

The Breast Cancer Journey

It's as vital as the air that they breathe ...

Abstract

Worldwide, breast cancer patients and their families undergo a medical and emotional journey

Pharmaceutical companies that seek competitive advantage must:

- 🎀 Understand specific unanswered needs of metastatic patients and families
- 🎀 Pinpoint key differences in new markets
- 🎀 Understand patients' relationships with family and physicians



The Route Map

The image features a dark blue background with several wavy, horizontal lines in a lighter blue shade. A prominent, thick, pink wavy line starts from the top left, curves downwards and to the right, then curves back up and to the right, ending at the top right. This pink line represents a path or route. The text labels are placed along this path in a white, italicized font.

Overview

Strategy

The Journey

Fellow Travellers

The Future

Conclusions

The Route Map

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The Current Picture



- 🎀 Most common cancer in women
- 🎀 1 in 9 women develop breast cancer
- 🎀 Increasing incidence in breast cancer worldwide
- 🎀 Second most common cause of malignancy related deaths
- 🎀 More women are living longer and surviving the disease




44 091 new cases
74 cases per 100 000
Mortality: 29 per 100 000



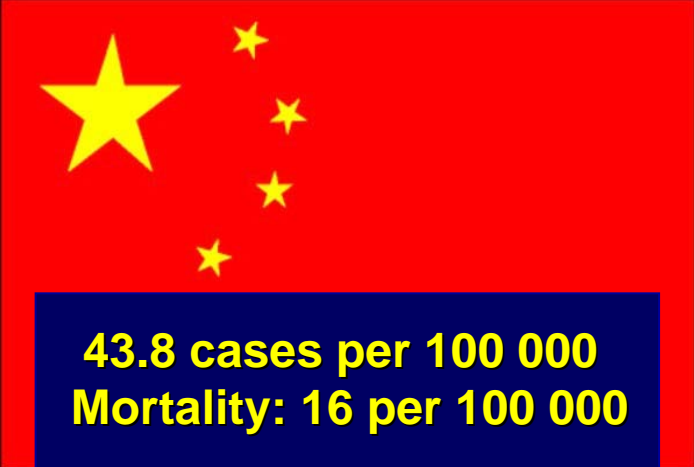
37 302 new cases
76 cases per 100 000
Mortality: 19 per 100 000



Statistics by Market



49 470 new cases
52 cases per 100 000
Mortality: 17 per 100 000



43.8 cases per 100 000
Mortality: 16 per 100 000

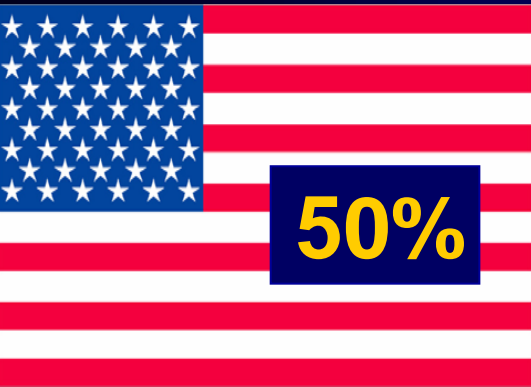
Universal Risk Factors

- 🎀 Age
- 🎀 Race
- 🎀 Familial Risk
- 🎀 Lifestyle
- 🎀 Exposure to Estrogen
- 🎀 History of Benign Breast Cancer
- 🎀 Heavy Alcohol Consumption





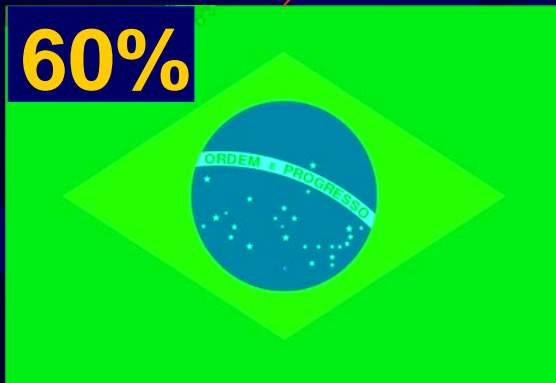
"I can now bear to look at myself in the mirror naked again and feel like a normal woman"



