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STRENGTHENING SHARED DECISION MAKING BETWEEN nmCRPC PATIENTS AND THE HEALTHCARE TEAM

GUIDE COMMUNICATION FRAMEWORK – PART 1

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nmCRPC, non-metastatic castration-resistant prostate cancer

DISCLAIMER AND DISCLOSURE

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A REMINDER OF GUIDE

GUIDE'S five letters each represent a crucial step in your conversations with patients with prostate cancer

Gain insight into the goals of treatment and care G

Understand the gaps in the patient's knowledge U

Inform and educate I

Direct to additional support D

Empower the patient E

Steps 3-5 of the GUIDE framework for **'Strengthening shared decision making between nmCRPC patients and the healthcare team'** can be found on: GU Nurses CONNECT

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nmCRPC, non-metastatic castration-resistant prostate cancer

PRINCIPLES AND USE OF THE GUIDE COMMUNICATION FRAMEWORK

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PRINCIPLES OF GUIDE

- ✓ GUIDE aims to support nurses in their role as a go-to figure for their patients
- ✓ The ultimate goal is to improve patient outcomes through enhanced patient engagement, understanding and outlook
- ✓ The framework may be delivered over several interactions and should be adapted to meet the patient's needs
- ✓ The role of the carer should also be considered, so they feel engaged appropriately

HOW COULD YOU USE GUIDE?

- ✓ Include each step into your conversations with patients with nmCRPC
- ✓ Consider the need to incorporate the framework over a series of consultations
- ✓ Apply the principles to communication with family or carers
- ✓ Use GUIDE in conversations with patients with other types of cancers
- ✓ Encourage your team to complete this training and follow the steps consistently

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nmCRPC, non-metastatic castration-resistant prostate cancer

STEP 1

G U I D E

GAIN INSIGHT INTO GOALS OF TREATMENT AND CARE

THE GUIDE COMMUNICATION FRAMEWORK

G U I D E

THE RIGHT KNOWLEDGE

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Before engaging in a conversation with a patient, it is essential for the nurse to know

- **The goals of treatment and care for this patient**
- **Which treatment is prescribed to this patient and the rationale for it**

- Adopting a **proactive approach** and being actively involved in the MDT is key to obtain the information you need
  - Being part of the team that makes the treatment decision will allow you to fully understand and support it
  - This will allow you to accurately inform the patient and provide patient-centred care
- Despite a high-quality relationship between the patient and the oncologist, it is often the nurse who the patient will feel more comfortable with discussing their treatment, side effects, symptoms and wider issues

Practical tip:
Beyond the medical goal of treatment (e.g. disease control), it is often helpful for patients to have an achievable short-term goal, like attending a wedding or the birth of a grandchild.

G U I D E

MDT, multidisciplinary team

WHAT NEEDS TO BE EXPLAINED TO THE PATIENT

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INITIAL ENGAGEMENT

- **Appreciating the patient's understanding and wishes** will set the course of the nurse-patient relationship
  - Some patients like to be informed in detail (including e.g. specific laboratory values, extent of tumour burden) to be able to actively participate in the treatment decision. Others can easily be overwhelmed by too many details
- **Find the right balance** for each individual patient

Questions you may want to ask your patient at this stage:

- What is your understanding where you are in your illness?
- How much information about what may be ahead would you like?

G U I D E

THE RIGHT WAY TO DELIVER THE MESSAGES

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- Reiterate the treatment decision is a **shared decision**, underlining that the patient has choices
- Talk to the patient with **reassurance and confidence**
  - Being fully informed on the goals of treatment and care for this patient, the treatment plan and the rationale will allow you to do this
- Allow room for the patient's **feelings and emotions**
- This approach will make the patient feel you are the **knowledgeable go-to person** they can rely on throughout the journey

Practical tip:
Actively advise patients that you can give them as much or as little information as they would like. For example: "are you a person who likes everything explained in detail or would you prefer me to summarise for you?"

Practical tip:
Repeat the patient's personal treatment goal back to them, to demonstrate that you understand the theoretical as well as the personal treatment goal that they are aiming for.

