

1. ABSTRACT

- **Title**

Assessment of the 'Managing Advanced Cancer Pain Together' (MACPT) tool to facilitate communication on total cancer pain between advanced cancer patients and their healthcare professionals

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- **Keywords**

Conversation tool, patient, healthcare professional, advanced cancer, pain

- **Rationale and Background**

The paper-based 'Managing Advanced Cancer Pain Together' (MACPT) conversation tool was developed to support a comprehensive and holistic pain dialogue between patients and healthcare practitioners (HCPs) during standard of care (SoC) consultations.

- **Research Question and Objectives**

The primary objective was to assess the impact of the MACPT conversation tool on patient- and HCP- reported overall satisfaction of their conversation during SoC consultations. Other objectives included assessing the impact of the tool on patient- and HCP- reported satisfaction on specific aspects of their conversation, and describing the MACPT tool words selected by the patients, patient- and HCP- reported usefulness of the tool, the patient's total pain experience, and perceptions around patient-HCP closeness from both perspectives.

- **Study Design**

This was a short-term pre-post study design, involving patients with advanced cancer and their HCPs completing questionnaire surveys at two consecutive face-to-face SoC consultations (visit 1 [V1] - before exposure to the MACPT tool; visit 2 [V2] - after exposure to the MACPT tool).

- **Setting**

This study was conducted at clinical sites in France (one site) and the United Kingdom (two sites). The study terminated early due to recruitment challenges during the COVID-19 pandemic, with no recruitment at the fourth planned clinical site in Germany. The recruitment period was from 4th January 2019 to 2nd March 2020. The database was locked on 17th December 2020.

- **Subjects and Study Size, Including Dropouts**

HCPs were included if they were a physician or nurse involved in the management of patients with advanced cancer for at least one year, had no prior exposure to the tool, were available for

both V1 and V2, and provided informed consent. Patients were included if they were adults with an advanced cancer diagnosis, who were literate, had no known impairment (visual, auditory, memory) and provided informed consent. Twenty HCPs were targeted, but only six HCPs completed a V1 and V2 consultation. Out of the 200 targeted patients, 51 patients were enrolled into the study but 30 were lost to follow-up, thus 21 patients completed both V1 and V2 and were included in the Full Analysis Set (FAS).

- **Variables and Data Sources**

Data was collected from participants via questionnaires completed before and after V1 and V2. The data included satisfaction with communication during their consultations, communication of pain, patient-HCP perceived closeness and usefulness of the MACPT tool. Information about the consultation was obtained from the site nurse. Information on patients' demographics were obtained from patients. HCPs reported on their patients' clinical characteristics, including comorbidities and treatment experience.

- **Results**

The small sample size of 21 patients meant the FAS was underpowered to detect statistically significant effects. Therefore, only descriptive results have been summarized. Most patients felt very close or fully close to their HCP prior to the first study visit and/or had been under the care of the HCP prior to the study. Patients and HCPs reported different levels of overall satisfaction with the consultations, with patients' reporting mean scores of 89.4 and 89.9 at V1 and V2 respectively, and corresponding HCPs reporting mean scores of 76.9 and 75.3 at V1 and V2 respectively. HCPs' satisfaction scores were also lower for specific aspects of the conversation. At both visits, a high proportion of patients and HCPs reported that the pain they/their patient was experiencing affected them 'quite a bit' and rated their pain interference as 'severe'. Most patients selected words in the physical and emotional category on the tool to describe their recent pain experience, though social and spiritual descriptors were still endorsed by almost a third of patients. Patients reported that the tool helped them find the right words to describe their pain. HCPs reported that the tool was time-consuming.

- **Discussion**

Patients were more satisfied than HCPs with their conversation during the SoC consultations, highlighting the need for improved communication. The predominance of physical and emotional pain descriptors and the selection of social and spiritual descriptors (to a lesser extent) supports the need for continued education on total cancer pain and the importance of considering a holistic view of pain during consultations. Patients were more positive about the tool's

usefulness than HCPs, though improved training may alleviate perceived burden and enhance efficiency during consultations.

- **Marketing Authorization Holder(s)**

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