

Understanding the Cancer Survivor Experience

Today's Chat Agenda

- Updates: Community Oncology Alliance (COA) and COA's Patient Advocacy Network (CPAN)
- Shelley Fuld Nasso, MPP, National Coalition for Cancer Survivorship
 - The latest results from the annual State of Survivorship Survey
 - Treatment Decision-making
 - Cancer Care Experiences
 - Post-Treatment Care and Survivorship



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STATE OF SURVIVORSHIP 2024 Survey

Findings from a National Survey of Cancer Patients, Survivors, and Caregivers

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Methodology

Nationwide Survey of Adult Cancer Patients, Survivors, and Caregivers

- Nationwide sample of n=2134, fielded August 6th September 9th, 2024
 - Patients n=1620
 - Caregivers n=514
- Oversample of Younger Patients (age 18-39) n=375
- Set quotas to make sure the sample was representative by age, gender, race/ethnicity, and region (using ACS and NCI data)
- Surveys were recruited through an online nonprobability sample with quotas set to ensure demographically representative audiences, following AAPOR best practices

Nationwide Survey of "NCCS Connected" Patients and Survivors

- Nationwide sample of n=714, same field period as nationwide survey
 - Patients n=674
 - Caregivers n=40
- Emailed invitation to all NCCS email contacts, inviting them to take the survey + 2 reminders
- Survey link also sent to partner organizations, and includes data from those including Stupid Cancer



Key Findings

Treatment Decision-Making



Majorities of cancer patients continue to rely primarily on their doctor to choose the best treatment for them – twice as many as those who say they were actively involved in this decision. At the same time, a third of patients report needing to advocate for themselves to get the best treatment and care, significantly higher among: Blacks, Hispanics, urban, low income, women, and younger (ages 18-39) patients. These groups are also less likely to rely on

their doctors for treatment decisions.

Doctors' recommendations are also by far the main driver <u>and</u> barrier to clinical trial participation. Three-quarters of those who did not participate in a clinical trial said it was because they were not asked.

Care Experiences



Most Patients continue to be very satisfied with each phase of their cancer care. However, younger patients are significantly less satisfied <u>and</u> less likely to trust their HCPs.

Nine-in-10 patients report experiencing side effects; with fatigue, mental health issues, and fear of recurrence having the biggest impact on quality of life. More than 4-in-10 also report being financially impacted by cancer, significantly higher among Caregivers, Blacks, Hispanics, younger, stage IV, and LGBTQ+ patients. Caregivers and younger patients are also more likely to say they didn't have a choice and had to keep working during cancer treatment.

Post-Treatment Care



Two-thirds of Patients surveyed who are within 5 years of finishing treatment say they are currently receiving post treatment care, and nearly half have received a survivorship plan. Most of these patients are seeing an oncologist or other specialist. The number who report seeing a PCP dropped over the last few years (only 19% today), although twice as many (38%) say they would consider seeing one. Some have concerns about PCP's knowledge and ability to detect a recurrence.

At the same time, majorities of those who are *over* 5 years out are <u>not</u> receiving post-treatment care, with most saying their doctor told them it was no longer needed.

The number who report seeing a PCP for post-treatment care dropped over the last few years



Treatment Decision-making



Patient and Caregiver Mindset

Patients are equally focused on getting rid of their cancer at all costs <u>and</u> quality of life, with caregivers more focused on quality of life. A third say they had to advocate for themselves to get the best treatment – higher among some key groups.

Younger patients are less likely to accept they may have cancer, but once receiving a diagnosis, are more likely to advocate for themselves.

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"I have to advocate for myself in order to get the best treatment and care" higher among:

59% Black48% Hispanic45% Urban45% HHI <\$25k39% Women

(% Describes perfectly)	National Patients	National Caregivers	NCCS Connected Patients	Younger Patients (18-39)
My focus is/was on maintaining my/my loved one's quality of life as much as possible	74%	85%	65%	67%
My focus is/was getting rid of the cancer no matter what	73% ▼ (-4 pts.)	67%	67%	76%
I want/wanted to find out all I can/could about my/my loved one's cancer diagnosis and treatment options	60%	75%	72%	70%
[NEW] I have to advocate for myself in order to get the best treatment and care	35%	N/A	56%	56%
I/My loved one tried to ignore symptoms for as long as possible before getting a cancer diagnosis	12%	28%	7%	27%
I do not/didn't want to think or read about cancer	10%	11%	6%	20%

Treatment Decisions

After a dip during COVID, "Doctor knows best" mentality persists in 2024, with twice as many saying they relied on their doctor to choose the best treatment, vs. being active in the decision.



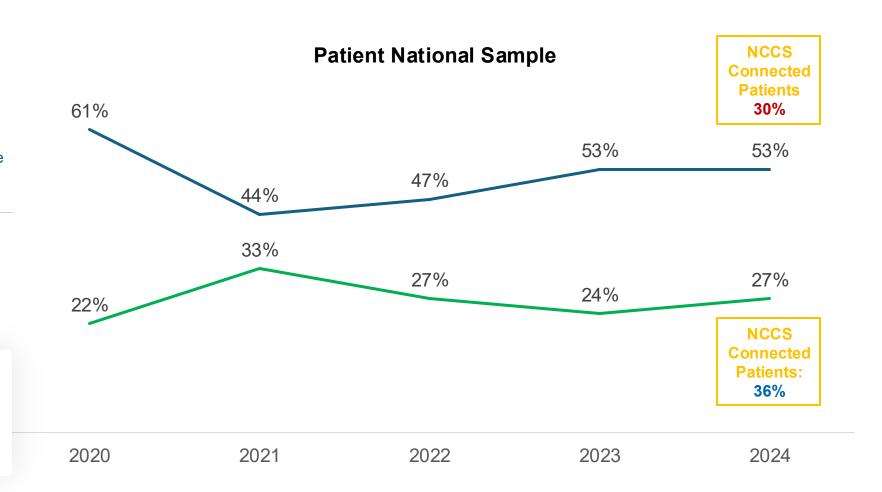
Relied on the doctor to decide on treatment options and choose the best course of action



I am/was very involved in researching and deciding on the best treatment options.

An additional 20% this year are "somewhere in the middle"

(34% among NCCS Connected Patients)



Treatment Decisions

Almost half of younger and Hispanic patients report they were very involved in their treatment decisions. Medicare/Advantage/seniors are more likely to rely on their doctors to choose their treatment.

