US PATIENT & ONCOLOGIST AWARENESS, USAGE, & ATTITUDES TOWARD WHOLE PERSON INTEGRATIVE ONCOLOGY

FINAL REPORT: SEPTEMBER 30, 2022 (UPDATE OCT 7)

PREPARED FOR SAMUELI FOUNDATION

BY IQVIA

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METHODOLOGY

METHODOLOGY OVERVIEW

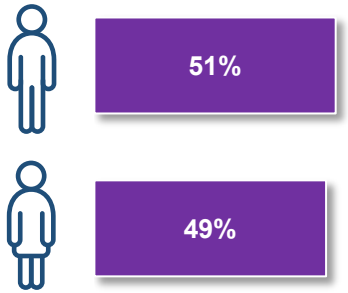
	Oncologists	Patients
Survey Length	15 minutes	15 minutes
Sample Frame	US-based Oncologists treating any type of cancer	People in the US diagnosed with any type of cancer within the past two years
Sample Size	152 representative Oncologists	1,004 representative cancer patients
Weighting	Soft quotas and RIM weighting were used to balance for those that specialize in solid tumors (65%) vs. hematology (35%), as well as age, location (urban/suburban/rural), and US region	Soft quotas and RIM weighting were used to balance on gender, age, ethnicity, location (urban/suburban/rural), and US region
Data Cuts Explored	• Practice location – urban/suburban/rural • Gender • Region • Age in years – 3 categories (<40, 41-63, 64+)	• Living location – urban/suburban/rural • Ethnicity – Caucasian, African American, Hispanic, other • Complementary therapy – User/Non-User (during treatment) • Age – 4 categories (18-50, 51-65, 66-75, 76+)
Fieldwork Dates	• August 12-September 1, 2022	• August 12-September 1, 2022

- All data in the report are weighted to represent the population; however, base sizes are reported as unweighted to accurately represent the survey data
- Significant differences at 95% C.I. are noted on slides throughout the report wherever **applicable** and/or **notable** among cuts like Location, Ethnicity, Age of Patients and ONCs, Fact-G7 Scores, Gender and Region of ONCs as:
  - Urban (**U**) vs. Suburban (**S**) vs. Rural (**R**) | Caucasian / White (**C**) vs. African American / Black (**A**) vs. Hispanic / Latino (**H**) vs. Others (**O**) | 18-50 (**A**) vs. 51-65 (**B**) vs. 66-75 (**C**) vs. 75+ (**D**) | < =40 (**A**) vs. 41-63 (**B**) vs. 64+ (**C**) | High Fact- G7 Score (**H**) vs. Medium Fact-G7 Score (**M**) vs. Low fact-G7 Score (**L**) | User (**U**) vs. Non-Users (**N**) | Male (**M**) vs. Female (**F**) | Northeast (**N**) vs. Midwest (**M**) vs. South (**S**) vs. West (**W**)

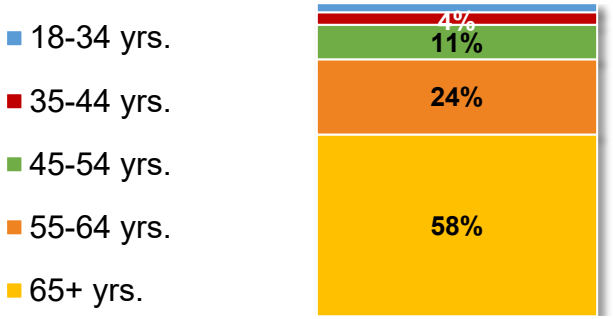
PATIENT DEMOGRAPHICS (1/2)

Patient Demographics
(% of respondent, n=1004)

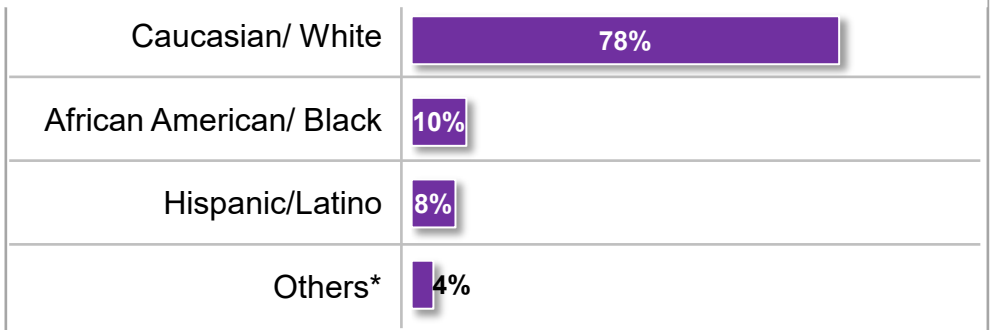
Gender



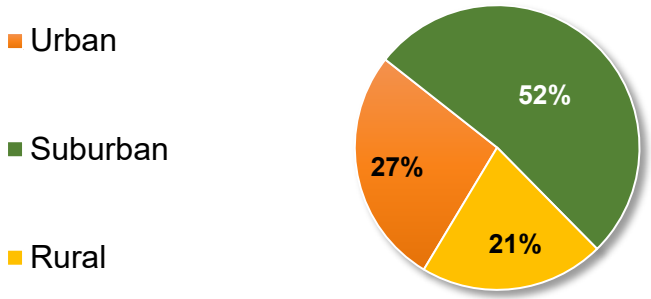
Age



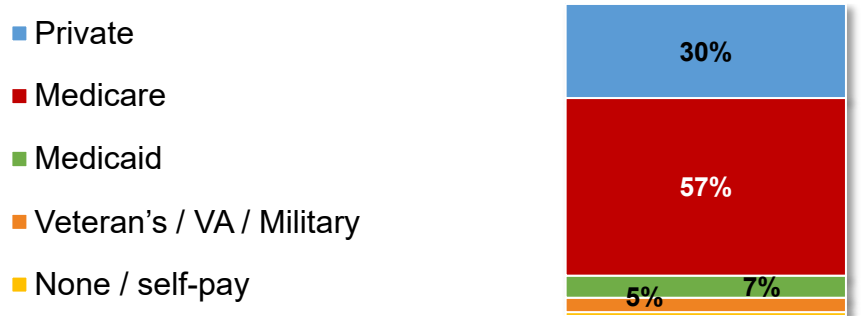
Ethnicity



Locality



Insurance Type



See Appendix for additional demographics

PAT-S2, S3, S4, S5, Q24 **Others includes Asian or Pacific Islander, Native American, Eskimo or Aleut / Some other ethnic background*

Data Labels ≥ 4% are shown

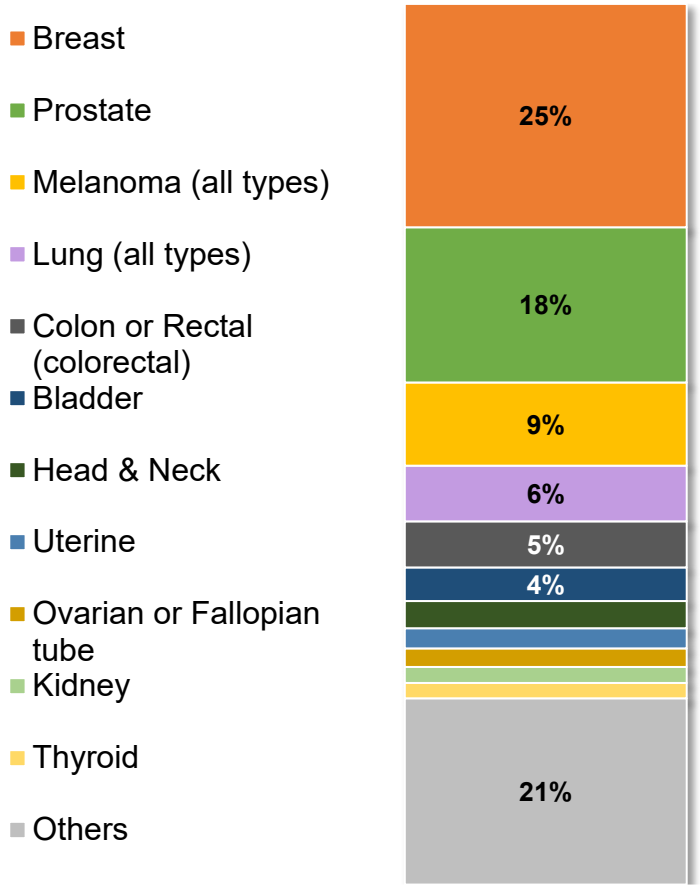
PATIENT DEMOGRAPHICS (2/2)

Solid tumors that skew younger:
- Breast (18-65)
- Cervical (18-50)
- Testicular (18-50)
- Thyroid (18-50)

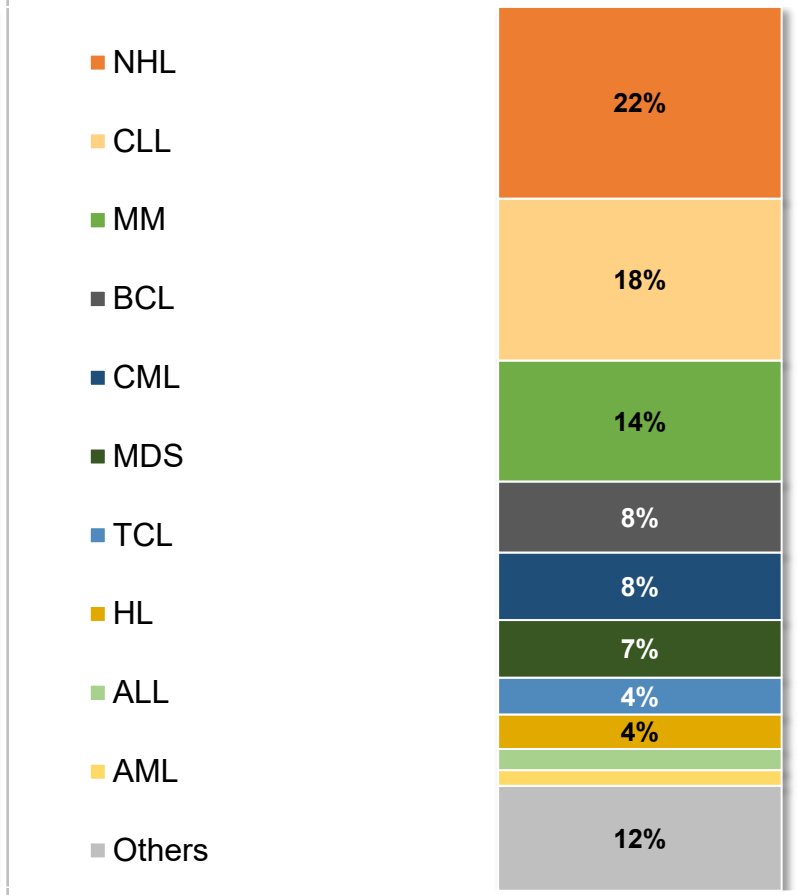
Solid tumors that skew older:
- Bladder (66+)
- Melanoma (51+)
- Prostate (66+)