G U I D E

WHAT IS nmCRPC?

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- Non-metastatic castration-resistant prostate cancer (nmCRPC) is defined as:
  - a rising prostate-specific antigen concentration [25% increase from nadir (starting PSA ≥1.0 ng/mL; minimum increase of 2 ng/mL)]
  - castrate levels of testosterone with ongoing androgen-deprivation therapy or orchiectomy
  - no detectable metastases by conventional imaging
- Patients with nmCRPC progress to metastatic disease and are at risk of developing cancer-related symptoms and morbidity, eventually dying of their disease
- nmCRPC patients are generally asymptomatic from their disease, are often older and have chronic comorbidities requiring long-term concomitant medication
- Therefore, careful consideration of the benefit–risk profile of potential treatments is required
  - Adverse events vs OS/PFS/MFS

MFS, metastasis-free survival; nmCRPC, non-metastatic castration-resistant prostate cancer; OS, overall survival; PFS, progression-free survival; PSA, prostate-specific antigen

Chung DY, et al. Biomedicines. 2021;9(6):661; Saad F, et al. Prostate Cancer Prostatic Dis. 2021;24(2):323-34

GOALS OF TREATMENT

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PATIENT PERSPECTIVE

- Essential to understand what's important for the patient
  - nmCRPC patients are usually relatively asymptomatic
  - Major objective is therefore maintaining QoL and having minimal side effects from treatment
- Patient may be
  - Less focused on longevity due to their age
  - They may be more concerned about maintaining a good QoL
  - Rising PSA may cause anxiety and therefore patient may focus on treatment due to the rising PSA
  - Concerned about other comorbidities
- Important to determine how well informed the patient is

nmCRPC, non-metastatic castration-resistant prostate cancer; PSA, prostate-specific antigen; QoL, quality of life

PATIENT AND CAREGIVER BENEFIT-RISK PREFERENCES FOR nmCRPC TREATMENT

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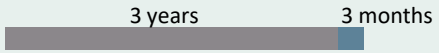
(Question 1 of 14) **Imagine that your doctor told you that you need to start a new medicine for your prostate cancer treatment. If these are your only options available, which would you choose?**

	Medicine A	Medicine B
Prolonging life	4 years and an additional 12 months 	4 years and an additional 6 months 
Delay in time until pain progresses (develops or worsens)	3 years and an additional 3 months 	3 years and an additional 12 months 
Fatigue (lack of energy)	None	Moderate (affects daily activities)
Skin rash	Mild (less than 10% of the body, does not affect daily activities)	None
Cognitive problems	Moderate (affects daily activities)	Mild (does not affect daily activities)
Chance of a serious fall	**5%** (5 out of 100 people)	**8%** (8 out of 100 people)

- **nmCRPC patients and caregivers preferred treatments with lower AE burdens and were willing to forego OS to reduce the risk and severity of AEs**
- Highlights the importance of carefully balancing risks and benefits when selecting treatments in this relatively asymptomatic population

Online survey that included 14 treatment choice questions, each comparing 2 hypothetical treatment profiles

AE, adverse event; nmCRPC, non-metastatic castration-resistant prostate cancer; OS, overall survival

