Kentucky LEADS Collaborative Lung Cancer Survivorship Care Program: A Model for

Lung Cancer Survivorship Care

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Objective

- Introduce the Kentucky LEADS Collaborative
- Introduce the Kentucky LEADS Collaborative Lung Cancer Survivorship Care Program as a model for supporting quality of life, symptom management, and behavior change following a diagnosis of lung cancer
- Present early feedback regarding the feasibility and acceptability of the program





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\$7.0 million grant from BMSF

- Lung Cancer
- Education
- Awareness
- Detection
- Survivorship



Bristol-Myers Squibb Foundation



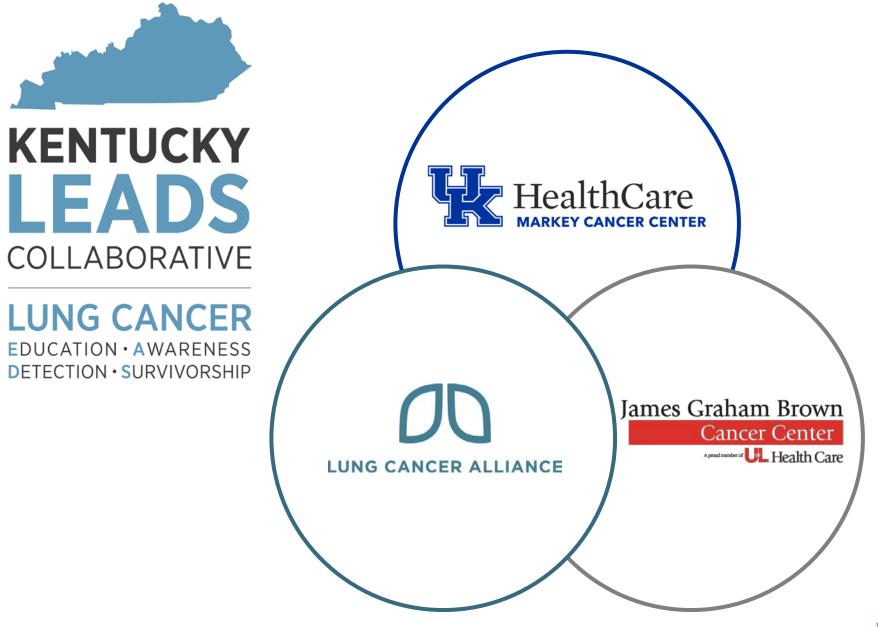


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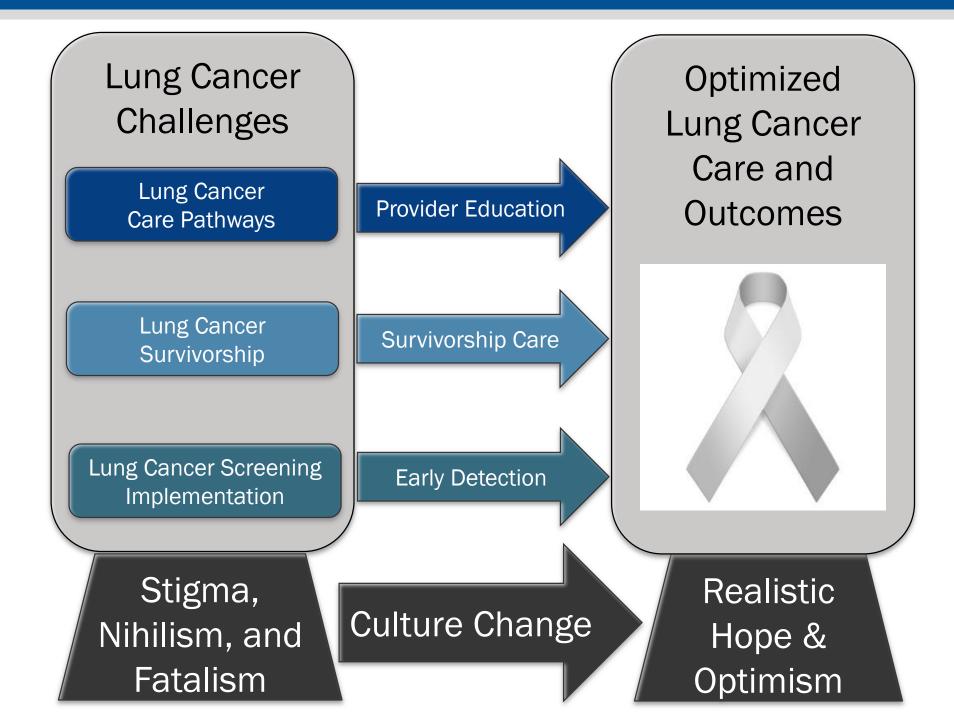
Kentucky LEADS Collaborative

"Dedicated to reducing the burden of lung cancer in Kentucky and beyond through development, evaluation and dissemination of novel, communitybased interventions to promote provider education, survivorship care and prevention and early detection regarding lung cancer."