Liquid tumors have insufficient sample size to draw age conclusions

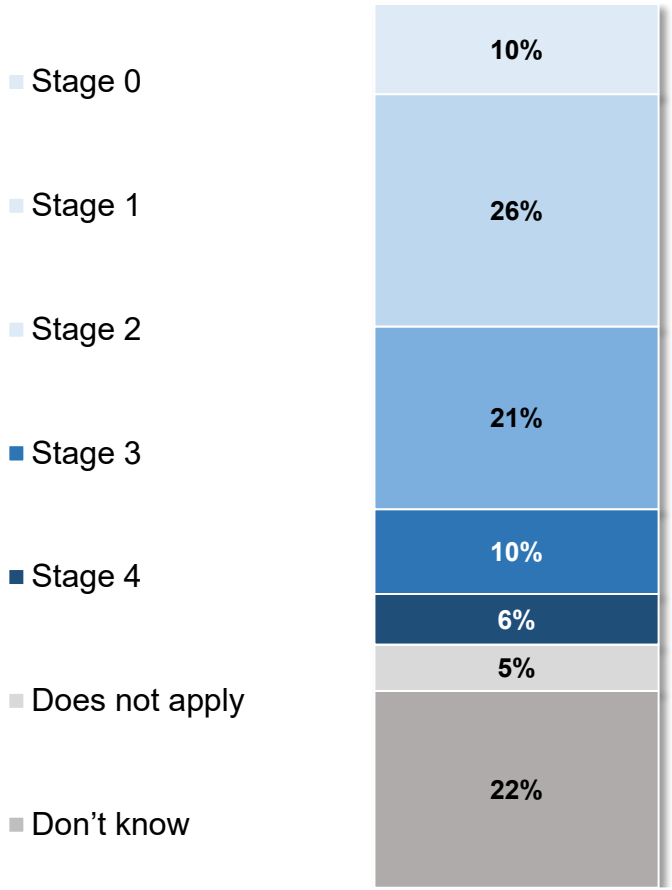
Solid Tumors *(n=942)*



Liquid Tumors^ *(n=61)*



Stages of Tumor *(n=1003)*



**Others in Solid Tumor includes Penile, Gastric, Vulvar, Neuroendocrine or Adrenal, Mesothelioma, Testicular, Anal, Bone, Brain, Liver, Esophageal, Pancreatic, Cervical*

PAT-S8, S9 One respondent had null data for these two screener questions

Data Labels ≥ 4% are shown

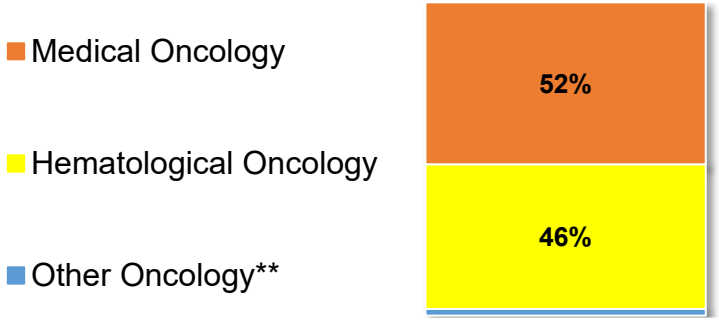
See Appendix for additional demographics

^ Key can be found in the speaker notes

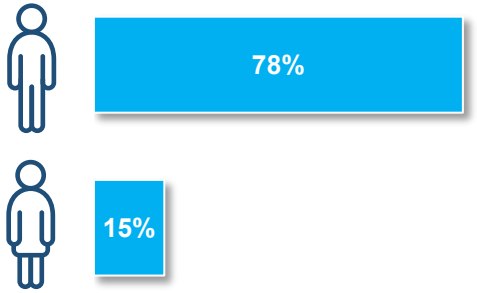
ONC DEMOGRAPHICS (1/2)

ONC Demographics
(% of respondent, n=152)

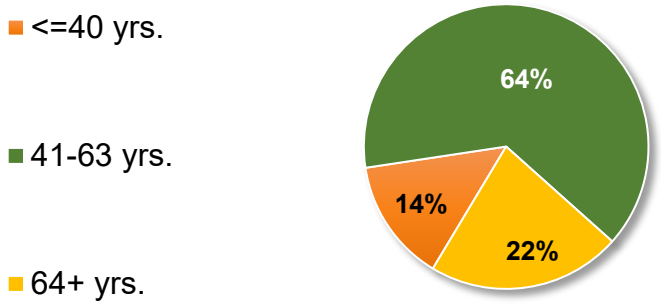
Primary Specialty



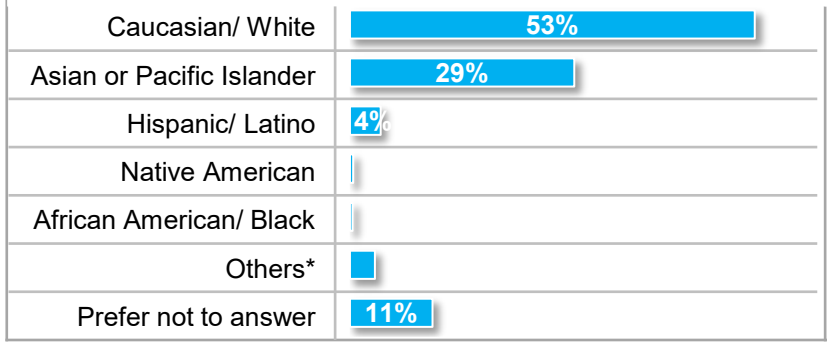
Gender



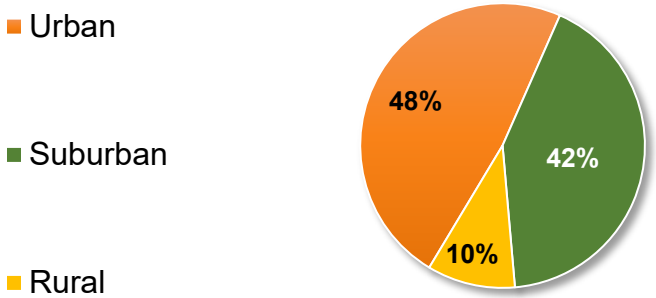
Age



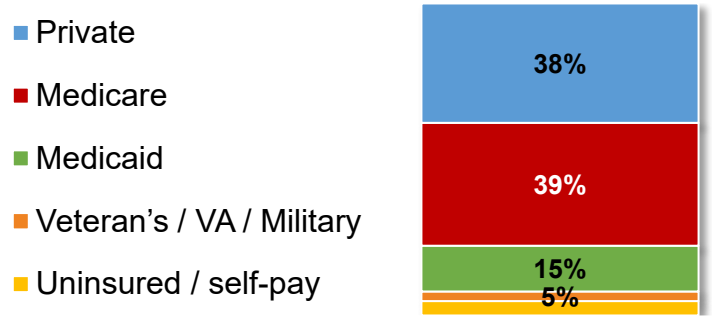
Ethnicity



Locality



Patient Primary Insurance Type



**Others includes Some other ethnic background*

***Other Oncology includes Gynecological Oncology, Radiation Oncology, Surgical Oncology*

ONC - S1, S3, S6, Q20, Q21, Q22

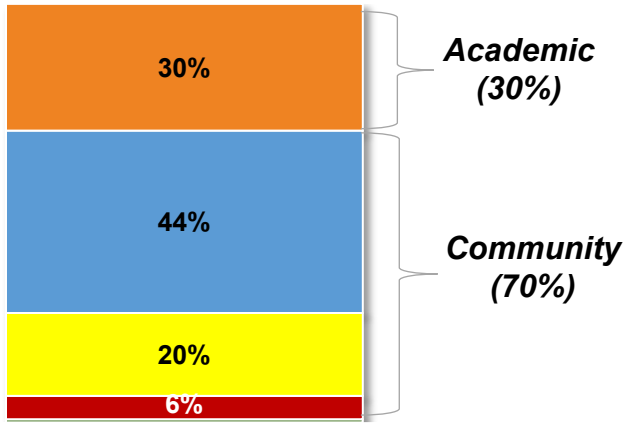
Data Labels ≥ 4% are shown

ONC DEMOGRAPHICS (2/2)

ONC Practice Details
(% of respondent, n=152)

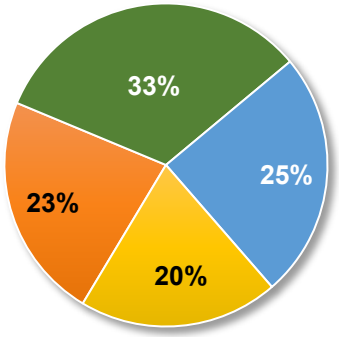
Practice Setting by Type

- University Hospital or Academic Medical Center with an Oncology Program
- Office / clinic-based private practice
- Community Hospital with an Oncology Program
- Regional Cancer Treatment Center or Clinic



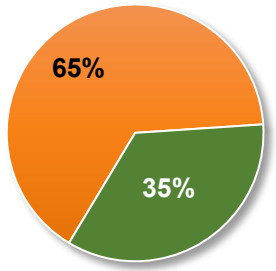
Practice Setting by Location

- North East
- South
- Mid West
- West



Primary Types of Malignancies Treated

- Solid Malignancies
- Liquid Malignancies



Time Spent in Direct Patient Care

91%

Average Cancer Patients Treated (monthly)

170

ONC- S2, S4, S5, S8, S10, Q23

Data Labels ≥ 4% are shown

Executive Summary

EXECUTIVE SUMMARY – TOTAL SAMPLE (1/2)
WHILE THERE IS STRONG BELIEF IN INTEGRATIVE ONCOLOGY ACROSS >50% OF CANCER PATIENTS & ONCOLOGISTS, MORE CONVERSATIONS ARE NEEDED EARLIER IN THE TREATMENT PROCESS, ALONG WITH MORE ACCESS TO TOP THERAPIES

Patients

ONCs

Strong Belief in Integrative Oncology Benefits	• More than 50% of people with cancer and **60%** of treating ONCs strongly agree on the benefits of integrative oncology – both during and after treatment – to manage SE and improve overall well-being • Additionally, over **40%** of both groups believe the integrative approach improves treatment outcomes (patients) and overall survival (ONCs)
ONC-Patient Conversations Needed Sooner and More Consistently	• Patients and ONCs agree that the integrative conversation happens only for **~40%** of cancer patients, despite patient interest in numerous complementary therapies • **62%** of cancer patients desire the first integrative conversation before starting treatment, with majority of the remainder wanting it within 1 month of treatment start
Top Therapies of Interest are Not Always Widely Available	• Across 12 complementary therapies studied, **66%** of patients report using at least one as part of their treatment, with **~1 in 3** using *Nutrition Consultation* followed by *Mental Health Support* • While **84%** of institutions offer at least one complementary therapy, patients want more *Massage Therapy*, *Exercise Consultation*, and *Meditation/Mindfulness* – offered by **<50%** of institutions

EXECUTIVE SUMMARY – TOTAL SAMPLE (2/2)
ONCOLOGISTS AND PATIENTS ALIKE WANT TO LEARN MORE ABOUT INTEGRATIVE ONCOLOGY, BUT FACE BARRIERS OF EDUCATION, ACCESS, AND IMPLEMENTATION

Patients

ONCs

ONCs Desire to Learn More, but Face Implementation Barriers	• **76%** of ONCs are interested in learning more about the evidence base for integrative oncology – this lack of knowledge is a barrier to adoption for **~one-third** of ONCs • ONCs single biggest barrier is lack of insurance reimbursement (**49%**); other top barriers are lack of staff to implement (**39%**), no time to fit into conversations (**31%**) and a misperception that patients are not interested (**32%**)
Patients Also Desire to Learn More, but Face Education and Access Barriers	• Satisfaction with the treatment experience would increase for **35%** of cancer patients if their healthcare team had offered more complementary therapies • At **26%** each, patients top two barriers to complementary adoption are lack of knowledge and treating institution not offering as an option
OOP Cost of Complementary Also a Barrier, but Nominal Fees May Be Manageable	• **23%** of cancer patients report not having the money to pay for complementary therapies as a barrier • In a price-sensitivity exercise, the range patients are willing to pay is $11-$25 monthly

50% or more of cancer patients and 60% or more of ONCs strongly support the use of complementary therapies during and after treatment, and believe the integrative approach helps with SE management and overall well-being

Patients

ONCs

Level of Agreement with Statements about Integrative Oncology *(% of respondents)*		
Base: Total Patients and Total ONCs (T2B, 6 or 7 on 7-point scale)*	**Patients (n=1004)**	**ONCs (n=152)**
I **support** the use of complementary therapies for my patients **into** survivorship/remission	56%	63%
I support the use of integrative oncology (medical plus complementary therapies) while/for my patients going through cancer treatment	56%	67%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	52%	65%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	51%	66%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes/cancer patients' overall survival**, compared to using medical treatments alone	44%	42%
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	41%	N/A

Over **40%** of respondents believe the integrative approach improves treatment outcomes (patients) and survival (ONCs)

*5% or less each of ONCs and patients had strong disagreement (1 or 2 on 7-point scale) with each statement

PAT- Q7, ONC- Q15 [Purple refers to question wording for Patients / Blue refers to question wording for Oncologists]