Srinivas S, et al. Cancer Med. 2020;9(18):6586-96

GOALS OF TREATMENT

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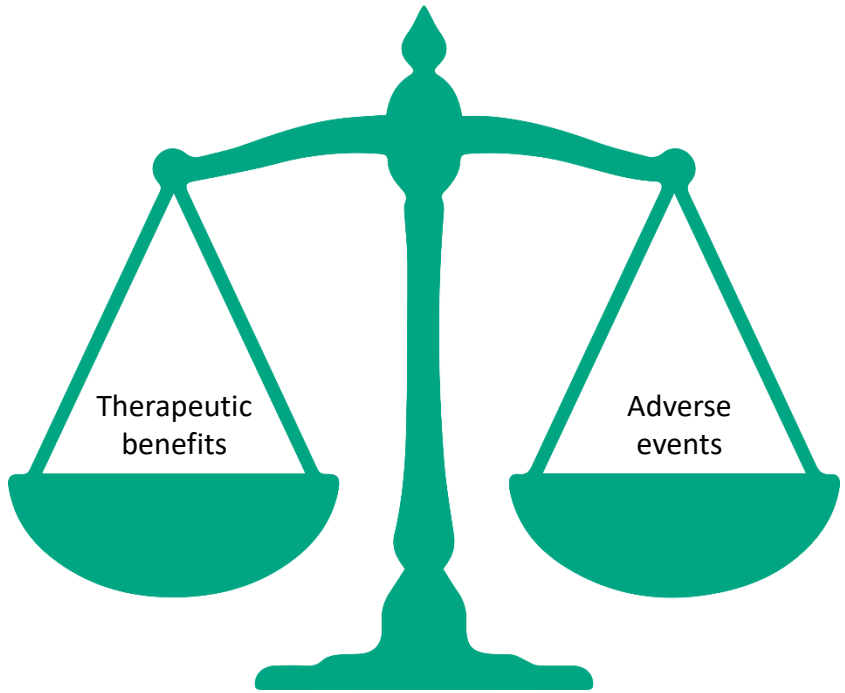
PHYSICIAN PERSPECTIVE

- Delay the developing of metastasis (progression-free month)
- Preserve the quality of life
- Increase the overall survival
- Improve the time to initiation of cytotoxic chemotherapy and/or symptomatic progression



PHYSICIAN PREFERENCES FOR nmCRPC TREATMENT

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(Question 2 of 14) **If these are the only options available, which would you choose for the patient?**

A 74-year-old man who has PSA doubling time ≤10 months and a PSA level ≥2 ng/mL. He is castration-resistant but has not developed distant metastases. He is continuing to receive androgen deprivation therapy for his prostate cancer. Besides the cancer, the patient's health is otherwise good (asymptomatic and high-performance status) with no significant comorbidities.

	Medicine A	Medicine B
Prolonging life	4 years and an additional 3 months 4 years 3 months	4 years and an additional 6 months 4 years 6 months
Delay in time until pain progresses (develops or worsens)	3 years and an additional 12 months 3 years 12 months	3 years and an additional 3 months 3 years 3 months
Fatigue (lack of energy)	Severe (affects self-care)	None
Skin rash	None	Severe (more than 30% of the body, require treatment and affects self-care)
Cognitive problems	Mild-to-moderate (may affect daily activities)	None
Chance of a serious fracture	**None** (0 out of 100 people)	**8%** (8 out of 100 people)
I choose:	○	○

Online survey that included 14 treatment choice questions, each comparing 2 hypothetical treatment profiles

- **Physicians were willing to trade substantial amounts of survival to avoid AEs between hypothetical treatments**
- Results emphasise the importance of carefully balancing therapies' benefits and risks to ultimately optimise the overall quality of nmCRPC patients' survival

AE, adverse event; nmCRPC, non-metastatic castration-resistant prostate cancer; PSA, prostate-specific antigen

Srinivas S, et al. BMC Urol. 2020;20(1):73

WHY SHARED DECISION MAKING?

- Shared decision making is a collaborative process that involves a patient and his/her healthcare professional working together to reach a joint decision about care

- A patient who can participate:
  - is better informed
  - copes better with side effects
  - is more satisfied
  - more compliant/adherent

Josfeld L, et al. J Cancer Res Clin Oncol. 2021;147:1725-32

STEP 2

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UNDERSTAND THE GAPS IN THE PATIENT'S KNOWLEDGE

THE GUIDE COMMUNICATION FRAMEWORK

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THE RIGHT KNOWLEDGE

- The level of knowledge and understanding of the disease and its impact and treatment **varies from patient to patient**
- By understanding misconceptions and gaps in the patient's knowledge, you can **efficiently educate** the patient
  - This understanding is powerful in **establishing a trusting relationship** with the patient
- The **carer** can play a key role in increasing understanding
  - The carer can **help you reach the patient's knowledge gaps** more quickly. Carers can provide a different perspective and perhaps a truth that the patient does not want to admit to
  - Understanding and addressing the **carer's knowledge gaps** as well, allows you to assist the patient's understanding