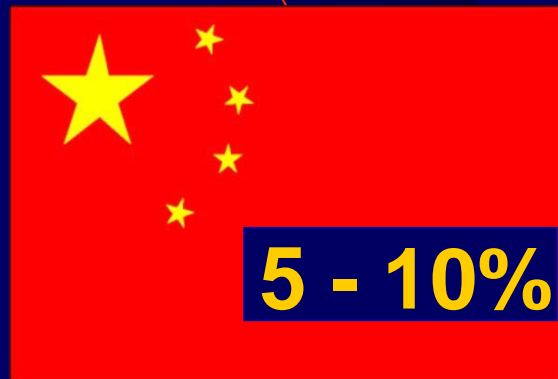
Use of Breast-Conserving Surgery

30 - 40%

60%



5 - 10%





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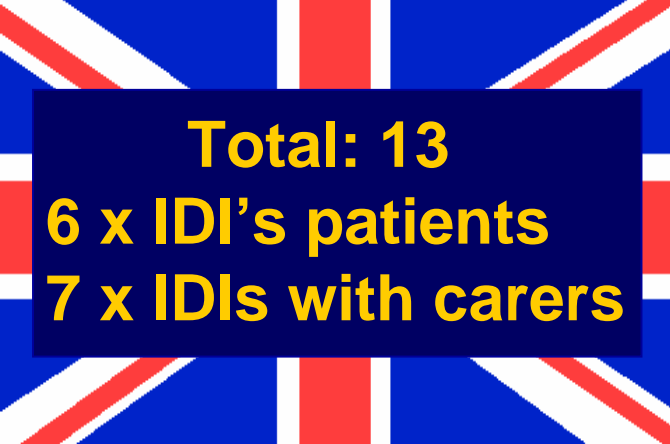
The Future

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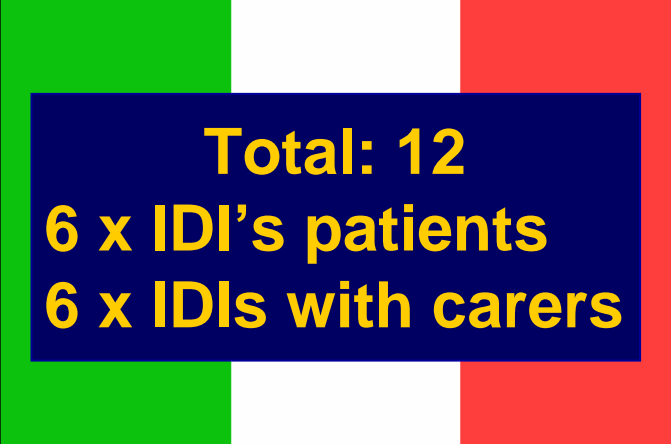
Interview Structure



- 🎀 Perceptions of Breast Cancer
- 🎀 Attitudes, Emotions - before and now
- 🎀 The Journey
- 🎀 Relation with Family and Physicians
- 🎀 Unmet Needs
- 🎀 Future




Total: 13
6 x IDI's patients
7 x IDIs with carers



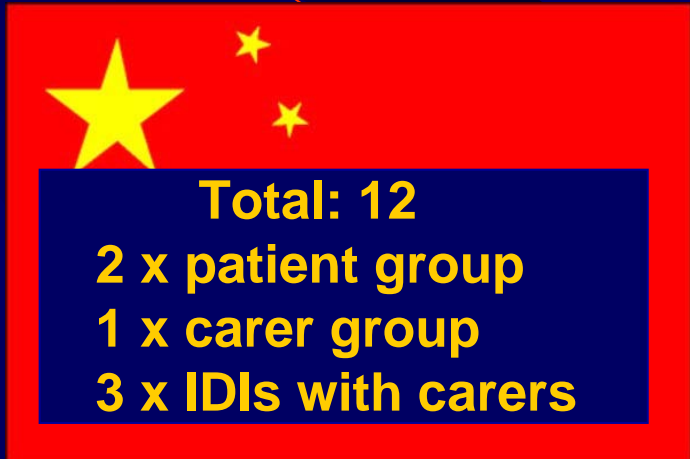
Total: 12
6 x IDI's patients
6 x IDIs with carers



Reflect Local Market Needs



Total: 12
6 x IDI's patients
6 x IDIs with carers



Total: 12
2 x patient group
1 x carer group
3 x IDIs with carers

Pilot funded by Aequus

In collaboration with Synovate - China, Albar - Brazil, Meta Research - Italy, GKA - UK



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Two Journeys



Two Interdependent Journeys:

🎗️ Medical Journey

🎗️ Emotional Journey

Initial Discovery



- 🎗️ Most discovered lump by chance in shower
- 🎗️ Some ignored it
- 🎗️ Husbands often found it
- 🎗️ Examination commonly by needle biopsy, mammogram, ultrasound and blood tests
- 🎗️ China – patients bought drugs for benign hyperplasia. When lump grew, visited physician

Perceptions of Breast Cancer

Pre-Diagnosis

Security

Cancer happens to other people

After Diagnosis

Hinterland of anger, terror and despair

Loss of femininity

Re-Occurrence

Mindset: anger, resentment, disbelief,
acceptance of death

Words, Smells, Tastes

“It’s a violent, red, aggressive colour”

“Red like a flame – something that burns and travels through you with such skill and ferocity”

“Really black, a darkness as though everything had been switched off”

“A constant hammering sound like that of an MRI scan”

“It has a metallic taste – the smell of a playground fence when I was little”

“A black fear, an unknown of what will happen next”

“An acrid, grey smell, and the smell of vomit”

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Variations by Age

		Younger Group < 45yrs	Older Group > 45yrs
First Diagnosis	Patients	Devastated, fear of death	Fighting spirit
	Family member	Regretful, financial and relationship pressure	Face it, cure it
Re-occurred / Metastised	Patients	Regretful, resentful, fear, frustrated	Devastated, frustrated, fight it
	Family member	Horrible, pity, reality	Manage it, live with it, resentful

