

Results from a novel educational program to help nurses when discussing the Oncotype DX Breast Recurrence Score® test with their patients



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ABSTRACT

Discussing risk of recurrence and potential treatment benefit in early breast cancer can be challenging, especially when dealing with anxious patients and/or those with difficult social circumstances. UK patients usually have access to specialist breast care nurses (SBCN) who discuss in further detail the implications that the Oncotype DX Breast Recurrence Score® result may have for treatment decisions, risks and benefits of chemotherapy, and the potential impact on patients' well-being and lifestyle. We developed an innovative communication skills workshop to assist SBCNs with these encounters. The 6-hour workshops comprised two didactic presentations, one on the data underpinning the Oncotype DX Breast Recurrence Score® result and the cut-points post-TAILORx and the other on the psychology of risk which included interactive exercises about numeracy, communication, and tolerance to uncertainty. Attendees then split into small groups for two practical sessions led by experienced facilitators. First they viewed one of two filmed scenarios of oncologists explaining the Recurrence Score® results to patients. The SBCNs then met with the same simulated patient just seen on film, who was now 'in clinic' a week later and keen to discuss her test result further. During these practical sessions, facilitators engaged and encouraged the SBCNs to consider and practice different ways of handling the patients' difficult questions. At completion of each session, the simulated patients provided feedback and suggestions. Attendees completed 11-item pre-/post-workshop questionnaires probing their self-confidence when discussing complex issues surrounding the Recurrence Score results. A total of 69 UK SBCNs participated. There were significant and positive improvements in mean change scores of self-rated confidence for all 11 issues (P<0.004; Bonferonni), including the handling of discussions of Recurrence Score results post-TAILORx. Workshops were rated as informative (9.6/10), useful (9.6/10), and enjoyable (9.6/10), with 68/69 (99%) recommending it to colleagues. Nurses can play an important role helping patients' decision-making; they are also usually fearful of role-play, but most found the innovative practical sessions especially helpful. Our results showed that improved self-confidence, a key element required to lead to a transfer of communication skills into a clinic setting, was achieved in this 6-hour workshop.

Methods

The workshop was adapted from an evidence based program (TARGET)¹ and contained **3 key elements** shown to enhance communication skills likely to transfer into a clinic setting & are enduring:-

Knowledge acquisition **KA**; Self-awareness **SA**; Skills development **SD**

(KA): 2 didactic presentations

- Data underpinning the Oncotype DX test post-TAILORx¹
- Psychology of risk

(SA): Numeracy, tolerance to uncertainty exercises

(SD): Small-group work led by experienced facilitators

- Firstly viewed 2 filmed scenarios of oncologists explaining high & low intermediate Recurrence Score results with simulated patients
- Then SBCNs met with the same 'patient,' who was now 'in clinic' a week later and keen to discuss her test result further



During these sessions, facilitators engaged and encouraged SBCNs to consider and practice different ways of handling "patients" difficult questions.

After each session, the simulated patients provided constructive feedback

Evaluations

Attendees outlined difficulties they faced in their own practice when discussing risk, treatment options, and the Recurrence Score results and completed:

- Intolerance to Uncertainty Scale²
- Numeracy exercise
- Pre- and post-workshop questionnaire to measure self-confidence when discussing complex issues around Recurrence Score results



Results

- 3 workshops attended by 69 SBCNs

Numeracy results (correct answers)	N=68 (%)
A person taking Drug A has a 1% chance of an allergic reaction. If 1000 people take the drug, how many will have a reaction? (10)	52 (76%)
A person taking Drug B has a 1 in a 1000 chance of an allergic reaction. What % of people taking the drug will have a reaction? (0.1%)	23 (34%)
The chances of getting a serious viral infection is 0.0005. How many of 10,000 exposed people might get the infection? (5)	29 (43%)
Imagine I flip a fair coin 1000 times. How many times will the coin land heads up? (500)	49 (72%)

Intolerance to Uncertainty Scores (N=68)

Total Mean (SD) Range (12-60)	27.71 (6.85) 15-47
Prospective Anxiety (PA) Mean (SD) Range (7-35)	18.06 (4.24) 9-31
Inhibitory Anxiety (IA) Mean (SD) Range (5-25)	9.65 (3.18) 5-17

Total & IA means were lower than norms. 11 nurses' scores were >35, which indicates a high intolerance to uncertainty.



Pre/Post Workshop Results (N=68)

Significant positive change in self confidence for all questions at P< 0.001

Hon a scale of 0 (not at all) – 10 (very) How confident do you feel about discussing:-	Pre-course Mean (SD)	Post-course Mean (SD)
Reasons for adjuvant therapy with EBC patients	7.72 (1.73)	8.59 (0.98)
Significance of recurrence for prognosis & survival with patients with EBC	6.32 (2.05)	8.09 (1.17)
The Recurrence Score® results	5.86 (2.10)	8.25 (1.19)
Using decision-aids such as PREDICT	5.32 (2.61)	8.10 (1.27)
Using the Recurrence Score result print-outs as decision-aids	5.03 (2.35)	7.99 (1.19)
Low Recurrence Score results	6.00 (2.43)	8.70 (1.09)
Intermediate Recurrence Score results	5.10 (2.02)	7.90 (1.07)
High Recurrence Score results	5.94 (2.54)	8.64 (1.01)
The Recurrence Score results post-TAILORx	5.17 (2.21)	8.01 (1.56)
Omission of adjuvant chemo with low Recurrence Score patients who are risk-averse and want treatment	5.25 (2.25)	8.09 (1.16)
Need for adjuvant chemo with intermediate/high Recurrence Score patients who are chemo-averse	5.46 (1.98)	8.03 (1.14)

Feedback after each workshop revealed that most nurses found it:-

- Useful (9.6/10), informative (9.6/10) and enjoyable (9.6/10)
- 68/69 would 'definitely' recommend the program to their colleagues.

CONCLUSIONS

- Nurses play an important role helping patients' decision-making.
- There are few focused educational initiatives aimed at helping them discuss results from genomic tests.
- This innovative 6-hour workshop improved participants self-confidence, a key element required to lead to a transfer of communication skills into a clinic setting.

REFERENCES

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