

Surveillance and Communication of Surgical Results in Localized Renal Cell Carcinoma, Results from a Large International Patient Survey

Dena J. Battle¹, Adam P. Stern², Cristiane D. Bergerot³, Brian M.
Shuch⁴, Ithaar H. Derweesh⁵, Michael D. Staehler⁶

1: KCCure, Alexandria, VA; 2: Harvard Medical School, Boston, MA; 3: City of Hope, Duarte, CA; 4: Department of Urology UCLA, Los Angeles, CA; 5: Department of Urology, UCSD, CA
6: Department of Urology, Ludwig Maximilian University, Munich, Germany

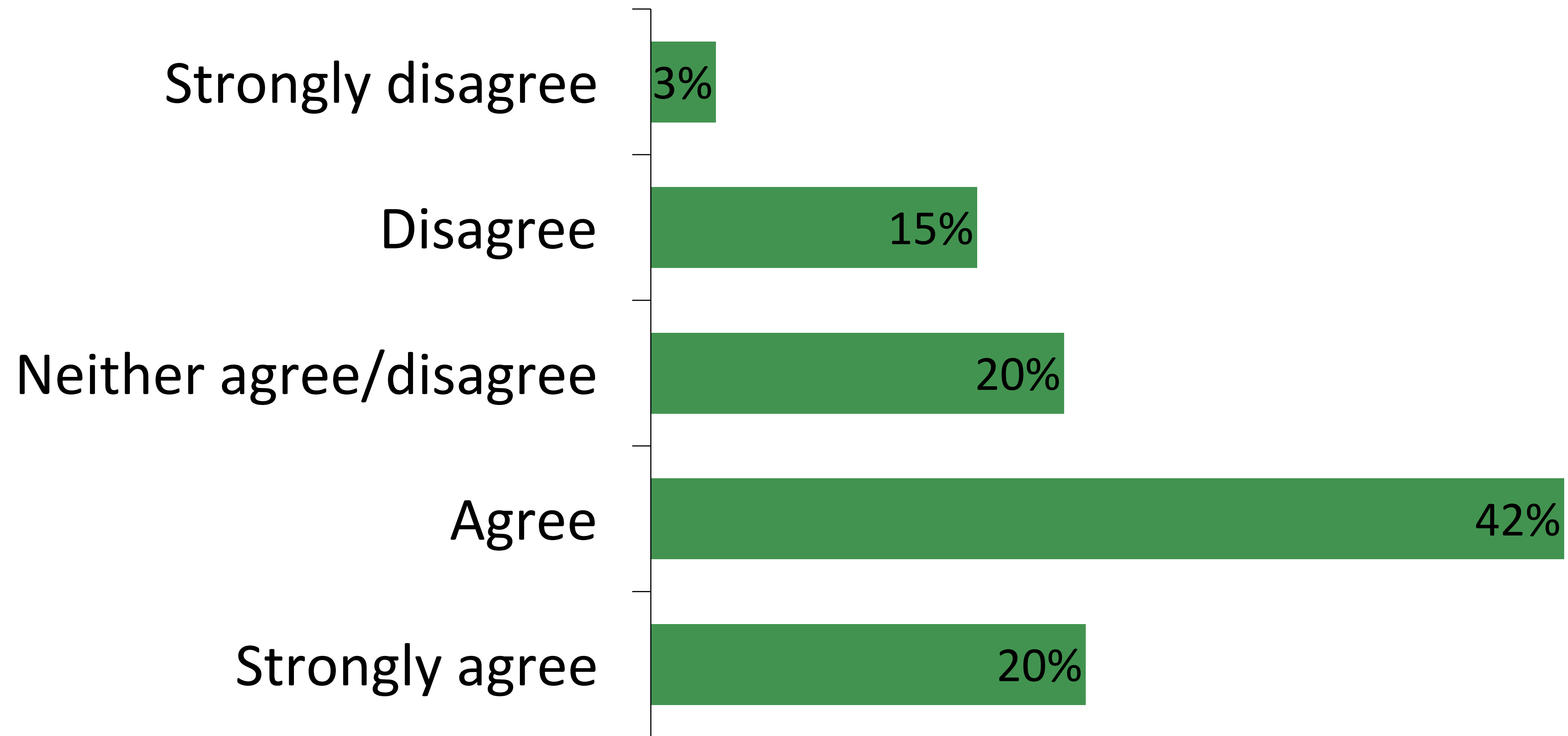
Background and Rational

- ◉ Surgical resection remains the standard of care for localized Renal Cell Carcinoma (RCC).
- ◉ Approximately 75% of RCC patients have localized disease
- ◉ 20 to 40% face recurrence after surgery
- ◉ Consensus on surveillance strategies is lacking
- ◉ We sought to survey this patient population to determine their understanding of their diagnosis, follow-up experience and assess anxiety that they experience following a diagnosis