Kentucky LEADS Collaborative Fundamental Principles

Community-Engaged

- Over 15 implementation sites throughout KY
- Over 20 additional community partners & organizations
- Integration of community and medical advisory boards

Interdisciplinary

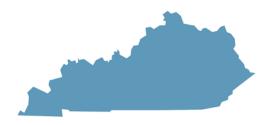
- Oncology, nursing, social work, palliative care, education, public health, communication, advocacy, psychology

Multi-Level

- Healthcare providers
- Individuals diagnosed with LuCa and Caregivers
- Health Systems/Lung Cancer Screening Programs



The Kentucky LEADS Collaborative Lung Cancer Survivorship Care Program



KENTUCKY LEADS COLLABORATIVE

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THREE QUESTIONS

What is the experience of lung cancer survivors?

What would we like the experience of lung cancer survivors to be?

How should we approach lung cancer survivors?

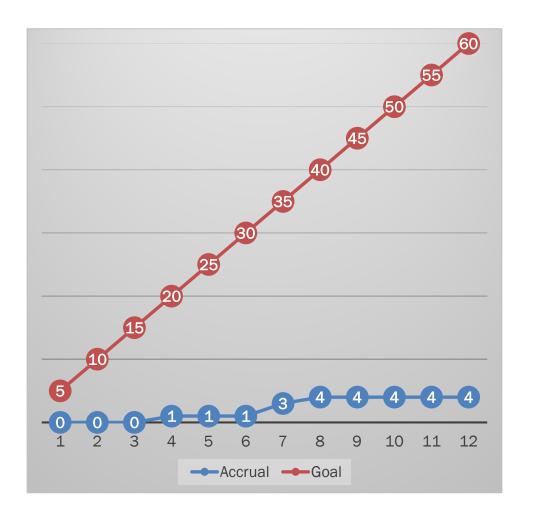
Why focus on Lung Cancer Survivors?

Incidence burden

- Innovations in care
- Symptom burden
- > Unique community
- > Opportunity for innovation
- > Opportunity for impact

Stubborness

What level of interest do individuals diagnosed with lung cancer have in psychosocial programs?



Funded Randomized Clinical Trial, comparing supportive-expressive therapy (SET) and mindfulness-based stress reduction (MBSR).

 Transitioned to a crosssectional survey to generate some data addressing the psychosocial experience of lung cancer.

Survivorship Care (SC) Team

University of Kentucky

- Jamie L. Studts (PI)
- Michael Andrykowski (Co-I)
- Robin Vanderpool (Co-I)
- Jessica Burris (Co-I)
- Cynthia Robinson (Co-I)
- Susanne Arnold (Co-I)
- Courtney Blair (PD)
- Amy Christian (RA)
- Allyson Yates (Project Manager)



University of Louisville

- Tara Schapmire (Co-I)
- Barbara Head (Co-I)

James Graham Brown Cancer Center

Lung Cancer Alliance

- Maureen Rigney (Co-I)
- Angela Criswell (KFC)



Survivorship Care Intervention Guiding Principles

Patient

Acceptable

Site

Feasible

Designed for Dissemination

- Acceptable
- Feasible
- Intervention Delivery
 - In-person, telephone, telemedicine, other

Interventionists

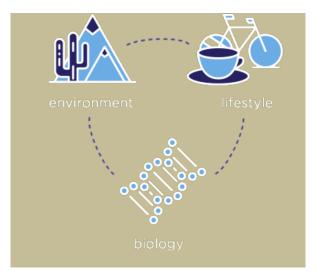
Any survivorship care specialist identified by site

Targeted and Tailored Content

- Lung cancer targeted
- Patient/Caregiver tailored (survivor/provider)

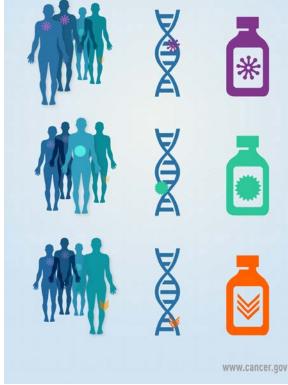
Precision Medicine

is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person.