	National Patients	National Caregivers	NCCS Connecte d Patients	Younger Patients (18-39)	Seniors (65+)	Black	Hispanic	Medicare	Medicare Advantage	Medicaid	Private
I rely/relied on the doctor to decide on treatment options and choose the best course of action	53%	37%	30%	30%	58%	43%	42%	57%	59%	51%	49%
I am/was very involved in researching and deciding on the best treatment options.	27%	36%	36%	47%	22%	35%	47%	23%	24%	26%	30%

Second Opinions

Less than a third of patients sought a second opinion, primarily because of trust in their health care provider.

At any stage of the experience, did you seek a second opinion?

% "Yes"

Patients 29%

Caregivers 39%

NCCS Connected 52%

Higher among:

47% Younger Patients43% Hispanic Patients

45% Hispanic Patients

42% LGBTQ+ Patients

41% Stage IV Patients

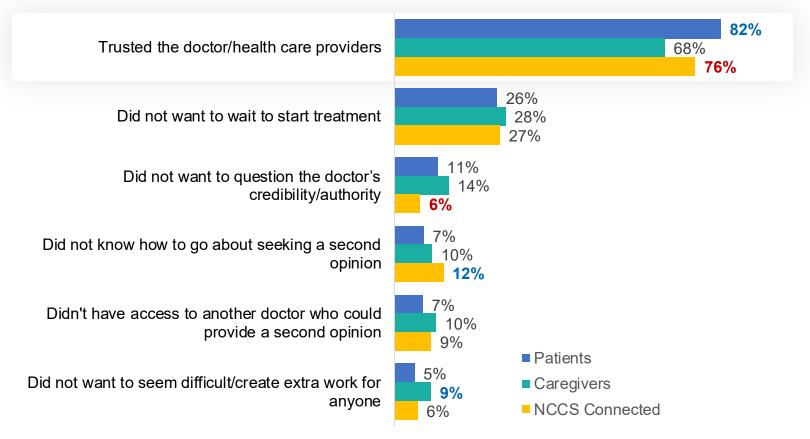
36% Post-grads

34% \$100K+ Household Income

33% Private Insurance

Which of the following describes why you/your loved one DID NOT seek a second opinion? Select all that apply.

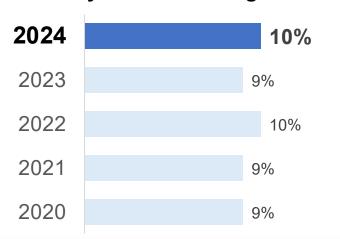
(Only asked if did not seek second opinion)



Clinical Trial Participation

Participation is on-par with previous years. New in 2024 are reasons for participating and "doctor knows best" reigns supreme.

Did you participate in a clinical trial related to your cancer diagnosis?



Higher among:

- 27% Younger (18-39)
- 21% Hispanic
- 23% Palliative Care
- 19% Immunotherapy
- 19% Recurrence

- 18% Still In Treatment
- 16% Black
- 18% NCCS Connected
- 16% Sought 2nd Opinion
- 16% Chemo

What influenced your decision to participate in a clinical trial? Select all that apply. (Only asked if did participate)

(or my distribution and point and points)		9
The doctor's recommendation	51%	
Wanted to contribute to science/help others	41%	64% NCCS Connected
Prospect of access to new treatments	28%	
Wanted to be proactive/have a sense of control	26%	31% Medicare*
It was the best treatment option	26%	36% Medicare*
Improved or extra level of care	25%	
Looked into it/researched being in a clinical trial	21%	
Reduced cost of treatment/receive financial reimbursement	18%	33% Hispanic*
Was out of treatment options	7%	21% Hispanic*
Other	1%	

Higher among

Clinical Trial Barriers

The number one barrier to participation is not being asked. Younger patients and patients of colors are slightly more concerned than others about treatment protocol and side effects, but these are still secondary.

What influenced your decision NOT to participate in a clinical trial? (Only asked if did not participate)		NCCS Connected	Younger Patients (18-39)	Black	Hispanic	Academic Medical Center
Was <u>not</u> asked to participate in a clinical trial	74%	75%	51%	72%	63%	71%
Was not eligible/did not qualify to participate in a clinical trial	13%	22%	21%	9%	8%	14%
Concerned about possible side-effects	6%	2%	16%	8%	12%	6%
Concerned about type of treatment that would be received	5%	4%	13%	11%	10%	8%
Location of clinical trial(s) was too far away	5%	4%	12%	7%	8%	7%
Overall health did not allow participating in a clinical trial	4%	3%	8%	8%	7%	6%
Concerned about costs/coverage for treatment	4%	2%	13%	5%	5%	5%
Did not trust the HCPs suggesting had my best interests at heart	2%	1%	7%	3%	6%	4%
Costs to participate were too high	2%	1%	6%	1%	3%	3%
Non-medical factors such as work/school interruption or childcare	2%	2%	5%	3%	4%	1%
Other	4%	5%	2%	5%	1%	6%

No differences by when completed treatment (+/- 5 years ago)

Cancer Care Experiences

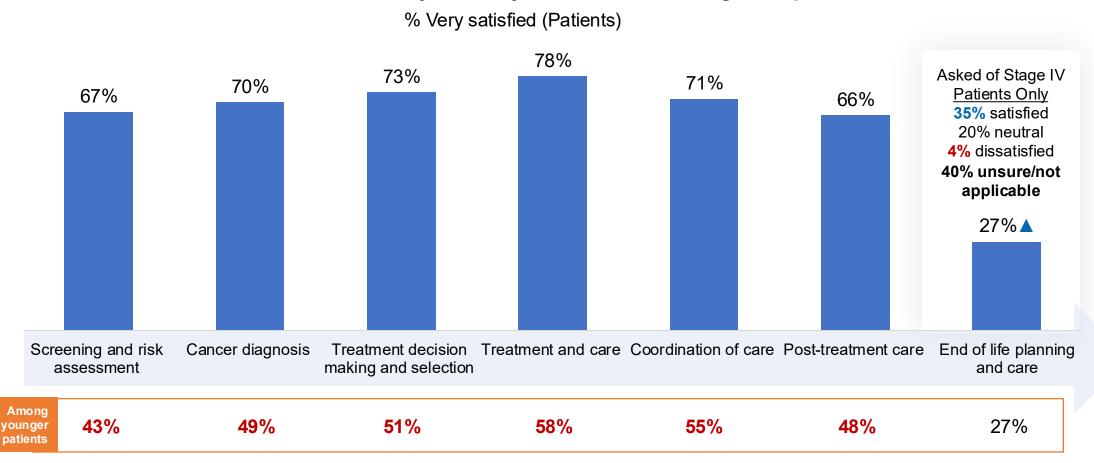


Patient Satisfaction With Care

Satisfaction across most phases stayed consistent from last year.