G U I D E

WHAT NEEDS TO BE EXPLAINED TO THE PATIENT

- **It is important that the patient understands some of the fundamentals of the treatment**
  - **The treatment aim**
  - **How the drug works**
  - **Why this specific drug was prescribed**
  - **Potential side effects and how to manage them**

The patient
The patient will probably **have more questions later**

The Nurse
The nurse is always **there for the patient** as a supporter, navigator and guide throughout the cancer journey

The carer
Carers are very important every step of the way

Practical tip:
Advise patients to write down their questions and call or bring them to the next appointment. Emphasise that all questions are good questions.

Practical tip:
Advise patients to always have ‘a second pair of ears’ with them. Two hear more than one.

G U I D E

SYSTEMIC TREATMENT FOR nmCRPC

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WHAT?

- Active surveillance or continued ADT with first-generation androgen receptor (AR) antagonists

+/-

- Second-generation androgen receptor inhibitors (SGARIs):
  - Apalatumide
  - Darolutamide
  - Enzalutamide

WHY?

nmCRPC patients:

- 46% will develop metastasis within 2 years
- 60% metastatic disease within the first 5 years

Metastatic disease in prostate cancer

- predominantly targets bone
- poor prognosis with worse 5-year OS rates

WHEN?

Guidelines recommend SGARIs:

- in patients with nmCRPC
- AND with a PSA doubling time (PSADT) of less than 10 months

TREATMENT AIM AND THERAPEUTIC BENEFITS

Delay of:

- Pain progression, symptomatic progression, development skeletal-related events, initiation of chemotherapy and PSA progression

ADT, androgen deprivation therapy; AR, androgen receptor; nmCRPC, non-metastatic castration-resistant prostate cancer; OS, overall survival; PSA, prostate-specific antigen; PSADT, prostate-specific antigen doubling time; SGARIs, second-generation androgen receptor inhibitors

Smith MR, et al. N Engl J Med. 2018;378:1408-18; Moreira DM, et al. Clin Genitourin Cancer 2017;15:60-66.e2; Olivier KM, et al. Int J Urol Nurs. 2021;15:47-58; Moreira D, et al. Urology 2016; 96: 171-176; Smith M, et al. Cancer 2011; 117: 2077-2085

THE RIGHT WAY TO DELIVER THE MESSAGES

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- Emphasise that by **understanding the treatment fundamentals**, the treatment journey will be smoother
- Ask **questions** in a way that reinforces you are doing so in order to support the patient and **not 'test'** them
- Discussing the gaps in the patient's understanding with **openness and empathy** will allow you to inform and educate the patient with **reassurance and confidence**
  - This will make the patient feel you are the knowledgeable go-to person they can rely on throughout the journey
- Encourage patients to **bring someone with them** to the next appointment
  - A carer can help increase understanding, but may also have his/her own questions and perspective

Practical tip:
It can be difficult for patients to say they do not understand, especially when they are already feeling vulnerable. Asking to explain the information given back to you in their own words is a nice way to work around this.

