

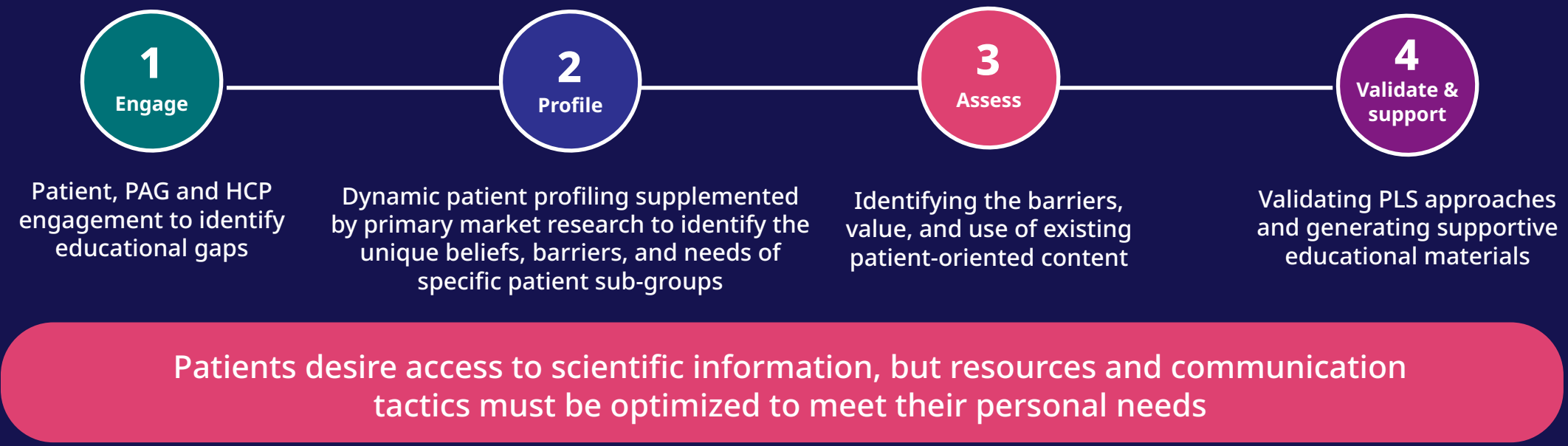
INNOVATION
THE NEW TRADITION

CUSTOMIZING PATIENT COMMUNICATIONS
THROUGH QUANTITATIVE AND
QUALITATIVE INSIGHTS

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Our approach

We employed a novel, multi-level approach to customizing and improving patient communication materials in oncology to inform our omnichannel approaches. A four-step process was used to identify patient communication gaps:



1
Engage

Patient Steering-Committee Engagement to Identify Educational Gaps

Method: Collaboration with patient steering committees to identify health literacy barriers affecting patient care and inform outcomes of the patient profiling and content assessments.

Pfizer Oncology Patient Centricity Ecosystem (POPCE)

- US-based committees
- Part of an ecosystem of **40+** advocacy groups
- Quarterly Disease State Steering Committee meetings and regular meetings with the Pan-Tumor Group

2
Profile

Patient Profiling, Educational Needs, and Target Channels

Methods:

1. Multistep process identified the challenges along the treatment journey in prostate cancer
2. Patient populations were prioritized (e.g., early vs. advanced/metastatic disease) and aligned on healthcare and consumer attributes. The key challenge to be addressed was “optimizing time to treatment”
3. Claims and consumer data (IQVIA data range: Jan 2020 – Dec 2022) were integrated using machine learning models. Clustering analysis determined key patient profiles
4. Qualitative market research interviews from 14 patients and 5 HCPs (3 urologists and 2 oncologists) supplemented the effort to validate the patient profiles
5. Targeted omnichannel plans tailored to specific patient profiles were developed

Outcomes:

Four key patient profiles in prostate cancer were identified, of which two (accessibility-challenged traditionalists and under-served digital wizards) were identified as priority groups for assessment due to high unmet needs and large potential for change

Key patient profiles identified:	Accessibility-challenged traditionalists	Under-served digital wizards	Critical modernists	Multi-morbid traditionalists
	Older, lower education, prefer traditional communication methods, e.g., cable TV and newspaper	Younger, higher proportion black population, prefer digital and mobile communication, e.g., digital radio and TV, and mobile messaging	Younger, highest education, prefer digital communication, e.g., email, digital news, and streaming TV	Older, more comorbidities, prefer traditional communication methods, e.g., newspaper and direct mail
Delayed treatment causes	Concerns around QoL, and experience transportation and logistical challenges	Hold a traditional view of “masculinity” and hide their diagnosis	Seek multiple opinions and focus on making “the right decision”	Prioritize interests and activities, while having limited access to physicians