Younger patients (aged 18-39) are less likely to say they were very satisfied across care stages.

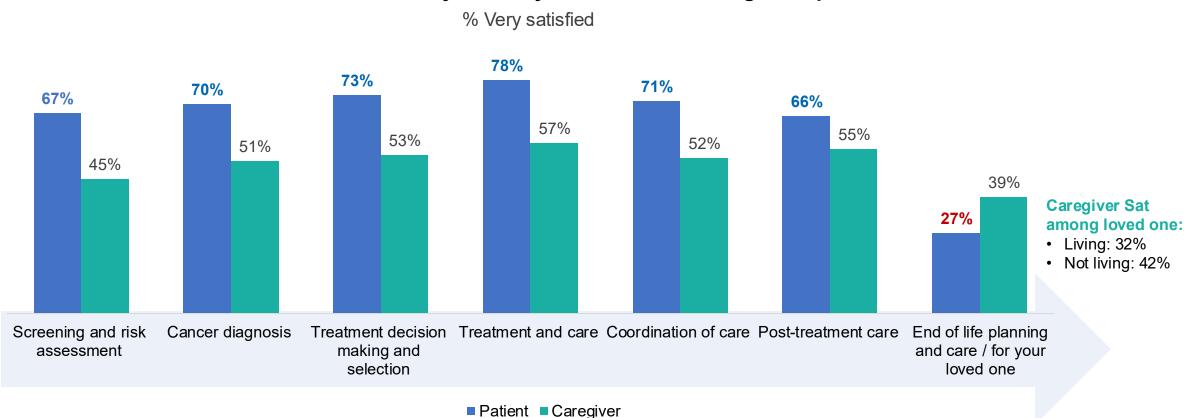
How satisfied are/were you with your/their care during each phase?



Satisfaction With Care: Patients vs. Caregivers

As in 2023, caregivers are significantly less satisfied/more critical with each phase of the care journey, with the exception of end-of-life planning.

How satisfied are/were you with your/their care during each phase?



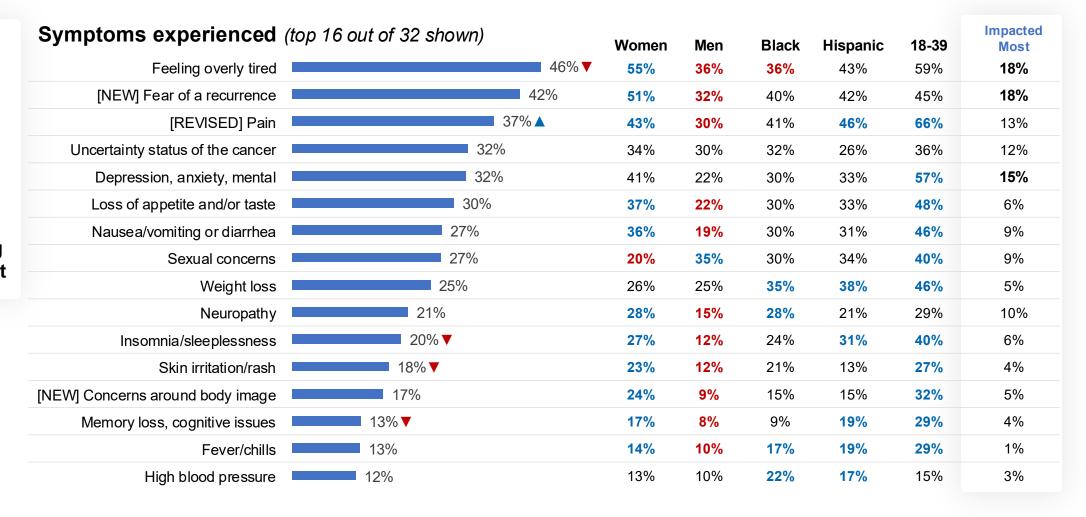
Side Effects Experienced

Feeling overly tired continues to be the symptom experienced most often.

This, plus fear of reoccurrence and depression/anxiety impact patients the most.