NATIONAL CANCER INSTITUTE PRECISION MEDICINE IN CANCER TREATMENT

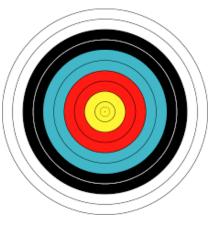
Discovering unique therapies that treat an individual's cancer based on the specific genetic abnormalities of that person's tumor.



How might precision medicine/oncology apply to patient-Values centered care, including survivorship care? Patient Preferences Beliefs Opinior

Precision Survivorship Care

- The Kentucky LEADS Collaborative Lung Cancer Survivorship Care Program is a Precision Medicine approach to Survivorship.
 - By design, the intervention targets the most prevalent and distress symptoms and challenges associated with a lung cancer diagnosis.
 - By integrating patient preferences, the intervention is *tailored* to the unique needs of the survivor, the preferred delivery method, and the desired level of involvement of the social support network.





Patient-Centered Care Principles

Partnering/Supportive Counseling Style

- Rogerian/Motivational Interviewing
- Coping with/Addressing stigma concerns

Shared Decision Making (SDM)

- Adaptable (targeted and tailored content) that follows from Baseline Assessment and patient preferences
- Effort to maximize survivor acceptability of the intervention



Motivational Interviewing (MI)

Motivational interviewing is a skillful *clinical style* for eliciting patients' *own good motivations* for making behavior change in the interest of their health.

> Rollnick, Miller, & Butler (2007) Motivational Interviewing in Health Care.

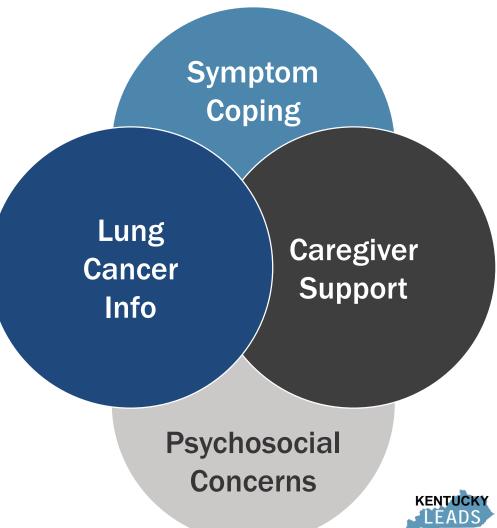
Shared Decision Making (SDM)

- Shared Decision Making (SDM) is a collaborative process that allows patients and their providers to make health care decisions together. It takes into account the best clinical evidence available, as well as the patient's values and preferences.
- SDM is a process, not a goal. The goal is better health decisions to achieve outcomes that matter most to the patient. SDM is a way to reach that goal.
- A proven process to incorporate the patient's voice in health care decisions, shared decision making is the pinnacle of patient-centered care.

http://www.informedmedicaldecisions.org/shareddecisionmaking.aspx

Survivorship Care (SC) Patient and Caregiver Intervention

- Built and implementing a novel psychosocial survivorship care intervention for individuals diagnosed with lung cancer and their caregivers (10 sites, 300 participants)
- Four key domains
 - Lung cancer info
 - Symptom coping
 - Psychosocial concerns
 - **Caregiver support**



Patient Modules (Session Topics)

Lung Cancer Basics 1) Lung Cancer Info (2) Navigating the Healthcare System 2) Coping with Pain/Addiction Concerns 3) Coping with Fatigue 4) Symptom Coping (4) Coping with Sleep Problems 5) Coping with Shortness of Breath 6) Coping with Distress 7) Social Support 8) 9) Values and Decision Making Psychosocial Concerns (5) 10) Healthy Living 11) Tobacco Use **12)** Caregiver Concerns and Self-Care Caregiver Support (1)

Survivorship Care (SC) Aims and Hypotheses

We hypothesize that the LC Survivorship Care Intervention and Training Program will:

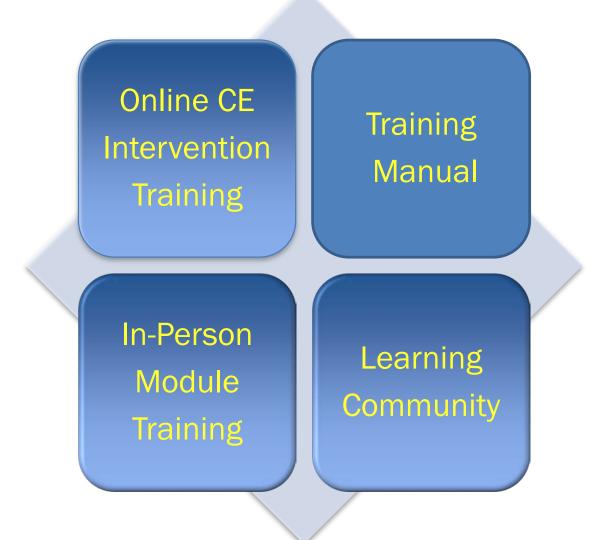
- improve quality of life, better symptom control, increase tobacco treatment, and reduce distress among <u>lung</u> <u>cancer survivors</u>.
- improve quality of life, increase tobacco treatment, and reduce distress among <u>family members/caregivers</u> of individuals diagnosed with lung cancer.
- 3) increase self-efficacy and skills in providing <u>lung cancer</u> <u>survivorship care among program providers</u> (e.g., nurses, social workers, navigators, psychologists, etc.).

Survivorship Care (SC) Program Acceptability and Feasibility

- Determine program <u>acceptability</u> among LC survivors
 - Participant program recommendations to others
 - Participation satisfaction ratings
 - Percentage of planned modules delivered to survivors
- Determine methodological <u>feasibility</u> of the study design and procedures for coordinating center and implementation sites
 - Intervention accrual rate
 - SC specialists intervention feasibility
 - Participant survey completion rate
 - Participant drop-out rate
 - Participant missing data rate

This trial is registered with clinicaltrials.gov (NCT02989974).

Survivorship Care (SC) Specialist Training Program

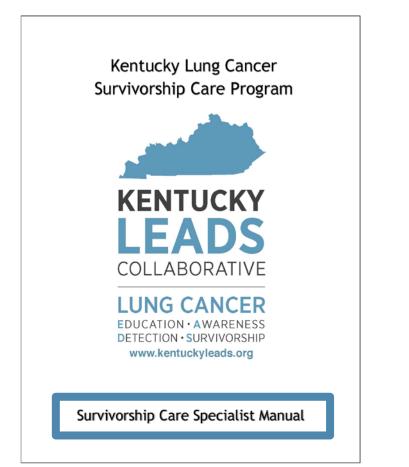


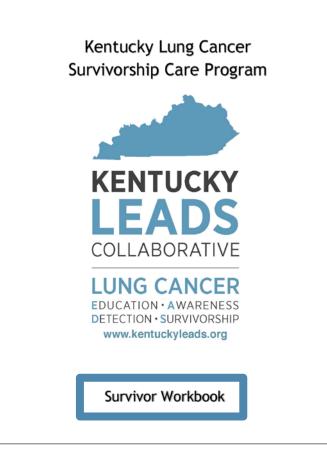
 A sustainable companion training program to support KY LEADS SC Specialists in their work with the program.

Training Program
 Online CE Program

- Training Manual
- Survivor/CaregiverWorkbook

SC Specialist Treatment Manual & Survivor Workbook







270 "riveting pages"

Survivor and Caregiver Eligibility & Accrual Process

Inclusion Criteria

- History of lung cancer diagnosis
- Anyone over age 18 with a diagnosis of lung cancer
- Ability to communicate verbally in English

Exclusion Criteria

- Serious mental illness that would preclude participation
- Substance abuse that would preclude participation

Accrual Process

- Within the standard site process
- Preferred:
 - Oncologist recommendation -> research coordinator and SC
 Specialist contact

Survivorship Care Specialist and Research Coordinator Trainings

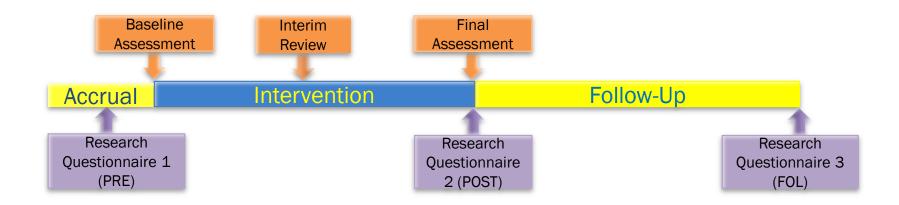
- Online, in-person Trainings, and ongoing peer supervision
- Successfully trained 20 Survivorship Care Specialists from 9 sites across Kentucky.
- Successfully trained 12 Research Coordinators from 9 sites.
- Some cross-trained professionals.
- Offering additional trainings as new folks come on board at implementation sites



