Treatment experiences and decision-making among patients with metastatic colorectal cancer: Results of an online US patient survey

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Background

- Globally, colorectal cancer (CRC) is the third most diagnosed cancer and the second leading cause of cancer-related mortality[1]
- Designing treatment strategies in metastatic CRC (mCRC) is a complex process and shared decision-making is important[2,3]
- Treatment decisions should balance treatment risks and benefits with patient preferences and values[2–4]
- We conducted an online survey to understand the treatment experience of patients with mCRC, including patient involvement in the treatment decision-making process

Methods

- Adults (≥18 years) with stage IV mCRC participated in an online survey conducted in the United States (US) by The Harris Poll between January 17 and February 7, 2024 **(Summary Panel)**
- Patients were recruited through online panels and patient advocacy groups (PAGs) BLKHLTH, COLONTOWN, Colorectal Cancer Alliance, and Family Reach
- The 60-question survey explored patient profile, diagnosis experience, the role of PAGs/other resources, quality of life (QoL), access to care and financial challenges, discrimination, and treatment experience
- Raw data were not weighted and are therefore only representative of the participants who completed the survey
- The sampling precision of Harris online polls is measured using a Bayesian credible interval. Total sample data are accurate to within 5.3 percentage points using a 95% confidence level
- All surveys are subject to multiple sources of error, which are most often not possible to quantify or estimate, including coverage error, error associated with non-response, error associated with question wording and response options, and post-survey weighting and adjustments

Results

Patients

- Of 344 respondents who completed the survey, 74% (n=254) were recruited via online panels and 26% (n=90) were recruited through PAGs
- The mean (standard deviation [SD]) age was 56 (±13) years and 55% (n=190) were male
- In total, 46% (n=158) of respondents were White, 25% (n=87) were Black/African American, and 22% (n=75) were Hispanic

Patients' treatment experience

- Of 256 patients who received mCRC treatment, chemotherapy (66%) and surgery (57%) were the most common therapies, with 24% of patients having received targeted therapies **(Table 1)**

Question

From the patients' perspective, what is their experience of the decision-making process for mCRC treatment?

Methods

Patients aged ≥18 years with stage IV colorectal cancer participated in the survey (N=344)

Online 60-question survey, conducted in the US, January 17–February 7, 2024

Scope of questions covered: patient profile, diagnosis and treatment experience, the role of PAGs/other resources, QoL, access to care and financial challenges, and discrimination

Key conclusion

Patients with mCRC rely on HCPs when making treatment decisions and wish for more power in this process. Patients identified physical health impact, QoL implications, and concerns over being a burden to family as important factors driving their treatment decisions. In addition, PAGs, who represent an important source of information and support, were underutilized.

Results

344 respondents

254 recruited via online panels

90 recruited via PAGs (BLKHLTH, COLONTOWN, Colorectal Cancer Alliance, and Family Reach)