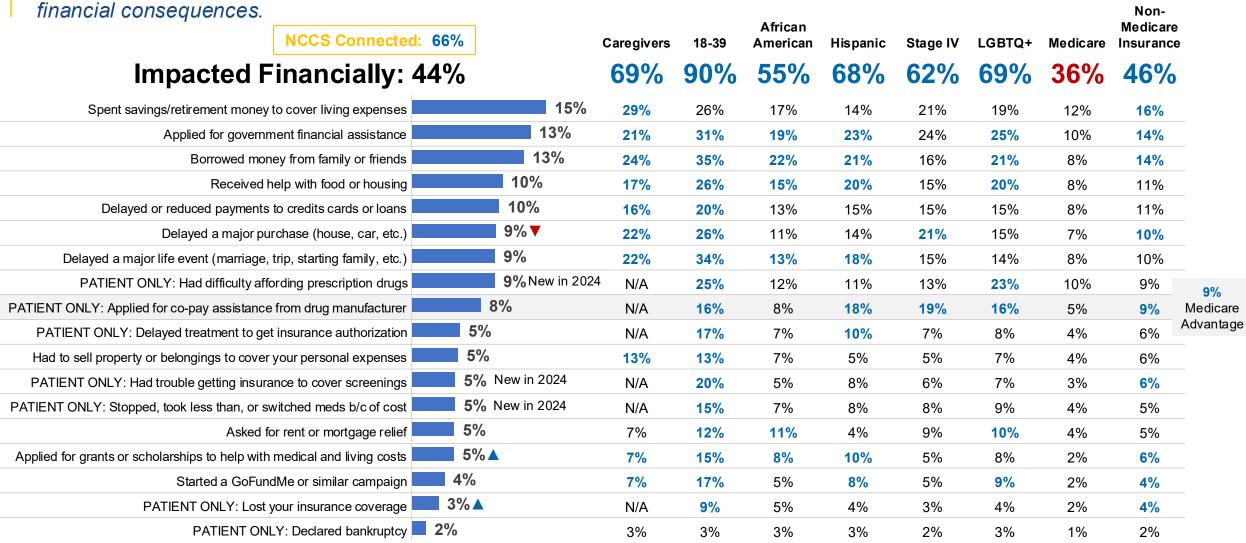


of Patients
experienced
at least one
symptom during
or after treatment



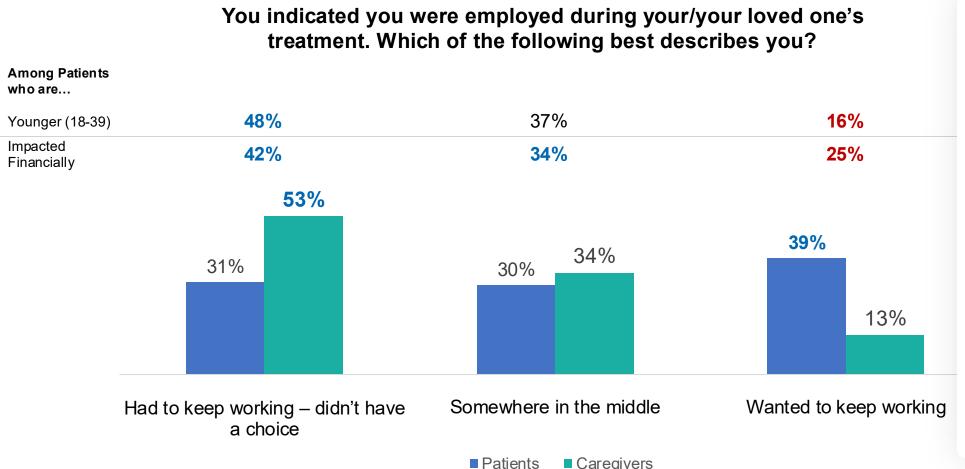
Financial Impacts

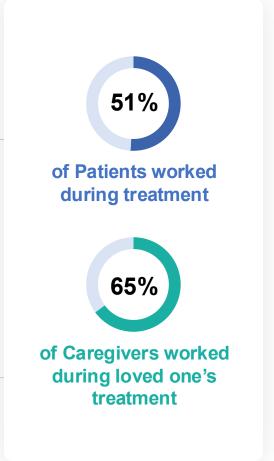
The number of Patients impacted financially is consistent with last year; Younger Patients have higher rates of



Employment Status during Treatment

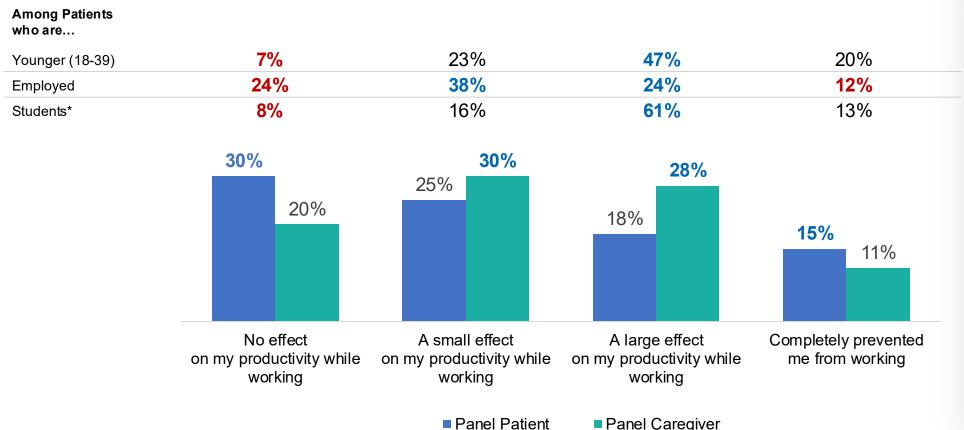
Over a third of Patients wanted to keep working during their treatment, while half of Caregivers felt obligated to work. Younger Patients are significantly more likely to say they didn't have a choice.

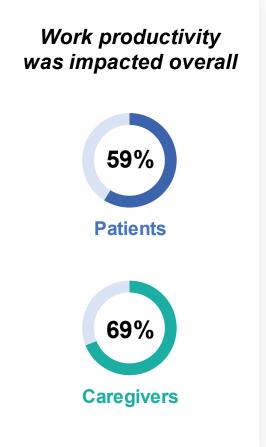




Impact on Work and School Productivity

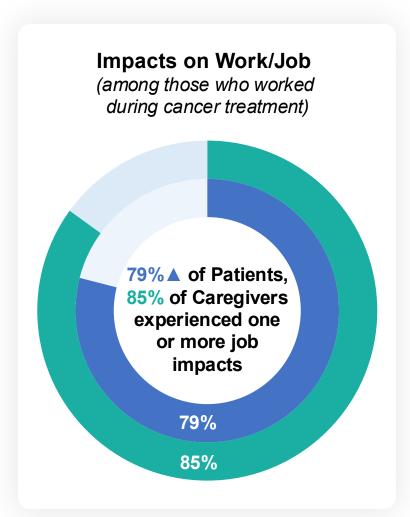
A majority of Patients and Caregivers say their productivity was impacted to some degree. More than two-thirds of Younger Patients say their work or school was largely/completely impacted due to their cancer.





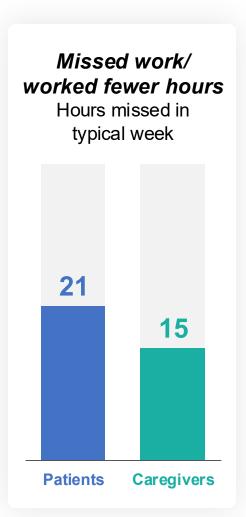
Work Impacts

Most who worked during treatment experienced at least one issue, and the number of Patients impacted increased.



