



Annual State of Survivorship Study

Findings from In-depth Interviews and National Surveys of Cancer Patients and Survivors

June 2021

Research Objectives and Questions



Continue to delve into the cancer patient and survivor journey from a range of perspectives, to better understand how NCCS can support its mission to advocate for quality cancer care for all

Methodology



Phase

1

In-depth Interviews with Cancer Patients and Survivors

- Sixteen (16) virtual interviews, approximately 60 minutes-each, March 2021
- Mix of Stage IV/Metastatic patients and low income/socio-economic status
- Nationwide recruit: mix of race/ethnicity, years living with cancer, cancer types, and where they live (urban, suburban, or rural)

Phase

2

Nationwide Survey of Adult Cancer Patients and Survivors

- Nationwide sample of n=1104, fielded May 5-May 24, 2021
- Set quotas to make sure the sample was representative by age, gender, race/ethnicity, and region (using ACS and NCI data)
- Oversamples of Stage IV/Metastatic patients to analyze this group with more statistical reliability
- Surveys were recruited through an online non-probability sample with quotas set to ensure demographically representative audiences, following AAPOR best practices

Phase 3

Nationwide Survey of "NCCS Connected" Patients and Survivors

- Nationwide sample of n=500, same field period as above
- Emailed invitation to all NCCS email contacts, inviting them to take the survey + 2 reminders

Overview: Topics Covered















Pluralities say they relied on their doctor to make their cancer treatment decisions, though this number decreased dramatically from just a year ago



2020	8	2021
61%	I rely/relied on the doctor to decide on treatment options and chose the best course of action.	44%▼
18%	Somewhere in the middle	22%
22%	I am/was very involved in researching and deciding on the best treatment options for me.	33% ▲

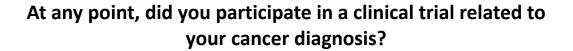
More Likely to be Involved in Decision Making

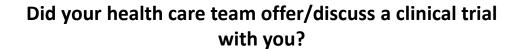
Younger ages (18-29) 49%
Hispanic/Latino 45%
Urban 43%
Clinical Trial 47%
Immunotherapy 43%
Targeted Drug Therapy 41%
Palliative Care 46%
In-treatment 41%
College 37%

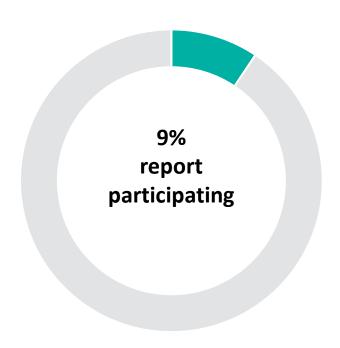
NCCS Connected: 43% Very involved, 22% In the middle, 35% Relied on the doctor

Few patients are informed about nor are participating in clinical trials









Higher for both among:

Younger
Hispanic/Latino
Urban
Higher SES
In-treatment
Academic Medical Center
Chemotherapy
Targeted Drug Therapy
Immunotherapy
NCCS Connected

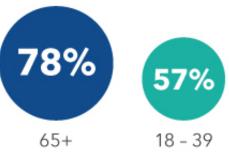
11%
say HCPs
discussed
clinical trial

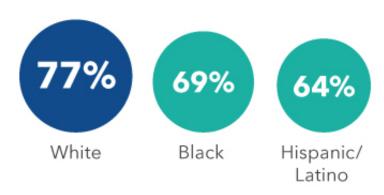
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Disparities in Quality of Care

Respondents Who Rated Their Cancer Care as Excellent









of Patients describe their treatment and care as

EXCELLENT



21+ Years Diagnosis



Completed Treatment



10+ Years Since



First Year Still In-Diagnosis Treatment



Very Informed Side Effects



Somewhat Informed

In addition to poor outcomes, several themes emerge among those who felt they had just good/fair/poor care



Income disparities:

To be honest, I'm poor. I just went with the program, tried not to bother anybody. (Hispanic/Latino, low income)