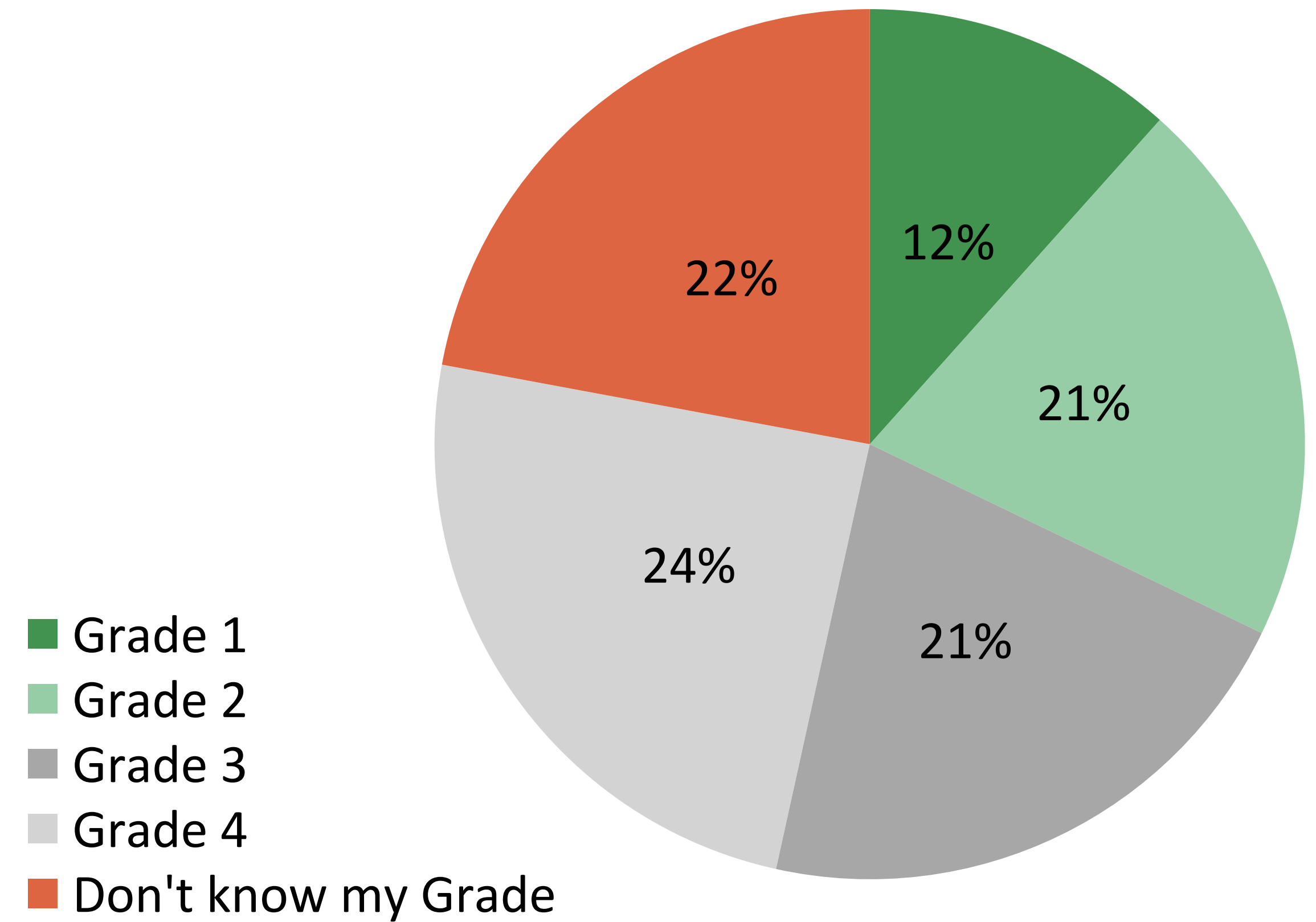
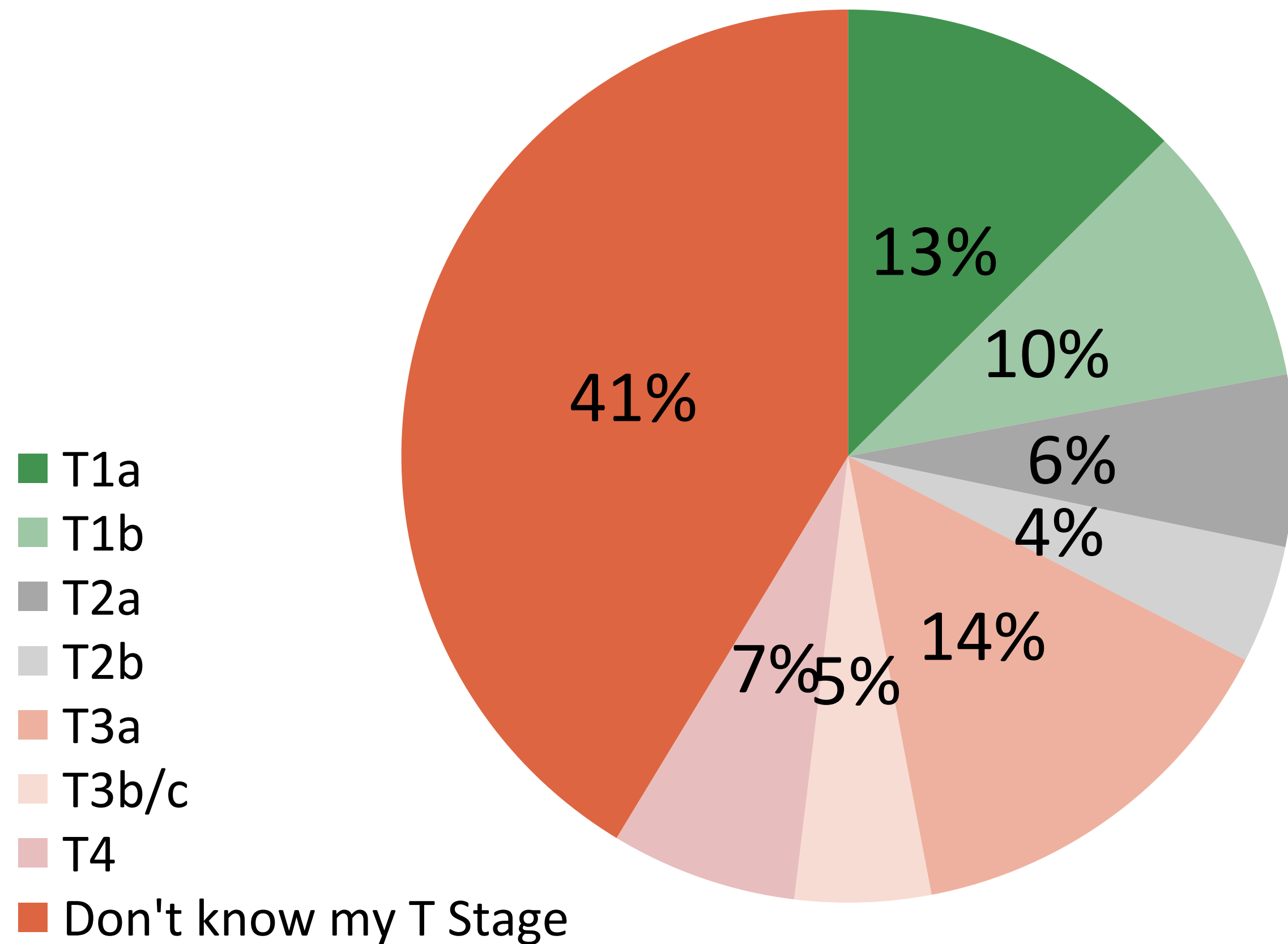
Methods

