

Transcript Details

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Do Breast Cancer Patients & Oncologists Agree on the Severity of Symptoms After Treatment?

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 floors of ESMO 2019 in Barcelona, Spain, this is ReachMD. I'm Dr. Matt Birnholz. I'm joined by Dr. Randi Reidunsdatter, who is a researcher at the Norwegian University of Science and Technology who produced a new paper recently and soon to be published called Agreement Between Patients and Oncologists on the Severity of the Patient's Symptoms and Functions during a One-year Follow-up After Breast Cancer Treatment.

Dr. Reidunsdatter, welcome to you.

Dr. Reidunsdatter:

Thank you. Thank you very much.

Dr. Birnholz:

So, Dr. Reidunsdatter, can you talk to us about the study, what you were hoping to find and what compelled the beginning of this study?

Dr. Reidunsdatter:

Yeah. I'm doing research within the field of late effects of breast cancer treatment especially, and this is a study assessing the agreement between patients' and physicians' ratings on the severity of symptoms and functions in cancer patients. And what we did was that patients rated their symptoms and functions at the EORTC scale, which you are probably familiar with, and the physicians rated on the CTCAE scale, and the scale goes from not at all to very much symptoms. So we assessed at several time points during treatment and 1 year after treatment, and this on the poster is the assessment immediately after ending radiotherapy, and we assessed their fatigue, hot flashes, arm pain, breast pain, and emotional and physical function.

Dr. Birnholz:

And these are the primary post-sequelae symptoms that you've encountered.

Dr. Reidunsdatter:

Yeah, that was the symptoms covered by the instrument we used in the study. And what we see, for example, here was hot flashes. When the patient's symptoms increase, the level of agreement between patients and the physicians decreases. As you see here, from 227 patients, 64 of them rated the symptoms to be quite a bit, whereas the physicians only recognized 18 of these 64 patients, and when the symptoms came to very much, 35 patients rated the symptoms as to be very much symptoms, and none of the physicians recognized this.

Dr. Birnholz:

So this is so counterintuitive because what you have found is that the higher the severity of symptoms postprocedure or posttreatment, the less agreement there was or less concordance there was between physicians and patients.

Dr. Reidunsdatter:

Yes. And we can see for several symptoms here—for fatigue and hot flashes and arm pain and breast pain—you can see all the same pattern. The agreement is when the symptoms is few, the agreement is rather 90%. When the symptoms come to rating a little, the agreement is about 40%. And when it comes to quite a bit, it's around 13%. Yeah, the message is be aware of patients' symptoms when they increase in severity because they are documented in several research reports that the agreement is poor, but this is the first, one

of the first who have done the research, this kind of research in breast cancer patients. So it goes with the other cancer types. It's the same pattern. But it's important to recognize and take into the clinic that patients' voices also have to be a part of the clinical judgment. Also, look at (inaudible)*4:04 in the journals.

Dr. Birnholz:

And I have to say it's a very generous title that you provided when you call it The Agreement Between.

Dr. Reidunsdatter:

Yeah.

Dr. Birnholz:

Because perhaps a more accurate but sobering title would be The Disagreement Between these 2 parties.

Dr. Reidunsdatter:

Yeah, Poor Agreement.

Dr. Birnholz:

What do you think... It's early yet, and there's more research to be done, I'm sure, but what do you think accounts for this disparity between severity of symptoms and agreement between physicians and patients? Why is it that the more severe symptoms become the more disagreement there is or the less acknowledgment there is from physicians? Again, it sounds counterintuitive. What do you think might account for that?

Dr. Reidunsdatter:

Well, symptoms is a very subjective matter. It could be the context of where the patients are reporting their symptoms. They could underestimate it in front of the doctor. They could say I'm more healthy than I really am. It could be that there is lack of time and the physician hasn't the time to ask properly, and the setting, so it could be many explanations, but this is what we're going to look more into, what could be the reasons for it; but we know from several fields that there is a poor agreement, so we have to... The learning outcomes we have to take home is that we have to use the patient's voice in describing their symptoms and use it in the clinic together with the clinician's judgment, so that's the take-home message, I think.

Dr. Birnholz:

Well, it's a great take-home message for us to part with for this interview. I really want to thank you for your time to give us a sense of this. Before we go, one last question for you. Obviously, this study was centered in your home university.

Dr. Reidunsdatter:

Yeah.

Dr. Birnholz:

Do you feel like this applies both nationally and internationally beyond Norwegian borders?

Dr. Reidunsdatter:

According to the literature, yes, I think it's common also outside the Norwegian borders. Yeah, I think so. So it would be generalizable to other countries as well.

Dr. Birnholz:

Well, Randi, thanks again for your time. I really appreciate having you on ReachMD.

Dr. Reidunsdatter:

Thank you very much.

Dr. Birnholz:

For access to this and other episodes, visit ReachMD.com. 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.