NCCS
NATIONAL COALITION
FOR CANCER SURVIVORSHIP

STATE OF SURVIVORSHIP

SURVEY: 2022

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

Research Objectives and Questions

Build on previous studies, exploring patient journey/experiences, attitudes, and needs.

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

NEW THIS YEAR:

- Measure satisfaction across different points in the cancer journey
- Better understand under-served audiences, who they are, their specific challenges, and how the system can better meet their needs
- Learn more about what “coordination of care” means to patients and how they feel their health team performed, explore trust in the care team
- Continue to explore the costs of the disease – time, money, physical and mental health
- Learn more about experiences with biomarker and genetic testing

Methodology

PHASE 1

In-depth Interviews with Cancer Patients and Survivors

- Fifteen (15) virtual interviews, approximately 60 minutes-each, April 2022
- Focused on a few audiences: 5 young adults (18-39); 5 Hispanic adults (mix of acculturation); 5 men (non-prostate cancer)
- Nationwide recruit: mix of cancer types, stages, time since diagnosis, treatment status, and income

PHASE 2

Nationwide Survey of Adult Cancer Patients and Survivors

- Nationwide sample of n=1408, fielded July 12th – August 8th, 2022
- Oversamples of Stage IV/Metastatic Breast cancer patients to analyze this group with more statistical reliability
- Set quotas to make sure the sample was representative by age, gender, race/ethnicity, and region (using ACS and NCI data)
- 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=670, same field period as nationwide survey
- Emailed invitation to all NCCS email contacts, inviting them to take the survey + 2 reminders

Blue/**red** = statistically **higher**/**lower** by audience | ▲▼= change from 2021 survey

Full text of survey questions is in the notes section of slides

Key Findings

Deep Dive into the Cancer Journey

- Over the years, majorities of patients continuously express a high degree of satisfaction with their cancer journey, then in qualitative discussions, there is a disconnect with the many problems they describe. To better understand this dynamic, we conducted an analysis that segmented patients into experiential categories: those who have had mostly positive experiences during their journey, mixed, and mostly negative.

- The results show that part of this is demographic – people of color, younger, and lower SES patients are more likely to be in the Mixed and Negative Experience segments. And part of it is experiential – these patients struggle more at each phase of their cancer journey.

Cancer Journey: Screening and Diagnosis

- The three audiences have significantly different satisfaction levels, starting with screening and diagnosis. While majorities typically have symptoms for up to 3-months and see an average of 2 doctors before they are diagnosed, the Negative Experience segment and many of the under-served groups had symptoms for longer and saw more doctors. Younger patients (18-39) are also 2.5x times more likely to first have a misdiagnosis.

- A little over half of patients say they were proactive in reading up on their diagnosis and treatment options, while around 1-in-10 admit to sticking their head in the sand, ignoring symptoms, delaying going to the doctor, and/or not doing any background research. The top info sources are HCPs, healthcare websites, and Google.

Cancer Journey: Treatment and Care

- Almost three-quarters overall report being very satisfied with their treatment and care, thanks to a high degree of trust in and rapport with their health care team.

- But again, large disparities exist between those in the Negative Experience segment, including many underserved audiences. They give health care providers lower scores across the board, and use terms like “bullied,” “ignored,” “test subject,” and “rushed” to describe their care.

- There is also a disconnect on feeling as if care is well-coordinated, yet still needing to share information from one provider to the next regularly. This, too, helps contribute to a negative treatment experience.

Key Findings

Cancer Journey: Post-treatment Care

- While 6-in-10 say they are satisfied with their post-treatment care, this is notably 10-points lower than satisfaction with in-treatment care. When you get into specifics, only 4-in-10 say their HCP did a good job transitioning them to this phase.
- Patients tend to have low expectations at this stage. While majorities say their HCP discusses follow-up tests and monitoring, far fewer talk about quality of life and other physical and mental health issues.
- Those in the Negative Experience group want their team to be more proactive in discussing a host of post-treatment issues, including mental health, exercise, nutrition, and the fatigue and pain they still experience.

Costs of Cancer

- Over the last several years of surveys, the same physical, emotional, and financial issues have emerged as top concerns. But this year, the number who experience/d each is up across the board, particularly on the financial front (most likely tied to concerns about rising costs/inflation generally).
- About half of patients' report being impacted financially and making employment and/or educational sacrifices because of their cancer care.
- In all these areas the Negative **and** Mixed Experience groups, as well as under-served audiences, over-index.

Integrative Oncology

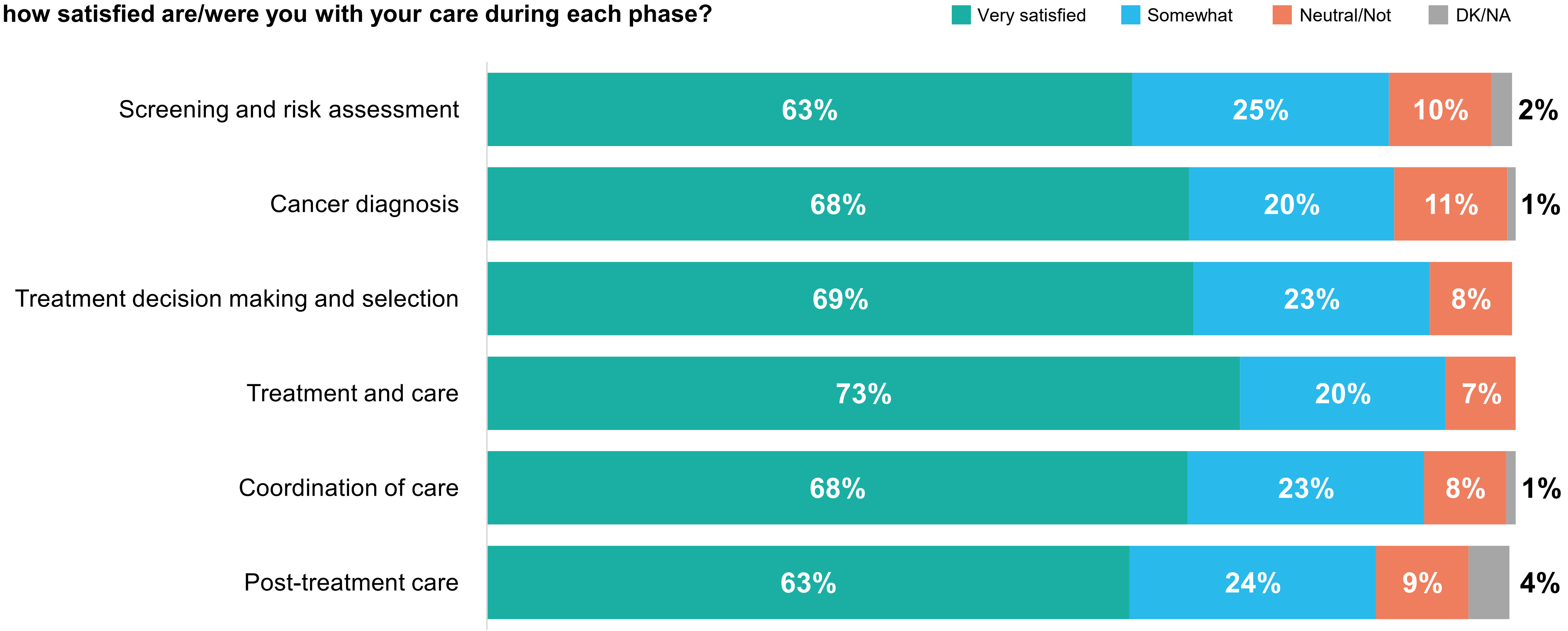
- Among the NCCS Connected (the only group asked these questions), 8-in-10 report using some form of integrative oncology during their cancer journey. Most common is exercise, dietary supplements, massage, mindfulness, spiritual practices, and relaxation techniques. Of these, exercise, massage, and prayer are deemed most beneficial.
- Those who practice these cite the desire to focus on wellbeing, and/or cope with mental health issues resulting from their cancer. The biggest barrier to integrative oncology is awareness.

Deep Dive into The Cancer Journey

Satisfaction with Cancer Journey

Majorities of patients report a high degree of satisfaction at each stage of their cancer journey.

Thinking about the many different phases of your cancer journey, how satisfied are/were you with your care during each phase?



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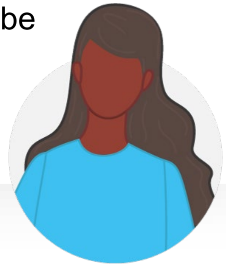
Satisfaction with Cancer Journey: The Disconnect

*Yet in qualitative research, there is often a **disconnect** between the ratings patients give and the journey they describe*

★★★★★

I was very satisfied. They were very attentive to my questions… they were just very available to patients…

Before I was diagnosed it took them three years to find out that I had cancer. I think the doctors in general should do a **better job at believing when people say they're in pain… instead of blowing it off**, might be psychosomatic and stress. But three years,… maybe that's why they were more attentive to me.



- Young Adult

★★★★★

My lower back was hurting really bad, and… everyone kept telling me there was nothing wrong… [I went] to the emergency room and they said, "We're going to give you a CT scan just to prove nothing wrong with you," **because I had been going for three or four months**. They did a CT scan and said, "We're going to… have you taken to MD Anderson," which is the cancer place in Houston.

[Satisfaction] is **pretty much a 5… I'm here, so I'm good.**

- Male

★★★★★

I was actually initially misdiagnosed. They had thought it was melanoma, so I went through the surgery and chemo, and then I just kept having these skin lesions pop up… I decided to look into it a little deeper and **found out that it was actually fibrous histiocytoma. So that diagnosis came about 18 months later.**

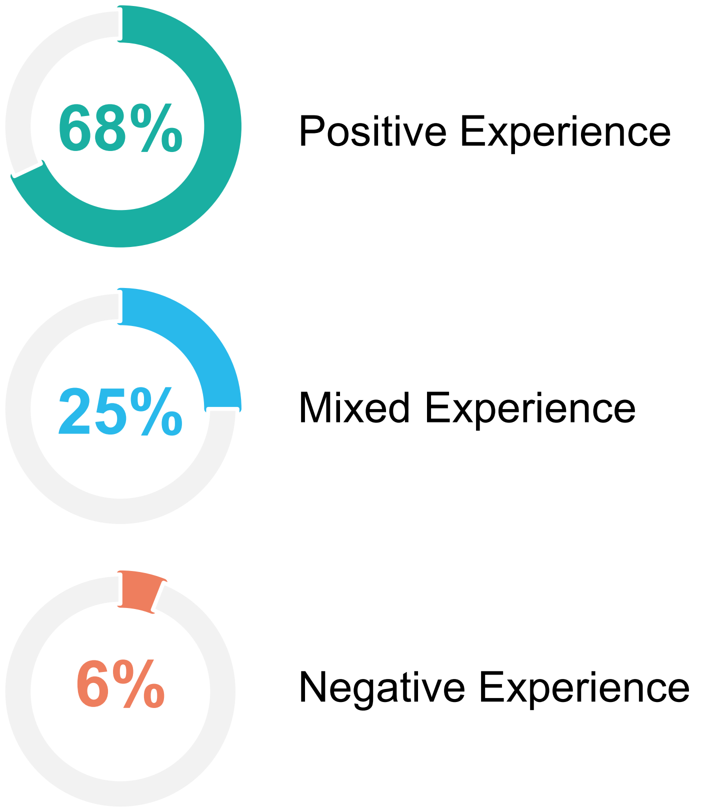
- Male

Understanding the Range of Experiences

This disconnect lead us to do a deeper dive and try to better understand how different audiences experience the cancer journey. For those who do NOT have a positive experience, who are they, what challenges do they face, and how can the system better meet their needs?

Methodology:
Segmentation is an analytical tool used to sort people into exclusive groups, or clusters with similar attitudes and experiences. For this analysis, we looked at satisfaction across the different stages of the cancer journey:

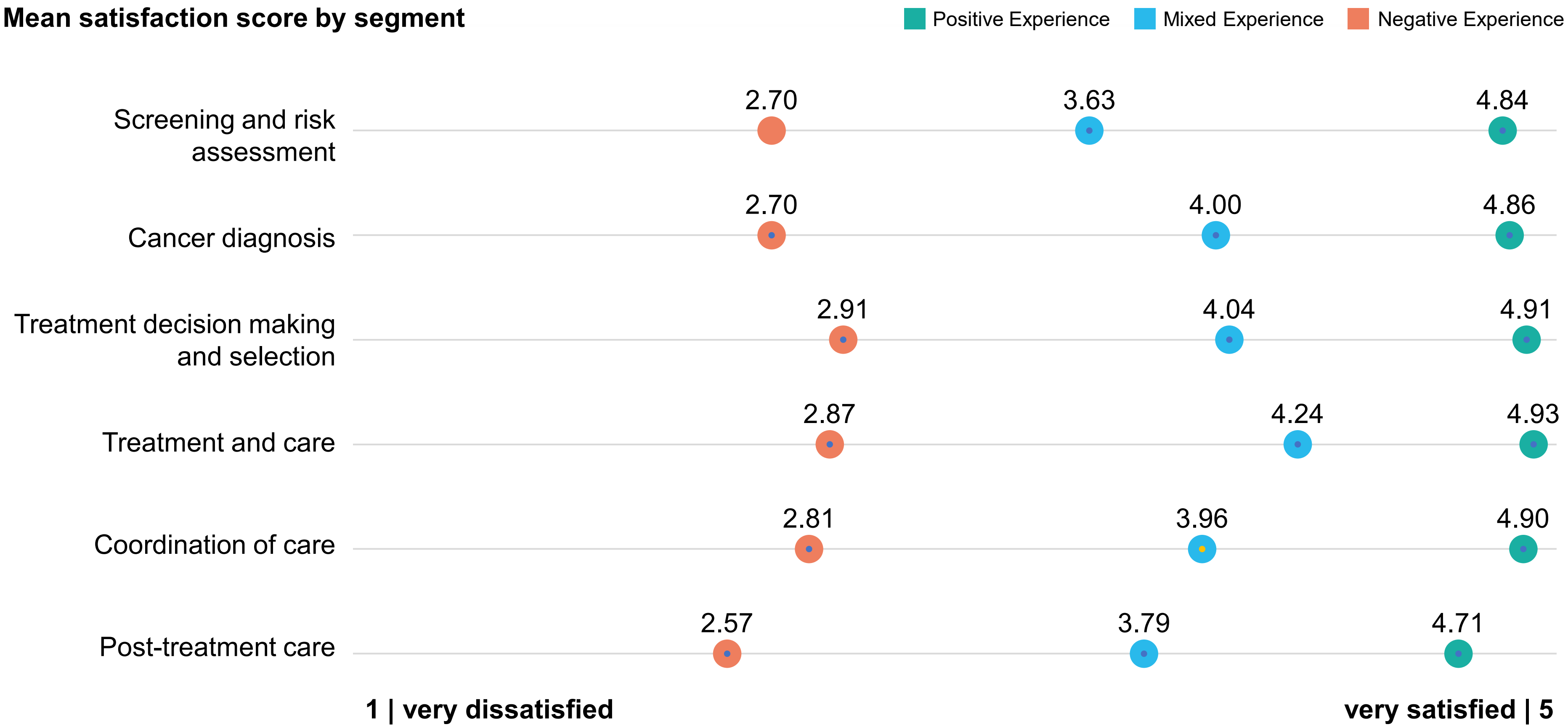
- Screening and risk assessment
- Cancer diagnosis
- Treatment decision making and selection
- Treatment and care
- Coordination of care
- Post-treatment care



Source=National Sample (n=1408)

Audience Satisfaction Across Cancer Journey

This gives you a sense of how far apart the different groups are in their experiences on every dimension.



Source=National Sample (n=1408)

Audience Demographics

Part of the audience differences is related to demographics and where they are in their cancer journey.

	Positive Experience		Mixed Experience		Negative Experience	
Gender	50% female	50% male	54% female	46% male	57% female	41% male
Race/Ethnicity	84% White 8% Black 6% Hispanic		74% White 10% Black 15% Hispanic		67% White 20% Black 8% Hispanic	
Age	45% under 65 6% 18-39 39% 40-64	55% 65+	65% under 65 9% 18-39 56% 40-64	35% 65+	57% under 65 12% 18-39 45% 40-64	43% 65+
Education	49% no college	51% college	49% no college	51% college	64% no college	36% college
Income	34% below $50K		31% below $50K		51% below $50K	
Financial Impact	40% Impacted financially		62% impacted financially		65% impacted financially	
Employment Sacrifices	50% made sacrifices		68% made sacrifices		58% made sacrifices	
Treatment Status	78% completed	22% still in	65% completed	36% still in	57% completed	43% still in
Stage at Diagnosis	36% Stage 1 17% Stage 2	14% Stage 3 9% Stage 4	21% Stage 1 21% Stage 2	13% Stage 3 25% Stage 4	24% Stage 1 13% Stage 2	18% Stage 3 24% Stage 4
Current Health Status	11% Excellent 52% Good	31% Fair 6% Poor	3% Excellent 41% Good	41% Fair 14% Poor	4% Excellent 28% Good	40% Fair 26% Poor

As seen across studies, groups who have a less positive experience:

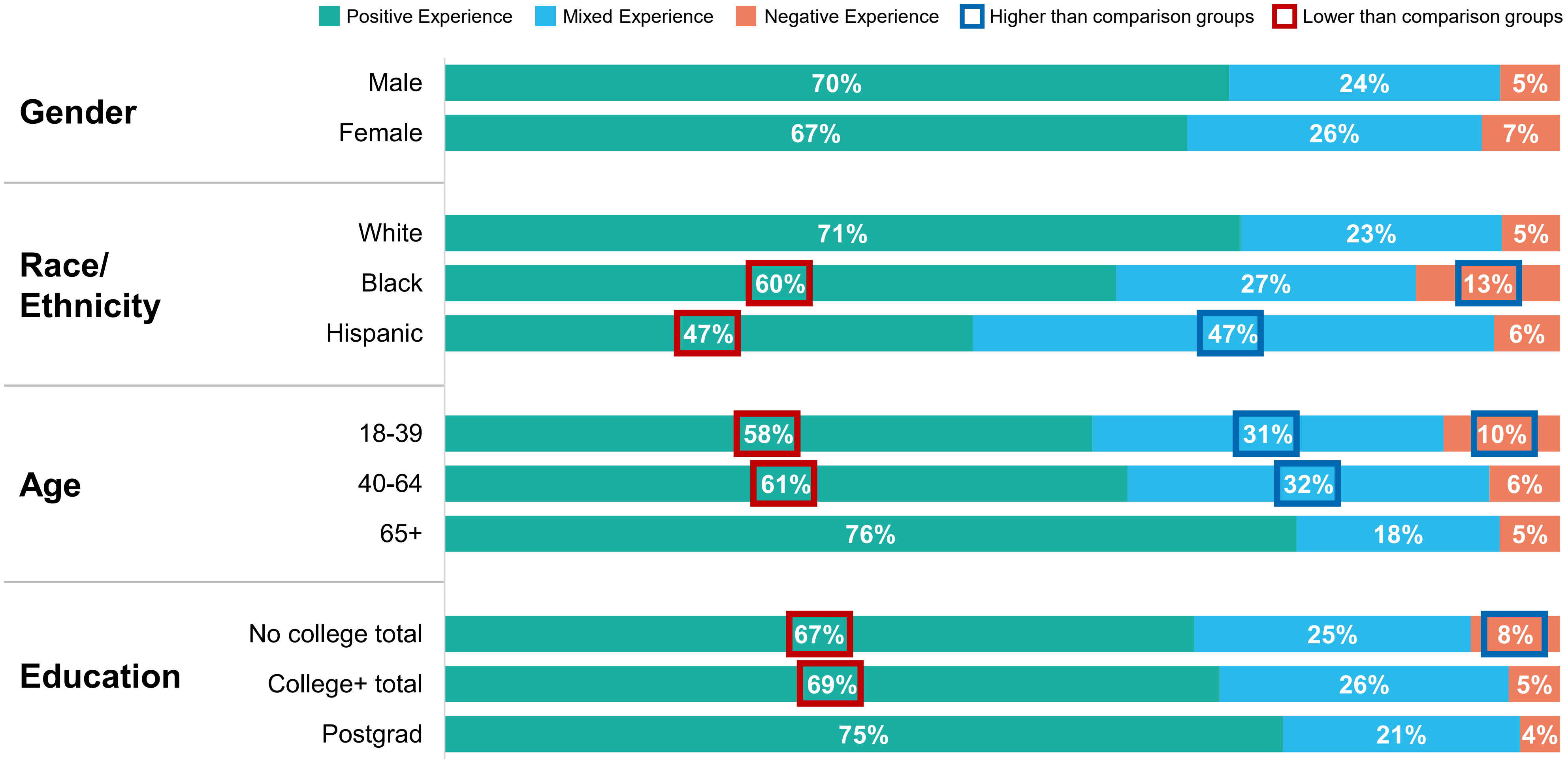
- More female
- POC
- Younger
- Lower SES

As well as:

- Time/memory – those in treatment more negative
- Stage of diagnosis
- Current health

Source=National Sample (n=1408)

Experience by Demographics

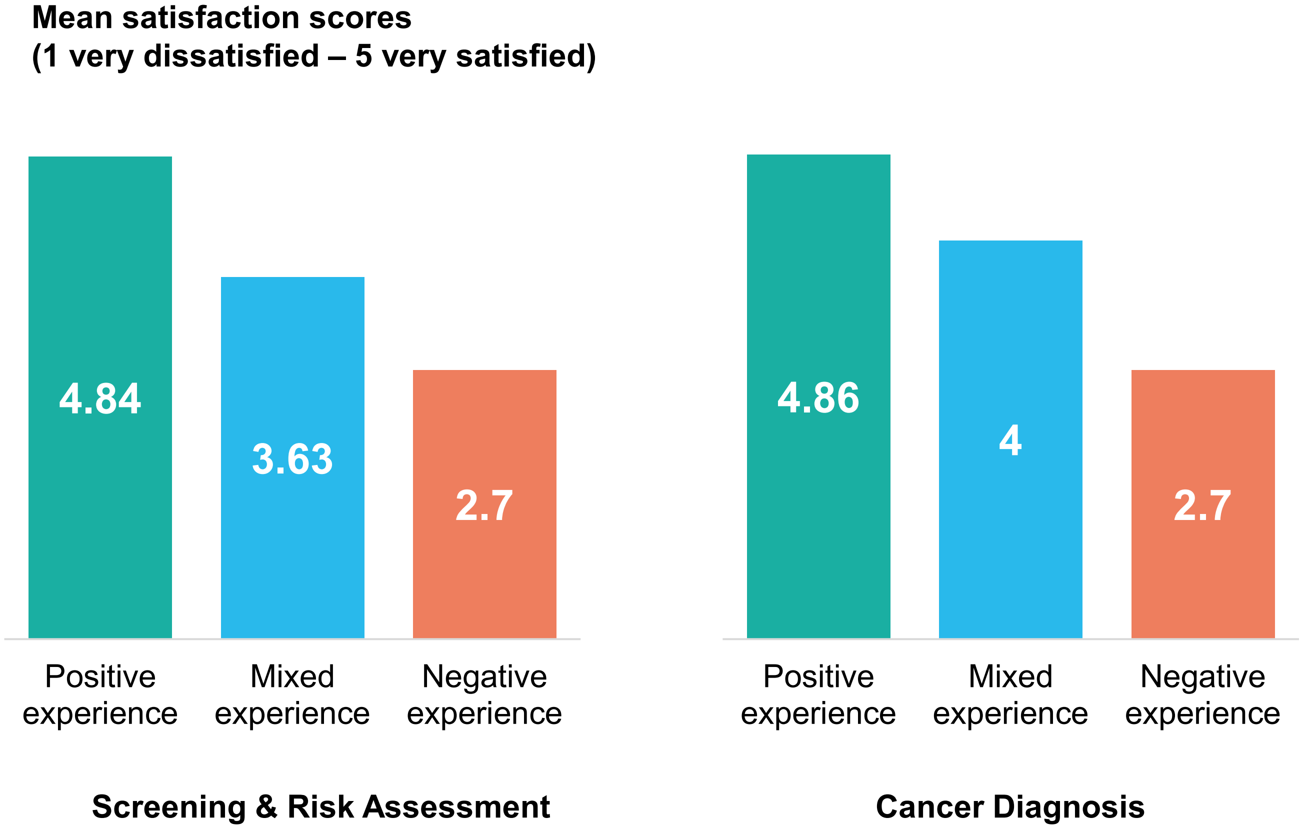


Source=National Sample (n=1408)

Cancer Journey: Screening and Diagnosis

Audience Experiences: Screening and Diagnosis

Part of the audience differences are about very different experiences during each stage of their cancer journey.



What's going on at the early stages?

- **The Negative Experience Group Had Symptoms for Longer:** The Negative Experience group is more likely to have symptoms for longer prior to diagnosis (**51%** 3 months+); vs. Positive, where 4-in-10 (**40%**) had no symptoms before they were diagnosed
- **They Saw More Doctors Prior to Diagnosis:** The Negative Experience group saw substantially more doctors (3.6) before they received a cancer diagnosis vs. the Positive group (**1.78** average)
- **And They Are More Likely to be Misdiagnosed:** The Negative Experience group was more likely to be misdiagnosed (**20%**) vs. Mixed (14%) or Positive (12%) groups

Source=National Sample (n=1408)

Length of Symptoms

While majorities are diagnosed by the 3-month mark, it takes some groups notably longer to receive their diagnosis.

		Diagnosed within					
	No symptoms before diagnosis	**1 month**	**3 months**	**6 months**	**12 months**	**5 years**	**After 5 years**
National Sample	36%	48%	66%	79%	87%	95%	97%
Women	37%	50%	68%	80%	88%	96%	98%
18-39 year olds	**15%**	**27%**	**51%**	**71%**	85%	93%	96%
Black	**26%**	**33%**	**51%**	**67%**	84%	97%	99%
Hispanic	**14%**	**21%**	**45%**	**65%**	80%	96%	99%
Living with Metastatic	**10%**	**16%**	**36%**	**62%**	84%	97%	98%
Negative Experience	**25%**	**29%**	**46%**	**62%**	82%	93%	95%

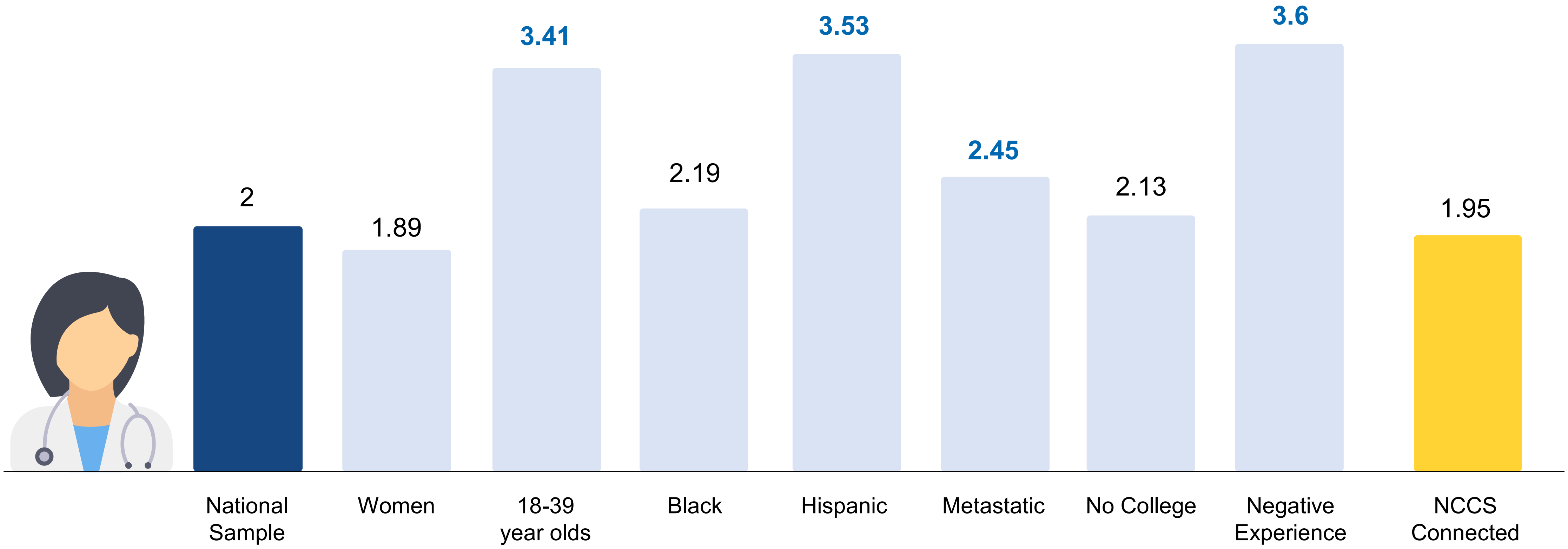
NCCS Connected group significantly more likely to say they had symptoms for ***less*** than three months.

After twelve months, one fifth of Hispanic patients and those in the Negative Experience group still await their diagnosis.

Source=National Sample (n=1408)

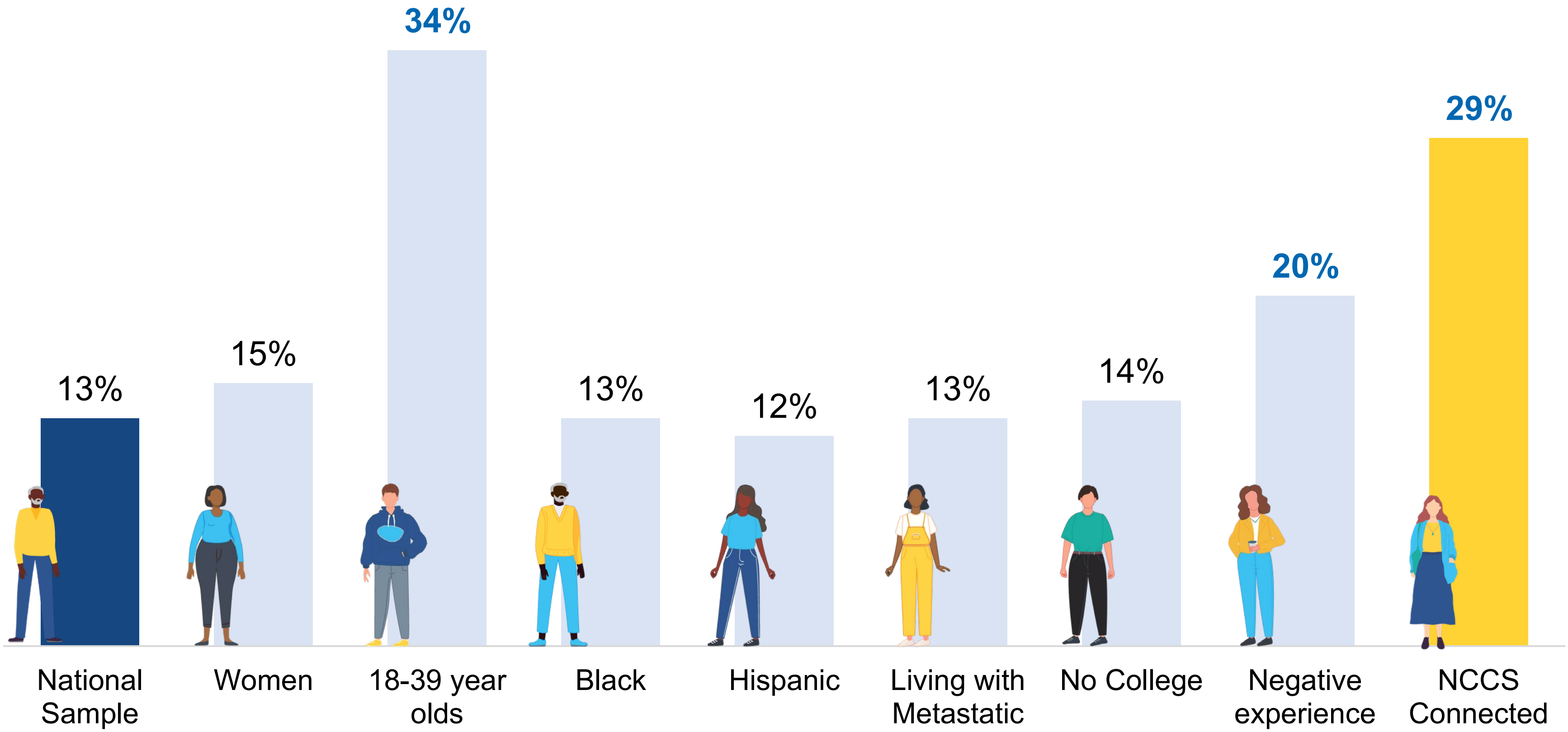
Doctors Seen to Receive Initial Diagnosis

On average patients see two doctors before getting their initial diagnosis, though People of Color, younger survivors, and people living with metastatic cancer tend to see more.



Source=National Sample (n=1408)

Misdiagnosis



- Slightly more than 1-in-10 report an initial misdiagnosis.
- Misdiagnosis is 2.5x more likely among 18-39 year olds than other patients.
- The NCCS Connected group is 2x as likely to have had a misdiagnosis.

Source=National Sample (n=1408)

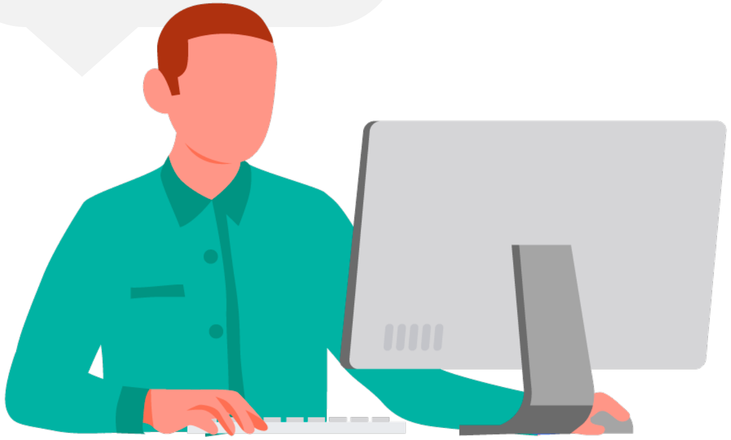
Understanding Diagnosis & Treatment Options

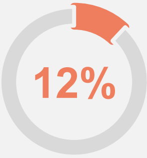
- Those in the Positive Experience group, who skew upper SES, are more likely to report being proactive.
- There is also a correlation among those who had genetic and/or biomarker testing.
- About 1-in-10 admit to sticking their head in the sand. This group skews female and POC; they are also more likely to still be in treatment.

Describes perfectly

“I want/wanted to **find out all I can/could about my cancer diagnosis and my treatment options**”

Higher among:
- **Positive Experience** group
- Biomarker Testing
- Genetic Counseling
- HHI $100k+
- College Degree+
- STEM Background





Describes perfectly

“I do not/**didn’t want to think or read about cancer** and hear about all of the bad things”

Higher among:
- In Treatment
- Women
- Black
- Hispanic
- Metastatic Breast Cancer
- Immunotherapy
- Misdiagnosed

10% tried to ignore symptoms and 9% delayed going to the doctor for as long as they could before getting a diagnosis (higher among **Negative** and **Mixed Experience** groups)

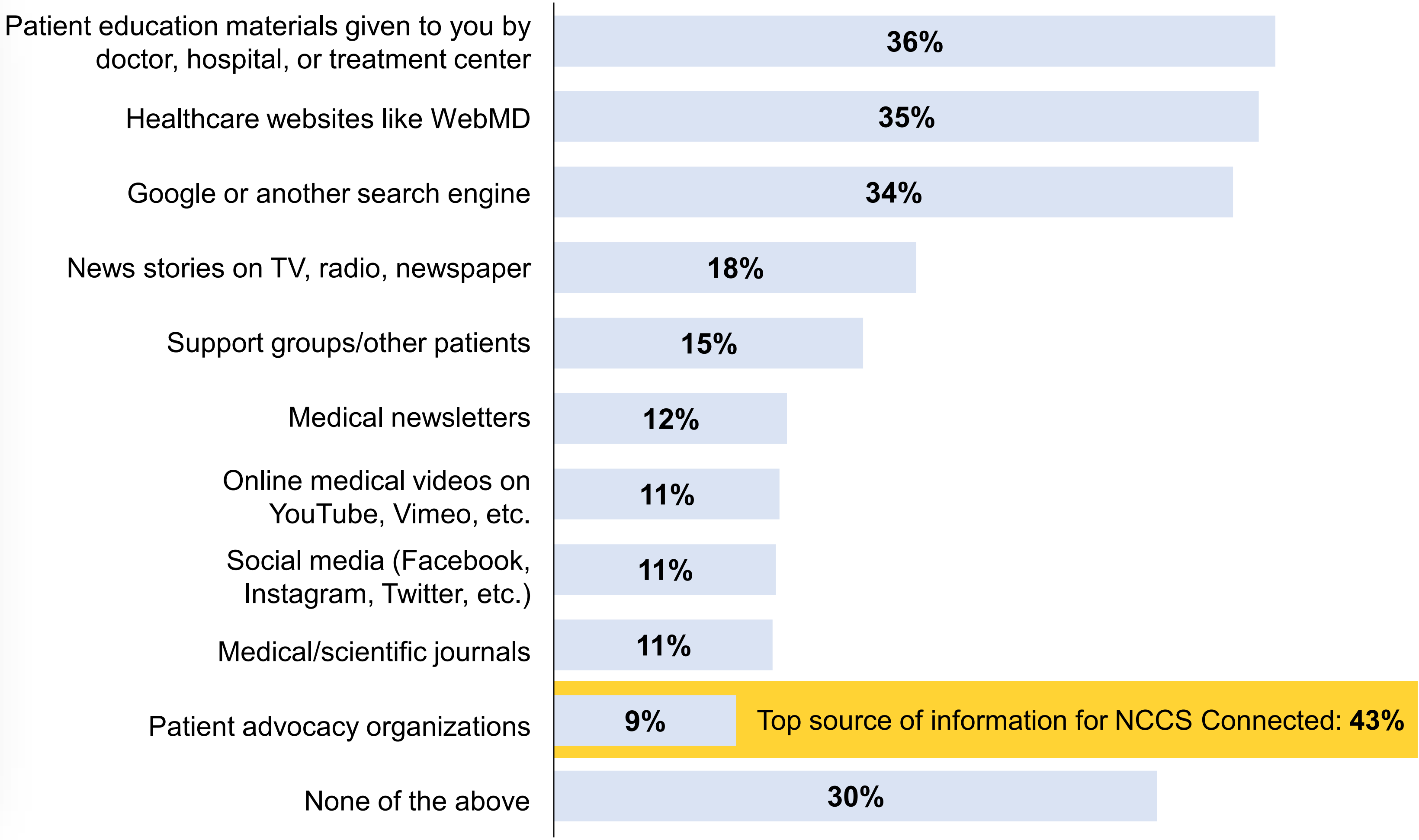
Source=National Sample (n=1408)

Information Sources

Patients top 3 cancer information sources are materials provided by their HCPs, healthcare websites, and Google. The NCCS Connected group relies on patient advocacy organizations.

