





The University of Manchester

Enhancing the communication of genomic results: Understanding Patient and Clinician Perspectives

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Background

- Patients participating in early phase cancer clinical trials (EPCCTs) often have access to genomic testing (GT).
- There is significant variation across institutions in how GT results are communicated to patients and healthcare providers (HCP).
- Best practice has not been defined, and there is limited evidence on patients' preferences.
- Sub-standard practices in feedback of these results can cause distress to patients, increased confusion about what the results mean, and there could be inequalities between patients depending on the level of information they receive or understand.

Aims

- The aim was to explore the views and needs of patients and their
- The long-term goal of this project is to develop a well-defined approach for feedback of GT results that can be incorporated into standard practice for other experimental cancer medicine centres

Methods

We utilised a mixed-methods approach to explore the feedback of GT results.

Clinician survey

- A questionnaire was developed and distributed to 60 EPCCT clinicians to understand processes when informing patients of GT results.
- Clinicians were also presented with seven statements related to barriers to feedback and asked to rate on a 5-point Likert scale.

Focus groups

- Opinions regarding patient/relatives/carer experiences with GT were examined through focus groups, using a range of audio-visual methods.
- Attendees reviewed a generic GT report and clinician feedback letter and provided feedback.

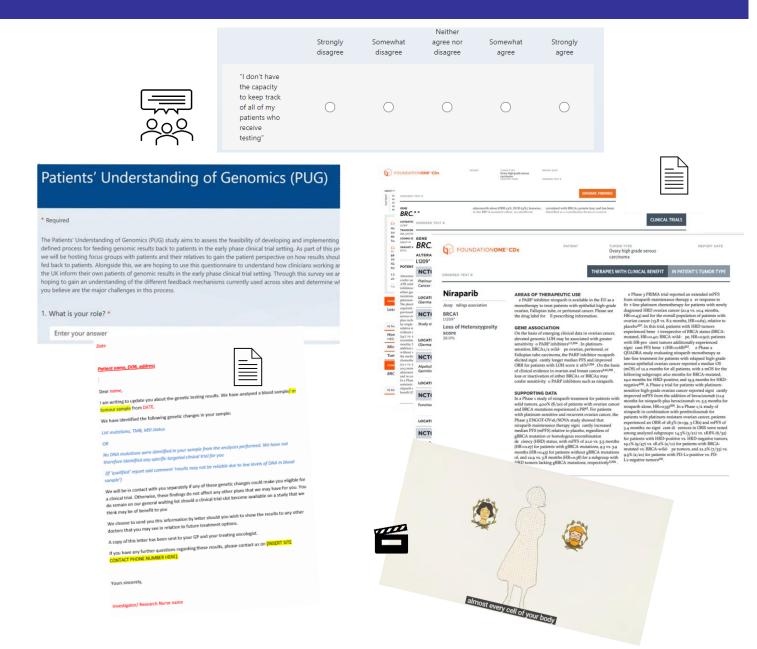


Figure 1 (above). Materials used as part of the clinician survey and focus groups.

- clinicians with regards to the communication of GT results.
 - (ECMCs) across the UK.

Results

Evaluating the barriers faced by clinicians in feeding back genomic results

Some clinicians proposed suggestions for improving the process of feeding back genomic results to patients,

Figure 7 (left).

