



Assessing Equity in Patient-Provider Communication Regarding Treatment-Related Symptoms and HRQOL among Breast Cancer Survivors.

Cleo A. Samuel^{1,2}, Jennifer Schaal³, Linda Robertson⁴, Eugenia Eng^{1,5}, Jemeia G Kollie⁵, Christina Yongue⁵, Karen Foley⁶, Beth Smith⁷, Melissa K Yee⁴, Kristin Black¹, Katrina Ellis¹, Lucretia Hoffman⁸, Alexandra Lightfoot¹, Claire Morse⁹, Neda Padilla³, Sam Cykert⁵

¹Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC; ²Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill; Chapel Hill, NC; ³The Partnership Project, Greensboro, NC; ⁴University of Pittsburgh Medical Center, Pittsburgh, PA; ⁵University of North Carolina at Chapel Hill, Chapel Hill, NC; ⁶University of Pittsburgh Hillman Cancer Center, Pittsburgh, PA; ⁷Moses Cone Regional Cancer Center, Greensboro, NC;

⁸Department of Health and Human Services, Office of Minority Health and Health Disparities, Division of Public Health, Raleigh, NC; ⁹Guilford College, Greensboro, NC



BACKGROUND

- Compared with White breast cancer patients, Black patients more often report inadequate symptom control and worse health-related quality of life (HRQOL).
- Racial differences in patient-provider communication (PPC) are well-documented and linked to worse outcomes for minorities.
- However, less is known about inequities in symptom and HRQOL discussions among cancer patients and providers.

STUDY OBJECTIVE

As part of the Cancer Health Accountability for Managing Pain and Symptoms (CHAMPS) Study, we assessed racial differences in patient-provider communication regarding treatment-related symptoms, HRQOL (e.g., physical, psychosocial, financial, and spiritual well-being), and symptom management among breast cancer survivors.

CHAMPS STUDY

- Community-based participatory research (CBPR) study addressing racial differences in treatment-related symptoms, symptom management, and treatment completion among Black and White breast cancer patients.
- Supplemental study to the Accountability for Cancer Care through Undoing Racism and Equity (ACCURE) study, an NCI-funded systems change intervention to improve racial equity in treatment quality and completion among Black and White breast and lung cancer patients.
- Engages multiple community, academic, and medical partners including the Greensboro Health Disparities Collaborative (GHDC), Sisters Network Greensboro (SNG), UNC Chapel Hill, University of Pittsburgh Medical Center-Cancer Center (UPMC-CC), and Cone Health Cancer Center (CHCC).

METHODS

Participant Eligibility

- Black or White women
- ≥ 18 years of age
- First or recurrent diagnosis of stage 1-4 breast cancer
- Completed primary treatment for breast cancer at CHCC or UPMC-CC from Jan 1, 2013 to Dec 31, 2014
- Exclusion Criteria: cognitive impairments or limited English proficiency

Study Design

- Conducted 6 race-specific focus groups and semi-structured interviews with 22 breast cancer survivors.
- Assessed treatment-related symptoms and symptom management experiences across five symptom/HRQOL domains: physical, psychological/emotional, social, financial, and spiritual
- Coded and analyzed focus group and interview transcripts.

RESULTS

Participant Characteristics (N = 22)

	Black	White
Total # of Participants	10	12
Mean Age, years (SD)	66 (10.9)	65 (13.1)
Stages (%)		
Stage 1	30%	25%
Stage 2	30%	33%
Stage 3	20%	42%
Stage 4	10%	0%
Time Since Diagnosis, months (SD)	31 (5.4)	31 (8.6)
Insurance Status (%)		
Medicaid	0%	8%
Medicare	20%	33%
Private	50%	42%
No Insurance	10%	0%
Multiple (Medicare + Medicaid or Private)	20%	17%

Numbers may not add up to total N/100% due to missing data

KEY THEMES

Both Black and White breast cancer survivors reported:

- Self-advocacy and patient engagement/empowerment (e.g., asking questions, seeking outside help) are critical to symptom management
 - “And as far as taking the pills, one three weeks I might have had constipation. And I kept asking her what am I gonna do about this? And they was telling me what to take, so I took that. That helped that.”
- Multiple providers (e.g., oncologists, nurses, and surgeons) are involved in symptom-related discussions, but nurses are most helpful
 - “Yeah, my memory was you met with everybody, and they told you what it – the surgeon told me what it would be like, and then my radiation doctor. So everybody told me what to expect. So I felt that everything was covered.”
 - “He goes ‘your best bet is to stick with the nurses and what they tell you’.”
- Providers emphasized physical symptoms, but rarely mentioned non-physical side effects of cancer treatment (e.g., social isolation, financial toxicity).
 - “Other than that I don’t know that there was any of these other symptoms discussed with me. I definitely [don’t think] any of the social, financial or spiritual ones were discussed. I think it was mostly the physical symptoms or and maybe anxiety-type symptoms.”
- Provider disregard of patients’ symptom reports was discouraging and a key barrier to symptom management
 - “Moderator: Did they offer you any suggestions?
Participant: [Just...] Grin and bear it.”

RESULTS (Cont’d)

KEY THEMES

Both Black and White breast cancer survivors reported:

- Poor provider sharing of symptom information hinders patient-provider communication and contributes to suboptimal symptom management
 - “Well, nobody knows anything about lymphedema, because I asked my medical doctor about it, and he said, ‘Just wear your sleeve.’... What is lymphedema? Why can’t they go in and just drain the fluid out? I don’t know why I can’t really get any answers about it.”

Compared with Whites, Black breast cancer survivors more commonly reported:

- The importance of self-advocacy and patient/engagement/empowerment to symptom management
 - “I ended up getting a – you can wear a brace to keep it from bending or whatever. I did that all on my own, where I wish they had said, ‘Oh yeah, that’s a very common thing. We’ve seen it before. This is what you can do.’ You’re out there on your own, I guess sometimes. You have to be your own advocate, for sure.”
- Providers failed to adequately disclose potential side effects
 - “I say really none. They didn’t discuss those side effects with me.”
- Dissatisfaction with verbal and non-verbal provider communication regarding symptoms and symptom management
 - “The one doctor. I don’t know whether it was me or whether it was my race or whatever, but his body language said I do not want to be bothered with you.”

CONCLUSIONS

- Racial differences in PPC exist among breast cancer survivors and may contribute to inequities in symptom management and HRQOL.
- Inadequate communication regarding non-physical symptoms likely represents a critical missed opportunity for improving the quality and equity of palliative care.

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For more information, please contact: Cleo A. Samuel, PhD
Department of Health Policy and Management
Gillings School of Global Public Health
University of North Carolina at Chapel Hill
P: 919.445.0764
Email: cleo_samuel@unc.edu