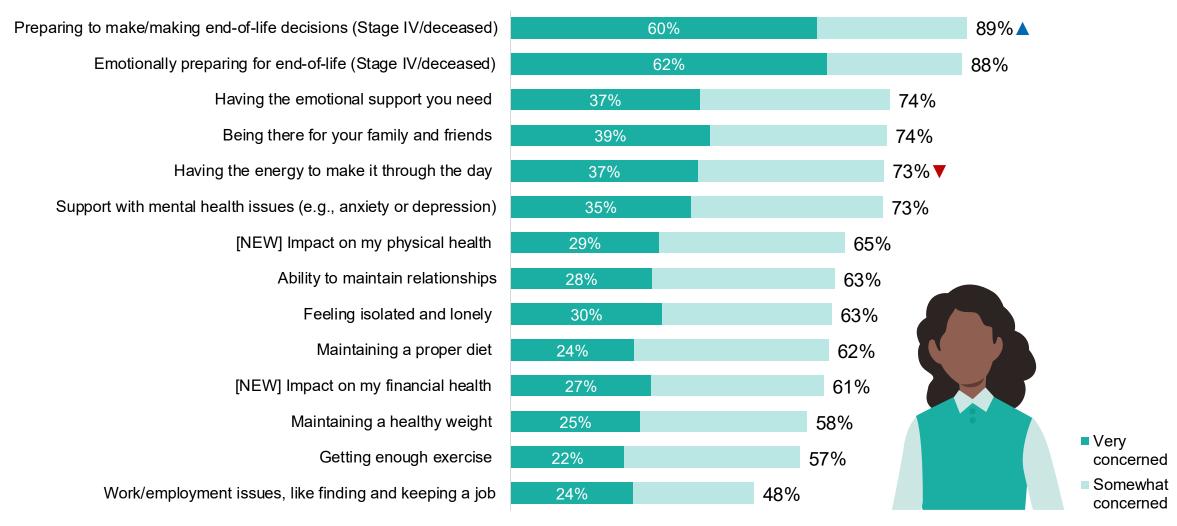
Impacts experienced (among those who worked)

	Patients	Caregivers
Missed work	39%	42%
Lost salary or wages	22%	23%
Took paid medical leave	19%	13%
Took a leave of absence	16%	19%
Worked remotely/worked from home	14%	23%
Worked/went to school for fewer hours	11%	16%
Gone on short-term disability	10%	2%
Had to ask for accommodations at work/school	10%	18%
Felt that your work/schoolwork suffered	10%	16%
Took unpaid family medical leave	7%	13%
Been let go or fired	7%	7%
Quit your job	6%	7%
Did not receive the disability insurance needed	5%	6%
Took early retirement	5%	2%
Felt your co-workers/peers treated you badly	4%	4%
Felt your supervisor/teachers treated you badly	4%	5%
Changed jobs or employers	3%	7%
Was not able to find a job with enough flexibility	3%	5%
Turned down a job or promotion	3%	10%
Missed school or delayed your education	2%	4%
None of these	21%	15%



Cancer's Impact on Caregivers

Majorities of Caregivers struggled with physical, emotional, mental health issues during their loved one's cancer journey.

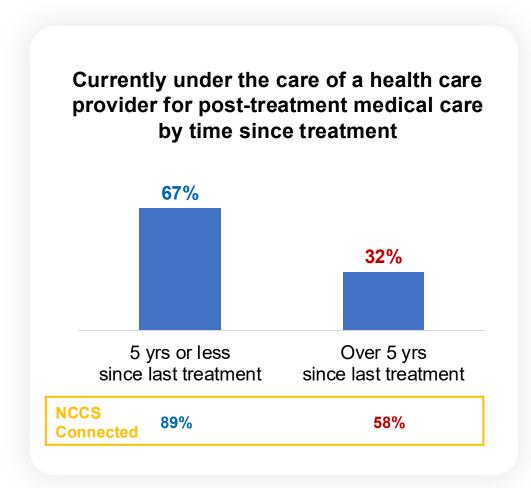


Post-Treatment Care and Survivorship



In Post-Treatment Care

Just over half of national patients who have completed treatment are in post-treatment medical care, mostly a function of time since diagnosis.



Which of the following describes the reason/reasons you are not currently in post-treatment medical care?

Select all that apply. (Asked of those not currently in post-treatment care)

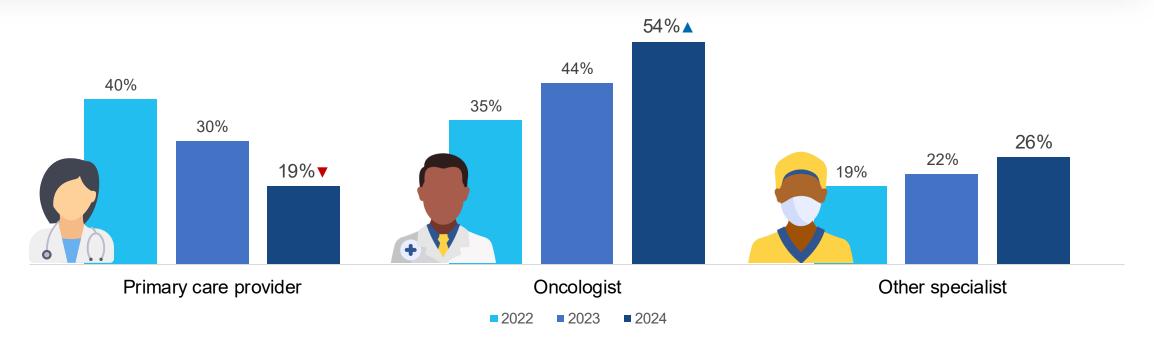
Doctor said there is no need for post-treatment care at this time or anymore	64%
Health care providers didn't recommend getting post-treatment care	17%
Do not believe cancer diagnosis and the treatments received will affect my current or future health	4%
I am just sick of going to doctor visits	3%
Other health needs are more challenging to manage/a priority	3%
Costs of post-treatment care are too high	2%
Moved and have not found another doctor for post-treatment care	2%
Unsure of who to go to for post-treatment care	2%
Transportation issues getting to post-treatment care	2%
Insurance didn't cover the tests doctor recommended	1%
Takes too much time to go to appointments for post-treatment care	1%
Cannot take time from work/school for post treatment care	1%
Still on a waiting list for post-treatment care	1%
Providers or survivorship clinic are not in-network or covered by insurance	0%
Other (please specify)	11%
None of the above	11%

Post-Treatment Experiences

Within the last three years, the number of patients who report seeing a PCP has gone down dramatically.

Who is the primary health care provider managing your post-treatment medical care?

<5 Yrs. Since Treatment 13%	62 %	25%
5 Yrs.+ Since Treatment 35%	34 %	31%

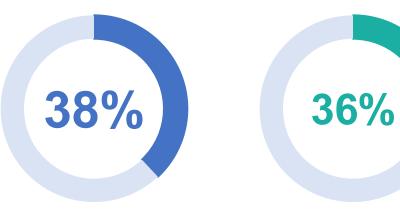


Willingness to See a PCP for Post-Treatment Care

Only a third or less are willing to have a PCP manage their post-treatment care, citing concerns about their knowledge and ability to detect a recurrence.

