

Patient perspectives on the implementation of risk-aligned surveillance for non-muscle invasive bladder cancer – Mixed-methods evaluation using the Tailored Implementation for Chronic Diseases (TICD) Framework

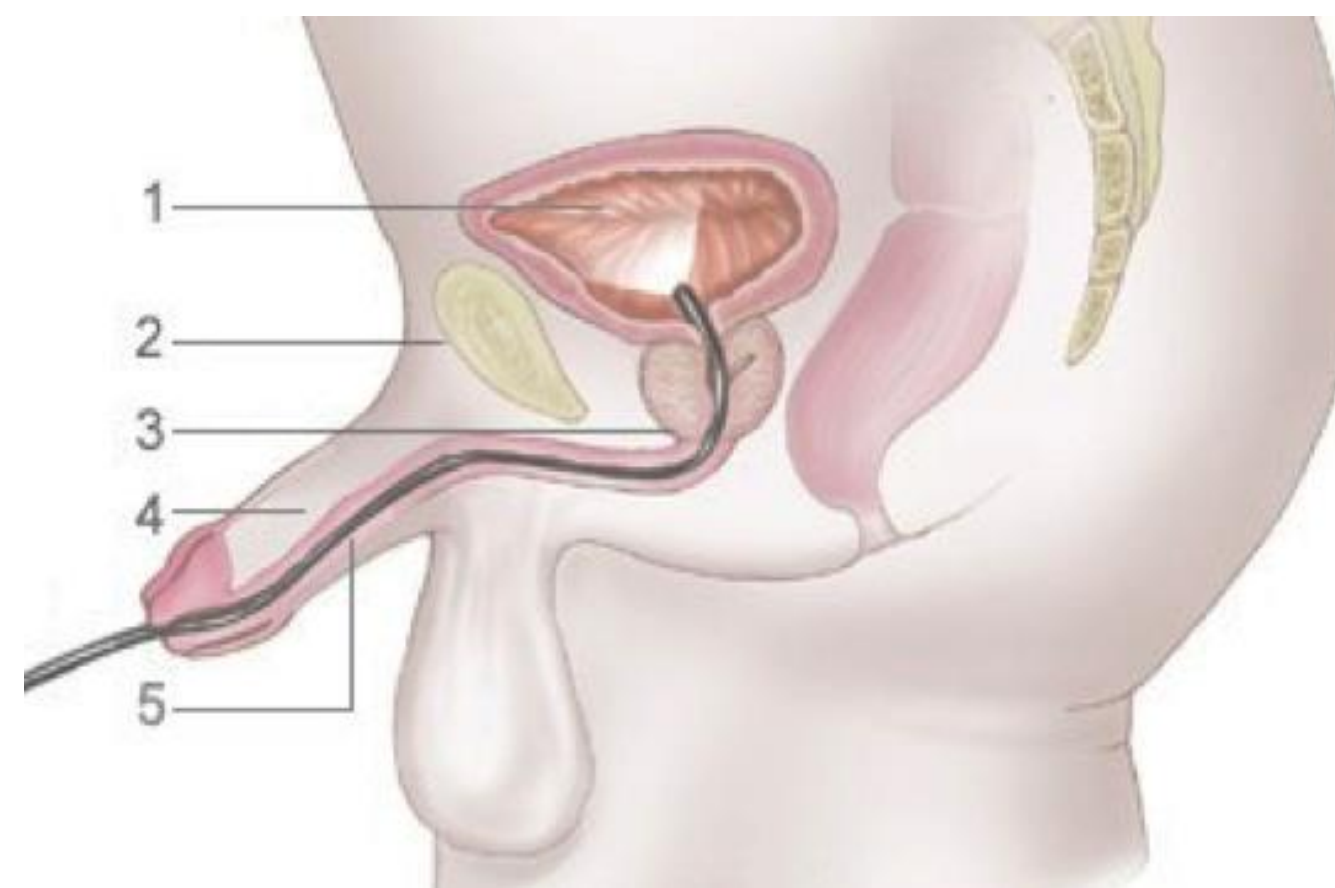


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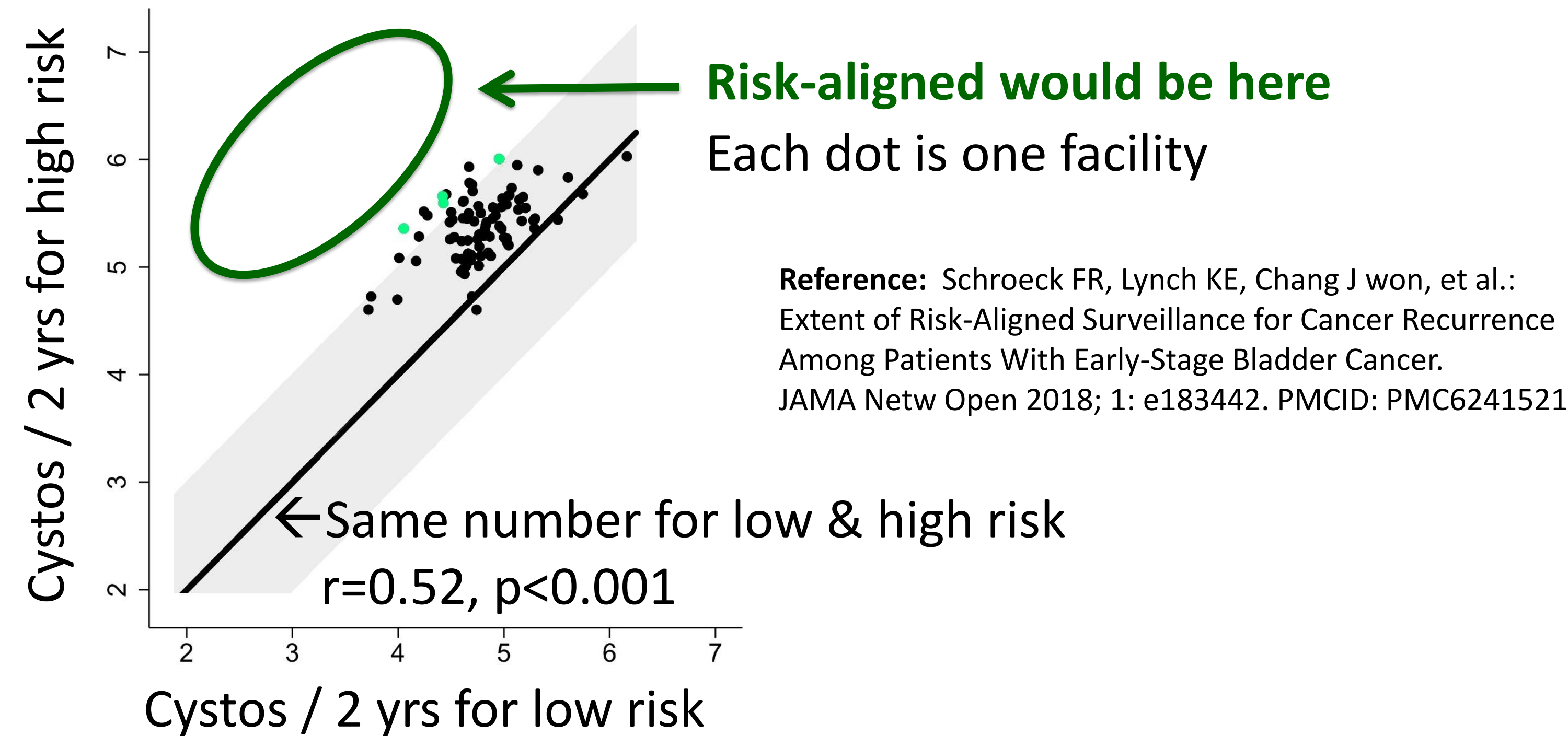
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Background

- Cystoscopic surveillance → significant burden for patients & healthcare system
- Surveillance should be risk-aligned: 3 cystoscopies / 2 years for low-risk vs. 6 to 8 / 2 years for high-risk patients



- However, risk-aligned surveillance is uncommon:



Objective

To systematically assess patient-level factors contributing to the delivery of risk-aligned cystoscopic surveillance.

TICD allowed for rigorous mixed-methods evaluation.

Patients strongly endorsed importance of adherence.

Implementation strategies should target provider and system factors rather than patient factors.

Mixed-Methods Results – Joint Display

TICD Determinant – Code	Quantitative risk and surveillance category			
	Low-risk risk-aligned	High-risk risk-aligned	Low-risk <u>not</u> risk-aligned	High-risk <u>not</u> risk-aligned
Beliefs and knowledge – perception of risk	“Right now I don’t think it is [serious] because he told me [...] this is good news, he said it was non-invasive and we’ve removed it...”	“I do know that I had an aggressive bladder cancer [...] and bladder cancer tends to recur.”	“... a literal probability of 30 to 40% [...] that it would come back but that kind of comes with life. I’m not worried about it.”	“I was told that it was a very aggressive cancer, and if I hadn’t got to them when I did I probably wouldn’t be here.”
