

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:

<https://reachmd.com/programs/cme/importance-of-the-patient-perspective-on-rwe-in-formulating-sdm-conversations/16601/>

Released: 12/08/2023

Valid until: 12/08/2024

Time needed to complete: 51m

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Importance of the Patient Perspective on RWE in Formulating SDM Conversations

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Gallagher:

Well, welcome. My name is Dr. Christopher Gallagher. I'm a Breast Medical Oncologist, Medical Director of Cancer Services at MedStar Washington Hospital Center. And I'm here today with Dr. Brufsky to speak briefly about the Importance of the Patient's Perspective on Real-World Evidence in Formulating Conversations about how we discuss this with our patients. So, Dr. Brufsky, what are your thoughts about how we use real-world evidence into our conversations with our patients?

Dr. Brufsky:

I think at the beginning of the day, at the beginning of it all, it's all about an individual patient and an individual physician talking to each other. I think, together and kind of, you know, the way it's always been is we have our own internal real-world evidence. You know, we know the patients we have personally treated. I think the way things work is that we'll have a trial presented at ASCO, some big phase 3 trial or San Antonio Breast Cancer, or at ESMO or ESMO Breast. And we'll say this is practice changing, and so but we never used it. And so, then we'll want to use it, you know, that at least the big practice changing at least allows it to get to be reimbursed. But then we use it and I think we internalize our own particular real-world evidence.

So, I think what real-world evidence helps us do, these, you know, analysis of these large databases of hundreds of physicians like us, examining patients and recording the data in the real world, it helps us kind of round out some of these discussions with a patient. Because the patient will come to you and they'll say, 'You know, I don't really fit,' or you'll say, you'll think in your mind, you know, this patient really doesn't fit the clinical trial. You know, this patient was, say, African

American, and there's only 2% African Americans in the study. This patient's Asian, there's only 3% of Asians. Or this patient has cardiovascular disease, or this patient is over 75. And you're thinking to yourself, you know, there really weren't that many patients in the randomized trials, so what am I going to do? And how am I going to advise the patient? Because the patient's coming and asking, and you're kind of talking to them about kind of together what you're going to do. It's shared, you know, you're sharing the decision-making together. And I think that having data that goes from outside of the clinical trial is really helpful in making those decisions. I think because the patients go, 'You know, I'm like, you know, I'm 75 years old. And most of the patients, you know, that you're telling me about in this trial were 50 or 55. And how do you know what's going to work for me?' And I think that's the nice thing about this. If it's done well, if there isn't a lot of bias in the data, I think that it can be very helpful in those discussions.

I don't know how you feel about this, but I think that's kind of how we use it. And I want to kind of reinforce my own personal real-world evidence.

Dr. Gallagher:

Yeah, I think in listening to you, what I'm also sort of thinking of we, you know, we sort of like to think of the real-world evidence as sort of

complementing the randomized clinical trials and helping us have a conversation. But I think, you know, patients who have typically not enrolled, whether they're a minority, or they have some other comorbidity, or they're older, I think, you know, not that they're aware, I don't think they're out there looking for real-world evidence trials for them. But I think they're going to have an appreciation that, you know, 'these studies are done and they look specifically at someone more like me in the real-world evidence.' I think it'll be a little, you know, give some more confidence to the patient, because the patients, you know, it's a shared decision, and they have to sort of feel good about the decision they're making.

And I think presenting this kind of information to them will be helpful. It will be helpful. I think, well, and it may be over time patients start thinking about this more and more, not just us trying to learn from it. So, I think it's useful all the way around, both for us and for the patients.

Dr. Brufsky:

Yeah, I mean, the interesting thing is, you know, we always get this as docs, 'How many patients like me have you treated?' You'll get that, especially if someone has an uncommon condition. How many? You know, some kind of metaplastic breast cancer, just as an example, it's not really related to our topic, but I think that, you know, a lot of us may not have seen a lot of that. But if we can turn not just to clinical trials, but to large collections of people who have seen a lot of it, you know, and this is the natural history of the disease, or this is the effect of a particular drug in the real world in this particular kind of rarer or more uncommon situation. I think it's kind of like answering that question for the patient. Well, I may not have seen a lot of you, but here's a lot of people who have, and here's kind of what the consensus is. That's kind of an interesting way to look at it.

Dr. Gallagher:

Interesting. Yeah, I agree. I think, to sort of summarize, I think real-world data and presenting it to the patient, we're presenting them something they didn't know they needed. And when we give them, they're going to sort of have this appreciation for it, you know, that we're, you know, not just looking at the randomized clinical trial, but you know, at all the patients who kind of walk through our door that we're sort of trying to see how all these patients do with all these newer medications.

So, thank you for the conversation. And thank you for listening, and thanks, Dr. Brufsky.

Dr. Brufsky:

You're welcome. And again, thank you everybody for listening. Thanks for having me.

Announcer:

You have been listening to CME on ReachMD. This activity is jointly provided by Global Learning Collaborative (GLC) and TotalCME, LLC. and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.