- ◉ The survey was conducted on surveymonkey.com and was promoted via kccure.org, through on-line communities including Facebook and smartpatients.com, and distributed by physicians via printed flyers
- ◉ Demographic and oncological baseline data were gathered and patients were asked about their histology and distress (NCCN)
- ◉ n=1,136 patients responded between July 1st and September 30th 2019
- ◉ Patients with metastases or recurrent disease were excluded
- ◉ n=412 patients with localized disease were included in this analysis
- ◉ Kruskal-Wallis test was used to compare anxiety prior to surveillance scans with distress as a continuous variable

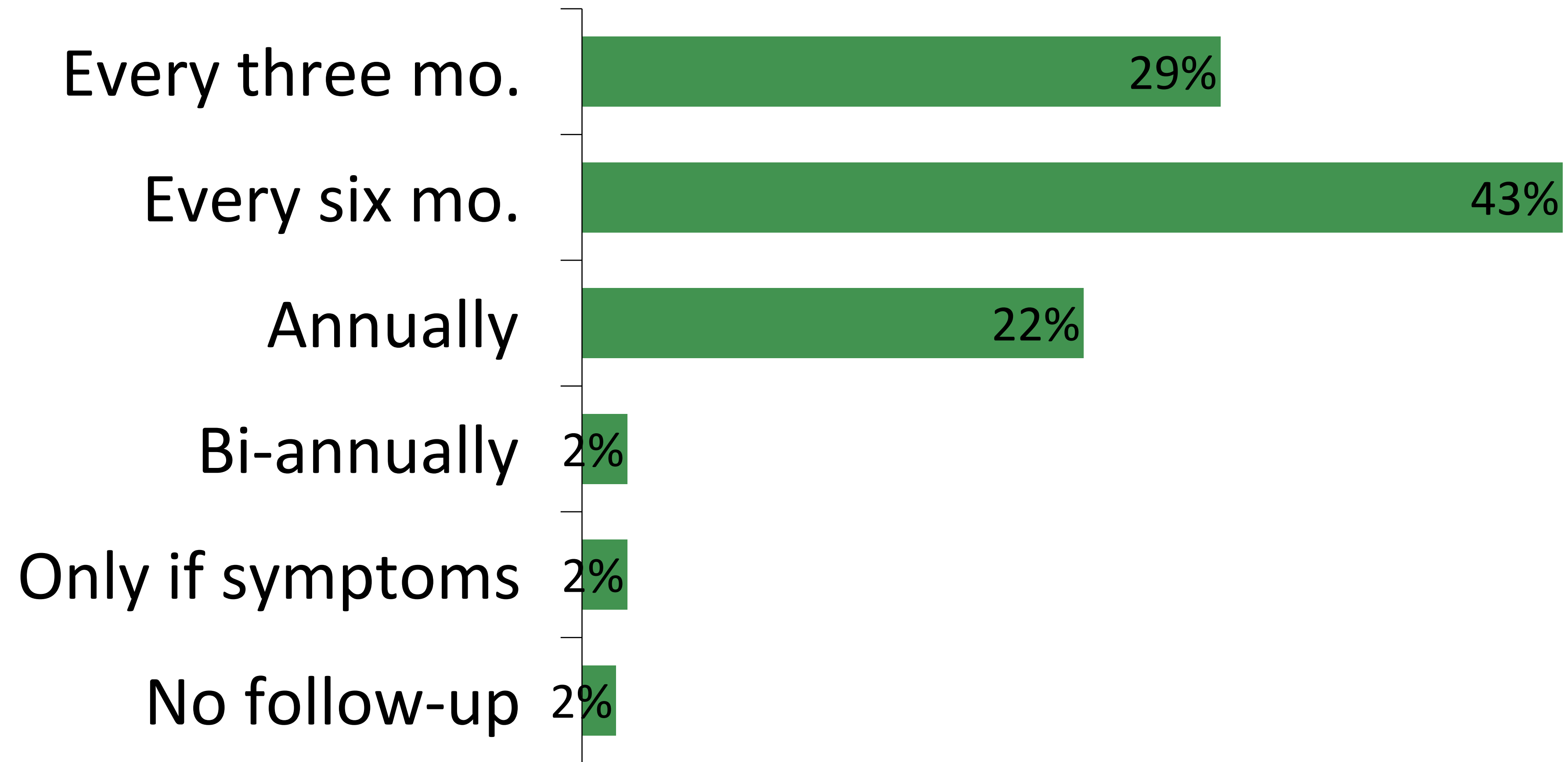
Responses to “After my surgery, I had a clear understanding of my diagnosis and felt confident about the plan going forward”



