# Uncovering Gaps in Patient-Provider Perceptions of Triple-Negative Breast Cancer Care: Addressing Disparities Through Education-Advocacy Partnerships

Authors: Tariqa Ackbarali, PhD¹; Ricki Fairley, MBA²; Tiffany A. Traina, MD³; Lori L. Wilson, MD, FACS⁴ (in memoriam) Affiliation: <sup>1</sup>PlatformQ Health, Needham, MA; <sup>2</sup>TOUCH, The Black Breast Cancer Alliance, Annapolis, MD; <sup>3</sup>Memorial Sloan Kettering Cancer Center, New York, NY; <sup>4</sup>Howard University and College of Medicine, Washington, DC

This activity is supported by an educational grant from Gilead Sciences, Inc.

## INTRODUCTION

Providers and patients alike are unaware of the racial disparities that exist in triple-negative breast cancer (TNBC), which occurs at twice the rate in women of the African Diaspora (WAD) compared to White American women. WAD tend to be diagnosed at a more advanced stage, treated at under-resourced health care

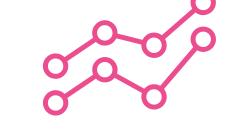


settings, encounter bias in their care, and experience higher rates of TNBC-related mortality. A historically difficult-to-treat breast cancer subtype, the TNBC landscape is changing with an influx of clinical data and newly approved treatments. An educational initiative was designed to heighten awareness of new therapies, including antibody drug conjugates; empower patients in their care; and address disparities in TNBC care.



Advocacy groups: TOUCH, The Black Breast Cancer Alliance (TOUCH) and National Breast Cancer Foundation, Inc. (NBCF)

Education: PlatformQ Health and Global Education Group



### Assessments

Behavioral assessment of preferences and attitudes toward managing patients were examined throughout the CME series and patient/caregiver program.



Questions asked as polling, pre-, immediate post-, and 2 months post-activity. Chi-Square tests used for statistical analysis.



# Interventions

Tethered education comprised of one CME activity for HCPs and one activity for patients/caregivers, launched live-online in April 2022 and March 2022, respectively, and will remain on-demand through April 2023 at OMedLive.com and CancerCoachLive.com.



Four real-world patient accounts of TNBC navigation and management were embedded in the patient program and represented women of Caucasian, African, and Native American ethnicity.

# HCPs

learners

**Learner Engagement** 

### **Learner Demographics**



MD/NP/PA

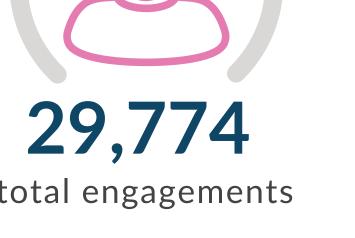
\_\_\_



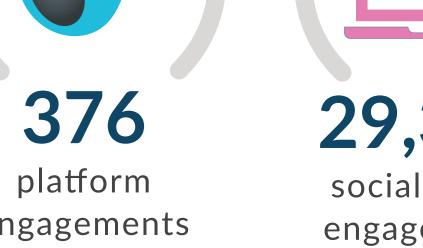
24:55

average time





Engagement



Nicki (TNBC, HER2): "Being Native American,

I've walked the shoes of what it feels like to be

woman, minority, married; and have to make

Googling, talking to Ricki and TOUCH, the Black

reatment decisions based on socioeconomic

Juliet (CLL, HL, NHL, mTNBC): "The most

educated I've gotten is my own research,

Breast Cancer Alliance. Her organization has

truly educated me on the options out there."

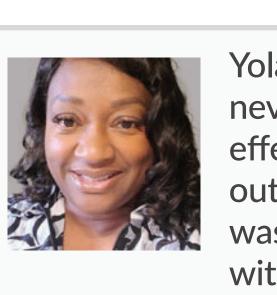
status and insurance coverage."

