


Poster # PCR19

PATIENT-CENTRIC ASSESSMENT OF TREATMENT EXPERIENCE IN BREAST CANCER: DEVELOPMENT AND VALIDATION OF A PATIENT QUESTIONNAIRE

Gurjar K¹, Rattanavong B², Bennetts L², Sahota J¹, Ouerghi M², Ammendolea C³, Bartlett S⁴, Brezden-Masley C⁵, Croke J⁶, Hijal T⁴, Kildea J⁷, Papadakos J⁸, Watson L⁹, Soliman D¹⁰

1 Amaris Consulting, Toronto, ON, Canada,
2 Amaris Consulting, Montreal, QC, Canada,
3 Canadian Breast Cancer Network (CBCN), Montreal, QC, Canada,
4 McGill University, Montreal, QC, Canada,
5 Mount Sinai Hospital, Toronto, ON, Canada,
6 University Health Network, Toronto, ON, Canada,
7 Mount Sinai Hospital, Toronto, ON, Canada,
8 Princess Margaret Cancer Centre, Toronto, ON, Canada,
9 Alberta Health Services, Calgary, AB, Canada,
10 Novartis Canada Inc., Montreal, QC, Canada

Scan to obtain poster



To download a copy of this poster, visit the web at:
<https://www.medicalcongressposters.com/Default.aspx?doc=4bc8c>

Copies of this poster obtained through quick response (QR) code are for personal use only and may not be reproduced without written permission of the authors

CONCLUSIONS

- Final questionnaire consists of 18 questions, refined based on input from patients and experts.
- Based on expert review, this questionnaire can capture breast cancer patient experiences and preferences on medications to help better match patients with treatments.
- Additional validation testing is planned to establish the properties of the questionnaire and identify norms.

Poster presented at ISPOR 2024, Atlanta, GA, USA on Tuesday, May 7, 2024

BACKGROUND

Breast cancer is the most common malignancy among Canadian women (excluding non-melanoma skin cancers) and treatments can substantially affect health-related quality of life.¹

Patient experiences are highly variable and there is an increasing focus on quality of life and in offering high-value care for patients with breast cancer. Understanding the impact of interventions on Canadian patients' quality of life is crucial in promoting patient-centered care.

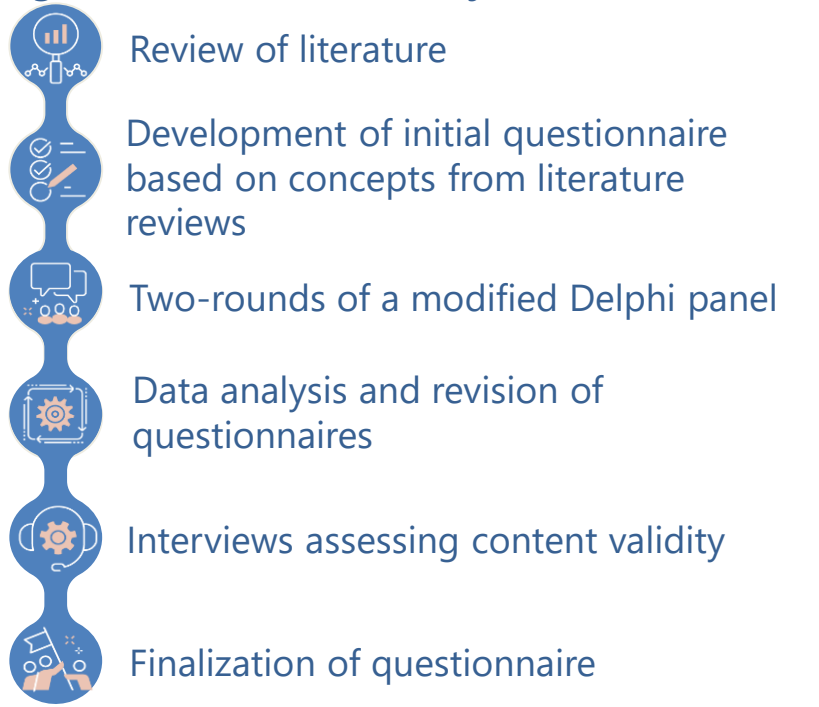
OBJECTIVES

Our objective was to develop and validate content of a questionnaire that captures Canadian patient experiences and preferences regarding breast cancer medication(s).

METHODS

- After conducting a literature review and consulting with subject matter experts, a set of questions focusing on the impact of treatment-related side effects was developed.
- Content validity was evaluated through a two-phase process, including a modified Delphi panel and individual interviews.
- The modified Delphi panel consisted of two rounds aimed at gathering feedback and reaching consensus among panelists, defined *a priori* as agreement by at least 70% of the panel. Consensus regarding question relevance and wording was determined by the proportion of respondents answering 'yes' or 'no' to specific statements, with a threshold of 70% considered indicative of agreement.
- Following the refinement of preliminary questionnaires, participants willing to engage in a 60-minute recorded interview, provided feedback during concept confirmation and debriefing interviews. These interviews were recorded, and transcripts were anonymized for analysis.