Patients are interested in a wide variety of integrative approaches, with one-third or more strongly interested in *Nutrition & Exercise Consultation, Massage, and Mental Health Support*

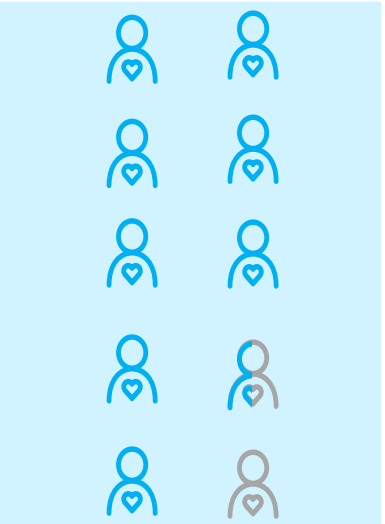
Patients

ONCs

Level of Interest towards Complementary Therapies
(% of respondents)

Base: Total Patients and Total ONCs	**% of Patients Very Interested in Complementary Therapy** *(n=1004, T2B*)*	**% of ONCs whose Institution Offers Complementary Therapy** *(n=152)*
Nutrition Consultation or Program	40%	79%
Massage Therapy	37%	28%
Exercise Consultation or Program	35%	42%
Mental Health Support/Therapy	33%	69%
Spiritual Services	31%	49%
Meditation or Mindfulness	31%	21%
Patient Support Group/ Patient-Survivor Pairing	27%	59%
Music or Art Therapy	26%	30%
Yoga Therapy	23%	24%
Acupuncture or Acupressure	22%	24%
Reiki or Therapeutic/Healing Touch	21%	17%
Tai Chi or Qi Gong	17%	6%

% of institutions offering at least ONE complementary therapy: 84%



However, there is more Patient demand, especially for Massage Therapy, Exercise Consultation, and Meditation/ Mindfulness

PAT- Q4, ONC- Q5 *T2B = top 2 box = selection of 6 or 7 on 7-point scale

~1 in 3 patients use *Nutrition Consultation* as a complementary therapy followed by *Mental Health Support;* however, majority have never told their ONC about usage

Patients

ONCs

Complementary Therapies used by Patients (as part of cancer treatment)
(% of respondents)

Base: Total Patients	% of Patients who Engaged in a Complementary Approach *(n=1004)*	% of Engaged Patients who Never Told Their ONC about usage	
Nutrition Consultation or Program	35%	84%	*(n=405)*
Mental Health Support/Therapy	27%	78%	*(n=340)*
Exercise Consultation or Program	26%	81%	*(n=306)*
Meditation or Mindfulness	26%	69%	*(n=301)*
Spiritual Services	25%	61%	*(n=279)*
Patient Support Group/ Patient-Survivor Pairing	22%	77%	*(n=267)*
Massage Therapy	17%	75%	*(n=219)*
Music or Art Therapy	13%	64%	*(n=170)*
Yoga Therapy	11%	82%	*(n=162)*
Acupuncture or Acupressure	9%	78%	*(n=120)*
Reiki or Therapeutic/Healing Touch	8%	71%	*(n=113)*
Tai Chi or Qi Gong	5%	68%	*(n=67)*

Among patients that use at least one complementary therapy (n=661), 62% use them to help manage the side effects from treatment

Supplemental Data

66% of patients report using at least one complementary therapy as part of their treatment but ONCs perceive only 40% of patients use the integrative approach

PAT-Q1, Q3, Q11, ONC-Q11

Patients and ONCs agree that the integrative conversation happens only for ~40% of cancer patients; however, 76% of ONCs are interested in additional data on the benefits

Patients

ONCs

Patients (n=1004)

ONCs (n=152)

% of cancer patients who discussed integrative treatments with their ONCs

37%

42%

47%

% of cancer patients ONCs actively suggested a complementary therapy

% ONCs desire to learn more about integrative treatments evidence base

76%

In demographic analysis:

- **Urban and suburban ONCs are directionally higher than rural ONCs on wanting to learn more**
- **ONCs desire to learn more is stronger the younger they are**
- **ONCs in the West and Midwest are most interested**

PAT- Q6, ONC- Q8, Q10, Q17

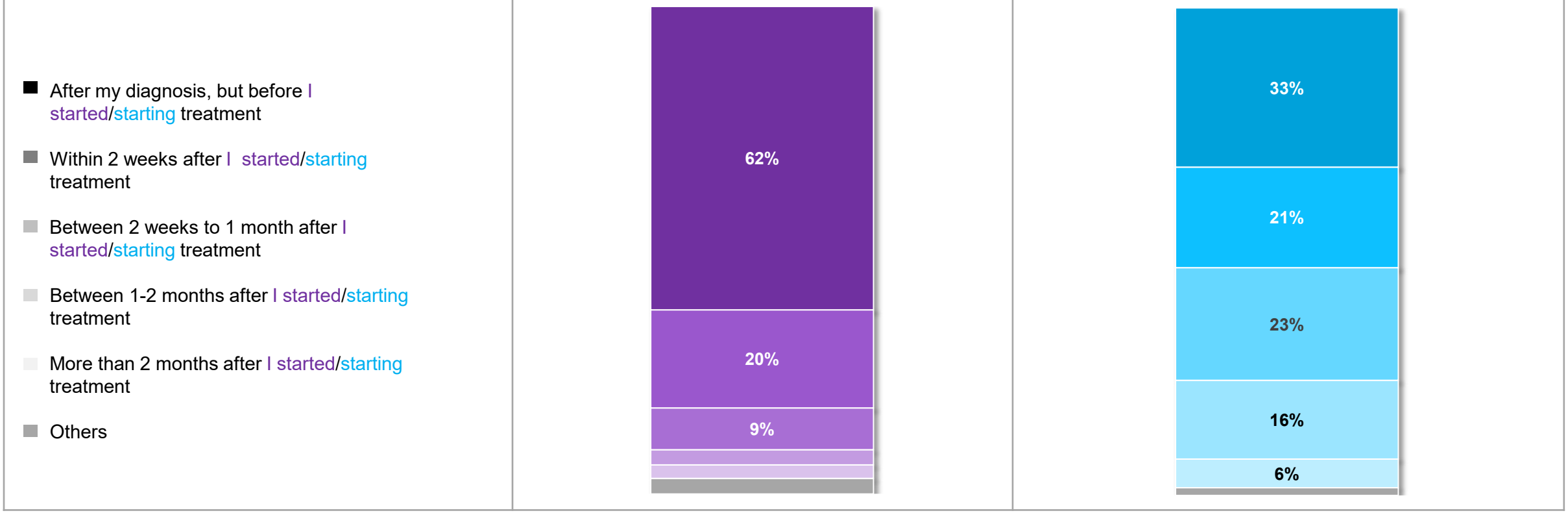
Compared to ONCs, patients are saying they would like the timing of the first integrative discussion to be earlier in the treatment plan (before starting treatment)

Patients

ONCs

Best Timing for First Integrative Oncology Discussion
(% of respondents)

Base: Total Patients and Total ONCs



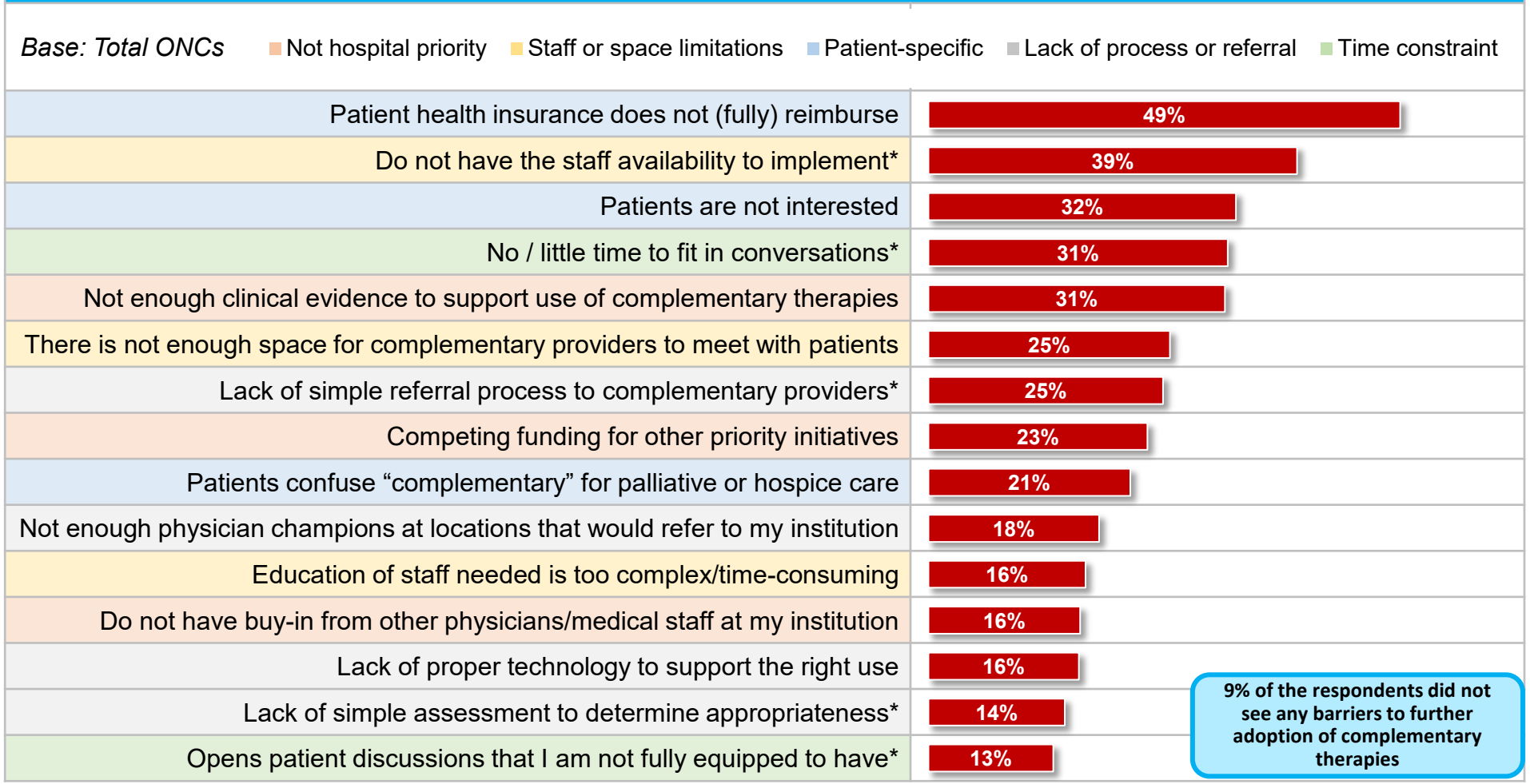
PT- Q10, ONC- Q12 [Purple refers to question wording for Patients / Blue refers to question wording for Oncologists]

Data Labels ≥ 4% are shown

ONCs' perceived barriers of *patient disinterest* and *not enough clinical evidence to support complementary therapies* may be addressed through educational efforts

ONCs

Barriers to Further Adoption of Complementary Therapies faced by ONCs (Top 15)
(% of respondents, n=152)

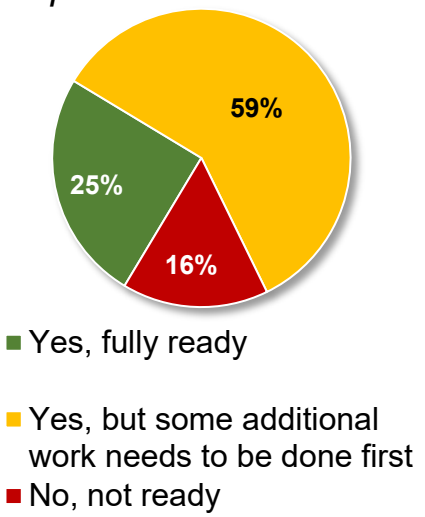


9% of the respondents did not see any barriers to further adoption of complementary therapies

Other ONC top barriers include real-world and logistic issues: lack of insurance coverage and limited time/staff/space to discuss and deliver complementary therapies