**Positive Impact on Team Discussions** 



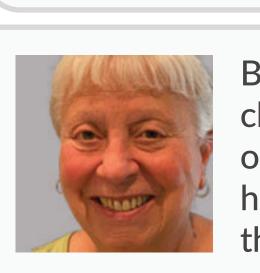


PATIENTS/CAREGIVERS



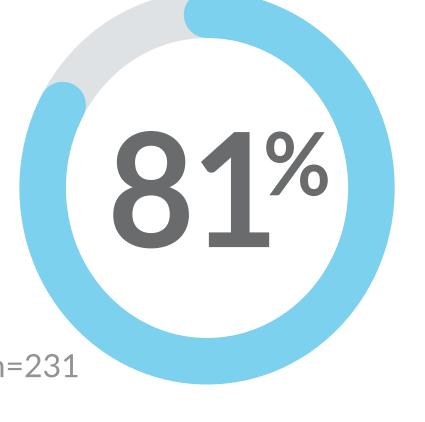
Real-World Patient Experiences

Yolanda (TNBC): "What I'm finding is they effects of going through therapy. I reached out to my doctor at one point and told her I was feeling like a number. I ended up staying with her, but communication was key."



Barbara (TNBC): "I didn't really have much choice because when I went to the oncologist, first of all, I thought I never even eard of this kind of breast cancer. I just thought breast cancer was breast cancer."

### Positive Impact on Practice Behavior



### Impact of Educational Initiative

"I recommend genetic and molecular testing during diagnosis of my patients."

"I am more familiar

with TNBC

pathogenesis and

treatment options."

"I recommend mammography for patients at high-risk."

> "Able to educate patients and families."

for breast cancer survivors and those currently going through treatment."

"Set up a community zoom

93%

"I have started a fundraiser for TNBC."

"I speak openly about my diagnosis to friends and family and let them know the importance of self-examination and mammograms."

"I'm more of an

advocate for myself, and

I stress this to others.