G U I D E

nmCRPC STUDIES: METASTASIS-FREE SURVIVAL

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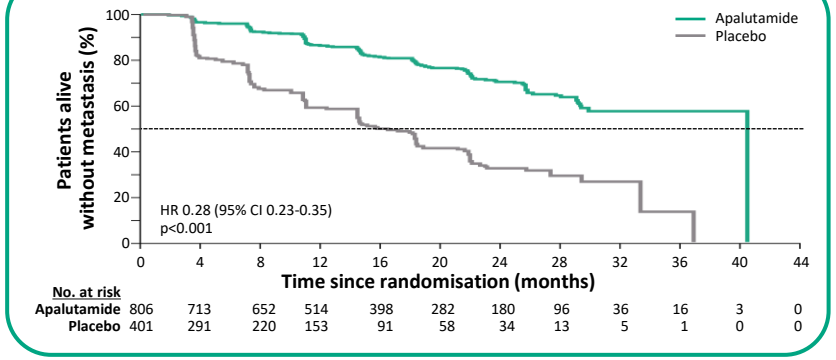
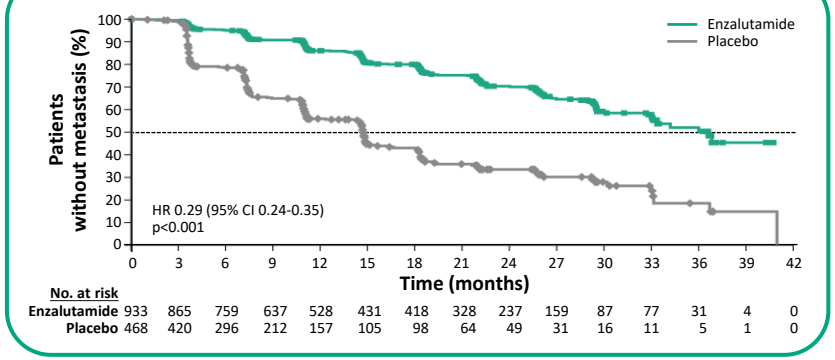
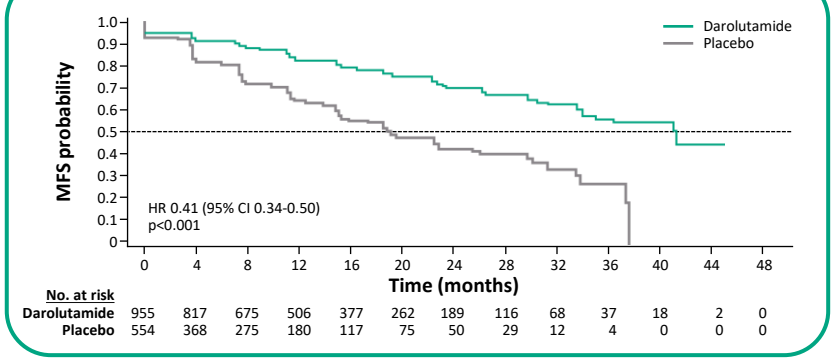
SPARTAN:[1] apalutamide



PROSPER:[2] enzalutamide



ARAMIS:[3] darolutamide



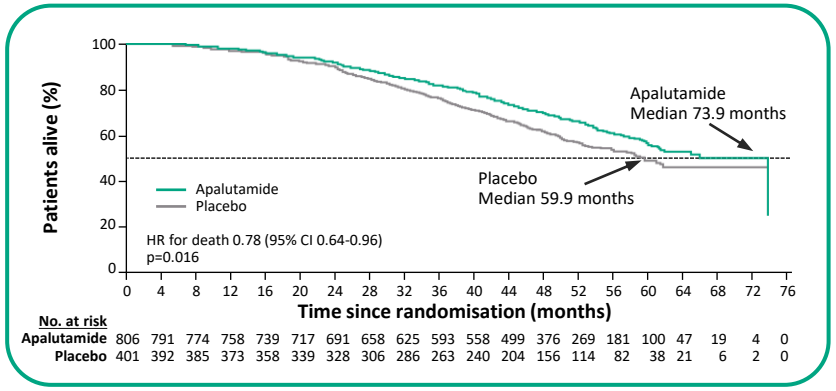
	SPARTAN		PROSPER		ARAMIS	
	APA (n=806)	PBO (n=401)	ENZA (n=933)	PBO (n=468)	DARO (n=955)	PBO (n=554)
Median follow-up	20.3 months		18.5 months	15.1 months	17.9 months	
Median MFS, months	40.5	16.2	36.6	14.7	40.4	18.4
HR (95% CI)	0.28 (0.23-0.35)		0.29 (0.24-0.35)		0.41 (0.34-0.50)	
p value	<0.001		<0.001		<0.001	

APA, apalutamide; CI, confidence interval; DARO, darolutamide; ENZA, enzalutamide; HR, hazard ratio; MFS, metastasis-free survival; nmCRPC, non-metastatic castration-resistant prostate cancer; No., number; PBO, placebo