Lack of Support and Coordination of Care:

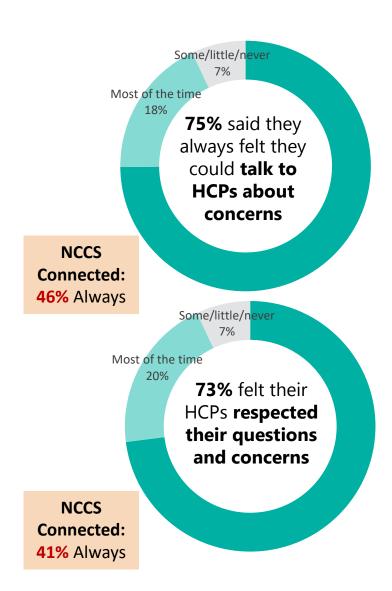
No continuity. I see a different infusion nurse every time. I see a different NP every time. We discuss medication or scans, and they never get ordered. Insurance companies and doctors' offices don't communicate. No one seems to know me. (Metastatic)

No Options nor Voice:

I do not feel that I was even consulted about options, because I was young and considered not smart enough to be in charge of my own care. I feel like when I finished treatment I was just dumped. There was very little care given to how I would have a lifetime of survivorship ahead of me. No one even wanted to hear about complications I was having, even though some ended up being early signs of poor lifelong outcomes. (18-39)

Majorities feel like their HCPs were approachable and respectful, but there are key demographic differences





Again, there are ...

Age differences (61% 18-39, 72% 40-64, 77% 65+):

 They were always in a rush or assumed I didn't know what I was talking about, meanwhile I am a healthcare professional myself. (18-39)

Ethnic differences (75% White, 73% Black, 63% Hispanic/Latino):

• Again, some of the doctors, all of them white and male, seemed to project their biases onto me. (Hispanic/Latino)

Gender differences (77% Male, 70% Female):

 Dismissing me out of hand regarding pain - don't feel as a middleaged woman I am heard. (Female)

Disparities in Quality of Care Top Symptoms Experienced





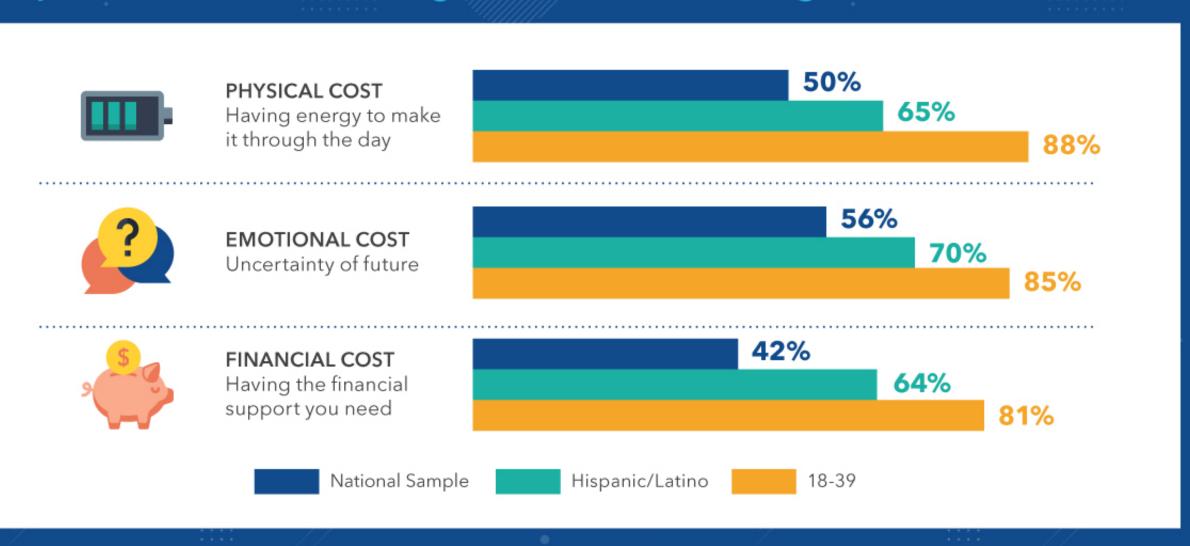
of Patients experienced at least one symptom

