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Background

Risk of recurrence scores (RSs) from genomic profiling tests such as Oncotype DX® and EndoPredict® are being used increasingly with other clinico-pathologic features to help determine the likely benefit of adjuvant chemotherapy in early stage breast cancer. Decisionmaking requires the balancing of likely absolute benefits in terms of preventing recurrence versus the treatment related side effects. Health literacy and numeracy skills in the general population are often poor thus explaining risk and uncertainty can be confusing especially when set against a backdrop of fear and anxiety. Clinicians are facing more of these types of conversations with their patients, so we developed an educational package (TARGET), similar in structure to previous evidence based communication programmes (1, 2).

Development of Materials

- Discussions were held with:-
 - key clinicians using gene expression profiling tests
 - clinical-scientists about test development
- Review of the risk literature
- Difficulties identified from the above included:
 - problems encountered when explaining high, intermediate and low risk test results
 - challenges faced when communicating risk scores to patients with different personality & socio-educational characteristics

The Educational Package

7 different modules were designed to help doctors & nurses when communicating with patients and their relatives about genomic test results in breast cancer. A facilitator handbook contains a time coded commentary about the issues illustrated in the scenarios, along with suggestions about appropriate places to stop and engage a group in exercises or discussions.

Module 1



Interview with Prof Mitch Dowsett who explains the science & clinical data behind gene expression profiling tests

Module 2



Interactive lecture by Prof Dame Lesley Fallowfield on the psychology of risk with group exercises and strategies to employ when communicating risk

EndoPredict:

Low RS Scenario

Modules 3-7 are scenarios based on real clinical situations demonstrating some of the issues that can arise when discussing RSs with for example, low risk patients who nevertheless wish to have chemotherapy, and high risk patients who are averse to chemotherapy.

EndoPredict: High RS Scenario **Dr David Bloomfield & Nurse Browne**

Oncotype DX:

Low RS Scenario

Dr Alistair Ring







Oncotype *DX*: **Medium RS Scenario Prof Robert Leonard**





Oncotype *DX*: High RS Scenario **Dr Marina Parton & Nurse Harris**

Evaluation

- 2 successful TARGET workshops have been piloted and content adapted & finalised for evaluation
- 60 clinicians will attend two 1/2 day workshops lasting 8 hours

Objective Assessments pre & post workshop:-

- attendees conduct 2 interviews with simulated patients, which are recorded
- interviews are coded against a checklist for the presence/absence of key points by researchers blinded to time-point
- patient simulators rate their interview against similar checklist and also score clarity/empathy etc.

Subjective Assessments pre & post workshop:-

 attendees complete questionnaires probing their confidence when discussing RSs with patients with different personality characteristics & attitudes

Future

- if the evaluation demonstrates positive results we will train facilitators to use materials worldwide
- we will add further modules to the package as data emerge re the utility of other genomic tests

References

. Jenkins et al. Discussing randomised clinical trials of cancer therapy: evaluation of a Cancer Research UK training programme. BMJ 2005;330:400

2. Fallowfield et al. Evaluation of an educational program to improve communication with patients about early phase trial participation. The Oncologist 2012, 17 (3) 377-383