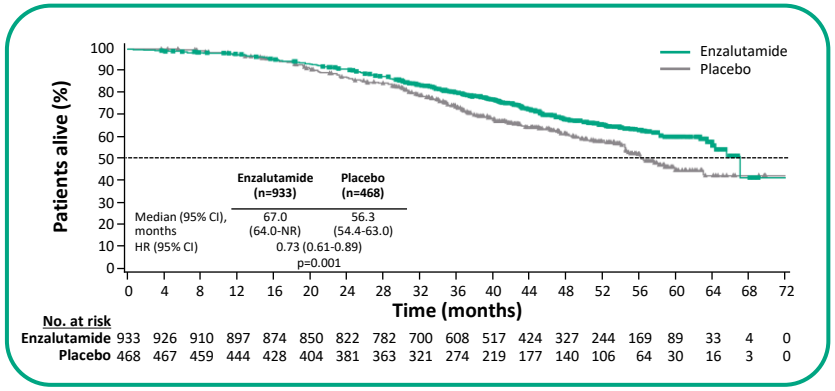
1. Smith MR, et al. N Engl J Med. 2018;378:1408-18; 2. Hussain M, et al. N Engl J Med. 2018;378:2465-74; 3. Fizazi K, et al. N Engl J Med. 2019;380:1235-46

nmCRPC STUDIES: FINAL OVERALL SURVIVAL

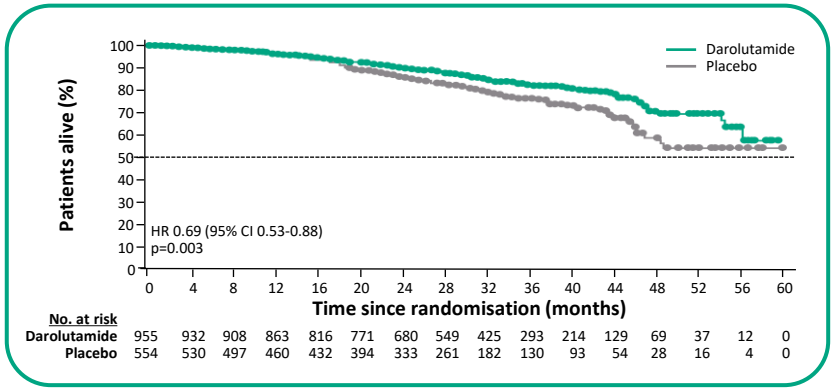
SPARTAN:[1] apalutamide



PROSPER:[2] enzalutamide



ARAMIS:[3] darolutamide



	SPARTAN		PROSPER		ARAMIS	
	APA (n=806)	PBO (n=401)	ENZA (n=933)	PBO (n=468)	DARO (n=955)	PBO (n=554)
Median follow-up, months	52.0		48.0		29.0	
Median OS, months	73.9	59.9	67.0	56.3	NR	NR
HR (95% CI)	0.78 (0.64-0.96)		0.73 (0.61-0.89)		0.69 (0.53-0.88)	
p value	0.016		0.001		0.003	

APA, apalutamide; CI, confidence interval; DARO, darolutamide; ENZA, enzalutamide; HR, hazard ratio; ITT, intention to treat; nmCRPC, non-metastatic castration-resistant prostate cancer; NR, not reached; No., number; OS, overall survival; PBO, placebo

1. Smith MR, et al. Eur Urol. 2021;79:150-8; 2. Sternberg CN, et al. N Engl J Med. 2020;382:2197-206; 3. Fizazi K, et al. N Engl J Med. 2020;383:1040-9

THE RIGHT WAY TO DELIVER THE MESSAGES

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PHONE CONVERSATIONS

Suggestions for questions to ask in phone conversations. Pick from this list the questions applying to the GUIDE step you are in

GENERAL WELL-BEING AND ADVERSE EVENTS (AEs)

- How are things going with the treatment?
- List the potential side effects and ask if the patient is experiencing any or all
- Are you tired? And is it the same as before, better or worse?
- Are you getting out? What are you doing during the day?
- How is your appetite? Are you able to drink and stay hydrated?
- Are you have any pain?
- How is your mood?

