

Re-imagining Metastatic Breast Cancer Care Delivery: A Patient-Partnered Qualitative Investigation

Mya L. Roberson PhD^{1,2}, Joshua Woods¹, Lesley Glenn³, Julia Maues⁴, Deltra James³, Sonya Reid MD² & Shekinah NC Elmore, MD⁵
¹Department of Health Policy, Vanderbilt University School of Medicine ²Vanderbilt-Ingram Cancer Center, ³Project Life, ⁴GRASP, ⁵University of North Carolina Lineberger Comprehensive Cancer Center

BACKGROUND

Metastatic Breast Cancer (MBC) Survivorship Care

- There remains substantial fragmentation of care and lack of focused attention on MBC survivorship care.

Objective

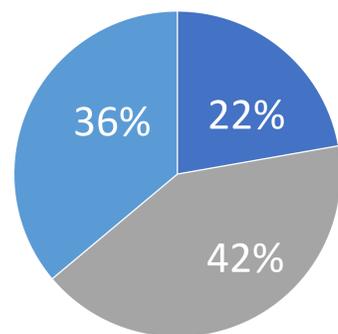
- To assess how people living with MBC would re-imagine cancer care deliver

STUDY DESIGN

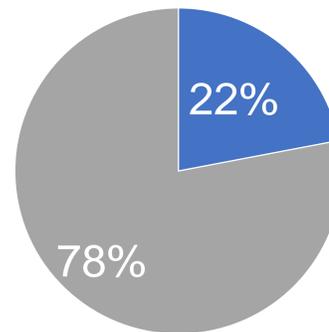
- Sampled participants (n = 36) from members of Project Life, an MBC-survivor led patient wellness community.
- Conducted semi-structured, virtual, open-ended interviews covering:
 - Experiences at diagnosis with MBC
 - Experiences of treatment for MBC
 - Experiences of Covid-19 during treatment
 - Re-imagining(s) of MBC care
- Systematically analyzed interview data using Phronetic Iterative Analysis
 - Descriptive followed by synthetic coding and thematic sorting

KEY FINDINGS

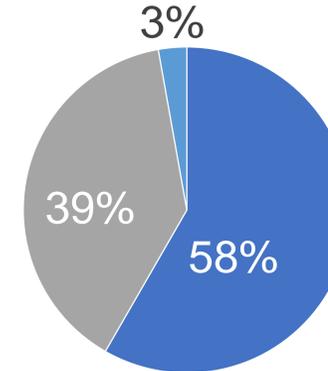
Age Distribution (n=36)
■ 30- 45 ■ 46-59 ■ 60+



Race (n=36)
■ Women of Color
■ White Women



Length with MBC (n=36)
■ ≥5 years ■ < 5 years
■ Unknown



1) Organized referral processes for non-oncology care like mental health services, sexual health care, and palliative care

2) The need for MBC-specific support services within the care setting

3) Patient connection to psychosocial aspects of care including social work and patient navigation

4) Streamlined processes for identifying and enrolling in clinical trials

I have been trying for almost five years to get my cancer center to start an MBC support group, and they won't do it even though the cancer center and other breast cancer patients don't want us in their early-stage support groups because MBC and MBC patients frighten them. –Quotation from Participant

DISCUSSION

- When asked how they would reimagine MBC care delivery, participants overwhelmingly endorsed the need for more care coordination along several key domains including:
 - Non-oncology referral processes
 - Social supports
 - Psychological supports
 - Clinical trial enrollment

IMPLICATIONS

- Responses highlighted the unique needs of care coordination specific to MBC patients. Future care innovations should center patient voices to ensure optimal impact.

Acknowledgements

This study was funded by the generous support of the Susan and Luke Simons Discovery Grant for Health Equity. We thank all of the participants who shared their stories with us in the conduct of this study

Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASCO® or the author of this poster.

STAY IN TOUCH

Mya Roberson, PhD

Mya.L.Roberson@vumc.org

 @MyaLRoberson