It follows that 59% of ONCs report some work needs to be done before their institution is ready to offer more

Readiness of the Institute to Deliver the Complementary Therapies



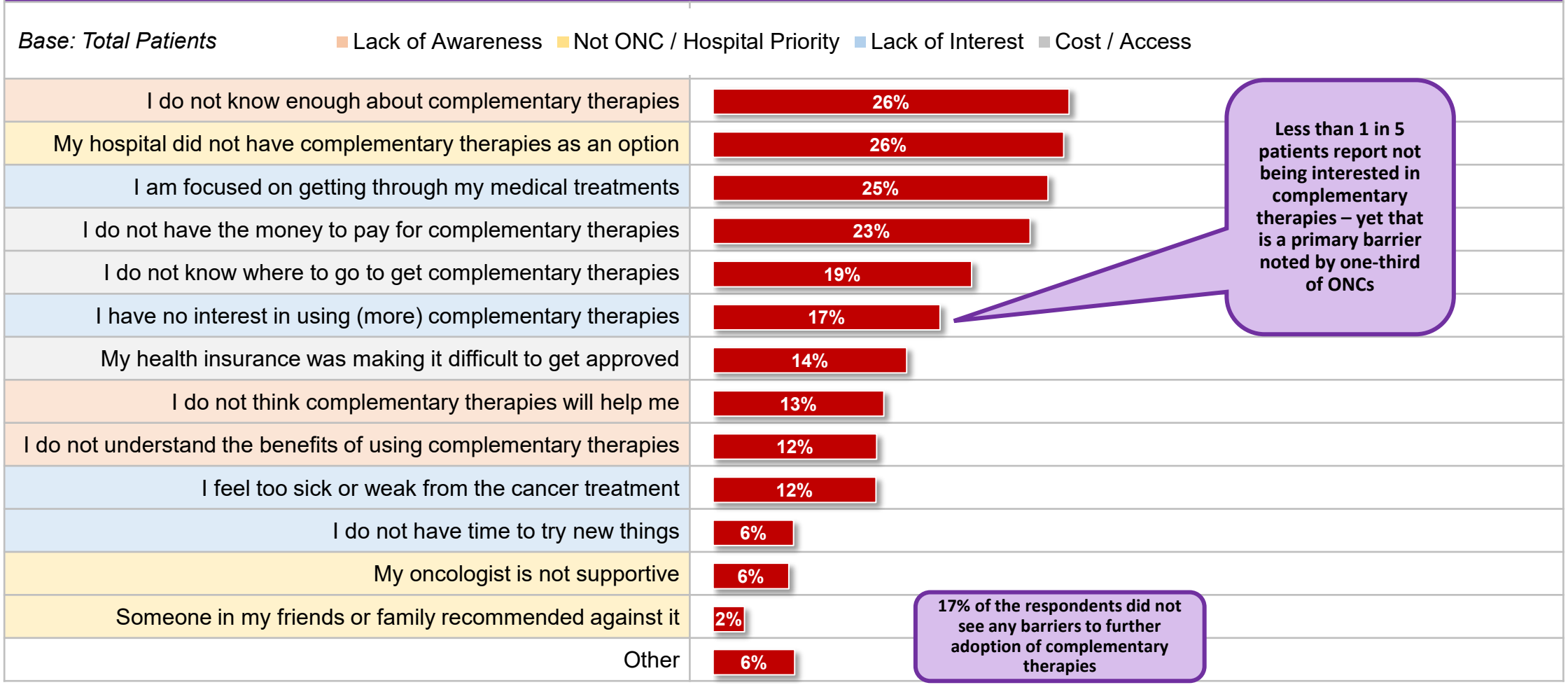
ONC- Q16, Q18

*Full list of barriers in speaker notes

Not knowing enough about complementary therapies and *hospital did not offer complementary therapies* are the two largest patient barriers to further adoption – slightly more so than not having the money to pay OOP

Patients

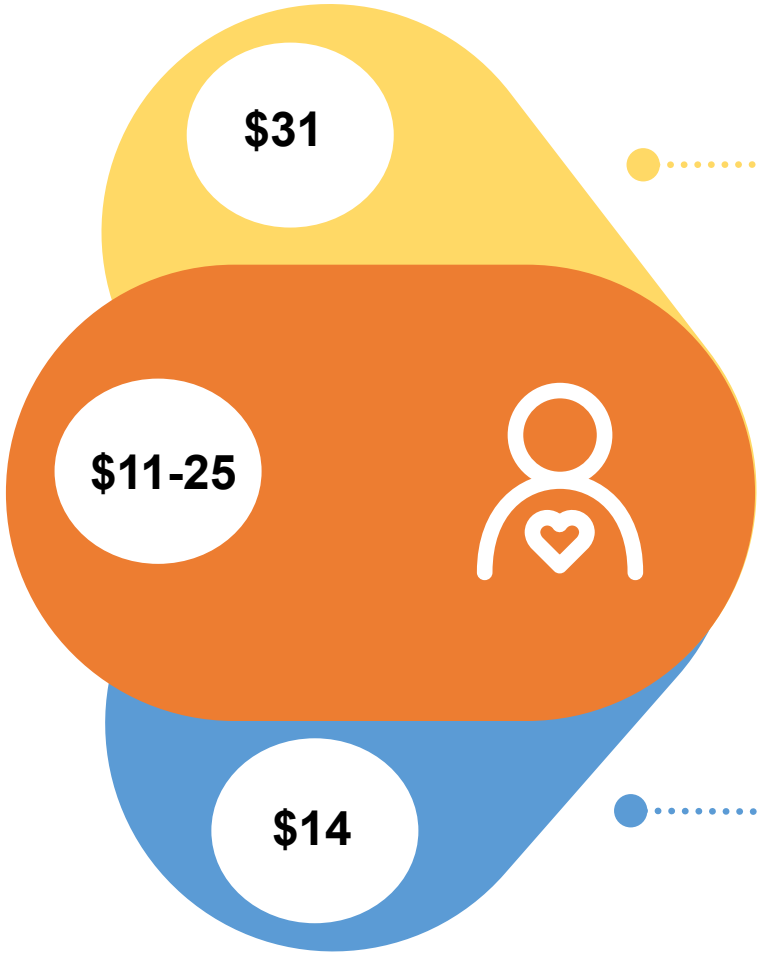
Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents, n=1004)



PAT- Q12

While two-thirds of patients currently do not pay OOP for complementary therapies, there is willingness to pay in the range of $11-$25 monthly for their top therapies

Patients



Avg current monthly spend: $31
(66% currently spend $0)

Ideal monthly price range for top therapies*

Optimal monthly cost for top therapies*

PAT- Q13, Q15, Q16, Q17, Q18

*See slide titled “Price Sensitivity Meter” in Detailed Findings and Appendix

70% of patients report extreme satisfaction with their cancer treatment experience; however, 35% would increase satisfaction if they were offered more complementary therapies

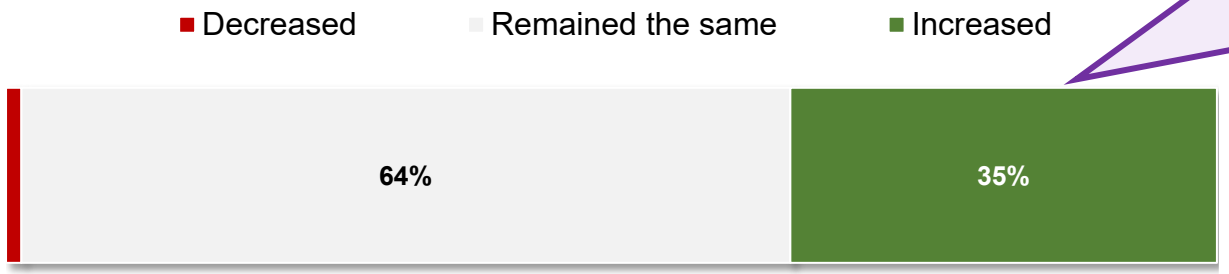
Patients

Overall Satisfaction and Change in Satisfaction with an Increase in Complementary Therapies
(% of respondents, n=1004)

Base: Total Patients

Satisfaction with Cancer Treatment Experience

Change in Satisfaction with an Increase in Complementary Therapies



For the 35% who would have increased satisfaction: **two-thirds** were already **extremely satisfied**, with the other **one-third** coming from those who were **somewhat satisfied**

PAT-Q8, Q9

Data Labels ≥ 4% are shown

EXECUTIVE SUMMARY – URBAN/SUBURBAN/RURAL: WHILE URBAN PATIENTS ARE MORE POSITIVE ABOUT AND USE MORE INTEGRATIVE, ONCS ACROSS LOCATIONS HAVE SIMILAR LEVELS OF AWARENESS & BARRIERS – THOUGH FOUR OF THE KEY MODALITIES ARE OFFERED MORE IN URBAN AREAS

Patients

ONCs

- **Many more ONCs practice in urban areas (48%) than rural (10%) – yet over 20% of cancer patients live in rural areas**
  - Suburbs are heavily represented by both groups: 52% of patients and 42% of ONCs are located in the suburbs
  - Based on patient self-reported data, rural have more of a Medicare population (53%) vs. urban and suburban having ~40% each of private and Medicare
- **Urban-dwelling patients have stark differences compared to those in other locations – urban have higher interest in and use of complementary therapies, more positive attitudes about integrative oncology, and are more likely to have discussed integrative with their ONC**
  - Urban cancer patients also skew younger and more have private insurance, which may in part explain the differences
- **Access to complementary therapies does appear better in urban locations; ONCs report four top modalities offered significantly more in urban than other locations: mental health, exercise consultation, patient support groups, and spiritual services**
  - ONCs in suburban settings refer patients out for complementary services more than urban, who are more likely to offer the services onsite
  - Questions still remain about the execution and how financially accessible these modalities are to patients
- **ONC awareness of complementary therapies and barriers to increased integrative adoption are mostly consistent across the locations**
  - Two barrier exceptions: suburban and rural ONCs report barrier of not having other physician buy-in and patients confusing complementary with palliative or hospice care
  - Top patient barriers are similar across locations, with urban patients significantly more concerned about insurance not covering

EXECUTIVE SUMMARY – PATIENT FACT-G7 AND USER/NON-USER: COMPLEMENTARY USERS AND THOSE WITH HIGH FACT-G7 SCORES ARE MORE INVESTED IN INTEGRATIVE ONCOLOGY THAN NON-USERS AND PATIENTS WITH LOWER SCORES, BUT STILL FACE BARRIERS OF ACCESS AND FUNDING

Patients

- **Across all 12 modalities, higher FACT-G7 patients use significantly more complementary therapies than those with medium and low FACT-G7 scores**
  - High FACT-G7 and complementary users are also willing to pay more than those with lower scores or non-users
- **Among low FACT-G7 score patients and complementary non-users, there is a need to understand the benefits of complementary therapies**
- **With higher FACT-G7 (med and high scores) and complementary users, they are attitudinally significantly more "bought in" than the low FACT-G7 and non-users**
  - The higher scoring and complementary users therefore face other barriers – like not knowing where to access complementary and inability to pay OOP/insurance not covering
- **Low FACT-G7 and non-users are also heavily skewed toward Medicare, where other groups are more balanced between private insurance and Medicare**

CONCLUSIONS
INTEGRATIVE ONCOLOGY EDUCATION TO ONCOLOGISTS AND PATIENTS CAN LEVERAGE MISPERCEIVED BARRIERS, POSITIVE USER ATTITUDES, AND URBAN HOSPITALS AS A MODEL FOR LEADING IN PATIENT ENGAGEMENT

