Appetite for risk in an international comparative survey of older consumers of oncology services

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Methodology

- Computer-aided interviews conducted with 401 older people (aged 65+) in the UK
- 200 interviews also conducted in each of the following countries: Canada, Denmark, Germany, Spain and Sweden
- Responses to statements about cancer care and preference for treatment options were recorded using a scale from ‘completely agree’ to ‘completely disagree’
- Internationally:
  - 35% respondents were male
  - 22% had been diagnosed with cancer
- There were variations in other characteristics and therefore comparisons between countries were made on the odds of agreeing versus disagreeing using a GZLM with a logistic link function, controlling for effects of demographic classifications.

Results: Willingness to consider major surgery

- 88% of English respondents indicated a willingness to have major surgery if it would remove the cancer
- This is similar to the figures in Sweden but more than for any other country in the survey
- Controlling for background factors, there was statistically less propensity to agree to major surgery in Denmark (p=0.018), Germany (p=0.002) and Spain (p=0.003) than in England

Results: Willingness to take cancer medicines with ‘unpleasant side effects’

- 70% of English respondents agreed they would take cancer medicines with ‘unpleasant’ side effects
- This is the highest proportion of any participating country and higher (p=0.001 to p=0.022) than all except Sweden

Purpose of the study

- Recent research suggests that older cancer patients (aged 65+) in the UK might receive less investigation and less effective treatment
- Pfizer and Age UK are working in partnership to explore possible or perceived inequalities experienced by older people in accessing cancer care
- Picker Institute Europe commissioned to carry out research
- Objective: To measure how attitudes towards cancer care and services for older consumers vary between different countries
Can we include Picker institute logo? Steve is actually 1st author on the abstract
Roxanne Ferdinand; 11-10-2012
Conclusions

• The level of acceptance of risk in the choice of treatment amongst older people in the countries surveyed was high; respondents in England were particularly likely to accept more aggressive options.
• Against this background, there was a high level of trust in doctors to make decisions on patients’ behalf.
• Such trust clearly needs to be reflected in doctors’ understanding of patient preferences and appetite for risk.
• In particular, matching treatment options to individual patient preferences is likely to be important in meeting patient expectations.

Next steps

• These findings will be further investigated through in-depth qualitative interviews with older people with cancer in the UK.
• Approximately 30 - 40 in depth interviews will be conducted to provide further insight into how the issues raised in the quantitative part of the research impacts on the treatment received by older cancer patients.
• We are partnering with the Consumer Liaison Group for recruitment to this study.
• Although we will be recruiting patients aged 65+, our research aims to proactively recruit the ‘older’ old (patients aged 80+), to ensure that experiences from this less well understood patient group are fully incorporated.