Key demographics

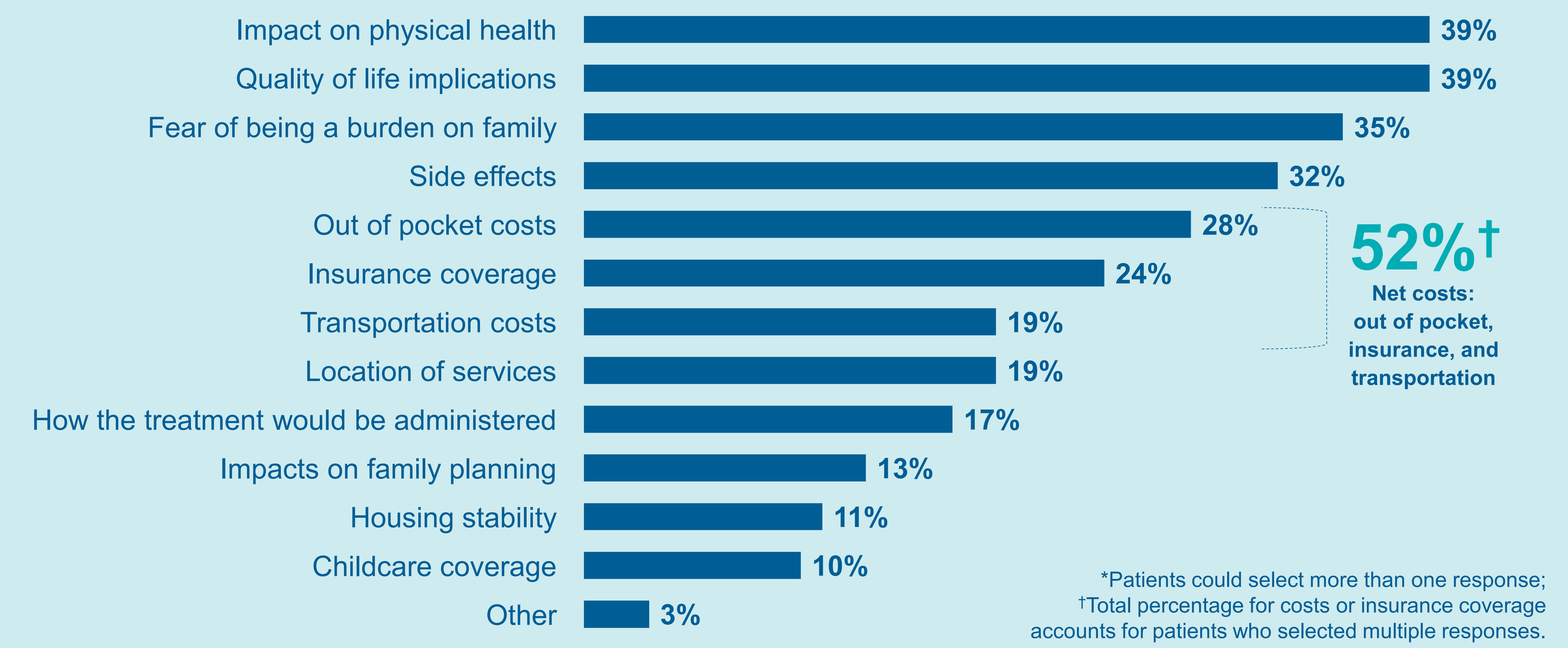
- **Mean (SD) age:** 56 (±13) years
- **Men:** 55% (n=190)
- **Women:** 45% (n=154)
- **White:** 46% (n=158)
- **Black/African American:** 25% (n=87)
- **Hispanic:** 22% (n=75)

Current health status

67% described their overall physical health as poor

96% were very or somewhat concerned about their current health

Figure 1. Factors impacting treatment decisions (N=344)*



*Patients could select more than one response; †Total percentage for costs or insurance coverage accounts for patients who selected multiple responses.

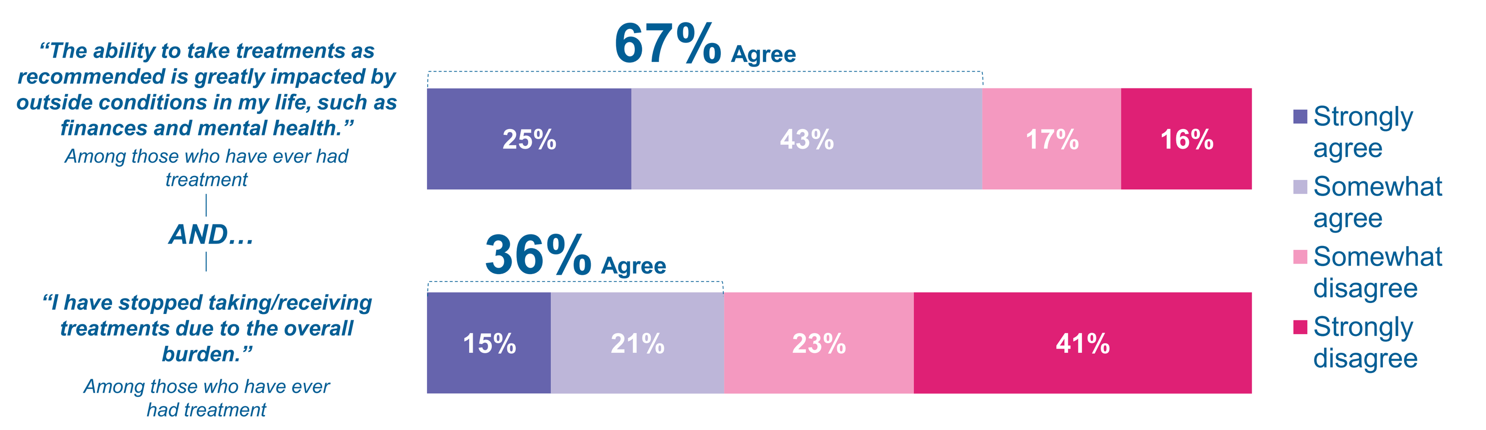
Table 1. Treatment experience of patients with mCRC in an online US survey