ADHERENCE

- Can you tell me the name of the medication you are using?
- How often do you take your medication?
- Do you take medication with or without food?
- How do you store your medication?
- Do you have trouble swallowing the medication?
- Have you missed any doses or vomited after a dose?
- Were you able to read and understand the prescribing information?

STAYING IN CONTACT

- Do you know when to contact us? When is that?
- Do you know how to contact us? How is that?

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AE, adverse event

ADVERSE EVENTS IN nmCRPC

Safety	SPARTAN[1,2]		PROSPER[3]		ARAMIS[4]	
	APA (N=803)	PBO (N=398)	ENZA (N=930)	PBO (N=465)	DARO (N=954)	PBO (N=554)
Any AE, n (%)	781 (97)	373 (94)	876 (94)	380 (82)	818 (85.7)	439 (79.2)
Any serious AE, n (%)	290 (36)	99 (25)	372 (40)	100 (22)	249 (26.1)	121 (21.8)
AE leading to discontinuation, %	120 (15.0)	29 (7.3)	158 (17.0)	41 (9.0)	85 (8.9)	48 (8.7)
AE leading to death, n (%)	24 (3.0)	2 (0.5)	51 (5.0)	3 (1.0)	38 (4.0)[c]	19 (3.4)[c]
AE (all grades), %						
Fatigue	33	21	37	16	13.2	8.3
Hypertension	28	21	18	6	7.8	6.5
Rash	26	6.3	4	3	3.1	1.1
Falls	22	9.5	18	5	5.2	4.9
Fractures	18	7.5	18	6	5.5	3.6
Mental impairment disorder[a]	5.1[b]	3.0[b]	8	2	2.0	1.8

[a] SPARTAN: disturbance in attention, memory impairment, cognitive disorder and amnesia; PROSPER: as per SPARTAN trial with the addition of Alzheimer's disease, mental impairment, vascular dementia and senile dementia; ARAMIS trial: MedRA High Level Group Term; [b] Data taken from first interim analysis as not reported in final analysis[1]; [c] reported as grade 5 adverse event

Presented for information, safety comparisons across trials should not be made

AE, adverse event; APA, apalutamide; DARO, darolutamide; ENZA, enzalutamide; PBO, placebo

1. Smith MR, et al. N Engl J Med. 2018;378:1408-18; 2. Smith MR, et al. Eur Urol. 2021;79:150-8; 3. Sternberg CN, et al. N Engl J Med. 2020;382:2197-206; 4. Fizazi K, et al. N Engl J Med. 2020;383:1040-9

SUMMARY

- SGARIs for non-metastatic castration-resistant prostate cancer (nmCRPC) have similar efficacy but differ in safety profiles
- Inform your patient about adverse events
- Inform the patient about benefits
- An involved and informed patient will cope better with side effects but also make more targeted choices in his/her treatment

nmCRPC, non-metastatic castration-resistant prostate cancer; SGARI, second-generation androgen receptor inhibitors

SUMMARY
THE GUIDE COMMUNICATION FRAMEWORK

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WHAT
THE GUIDE COMMUNICATION FRAMEWORK

- Is a 5-step communication framework to improve the benefit of nurse-patient interactions
- Supports nurses in their role as a knowledgeable go-to person for patients with nmCRPC strengthening shared decision making and delivering the best possible care
- Includes a memory aid – GUIDE
- May be delivered over several interactions and should be adapted depending on patient needs

WHY
IS THE COMMUNICATION FRAMEWORK NEEDED

- Nurses are to be regarded as a go-to person for their patients with nmCRPC and therefore must
  - empower patients through guidance and support throughout the treatment journey
  - be an active member of the MDT in delivering shared decision making

so they can provide patients with the greatest chance of success

GUIDE, a communication framework that will help you have even better conversations with your patients, to educate and guide them throughout their cancer treatment journey. GUIDE's five letters each represent a crucial step in your conversations with patients with nmCRPC.
nmCRPC, non-metastatic castration-resistant prostate cancer; MDT, multidisciplinary team