Would you be willing to have a primary care provider manage the post-treatment care for you/your loved one?

(asked of those NOT seeing a PCP)









25%

What, if any, concerns do you have about a primary care provider managing post-treatment care?

"That they won't catch the symptoms if it comes back."

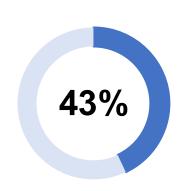
"Cancer is not the specialty of a primary care provider and extra doctor visits are unnecessary."

"My primary care doctor is not a specialist in breast cancer, and that is not their field of knowledge."

Survivorship Plans

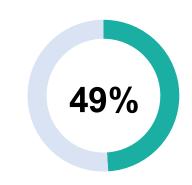
Slightly less than half of those who completed treatment received a survivorship care plan. Those in rural areas are less likely to receive a plan.

After treatment, some survivors get a care plan (sometimes called a survivorship care plan) that provides information about what to expect after treatment and recommendations on care and lifestyle. Did your/loved one's health care team provide a care plan that helps/helped you understand what to expect after treatment?



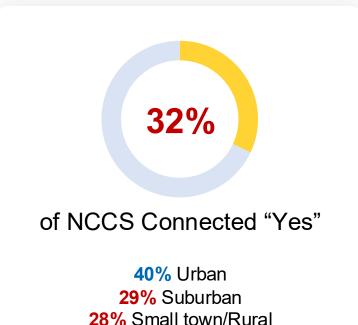
of Patients "Yes"

58% Urban 42% Suburban 34% Small town/Rural



of Caregivers "Yes"

50% Urban 54% Suburban 40% Small town/Rural



Survey Participant Profiles



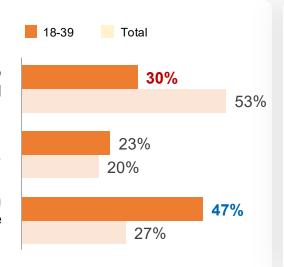
Patient Profile: Younger Cohort (Age 18-39)

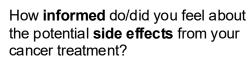
Decision-Making

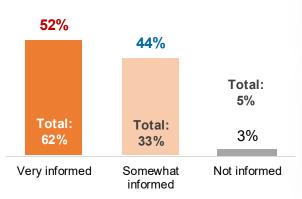
I rely/relied on the doctor to decide on treatment options and choose the best course of action.

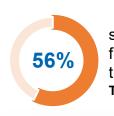
Somewhere in the middle

I am/was very involved in researching and deciding on the best treatment options for me.

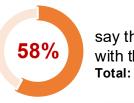








say they have to advocate for themselves in order to get the best treatment and care Total: 35%



say they are very satisfied with their treatment and care Total: 78%

Top 3 Financial Impacts	18-39	Total
Borrowed money from family or friends	35%	13%
Delayed a major life event	34%	9%
Applied for government financial assistance	31%	13%

Top 3 Employment Sacrifices	18-39	Total
Missed work	37%	24%
Lost salary or wages	27%	15%
Felt that your work/schoolwork suffered	25%	7%

Current State of Health

• Excellent: 8% Total: 7%

• Good: **31%** Total: 48%

• Fair: 42% Total: 35%

• Poor: 17% Total: 9%





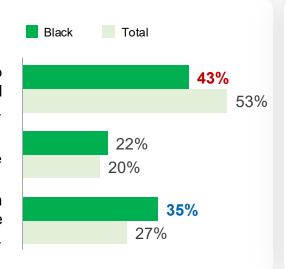
Patient Profile: Black Patients

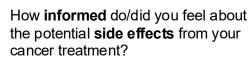
Decision-Making

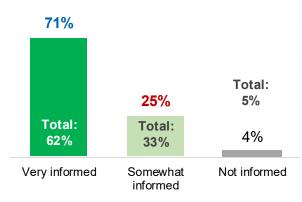
I rely/relied on the doctor to decide on treatment options and choose the best course of action.

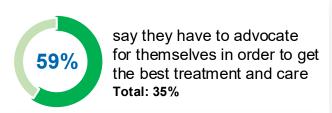
Somewhere in the middle

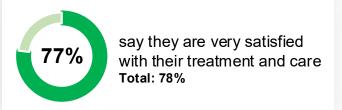
I am/was very involved in researching and deciding on the best treatment options for me.











Top 3 Financial Impacts	Black	Total
Borrowed money from family or friends	22%	13%
Applied for government financial assistance	19%	13%
Spent savings/retirement money	17%	15%

Top 3 Employment Sacrifices	Black	Total
Missed work	22%	24%
Lost salary or wages	14%	15%
Took a leave of absence	11%	10%

Current State of Health

• Excellent: 5% Total: 7%

• Good: **39%** Total: 48%

• Fair: 43% Total: 35%

• Poor: 13% Total: 9%



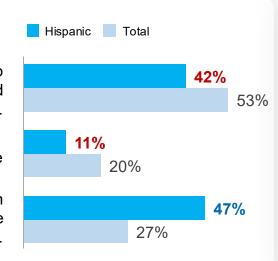
Patient Profile: Hispanic Patients

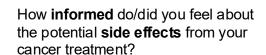
Decision-Making

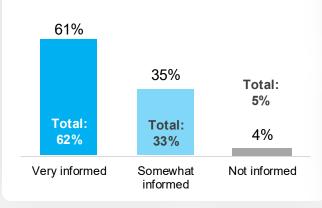
I rely/relied on the doctor to decide on treatment options and choose the best course of action.

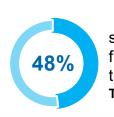
Somewhere in the middle

I am/was very involved in researching and deciding on the best treatment options for me.

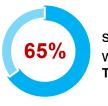








say they have to advocate for themselves in order to get the best treatment and care **Total: 35%**



say they are very satisfied with their treatment and care **Total: 78%**

Top 3 Financial Impacts	Hispanic	Total
Applied for government financial assistance	23%	13%
Borrowed money from family or friends	21%	13%
Received help with food or housing	20%	10%

Top 3 Employment Sacrifices	Hispanic	Total
Missed work	31%	24%
Took paid medical leave (offered by job)	24%	11%
Took a leave of absence	23%	10%

Current State of Health

 Excellent: 9% Total: 7%

• Good: 40% Total: 48%

• Fair: 37% Total: 35%

• Poor: 14% Total: 9%



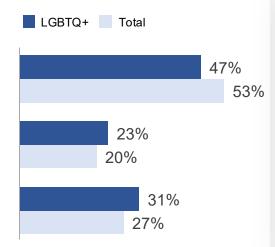
Patient Profile: LGBTQ+

Decision-Making

I rely/relied on the doctor to decide on treatment options and choose the best course of action.