summarising

suggestions

Bar chart

clinician

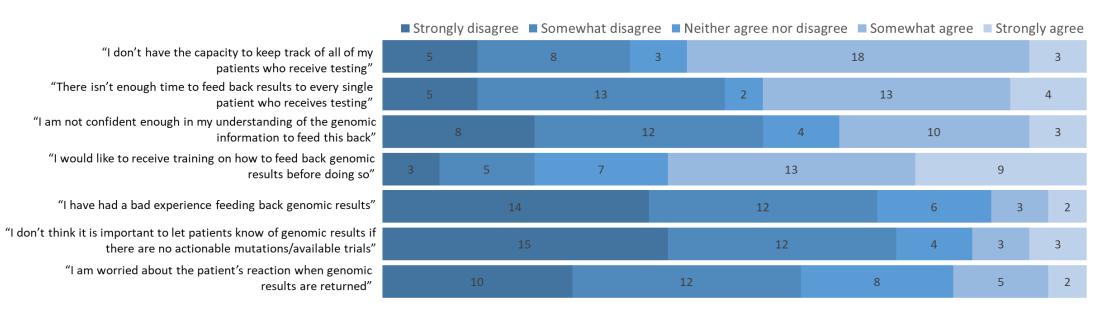
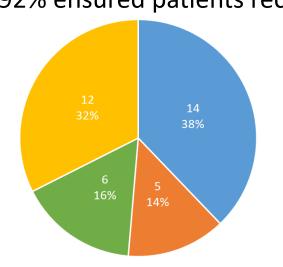


Figure 6 (left). Stacked bar chart displaying the responses to the seven statements within the clinician survey.

Figure 2 (above). Pie chart displaying the roles of respondents (left) and a summary of the number of responses per site (right).

Current practises for feeding back genomic results 92% ensured patients received feedback on their GT results.



Clinician survey

Demographics of respondents

Data from 37 clinicians across

10 UK sites were collated, with

■ Consultant ■ Nurse Consultant ■ Junior Doctor

a response rate of 62%.

■ Face-to-face ■ Phone call ■ Letter ■ Mixture Figure 3 (above). Pie chart displaying the methods used by clinicians to feedback GT results.

■ All results ■ Only actionable alterations ■ Other

Figure 4 (above). Pie chart displaying the type and amount of information fed back by clinicians.

about their return of GT results.

The method used may depend on...

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- Patient distance from hospital
- Patient preference
- Clinical circumstances
- If the patient is coming to the clinic for another reason
- If there is something that needs further clarification or a potential treatment is available

'Other' responses included stating which actionable results are absent and feeding back actionable results alongside results requiring germline follow up.

Discussions with patient Use of the MTB

Training for clinical staff

Counselling for patients

summarised in Figure 7.

Feed back of clinicially relevant information only

Focus groups Demographics of participants Seven focus groups involving 34 participants were held between April and August 2023. 24 participants were patients

with a current/previous cancer diagnosis, seven were family members and three were carers.

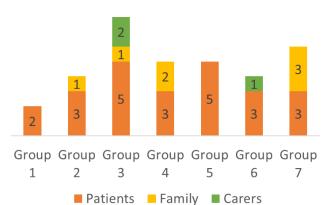


Figure 8 (above). Bar chart of the participants within each of the seven focus groups.

13 participants had an existing knowledge of genomics and/or genomic testing. This was through the internet, from their profession or due to having being tested for a specific gene (i.e. BRCA2).

Additional resources included a leaflet or information sheet explaining genomic results in lay terms and using videos or infographics.

A full thematic analysis of all of the focus group transcripts is ongoing but Figure 9 displays six themes that came up repeatedly across the groups



appreciative family worried Figure 5 (right). Word cloud unclear summarising the feedback received from patients. positive

Acknowledgements

Some clinicians had received feedback from their patients

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Conclusion

- It is important to incorporate patient and clinician's preferences when developing feedback mechanisms for return of GT results.
- Increased educational opportunities covering interpretation of GT would be valued by healthcare professionals.
- The information provided to patients must be easily understandable to patients. Language used should be uncomplicated and scientific jargon should be avoided.
- A summary of the main genomic findings should be tailored to the patient based on their results and preference.
- There is a preference for face-to-face consultations when receiving GT results.
- Patients would like to be directed to regulated and reliable information about GT, recommended by their HCPs.

Next steps

- Complete thematic analysis of the focus group transcripts
- Continue to work towards developing a standardised approach for GT results feedback that can be used by EPCT centres across the UK.

