

Transcript Details

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Breast Cancer Patients' Quality of Life: Real-World Data

Announcer:

You're listening to a special focus on breast cancer from *Advances in Women's Health*, sponsored by Lilly.

Dr. Birnholz:

Coming to you from the European Society for Medical Oncology's Annual Congress in Barcelona, Spain, this is ReachMD. I'm Dr. Matt Birnholz. I'm joined by Thanos Kosmidis. He's the Founder and CEO of Care Across, and he and his company are responsible for a new poster presentation at ESMO titled: Breast Cancer Patients' Quality of Life: Real-world Data.

Thanos, welcome to the program.

Mr. Kosmidis:

Good to be here.

Dr. Birnholz:

So, just to get a basic summary of what you were looking for in the study, tell us a little bit about how you came into this study, what you were hoping to find.

Mr. Kosmidis:

We wanted to identify patterns of patient experience and behavior, and we wanted to find whether we could actually associate these two. Running platforms on breast, lung, colorectal and prostate cancer, we focused on breast cancer for a bit and specifically on 2 large segments or 2 different types of breast cancer. One is triple-negative breast cancer and then every other type of breast cancer. Triple-negative breast cancer is, perhaps, the most challenging one because you cannot really use targeted treatments, and so we had the hypothesis that these patients have a different experience and so they have different behavior, so we focused then on 2 parts of their daily living. One is their side effects, and the other is their supplements. So the analysis showed that indeed there was (inaudible)*1:27 about 1,000 patients across 5 countries in Europe that showed that indeed triple-negative breast cancer patients do report more side effects to the tune of about 22%, but they also take more vitamins and supplements, about 20% more, so one needs to see a bit deeper to find out exactly whether there is a causal relationship between the two, but we do know that, for example, triple-negative breast cancer patients are taking more toxic treatments. So there are subtle links across the story, and we keep collecting a lot of data. We engage with patients throughout their lives online, so we keep collecting very interesting insights.

Dr. Birnholz:

So it sounds like one of those insights is that there is an implication here that because of the higher severity of side effects, patients, for one reason or another yet to be determined, are more motivated, compelled to try to intervene on their own behalf with their own form of supplements to try to, perhaps, get in front of the side effects that they're dealing with or, perhaps, it relates to other factors. Are there any thoughts in advance based on the findings that you've had as to what might be compelling this correlation?

Mr. Kosmidis:

That's a good question. We have actually discussed it with many clinicians, and there's 2 schools of thought. One is that—do you know what?—patients will do anything in their power, and the more, perhaps, engaged they are, the more things they will try out. The other school of thought is about the psychological aspect of knowing that you have a challenging condition so then you start reaching out to other “approaches or solutions.”

We had run another study which was focusing on the specific topic of supplements and alternative and complementary medicine, and most of the patients were responding to the question. The question was, “Why are you taking, if you are?” And the overwhelming

answer was, first of all... Well, the first answer was: "To feel better." And the other is: "Because I can" essentially. Right? "It's something that I can actually affect while I cannot really affect my treatment or I cannot really affect my follow-up tests, but it's something I can do day-to-day and kind of empowers me." That's our readout.

Dr. Birnholz:

It's interesting. That idea of empowerment in a way speaks both positively of the patients' capabilities to do that. For instance, where the study was done in the UK, it speaks to that there is a level of empowerment both economically and socially through helping patients feel like they should do something, they should do something in their power, but it also, perhaps, speaks to another message underlying which might not be quite as glowing and that might relate to feeling disempowered in the healthcare setting through a lack of access or through maybe a lack of communication, communication gaps with their healthcare providers. Do you think that there was any possibility that that might be in play here too?

Mr. Kosmidis:

Totally. Actually, the study included patients from 5 European countries, so UK was one, but also France, Germany, Spain and Italy. And while it's not shown here, we do see some different patterns across countries. We know, for example, that patients in Germany are more open to alternative and complementary treatments. This is how the overall system is working. It sounds like from the insights we've collected so far that patients in Italy are always eager to search for more information. We see different behaviors, for example, and these can, indeed, be revealing patterns across access to information, access to care, relationship with the clinicians, how personable these healthcare professionals are, and I think it's one of those things where it can really affect both the behavior of a patient but also how they consume services, public or private, around their condition.

Dr. Birnholz:

It sounds like the organization, therefore, has a number of leads, a number of extension points that you can continue on. What would you think the next path would be for Care Across?

