

Patient experiences of communicating chemotherapy-induced peripheral neuropathy, treatment decisions and management practices

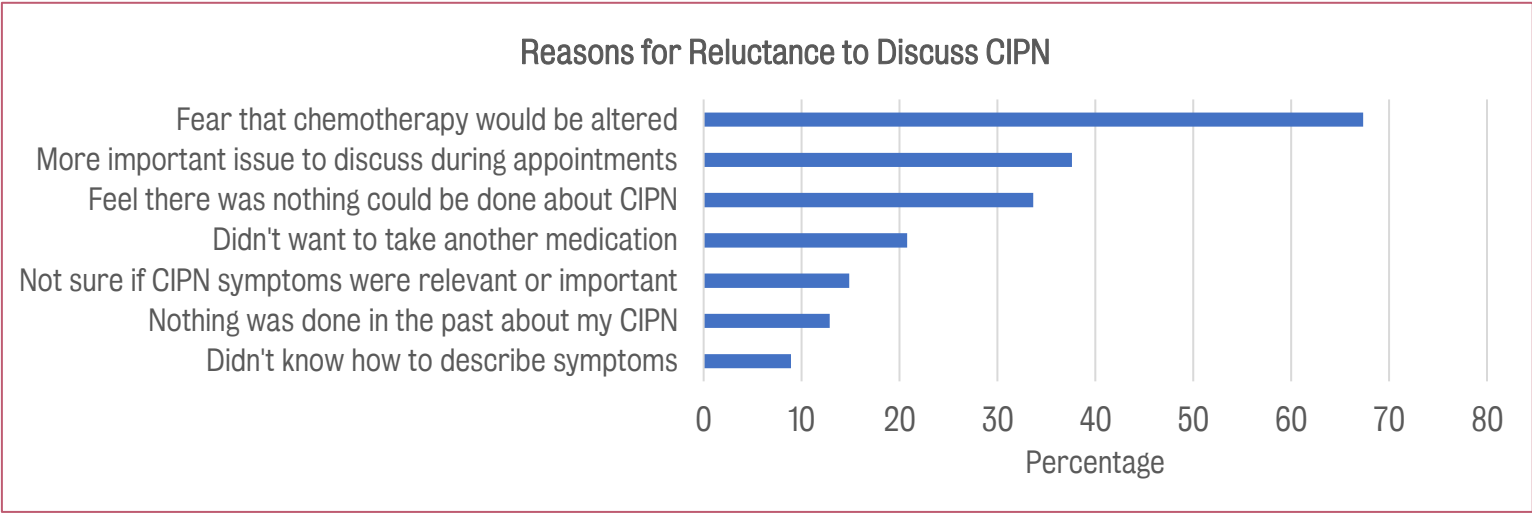
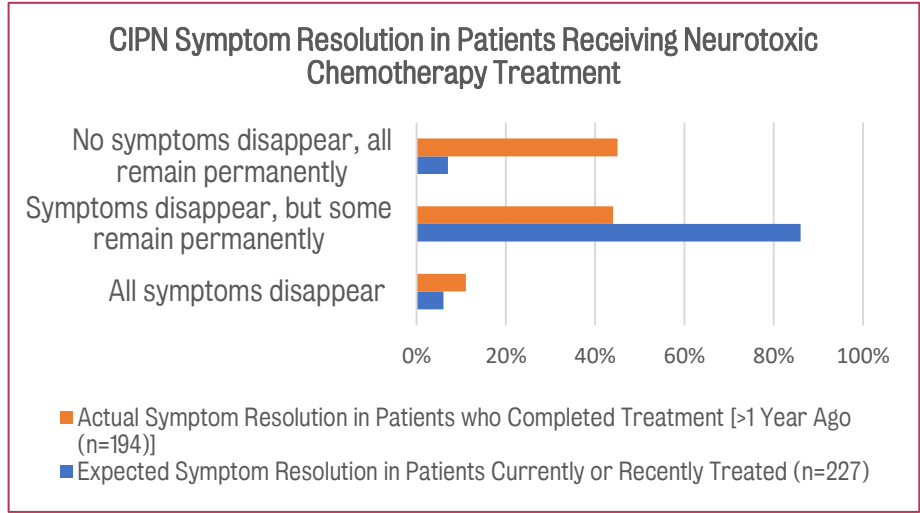
Tanay M, Hertz D, Toftagen C, Ruddy K, Chan A, Alberti P, Rossi E, Sheffield K, Nekhlyudov L, Mayo S, Von Ah D, Loprinzi C, Grech L, Ng D, Gordon S, Bernasconi D, Lustberg M

Background

Chemotherapy-induced peripheral neuropathy (CIPN) symptoms such as numbness, feeling of pins and needles, tingling and pain mainly affecting the hands and feet can result to decreased quality of life. This survey explored individuals' perception of CIPN, experiences of communicating CIPN symptoms with clinicians, and making decisions about managing CIPN symptoms.

Methods

The survey was distributed through social networks and cancer organisations to patients who were currently or had previously received neurotoxic chemotherapy for cancer. The survey consisted of seven broad sections: demographic information, diagnosis and treatment, treatment decision, patient-clinician communication, perception, management, and CIPN symptoms and analyzed using descriptive statistics. (Ethics Reference: HR-20/21-25358)



Results

448 eligible participants were included in the analysis. The median age was 57 years and mainly from the United Kingdom (43%) or United States of America (31%). The most common cancer types were breast cancer (36%), colorectal cancer (28%), and multiple myeloma (12%). Most participants who were currently or recently treated expected CIPN symptom resolution (86%) but most participants who completed treatment more than a year ago experienced no resolution (45%). The most common reasons for reluctance to discuss CIPN were fear that chemotherapy was altered (67%). The drug mostly used by participants to manage CIPN symptoms was Neurontin (24%); exercise therapy (47%) and massage (36%) were the most used non-pharmacological strategies.

Conclusion

Results provide an overview of patient experiences of treatment modifications and their current practices in addressing CIPN symptoms. These findings will be useful for further research for improving communication of CIPN risks and potential tool development to enhance shared decision-making to support patients with cancer in achieving their treatment goals.

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