Top 3 cancer information sources

- Patient education materials given to you by doctor, hospital, or treatment center
- Healthcare websites like WebMD
- Google or another search engine



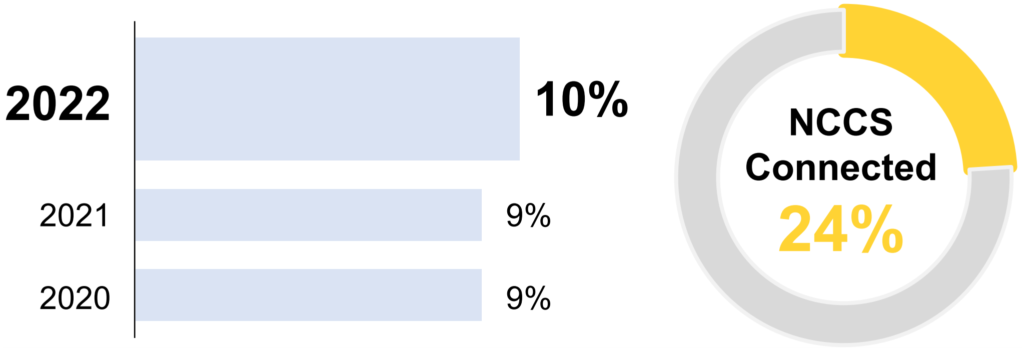
Top source of information for NCCS Connected: **43%**

Source=National Sample (n=1408)

Clinical Trials

Participation in clinical trials is on-par with previous years at 10%.

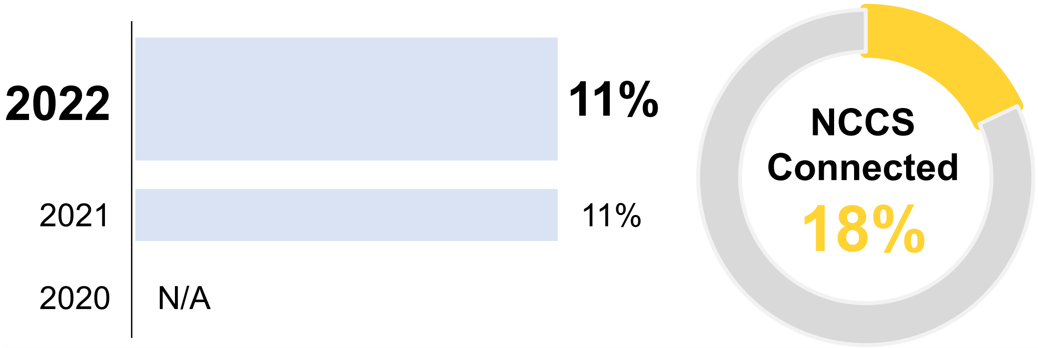
Did you participate in a clinical trial related to your cancer diagnosis?



Higher among:

- **25%** Metastatic Breast Cancer
- **23%** Younger (18-39)
- **21%** Stage IV/Metastatic
- **21%** Palliative Care
- **20%** Immunotherapy
- **20%** Biomarker Testing
- **20%** Private Cancer Center
- **18%** Targeted Drug Therapy
- **17%** Genetic Counseling
- **17%** Still In Treatment
- **16%** Chemo
- **15%** Urban

Did your health care team offer/discuss a clinical trial with you?



Higher among:

- **27%** Younger (18-39)
- **26%** Metastatic Breast Cancer
- **24%** Black
- **20%** Immunotherapy
- **20%** Still In Treatment
- **19%** Private Cancer Center
- **18%** Palliative Care
- **18%** Chemo
- **17%** Targeted Drug Therapy
- **14%** Private Insurance

Source=National Sample (n=1408)

Cancer Journey: Treatment and Care

Treatment Decisions

Once again, pluralities say they relied on their doctor to make their treatment decisions.
Fewer report self-advocating vs. last year, though still more than in 2020 when we first asked the question.

		2020	**2021**	**2022**	**NCCS Connected**
	I rely/relied on the doctor to decide on treatment options and chose the best course of action.	61%	44%▼	**47%** **49% Positive** experience group	**33%**
	Somewhere in the middle	18%	22%	**26%▲**	29%
	I am/was very involved in researching and deciding on the best treatment options for me.	22%	33%▲	**27%▼**	**38%**

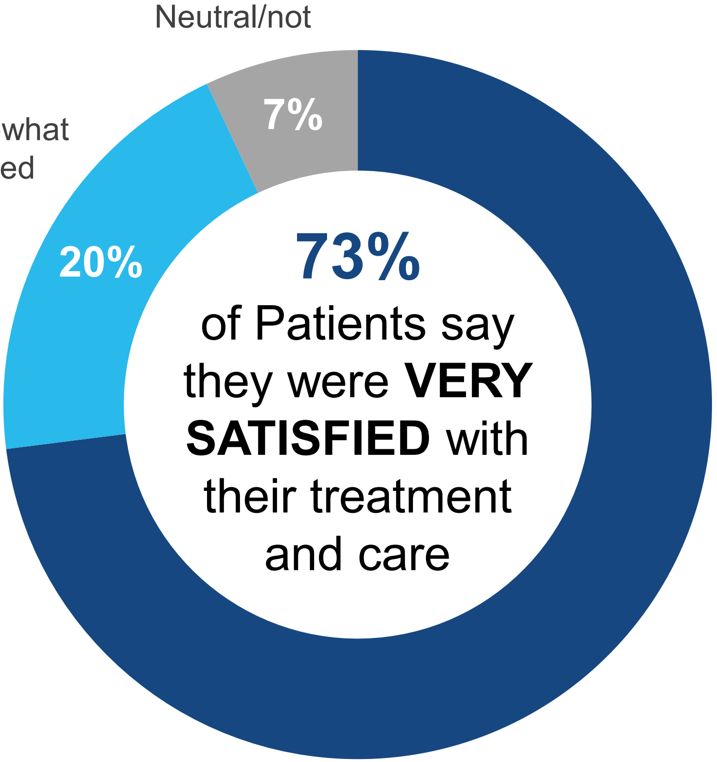
More Likely to be Involved in Decision- Making:

- **46%** Younger ages (18-39)
- **42%** Clinical trial
- **42%** Treated at private cancer center
- **40%** Prostate cancer
- **38%** Misdiagnosed
- **37%** HHI $100k+
- **37%** Metastatic breast cancer
- **35%** Palliative care
- **35%** Biomarker testing
- **34%** Genetic counseling
- **33%** STEM background
- **30%** College degree+

Source=National Sample (n=1408), 2021 National Sample (n=1104)

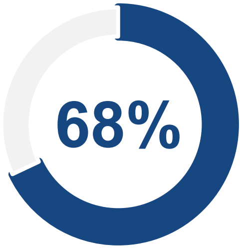
Satisfaction with Treatment and Care

Most cancer patients nationally say they are "very satisfied" with their treatment and care, and they have a high degree of trust in their health care team; but there are disparities in these opinions.



73% of Patients say they were **VERY SATISFIED** with their treatment and care

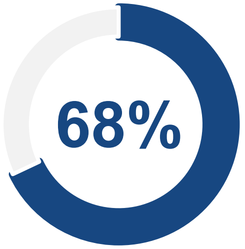
NCCS Connected: 67% Very Satisfied, **24%** Somewhat, 8% Neutral/Not



say they could **ALWAYS TALK** to their HCPs about concerns

Lowest among:

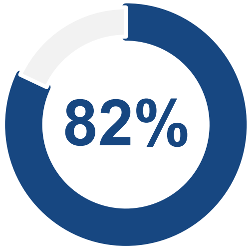
- **66%** Women
- **64%** Black
- **63%** Under 65
- **57%** In Treatment
- **50%** Metastatic
- **46%** Hispanic
- **54% NCCS Connected**



say they **ALWAYS** felt their **HCPs LISTENED TO** and **RESPECTED** their concerns

Lowest among:

- **65%** Women
- **62%** Under 65
- **58%** In Treatment
- **47%** Metastatic
- **47%** Hispanic
- **52% NCCS Connected**



say they **TRUSTED** their **HC** team **COMPLETELY**

Lowest among:

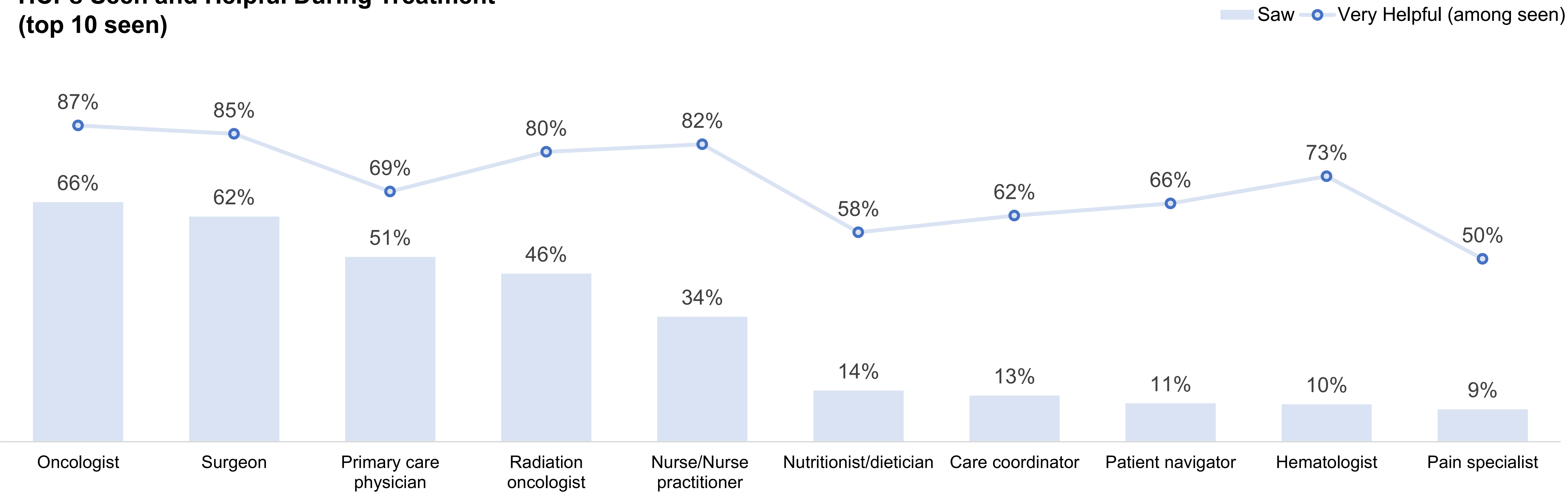
- **72%** 18-39
- **72%** In Treatment
- **72%** Black
- **66%** Metastatic
- **63%** Hispanic
- **74% NCCS Connected**

Source=National Sample (n=1408)

Healthcare Providers Visited and Helpfulness

Findings are very similar to last year – oncologists and surgeons are seen by the greatest percentage of patients and get high ratings; PCP's get lower scores on helpfulness.

HCPs Seen and Helpful During Treatment (top 10 seen)



NCCS Connected: more likely to see a range of HCPs. **Lower scores on helpfulness** for PCP, Nutritionist.

Source=National Sample (n=1408)

Audience Experiences: Treatment and Care

There are large discrepancies by group on HCP ratings, trust, and rapport.

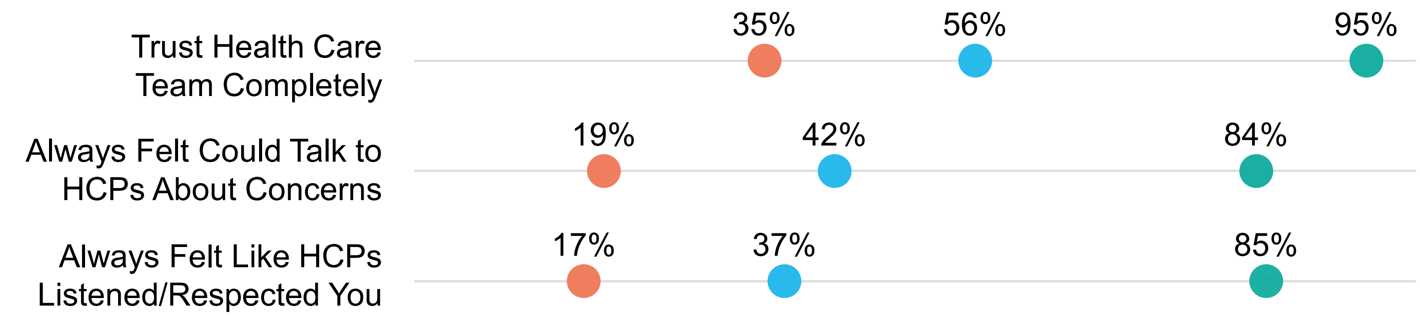
Treatment and Care Mean Satisfaction Score on Treatment and Care (1-5)

% very helpful

ONCOLOGIST:
- **95%** Positive experience
- 76% Mixed experience
- **48%** Negative experience

SURGEON:
- **92%** Positive experience
- 70% Mixed experience
- **51%** Negative experience

Feelings about HCPs



"Made me feel safe"

"Understood what I was going through"

"Built a relationship"

"Interested in me and my family"

"Compassionate and good eye contact"

"Never rushed, patient"

"Contact by phone or online, quick response"

"There, day and night"

"Open and honest"

Positive Experience Feedback

"Bullied"

"Ignored"

"Acted as if I was lying about my symptoms"

"Telling me I was over-reacting"

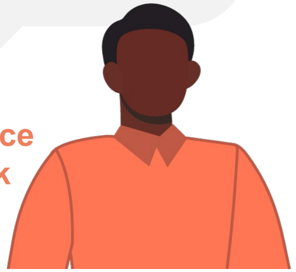
"If you had better insurance, we would have taken better care of you"

"Number instead of a patient with individual needs"

"Rushed"

"Felt like a test subject"

Negative Experience Feedback

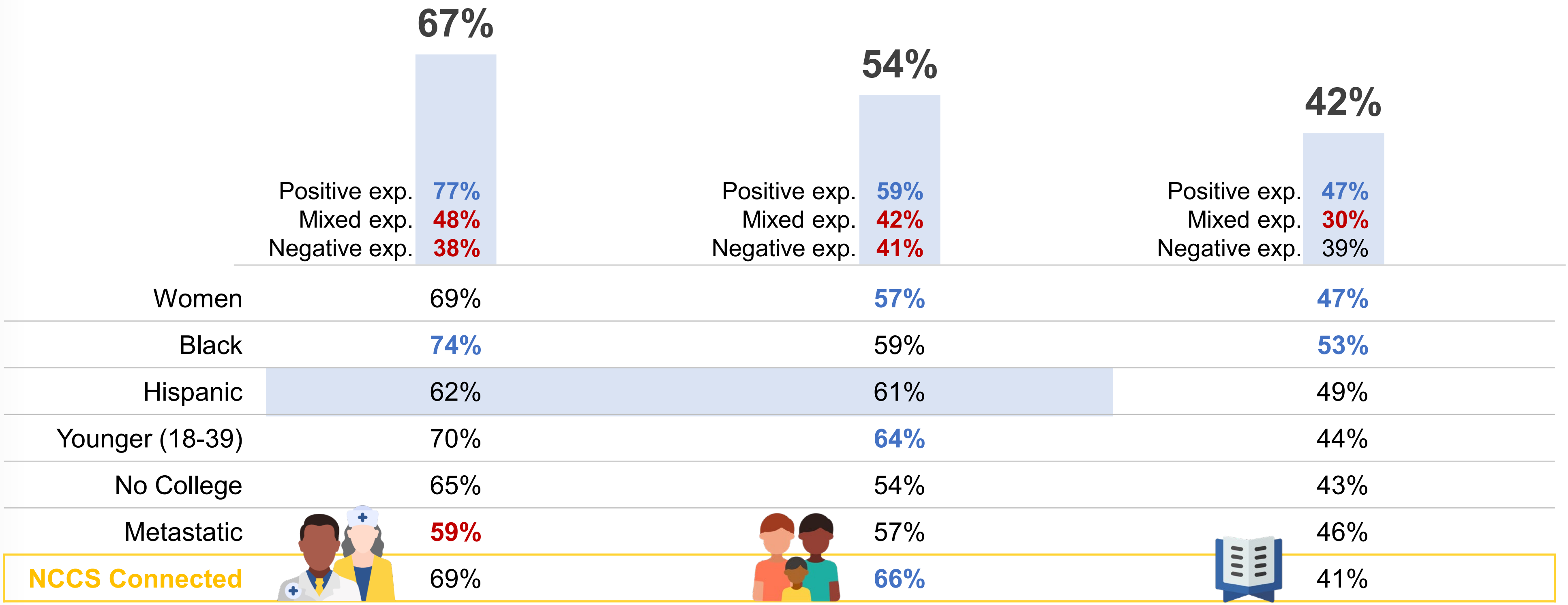


Source=National Sample (n=1408)

Support During Treatment

- More patients say their healthcare team were a critical support network during treatment, vs. family or faith.
- Negative and Mixed Experience groups are lacking in all forms of support.
- For Hispanic patients, family/ friends are as important as the healthcare team.