Scan the QR code to view beliefs, barriers to getting treated ‘in time’ and communication needs of the two priority groups, as well as further information regarding messaging and channels for change

Messaging and channels for change:

Accessibility-challenged traditionalists	Under-served digital wizards
Potential tactics and messages ✓ Resources to enable logistical support to attend medical appointments ✓ Identify HCPs treating these patients and determine barriers to scheduling / capacity constraints ✓ Provide data to enable risk vs. benefit assessments of various treatment options ✓ Help them identify and mitigate possible treatment-related side effects and comorbidities that could interfere with treatment Example Delivery Channels - Patient navigator - HCP: distributed handouts - Printed: traditional media - Local organizations via community physician	Potential tactics and messages ✓ Demystify stigma of prostate cancer in the Black community ✓ Importance of “in-time” treatment among Black men ✓ Identify HCPs treating these patients and determine barriers to scheduling / capacity constraints ✓ Educate on how to communicate with loved ones / care team and manage side effects / QoL while on treatment Example Delivery Channels - Physician - Patient navigator - Digital tools (i.e., phone and digital engagement)

3
Assess

Assessing Patient Perception of Enhanced Publication Content (EPC)

Method: 10-minute online survey regarding EPC completed by 125 US pan-oncology patients and caregivers

Outcomes:

Which resources do oncology patients use to stay up-to-date?

- Patients use **PAG websites and events** (76% of respondents), **medical websites intended for the public** (69%), **open-access scientific journals** (63%), **social media** (62%), **materials from HCPs** (43%), and **freely searchable literature databases** (40%) to keep up-to-date.
- Scientific journal articles behind a paywall** (6% of respondents), **medical newsletters** (11%), **public lectures** (13%), **pharmaceutical websites** (16%), and **podcasts** (17%) were used least.

What are the hurdles to oncology patients keeping up-to-date with the latest scientific knowledge?

- Patients most commonly found **interpretation** (68% of respondents) and sorting through articles (56%), in addition to understanding **where to find recent research** (51%) and **trusted sources** (50%), as barriers to keeping up-to-date.
- The **speed at which scientific articles become dated** (24% of respondents) and a **lack of search results** (27% of respondents) were two of the least commonly answered barriers to patients.

What do oncology patients find most useful to share with their HCPs?

Patients identified journal articles and PLS as the most useful communication formats to share with their treating physicians:

How useful do you think the following types of resources would be to help you better understand medical information from a scientific journal article?

Extremely/Moderately useful | Slightly/Mostly not useful | Not at all useful | I do not know what this is

N = 124

The majority of patients found PLS, videos, interactive infographics, and podcasts to be extremely/moderately useful, with PLS and videos being deemed the most useful.

In total, 92% of patients reported that they would share enhanced publication content with their treating physician.

4
Validate & support

Validating PLS Approaches and Generating Supportive Educational Materials

Method: 25 patients from the pan-oncology survey evaluated 2 PLS and provided feedback. A range of materials were developed to support patients, including redesigning PLS formats and other health literacy tools.

Outcomes: Patients assessed 2 different PLS for 2 different types of cancers using word clouds (heat maps and emojis), where each patient could rank and comment on each area of the PLS.

Feedback from patients on the PLS pieces called for:

- ✓ Improved glossary to define complex terminology
- ✓ Imagery that accurately reflects medications, cellular processes, and patients without being too complex
- ✓ Avoid complicated or chemical-structure imagery
- ✓ Fair balance between efficacy and safety, information on QoL if available

Using the data-driven and qualitative approaches described, seven health literacy resources were developed to support health literacy and PLS:

Understanding the Clinical Trial Process

Navigating Clinical Trial Information Websites

Four Tips for Finding Medical Information Online

How to Read an Abstract for a Clinical Trial Publication

Common Terms Used in Abstracts / Research Articles for Clinical Trials

Abstract PLS at Scientific Congresses

The Basics of Medical Meetings

Summary:

Here we used a novel multistep patient-, HCP-, and data-guided approach to identify the beliefs, barriers, and needs of oncology patients by assessing the experience and perceived value of existing communication materials; how existing materials can be adapted to optimize impact; and what can be done using an omnichannel approach to enable and support patients in understanding their disease so that they can better participate in shared decision-making. Our study provided the following key findings:

Applying omnichannel principles can optimize scientific communication strategies to effectively reach patients and improve shared decision-making

Tailored communication plans and content development can help improve patient outcomes overall