Beliefs and knowledge – surveillance schedule	“I just had one recently back in January, which would have put it nine months after the last cystoscopy pre, post operation. And now I’m on a yearly schedule.”	“I didn’t know at the time but I was basically into a three month cycle.”	“I have follow-up about every 90 days. He says that’ll be continuous because you don’t know when it’s going to come back.”	“I’ve had it every 3 months or so.”
Behavior – adherence	“I get life out of it. It’s always worth it. I enjoy living.”	“If you have cancer and there is a protocol to be followed [...], you follow that protocol. Period.”	“If I chose not to show up I believe that’s clinically classified as passive suicide.”	“I never, ever thought about not going and getting [surveillance].”
Beliefs and knowledge – preferences surrounding frequency of surveillance	“I think a year sounds good and I think if they had more concern they would have me come back in six months.”	“These are hospital orders. This is medical stuff. You don’t fool around with it...”	“Whatever the protocol indicates I’ll be there.”	“Whatever they think is the current recommended thing, you now. [...] My confidence [in] [...] the guidelines currently is strong.”

Disclaimer:
Funding:

Opinions expressed are those of the authors and do not constitute official positions of the U.S. Federal Government or the Department of Veterans Affairs. Conquer Cancer Foundation (Career Development Award), Department of Surgery at the Dartmouth-Hitchcock Medical Center (Dow-Crichlow Award).