Patients

ONCs

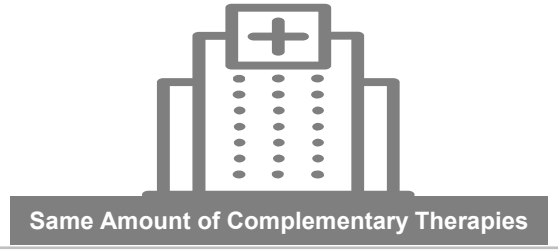
Education to Oncologists should address patient barriers and ONC misperceptions	• Despite 32% of ONCs reporting patients are not interested in complementary therapies, one-third or more of patients are strongly interested in each of Nutrition, Massage, Exercise, and Mental Health Support • At 26% each, the biggest patient barriers to further integrative oncology adoption are not knowing enough and their hospital not offering complementary therapies as an option
Clear and simple messages about how integrative oncology relates to improved patient outcomes are also needed for Oncologists	• 76% of Oncologists also want to learn more about the integrative treatment evidence base, driven by younger ONCs and those in urban areas • Among the 24% who do not want to learn more about integrative, they say there is not enough clinical evidence
Hospitals from Urban settings that offer integrative modalities can be used as examples of ways to increase patient engagement	• Patients in Urban settings are exposed to more integrative oncology – specifically Mental Health, Exercise, Patient Support Groups, and Spiritual Services, four of the top six most-used therapies • Urban-dwelling patients also have higher interest in and use of complementary therapies, more positive attitudes about integrative oncology, and are more likely to have discussed integrative with their ONC
Patient education can focus on improvements in quality of life among those that use complementary therapies	• Patients with higher FACT-G7 scores have used complementary therapies significantly more than patients with medium and low FACT-G7 scores • Users also strongly believe that complementary therapies are helping to manage treatment side effects, improve overall well-being, and improve their survival
Both groups should be encouraged to start a patient-physician dialog about integrative oncology near the time of starting treatment	• That conversation only happens for ~40% of cancer patients currently, and it is previously documented that the recommendation from healthcare team strongly influences complementary use • Majority of cancer patients want to have the integrative conversation before starting treatment; within 1 month of starting treatment is sufficient for majority of ONCs

DETAILED FINDINGS
Patient Supplemental

If patients were able to go back in time, 40% would have chosen a hospital that offered a greater number of complementary therapies

Patients

Choice of Hospital Based on the Level of Complementary Therapies Offered
(% of respondents)

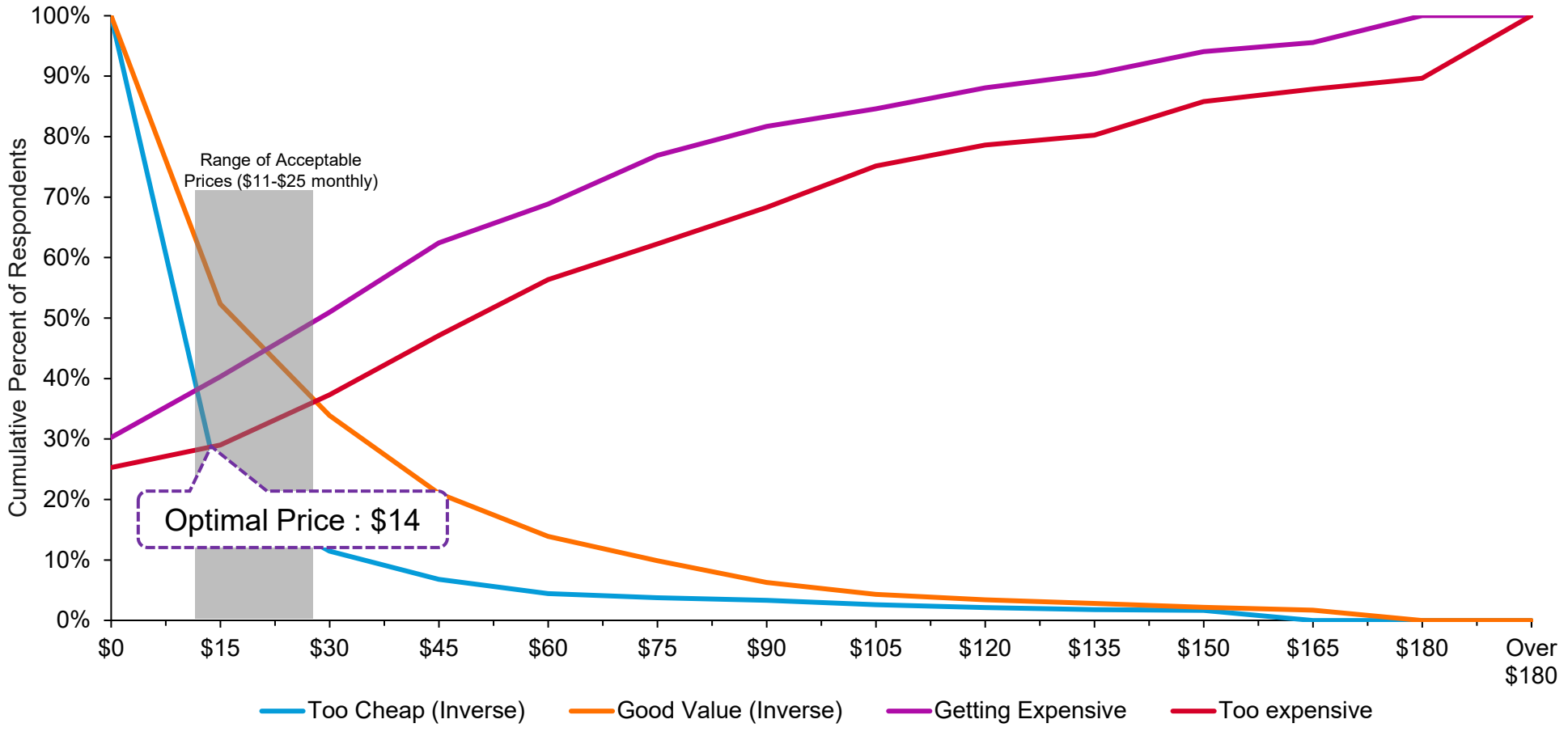
Base: Total Patients	**% of Patients who would have chosen a hospital with…** *(n=1004)*	
	**40%**	
	**57%**	
	**3%**	

PAT- Q5

Price Sensitivity Meter: to maximize patient involvement, $25/month is the higher end of what patients are willing to pay for access to their top 1-5 complementary therapies

Patients

Monthly Cost of Complementary Therapies
(n=1004)



Findings

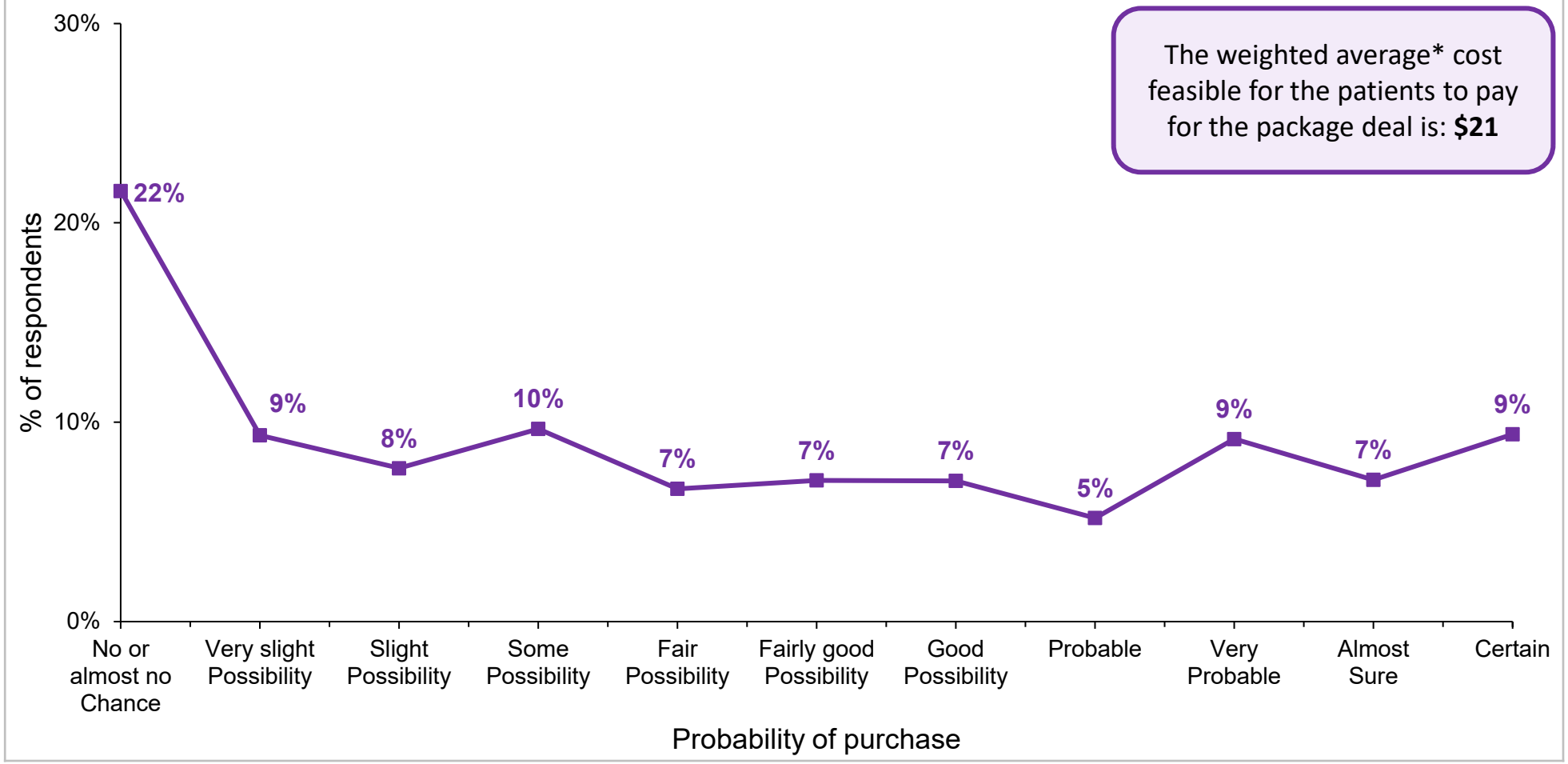
- ***Minimal Price (Intersection of Too cheap and Expensive): $11***
- ***Optimal Price (Intersection of Too cheap and Too Expensive): $14***
- ***Maximum Price (Intersection of Good Value and Too Expensive): $25***

PAT- Q15, Q16, Q17, Q18

*See "Price Sensitivity Analysis" explanation in Appendix

~30% of patients are very likely to purchase a package that includes their top 1-5 complementary therapies for $50/month

Likelihood to purchase Package Deal
(% of respondents, n=1004)



The weighted average* cost feasible for the patients to pay for the package deal is: **$21**

***Methodology Note:**
Likelihood to purchase analysis is based on the Juster Purchase Intent scale. Juster assigns a probability to of purchase to each response. At $50 cost, the price points for each probability are:

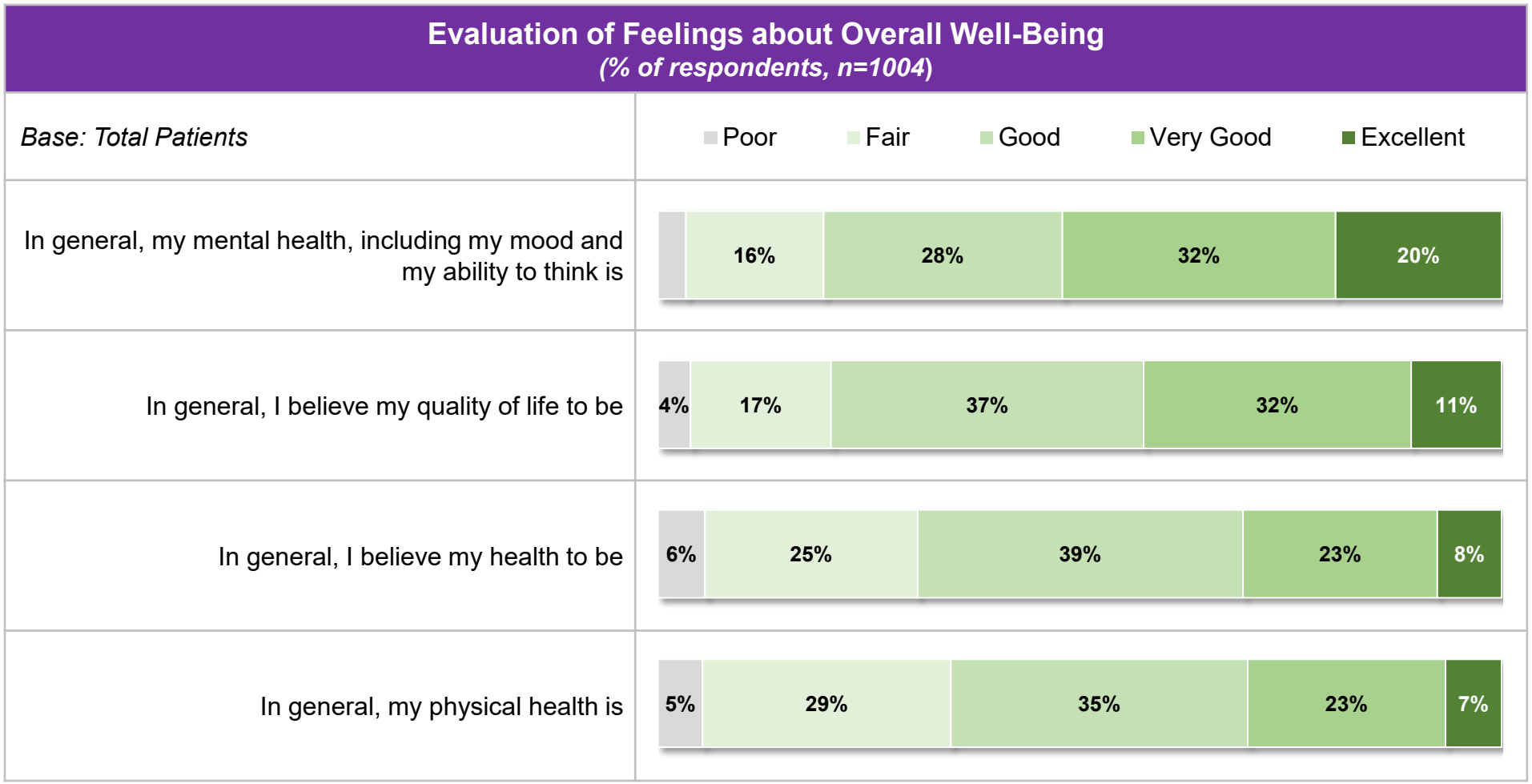
No Chance-$0.5
Very slight-$5
Slight-$10
Some-$15
Fair-$20
Fairly good-$25
Good-$30
Probable-$35
Very probable-$40
Almost Sure-$45
Certain-$49.5

PAT- Q19

From physical health to mental health, majority of patients express positivity when evaluating their overall well-being

Patients

Evaluation of Feelings about Overall Well-Being
(% of respondents, n=1004)



Supplemental Data

49% of patients currently undergoing active treatment for cancer

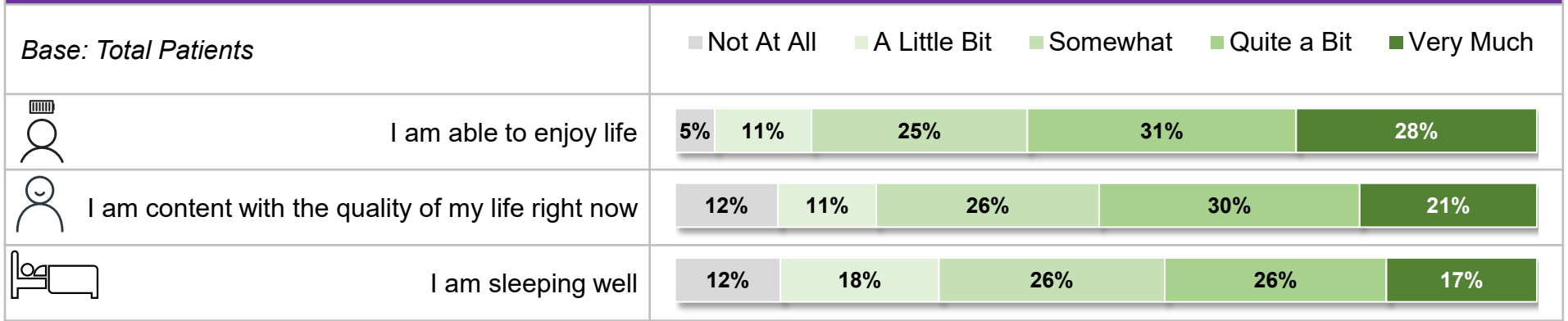
PAT- Q20, Q21

Data Labels ≥ 4% are shown

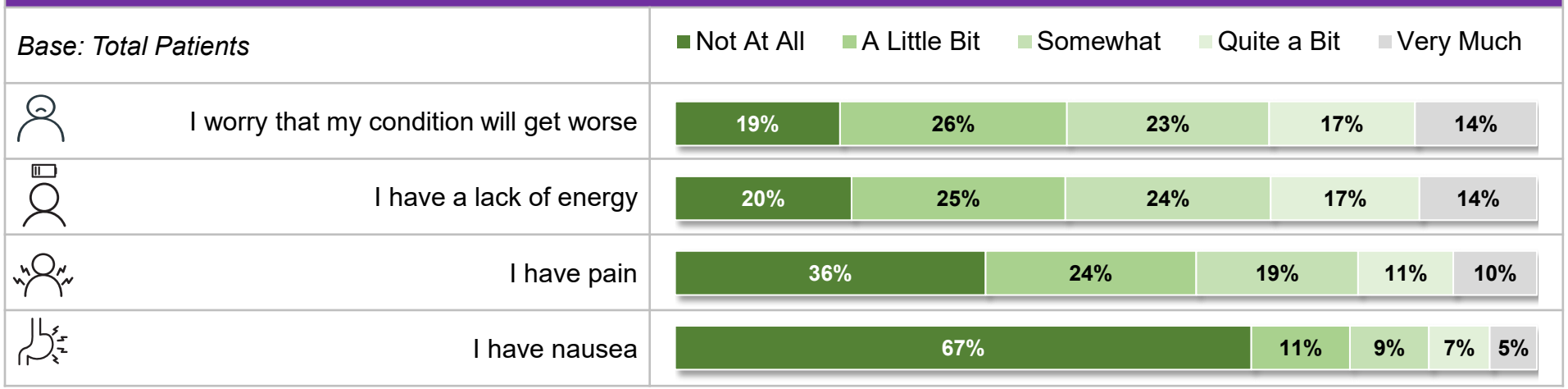
Patient responses to FACT-G7 metrics are well-distributed, except for having nausea which majority do not experience

Patients

Evaluation of Positive Feelings over a Week
(% of respondent, n=1004)



Evaluation of Negative Feelings over a Week
(% of respondent, n=1004)



The share for total FACT-G7 scoring depicting the QoL for patients is as follows:

Low (score 0-12): 23%
Med (score 13-20): 47%
High (score 21-28): 30%

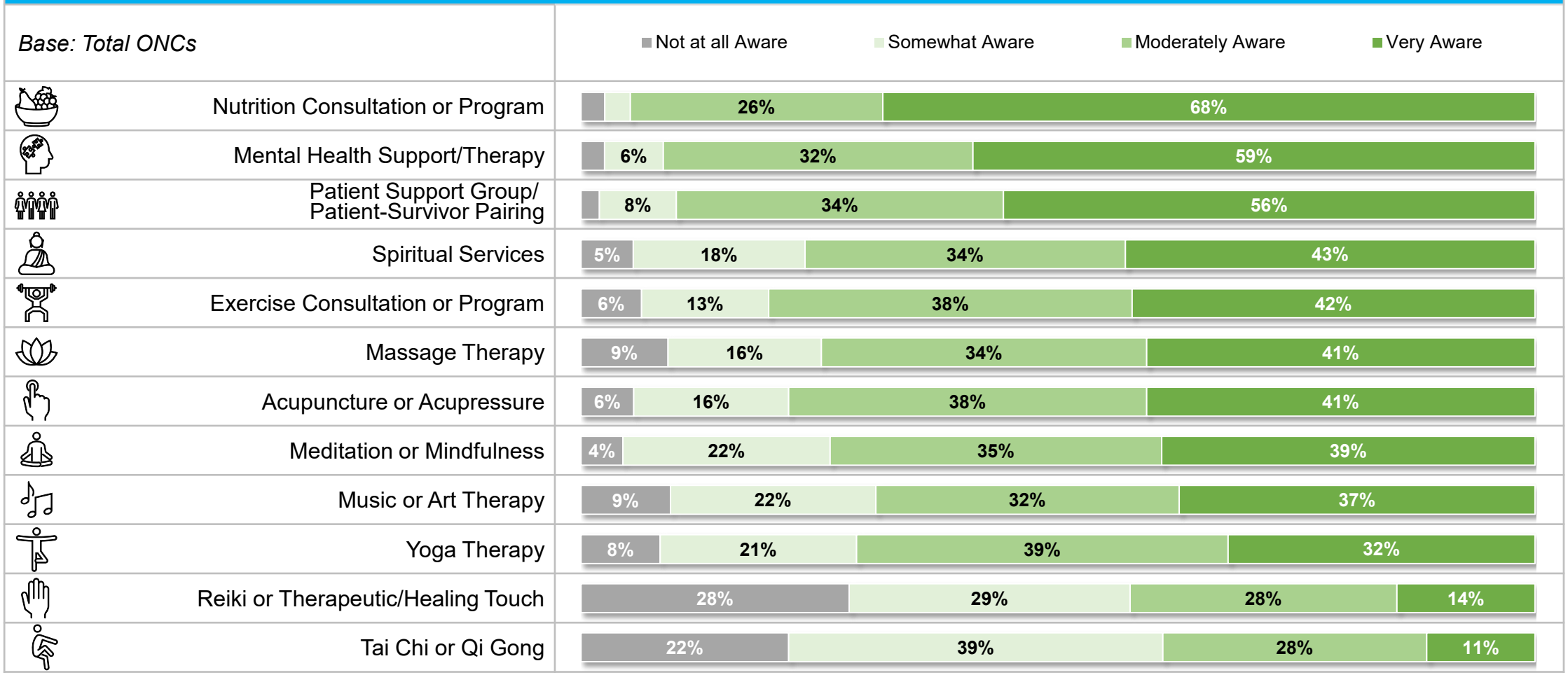
PAT- Q22

DETAILED FINDINGS
Oncologist Supplemental

70% or more of ONCs are moderately to very aware of the top 10 complementary therapies, with *Nutrition*, *Mental Health*, and *Patient Support Groups* leading the way

ONCs

Level of Awareness about the Complementary Therapies
(% of respondents, n=152)