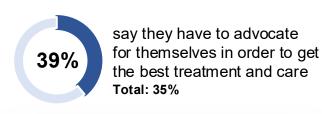
Somewhere in the middle

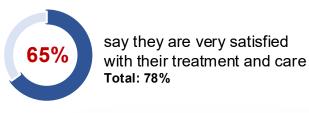
I am/was very involved in researching and deciding on the best treatment options for me.



More on Mental Health

- More likely to see a Psychologist or Psychiatrist during treatment: LGBTQ 15%, Total 8%
- More likely to experience depression/anxiety during or after treatment:
 LGBTQ 47%, Total 32%





Top 3 Financial Impacts	LGBTQ+	Total
Applied for government financial assistance	25%	13%
Had difficulty affording prescription drugs	23%	9%
Borrowed money from family or friends	21%	13%

Top 3 Employment Sacrifices	LGBTQ+	Total
Missed work	27%	24%
Lost salary or wages	22%	15%
Took a leave of absence	21%	10%

Current State of Emotional Health

• Excellent: 16% Total: 23%

• Good: **23%** Total: 41%

• Fair: 41% Total: 26%

• Poor: **19%** Total: 9%



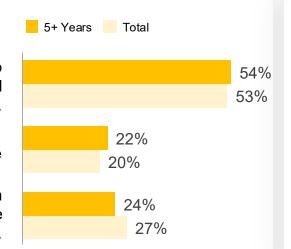
Patient Profile: Treated More than 5 Years Ago

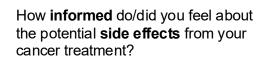
Decision-Making

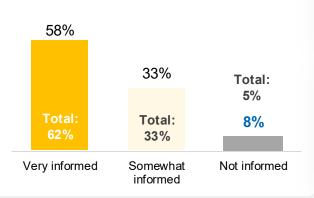
I rely/relied on the doctor to decide on treatment options and choose the best course of action.

Somewhere in the middle

I am/was very involved in researching and deciding on the best treatment options for me.

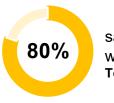








say they have to advocate for themselves in order to get the best treatment and care Total: 35%



say they are very satisfied with their treatment and care Total: 78%

Top 3 Financial Impacts	5+ Years	Total
Spent savings/retirement money	11%	15%
Applied for government financial assistance	10%	13%
Borrowed money from family or friends	9%	13%

Top 3 Employment Sacrifices	5+ Years	Total
Missed work	24%	24%
Lost salary or wages	13%	15%
Took paid medical leave (offered by job)	13%	11%