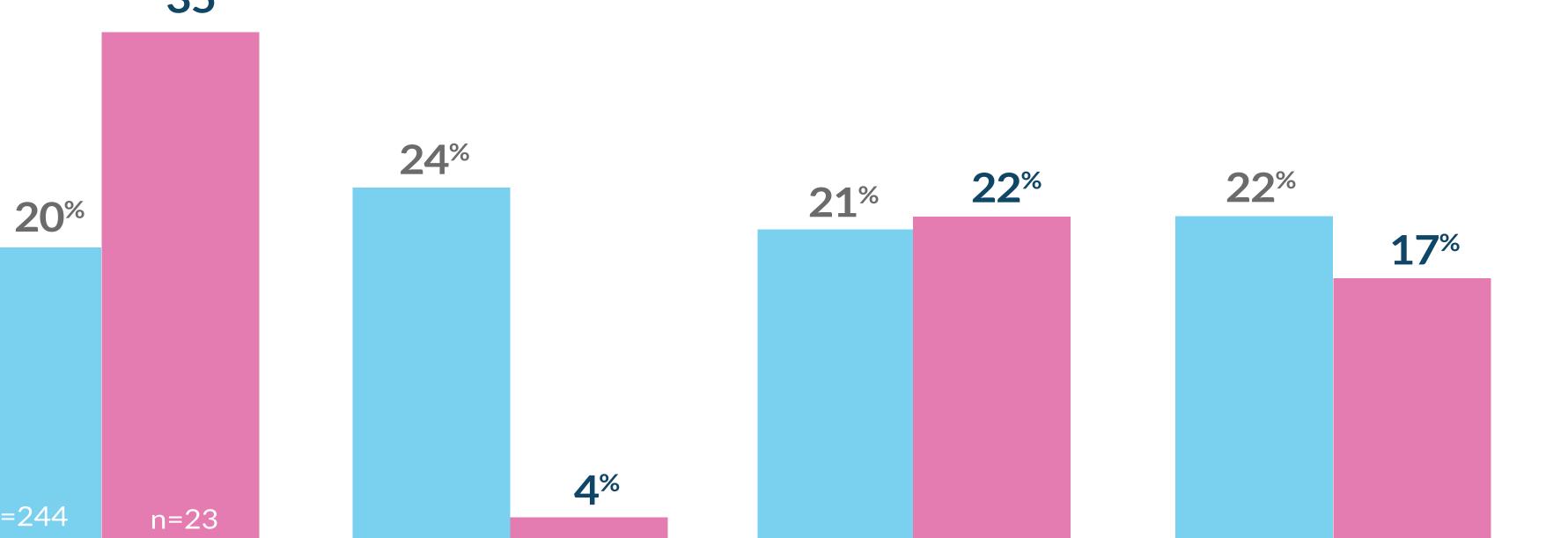


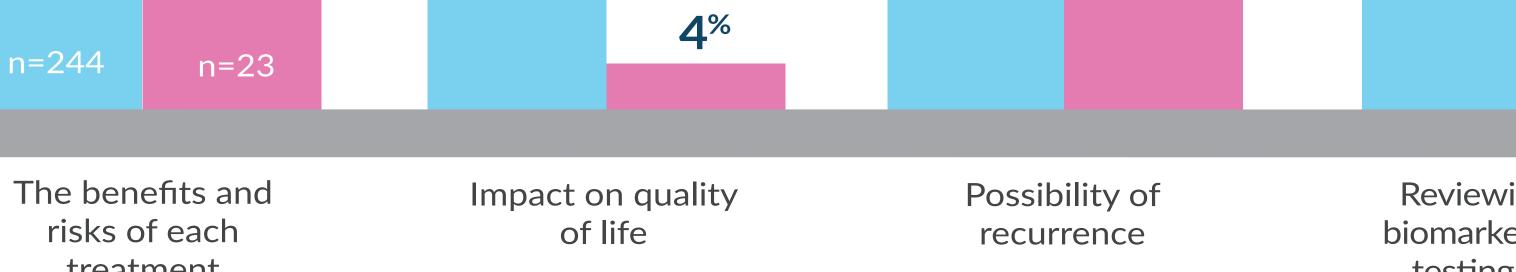


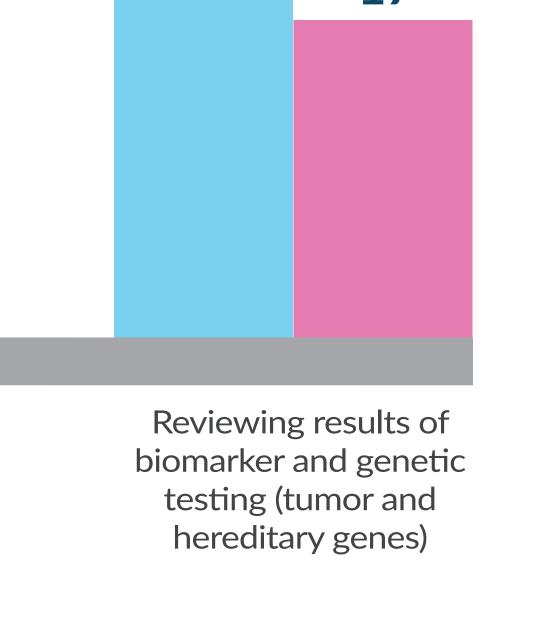


# RESULTS

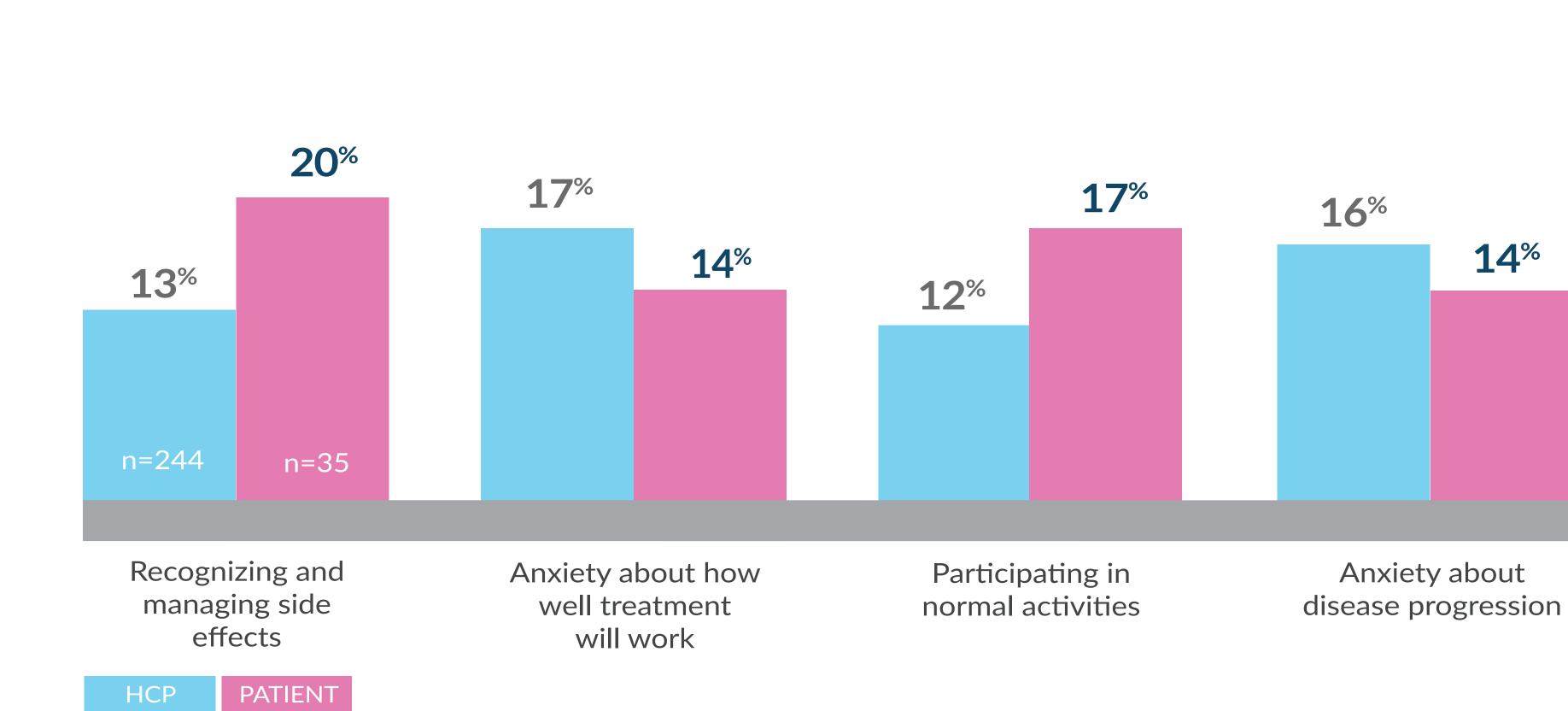






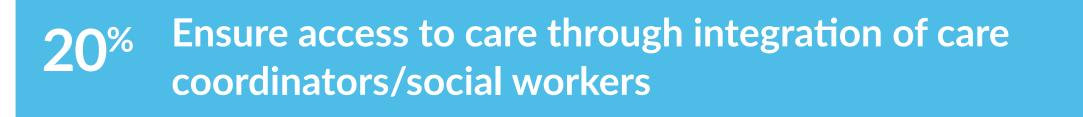


With the exception of cost/affordability, what is the greatest challenge you/your patients face managing TNBC?

