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Expert Panel: How Can We Integrate Patient Preference Data To Support Shared Decision-Making Conversations in mHSPC?

Announcer:

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Dr. Morgans:

Hi, my name is Alicia Morgans, and I am a GU Medical Oncologist at Dana Farber Cancer Institute. I'm so pleased to be joined today by Dr. Kelvin Moses of Vanderbilt University. And we're going to be talking about how can we integrate patient preference data to support shared decision-making conversations in metastatic hormone-sensitive prostate cancer? Thank you so much for being here with me today, Kelvin.

Dr. Moses:

Great to be here. Thank you.

Dr. Morgans:

Wonderful. So, you know, we're talking about shared decision-making, which is the crux of what we do on a day-to-day basis with our patients. And I wonder, as you're thinking about engaging in those shared decisions with patients, what are some of the things that they bring up or think about that they need to contribute to those conversations to make those choices?

Dr. Moses:

Yeah, that's a great question. And it is such a complex topic. I mean, we have entire conferences discussing this between ourselves. And so, when you're discussing with patients, number one, the first thing they want to know is, am I going to live and how long am I going to live? So, you want to assess their overall quality of health, you want to assess their prioritization.

And then the other things that you patients really want to know is, you know, what kind of treatments can I get? And what is the cost? Because a lot of the treatments that we offer can be quite costly, depending on their insurance coverage, or even if they have insurance. So a lot of the discussion is really centered on, you know, what's available, what can I tolerate? You know, what level of disease do I have? But also, how's it going to affect my pockets? The cost of medical care in this country, you know, sometimes people have to decide on buying food and groceries versus their medication. So, it's really important to assess all of those factors when you're having that shared decision-making conversation.

Dr. Morgans:

Absolutely. You know, when you think about tolerability and side effects, I usually think about it from a, you know, what's reported on the package insert perspective, but also what is the quality-of-life data from the patient himself involved in those clinical trials that led to the approval of these drugs? How do you think about the patient-reported outcome quality-of-life data and the tolerability data from the package insert? How do you kind of pull those together in this shared decision-making?

Dr. Moses:

Yeah. And so that you have to really explain that well, because if you say arthralgia and myalgia to a patient, they're probably not going to understand that. And so those patient-reported outcomes, or PROs, are really important, because those questions are designed specifically for patients in a manner that meets their level of health literacy and understanding. And then I can give that information to the patient. So most people understand like, what is a hot flash? Or what is joint pain? Or what is nausea? Or what is fatigue? And so, for each of the types of medications that we give, they have relatively unique side effects or adverse event profiles. And so translating those PROs, the patient-reported outcomes, from the trials, helps again, in that discussion with the patient so that it's given to them in a manner where they can say, 'Okay, well, I can, tolerate hot flashes. I saw my wife go through it,' or, you know, 'I might be a little tired at the end of the day, so I'll just take a nap,' or something like that. So integrating that information.

And a lot of times we will include patient-reported outcomes in our clinical follow-ups. So if patients are having slowing of urination or increasing fatigue, we can note that in our chart so that we can address those medical issues apart from the cancer.

Dr. Morgans:

Great. Well, I think as we wrap up here, tell me a little bit about health literacy. You mentioned it briefly. But this can be a major challenge and really something that I know you're very interested in addressing.

Dr. Moses:

Yeah. So thank you for asking that. So literacy is just your way of being able to read and process information. And health literacy means that you're able to read and process information in a way that helps you to make an informed decision that's best for yourself.

Here at Vanderbilt and other places, we actually assess health literacy as part of our intake. And it's just 3 simple verbal questions, and the patient gives their response on a scale. They're really just asked, you know, are you comfortable reading a prescription label? Are you comfortable receiving written information? Or would you rather get it verbally? And again, when we're handing patients information, you want to make sure that is at a level that they can understand. And so, if they have a low health literacy, I know I need to tailor my discussion, maybe use drawings. And then if somebody has very high literacy, I have a doc that's in the room, then I can use all that verbiage and some of those package inserts.

But again, that communication, that shared decision-making, you want to make sure the patient understands. You can either use techniques like the teach-back method where they demonstrate their understanding. So it's really important to have that information.

Dr. Morgans:

Well thank you for sharing that with us. I appreciate your time today.

Dr. Moses:

Thank you.

Announcer:

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