Current State of Health

• Excellent: 10% Total: 7%

• Good: 55% Total: 48%

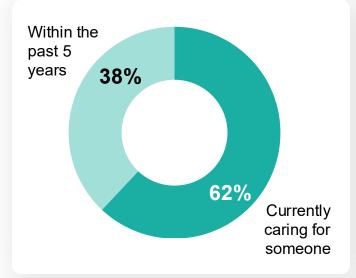
• Fair: 29% Total: 35%

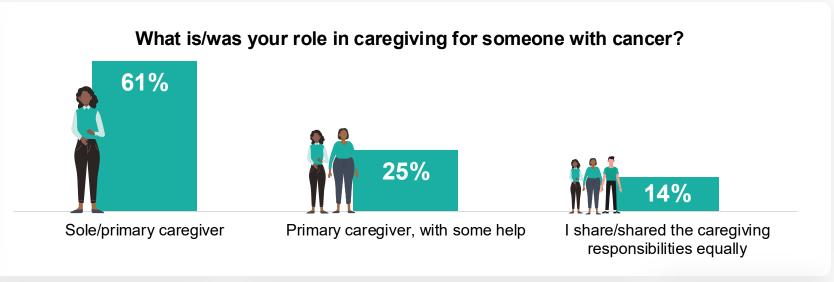
• Poor: 6% Total: 9%

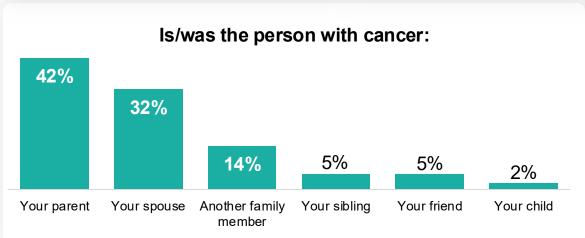


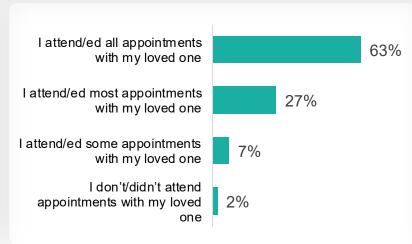


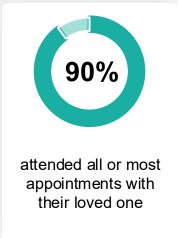
Caregiver Profile/Experiences









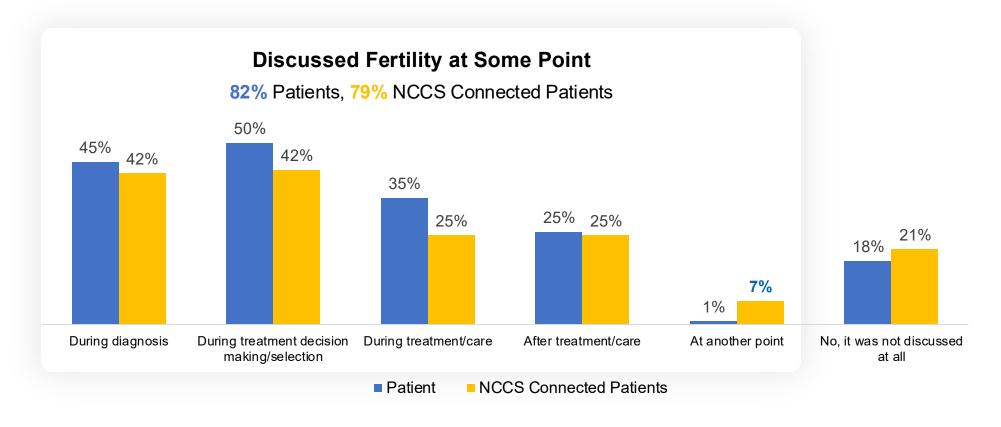


APPENDIX B: Additional Subgroup Analysis

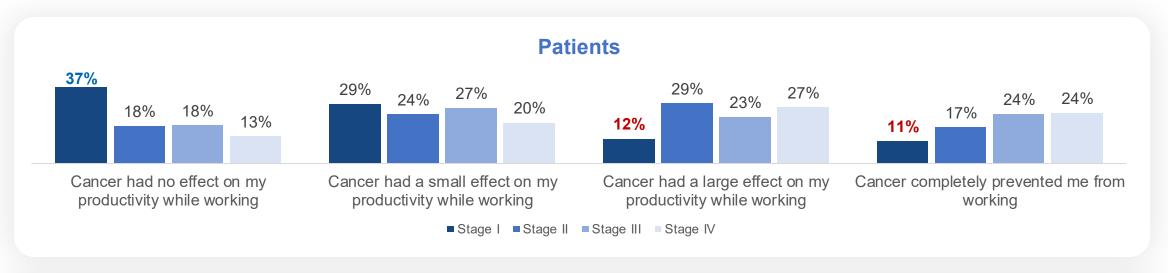
Impact of Treatment on Fertility

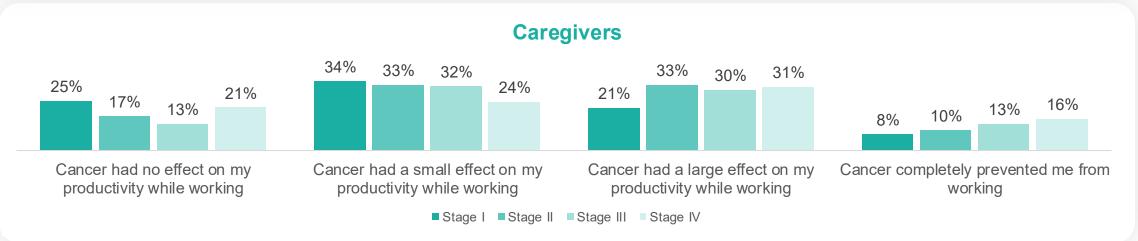
Most under 40 recall having a conversation with their health care team about fertility implications.

Did your health care providers discuss the impact treatment(s) could potentially have on your/your loved one's fertility at any of the following points in time? Select all that apply.



Impact on Work Productivity by Cancer Stage





Healthcare Providers Visited and Helpfulness, all provider types

	% Patients who saw provider	Very Helpful (among Patients who saw provider)	Very Helpful (among Caregivers whose loved one saw provider)
Oncologist that treats adults	59%	89%	81%
Surgeon	53%	90%	80%
Primary care physician	48%	71%	63%
Radiation oncologist	42%	85%	74%
Nurse/Nurse practitioner	26%	81%	72%
Pharmacist	17%	66%	65%
Cardiologist	11%	70%	62%
Hematologist	11%	77%	66%
Nutritionist/dietician	11%	54%	48%
Patient navigator	9%	66%	45%
Social worker	9%	59%	45%
Pain specialist	9%	68%	62%
Psychologist or Psychiatrist	8%	64%	65%
Endocrinologist	8%	71%	63%
Physical therapist	8%	65%	61%
Home health aide	5%	65%	68%
Rehabilitation specialist	4%	62%	65%
Occupational therapist	4%	62%	33%
Palliative care	3%	64%	70%
Speech therapist	2%	69%	53%
Audiologist	2%	52%	38%
Fertility specialist	1%	43%	50%
Pediatric oncologist	1%	69%	73%
Prosthodontist	1%	84%	38%
Pediatrician	1%	74%	88%
Hospice	1%	62%	83%

Survivorship Plan Details

There are not a lot of differences in experiences or preferences by time since treatment.

	Received in Care Plan		Would be Helpful to Get in a Care Plan			
	Total	Treatment <5 Yrs.	Treatment 5 Yrs.+	Total	Treatment <5 Yrs.	Treatment 5 Yrs.+
Side effects that might be experienced	67%	66%	69%	42%	46%	39%
Recommended future screening(s)	65%	65%	64%	39%	43%	35%
Summary of all treatments received	64%	68%	59%	25%	26%	23%
Information about the cancer type, stage	57%	61%	52%	26%	29%	23%
Information about recommended exercise/physical activity	48%	47%	51%	17%	22%	13%
Diet and nutrition recommendations	46%	49%	41%	22%	25%	19%
Possible support groups	37%	36%	40%	17%	16%	17%
Information about ways to reduce risk for a recurrence and other cancers	37%	36%	38%	27%	30%	24%
Information about depression, anxiety, and other mental health concerns	36%	37%	33%	20%	17%	22%
Information about sexual health concerns after cancer	31%	28%	35%	18%	17%	18%
Resources in the community to go for help	29%	27%	34%	11%	11%	11%
Recommendations for screening for other cancers	29%	30%	28%	24%	24%	24%
Information about integrative (complementary) medicine approaches	13%	15%	9%	7%	8%	6%
Information about palliative, hospice, and/or end-of-life care	5%	7%	3%	2%	1%	2%
Other	2%	1%	3%	1%	1%	0%
None of the above	1%	2%	-	23%	22%	24%

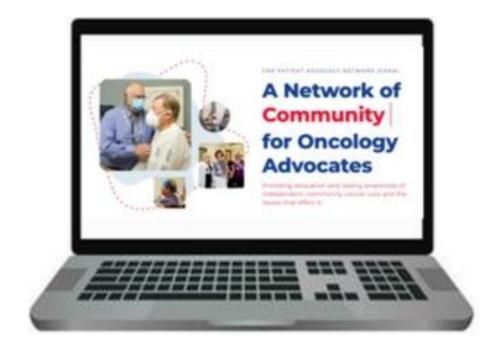
Reminder Ways to Stay Engaged and Educated with CPAN

- Participate in our Monthly CPAN Advocacy Chats: Educational Conversations on Cancer Advocacy & Policy
- 2. Signup for the CPAN newsletter
- 3. Visit our website to learn more and take action
- **4. Share** Your Story
- 5. Follow us on social media









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Join our next CPAN Advocacy Chat on Wednesday, July 9, at 12:00 pm ET