% Describes me perfectly

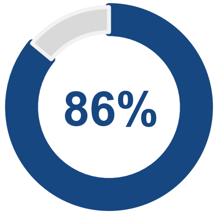


	My **HEALTH CARE TEAM** is/was critical in helping me through my cancer treatment	My **FRIENDS AND FAMILY** are/were critical in helping me through my cancer treatment	My **FAITH** is/was critical in helping me through my cancer treatment
	67%	54%	42%
Positive exp.	**77%**	**59%**	**47%**
Mixed exp.	**48%**	**42%**	**30%**
Negative exp.	**38%**	**41%**	39%
Women	69%	**57%**	**47%**
Black	**74%**	59%	**53%**
Hispanic	62%	61%	49%
Younger (18-39)	70%	**64%**	44%
No College	65%	54%	43%
Metastatic	**59%**	57%	46%
NCCS Connected	69%	**66%**	41%

Source=National Sample (n=1408)

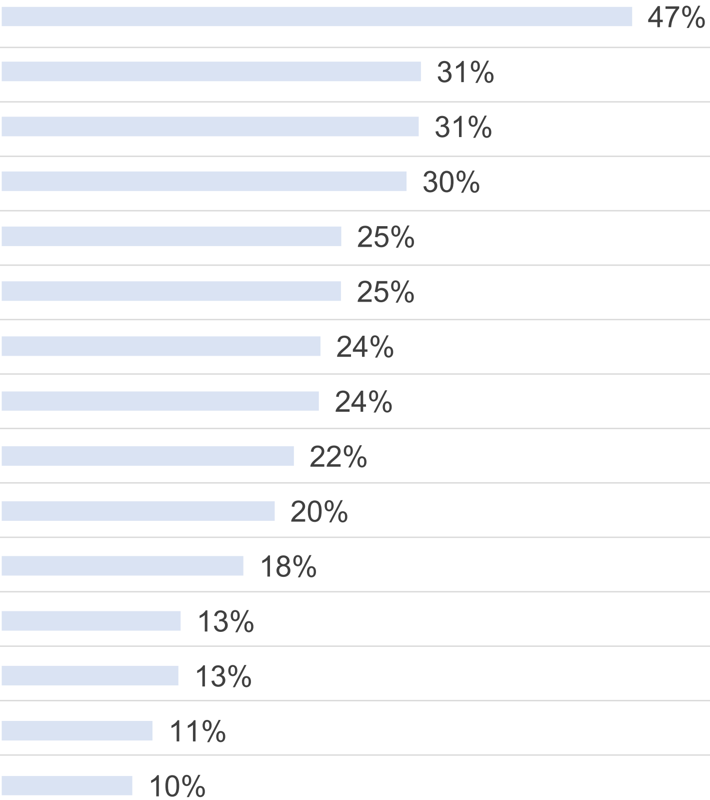
Symptoms Experienced During Treatment

Female, younger, and less educated patients are disproportionately affected by treatment symptoms.



of Patients experienced at least one symptom during treatment

Symptoms experienced *(top 15 out of 23 shown)*



Symptoms experienced	Total	Women	Black	Hispanic	18-39	Metastatic	No College
Feeling overly tired	47%	**55%**	46%	41%	56%	51%	**52%**
Depression, anxiety, mental	31%	**40%**	33%	37%	**52%**	39%	**34%**
Loss of appetite and/or taste	31%	**35%**	**38%**	**39%**	**52%**	44%	**37%**
Nausea/vomiting or diarrhea	30%	**37%**	33%	36%	**51%**	**53%**	**34%**
Insomnia/sleeplessness	25%	**32%**	25%	32%	34%	31%	26%
Weight loss	25%	26%	30%	28%	36%	38%	27%
Sexual concerns	24%	**18%**	30%	25%	31%	**19%**	22%
Muscle/joint pain	24%	**29%**	28%	24%	37%	32%	25%
Uncertainty status of your cancer	22%	24%	17%	17%	24%	19%	21%
Neuropathy	20%	**25%**	23%	**8%**	22%	27%	**23%**
Skin irritation/rash	18%	**23%**	15%	13%	19%	23%	18%
Memory loss, cognitive issues	13%	**18%**	14%	15%	**29%**	19%	14%
Fever/chills	13%	**15%**	15%	13%	**36%**	21%	15%
Mouth sores	11%	**15%**	8%	15%	18%	17%	11%
High blood pressure	10%	10%	11%	6%	10%	9%	9%
MEAN EXPERIENCED	4.68	5.22	4.87	4.54	6.43	5.58	4.94

Positive Exp.: **4.58** | Mixed Exp.: **4.76** | Negative Exp.: **5.32**

Source=National Sample (n=1408)

Treatment Symptoms: During, After, and Still Today

- 6-in-10 still experience symptoms today, mental health and sexual issues are most likely to be prolonged.
- The Negative Experience group is more likely to still be experiencing a host of issues.

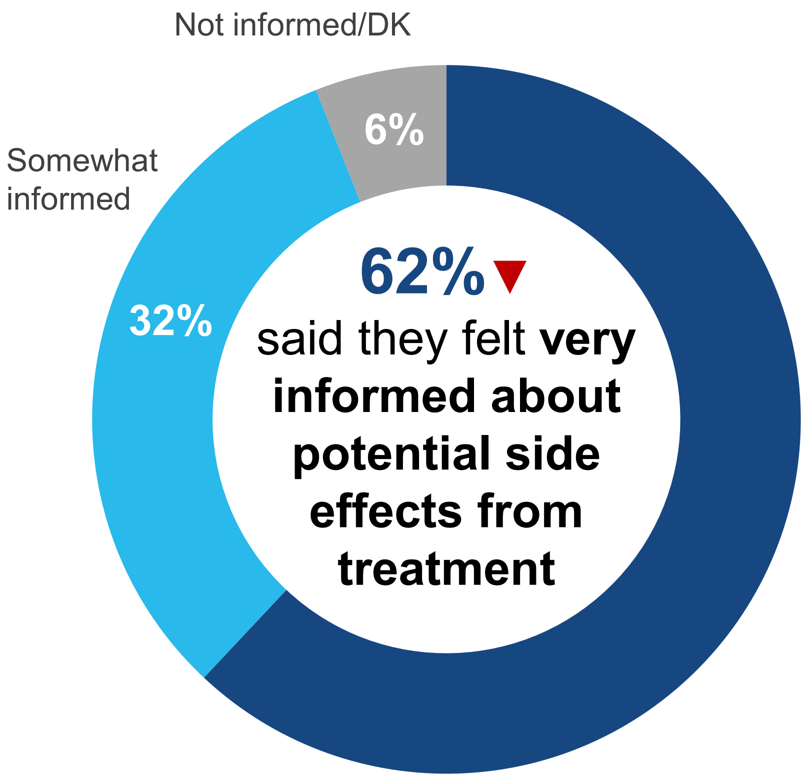
Symptoms experienced *(top 15 out of 23 shown)*

	During Treatment	After Treatment Completed*	Still Today*
	86% experience symptoms	**74%** experience symptoms	**60%** experience symptoms
Feeling overly tired	**47%**	**28%**	14%
Depression, anxiety, mental	**31%**	**22%**	★**17%**
Loss of appetite and/or taste	**31%**	13%	3%
Nausea/vomiting or diarrhea	**30%**	9%	3%
Insomnia/sleeplessness	25%	14%	★11%
Weight loss	25%	10%	2%
Sexual concerns	24%	**22%**	★**19%**
Muscle/joint pain	24%	12%	★12%
Uncertainty status of your cancer	22%	17%	★ 7%
Neuropathy	20%	15%	**15%**
Skin irritation/rash	18%	6%	4%
Memory loss, cognitive issues	13%	10%	7%
Fever/chills	13%	4%	2%
Mouth sores	11%	2%	★ 2%
High blood pressure	10%	7%	9%
MEAN EXPERIENCED	**4.68 symptoms**	**3.07 symptoms**	**2.56 symptoms**
		Positive Exp.: **2.97** Mixed Exp.: **3.27** Negative Exp.: **3.93**	Positive Exp.: **2.63** Mixed Exp.: **2.97** Negative Exp.: **3.65**

Source=National Sample (n=1408). *Among those who have completed treatment ★ Issues Negative Experience group more likely to still experience

Addressing Symptoms

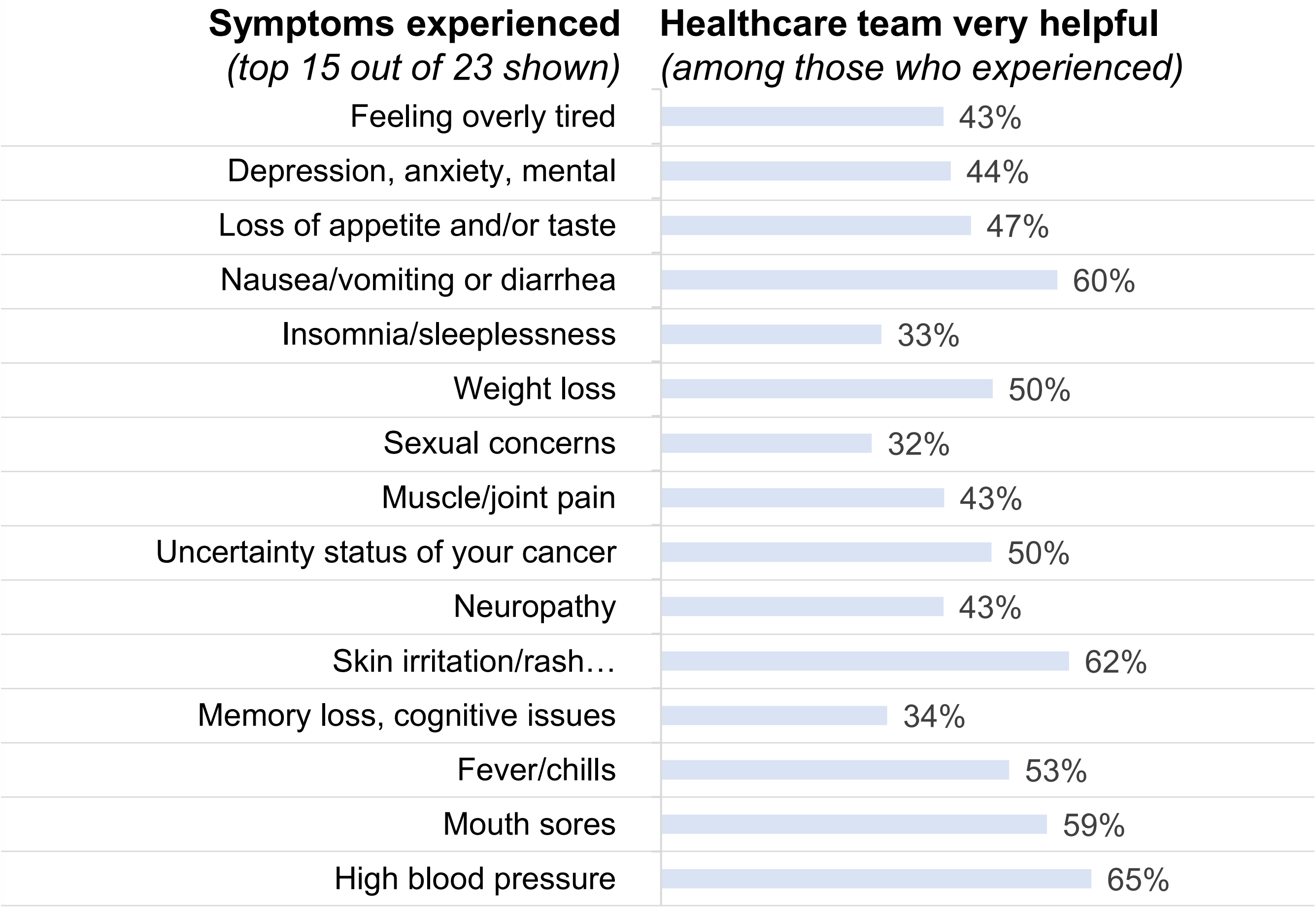
There are also large distinctions by audience on how informed they felt about potential side effects.
For many of the most common symptoms, less than half believe their HCP was very helpful in addressing them.



62%▼
said they felt **very informed about potential side effects from treatment**

NCCS Connected:
43% very informed

Positive exp: **74%** very informed
Mixed exp: **39%**
Negative exp: **14%**

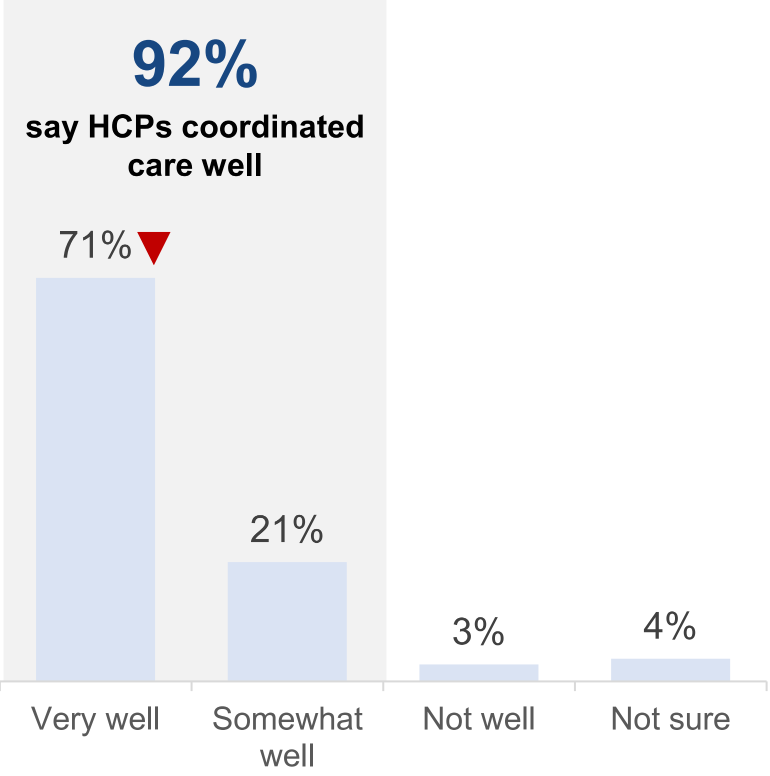


(Although not statistically significant, scores went down on many items this year)

Source=National Sample (n=1408)

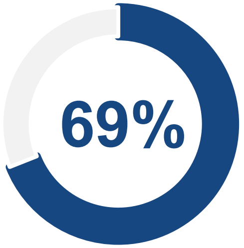
Coordination of Care

Once again, there is a disconnect on feeling as if care is well-coordinated, yet still needing to share information across providers regularly.



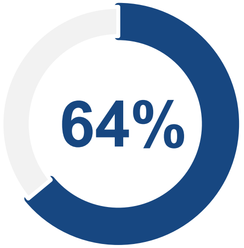
92% say HCPs coordinated care well

NCCS Connected: 60%▲ Very well



said their **HCPs SHARED RESULTS VERY WELL**

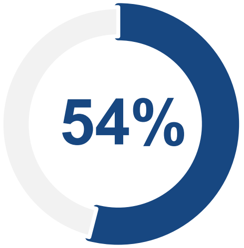
56% NCCS Connected



said they **REVIEWED HEALTH RECORDS** before appointments **VERY WELL**

53% NCCS Connected

BUT…



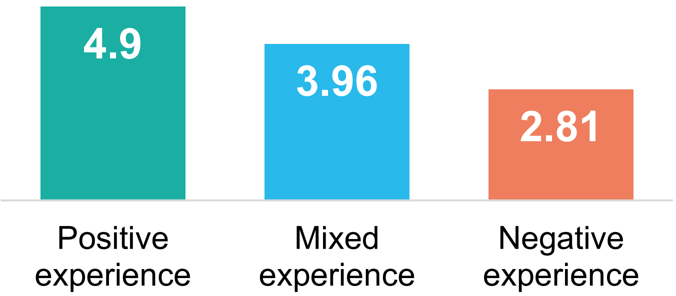
said they had to **SHARE INFORMATION** from one **HCP** to another **ALL/SOME** of time

62% NCCS Connected

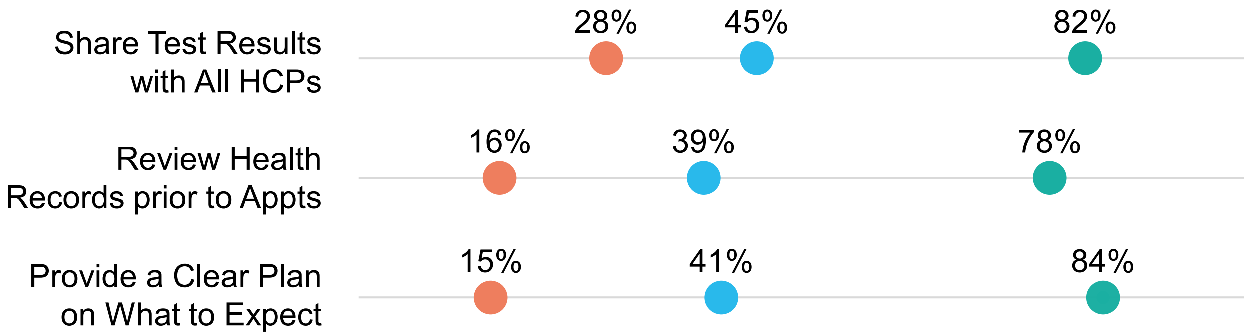
Audience Experiences: Coordination of Care

This is another issue that impacts satisfaction with the cancer journey.

Mean Satisfaction Score on Coordination of Care (1-5)

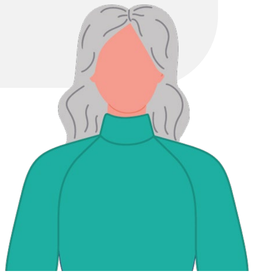


Aspects of Coordination of Care: % very well



My primary care physician was instrumental in coordinating my care. She communicated with the surgeon, helped me find a fantastic oncologist and radiologist. She was there through the surgery, chemo treatments and radiation therapy.

Positive Experience Feedback



I often filled out forms with new information that was never looked at, and then **I repeat the information verbally** in the room with a nurse before the doctor got there, who also never referred to anything.

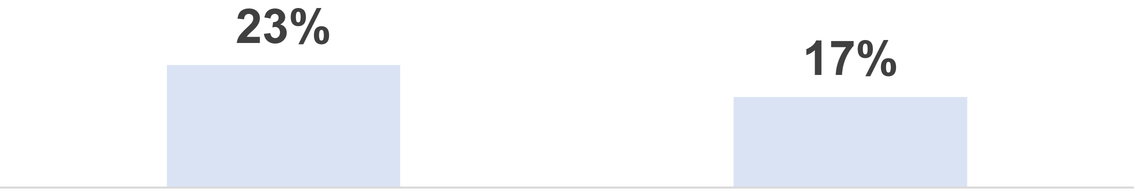
Negative Experience Feedback

Source=National Sample (n=1408)

Cancer Stigma

Few feel a stigma around their cancer diagnosis; however, younger, female, Hispanic, and people living with metastatic cancer are less comfortable telling people they have/had cancer and/or feel more pressure to remain “strong” during treatment.

