PROJECT INFORMATION

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Do Reports That Capture the Age-Related Problems of Older Patients with Cancer Improve Doctor-Patient Conversations? -- The COACH Study

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What was the research about?

Problems related to age can affect how older adults respond to treatment for advanced cancers. These problems may include:

- Memory loss
- Issues with movement or balance
- Poor nutrition
- Lack of support from friends and family
- Mental health problems
- Chronic health problems, like heart disease or diabetes

Doctors' knowledge of these problems may improve patients' care and quality of life. However, doctors don't always know about these concerns when they talk with patients and their caregivers during office visits for cancer.

In this study, the research team wanted to see if a report about problems related to a patient's age would help to improve communication among the patient, caregiver, and doctor. All patients in the study took surveys and tests about age-related problems. The team compared patients and caregivers who had a report with those who didn't have one.

What were the results?

Compared with patients without a report, patients who had one:

- Were more satisfied that the talk with their doctor covered age-related problems
- Talked about more age-related problems with the doctor

Further, patients' caregivers were more satisfied that the talk with the doctor covered the patient's age-related problems.

The groups didn't differ in the patients' or caregivers' rating of their quality of life.

Who was in the study?

The study included 541 patients with advanced cancer and 414 caregivers. Patients were getting treatment at one of 31 cancer clinics. Of the patients, 89 percent were White, 7 percent were Black, and 4 percent were other races. The average age was 77, and 51 percent were men.

What did the research team do?

The research team assigned cancer clinics by chance to one of two groups. In one group, patients, caregivers, and doctors got and reviewed a report about the patient's age-related problems before the

patient's first office visit. The report also recommended tests and treatments.

In the second group, the research team didn't provide the report. Doctors got alerts only if the survey or test results found that the patient had problems with depression or learning and memory.

One to two weeks after the visit, patients and caregivers got a telephone call asking how satisfied they were with their talk with the doctor about age-related problems. The research team also reviewed audio recordings of office visits to count how many age-related problems doctors and patients talked about. Patients and caregivers filled out surveys about quality of life at follow-up visits over the next six months.

Patients with cancer, caregivers, and cancer doctors helped plan and conduct the study.

What were the limits of the study?

The research team looked at one patient visit only. The results may have differed if the team included multiple visits.

Future research could look at conversations about age-related problems across multiple visits.

How can people use the results?

Patients, caregivers, and doctors can consider the results when planning advanced cancer care in older patients.

To learn more about this project, visit www.pcori.org/Mohile285.