Emotions after Surgery



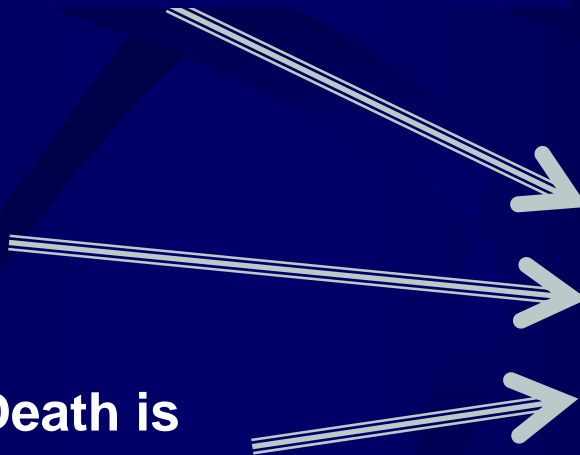
Transformation following op

**Relationships
rekindled**

**Realisation
life is precious**

**Death is
inevitable**

**Hope
Fresh start
Fear of relapse**

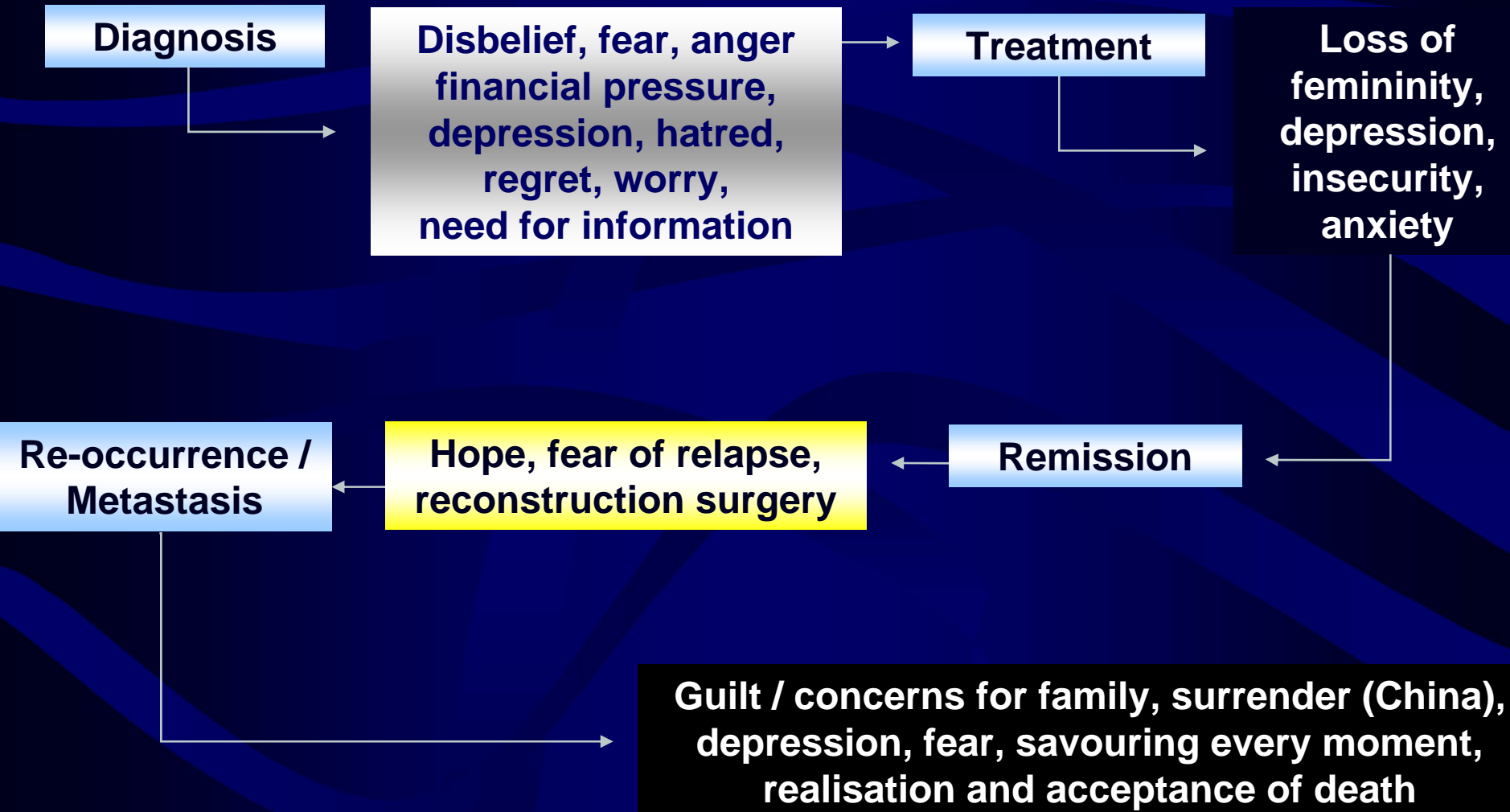


Emotions after Re-occurrence / Metastasis

- 🎗️ Pessimism, anger
- 🎗️ Depression and despair
- 🎗️ No longer information-hungry
- 🎗️ Accepting and fighting
- 🎗️ Desire to prolong life, even at expense of QoL
- 🎗️ Unable to plan for future

"I just want my wife. I don't want her to die; we have everything to live for. Why this?" Husband

Emotional Journey



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Changes in Family Life

- 🎀 Breast cancer affects not only the patient, but everyone close to her
- 🎀 Husbands help with housework after diagnosis
- 🎀 Family often pay more attention to their own health
- 🎀 Realisation of value of living in the moment
- 🎀 Inability to plan for future



Support Groups

Advantages

- 🎀 Feel better, less self-conscious, not alone
- 🎀 Members exchange coping skills and console each other



Disadvantages

- 🎀 Reduces patients' contact with non-cancer world
- 🎀 One patient's death or disease progression can worsen fears of other members in group

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What is Your Greatest Hope?

Patients

- 🎀 Not to pass on disease
- 🎀 Family to be strong
- 🎀 Cure / longer life
- 🎀 Relief of symptoms / side effects
- 🎀 Minimise pain in last months

Family

- 🎀 Patient is happy and relaxed
- 🎀 More effective medicine
- 🎀 Better palliative care
- 🎀 Patient lives longer / cure





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These are the testimonials of
real women living with breast cancer



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Universality of Journey



- 🎀 Universal emotional stages across markets
- 🎀 Pharmaceuticals viewed as simply profit-orientated and distant

Key Cultural Differences



China

- Increased emotional struggles
- Low rate of reconstruction surgery



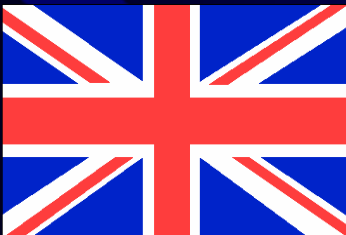
Latin America & Asia

- Families appear more supportive - patient lives with family



Europe

- Family cares but less involved
- UK - some resentment over publicity of celebrity breast cancer 'survivors'



Identifying Opportunities

- Realization across markets that hospitals / physicians under enormous budgetary pressure translating into inferior care / attention
- High cost of drugs a burden for many families
- Palliative care poorly resourced, low in budget priority and below par care
- Patients come to expect 'poor' bedside manner
- Lack of psychological support particularly in China



