Amplifying the Patient's Voice in CME: Techniques to Promote Patient and Physician Engagement

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PURPOSE

Educational activities that facilitate clinician comprehension of novel approaches to treatment and the development of patient-centered counseling strategies are essential to the delivery of effective, personalized patient care. Successful programs are able to translate the extensive knowledge and competence of faculty experts with complex clinical issues into a format that is readily accessible to practitioners in a variety of practice settings. CME providers must also identify strategies to amplify the voice of the patient in their activities by integrating the journeys that patients take with their clinical and nonclinical caregivers.

MATERIALS AND METHODS

Physicians' Education Resource®, LLC, recently developed an online, interactive activity that updated physicians on recent advancements in the care of patients with glioblastoma multiforme (GBM). This activity featured several elements dedicated to the longitudinal exploration of the patient experience with GBM, beginning at the time of diagnosis. Through the use of audio clips featuring expert perspectives on clinical data and its applications, as well as multiple video segments featuring a patient with GBM and her clinical and nonclinical caregivers, this activity encompassed a greater portion of the total patient experience, potentially helping oncologist learners transition from the role of healthcare providers to comprehensive patient caregivers.

In particular, the video segments addressed:

1. Initial engagement of the patient with the healthcare system and her diagnosis of GBM
2. Patient methods of collecting medical information
3. Effective techniques to build social support for the patient
4. Shared decision-making between the patient and her care team to select therapy
5. Discussions between the patient and her care team regarding clinical trial eligibility and ongoing management decisions

The patient and provider panel videos featured the patient, her partner, and expert clinicians sharing their perspectives on these key elements of care.

RESULTS

In their evaluations of this activity, 92% of participating oncologists indicated that the patient videos were useful as a counseling tool. Oncologists improved their knowledge with respect to different immunotherapy treatment modalities that are being evaluated for patients with GBM, the mechanistic rationale for exploration of anti-VEGF therapy in the treatment of patients with GBM, and patient and provider attitudes regarding the communication of prognostic information. In addition, oncologists improved competence in selecting evidence-based therapy based on factors such as performance status (PS), tumor characteristics, and guideline recommendations. They also improved competence in adherence to guideline recommendations for clinical trial enrollment consideration for patients with unresectable recurrent GBM.

CONCLUSIONS

The results of this activity demonstrate that education featuring patient perspectives and the development of shared decision-making strategies for patients and their clinical and nonclinical care providers has the potential to improve clinician knowledge and competency in the management of multiple aspects of GBM. The provision of downloadable tools that highlight patient and caregivers' unique perspectives has been supported as a means of developing more effective communication and care coordination.

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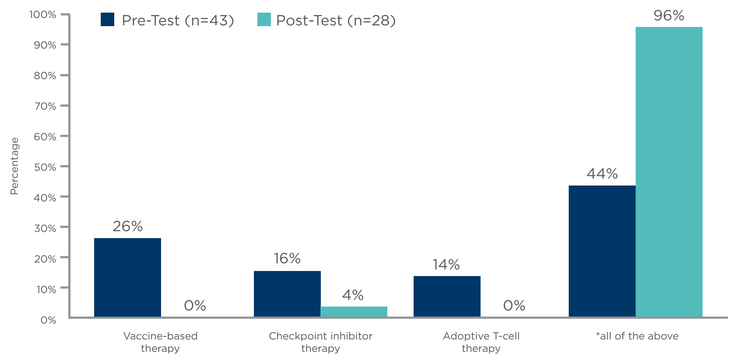
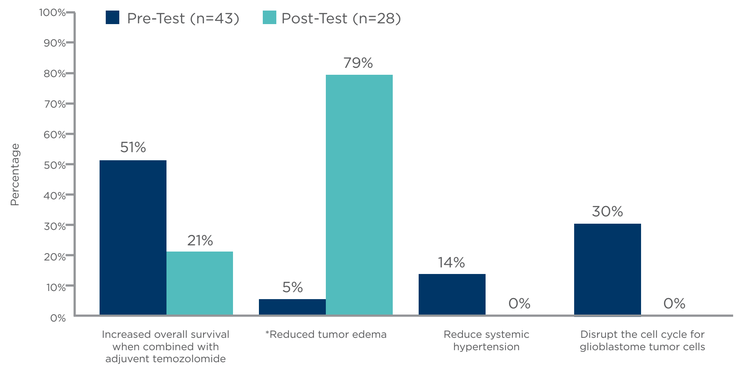
WHICH OF THE FOLLOWING IMMUNOTHERAPY TREATMENT MODALITIES IS BEING EVALUATED FOR TREATMENT OF PATIENTS WITH GLIOBLASTOMA?



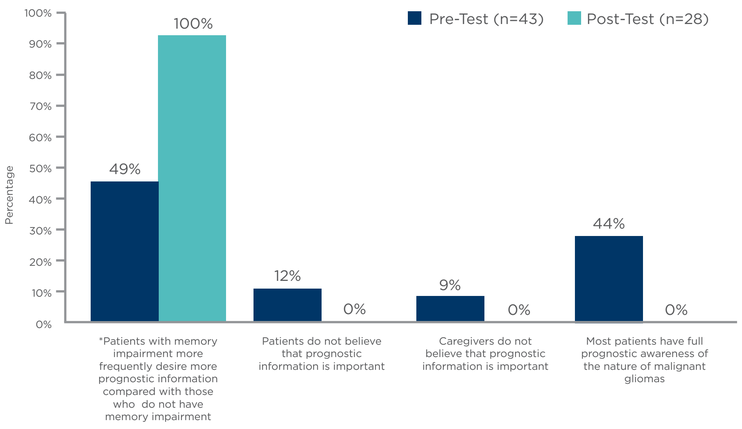
CONCLUSIONS: Survival outcomes for patients with GBM remain relatively grim. With historical standards of care, patients have had a median survival time of <15 months. As a result, exploration of new strategies exploring immunotherapy options for these patients remain an active area of clinical investigation. T-cell–based and other immune-mediated vaccines have been studied, as have checkpoint inhibitors. CAR T cells directed against EGFRvIII have been developed and studied in phase I clinical trials. Several studies for these treatment options are ongoing, with the goal of improving outcomes for patients with GBM.

