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Attitudes of physicians and patients toward the timing of adjuvant treatment in colon cancer.

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Background: We have previously shown in a Phase I trial that administration of immediate adjuvant chemotherapy (IAC) at the time of surgical resection and immediately postoperatively is safe and feasible in colon cancer (CC) patients. IAC avoids delays in adjuvant treatment and has the potential to improve survival and quality of life. However, two fundamental questions must be answered: will patients be willing to accept the possibility of more severe side effects in exchange for earlier treatment (Tx) completion and theoretically better survival? And will physicians depart from established CC treatment practices?. **Methods:** A web-based survey was administered to newly diagnosed CC patients (within 1 year of surgery) and survivors (> 1 year post op). A similar web-based survey was administered to surgeons and medical oncologists in academic and community settings across the country. Surveys assessed patients' and providers' treatment preferences, attitudes towards care, and perceived barriers to IAC. Descriptive statistics were conducted including chi-square tests to compare differences between patients' and providers' responses. **Results:** Responses were collected from 35 patients and 40 providers. Patient respondents were 48% survivors and 52% newly diagnosed CC patients. Among the providers, 60% of the medical oncologists and 75% of the surgeons worked at academic medical centers. Compared to providers, patients were more willing to: 1) proceed with IAC to finish treatment earlier thereby improving quality of life ($p = 0.002$); 2) proceed with IAC to finish treatment earlier, despite potential side effects ($p < 0.001$); and 3) proceed with a single dose of intraoperative chemotherapy that, based on final pathologic stage, may not be needed ($p = 0.002$). Patients were also more likely than providers to indicate that there are no barriers to collaborative care ($p = 0.001$) while providers were more likely to cite that collaborative care is time consuming ($p = 0.001$), comes with scheduling challenges ($p = 0.001$), and that physicians are not readily available to participate in it ($p = 0.003$). **Conclusions:** We observed a disconnect between what providers and patients value in the perioperative and adjuvant colon cancer treatment course. Colon cancer patients are willing to accept intraoperative chemotherapy and early adjuvant chemotherapy via this novel multidisciplinary approach even if this treatment were associated with additional side effects, and without promise of a survival benefit. Research Sponsor: University of California, Irvine 2020-2021 Department of Medicine Chair Research Award.

	Providers	Patients	*p*-value
Willing to do IAC if...			
Finish Tx early + quality of life improved	57.5%	91.4%	0.001
Finish Tx early + side effects/complications	32.5%	80.0%	< 0.001
Single dose + adjuvant chemotherapy uncertain	35.0%	71.4%	0.002
Barriers to collaborative care			
Doctors not readily available	62.5%	28.6%	0.003
Scheduling difficulties	75.0%	37.1%	0.001
Time consuming	52.5%	17.1%	0.001
No barriers	12.5%	45.7%	0.001

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