Identifying Opportunities

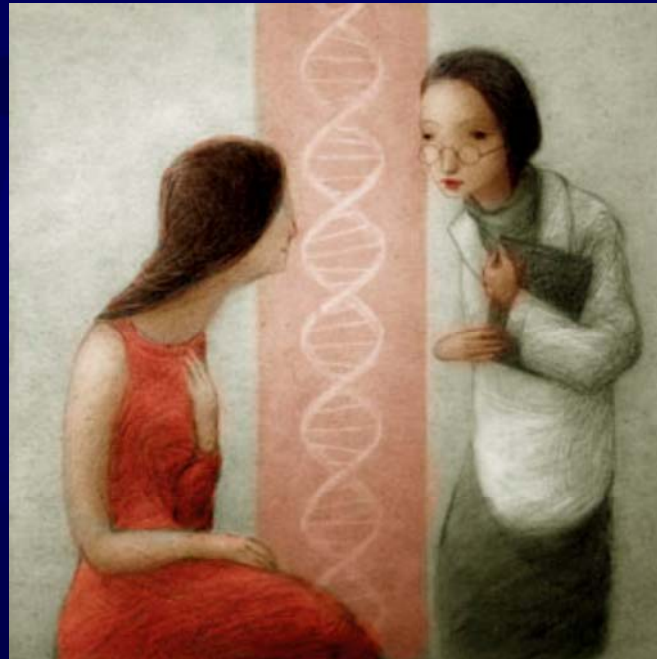
Perception that treatment has not advanced for more than a decade



- 🎀 There is a need for treatment that improves QOL of the patient
- 🎀 There is a need for treatment that prolongs survival
- 🎀 There is a need for treating the patient as an individual
- 🎀 Huge benefit from breast conserving surgery

Acting on Opportunities - to seek the competitive advantage

Pharma companies need to become
more customer facing,
adopting a SOFTER approach



Acting on Opportunities



1. Focus on improving QoL in the adjuvant and palliative care setting

🎀 Address side effects of disease and treatment

2. Address psychological damage

🎀 Psychological training for oncologists

🎀 Importance of breast-conserving surgery

🎀 Psychological interventions for families

3. Improve diagnostics

🎀 Earlier screening -
prioritization of relatives

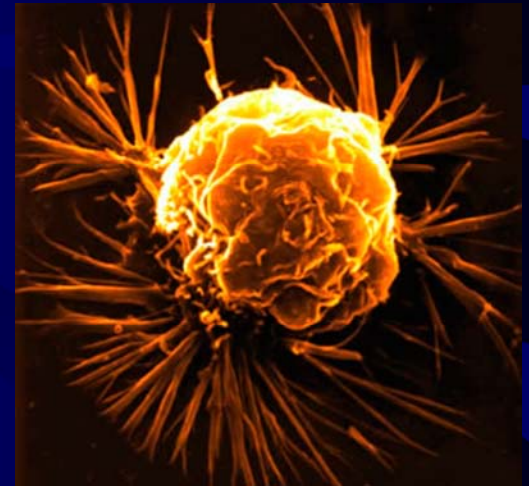
🎀 DNA testing



Acting on Opportunities

4. Improving chemotherapy

- 🎀 An oral compound!
- 🎀 Administration in the home
- 🎀 Fewer side effects



5. Communicate with the customer

- 🎀 Guidelines how to detect relapse
- for doctors & patients
- 🎀 How to access clinical trials
- 🎀 Creative use of media -
books/hotlines/websites/CDs/DVDs
explaining drugs and treatment,
suggestions for diet, tips for relaxation

Communicating With the Customer - China

Need for Greater Psychological Support

- 🎗️ Psychological training for oncologists
- 🎗️ Need for psychotherapists in cancer care

Benefit of Breast Reconstruction

- 🎗️ Need for better communication between doctors and plastic surgeons
- 🎗️ Combat misconceptions and ignorance
- 🎗️ Issue of cost

Reduce Stigma of Breast Cancer

- 🎗️ Counter misconceptions about sex after diagnosis



Accessing New Audiences - methodological implications



- 🎀 Debate methodological approach and recruitment process
- 🎀 Gain trust with the patient - recruit via oncologist
- 🎀 Allow maximum time for recruitment / interview - patients have good and bad days
- 🎀 Central viewing facility - may not be an option!

Accessing New Audiences - methodological implications

- Be sensitive to the vulnerability of the patient and carer
- 🎀 Tread carefully through the interview and be flexible with questions
- 🎀 Patients and families may block out illness - design guide with this in mind
- 🎀 Remember we are trained interviewers and NOT trained counsellors!