	National Sample	Male	Female	18 - 39 	Hispanic/ Latino	Low Income	
Feeling overly tired	45%	34%	56%	61%	53%	57%	
Sexual concerns	28%	38%	19%	27%	26%	17%	
Depression, anxiety, mental health issues	27%	17%	37 %	52 %	43%	43%	
Muscle/joint pain	25%	16%	34%	39 %	33%	40%	
Nausea/vomiting or diarrhea	25%	17%	33%	56 %	33%	38%	
Neuropathy	25%	18%	31%	40%	28%	33%	
Loss of appetite and/or taste	24%	18%	30%	48%	32%	34%	
Weight loss	23%	24%	23%	53%	38%	31%	
Insomnia/sleeplessness	23%	14%	31%	40%	36%	28%	
Uncertainty around status of your cancer	21%	21%	21%	26%	21%	28%	
Skin irritation/rash/dermatological problems	21%	12%	29%	30%	22%	22%	
Memory loss, cognitive issues	16%	7%	25%	33%	30%	24%	

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Costs of Cancer Care

Hispanic/Latino and Younger Patients Have Higher Concerns



Women, younger, Hispanic/Latino, and low-income patients are more concerned about the range of issues

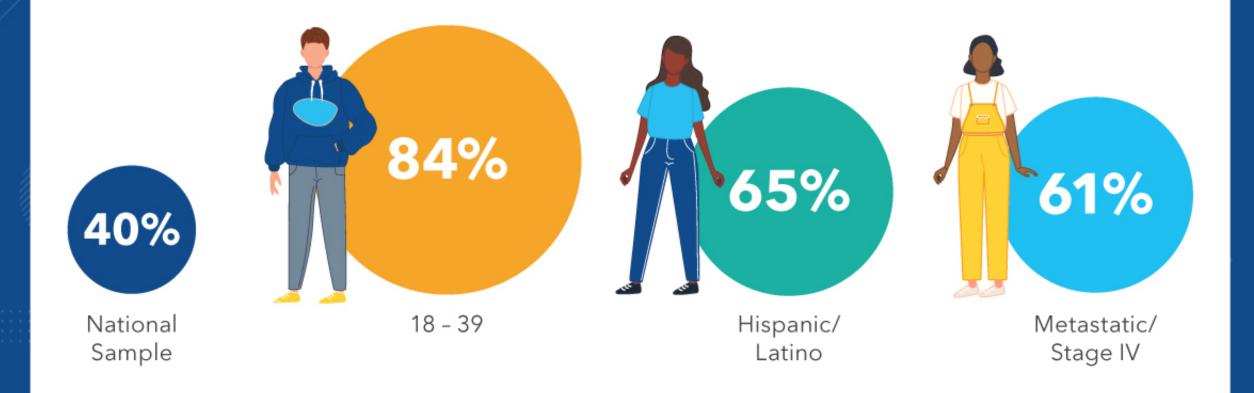


Physical health/adherence	Financial/ Insurance	Emotional/ Lifestyle	National Sample	Female	18-39	Hispanic/ Latino	Low Income
Maintaining a healthy weight			56%	63%	78%	73%	63%
Uncertainty about the future	56%	62%	85%	70%	67%		
Having the energy to make it thre	ough the day		50%	57%	88%	65%	62%
Getting enough exercise			49%	55%	66%	62%	57%
Being there for your family and for	riends		48%	57%	78%	67%	55%
Managing ongoing side effects from	om treatment		47%	51%	78%	59%	54%
Cost of medical care (incl. insurar	nce premiums and co-pays)		47%	53%	68%	50%	47%
Maintaining a proper diet			45%	51%	68%	63%	53%
Cost of prescriptions and treatme	ents		43%	51%	68%	50%	46%
Having the financial support you	need		42%	54%	81%	64%	56%
Having the emotional support yo	ou need		37%	47%	71%	61%	50%
Understanding the health insurar	nce benefits available to yo	u	37%	45%	66%	51%	40%
Support with mental health issue	es (e.g., anxiety or depression	on)	36%	44%	75%	57%	48%
Cost of non-medical expenses (e.	g., food, housing, transport	:)	34%	42%	71%	50%	52%
Ability to maintain relationships with significant other, family, friends			33%	37%	66%	54%	41%
Support for your family and/or o	ther caregivers		33%	39%	65%	49%	37%
Feeling isolated and lonely			33%	40%	72%	57%	49%
Getting/keeping health insurance	e		33%	43%	66%	48%	41%
Loss of income			32%	40%	81%	54%	44%
Long-term planning/career goals			32%	38%	78%	54%	38%
Change/decline in your interest i	n socializing with others		32%	38%	66%	54%	46%