n (%)*	All patients N=344	White patients n=158	Black patients n=87§	Hispanic patients n=75§
Received treatment†	256 (74)	129 (82)	52 (60)	60 (80)
Chemotherapy	169 (66)	104 (81)	23 (44)	33 (55)
Surgery	147 (57)	86 (67)	23 (44)	32 (53)
Radiotherapy	101 (39)	52 (40)	25 (48)	15 (25)
Immunotherapy	72 (28)	30 (23)	16 (31)	20 (33)
Targeted therapy	61 (24)	30 (23)	12 (23)	14 (23)
Other	13 (5)	12 (9)	0	0
Stopped treatment due to overall burden‡	92 (36)	27 (21)	28 (54)	33 (55)
Had to decide on treatment vs basic needs	198 (58)	69 (44)	60 (69)	52 (69)

*Denominator is the number of survey respondents who had ever received treatment; †Patient perception of treatment class they received; immunotherapy was the most likely treatment to be misidentified; ‡For example, due to financial impact or QoL; §Base size <100 patients: interpret results directionally.

- Overall, 58% (n=198) of patients have had to decide between affording treatment costs and meeting basic needs, e.g., safe housing, food, transportation, which increased to 69% for Black and Hispanic patients **(Table 1)**

Figure 2. Impact of patient circumstances on ability to take treatment*



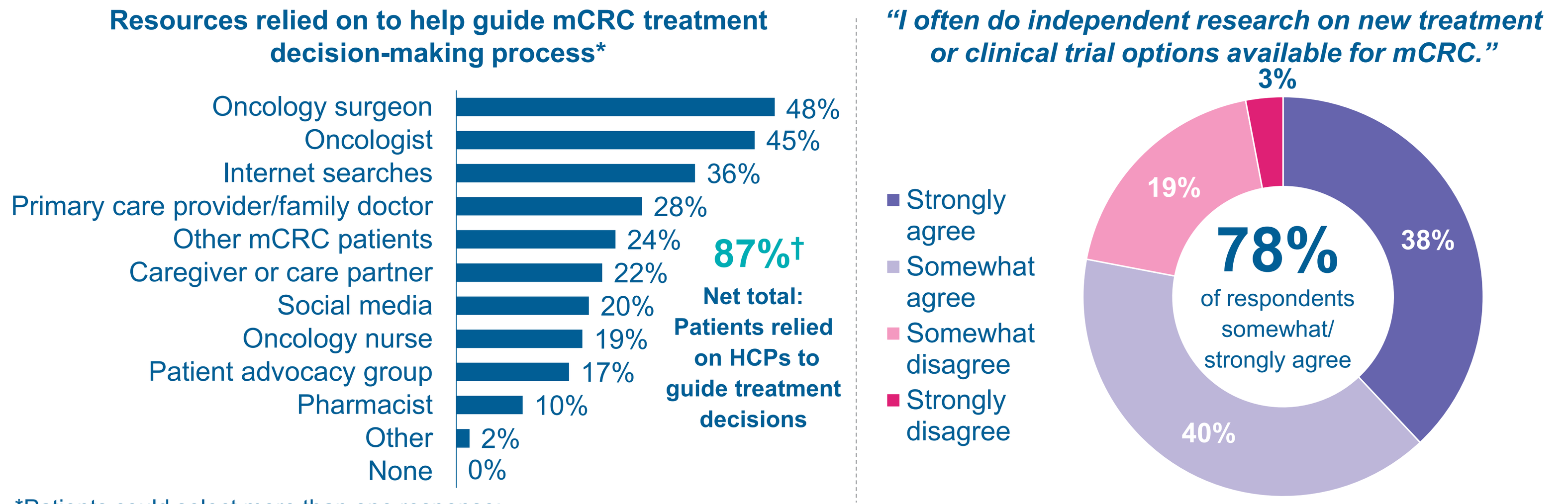
*Total values may not sum to 100% due to rounding; Base: Those who have ever received treatment (n=256).