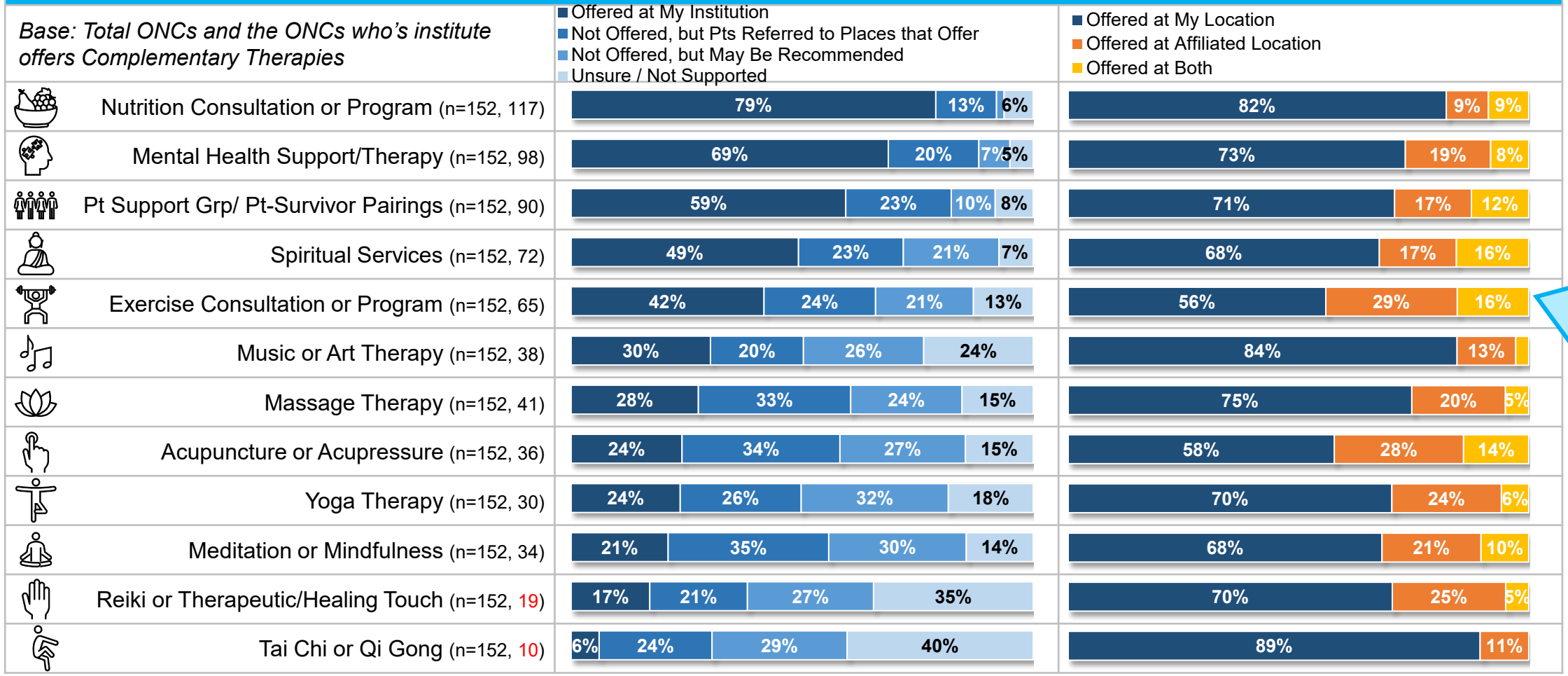


ONC-Q1

Data Labels ≥ 4% are shown

When a complementary therapy is offered by an institution, it is most often offered onsite

Complementary Therapies offered by ONCs' Institute and their Location
(% of respondents)



Among the top modalities available, exercise is most often offered at a different location (29%)

ONC-Q5, Q6

Small sample size < 20

Data Labels ≥ 4% are shown

Roughly one-third of ONCs suggest philanthropic efforts when considering how to lower complementary therapy OOP costs for patients

ONCs

Tips for Reimbursement or Creative Solutions to lower OOP costs *(% of respondents, n=152)*	
Base: Total ONCs	
Group Offering Services/Donated Funds/NGO/Philanthropic organization	**31%**
Hospital/Manufacturers subsidized	**12%**
Patients have to pay out of pocket	**9%**
Education and time	**7%**
Nutrition/Mental Health/Exercise support	**2%**
Benefits of the therapy	**2%**
Not sure/No solution/None	**36%**

*"Discussing ways to **offer low-cost services** at facilities that are willing to help cancer pts place **ads for volunteers' donations or charities** that might help cover costs"*

*"Establish a **VOLUNTARY non-profit** toward which patients may send contribution, set a **FUND ME program, run races/marathons** to contribute for such support"*

*"Referring patients to **community resources** that offer complementary services pro bono or at greatly **reduced/subsidized rate**"*

*"We have a local foundation that offers **free exercise classes** to cancer patients in the community. The foundation is supported by **donations**, and the donations can come at any time but there are also **fundraisers that assist** in the donations."*

ONC- Q19

DETAILED FINDINGS
By Urban/Suburban/Rural (Patient and Oncologist)

SUMMARY – URBAN/SUBURBAN/RURAL: WHILE URBAN PATIENTS ARE MORE POSITIVE ABOUT AND USE MORE INTEGRATIVE, ONCS ACROSS LOCATIONS HAVE SIMILAR LEVELS OF AWARENESS & BARRIERS – THOUGH FOUR OF THE KEY MODALITIES ARE OFFERED MORE IN URBAN AREAS

Patients

ONCs

- **Many more ONCs practice in urban areas (48%) than rural (10%) – yet over 20% of cancer patients live in rural areas**
  - Suburbs are heavily represented by both groups: 52% of patients and 42% of ONCs are located in the suburbs
  - Based on patient self-reported data, rural have more of a Medicare population (53%) vs. urban and suburban having ~40% each of private and Medicare
- **Urban-dwelling patients have stark differences compared to those in other locations – urban have higher interest in and use of complementary therapies, more positive attitudes about integrative oncology, and are more likely to have discussed integrative with their ONC**
  - Urban cancer patients also skew younger and more have private insurance, which may in part explain the differences
- **Access to complementary therapies does appear better in urban locations; ONCs report four top modalities offered significantly more in urban than other locations: mental health, exercise consultation, patient support groups, and spiritual services**
  - ONCs in suburban settings refer patients out for complementary services more than urban, who are more likely to offer the services onsite
  - Questions still remain about the execution and how financially accessible these modalities are to patients
- **ONC awareness of complementary therapies and barriers to increased integrative adoption are mostly consistent across the locations**
  - Two barrier exceptions: suburban and rural ONCs report barrier of not having other physician buy-in and patients confusing complementary with palliative or hospice care
  - Top patient barriers are similar across locations, with urban patients significantly more concerned about insurance not covering

Directionally, rural-based ONCs are slightly less enthusiastic about integrative oncology than those based in other locations, other than for SE management

ONCs

Level of Agreement with Statements about Integrative Oncology
(% of respondents)

Base: Total ONCs (T2B, 6 or 7 on 7-point scale)	Urban [U] (n=77)	Suburban [S] (n=64)	Rural [R] (n=11)
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	67%	66%	54%
I **support** the use of complementary therapies for my patients into survivorship/remission	66%	63%	43%
I **support** the use of integrative oncology (medical plus complementary therapies) for my patients **going through cancer treatment**	65%	73%	52%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	61%	68%	88%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall survival**, compared to using medical treatments alone	35%	49%	50%

Supplemental Data

- **Related, awareness of complementary therapies is mostly consistent across the ONC location groups**
- ***Mental health* and *patient support groups are* the only ones where urban ONCs are significantly more aware**

ONC- Q15, Q1

Small sample size < 20

No statistical differences between different types of Localities at 95% C.L.

Patients living in an urban setting have significantly more positive views of integrative oncology than those in suburban and rural settings

Patients

Level of Agreement with Statements about Integrative Oncology *(% of respondents)*			
Base: Total Patients (T2B, 6 or 7 on 7-point scale)	**Urban [U] (n=319)**	**Suburban [S] (n=500)**	**Rural [R] (n=185)**
I support the use of integrative oncology (medical plus complementary therapies) while going through cancer treatment	**68%**[S,R]	**55%**[R]	**46%**
I **support** the use of complementary **into** survivorship/remission	**67%**[S,R]	**54%**	**48%**
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	**61%**[S,R]	**51%**	**43%**
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	**60%**[S,R]	**48%**	**44%**
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes**, compared to using medical treatments alone	**55%**[S,R]	**42%**	**35%**
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	**54%**[S,R]	**37%**	**32%**

Supplemental Data

There are also some **demographic** differences that may relate to attitudes:

- Urban are most likely to have a post-graduate degree
- Urban has a younger cohort (22% ages 45-54), while suburban and rural each have 65% ages 65 or older
- Urban skew to private insurance, where suburban and rural are majority Medicare

PAT- Q7, Q23, Q24, S3

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

Urban patients report a significantly higher interest in and willingness to pay for complementary therapies than those in other locations

Patients

Level of Interest towards the Complementary Therapies
(% of respondents)

*Base: Total Patients (*T2B, very interested)*	Urban [U] (n=319)	Suburban [S] (n=500)	Rural [R] (n=185)
Massage Therapy	54% S,R	32%	27%
Nutrition Consultation or Program	53% S,R	37%	31%
Mental Health Support/Therapy	50% S,R	26%	27%
Exercise Consultation or Program	47% S,R	30%	28%
Meditation or Mindfulness	46% S,R	28% R	20%
Music or Art Therapy	43% S,R	21%	19%
Spiritual Services	42% S,R	27%	29%
Patient Support Group/ Patient-Survivor Pairing	41% S,R	22%	19%
Yoga Therapy	40% S,R	18% R	11%
Reiki or Therapeutic/Healing Touch	39% S,R	16%	12%
Acupuncture or Acupressure	37% S,R	19% R	10%
Tai Chi or Qi Gong	30% S,R	13%	12%

Supplemental Data

Average current spend per month for complementary therapies:

Urban: $54 S,R
Suburban: $21
Rural: $24

Supplemental Data

Patients located at **Urban** regions are willing to pay the highest amount for a monthly package deal at an average price (Juster Purchase Intent Scale^) of **$26.30**

^The price point for each probability are assigned as follows: No Chance-$0.5, Very slight-$5, Slight-$10, Some-$15, Fair-$20, Fairly good-$25, Good-$30, Probable-$35, Very probable-$40, Almost Sure-$45, Certain-$49.5

PAT- Q4, Q13, Q19

*T2B = top 2 box = selection of 6 or 7 on 7-point scale

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

Similarly, patients in urban areas are significantly more likely than others to use each complementary therapy and to discuss integrative oncology with their ONCs

Patients

ONCs

Complementary Therapies used by Patients (as part of cancer treatment)
(% of respondents)

Base: Total Patients	Urban [U] (n=319)	Suburban [S] (n=500)	Rural [R] (n=185)
Nutrition Consultation or Program	46%[S,R]	31%	32%
Mental Health Support/Therapy	41%[S,R]	20%	25%
Meditation or Mindfulness	37%[S,R]	22%	20%
Exercise Consultation or Program	36%[S,R]	22%	21%
Patient Support Group/ Patient-Survivor Pairing	33%[S,R]	17%	19%
Spiritual Services	32%[S]	22%	24%
Massage Therapy	30%[S,R]	11%	17%[S]
Yoga Therapy	25%[S,R]	6%	7%
Music Therapy	23%[S,R]	9%	11%
Reiki or Therapeutic/Healing Touch	22%[S,R]	3%	4%
Acupunture or Acupressure	19%[S,R]	5%	4%
Tai Chi or Qi Gong	12%[S,R]	2%	4%

Supplemental Data

Interestingly, ONCs report a similar level of availability for most complementary services regardless of location; however, the **four highlighted** are **offered significantly more in urban** than other locations

Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

Urban: 52% [S,R]
Suburban: 30%
Rural: 36%

PAT- Q1, Q6

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

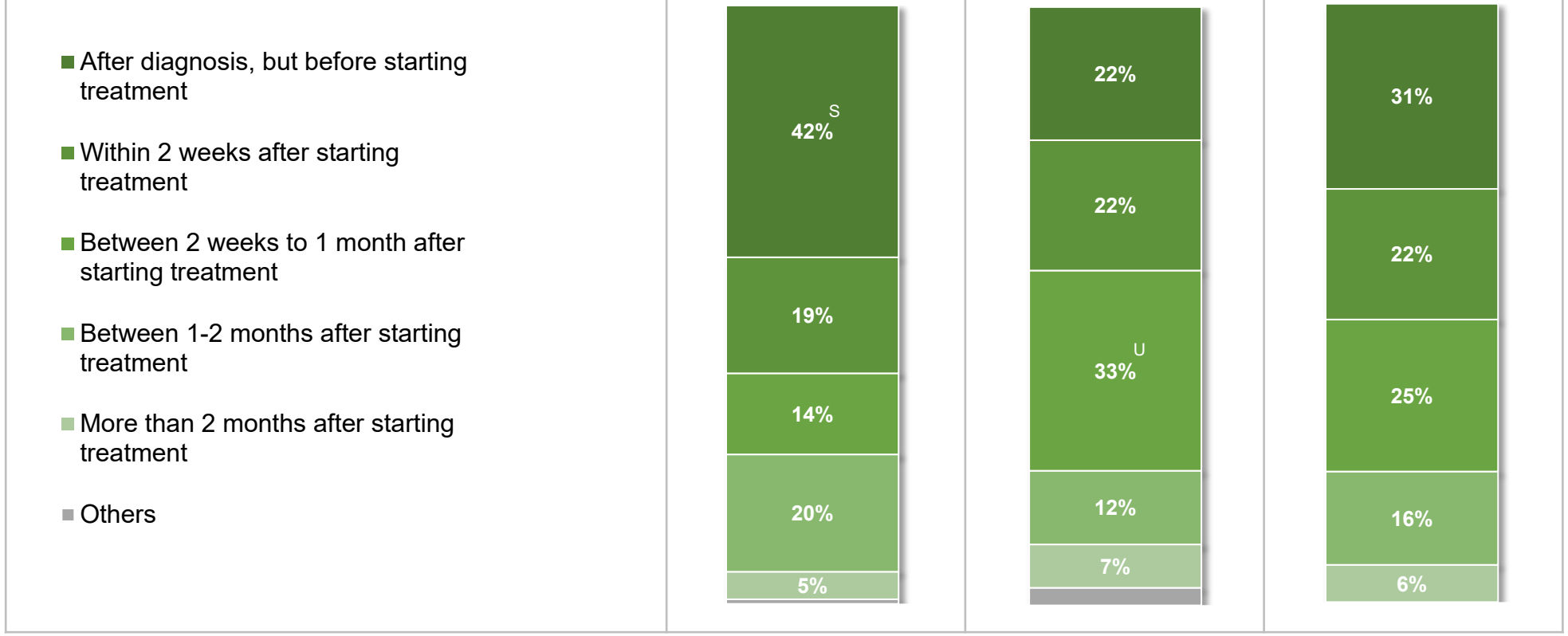
Urban ONCs tend to want to have the integrative discussion sooner, where suburban and rural are more willing to wait up to a month post-starting treatment

