

Renal Cell Carcinoma (RCC) Patients’ Experiences from the Health Care Services Provided in the Greek Public Hospitals

Topic: Patient-Centered Research, SDC: Oncology, STA: Surgery

Introduction

- Renal Cell Cancer (RCC) is the most common type of kidney cancer and accounts for 2-3% of all cancers worldwide.¹ Although the disease itself and the quality of life of RCC patients have been extensively studied in the literature, the study of patients' experiences remains an area in need of further investigation.
- Patient Reported Experiences (PREs), refer to specific events that they themselves experienced at all their contact points within the health system, from the moment of diagnosis to the end of their treatment.² Throughout the review of the international literature, the most important issue that emerges from the self-reported experiences of patients with renal cell carcinoma, is the lack of information and education by health professionals in matters related to the diagnosis and treatment of cancer, which hinders decision making and the participation of patients in their care.^{3,4}

Objectives

- The aim of this study was to evaluate RCC patients’ experiences from the health care provided in Greek Public Hospitals.

Methods

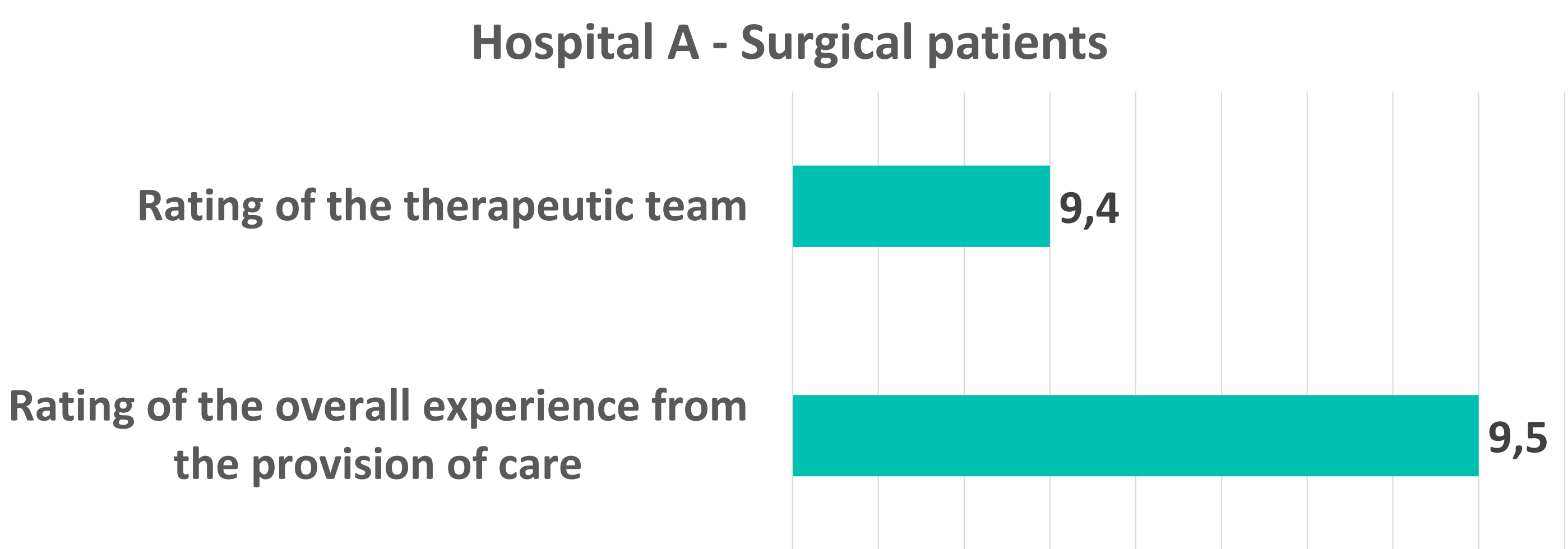
- A cross-sectional study was conducted in 2023 in a sample of 69 patients, derived from three Greek Public Hospitals, which are considered scientific oncology centers of excellence for the country.
- Data was collected by the researchers via phone interviews.
- Two questionnaires were used to evaluate patients’ experiences regarding the perceived quality of care; prior and during their hospitalization for surgery or therapy.

Results

Surgical RCC patients

- Patients’ experiences prior to surgery:* For 25% of the participants there was a delay more than 3 months to contact their doctor from the time they thought something was wrong with their health, and after visiting their family doctor there was a long delay in performing diagnostic tests and referring them to a specialized doctor/hospital for almost 2 out of 4 patients (16.7%) or appropriate action was not taken (4.2%). For approximately 50% of the patients the official diagnosis was set in a period more than 3 months from their visit to the doctor. Apart from the diagnosis, system delays in starting their treatment constituted a barrier in receiving quality treatment for their disease for 25% of patients.
- Patient Reported Experiences (PREs):* A significant proportion of patients reported positive experiences upon diagnosis. Most patients had discussions with healthcare professionals regarding cancer treatment options, including advantages and disadvantages. A majority also had their opinions about treatment options solicited and reasons for undergoing or not undergoing surgery explained to them. However, only about 2/3 felt adequately included in treatment decision-making. Overall, on a scale of 0 to 10, surgical patients rated their cancer care experience at 9.5 and their surgery team at 9.4 (Figure 1). Finally, a statistically significant association was found between barriers/bottlenecks in receiving quality treatment and gender (p=0.046) (Table 1). In fact, among the total number of patients who reported that there were barriers/ bottlenecks in receiving quality treatment, the largest percentage were men (75%).

