**Medical Oncologists’ Views on the Role of Family Physicians in Multi-gene Expression Profile Testing in Breast Cancer**

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**INTRODUCTION**

- In early stage breast cancer, multi-gene expression profile testing may help to predict the risk of recurrent disease.
- In several Canadian provinces, OncotypeDx testing is funded for eligible patients.
- Previous research suggests that some patients have difficulty understanding risk information from such tests.
- Patients may look to their family physicians (FPs) for information and advice about testing and treatment options.
- Little is known about the role of FPs in supporting patients with treatment decision making.

**OVERALL OBJECTIVES**

A pilot study explored medical oncologists’ views on family physicians’ role in discussing risk of recurrent disease and multi-gene expression profile testing related to early stage breast cancer.

**RESEARCH APPROACH**

This pilot study is nested within a larger qualitative study that explored the views of 19 medical oncologists on personalized medicine tests and their contribution to treatment decision making in early stage breast cancer.

- Purposive sampling was used to identify a diverse sample of oncologists (sex, years in practice, type and location of practice).
- Pilot study participants were 12 medical oncologists (9 female; 3 male) in clinical practice in 5 cities in Ontario, Canada.
- Semi-structured personal interviews were conducted.
- Coding and a thematic analysis were conducted by two researchers independently. A third researcher reviewed the themes.
- Major themes are described.

**PRELIMINARY RESULTS**

Major Themes – Views of Medical Oncologists

1. Discussing Risk of Recurrent Disease with Patients

1.1 Most FPs have insufficient knowledge about risk of recurrent disease and impact of chemotherapy

“I don’t think that [FPs] possess any level of information about the risk estimation or the impact of the therapy on the risk in order to really satisfactorily give an evidence-based approach to the patient and recommend something.”

*Participant 14 (academic cancer centre)*

2. Discussing Results of OncotypeDx Testing with Patients

2.1 Medical oncologist has expertise to explain OncotypeDx purpose and results to patients

“It is difficult to expect family physicians to have that kind of knowledge. It is sort of a specialized oncology knowledge.”

*Participant 10 (community cancer centre)*

2.2 FP role may include discussion of implications of OncotypeDx results with patients within a trusting relationship

“It is usually after the Oncotype results are back, so that they can bring that to their FP. I think it would be most useful ...with people who have a longstanding relationship with their family doctor and have that trust in them.”

*Participant 10 (community cancer centre)*

2.3FPs may provide a support role

“...In the case of patients who are asymptomatic...it’s going to be their family doctor that is going to be the support person.”

*Participant 13 (community cancer centre)*

**PRELIMINARY RESULTS (continued)**

3. Need for FP Training and Ongoing Communication between Medical Oncologist and FP

“So I think the FPs do have a role [in discussing risk of recurrence]. But I think there is a lot of education and back and forth communication that has to happen between the FPs and the oncologists if we want to actively involve them [FPs] in these decision making processes.”

*Participant 12 (community cancer centre)*

“I always copy family docs in the note; but ideally if the patient is going to the family doctor, the family doctor should call. And I have a couple that call me and that is the best way so that I can explain if it is not clear. I try and make it clear in my note what factors are swaying me,...but if it is not clear then I would very much welcome the family doctor call.”

*Participant 17 (community cancer centre)*

**IMPACT**

This pilot study has identified a potential role for FPs in helping patients with early stage breast cancer understand the implications of multi-gene expression profile test results and assisting with decision making. However, training and ongoing communication between FPs and oncologists will be crucial. The next step in this research is to understand the views of FPs in this area and identify specific training needs and resources.