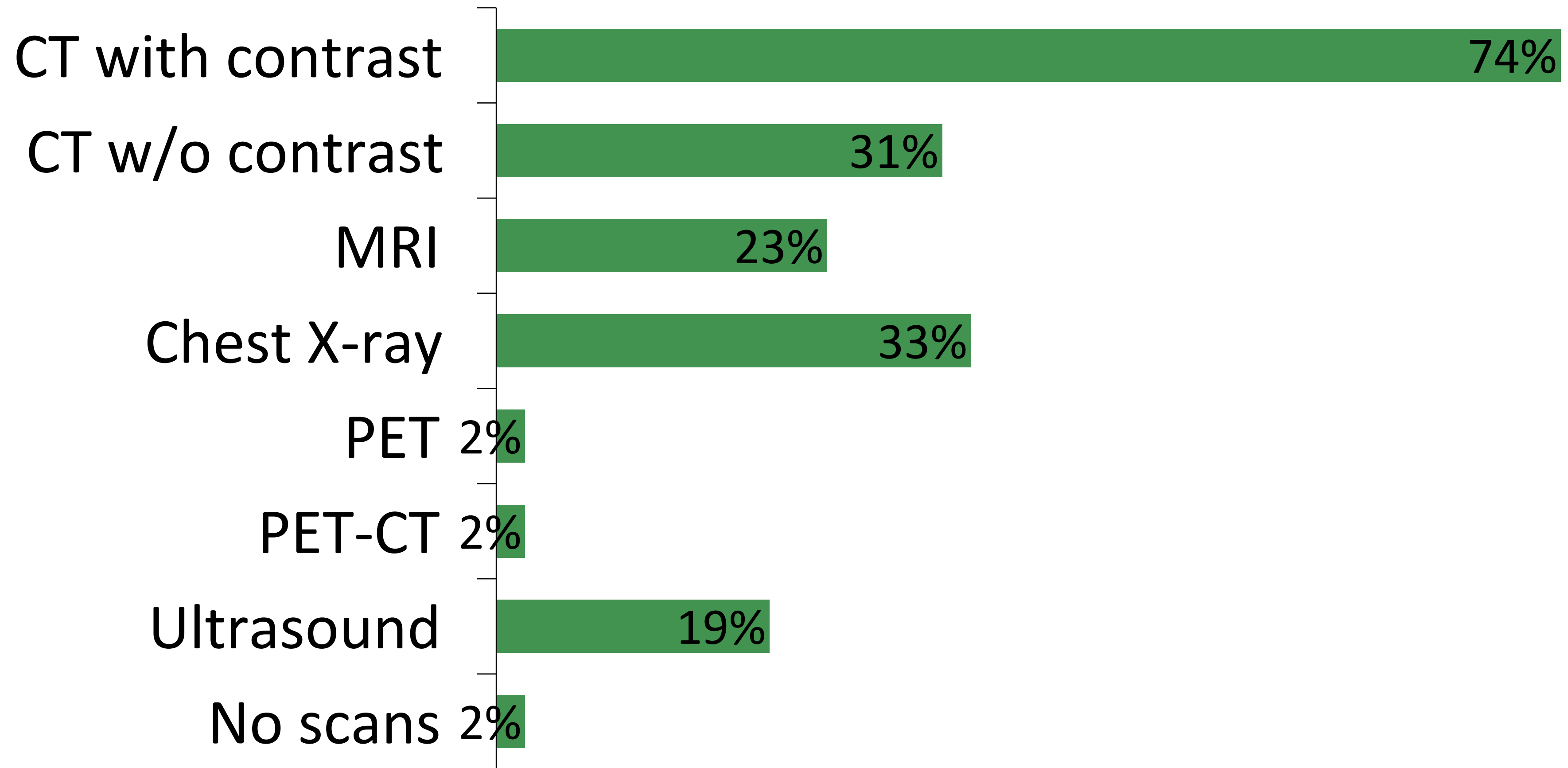
Patient Reported T Stage and Grade of Primary Histology



