



Survival is the Driving Factor in Triple Negative Breast Cancer Treatment Decision Making

Avalere conducted 9 120-minute focus groups with 45 women with triple negative breast cancer (TNBC) to understand the components of their cancer treatment and care they most valued.

45

Women with TNBC

Age

- 16% <40 Years
- 44% ≥50 Years

Race/Ethnicity

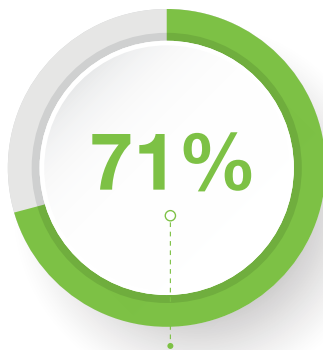
- 62% White
- 33% Black
- 6.7% Hispanic/Latinx

Health Insurance Type

- Commercial Plan Coverage: 66.7%
- Medicare: 15.6%
- Medicaid or Medicare + Medicaid: 15.5%
- Other Government Program: 2.2%

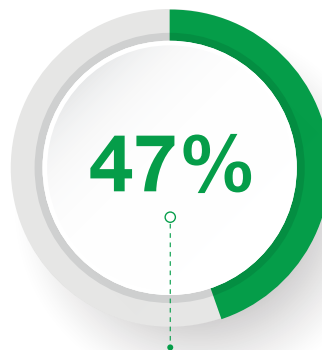
At Treatment Initiation, Participants Mentioned 3 Common Factors that Drove Their Treatment Decisions

Survival



discussed their desire to live for as long as possible

Quality of Life



wanted to maintain functional status for themselves and their family members

Treatment Duration



were interested in the fastest possible course of treatment

Participants Discussed a Range of Factors That Also Influenced Their Initial Treatment-Related Decisions

Frequently Considered

- Trust in care team
- Support from family
- Second opinions
- Ability to stay active
- Reputation of treatment facility
- Treatment offerings and education specific to race

Moderately Considered

- Proximity to treatment facility
- Understanding the options presented
- Reducing the risk of recurrence
- Minimizing impact of side-effects
- Fertility (among women of child-bearing age)

Rarely Considered

- Communicated side effects
- Treatment costs

Participants Described 4 Gap Areas in Care Where They Would Have Liked Additional Support

Mental Health Care: Professional and peer support integrated into treatment

Fertility Options: More options presented for preserving fertility prior to and during treatment

Non-Treatment-Related Costs: Costs for supportive care or supplemental treatments

Holistic Treatment Options: Integrating diet and other natural remedies for symptoms and side effects