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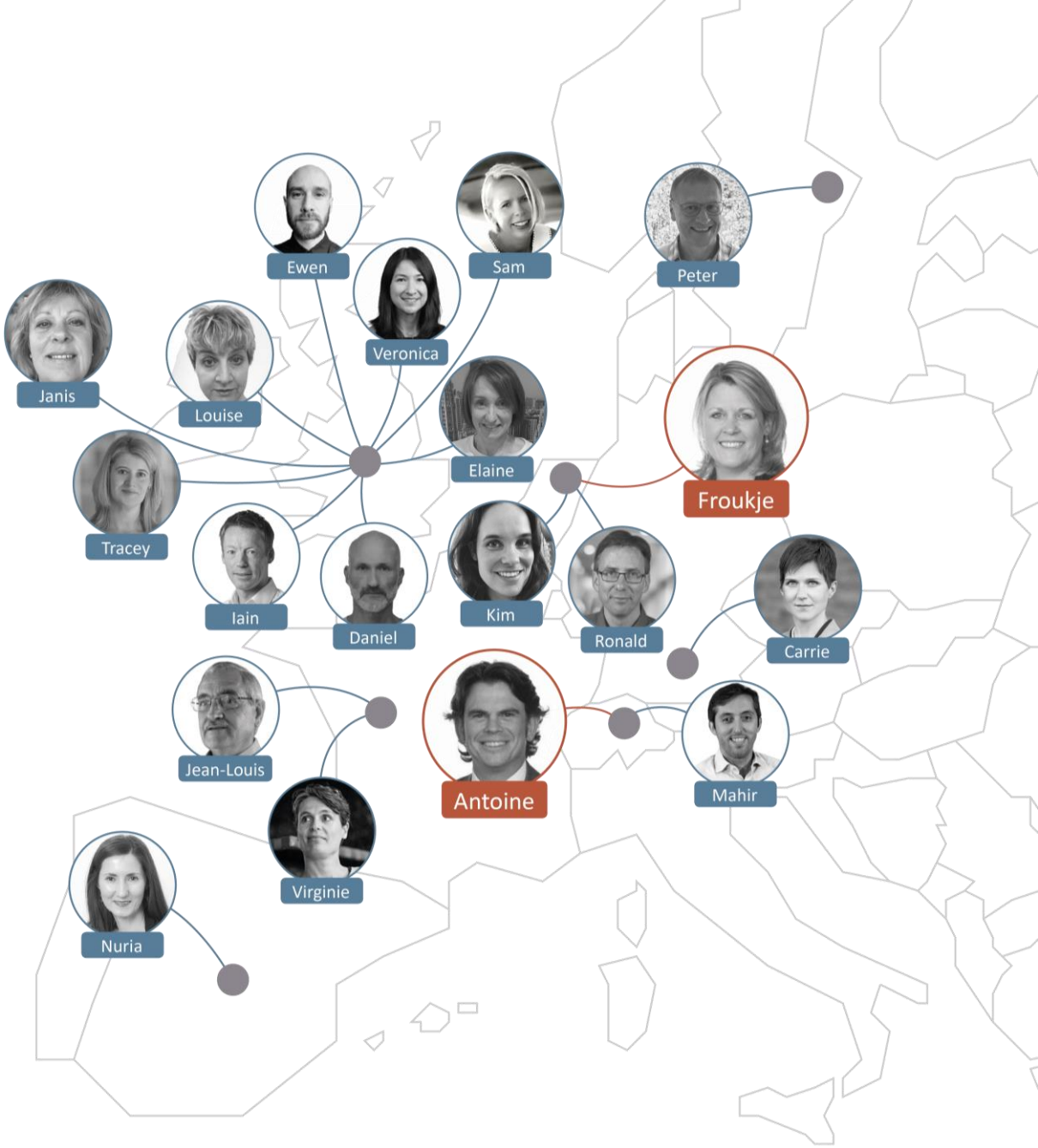

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