

Evaluating The Contribution of Virtual Peer-Led Support to Comprehensive Prostate Cancer Care: The AnCan Experience



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Background The Objectives of AnCan

Patient support groups provide substantial help and information to cancer patients. However, traditional, in-person support groups provide access only to patients in large metropolitan areas who are physically mobile. In addition, such groups are often comprised of patients with different diseases or stages of disease, limiting their effectiveness.

In response to this need, Answer Cancer Foundation d/b/a AnCan innovated video chat virtual peer-led support groups. Telephone conferences in 2010 led to video chat meetings by 2015. Over time, AnCan has developed best practices for moderating its groups. The AnCan model has many advantages:

- **Geographical** – participants can join from anywhere, even locations with no local group
- **Equal access** – Participants who are immunocompromised or with physical disabilities or social anxiety can more-easily participate
- **Disease specificity** – lack of geographical limitations creates a wider pool of individuals, enabling groups for less-common and advanced-stage diseases

AnCan was founded on prostate cancer advocacy, and 50% of its current programming focuses on prostate cancer. Over time, AnCan has expanded to 10 conditions, including additional cancers (e.g., blood cancers) and other serious illnesses. More than 20 free, drop-in meetings are now offered per month. In addition, AnCan offers one-on-one navigation, webinars featuring leading experts, and national advocacy to amplify the patient voice.

We present the results of a survey of AnCan attendees that strongly support the value of AnCan in their treatment and quality of life.

1. AnCan video sessions are free and open



AnCan BEST PRACTICES include:

- Groups are peer-led by individuals who are affected by the disease being discussed. Health professionals have a voice only if they share the condition.
- Each participant is polled by name to see if they need time in the meeting - this gets a better response than a question posed to all.
- New participants are offered priority at the start of each meeting they know they are welcomed and return!
- AnCan separates educational presentations from support meetings
- Extensive use of the Chat Window allows URL links and other information to be shared
- With participant knowledge, some groups are recorded and posted on our YouTube Channel. Views frequently exceed group attendance.

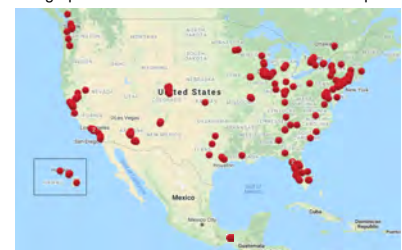
Disclosures:

Ancan: AnCan has received or is applying for sponsorships from Bayer, Foundation Medicine, Janssen, Myovant-Pfizer, and Pfizer.
Herbert M. Geller, US National Institutes of Health, Full-time employee;
John Ivory, None.
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2. Participants primarily live in North America, and experience a full range of disease states

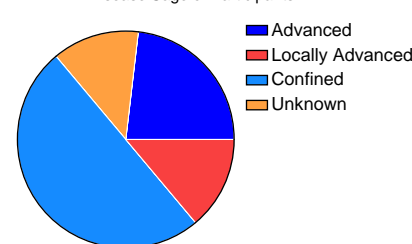
AnCan participants join meetings across the US and Canada, as well as from Australia, Belgium, Finland, Ireland, Taiwan and Thailand.

Geographic Distribution of North American Participants



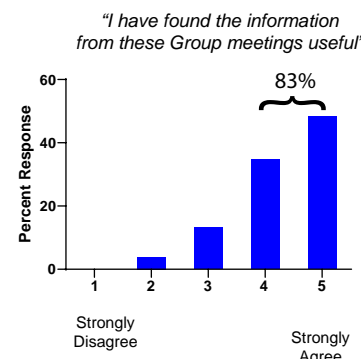
Participants' disease stages range from advanced metastatic to not-yet-diagnosed

Disease Sage of Participants

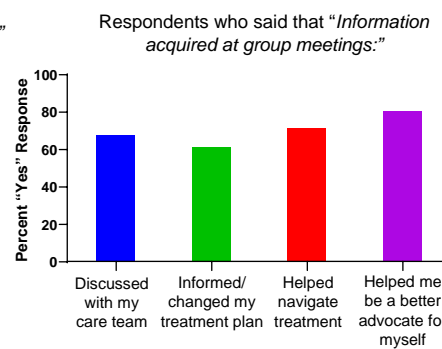


3. Men find information at meetings to be useful and most use it to inform treatment choices

83% agree or strongly agree that the information discussed is useful



61% - 80% use the information for HCP discussions, to inform and navigate treatments, and to self-advocate