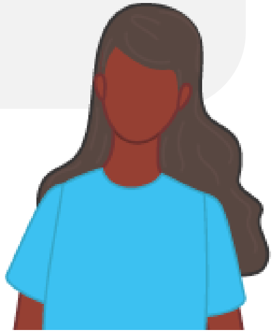
% Describes me perfectly



	I feel/felt a lot of **pressure from others to remain strong** during my cancer treatment	I feel/felt **uncomfortable telling people that I have/had cancer**
Women	24%	**19%**
Black	28%	21%
Hispanic	**31%**	**28%**
Younger (18-39)	**37%**	20%
No College	24%	16%
Metastatic	**34%**	22%
NCCS Connected	**29%**	15%

I will love to go to like a group therapy or something with other women that have been through this, **because if I talk to my family, I have to be strong … I feel like I have to pretend like it’s going to be okay.** Like I’m just getting a tooth pulled out.

Hispanic

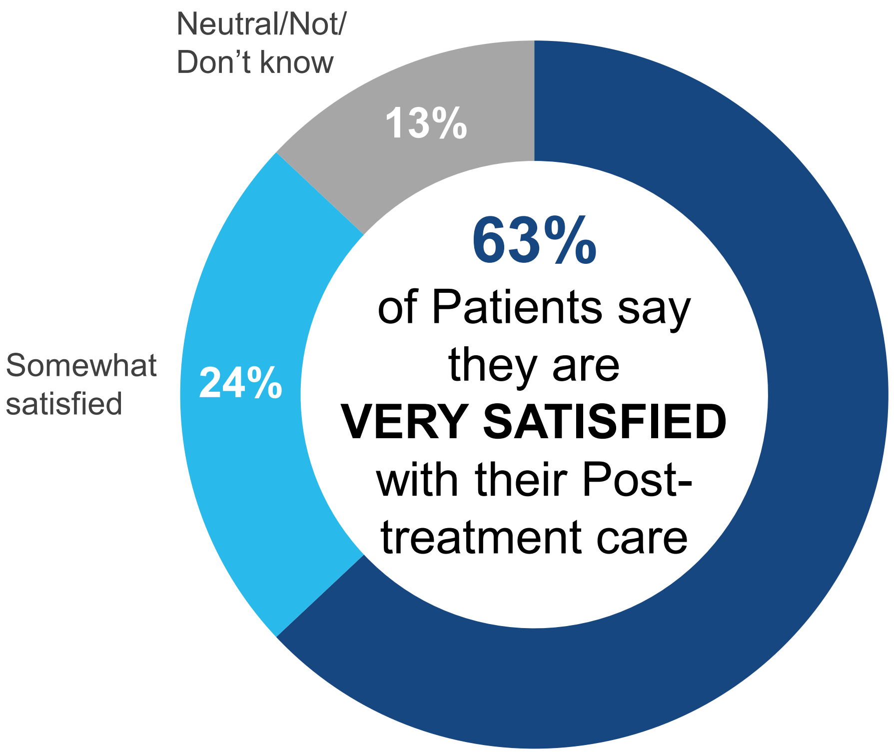


Source=National Sample (n=1408)

Cancer Journey: Post-treatment Care

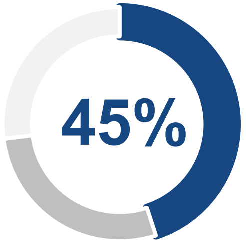
Satisfaction with Post-treatment Care

While majorities say they are very satisfied with their post-treatment care, this is 10-points lower than satisfaction with in-treatment care; and less than half say their provider did a very good job helping them make the transition.



63% of Patients say they are **VERY SATISFIED** with their Post-treatment care

NCCS Connected: 39% Very Satisfied, 27% Somewhat, **27%** Neutral/Not

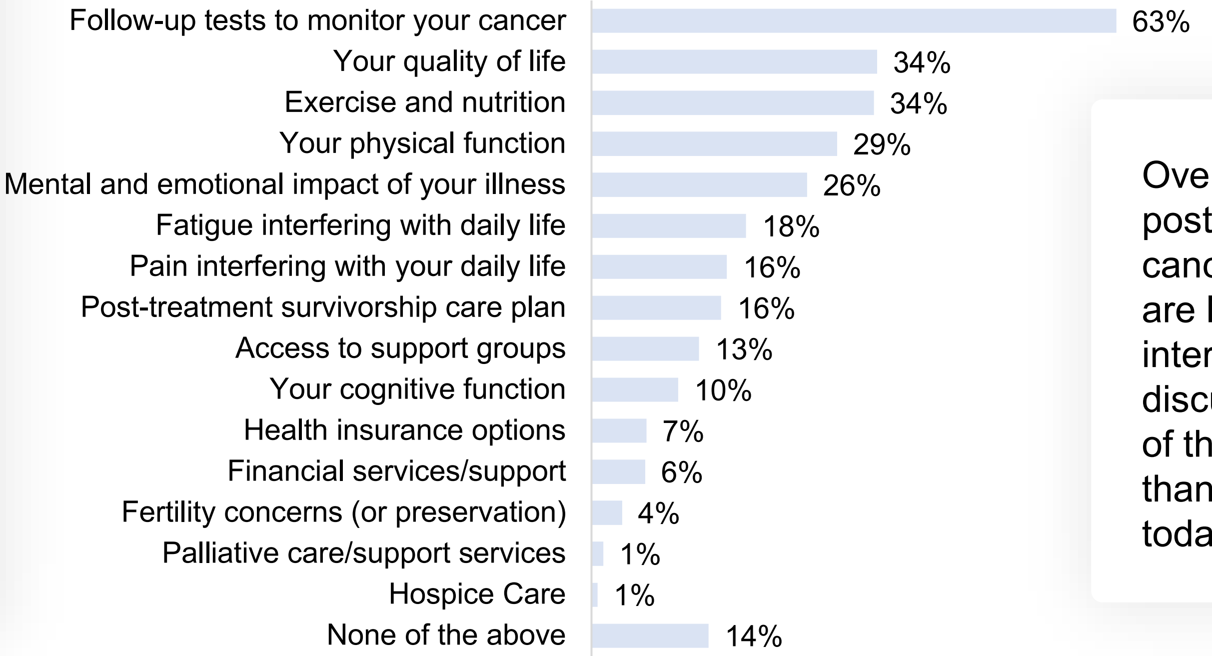


BUT…

Just 45% say **HCP DID A VERY GOOD JOB** of helping transition to post-treatment care with another provider (28% DK)

26% NCCS Connected | **23% Not Well**

Which topics do your HCPs discuss with you regularly during your post-treatment care? *(Completed Treatment)*



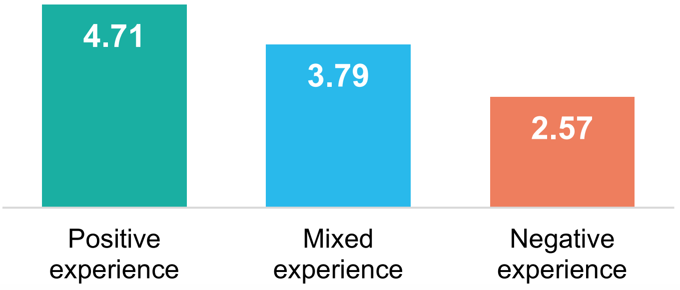
Overall, most post-treatment cancer patients are NOT interested in discussing any of these more than they do today

Source=National Sample (n=1408)

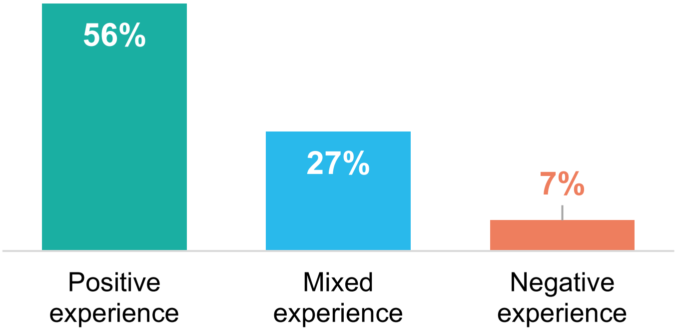
Audience Experiences: Post-treatment Care

This is another area where the Negative Experience group has decidedly different experiences. There are several places where they want to see their post-treatment care team be more proactive.

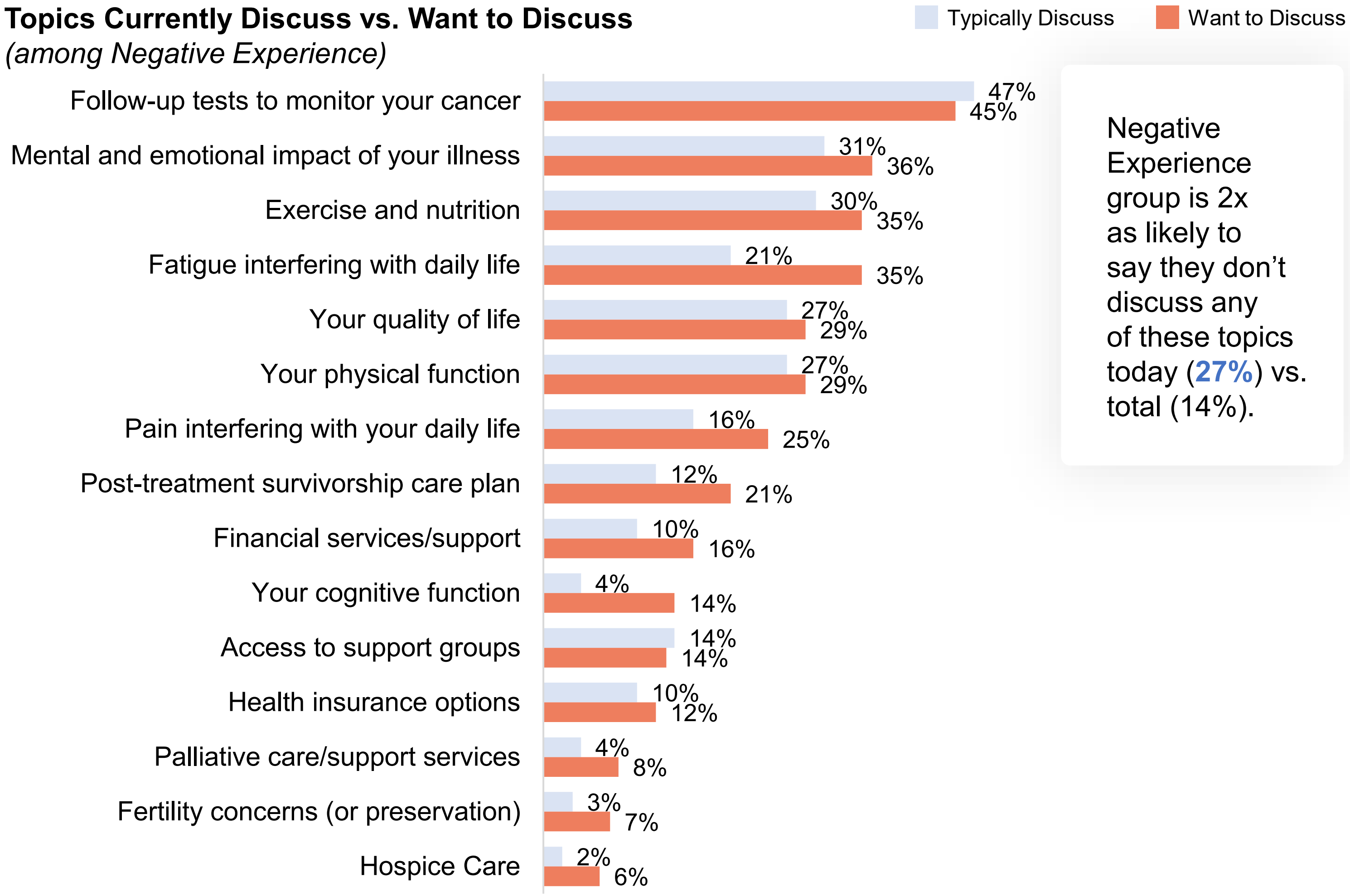
Mean Satisfaction Score for Post-Treatment Care



Helping Transition to Post-Treatment Care
(%HCP did very well)



Topics Currently Discuss vs. Want to Discuss
(among Negative Experience)

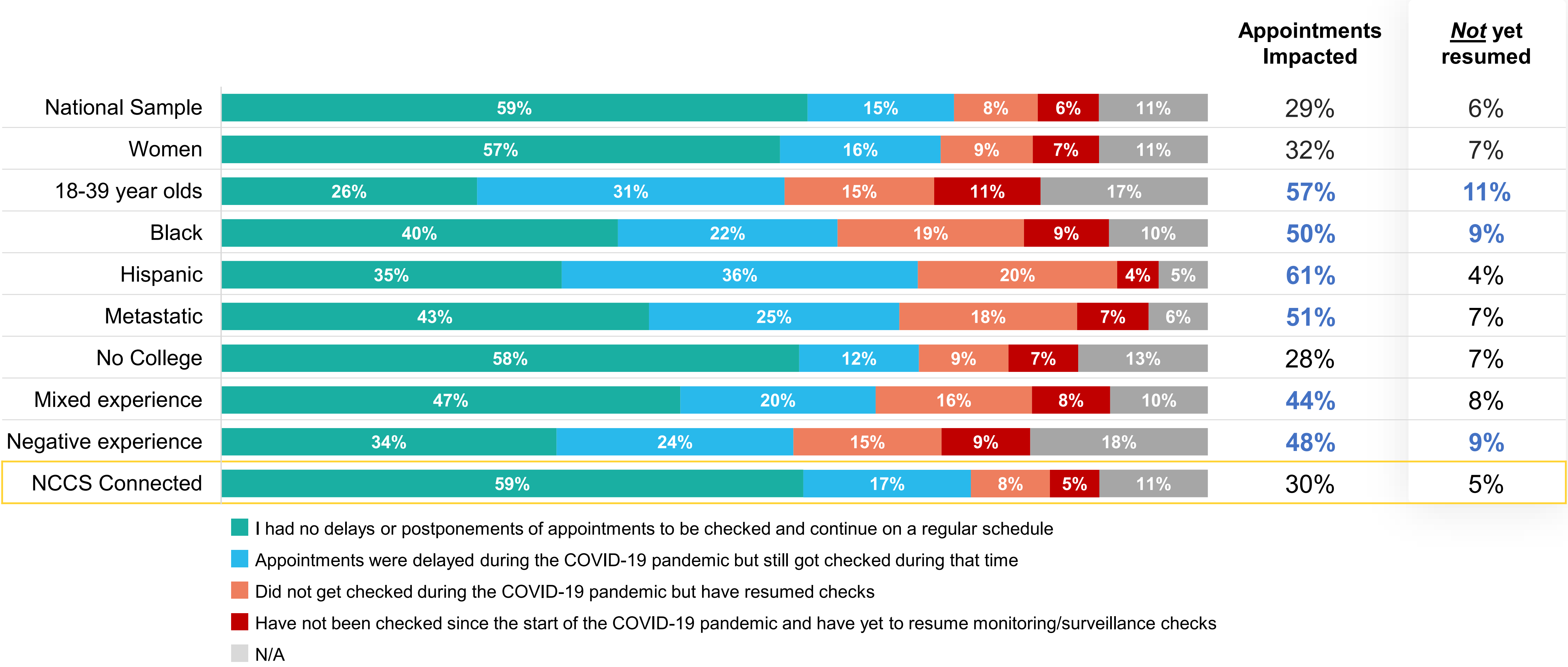


Negative Experience group is 2x as likely to say they don't discuss any of these topics today (**27%**) vs. total (14%).

Source=National Sample (n=1408)

COVID-19 Impact on Surveillance Appointments

The pandemic was more likely to impact surveillance appointments among younger, Black, Hispanic and people living with metastatic cancer (and the Mixed and Negative Experience groups where they over-index).



Source=National Sample (n=1408)

The Costs of Cancer

Top Financial, Physical, and Mental Health Concerns

Over the last few years, NCCS has tracked a variety of concerns. While the same issues consistently rise to the top (see below), more are concerned about almost all of these in 2022, particularly financial concerns.

Physical Health/Adherence	**Emotional/Lifestyle**	**Financial/Insurance**
Maintaining healthy weight **61%** ▲(+5)	Uncertainty about future **60%** ▲(+4)	Cost of medical care **55%** ▲(+9)
Getting enough exercise **55%** ▲(+7)	Being there 4 family/friends **55%** ▲(+7)	Cost of prescriptions **54%** ▲(+11)
Having energy for day **52%**	Changes to daily life/activities **(new)**	Financial support you need **50%** ▲(+8)
Maintaining proper diet **52%** ▲(+6)	Mental health support **44%** ▲(+8)	Non-medical expenses **48%** ▲(+14)
Managing side effects **51%** ▲(+4)	Emotional support needed **42%** ▲(+5)	Understanding insurance **46%** ▲(+9)
	Maintaining relationships **41%** ▲(+7)	Getting/keeping insurance **40%** ▲(+7)
	Feeling isolated/lonely **39%** ▲(+6)	Cost of care-giving **40%** ▲(+11)

A third or more concerned about almost every item out of 30 items tested

Source=National Sample (n=1408), 2021 National Sample (n=1104)

Financial, Physical and Mental Health Concerns

Mixed and Negative Experience groups (and the under-served audiences in them) over-index on many items.

