

2016 ACS-IRG Pilot Grant



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PROJECT TITLE: SU VOZ ADVANCED CARE PLANNING PREFERENCES AMONG SPANISH-SPEAKING CANCER PATIENTS AND THEIR CAREGIVERS
(SPECIAL INTEREST AWARD)

ABSTRACT:

BACKGROUND: CANCER PATIENTS APPROACHING THE END-OF-LIFE (EOL) BENEFIT FROM FUTURE PLANNING ALSO KNOWN AS ADVANCED CARE PLANNING (ACP). HAVING CANCER PATIENTS IDENTIFY AND COMMUNICATE CLINICAL AND RELATED PREFERENCES IS CHALLENGING, BUT VITALLY IMPORTANT FOR THE BEST POSSIBLE OUTCOMES. THIS PROCESS MAY BE PARTICULARLY CHALLENGING AMONG NON-ENGLISH SPEAKING U.S. LATINOS GIVEN SALIENT CULTURAL DIFFERENCES AND COMMUNICATION VALUES SUCH AS INCLUSION OF FAMILY IN MEDICAL DECISION-MAKING AND DEFERENCE TO AUTHORITY FIGURES.¹ LATINOS CURRENTLY MAKE UP 17.3% OF THE U.S. POPULATION AND ARE EXPECTED TO REACH 28.6% BY 2060.² NOTABLY, U.S. LATINOS ARE THE SECOND LARGEST IN NEW, EARLY-STAGE CANCER DIAGNOSIS IN BREAST, PROSTATE, COLORECTAL, AND INVASIVE CERVICAL CANCERS IN CALIFORNIA.⁵ WITHIN CANCER CARE DELIVERY, U.S. LATINOS COMPRISE THE THIRD LARGEST GROUP OF CANCER INCIDENCE AND MORTALITY NATIONALLY.⁶ DESPITE THE HIGH INCIDENCE OF CANCER AND PREVALENCE AMONG U.S. LATINOS, A VETTED APPROACH FOR ACP AND EOL CARE DISCUSSION BEST PRACTICES FOR THIS GROUP REMAINS UNKNOWN.⁷

OBJECTIVE/HYPOTHESIS: THE OBJECTIVE OF THIS STUDY IS TO UNDERSTAND HOW TO EFFECTIVELY COMMUNICATE ACP AND EOL INFORMATION AND OPTIONS TO SPANISH-SPEAKING LATINO CANCER PATIENTS AND CAREGIVERS. THIS INCLUDES UNDERSTANDING THE POPULATION'S PREFERRED COMMUNICATION METHODS, INCLUDING PERSONS, SETTINGS, AND TIMES TO CONDUCT THESE CONVERSATIONS. WE HYPOTHESE THAT GROUP DECISION-MAKING AND PREFERENCE FOR INDIRECT COMMUNICATION REGARDING DEATH WILL BE IDENTIFIED AS MAJOR BARRIERS TO ACP IN THIS PATIENT POPULATION. THE RESULTS OF THIS STUDY WILL HELP TO DEVELOP A CULTURALLY-APPROPRIATE APPROACH TO MEDICAL COMMUNICATION AND FUTURE PLANNING.

SPECIFIC AIMS: THE SPECIFIC AIMS OF THE PROJECT ARE: 1) TO IDENTIFY OPINIONS AND PREFERENCES AMONG SPANISH-SPEAKING LATINO CANCER PATIENTS AND CAREGIVERS REGARDING BEST WAYS TO COMMUNICATE WITH CLINICIANS ABOUT MEDICAL CARE AND FUTURE PLANNING. 2) TO IDENTIFY THE PREFERRED METHODS, INCLUDING PERSONS, SETTINGS, AND TIME TO CONDUCT THESE CONVERSATIONS AMONG SPANISH-SPEAKING LATINO CANCER PATIENTS AND CAREGIVERS. 3) TO UNDERSTAND HOW TO EFFECTIVELY COMMUNICATE ACP AND EOL INFORMATION AND OPTIONS TO SPANISH-SPEAKING LATINO CANCER PATIENTS AND CAREGIVERS.

STUDY DESIGN: THIS IS A MIXED METHODS STUDY COLLECTING INDIVIDUAL INTERVIEW AND QUESTIONNAIRE DATA. A TOTAL OF 20 CANCER PATIENTS AND 20 CAREGIVERS WILL PARTICIPATE IN A 1.5-HOUR INTERVIEW CONDUCTED BY A TRAINED BILINGUAL CLINICIANS. PARTICIPANTS WILL BE RECRUITED IN AN ACADEMIC ONCOLOGY PALLIATIVE CARE CLINIC AT MOORES CANCER CENTER (MCC) AND MUST SELF-IDENTIFY AS LATINO/A WITH SPANISH AS THEIR PREFERRED LANGUAGE. TRANSCRIBED INTERVIEWS WILL BE ANALYZED USING DEDOOSE SOFTWARE. QUESTIONNAIRE RESULTS WILL BE ANALYZED USING SIMPLE SUMMARY AND LINEAR REGRESSION STATISTICS. PREDETERMINED ASSOCIATIONS BETWEEN THE QUESTIONNAIRE AND QUALITATIVE RESPONSES WILL BE ANALYZED USING LINEAR REGRESSION STATISTICS.

CANCER RELEVANCE: UNFORTUNATELY, THE VAST MAJORITY OF PATIENTS WITH ADVANCED STAGE CANCER WILL DIE. GIVEN THE LIMITED PROGNOSIS OF ADVANCED CANCER PATIENTS, UNDERSTANDING AND EFFECTIVELY COMMUNICATING EOL CARE WISHES IS CRITICAL FOR GOOD CARE AND DECREASED SUFFERING. LATINO ADVANCED CANCERS PATIENTS MAY HAVE EXTRA BARRIERS TO HAVING EOL CONVERSATIONS DUE TO APPROACHES THAT ARE CULTURALLY INCONGRUENT. THIS STUDY EXPLORES THE CULTURAL ACCEPTABILITY OF ACP CONVERSATIONS AND AIMS TO FIND THE MOST EFFECTIVE, NON-THREATENING APPROACH AMONG SPANISH-SPEAKING LATINO PATIENTS AND CAREGIVERS.