Treating metastatic lung cancer. What are patients* and physicians* goals and are they achieved?

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To examine the goals of patients and doctors for treatment with chemotherapy, immunotherapy or targeted therapy in metastatic lung cancer and whether these goals are achieved according to patients, doctors and relatives.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON46911

Source
ToetsingOnline

Brief title
Goals with treating metastatic lung cancer

Condition

- Other condition
- Respiratory and mediastinal neoplasms malignant and unspecified
- Respiratory tract neoplasms

Synonym
cancer, Metastatic lungcancer

Health condition

Longkanker

Research involving

Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum
Source(s) of monetary or material Support: KWF en ZonMw

Intervention

Keyword: Chemotherapy, End-of-life decision making, Goals, Metastatic lung cancer

Outcome measures

Primary outcome

More knowledge on the perceived successfulness of chemotherapy (and targeted and immunotherapy) with regard to the various goals that patients and physicians have, will improve shared decision making among metastasized lung cancer patients.

Secondary outcome

If the patient died, a relative will be asked via a telephonic interview about the last weeks of life of the patient and about their own experiences.

Study description

Background summary

Aggressive end-of-life care is prevalent and negatively influences survival and quality of life in lung cancer patients. Still, in patients with metastasized lung cancer chemotherapy is usually suggested as the treatment of choice. This can lead to overtreatment, especially when chemotherapy is still given shortly before the death of patients. This is considered a negative quality indicator for end-of-life care. Unfortunately, many patients have a limited understanding about their prognosis and alternative treatment options. They may also overestimate the effectiveness of chemotherapy. Little is known about the goals and expectations patients and oncologists have before starting a new line of chemotherapy at the end-of-life and whether these goals are achieved. Neither do we know whether these goals differ between the patient and their oncologist.

This is even more true for new therapies, like immunotherapy and targeted therapies. While these differ from chemotherapy in potential life prolongation and burdensome side effects, it is likely that (achievement) of goals might be different for these therapies. The described lack of knowledge may compromise their ability for shared decision-making, which now highly depends on the communication skills and treatment preferences of their physician. We hypothesize that less than 50% of goals that patients and oncologists have before starting chemotherapy are being achieved.

Study objective

To examine the goals of patients and doctors for treatment with chemotherapy, immunotherapy or targeted therapy in metastatic lung cancer and whether these goals are achieved according to patients, doctors and relatives.

Study design

To study the goals that patients and doctors have for medical treatment in metastasized lung cancer and the achievement of these goals, we will conduct a prospective longitudinal effectiveness study. Before starting and after finishing chemotherapy, patients and their prescribing oncologist will separately complete a questionnaire on their (achievement of) treatment goals. We will also ask whether, in retrospect, it was a good decision to start chemotherapy. At the same time points, patients will also complete the EORTC-QLQ-PAL quality of life questionnaire. If the patient died, a relative will be asked via a telephonic interview about the last weeks of life of the patient and about their own experiences. Qualitative, semi-structured interviews will be held with about 15 patients and a focus group with oncologists to get more in depth view of the answers to the questionnaires.

Study burden and risks

Participants are asked to fill in one questionnaire at two different time points. The total duration per participant in this study will be 1 hour. If the patient died, a relative will be asked via a telephonic interview about the last weeks of life of the patient and about their own experiences. This will take up to 30 minutes of their time. There are no risks associated with participation.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Age > 18 years, speaking Dutch, being diagnosed with metastatic lung cancer and plan to start a new line of medical treatment.

Exclusion criteria

Physically or mentally incapable according to the doctor, already started a new line of medical treatment, or already finished all medical treatment.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	14-11-2016
Enrollment:	300
Type:	Actual

Ethics review

Approved WMO Date:	24-10-2016
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	18-07-2017
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	12-12-2017
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	31-01-2018
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	23-10-2018
Application type:	Amendment
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL57455.029.16