Physical health **Financial/ Insurance** **Emotional/ Lifestyle**

	National Sample	Women	18-39	Black	Hispanic	Metastatic	No College	Mixed Experience	Negative Experience
Emotionally preparing for end-of-life *(among people living with metastatic cancer)*	62%	**70%**	n/a*	n/a*	74%	62%	58%	**78%**	n/a*
Maintaining a healthy weight	61%	**66%**	**70%**	**69%**	**80%**	67%	60%	**68%**	64%
Uncertainty about the future	60%	**63%**	**83%**	64%	**79%**	69%	61%	**75%**	**70%**
Preparing to make/making end-of-life decisions *(among people living with metastatic cancer)*	58%	**65%**	n/a*	n/a*	70%	58%	57%	**75%**	n/a*
Planning for end-of-life care *(among people living with metastatic cancer)*	56%	**65%**	n/a*	n/a*	**70%**	56%	53%	**72%**	n/a*
Getting enough exercise	55%	**59%**	59%	61%	**69%**	64%	55%	**66%**	**65%**
Cost of medical care (including insurance premiums and co-pays)	55%	**61%**	**69%**	60%	**76%**	67%	**58%**	**68%**	61%
Being there for your family and friends	55%	57%	**68%**	**63%**	**74%**	**70%**	55%	**69%**	**65%**
Cost of prescriptions and treatments	54%	**58%**	**64%**	56%	**73%**	64%	56%	**64%**	58%
Having the energy to make it through the day	52%	**59%**	**80%**	56%	**75%**	**74%**	54%	**66%**	**66%**
Maintaining a proper diet	52%	**56%**	**65%**	57%	**73%**	66%	51%	**66%**	57%
Managing ongoing side effects from treatment	51%	53%	**72%**	**59%**	**73%**	**74%**	51%	**68%**	**61%**
Changes to daily lifestyle/activities	51%	**54%**	**65%**	**61%**	**74%**	**68%**	52%	**66%**	**63%**
Having the financial support you need	50%	**55%**	**71%**	**60%**	**69%**	61%	**57%**	**62%**	**58%**
Cost of non-medical expenses (e.g., food, housing, transportation)'	48%	**52%**	**67%**	**56%**	**68%**	**64%**	**54%**	**59%**	**61%**
Understanding the health insurance benefits available to you	46%	48%	**52%**	50%	**64%**	**60%**	48%	**59%**	**57%**
Support with mental health issues (e.g., anxiety or depression)'	44%	**51%**	**76%**	**55%**	**72%**	**62%**	46%	**63%**	**55%**
Having the emotional support you need	42%	**46%**	**64%**	**50%**	**70%**	**60%**	44%	**59%**	**58%**
Ability to maintain relationships with significant other, family and/or friends'	41%	40%	**63%**	**54%**	**66%**	**62%**	41%	**55%**	**61%**
Getting/keeping health insurance	40%	**45%**	**58%**	**51%**	**62%**	55%	42%	**56%**	**51%**
Cost of professional caregiving	40%	42%	**48%**	**49%**	**71%**	**59%**	41%	**55%**	42%
Feeling isolated and lonely	39%	**45%**	**66%**	44%	**67%**	**57%**	40%	**57%**	**57%**
Loss of income	39%	**42%**	**64%**	**55%**	**69%**	**58%**	**43%**	**51%**	**48%**
Managing all of your prescribed medications and other treatments	39%	**41%**	**58%**	**52%**	**67%**	**60%**	41%	**53%**	**44%**
Visiting your doctor regularly	38%	**41%**	**57%**	**46%**	**74%**	**61%**	**41%**	**55%**	**55%**
Long-term planning/career goals	36%	**39%**	**65%**	**51%**	**64%**	**54%**	36%	**49%**	40%
Learning how to apply for grants, scholarships, or government benefits to help with medical and living costs'	31%	32%	**56%**	**46%**	**54%**	**52%**	**36%**	**42%**	**46%**
Managing appointments	30%	32%	**61%**	**43%**	**55%**	**50%**	**32%**	**45%**	**46%**
Getting/keeping disability insurance	29%	32%	**58%**	**42%**	**53%**	**52%**	**32%**	**44%**	**42%**
Work/employment issues, like finding and keeping a job'	28%	**30%**	**51%**	**45%**	**56%**	**48%**	30%	**42%**	**37%**
Starting a family/having children	14%	15%	**56%**	**29%**	**40%**	**34%**	13%	**26%**	**19%**

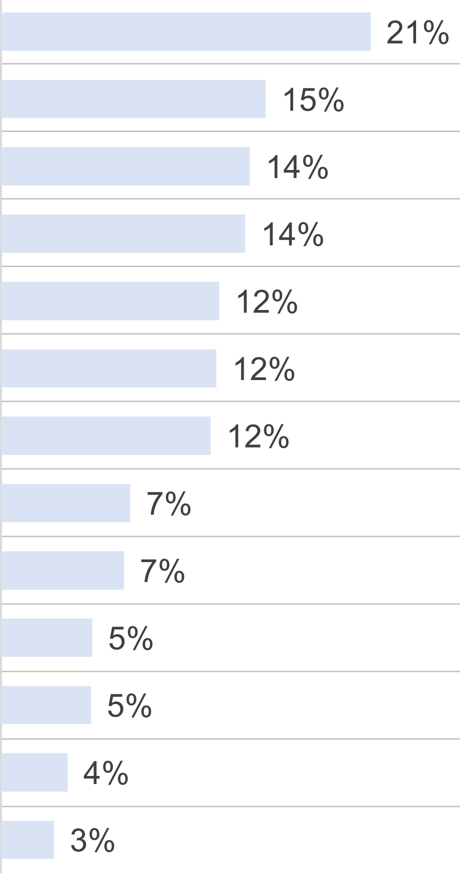
Source=National Sample (n=1408)

NCCS NATIONAL COALITION FOR CANCER SURVIVORSHIP

Financial Impacts

Overall, nearly half have been impacted financially by cancer. That number goes up among young, Black, Hispanic, metastatic and less educated patients – and the Mixed and Negative Experience groups that they are more likely to be a part of.

NCCS Connected: 63%



	Impacted Financially: 47%	Women 50%	18-39 **76%**	Black **63%**	Hispanic **69%**	Metastatic **74%**	No College **51%**	Mixed Experience **62%**	Negative Experience **65%**
Spent savings/retirement money to cover living expenses	21%	22%	**27%**	23%	21%	**29%**	22%	**25%**	26%
Borrowed money from family or friends	15%	**19%**	**31%**	**27%**	**22%**	**23%**	**20%**	**22%**	**27%**
Applied for government financial assistance such as unemployment, SNAP/food stamps, Medicaid, etc.	14%	15%	**24%**	**20%**	15%	**20%**	**19%**	**17%**	**28%**
Delayed a major purchase (house, car, etc.)	14%	15%	**26%**	14%	17%	**21%**	**15%**	**18%**	**21%**
Delayed or reduced payments to credits cards or loans	12%	**14%**	**24%**	17%	14%	**17%**	13%	12%	18%
Delayed a major life event (marriage, trip, starting family, etc.)	12%	13%	**37%**	11%	**20%**	**16%**	11%	**19%**	16%
Received help with food or housing from a charity, community center, or place of worship	12%	**15%**	**26%**	**21%**	13%	**16%**	15%	14%	**20%**
Had to sell property or belongings to cover expenses	7%	8%	**19%**	7%	10%	10%	**9%**	9%	**14%**
Asked for rent or mortgage relief	7%	8%	**13%**	9%	**15%**	**13%**	8%	8%	**18%**
Started a GoFundMe or similar campaign to help with medical and living costs or had one started for you by others	5%	5%	**15%**	7%	**10%**	**12%**	6%	**7%**	**11%**
Applied for grants or scholarships to help with medical and living costs	5%	5%	**10%**	4%	7%	**11%**	5%	**7%**	5%
Declared bankruptcy	4%	4%	3%	5%	2%	6%	4%	**4%**	**8%**
Lost your insurance coverage	3%	2%	**8%**	4%	**8%**	7%	4%	**5%**	5%

Source=National Sample (n=1408)

Employment and Education Sacrifices

Over half feel they've made sacrifices, with the same audiences standing out. This is one area where the Mixed Experience group over-indexes even more than the Negative Experience group.

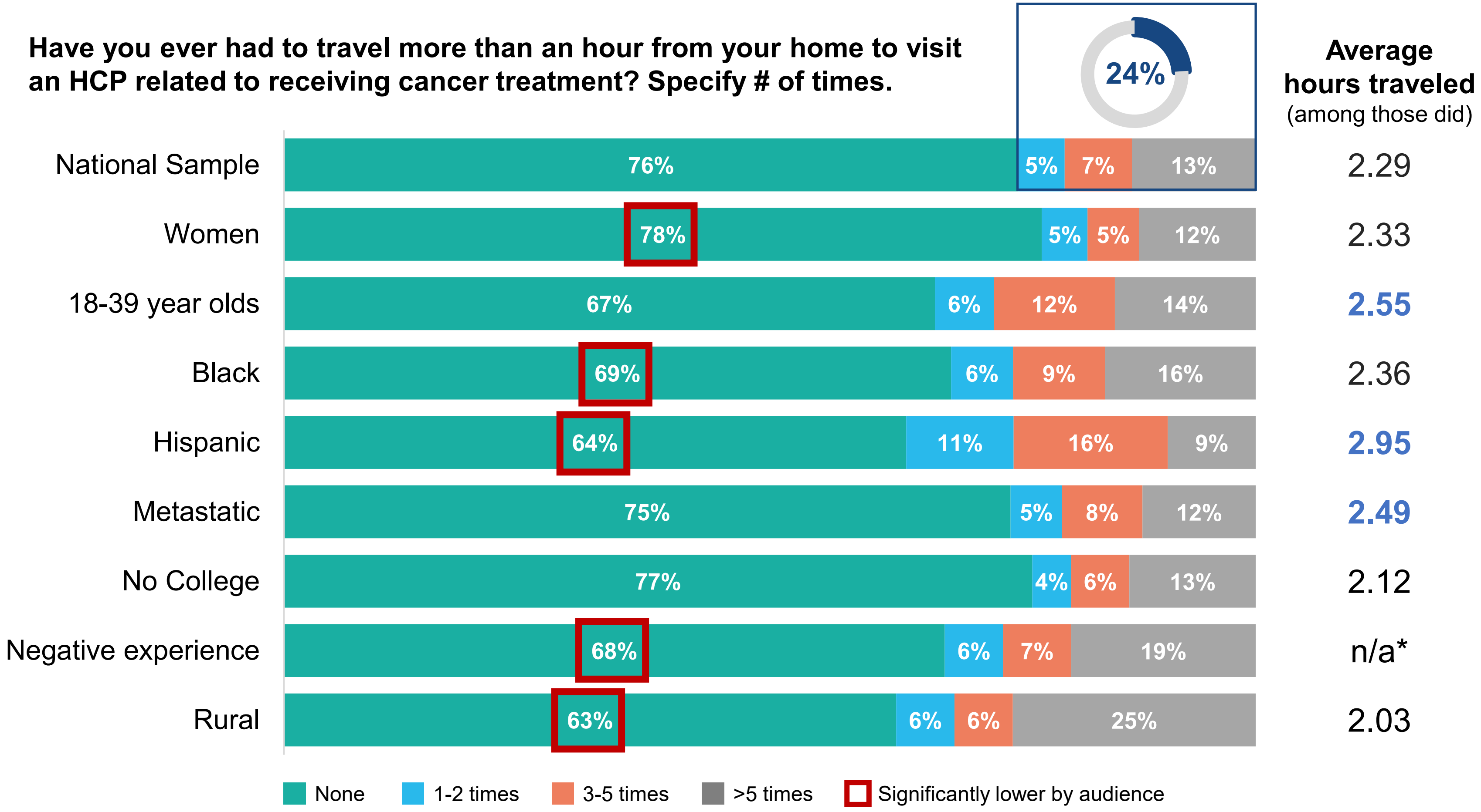
NCCS Connected: 77%

		Women	18-39	Black	Hispanic	Metastatic	No College	Mixed Experience	Negative Experience
Made sacrifices:	**55%**	**60%**	**78%**	**63%**	**79%**	**77%**	**56%**	**68%**	**58%**
Missed work	25%	28%	**41%**	24%	26%	18%	27%	**29%**	18%
Worked fewer hours	18%	20%	**39%**	20%	**32%**	24%	17%	**24%**	15%
Lost salary or wages	15%	15%	**25%**	19%	16%	19%	**17%**	**19%**	**23%**
Taken a leave of absence	12%	14%	**23%**	15%	**28%**	**18%**	11%	**18%**	9%
Felt that your work suffered	12%	13%	**26%**	10%	**19%**	18%	11%	**17%**	13%
Taken family medical leave (offered by job)	11%	13%	**15%**	**11%**	**18%**	11%	11%	11%	11%
Taken early retirement	10%	9%	5%	**15%**	10%	17%	9%	11%	11%
Gone on short-term disability	10%	10%	**12%**	10%	10%	12%	**12%**	11%	8%
Quit your job	7%	8%	7%	5%	5%	12%	**9%**	8%	**17%**
Not been able to find a job with enough flexibility to accommodate your health needs	6%	7%	**19%**	7%	6%	10%	**8%**	**9%**	**14%**
Changed jobs or employers	6%	6%	**12%**	11%	6%	7%	6%	**9%**	**9%**
Not received the federal and/or employer disability insurance you needed	5%	6%	**9%**	5%	**10%**	6%	**7%**	5%	8%
Been let go or fired	5%	5%	**11%**	**9%**	5%	8%	6%	**7%**	**11%**
Felt your supervisor treated you badly	4%	5%	**6%**	3%	6%	10%	4%	**8%**	6%
Turned down a job or promotion	4%	4%	**16%**	**7%**	**9%**	7%	4%	**6%**	5%
Missed school or delayed your education	3%	4%	**15%**	5%	**7%**	4%	**4%**	4%	4%
Felt your co-workers treated you badly	2%	3%	**4%**	4%	4%	4%	2%	**4%**	4%

Source=National Sample (n=1408)

Time Costs: Traveling For Care

About a quarter have had to travel more than an hour away at least once during their care.



Have you ever had to travel more than an hour from your home to visit an HCP related to receiving cancer treatment? Specify # of times.

NCCS Connected:
35% had to travel 1+ hours

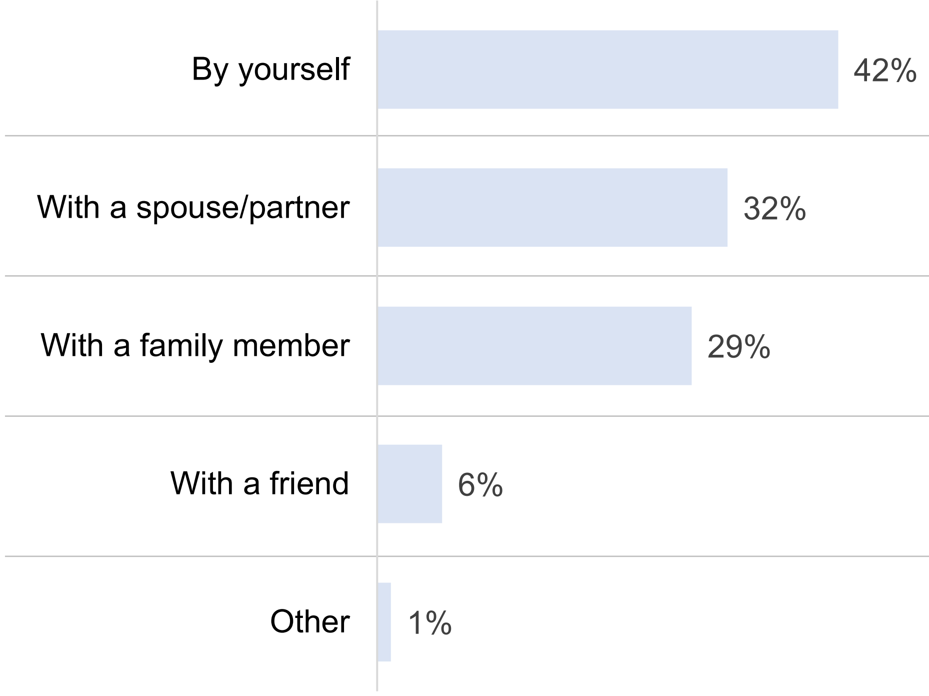
About a third of younger patients as well as Black, Hispanic, Negative Experience and rural patients have needed to travel to receive care.

Source=National Sample (n=1408). * Sample size too small to report

People Costs: Help with Care

Majorities attend their treatment appointments with a friend or family member, particularly under-served audiences.

Thinking about a typical treatment appointment, do/did you attend…?



	Women	18-39	Black	Hispanic	Metastatic	No College
By yourself	40%	**29%**	**36%**	**23%**	**27%**	40%
With a spouse/partner	30%	28%	32%	**46%**	41%	30%
With a family member	**33%**	**53%**	**38%**	**36%**	**35%**	33%
With a friend	**7%**	6%	**11%**	8%	8%	7%
Other	1%	-	2%	-	1%	1%

Less likely to attend on their own.

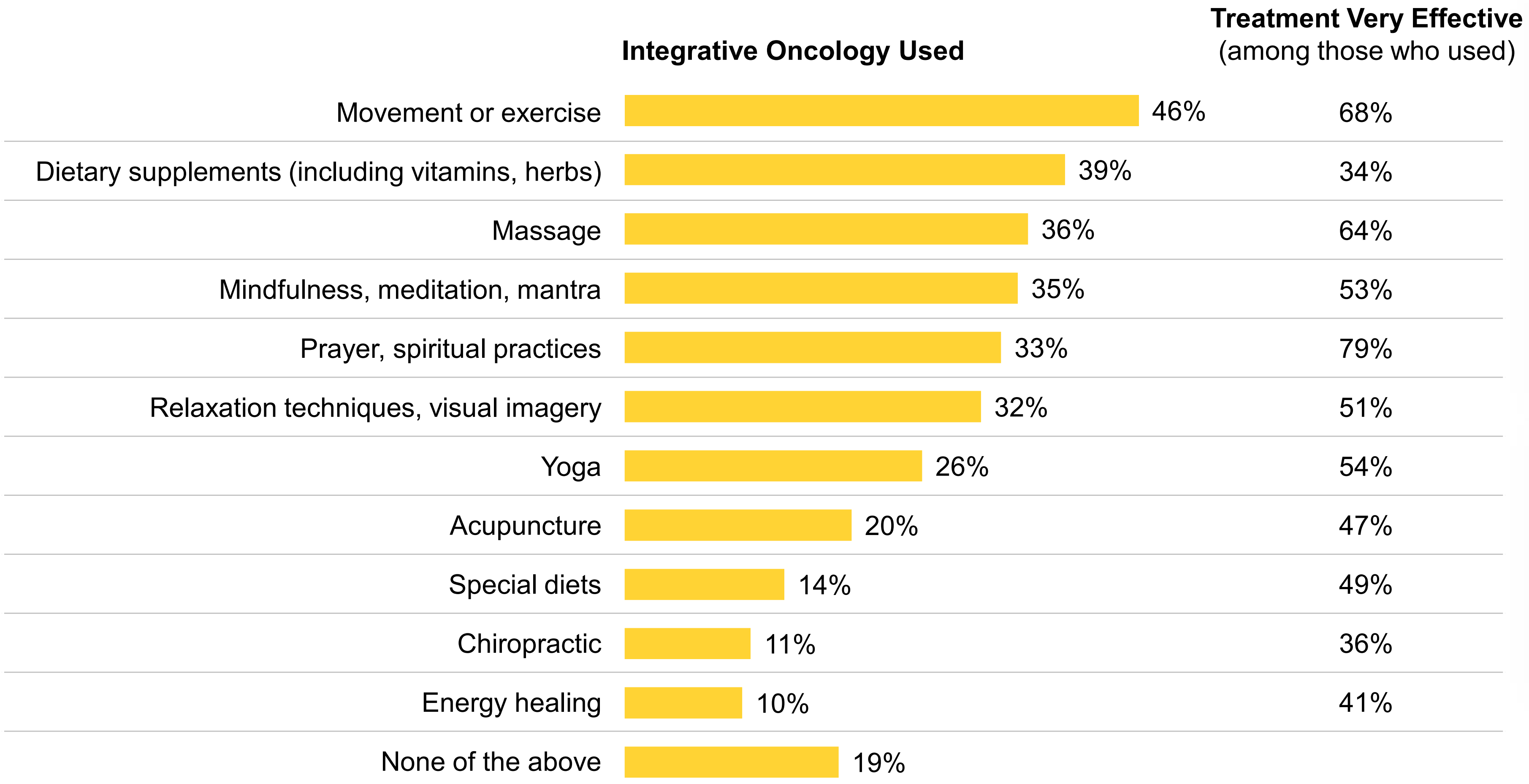
NCCS Connected: **65%** bring someone to appointments

Source=National Sample (n=1408)

Integrative Oncology

Integrative Oncology Experiences

8-in-10 of the NCCS Connected group used some form of integrative oncology, with spiritual practices, exercise, and massage deemed the most effective.