Figure 1. Overview of study methods



RESULTS

Literature searches were performed to evaluate existing resources, revealing a lack of tools for recording treatment experiences in Canadian patients with early-stage breast cancer, particularly for current research objectives.

Delphi Panel

- Three patients and four Canadian experts (one health-service researcher, one radiation oncologist, and two medical oncologists) participated in the two-round Delphi panel
- Panelists' comments on wording and relevance of question items were incorporated in the revised questionnaire
- Their response rate was 85.7% (6/7) in the first round, and 71.4% (5/7) in the second round of Delphi panel
- 4 panelists were from Quebec, 1 from Alberta and 2 from Ontario
- There was consensus among panelists on proposed revisions of 8/13 questions in the first round of the Delphi
- Additionally, panelists provided feedback to further improve 11/13 questions
- The initial list of 13 draft questions were adapted for relevance and wording and split into 18 revised questions

Figure 2. Percentage of 'Yes' or 'No' responses to statements used in round one and two

<input type="checkbox"/> This question is relevant to patients
<input type="checkbox"/> I am comfortable with the wording and understand this question
<input type="checkbox"/> I am not comfortable with the wording
<input type="checkbox"/> I do not understand this question
<input type="checkbox"/> The list of options to choose from is appropriate
<input type="checkbox"/> The wording of the question is not appropriate
<input type="checkbox"/> The wording of the question is not clear

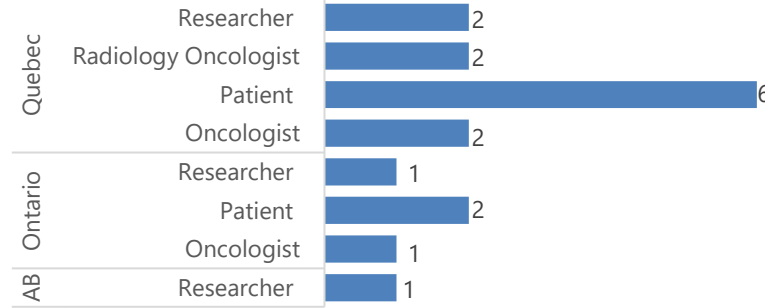
Figure 3. Five-point Likert scale used in round two

1	2	3	4	5
Extremely agree	Agree	Neither agree nor disagree	Disagree	Extremely disagree
Agree----- Level of agreement -----Disagree				

Content Validity Interviews

- Eight patients and seven experts provided additional feedback on revised questionnaire from Delphi.
- Plain language editing, order of questions, and response options were adjusted based on participants' comments. Final questionnaire consists of 18 questions, refined based on input from patients and experts.

Figure 4. Respondent profiles (Experts / Patients)



Examples of comments from experts

Treatment discontinuation
Do we need a response option there that "the doctor advised that I stopped taking the drugs"? A patient might stop taking medication without doctor's approval, I would hope that the patient was advised by their doctor.

Side effects
Why only one option?
For symptoms, you can probably do a "pick three or two top reasons".
Sometimes people can feel same things with both items and now must choose something.

Medication selection
Consider adding N/A or did not discuss cancer treatment.

Table 1. Sample items from the questionnaire

Concept definition	Final item	Final response option
Treatment discontinuation	Did you stop taking a breast cancer medicine before you were recommended to stop? If you stopped taking a breast cancer medicine early, what was the reason to stop?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> I am not sure</div> <div><input type="checkbox"/> Side effects from the breast cancer medicine</div> <div><input type="checkbox"/> I was pregnant</div> <div><input type="checkbox"/> I was trying to get pregnant</div> <div><input type="checkbox"/> The treatment was no longer working</div> <div><input type="checkbox"/> I did not think the medication was helping me</div> <div><input type="checkbox"/> My doctor advised me to stop taking a medication</div> <div><input type="checkbox"/> I did not stop taking a medication early</div> <div><input type="checkbox"/> Not applicable – I did not need breast cancer medication as part of my treatment</div>

Acknowledgments

The research team thanks the patient organizations that supported this project by assisting with participant recruitment: Quebec Breast Cancer Foundation (QBCF) and Canadian Breast Cancer Network (CBCN) patient organizations.

Disclosures

This study was funded by Novartis Canada. Khushboo Gurjar, Liga Bennetts, Brenda Rattanavong, Jyoti Sahota, Myriam Ouerghi are employees of Amaris Consulting. Dina Soliman is an employee of Novartis Canada. The experts involved in this research received financial compensation for their time and expertise.

References

- Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2023. Canadian Cancer Society; 2023: <https://cancer.ca/en/research/cancer-statistics>
- Mokhtari-Hessari, P., Montazeri, A. Health-related quality of life in breast cancer patients: review of reviews from 2008 to 2018. Health Qual Life Outcomes 18, 338 (2020). <https://doi.org/10.1186/s12955-020-01591-x>