Figure 1. Rating of overall patient experiences



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Table 1. Bivariate analyses between barriers/bottlenecks in receiving quality treatment and demographics (only statistically significant results are shown)

| | Barriers/bottlenecks in receiving quality treatment | | |
|--------|---|-----------|----------------------------------|
| | Yes | No | p-value <i>(Chi-square test)</i> |
| Gender | | | 0.046 |
| Male | 9 (75.0%) | 3 (30.0%) | |
| Female | 3 (25.0%) | 7 (70.0%) | |

RCC patients on systemic therapy

- Patients’ experiences prior to surgery:* for 70.6% of the patients, it took less than a month from the first visit to their doctor until there was an official diagnosis of their disease and for more than 50% of the patients the official diagnosis was set in a period of less than 1 month from their visit to the doctor. Apart from the diagnosis, system delays in starting their treatment and financial burden constituted the most frequent barriers in receiving quality treatment for their disease.
- Patient Reported Experiences (PREs):* 80% stated that they were involved in treatment decisions, while 45% reported poor interdepartmental collaboration. The main improvement area was the need for more staff to reduce wait times and therapy delays. Overall, on a scale of 0 to 10, patients rated the cancer care team at 8.8 at Hospital A and 9.3 at Hospital C, noting continuous staff availability (Figure 2). Finally, patients without systemic therapy had higher shared decision-making score than patients receiving systemic therapy (p=0.002), patients without systemic therapy had higher communication with patients score than patients receiving systemic therapy (p=0.005), and early-stage cancer patients and patients without systemic therapy had higher coordination of patient care scores than metastatic disease on first-line treatment cancer patients and patients receiving systemic therapy (p=0.034 and p=0.006, respectively) (Table 2).

Figure 1. Rating of overall patient experiences (Hospital B and C)

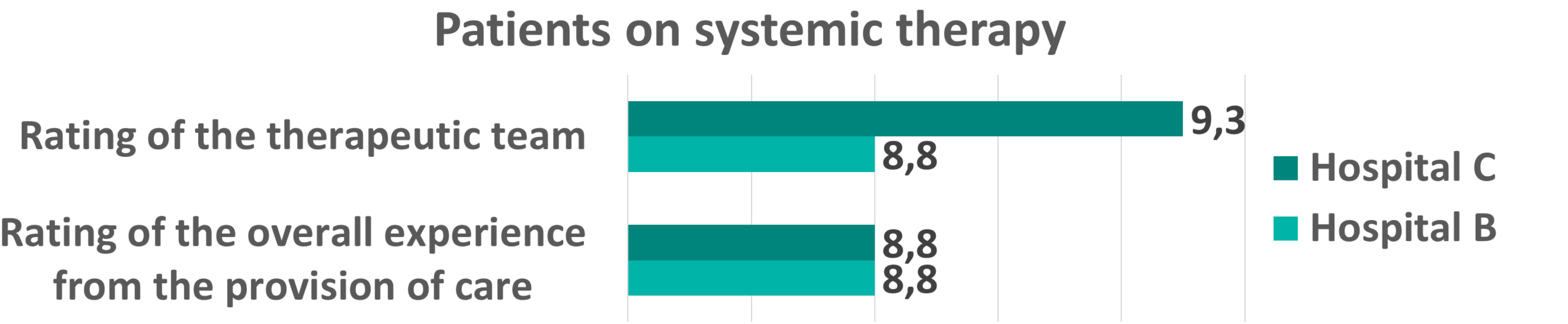


Table 2. Bivariate analyses between PRE dimensions and stage of cancer and therapy status (only statistically significant results are shown)

| | Shared decision-making score | | | Communication with patients score | | | Coordination of patient care score | | |
|--|------------------------------|-----|--------------|-----------------------------------|-----|--------------|------------------------------------|-----|--------------|
| | Mean value | SD | p value | Mean value | SD | p value | Mean value | SD | p value |
| Stage of the cancer * | | | 0.100 | | | 0.071 | | | 0.034 |
| Early stage | 3.0 | 0.1 | | 3.9 | 0.2 | | 3.9 | 0.1 | |
| Metastatic disease on first-line treatment | 2.9 | 0.2 | | 3.6 | 0.5 | | 3.6 | 0.5 | |
| Therapy Status * | | | 0.002 | | | 0.005 | | | 0.006 |
| Receiving systemic therapy | 2.9 | 0.2 | | 3.6 | 0.5 | | 3.6 | 0.5 | |
| Without systemic therapy | 3.0 | 0.0 | | 4.0 | 0.0 | | 4.0 | 0.0 | |

* Student’s t-test

Conclusions

- This study highlights the importance of patient-centered care and systemic enhancements in RCC care delivery.
- By addressing the challenges, healthcare systems can offer more tailored and effective care experiences, which will lead to improved patient outcomes.

Disclosures

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