Less than 10%: Naturopathy, Traditional/folk medicine, Hypnosis, Biofeedback

8-in-10

did some form of integrative oncology

4

Mean # used

Higher Among:

- Black
- Hispanic
- STEM Background

Source=NCCS Connected Sample (n=670)

Integrative Oncology Motivators and Barriers

General wellbeing and mental health are key drivers to integrative oncology.
The biggest barrier is awareness; few are worried about coverage, expense, or lack of evidence.

Reasons for Using Integrative Oncology Services/Therapies

General wellbeing	67%
Coping with emotional, mental impact of cancer	59%
Managing symptoms, side effects of cancer treatment	47%
Managing symptoms, side effects of cancer	42%
Giving me a sense of control over my illness	39%
Providing hope	34%
Preventing cancer recurrence	30%
Suggested by people I trust	22%
Treating my cancer	13%

Reasons for NOT Using Integrative Oncology Services/Therapies

Was not aware these therapies existed	30%
Not covered by my health insurance	10%
Not supported by my healthcare team	9%
Too expensive	7%
Concerned about lack of evidence supporting their safety, efficacy	6%
Concerned about interactions with my cancer treatment	4%
My healthcare team recommended against using	2%
Concerned about potential side effects	2%
Not sure	20%

Source=NCCS Connected Sample (n=670); Used Integrative Oncology (n=543); Did Not Use Integrative Oncology (n=127)

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NCCS represents more than 18 million Americans who share the survivorship experience—living with, through, and beyond a cancer diagnosis. Our 2022 State of Survivorship Study shows us where there are gaps in care and support, resulting in unequal outcomes for cancer survivors. Our work has never been more urgent.

Edge Research is a woman-owned marketing research company based in Rosslyn, VA, that works for many patient advocacy organizations. Edge's goal is to blend wisdom, experience, and innovation to drive change. Edge has had the honor of partnering with NCCS since 2016, including on its annual "State of Survivorship" studies.

canceradvocacy.org | info@canceradvocacy.org

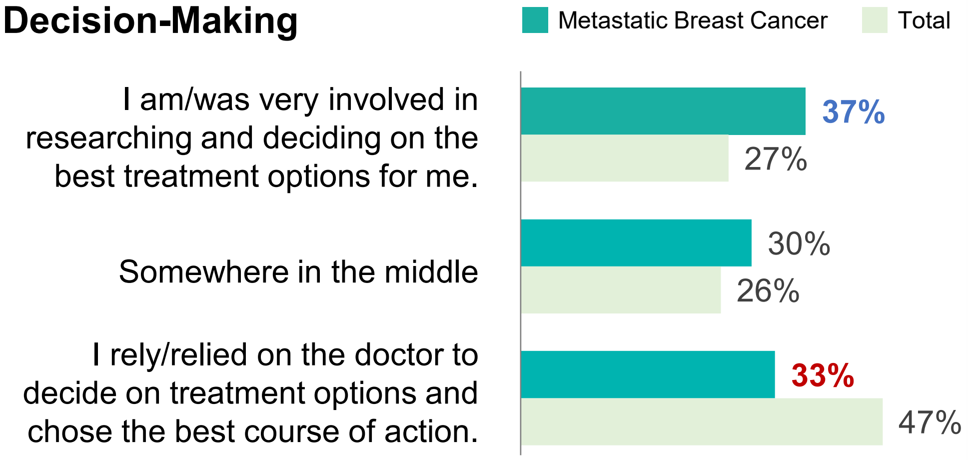
877-NCCS-YES | 8455 Colesville Road, Suite 930 Silver Spring, MD 20910

Appendix A:
Survey Participant Profiles

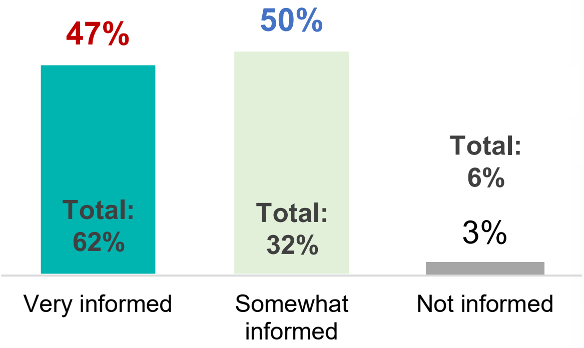
	National Sample	NCCS Connected
Gender	**48%** Male	16% Male
	51% Female	**84%** Female
Age	7% Age 18-39	**15%** Age 18-39
	44% Age 40-64	**53%** Age 40-64
	49% Age 65+	32% Age 65+
Education	**15%** Less than college	4% Less than college
	35% Some college/2-year degree	29% Some college/2-year degree
	27% Bachelor's degree	26% Bachelor's degree
	23% Postgraduate degree	**41%** Postgraduate degree
Income	**13%** Less than $25k	10% Less than $25k
	21% $25k-$50k	15% $25k-$50k
	23% $50k-$75k	16% $50k-$75k
	16% $75k-$100k	14% $75k-$100k
	25% More than $100k	**31%** More than $100k
Insurance	**51%** Medicare	40% Medicare
	11% Medicaid	10% Medicaid
	24% Private/employer	**35%** Private/employer
	8% Private/spouse or parents	**15%** Private/spouse or parents
Race/Ethnicity	81% White	78% White
	10% AA/Black	11% AA/Black
	8% Hispanic	10% Hispanic
	3% Other	4% Other
Treatment	27% Biomarker testing, 29% Genetic counseling	**37%** Biomarker testing, **49%** Genetic testing
Region	19% Northeast	**24%** Northeast
	22% Midwest	18% Midwest
	40% South	32% South
	19% West	**26%** West

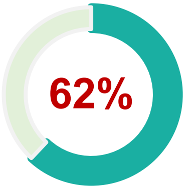
Patient Profile: Metastatic Breast Cancer

Decision-Making

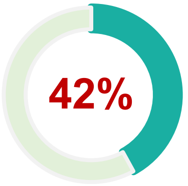


How **informed** do/did you feel about the potential **side effects** from your cancer treatment?





say their health care providers coordinated very well with one another
Total: 71%



say they are very satisfied with their treatment and care
Total: 73%

Top 3 Financial Impacts	Metastatic Breast Cancer	Total
Spent savings/retirement money to cover living expenses	28%	21%
Borrowed money from family or friends	25%	15%
Delayed a major purchase (house, car, etc.)	24%	14%

Top 3 Employment Sacrifices	Metastatic Breast Cancer	Total
Worked fewer hours	30%	18%
Missed work	21%	25%
Felt that your work suffered	21%	12%

Current State of Health

- Excellent: 3% **Total: 8%**
- Good: 38% **Total: 48%**
- Fair: 40% **Total: 34%**
- Poor: 18% **Total: 9%**

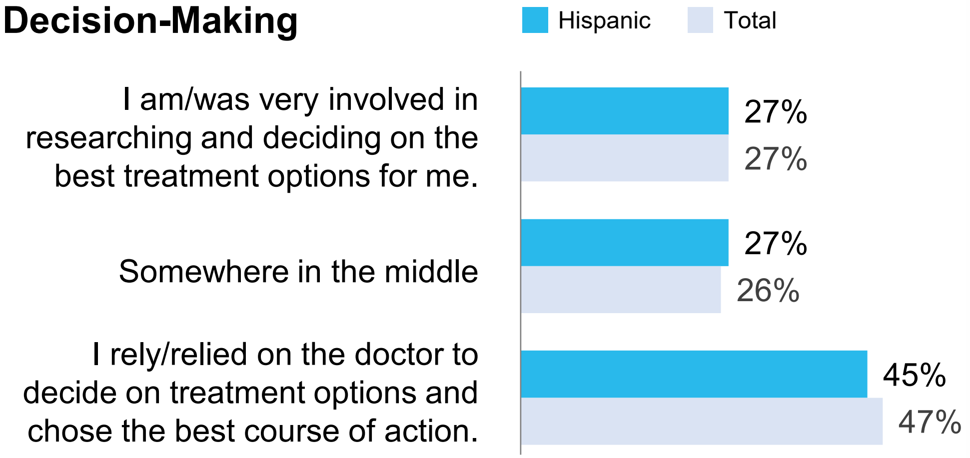
Top 3 Treatment Centers

- Community hospital: 41% **Total: 52%**
- Private cancer center: 34% **Total: 13%**
- Academic medical center: 27% **Total: 20%**

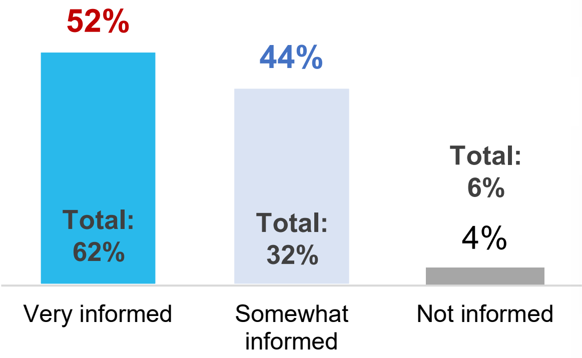
Base: Metastatic Breast Cancer Patients (n=145)

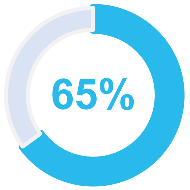
Patient Profile: Hispanic Patients

Decision-Making

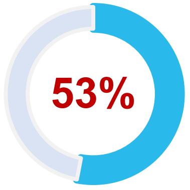


How **informed** do/did you feel about the potential **side effects** from your cancer treatment?





say their health care providers coordinated very well with one another
Total: 71%



say they are very satisfied with their treatment and care
Total: 73%

Top 3 Financial Impacts	**Hispanic**	**Total**
Borrowed money from family or friends	**22%**	15%
Spent savings/retirement money to cover living expenses	21%	21%
Delayed a major life event (marriage, trip, starting family, etc.)	**20%**	12%

Top 3 Employment Sacrifices	**Hispanic**	**Total**
Worked fewer hours	**32%**	18%
Taken a leave of absence	**28%**	12%
Missed work	26%	25%

Current State of Health

- Excellent: 9% **Total: 8%**
- Good: 42% **Total: 48%**
- Fair: 34% **Total: 34%**
- Poor: 13% **Total: 9%**

Top 3 Treatment Centers

- Community hospital: 47% **Total: 52%**
- Academic medical center: 24% **Total: 20%**
- Private cancer center: **23%** **Total: 13%**

Base: Hispanic Patients (n=123)

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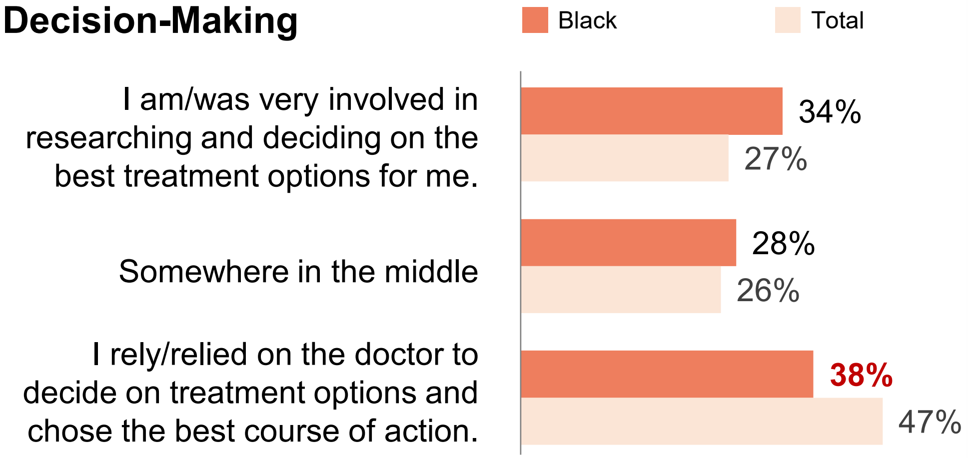
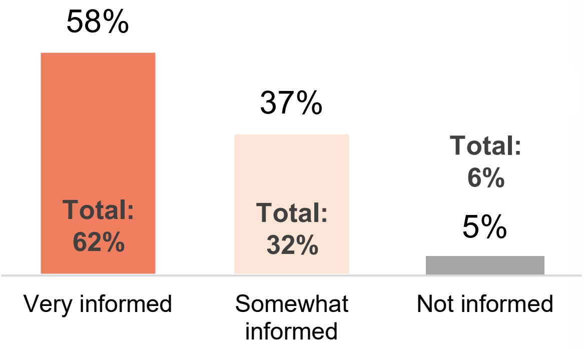
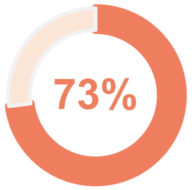
Patient Profile: Black Patients

Decision-Making

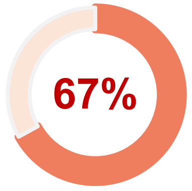


How **informed** do/did you feel about the potential **side effects** from your cancer treatment?





say their health care providers coordinated very well with one another
Total: 71%



say they are very satisfied with their treatment and care
Total: 73%

Top 3 Financial Impacts	Black	Total
Borrowed money from family or friends	27%	15%
Spent savings/retirement money to cover living expenses	23%	21%
Received help with food or housing from a charity, community center, or place of worship	21%	12%

Top 3 Employment Sacrifices	Black	Total
Missed work	24%	25%
Worked fewer hours	20%	18%
Lost salary or wages	19%	25%

Current State of Health

- Excellent: 7% **Total: 8%**
- Good: 41% **Total: 48%**
- Fair: 40% **Total: 34%**
- Poor: 10% **Total: 9%**

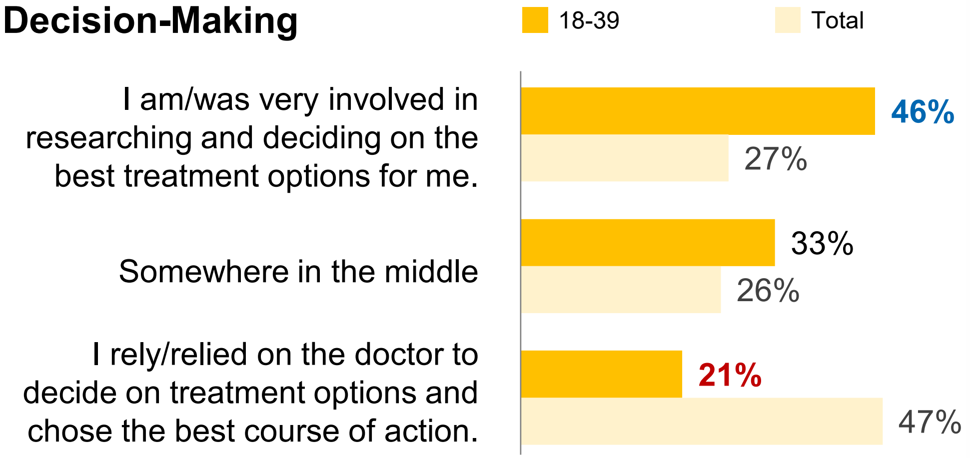
Top 3 Treatment Centers

- Community hospital: 39% **Total: 52%**
- Academic medical center: 28% **Total: 20%**
- Doctor's Office: 19% **Total: 20%**

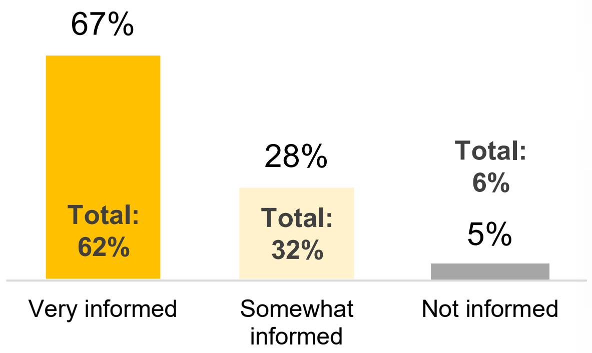
Base: Black Patients (n=141)

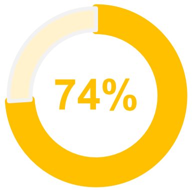
Patient Profile: Younger Cohort (Age 18-39)

Decision-Making

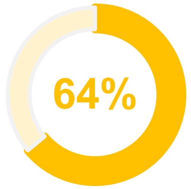


How **informed** do/did you feel about the potential **side effects** from your cancer treatment?





say their health care providers coordinated very well with one another
Total: 71%



say they are very satisfied with their treatment and care
Total: 73%

Top 3 Financial Impacts	18-39	Total
Delayed a major life event (marriage, trip, starting family, etc.)	37%	12%
Borrowed money from family or friends	31%	15%
Spent savings/retirement money to cover living expenses	27%	21%

Top 3 Employment Sacrifices	18-39	Total
Missed work	41%	25%
Worked fewer hours	39%	18%
Felt that your work suffered	26%	12%

Current State of Health

- Excellent: 13% **Total: 8%**
- Good: 36% **Total: 48%**
- Fair: 38% **Total: 34%**
- Poor: 12% **Total: 9%**

Top 3 Treatment Centers

- Community hospital: 44% **Total: 52%**
- Doctor’s Office: 26% **Total: 20%**
- Private cancer center: 25% **Total: 13%**

Base: Younger Patients, Age 18-39 (n=106)

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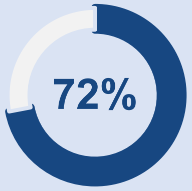
Appendix B:
Additional Questions Not Included in Main Report

Treatment Goals

Getting rid of cancer "no matter what" and maintaining quality of life are not mutually exclusive. Most patients have both thoughts during their treatment

My focus is/was
getting rid of the cancer
no matter what

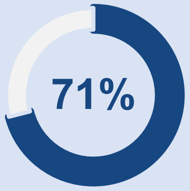


DESCRIBES ME PERFECTLY

Higher among:

- Positive Experience group
- Completed Treatment
- Stage I
- Women
- White
- Rural

My focus is/was on
maintaining my quality of life
as much as possible



DESCRIBES ME PERFECTLY

Higher among:

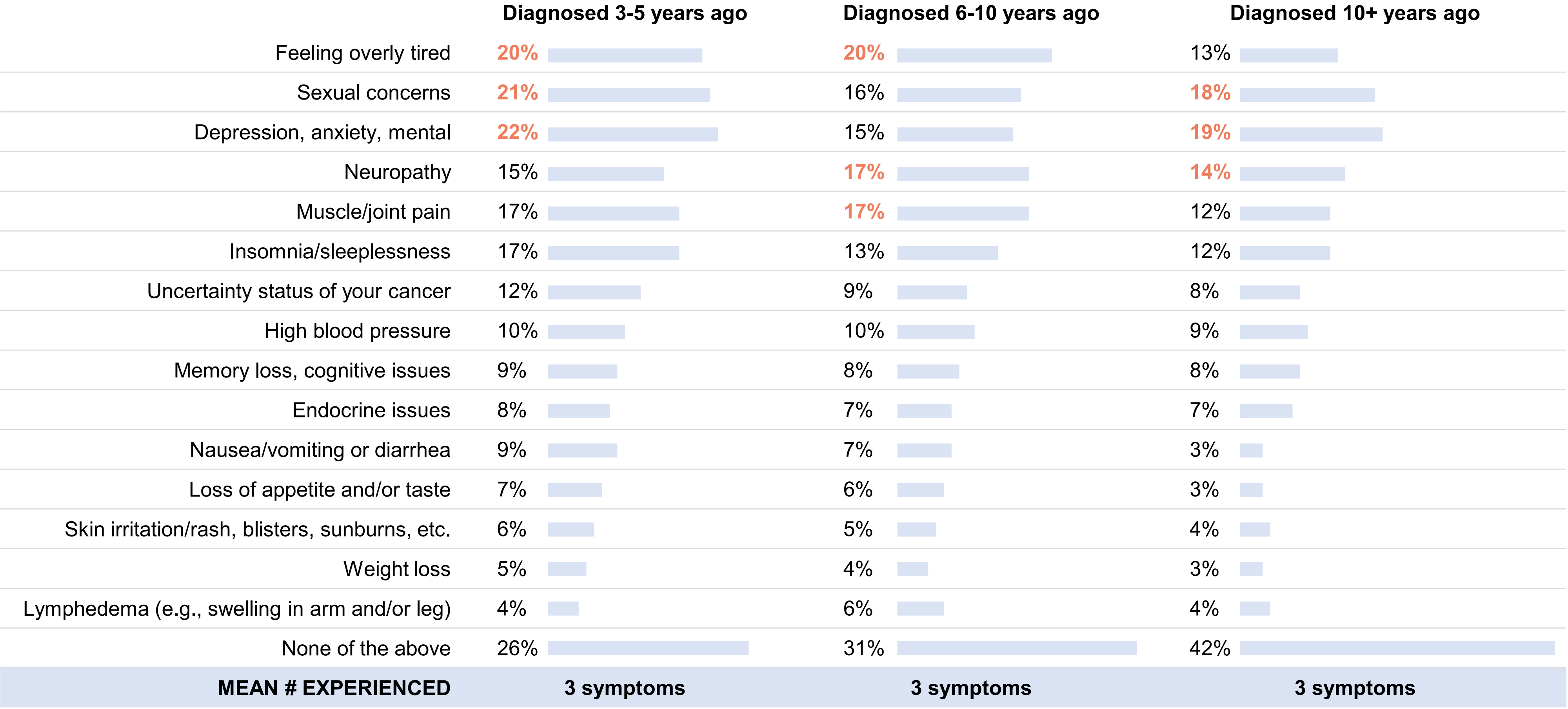
- Positive Experience group
- Older (65+)

Source=National Sample (n=1408). Note, in 2021 this was asked as a forced choice, and more said they were focused on getting rid of their cancer (68%) vs. maintaining quality of life (14%)

Still Experiencing Symptoms Today

Nearly 6 in 10 of those diagnosed 10 or more years ago still experience symptoms today.

Which of the following, if any, are you still experiencing today?
Symptoms experienced (top 15 out of 23 shown)

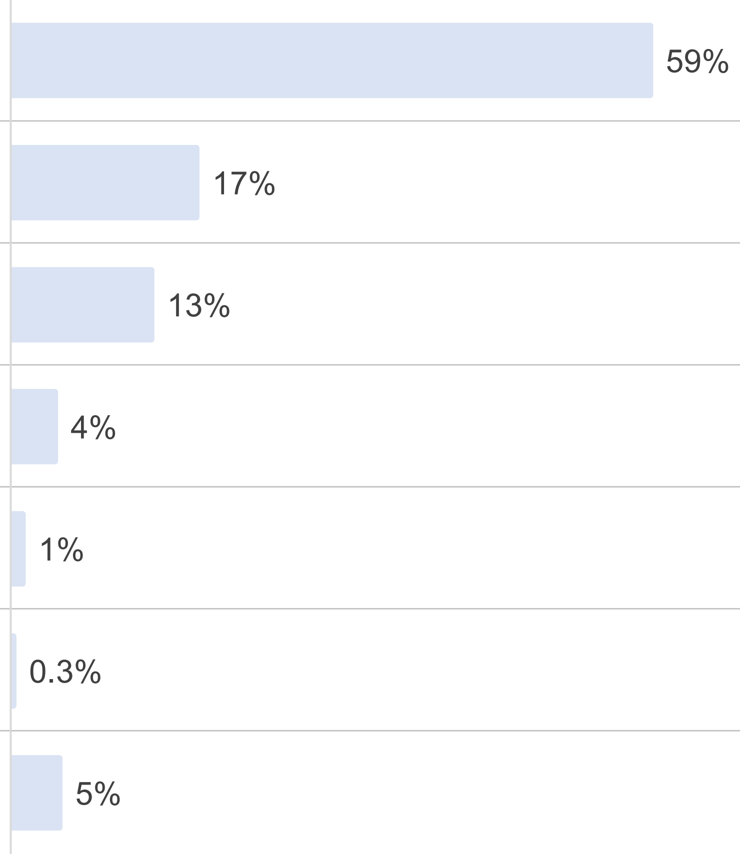


	Diagnosed 3-5 years ago	Diagnosed 6-10 years ago	Diagnosed 10+ years ago
Feeling overly tired	**20%**	**20%**	13%
Sexual concerns	**21%**	16%	**18%**
Depression, anxiety, mental	**22%**	15%	**19%**
Neuropathy	15%	**17%**	**14%**
Muscle/joint pain	17%	**17%**	12%
Insomnia/sleeplessness	17%	13%	12%
Uncertainty status of your cancer	12%	9%	8%
High blood pressure	10%	10%	9%
Memory loss, cognitive issues	9%	8%	8%
Endocrine issues	8%	7%	7%
Nausea/vomiting or diarrhea	9%	7%	3%
Loss of appetite and/or taste	7%	6%	3%
Skin irritation/rash, blisters, sunburns, etc.	6%	5%	4%
Weight loss	5%	4%	3%
Lymphedema (e.g., swelling in arm and/or leg)	4%	6%	4%
None of the above	26%	31%	42%
MEAN # EXPERIENCED	**3 symptoms**	**3 symptoms**	**3 symptoms**

Source=National Sample (n=1408)

Diagnosis Setting

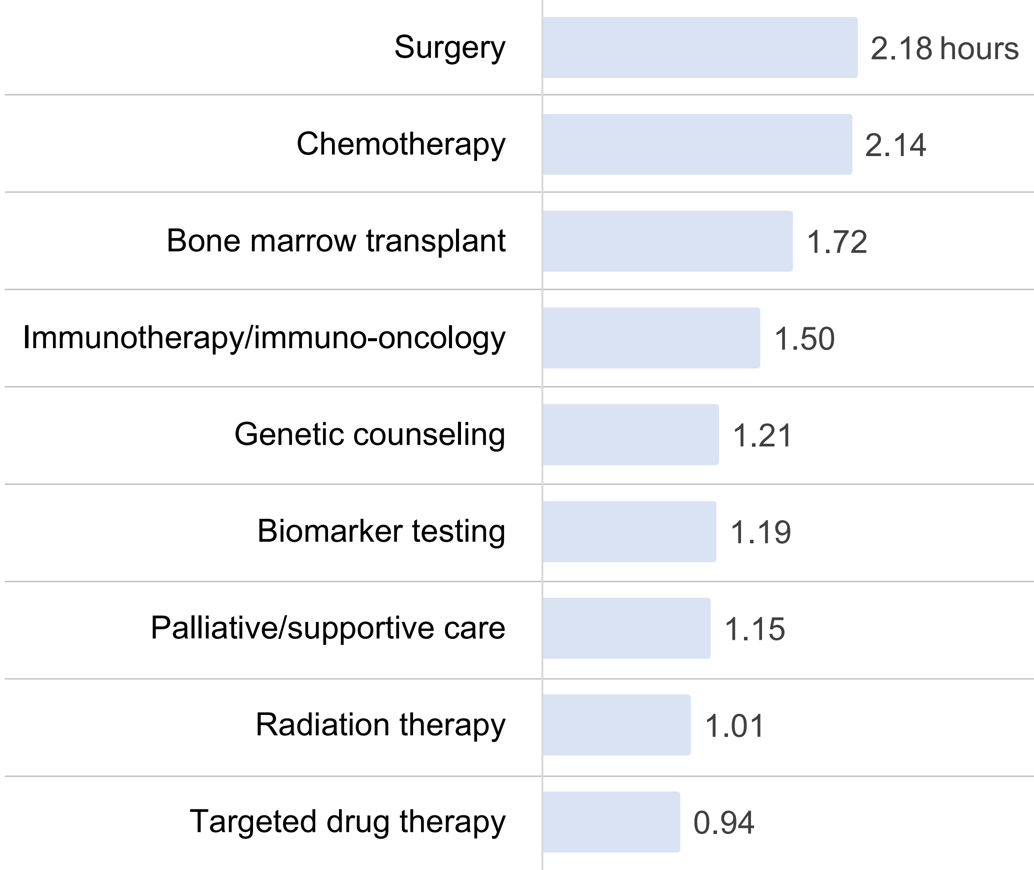
Most are diagnosed at a doctor's office, but Hispanics are the one group more likely to report being diagnosed at a Cancer Center.



		Women	18-39	Black	Hispanic	Metastatic	No College
A doctor's office	59%	**52%**	55%	**51%**	**39%**	**47%**	60%
From a phone call	17%	**24%**	**10%**	**12%**	**9%**	**11%**	17%
A Cancer Center	13%	13%	**23%**	**21%**	**45%**	**33%**	12%
The emergency room	4%	3%	**9%**	7%	6%	5%	5%
From the patient portal	1%	1%	-	2%	1%	1%	1%
From an email	0.3%	0%	1%	1%	1%	0%	0%
Other	5%	5%	3%	5%	-	3%	5%

Source=National Sample (n=1408)

Average Length of Treatment Appointment



		Women	18-39	Black	Hispanic	Metastatic	No College
Surgery	2.18 hours	2.18	2.19	2.02	2.23	2.22	2.06
Chemotherapy	2.14	**2.30**	1.96	2.08	2.07	**2.33**	2.15
Bone marrow transplant	1.72	*n/a	*n/a	*n/a	*n/a	*n/a	*n/a
Immunotherapy/immuno-oncology	1.50	1.62	1.41	1.36	**1.75**	**1.67**	1.48
Genetic counseling	1.21	1.20	**1.69**	1.27	**1.77**	**1.59**	1.16
Biomarker testing	1.19	1.16	1.35	1.42	**1.96**	**1.56**	1.14
Palliative/supportive care	1.15	1.11	1.30	1.34	**1.51**	**1.54**	1.19
Radiation therapy	1.01	1.01	**1.45**	**1.32**	**1.40**	**1.58**	0.99
Targeted drug therapy	0.94	0.90	1.12	1.00	0.98	1.12	1.02

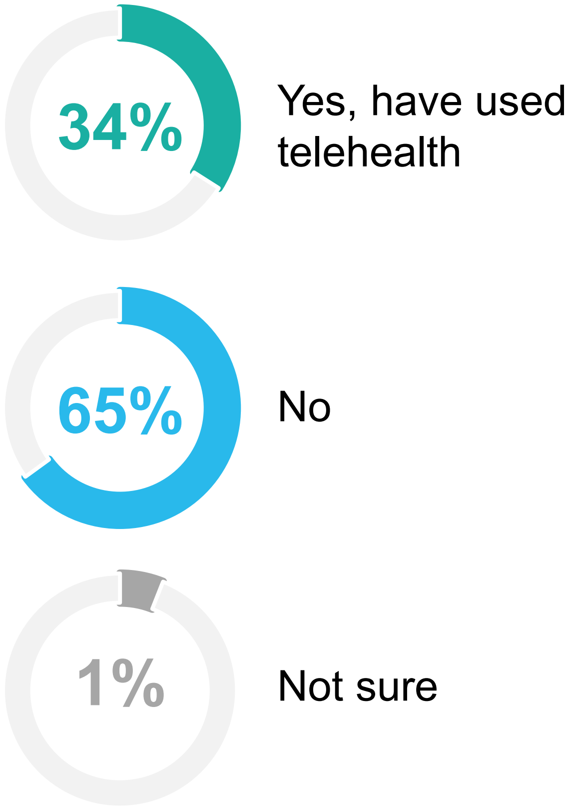
** N size too small to report*

Appointments for immunotherapy, genetic counseling, biomarker testing, palliative care and radiation therapy take longer than average for Hispanic and people living with metastatic cancer.

Source=National Sample (n=1408)

Telehealth/Virtual Appointments

One third have had telehealth/virtual appointments – twice as many were likely to do so during COVID than this calendar year.



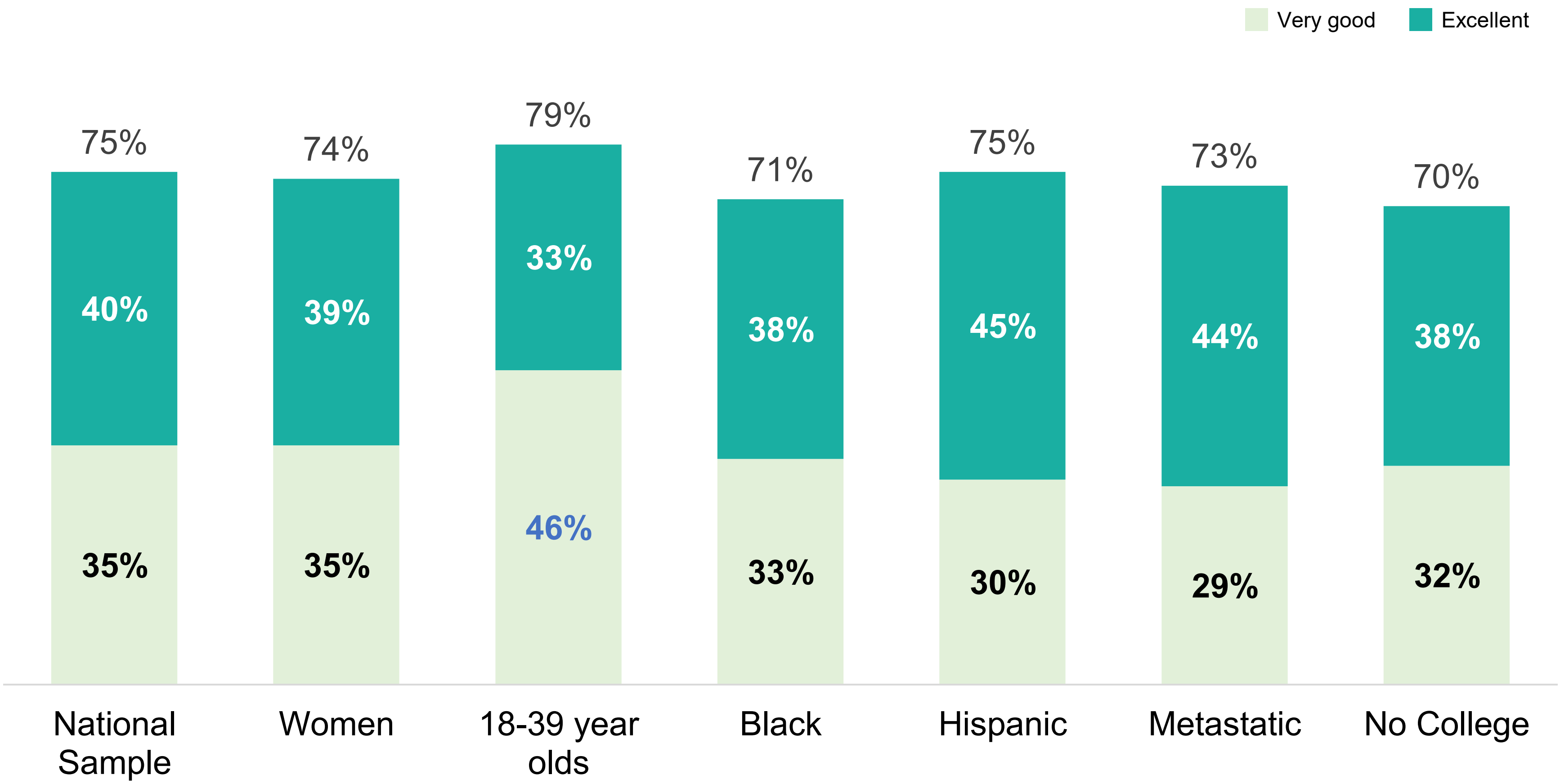
	National Sample	Women	18-39	Black	Hispanic	Metastatic	No College
Yes, have used telehealth	34%	33%	63%	52%	69%	65%	37%
Before the COVID-19 pandemic	7%	7%	18%	8%	16%	12%	6%
During the height of the COVID-19 pandemic (2020, 2021)	26%	26%	44%	42%	54%	49%	21%
This year (2022)	13%	12%	19%	20%	33%	24%	9%
No	65%	66%	35%	47%	30%	35%	70%

Telehealth/ virtual appointments are more common

Source=National Sample (n=1408)

Rating Telehealth/Virtual Appointments

Among those who used it, one third rate telehealth appointments as excellent; three quarters say they were excellent or very good.



Source=National Sample (n=1408)

In-person vs. Telehealth

Similar to last year, in-person appointments are preferred for most types of health care visits.
Patients are most open to telehealth for medication management, sharing test results, and counseling.

	Prefer in-person	**Prefer telehealth/ no preference**
First visit with a health care provider	**85%**	14%
Surgical consult	**80%**	17%
Physical therapy/rehabilitation	**80%**	17%
Getting a second opinion	**74%**	23%
Regular well-visits	**69%**	29%
Treatment planning and decision-making	**69%**	30%
Follow-up appointment(s)	**63%**	35%
Mental health services	**53%**	40%
Survivorship appointment	48%	36%
Medication management	48%	**50%**
Sharing test results	46%	**52%**
Counseling and education	46%	**50%**

Preference for in-person appointments is **higher** for many visit types:

- among those 65+
- earlier stage patients
- white patients
- those with no college education

Source=National Sample (n=1408)