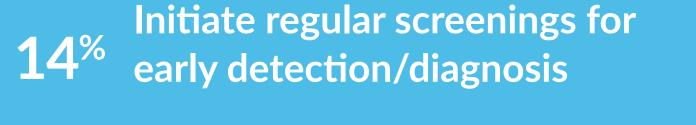


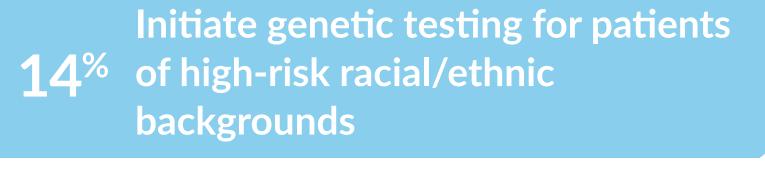
### **Provider Strategies Addressing Disparities**

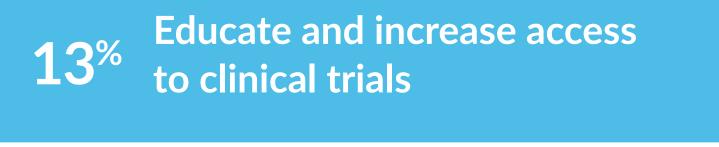
HCP PATIENT



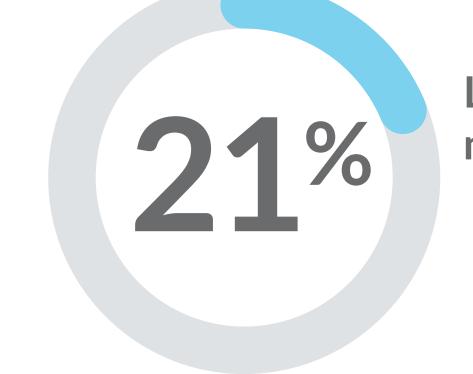








**Top Barrier to Enrollment of Clinical Trials** 



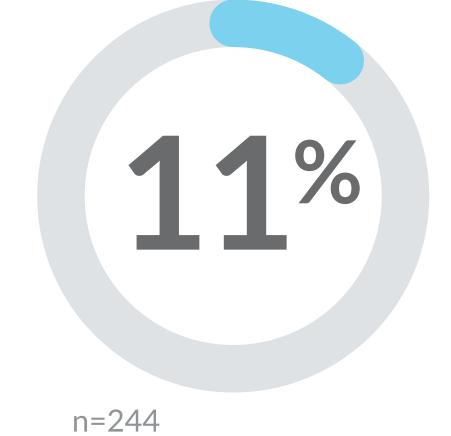
Lack of trials at my institution



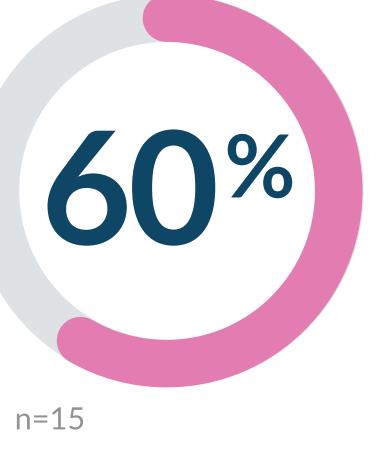
Lack of knowledge regarding strategies

**Top Barrier to Integration of New Therapies** 

### Misalignment in Perceptions



of providers identified 'patient lack of interest' as a barrier to clinical trials



of patients indicated that, if eligible, they were 'very likely' to participate

# CONCLUSION

Assessment and alignment of patient-provider care perceptions has potential to impact clinical practice behaviors, patient/caregiver communication and confidence, and treatment/clinical trial knowledge for effective TNBC management. This educational partnership facilitated assessment of attitudes, perceptions, and barriers to care that can further guide how disparities in care for patients with TNBC are addressed. This 'tethered' approach to education was successful in empowering patients in shared decision-making, initializing changes in clinical practice, and gaining patient-provider insights in TNBC management.

This presentation is the intellectual property of the author/presenter. Contact them at tackbarali@platformq.com for permission to reprint and/or distribute.