Mr. Kosmidis:

That's a great question. We're still exploring, and we're never actually down only 1 path. I mean, just the fact that we have platforms also in lung, colorectal and prostate allows us to do a lot of different things and actually comparing and contrasting across conditions. Right? Our core value, if you will, or core assets are access to the patient population and access to the patient insights, so we always look for patterns that we can go back to our members, our patients, and drill down and ask more and always have a very scientific backing to what we communicate but understand that patients are first and foremost people and then patients. So, how can we help them day-to-day?

Dr. Birnholz:

That's excellent. And, Thanos, before we sign off, are there any thoughts that you want to contribute, any other takeaways for the healthcare professionals out there who are not just interested but specializing in breast cancer care and interested in trying to improve quality of life for their patients?

Mr. Kosmidis:

Well, there are so many messages, and I don't think I'm qualified even not being a healthcare professional to relay those, but what I would say is that patients are really appreciative of clinicians' efforts and time. Being there and being present to listen is key. And I hate to bring up more research that we're doing or more surveys that we ask, but we're actually currently running a survey on patient perception and relationship with their doctors, and the initial insight is that just listening is half the battle, so being there and listening is really key for those patients who are just unfortunate to be on the other side of the table.

Dr. Birnholz:

That's great. You know, I just realized... I'll backtrack for a second before my last question there because we can come back... We'll edit that. I didn't ask you about how the vitamins or supplementation actually broke out. And it looks like you have a nice sort of breakout, and maybe I can ask you that, and then you can kind of speak to that it wasn't simply just vitamins. It was a number of things that people were going after. Is that all right?

Mr. Kosmidis:

Sure, because they won't have the visual, right?

Dr. Birnholz:

They won't have it, yeah.

Mr. Kosmidis:

Sure, sure, we can do it, yeah.

Dr. Birnholz:

So, Thanos, I want to ask you a little bit more about... Actually, I'll... So, Thanos, I want to dig a little deeper into the supplementation area for the patient survey you did because it wasn't just vitamins that they were going after. It seems like the patients that you surveyed were accessing or pursuing a number of different types of supplements. What was the breakout that you found?

Mr. Kosmidis:

So, indeed, vitamins are common. For example, vitamin C, we see about 24% of triple-negative breast cancer patients receiving them or taking them and about only 10% of non-triple-negative breast cancer, but still quite a sizable part of the population. The most common is turmeric, which the literature is very rich about the effects of that on many levels, and I will not comment on that, of course. Flax seed is very common as well, vitamin D. Magnesium is one of those supplements which are in some cases actually prescribed by clinicians, depending on the case. Fatty acids are very common, probiotics, calcium as well. And actually, I think this is a list of maybe 13, 14 substances. There is a long tale of supplements that are just strange. For example, I recall zinc being quite common across triple-negative breast cancer patients, 4 times more compared to non-triple-negative, so one would wonder why, and it could be somebody had put up a website about it, for example, and people just land on it. But then again, does it affect those patients in a way that it should not?—because it's a sizable number. So, really, really interesting to see all the correlations and all the little dots that make up, essentially, a patient journey, right?

Dr. Birnholz:

And on that note, I was surprised by the absolute percentage, not just the comparative one, between triple-negative breast cancer patients and non-triple-negative breast cancer patients, but just the overall extent to which patients were accessing these supplements—turmeric, for instance, at nearly 25, beyond 25% for triple-negative breast cancer patients and almost 25% of all the patients that you surveyed. That's a remarkable number and a very high, not just willingness, but perhaps need to explore supplements.

Mr. Kosmidis:

That's exactly right. Exploring, I think, is the right term because people are hungry for options, so maybe they are trying this out, trying combinations, not necessarily in the right way. And I recall a few congresses ago at ESMO where in the patient (inaudible)*12:35 there was a survey, a questionnaire, and more than 50% of patients were taking something, so you can see this is about right, but most of them were not telling their clinicians about it. And so that's reasonable, right? But does it help patients? Not really. Can we do something about it? Perhaps. Hopefully, your efforts can contribute to that.

Dr. Birnholz:

Well, on that note I very much want to thank my guest, Thanos Kosmidis, for joining me to talk about breast cancer patients' quality of life and their poster session on the real-world data to examine supplementation use and the experience for these patients. Thank you again, Thanos.

Mr. Kosmidis:

Thank you, sir.

Dr. Birnholz:

For more access to this and other episodes devoted to breast cancer and breast cancer research, visit ReachMD.com where you can join the conversation and Be Part of the Knowledge. For ReachMD, I'm Dr. Matt Birnholz. Thanks again for listening.

Announcer:

You've been listening to this special focus on breast cancer from *Advances in Women's Health*. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/Advances-in-Women's-Health, where you can join the conversation and Be Part of the Knowledge. Thank you for listening.