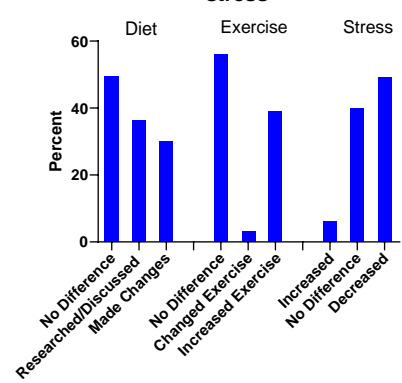


Survey Methods

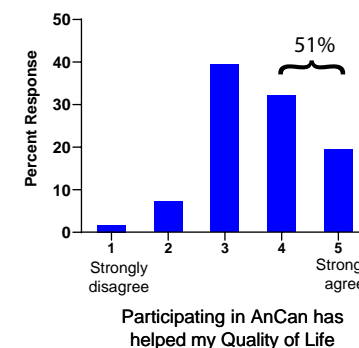
A web-based questionnaire was sent to people who had attended or expressed interest in an AnCan meeting and had provided their e-mail address. The results presented are based on the 236 responses received from a general survey and 165 from a second directed at those on Active Surveillance.

4. Participants have improved lifestyle habits

30% improved diets, 39% improved exercise habits, and 49% reduced stress

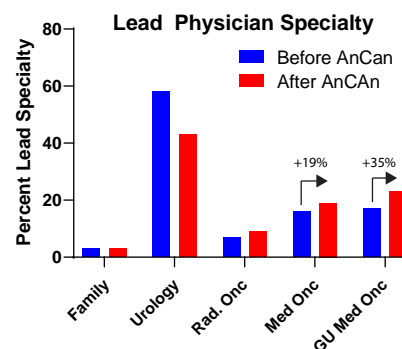


More than half said AnCan has improved QoL



5. Some participants changed lead physicians since attending AnCan

Lead Physician Specialty Change from Urology is Associated with Disease Stage



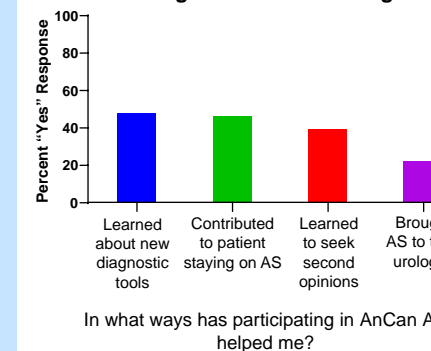
Percentages of Patients that Began with Urology before Ancan

Specialty After AnCan	Prostate Cancer Stage	
	Confined	Locally Advanced/Advanced
Urology	88%	12%
Rad. Onc.	100%	
Med. Onc.	29%	71%

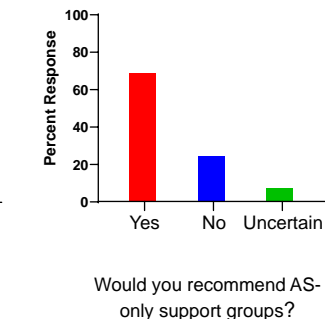
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6. AnCan Active Surveillance support groups are unique

48% learned new tools, 47% said participation helped stay on AS, 38% learned to seek second opinions, 22% brought AS to their urologist



More than two thirds would recommend AS only support group



Summary

AnCan virtual peer groups:

- Provide patients with peer support independent of geographic location and mobility status
- Increase patient knowledge, positively impacts treatment planning, and boosts confidence in navigating the disease
- Optimize physician/patient interactions and improve outcomes
- Promote lifestyle improvements, provides support to reduce stress, and improves QoL
- Empower patients to self-advocate and improve their disease experience

Conclusions

We advocate that virtual peer group attendance, based on our model, be included in ASCO treatment recommendations, especially for advanced disease

“The AnCan group has provided me with the resources and knowledge I needed to determine the treatment options that are right for me.”