Managing all of your prescribed r	medications and other treat	tments	30%	36%	66%	50%	37%
Cost of professional caregiving			29%	33%	55%	39%	34%
Visiting your doctor regularly			28%	34%	62%	46%	35%
Managing appointments			23%	30%	58%	41%	33%
Work/employment issues, like finding and keeping a job'			22%	29%	70%	46%	27%
Learning how to apply for grants, scholarships, or government benefits to help with							
medical and living costs'			21%	25%	65%	36%	32%
Getting/keeping disability insurance			20%	27%	57%	39%	31%
Starting a family/having children	9%	9%	54%	28%	10%		

Costs of Cancer Care

Experienced Financial Sacrifices





Four-in-10 overall have made at least one of the following financial sacrifices, with numbers much higher among vulnerable audiences

Source=National Sample, n=1104



Experienced as result of can	cer Female	18-39	Hispanic/ Latino	Low Income	Metastatic/ Stage IV	In- treatment
Experienced any of the items below 40%	47%	84%	65%	61%	61%	65%
	73% 20%	28%	18%	18%	27%	29%
Applied for government financial assistance such as unemployment,	18%	35%	26%	38%	25%	25%
Delayed a major life event (marriage, trip, starting family, etc.)	14%	24%	29%	12%	23%	25%
Delayed a major purchase (house, car, etc.)	13%	31%	20%	15%	26%	25%
Delayed or reduced payments to credits cards or loans	14%	29%	20%	15%	22%	19%
Received help with food or housing from a charity, community center, or	14%	37%	25%	20%	14%	17%
Applied for grants or scholarships to help with medical and living costs	5%	10%	7%	6%	16%	11%
Asked for rent or mortgage relief 4%	5%	9%	9%	5%	7%	6%
Started a GoFundMe or similar campaign to help with medical and	4%	12%	10%	5%	8%	8%

Similarly, about 4-in-10 have seen their diagnosis impact their work status/environment, with similar groups reporting impact



			Female	18-39	Hispanic/ Latino	Low Income	Metastatic/ Stage IV	In Treatment
Experienced any of the items below	43%		50%	83%	64%	47%	60%	60%
Missed work	21%	NCCS Connected: 78%	24%	42%	27%	19%	28%	27%
Worked fewer hours	17%		21%	47%	34%	16%	22%	27%
Taken a leave of absence	17%		19%	45%	33%	14%	22%	25%
Felt that your work suffered	9%		11%	25%	18%	10%	18%	19%
Quit your job	9%		12%	16%	15%	21%	21%	15%
Been let go or fired	6%		7%	18%	7%	8%	7%	9%
Felt your supervisor treated you badly	5 %		7%	19%	10%	6%	6%	9%
Changed jobs or employers	4 %		5%	12%	8%	5%	4%	4%
Turned down a job or promotion	3%		3%	13%	11%	3%	9%	10%_
Co-workers treated you badly Source=National Sample, n=1104	2%		4%	13%	8%	3%	3%	4%