

# Differentiating characteristics of patients seeking a second opinion: A survey on non-small cell lung cancer patients

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## Introduction & Aims

With the growing number of diagnostic tools and treatment options in oncology comes a nuanced and potentially overwhelming decision process for patients and their care partners to navigate. Patients are looking for more involvement in the decision-making process and for more personalized care than ever before.

Seeking a second opinion as part of the diagnosis and decision process can influence treatment decisions, treatment satisfaction, information sharing, and the patient-provider relationship.

However, data on second-opinion seeking characteristics and behaviors is limited, especially for non-small cell lung cancer (NSCLC) patients.

To address this gap, the current research aims to answer several key research questions:

- How often do NSCLC patients seek a second opinion?
- What are differentiating characteristics of NSCLC patients who seek a second opinion?
- Is second opinion-seeking associated with higher patient-provider satisfaction and/or satisfaction with current treatment plan?

## Methods

An online survey was conducted with NSCLC patients (n=542) to gain insights on second opinion seeking characteristics. Measures included single-answer and multiple-answer multiple-choice questions, including self-reported risk factors. Responses were evaluated using descriptive statistics and comparisons using a Chi-square test.

## Results

Among NSCLC patients surveyed [Table 1], 29% (n=158) indicated that they sought a second opinion when initially diagnosed.

- Second-opinion seekers were less likely to identify smoking as a personal risk factor than non-second opinion-seekers. (66% vs. 78%,  $X^2=7.68$ ,  $p < .01$ )
- Those diagnosed at Stage IV were more likely to seek a second opinion at diagnosis, compared to those who were diagnosed at earlier stages (Stages I, II, and III). (37% vs. 25%,  $X^2=7.51$ ,  $p < .01$ )

Those with a smoking history and never-smokers were analyzed separately to assess distinct patterns among second-opinion seekers versus non-second opinion seekers.

- Among never-smokers, those who sought a second opinion were more likely to have been diagnosed with Stage IV NSCLC compared to those who did not seek a second opinion. (56% vs. 29%,  $X^2=9.39$ ,  $p < .01$ ) [Chart 1]
- Never-smokers who sought a second opinion were more likely to say they were interested in information about treatment options (46%,  $X^2=11.66$ ,  $p < .001$ ) and clinical trials (33%,  $X^2=7.74$ ,  $p < .01$ ) at time of diagnosis, compared to never-smokers who did not seek a second opinion. [Chart 2]
- Among those with a smoking history, those who sought a second opinion were more likely to identify exposure to poor air quality as an additional risk factor, compared to those with a smoking history who did not seek a second opinion. (26% vs. 16%,  $X^2=4.43$ ,  $p < .05$ )

Several variables were analyzed and did not show a significant difference between those who sought a second opinion compared to those who did not, including time since diagnosis, diagnosing physician, and satisfaction with treatment plan and/or HCP.

## Conclusions

Regardless of the diagnosing physician, late stage NSCLC patients and those with no smoking history are more likely to seek a second opinion as compared to early stage patients and those who have a history of smoking. Among never smokers, those who sought a second opinion were also more likely to indicate an interest in different treatment types and how they work, as well as clinical trial options at the time of their diagnosis.

Stigma experienced by those with a smoking history may be one factor that prevents this group from seeking a second opinion. Smokers may assume their diagnosis is consistent with risk associated with smoking, and thus not further question their diagnosis. Understanding these characteristics and potential bias or stigma related to smoking may help to tailor the conversation between patient and provider to ensure patient needs are met at initial diagnosis.

Table 1. Sample Demographics

	Descriptors	No. %
Gender	Female	450 (83%)
	Male	92 (17%)
Age (years)	Under 40	5 (1%)
	40-49	54 (10%)
	50-59	190 (35%)
	60-69	196 (36%)
	70+	97 (18%)
Race	White/Caucasian	503 (94%)
	Black/African-American	9 (2%)
	Hispanic/Latina	9 (2%)
	Asian/Pacific Islander	4 (1%)
	Other	4 (1%)
	Native American	3 (1%)
	Multiracial	2 (0.4%)
Smoking History	Smoker	404 (75%)
	Never-smoker	138 (25%)