SC Intervention Research Plan (N=300)

Survivors/Caregivers (N=30 per site)

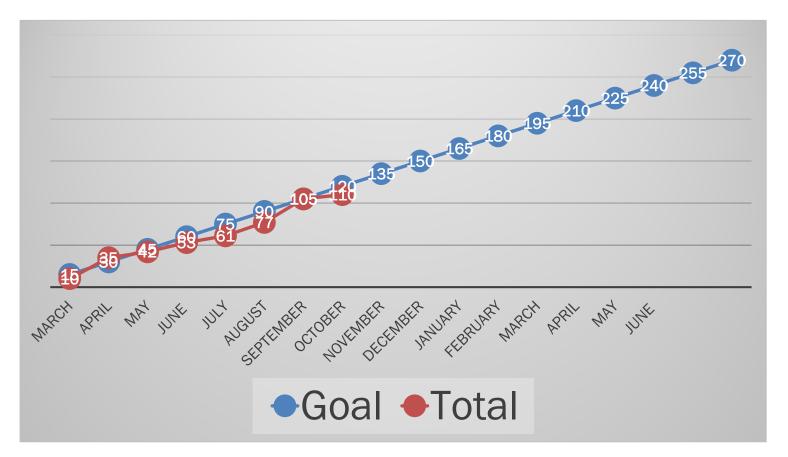
- Quality of Life (multiple domains to match intervention)
- Pre, Post, 6-month Post-Baseline follow-up
- Key Informant Interviews with subset (2 per site)



What have we learned so far?

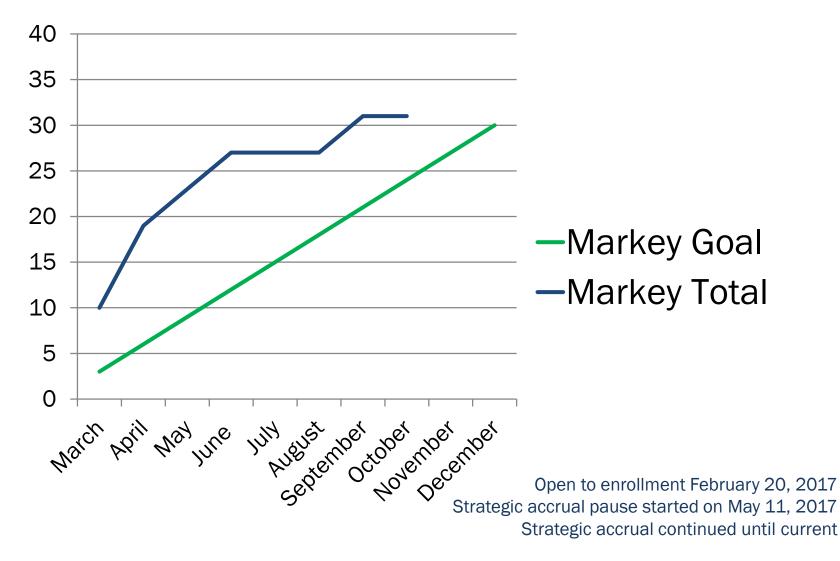


The early signal on intervention acceptability is encouraging.