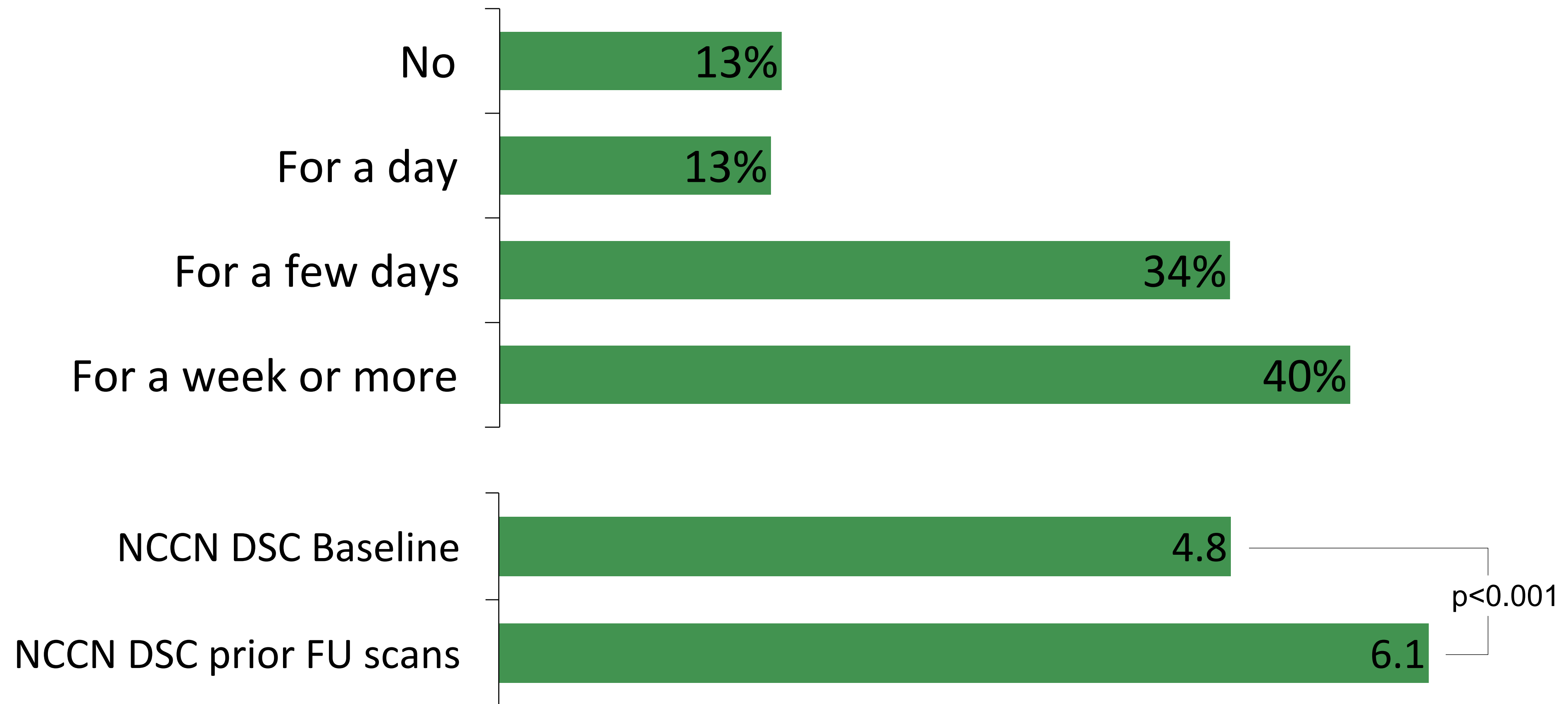
Frequency of Follow-Up for RCC



Type of Surveillance Patients are Receiving



Scanxiety and NCCN Distress Score (DSC)



Conclusions

- Patients have a significant lack of information
- Surveillance is not standardized, and multiple modalities are used for scanning
- Patients suffer from severe anxiety prior to scans
- Further research is needed to reduce distress and increase quality of communication

Surveillance and Communication of Surgical Results in Localized Renal Cell Carcinoma, Results from a Large International Patient Survey

Dena J. Battle¹, Adam P. Stern², Cristiane D. Bergerot³, Brian M. Shuch⁴, Ithaar H. Derweesh⁵, Michael D. Staehler⁶

1: KCCure, Alexandria, VA; 2: Harvard Medical School, Boston, MA; 3: City of Hope, Duarte, CATX; 4: Department of Urology UCLA, Los Angeles, CA; 5: Department of Urology, UCSD, CA 6: Department of Urology, Ludwig Maximilian University, Munich, Germany

Background and Rational

- Surgical resection remains the standard of care for localized Renal Cell Carcinoma (RCC).
- Approximately 75% of RCC patients have localized disease
- 20 to 40% face recurrence after surgery
- Consensus on surveillance strategies is lacking
- We sought to survey this patient population to determine their understanding of their diagnosis, follow-up experience and assess anxiety that they experience following a diagnosis

Methods

- The survey was conducted on surveymonkey.com and was promoted via kccure.org, through on-line communities including Facebook and smartpatients.com, and distributed by physicians via printed flyers
- Demographic and oncological baseline data were gathered and patients were asked about their histology and distress (NCCN)
- n=1,136 patients responded between July 1st and September 30th 2019
- Patients with metastases or recurrent disease were excluded
- n=412 patients with localized disease were included in this analysis
- Kruskal-Wallis test was used to compare anxiety prior to surveillance scans with distress as a continuous variable