ANTI-VEGF THERAPY HAS BEEN APPLIED TO THE MANAGEMENT OF PATIENTS WITH GLIOBLASTOMA IN ORDER TO:



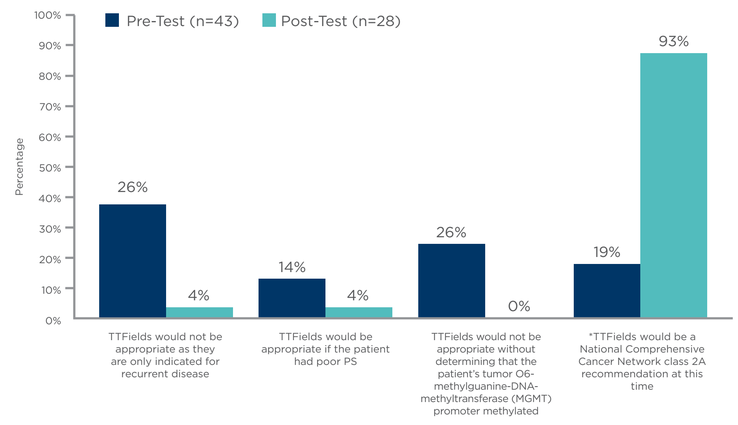
CONCLUSIONS: In addition to immunotherapy options, anti-VEGF agents, such as bevacizumab, have been studied in the treatment of patients with GBM in different stages of disease presentation. Glioblastoma is known to be a highly vascularized malignancy, producing different proangiogenic factors. VEGF inhibitors have been studied as a means of reducing brain edema associated with vasogenic activity and inhibiting tumor growth. Hypertension is a possible adverse event associated with anti-VEGF therapy, which has not been shown to provide an overall survival benefit to patients with GBM.

ACCORDING TO A RECENT STUDY, WHICH OF THE FOLLOWING STATEMENTS REGARDING COMMUNICATION STRATEGIES FOR PATIENTS WITH MALIGNANT GLIOMAS AND THEIR CAREGIVERS IS TRUE?



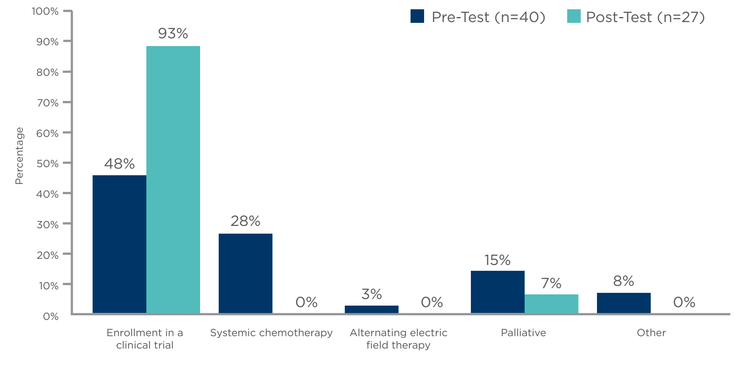
CONCLUSIONS: Malignant gliomas such as GBM have a poor prognosis, and patients who are confronted with this diagnosis often have a limited awareness of its clinical implications. It is important for clinicians involved in the care of these patients to be aware of the potential importance of the communication of prognostic information. In a recent exploratory study, 60% of patients with malignant gliomas and 72% of caregivers characterized prognostic information as extremely or very important. However, only 40% of patients had full prognostic awareness. Patients with malignant gliomas who had memory impairment desired more information than those without memory impairment.

A 60-YEAR-OLD PATIENT WITH RECENTLY DIAGNOSED SUPRATENTORIAL GLIOBLASTOMA AND GOOD PERFOR MANCE STATUS HAS UNDERGONE SURGICAL RESECTION, STANDARD RADIOTHERAPY PLUS CONCURRENT TEMOZOLOMIDE AND ADJUVANT TEMOZOLOMIDE. WHICH OF THE FOLLOWING STATEMENTS REGARDING THE ADDITION OF ADJUVANT TUMOR-TREATING FIELDS THERAPY FOR THIS PATIENT IS TRUE?



CONCLUSIONS: Options for adjuvant therapy for patients with GBM continue to evolve, based on criteria such as patient age, PS, and tumor MGMT promoter status. Tumor-treating fields therapy has been incorporated into NCCN guidelines, both for patients with recurrent disease and with recently diagnosed GBM. This option would not be supported by current guidelines if the patient had a poor PS. It was supported as a class 2A recommendation in 2017 NCCN guidelines, and is currently recommended as a class 1 recommendation.

WHICH OF THE FOLLOWING OPTIONS WOULD YOU CONSIDER FIRST FOR A PATIENT WITH UNRESECTABLE RECURRENT GLIOBLASTOMA?



CONCLUSIONS: Although treatment decisions for patients with unresectable recurrent glioblastoma involve several different potential treatment options, NCCN guidelines currently recommend that, "The best management of any patients with cancer is in a clinical trial. Participation in clinical trials is especially encouraged." Enrollment in clinical trials is a preferred treatment option for eligible patients with unresectable current glioblastoma.

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