- Among patients who received therapy, 67% (n=172) reported that their ability to take treatments as recommended was greatly impacted by outside conditions in their lives such as finances or mental health **(Figure 2)**

Patient involvement in treatment decision-making

- Of 344 survey respondents, 87% (n=298) relied on their healthcare provider (HCP) when making treatment decisions, even though 78% (n=268) of patients say they often carried out independent research on new available treatments or clinical trials **(Figure 3)**

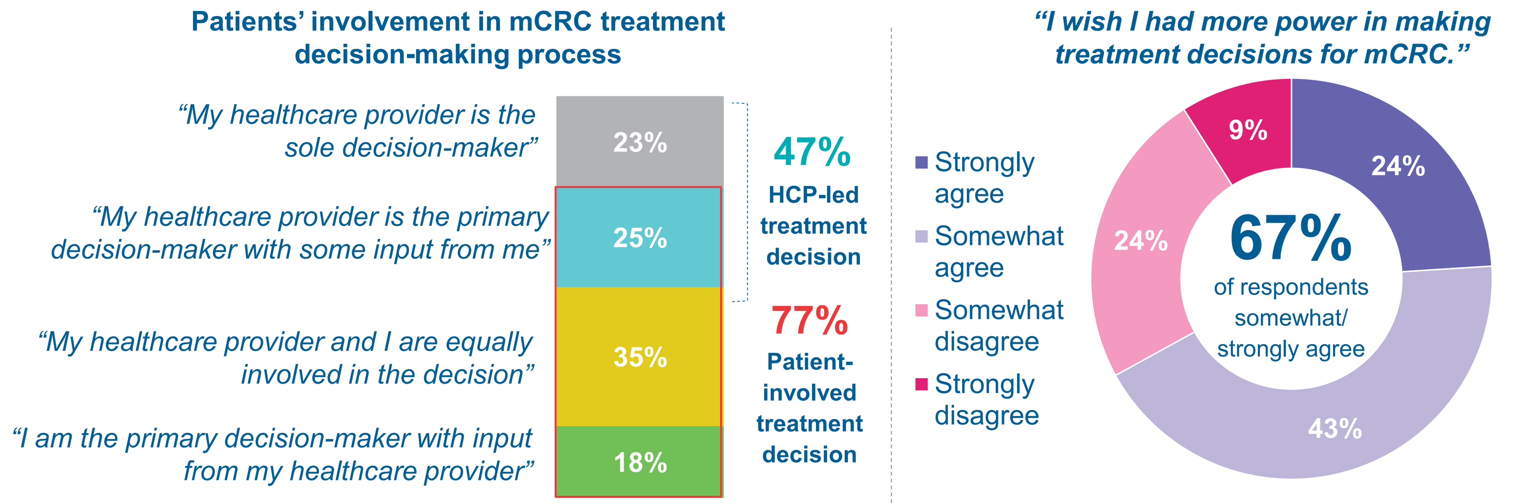
Figure 3. Resources patients used for treatment decision-making (N=344)



*Patients could select more than one response;
†Total percentage for patients who relied on HCPs accounts for patients who selected multiple responses.

- Although 77% (n=266) of patients are at least somewhat involved in treatment decision-making, 67% (n=231) wished for more power in this process **(Figure 4)**; this increased to 83% (n=72) for Black patients compared to 68% (n=51) in Hispanic patients and 56% (n=89) in White patients
- Factors that most affected patients' decisions relating to their treatment included costs or insurance coverage for 52% (n=179) of patients, impact on physical health for 39% (n=135), quality of life implications for 39% (n=134), and fear of being a burden to their family for 35% (n=119) **(Summary Panel, Figure 1)**
- Overall, 19% (n=64) of patients wished for more support from PAGs during treatment, while only 17% (n=59) have ever relied on PAGs to help guide treatment decisions

Figure 4. Patients' treatment decision-making process (N=344)



Conclusions

- While discontinuing treatment due to lack of efficacy is common in the mCRC setting,[5–9] a notable proportion of survey respondents agreed that patient-related factors such as finances or mental health impacted their ability to take treatments as recommended
- Patients with mCRC rely on their HCPs when making treatment decisions and there is a need for improved communication between HCPs and patients to ensure patients are involved in making informed treatment decisions consistent with their needs and preferences
- It is also important for HCPs to ensure patients are aware of PAGs, as these organizations play a valuable role in supporting patients through their mCRC treatment and can provide resources such as financial assistance programs, insurance navigation, and disease education

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Disclosures

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