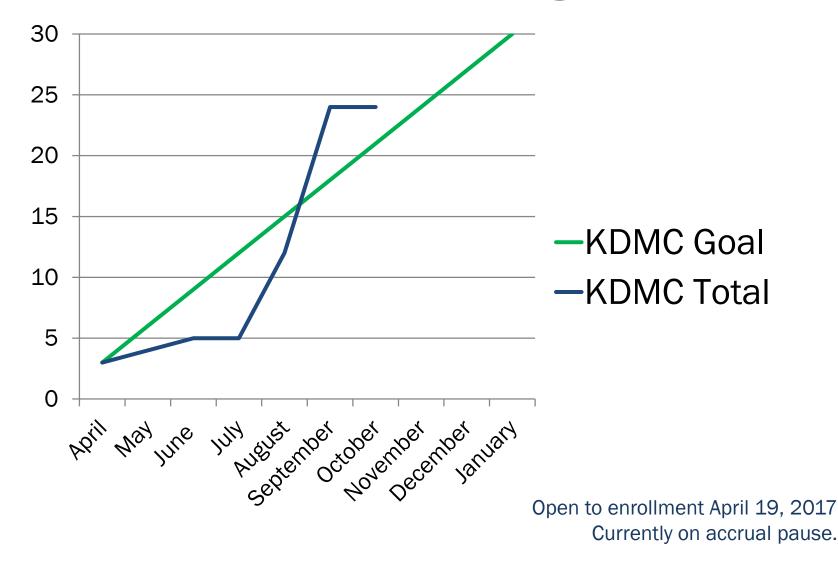


The trial has been launched at 8 of the 10 sites, but accrual has been uneven with some sites rapidly exceeding accrual expectations and other delayed in accrual.

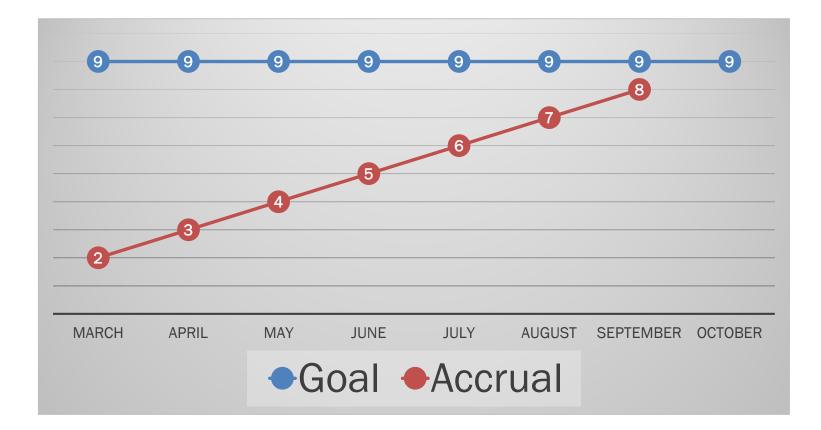
UK Markey Cancer Center (09) Accrual Tracking



King's Daughters Medical Center (05) Accrual Tracking



The early signal regarding intervention feasibility is also quite favorable.



The trial has been launched at 8 of the 10 sites, achieving a rate of one additional site per month.



- 1. Baptist Health, Madisonville
- 2. Brown Cancer Center, Louisville
- 3. Ephraim McDowell Commonwealth Cancer Center, Danville 8.
- 4. Hardin Memorial Hospital and Cancer Center, Elizabethtown ⁹.
- 5. Hazard Appalachian Regional Healthcare, Hazard

- 6. King's Daughters Medical Center, Ashland
- 7. Markey Cancer Center, Lexington
 - Owensboro Health, Owensboro
 - St. Claire Regional Medical Center, Morehead

Response to the survivorship care specialist training platform has been consistently positive.

- High favorable training satisfaction ratings from SC Specialists after online training and in-person training.
- Statistically significant increases in SC Specialist <u>knowledge</u> on 12 of 16 training program module topic areas.
- Statistically significant improvements in SC Specialist <u>confidence</u> in 11 of 16 training program module topic areas.
- Statistically significant improvements in reported <u>empathy</u> among SC Specialists.

Summary

- Program development complete, but...
- Intervention training complete, but...
- Project implementation nearly complete....
- Project accrual... ongoing
- Preliminary conclusions...
 - Strong acceptability signal (accrual)
 - Strong feasibility signal (specialists)
 - Next... adherence?
 - Next... efficacy?



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Conclusions (Preliminary)

- Lung cancer survivors and caregivers have unique needs that warrant novel intervention approaches.
- We have developed a precision survivorship care intervention that seeks to address the unique needs of lung cancer survivors and caregivers.
- Survivorship Care Specialists can be trained to address the unmet survivorship needs of lung cancer survivors and caregivers.
- Preliminary indicators of intervention acceptability and methodological feasibility have generated enthusiasm.
- Ongoing research will evaluate additional indicators of feasibility (program delivery and completion) and preliminary efficacy to guide subsequent research efforts.



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UKHealthCare Markey Cancer Center





Dedicated to reducing the burden of lung cancer in Kentucky and beyond through development, evaluation, and dissemination of novel, communitybased interventions to promote provider education, survivorship care, and prevention and early detection regarding lung cancer.

Connect with us:

www.kentuckyleads.org

- R Kentucky LEADS Collaborative
- @KentuckyLEADS



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