Results

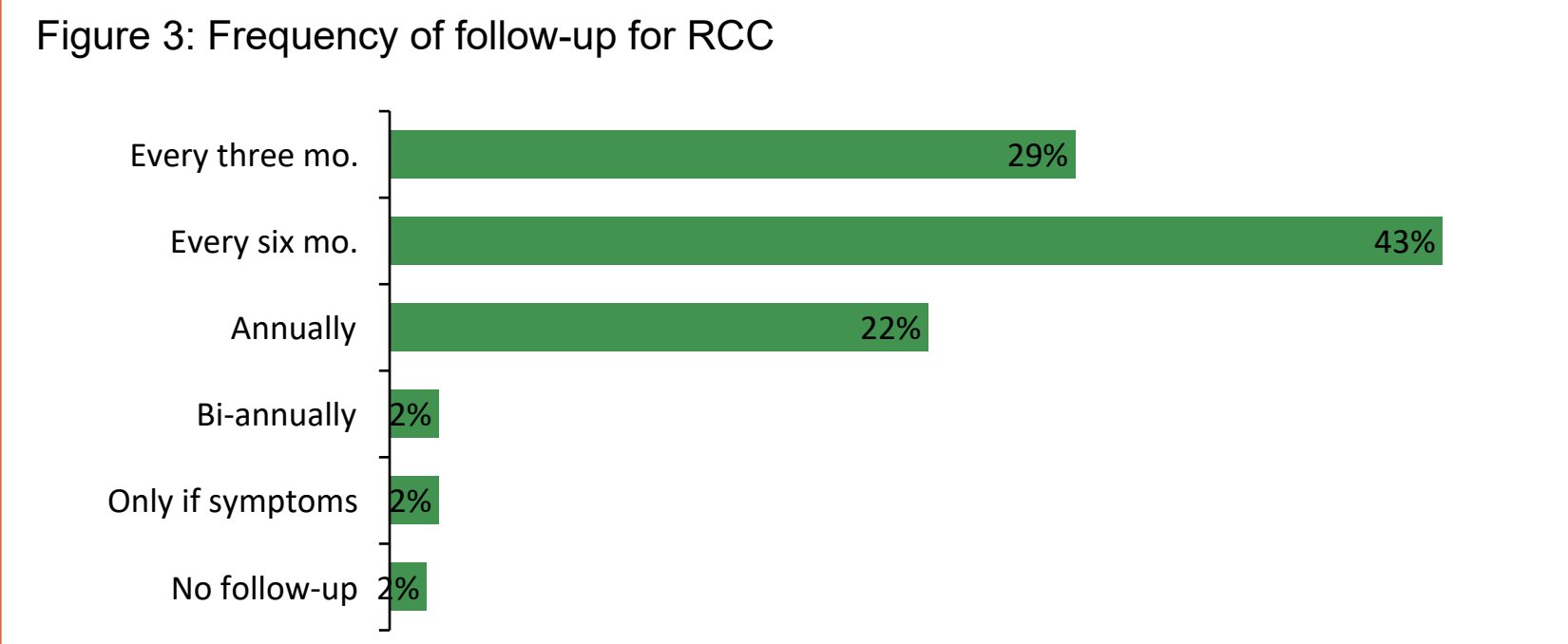
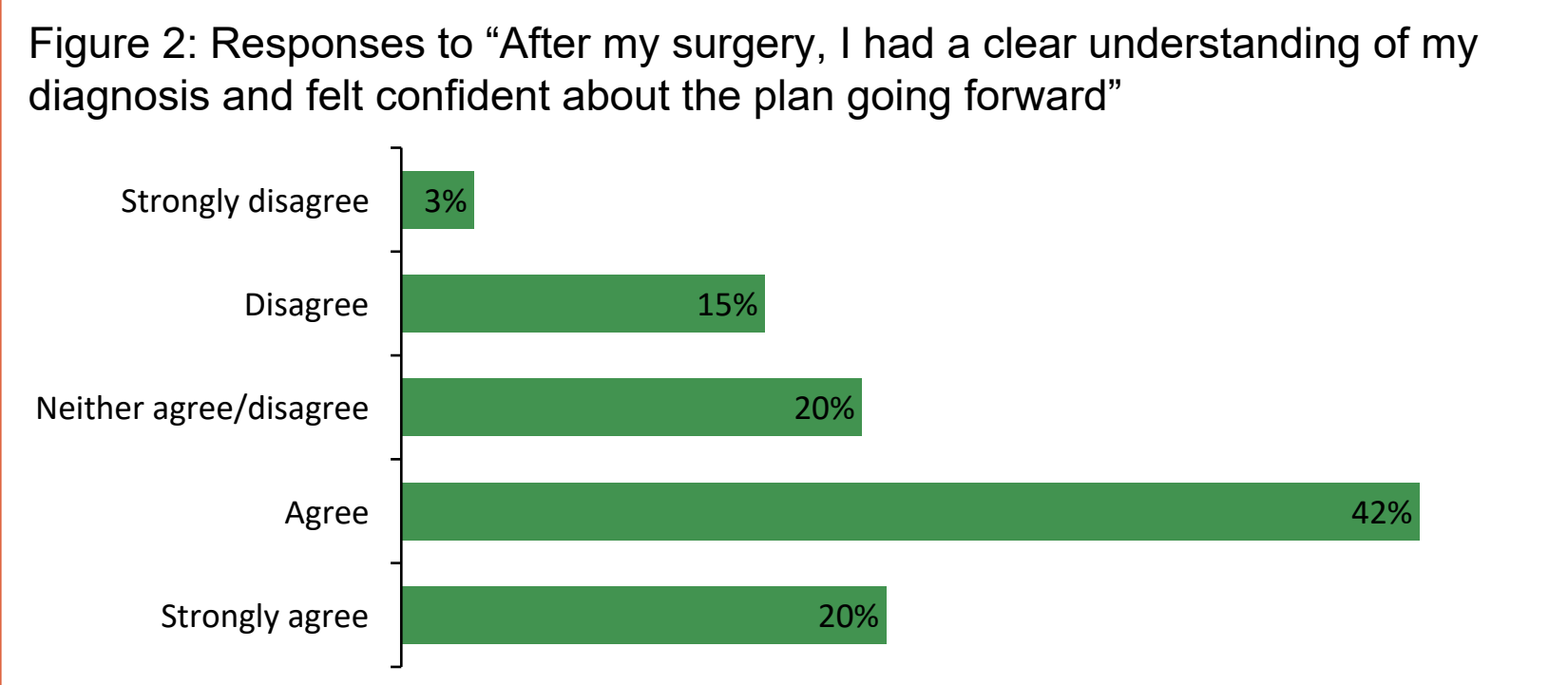
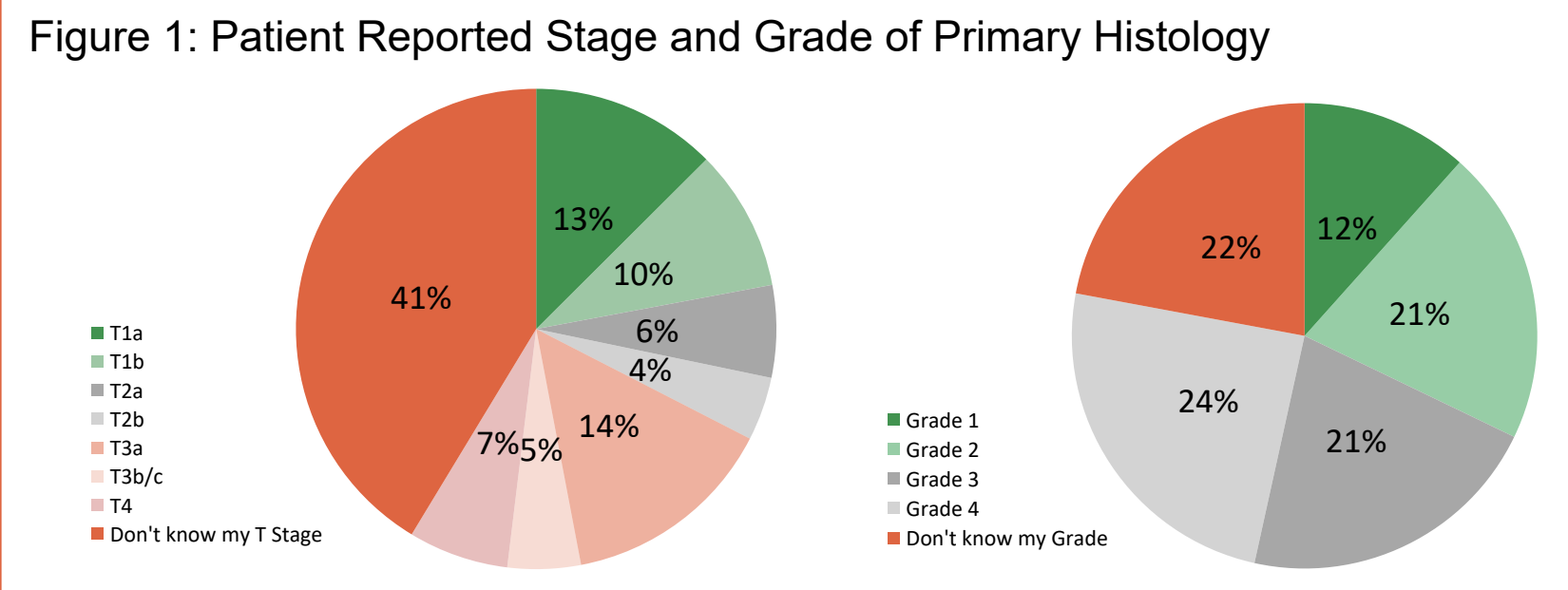
32% of patients had a biopsy prior to their surgery. 18% did not have a clear understanding of their diagnosis and did not feel confident about a plan going forward. 41% do not know their T-stage. 22% do not know their grade. 8% do not know their histological subtype. 34% were seeking a second opinion after surgery.

