time for discussion with the patient	2	2, 3	5
Lack of timely referral in early breast cancer by surgeons	2	1, 3	4
Patient fear of chemotherapy side effects	3	2, 1, 1	4
Difficulty in managing toxicity, such as hot flashes - patients with problems adjusting to medication - intolerance	1	3	3
Need good tools to determine which patients need treatment and which don't	1	3	3
Poor coordination and fragmentation of complex care - lack of concerted planning by all of the medical players	1	3	3
Patient's don't follow screening guidelines - leads to late diagnosis	1	2	2
Failure to implement clinical practice guidelines	1	2	2
Access to relevant protocols for patient situations and management	1	1	1
Patient provider miscommunication	1	1	1

## Practice Centered Themes

Physician education  
 Communication  
 Patient characteristics and comorbidities  
 Diagnostic/treatment issues  
 Reimbursement

- Session 1:
  - Diagnostic/Treatment Barrier
  - Received the most votes by participants
  - Many assigned this as their first or second most important barrier.
  - A number of physicians reported a range of barriers as their most important barrier (see Session 1 results)
- Session 2:
  - Diagnostic/Treatment Barrier and Reimbursement Barrier
  - Were the two items tied for receiving the most votes
  - Patient fear of chemotherapy side effects was rated as moderately important by one individual, and as least important by two others

## Future educational programming should focus on addressing barriers

- Practice management issues
- Care coordination logistics
  - Communication between the treatment providers
- Communication with patients
  - Related to adherence
  - Risk reduction
  - Treatment options

Panelists generated a total of 48 barriers to optimal breast cancer care.

## Conclusions

- Oncologists and oncology nurses face a variety of practice and patient related barriers that effect best treatment approaches to breast cancer
- Many of the barriers reported can be addressed through educational programs, both for treatment providers and patients
- Public health professionals and medical education providers can work together to develop specific programs for addressing the multifactorial barriers related to breast cancer treatment

## References

- 1 Cancer Facts and Figures 2006 accessed at: <http://www.cancer.org/downloads/STT/CAFF2006PWSecured.pdf> on 1/12/07
- 2 Ries LAG, et. al. eds SEER Cancer Statistics Review, 1975-2002. Bethesda, MD: National Cancer Institute; 2005.

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