

PRACTICE PEARLS

The side effect talk

that offers reassurance, boosts confidence, and instills a sense of control

An easy, 4-step conversation lets you broach difficult topics without inducing fear.





Ask a patient with metastatic breast cancer (mBC) about their top concerns, and side effects are likely to be high on the list, according to a survey of 111 breast cancer patients that was presented at the 2023 San Antonio Breast Cancer Symposium. What's more, side effects ranked as one of the main reasons for missing or skipping medication doses.¹ The survey findings suggest that conversations about side effects can influence not only a patient's peace of mind, but also the effectiveness of a given

treatment, says Jane L. Meisel, MD, the study's lead author, Co-Director of Breast Medical Oncology, and a professor of Hematology and Medical Oncology at Emory University School of Medicine in Atlanta, GA.

"If you are a patient, you want to know what you are getting into before you start treatment," says Dr. Meisel. "There are a lot of emotions and fears for patients with metastatic breast cancer. Some of those fears come from the unknowns surrounding treatment and es-

pecially surrounding how the side effects of treatment will affect their lives."

When patients get the facts and understand what to expect it helps inform their treatment decision, notes Dr. Meisel. "Some patients may not find specific side effects worrisome, while other patients may deem them intolerable," says Dr. Meisel. "A concert pianist may worry more about potential neuropathy from chemotherapy than a young mother who worries more about alopecia."

Furthermore, patients may find side effects less bothersome when clinicians reassure them ahead of time that there are ways to manage them, says Dr. Meisel. "Prophylactic measures—such as anti-nausea, anti-diarrhea and other medications—allow patients to stay on treatment and do better with treatment," explains Dr. Meisel.

However, despite the documented benefits of discussing side effects before the onset of treatment, research by Dr. Meisel reveals that for some patients, these conversations just don't happen.²

- 15% of survey respondents indicated that their medical teams had not asked about their concerns regarding side effects.
- 25% of respondents noted that their medical teams had not asked which side effects they would deem tolerable or intolerable.
- 19% said their medical teams did not provide enough guidance on how to manage potential side effects.

Also troubling: During medical appointments, 62% of pa-

tients minimized the severity of their side effects because they didn't want to be seen like "complainers," according to another survey.³

4 steps to empowering conversations

When discussing potential side effects, a fine line separates an empowering conversation from one that leads to even greater fear than before. "Show patients that you are not trying to scare them but rather trying to give them the best possible chance of success on a medication or treatment," says Dr. Meisel. "Try not to overwhelm them with too many details, which can lead to information overload." To keep conversations succinct, Dr. Meisel recommends the following.

1. Start with the pros.

Explain how and why a treatment will help your patient. "Assure patients that you are helping them choose the best treatment option to help them meet their treatment goals, whether it's managing the disease, prolonging life, or improving quality of life," says Dr. Meisel. Or, she says, "You might say, 'This medicine works extremely well. We're so glad you are a candidate and excited you're considering it.'" In addition, you might explain specific details about the medicine, such as the delivery (oral vs. infusion) and frequency (daily vs. weekly vs. monthly).

2. Be open about side effects.

Explain how common specific side effects are, how severe

they may be and how you can help a patient manage them. For example, notes Dr. Meisel, if a patient is considering an infusion that often leads to nausea and fatigue, you might say, "This medicine tends to be very well tolerated. However, some of the most common side effects are things like nausea and fatigue, which can be particularly prominent in the first week after your infusion. Some patients have no symptoms, while others experience them to varying degrees." Dr. Meisel goes on to say, "We will try to prevent this by giving you a steroid pill for 3 or 4 days after the treatment and then an anti-nausea pill at night. Depending on what happens during your first cycle, we can modify your treatment plan to help you manage any side effects that you experience."

3. Use discretion regarding less frequent side effects.

You don't need to list every rare side effect. However, if a patient is likely to learn about a rare side effect outside of the office setting, it may be worth exploring during an office visit. Similarly, clinicians should mention any symptom, no matter how rare, that requires swift medical attention. For example, if a medication rarely leads to pneumonitis, you might tell the patient: "In about 10% of cases, patients will experience some degree of inflammation of the lungs," explains Dr. Meisel. "If 10% experience it, that means 90% don't. I'm telling you about it because, if it happens, I want us to get on top of it quickly."

You might also ease the patient's mind by explaining how

CT scans and other tests can help detect rare side effects—in the event a rare side effect should arise—and how and when you want a patient to contact your office to report rare symptoms.

4. Encourage patients to contact you.

Though you may not have time to list all potential side effects during a short office visit, you should try and end the discussion by reminding patients that you want to hear from them. You might say, "If you notice something new or different that's bothering you, and it seems to correlate with the start of the drug, please get in touch," says Dr. Meisel. "That way, we can figure out if it's associated with the treatment and address it." ●

—by Alisa Bowman

When patient bias gets in the way

Occasionally, patients may come to your office with a preconceived bias against a given medicine, often because of side effects they read about in an online patient group. These biases can be problematic, especially if they lead patients to turn down recommended treatments. To counter them, Dr. Meisel recommends asking questions to help you understand what the patient has read and why they find the treatment so concerning. Then, do the following:

Empathize with their fear.

For example, you might say, "Yes, that sounds scary. I can understand why this would concern you."

Explain how you can help address it.

Mention medications that can help manage the side effect in question and how you'll screen the patient to catch it early. You might also offer to start a patient at a lower dose and titrate up based on how the patient responds. "That shows you are flexible," says Dr. Meisel.

Give the patient an out.

Pitch the treatment you'd like to use as an experiment that the patient can control. You might say, "Just because you agree to try this treatment doesn't mean you must continue," says Dr. Meisel. "If you can't tolerate it well, we can always stop it. This is your body, and you are in charge. But based on my expertise, I would encourage you to try it."

According to Dr. Meisel, after you've had the above conversations with a patient and you find they're still resistant, it's time to explore other possibilities, even if those options aren't as effective as what you've offered. "Remember, an inferior treatment is better than no treatment," says Dr. Meisel.

References

1. Meisel J, et al. Abstract PO5-05-04: Advancing treatment and management of patients with HR+/HER2- breast cancer: findings from a quality improvement initiative. *Cancer Res.* 2024;84(9_Supplement):PO5-05-04.
2. Sammons S, et al. Patient (pt)-provider communication challenges about side effects/toxicities from metastatic breast cancer (mBC) treatments. Abstract presented at: 2023 San Antonio Breast Cancer Symposium; December 5-9, 2023; San Antonio, TX. Abstract PO3-12-05.
3. Sammons S, et al. Abstract PO5-12-06: Minimization of treatment toxicity/side effects and their impact on quality of life (QoL) in patients (pts) with ER+/HER2- metastatic breast cancer (mBC). *Cancer Res.* 2024;84(9_Supplement):PO5-12-06.