Frequency of follow-up care was every three months in 29%, every six months in 43%, annually in 22%, bi-annually in 2% of the patients. 2% were of surveillance until symptoms would arise and 2% did not receive further follow-up visits.

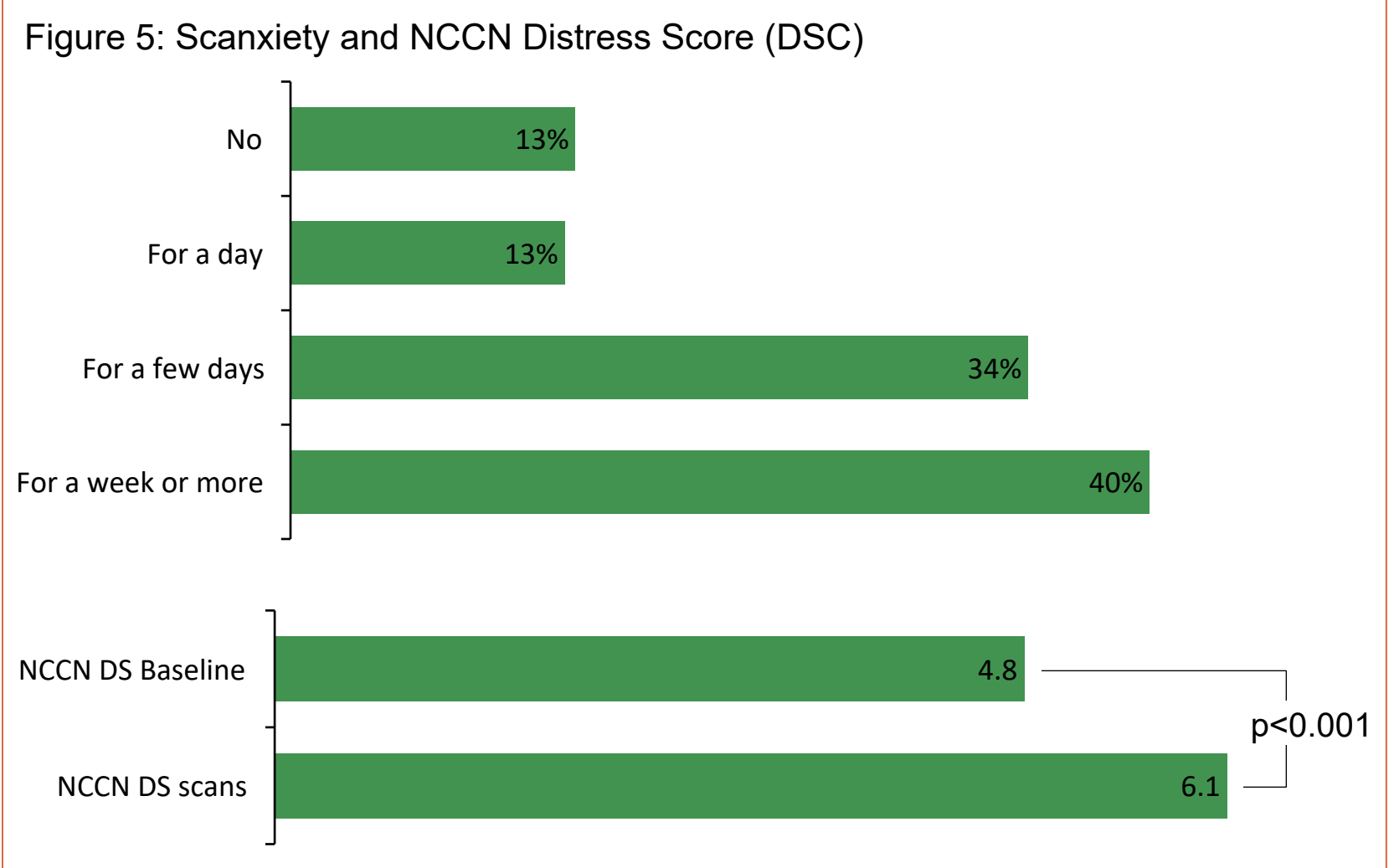
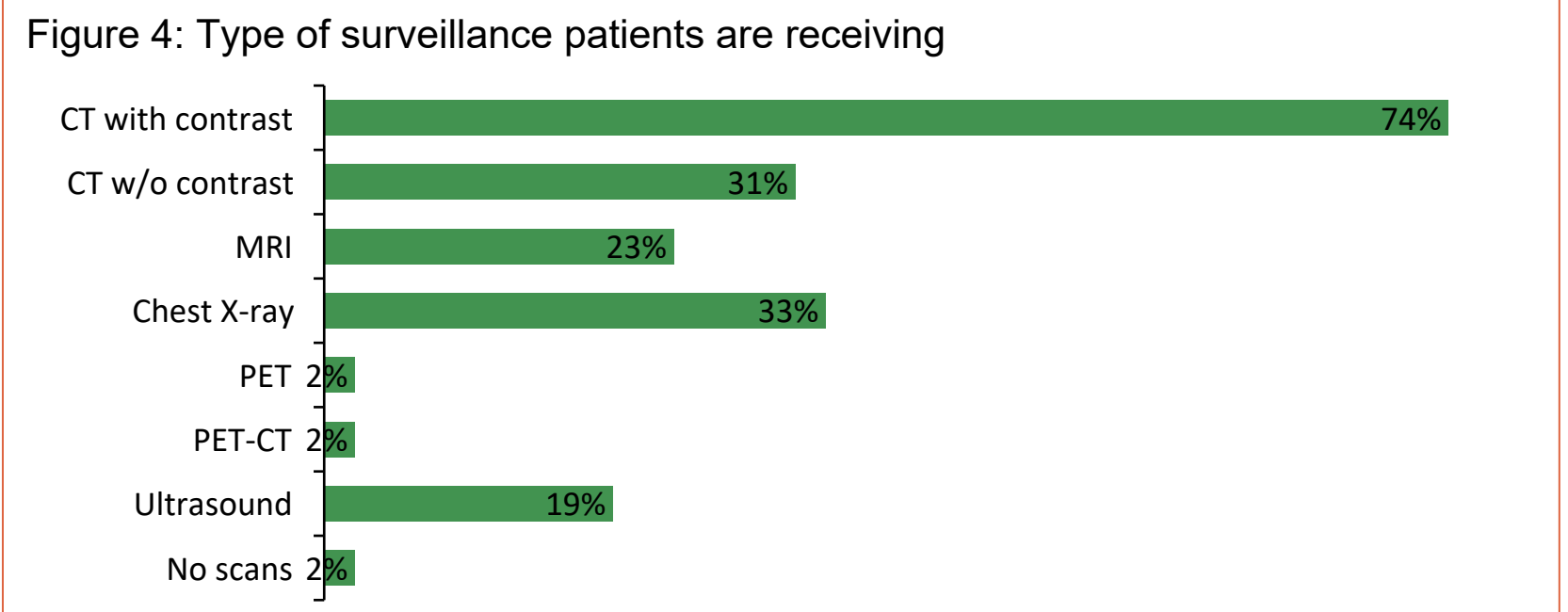
Imaging modalities were: CT scan with contrast in 74%, CT scan without contrast in 31%, MRI in 23%, chest x-ray in 33%, PET scans in 4% and ultrasound in 18% of the patients. 2% did not receive any radiological scans.

40 percent of patients experienced increased anxiety for a week or more prior to surveillance scans, 34 percent experienced increased anxiety for a few days prior to scans and 13 percent experienced increased anxiety for one day prior to scans. 13 percent reported no increased anxiety. Anxiety was significantly increased to 6.1 on the NCCN distress scale compared to 4.8 at baseline ($p > 0.001$)

Results



Results



Conclusions

- Patients have a significant lack of information.
 - Surveillance is not standardized, and multiple modalities are used for scanning.
 - Patients suffer from severe anxiety prior to scans.
 - Further research is needed to reduce distress and increase quality of communication.
- Visit us at kccure.org

Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASCO® and the author of this poster.