Patients

ONCs

Best Timing for First Integrative Oncology Discussion
(% of respondents)

Base: Total ONCs	Urban [U] (n=77)	Suburban [S] (n=64)	Rural [R] (n=11)
After diagnosis, but before starting treatment	42%[S]	22%	31%
Within 2 weeks after starting treatment	19%	22%	22%
Between 2 weeks to 1 month after starting treatment	14%	33%[U]	25%
Between 1-2 months after starting treatment	20%	12%	16%
More than 2 months after starting treatment	5%	7%	6%
Others			



Supplemental Data

Majority of patients also want to have the discussion before starting treatment, with suburban and rural even stronger than urban:

After my diagnosis, but before I started treatment:

Urban: 52%
Suburban: 65%[U]
Rural: 68%[U]

PAT- Q10, ONC- Q12

Small sample size < 20

Data Labels ≥ 4% are shown

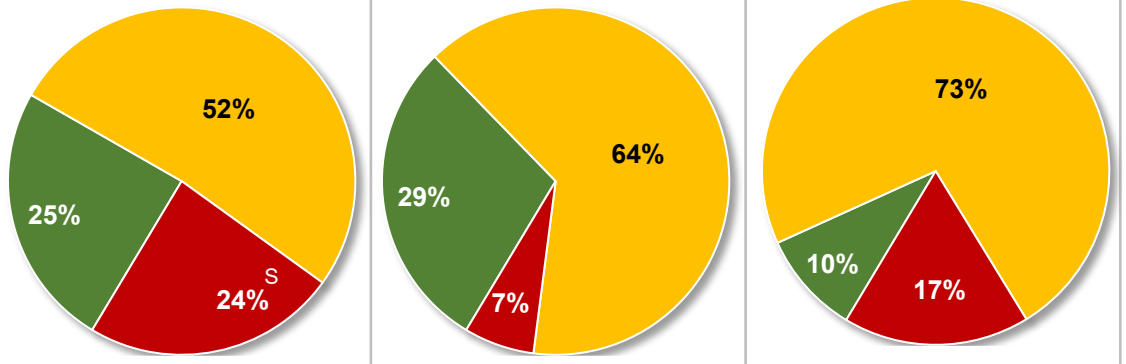
[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

Urban ONCs have a high desire to learn more about integrative evidence base; however, nearly 25% of them say their institution is not ready to deliver more

ONCs

Desire to learn and Readiness to deliver the Complementary Therapies
(% of respondents)

Base: Total ONCs	Urban [U] (n=77)	Suburban [S] (n=64)	Rural [R] (n=11)
ONCs desire to learn more about integrative treatments evidence base	*78%*	*75%*	*68%*
Readiness of the Institute to Deliver the Complementary Therapies			



Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

Urban: 44%
Suburban: 43%
Rural: 31%

% of cancer patients using at least one complementary therapy

Urban: 40%
Suburban: 41%
Rural: 36%

ONC- Q17, Q18, Q8, Q11

Small sample size < 20

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

Though there are not significant differences in barriers based on physician location, more rural ONCs report barriers overall

ONCs

Barriers to Further Adoption of Complementary Therapies faced by ONCs (Top 15)
(% of respondents)

Base: Total ONCs

Not hospital priority
Patient-specific
Time constraint
Staff or space limitations
Lack of process or referral

	Urban [U] (n=77)	Suburban [S] (n=64)	Rural [R] (n=11)
Patient health insurance does not (fully) reimburse	44%	51%	69%
Do not have the staff availability to implement*	38%	35%	55%
No / little time to fit in conversations*	34%	24%	49%
Patients are not interested	32%	28%	48%
Not enough phys. champions at locations that would refer to my institution*	32%	32%	22%
Competing funding for other priority initiatives	23%	22%	26%
There is not enough space for complementary providers to meet with pts	23%	26%	35%
Lack of simple referral process to complementary providers*	23%	23%	40%
Not enough clinical evidence to support use of complementary therapies	21%	14%	19%
Education of staff needed is too complex/time-consuming	16%	18%	12%
Lack of proper technology to support the right use*	15%	18%	9%
Lack of simple assessment to determine appropriateness*	15%	17%	3%
Do not have hospital leadership support	13%	7%	24%
Patients confuse “complementary” for palliative or hospice care	11%	31%[U]	28%
Do not have buy-in from other physicians/medical staff at my institution	9%	21%	25%

% of the respondents did not see any barriers to further adoption of complementary therapies:

Urban: 13%
Suburban: 7%
Rural: 0%

ONC- Q16

Small sample size < 20

*Full list of barriers in speaker notes

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

The top patient barriers are mostly consistent across locations; urban report insurance issues more than others while suburban highlight not having funds

Patients

Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents)

Base: Total Patients

Lack of Awareness
Not ONC / Hospital Priority
Lack of Interest
Cost / Access

	Urban [U] (n=319)	Suburban [S] (n=500)	Rural [R] (n=185)
My hospital did not have these therapies as an option	25%	26%	27%
I do not know enough about these therapies	23%	27%	29%
I am focused on getting through my medical treatments	20%	28%[U]	22%
My insurance was making it difficult to get approved	20%[S,R]	13%	12%
I do not have the money to pay for these therapies	19%	26%[U]	23%
I do not know where to go to get these therapies	19%	18%	22%
I have no interest in using (more) these therapies	17%	17%	17%
I feel too sick or weak from the cancer treatment	16%[S,R]	11%	9%
I do not understand the benefits of using these therapies	11%	11%	17%[S]
My oncologist is not supportive	10%[S,R]	3%	5%
I do not think complementary therapies will help me	10%	13%	14%
I do not have time to try new things	7%[R]	7%	3%
Someone in my friends / family recommended against it	5%[S]	1%	2%
Other	5%	7%	5%

% of the respondents did not see any barriers to further adoption of complementary therapies:

Urban: 19%
Suburban: 15%
Rural: 18%

PAT- Q12

[U, S, R] denote statistical differences between different types of Localities at 95% C.L.

DETAILED FINDINGS
By Age (Patient and Oncologist)

SUMMARY – AGE:
YOUNGER PATIENTS AGES 18-50 AND YOUNGER ONCS AGE 40 AND BELOW ARE MORE INVESTED IN INTEGRATIVE ONCOLOGY THAN THEIR OLDER COHORTS, WITH THE DIFFERENCES MOST STARK AMONG PATIENTS

Patients

ONCs

- **A higher proportion of (younger) patients ages 18-50 has strong beliefs about the benefits of integrative oncology**
  - More patients in this age group also report discussing complementary therapies with their ONC and usage across all 12 modalities
  - Patients ages 18-50 also currently spend more and are willing to pay more for complementary therapies than all other ages
  - Younger patients are also the most educated and skew toward private insurance
- **Barriers to further adoption are different based on the patient age**
  - The youngest group (ages 18-50) faces insurance approval barriers, are too sick or weak from the cancer treatment, and say their ONC is not supportive
  - The single biggest barrier for ages 51-65 is not having enough money for complementary therapies, which may be related to approaching retirement age
  - The two oldest groups (ages 66+) do not know enough about complementary and are more focused on getting through their medical treatment
- **ONCs report similar barriers to integrative use across age groups, but they have some attitudinal differences**
  - Directionally, more younger ONCs (age 40 or younger) support the use of complementary therapies compared to 41–63-year-old ONCs
  - Younger ONCs are most likely to discuss integrative treatments and suggest a complementary therapy to their patients, as well as be aware of patients' usage
  - Younger ONCs are more eager to learn about the evidence base for integrative oncology; compared to older ONCs, they also believe that their institution is ready to deliver complementary therapies

Directionally, more younger ONCs support the use of complementary therapies compared to 41-63 year old ONCs

ONCs

Level of Agreement with Statements about Integrative Oncology
(% of respondents)

Base: Total ONCs (T2B, 6 or 7 on 7-point scale)	<=40 [A] (n=38)	41-63 [B] (n=98)	64+ [C] (n=16)
I **support** the use of complementary therapies for my patients into survivorship/remission	74%	58%	69%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	73%	64%	69%
I **support** the use of integrative oncology (medical plus complementary therapies) for my patients **going through cancer treatment**	72%	69%	58%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	64%	59%	83%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall survival**, compared to using medical treatments alone	52%	45%	28%

ONC- Q15

Small sample size < 20

No statistical differences between different age groups at 95% C.L.

Younger patients believe that complementary therapies are effective in helping manage cancer side effects and are most supportive of integrative in general

Patients

Level of Agreement with Statements about Integrative Oncology
(% of respondents)

Base: Total Patients (T2B, 6 or 7 on 7-point scale)	18-50 [A] (n=266)	51- 65 [B] (n=297)	66-75 [C] (n=329)	75+ [D] (n=112)
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	B,C,D 78%	C,D 60%	D 42%	24%
I **support** the use of complementary **into** survivorship/remission	C,D 76%	C,D 69%	46%	38%
I support the use of integrative oncology (medical plus complementary therapies) while going through cancer treatment	C,D 75%	C,D 68%	47%	39%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	B,C,D 73%	C,D 64%	D 43%	31%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes**, compared to using medical treatments alone	B,C,D 72%	C,D 53%	D 34%	23%
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	B,C,D 71%	C,D 47%	D 32%	17%

PAT- Q7

[A, B, C, D] denote statistical differences between different age groups at 95% C.L.

Similarly, younger patients are more interested in using complementary therapies as part of their cancer treatment compared to older patients

Patients

Level of Interest towards the Complementary Therapies
(% of respondents)

*Base: Total Patients (*T2B, very interested)*	18-50 [A] (n=266)	51- 65 [B] (n=297)	66-75 [C] (n=329)	75+ [D] (n=112)
Mental Health Support/Therapy	73% B,C,D	42% C,D	18%	13%
Nutrition Consultation or Program	71% B,C,D	47% C,D	30%	22%
Meditation or Mindfulness	70% B,C,D	36% C,D	16%	20%
Massage Therapy	69% B,C,D	41% C,D	29% D	16%
Exercise Consultation or Program	66% B,C,D	43% C,D	24%	15%
Patient Support Group/ Patient-Survivor Pairing	65% B,C,D	31% C,D	16%	9%
Yoga Therapy	63% B,C,D	25% C,D	10%	11%
Music or Art Therapy	61% B,C,D	30% C,D	16%	10%
Spiritual Services	60% B,C,D	35% C,D	22%	19%
Reiki or Therapeutic/Healing Touch	55% B,C,D	24% C,D	12%	7%
Acupuncture or Acupressure	54% B,C,D	23% C,D	15%	8%
Tai Chi or Qi Gong	49% B,C,D	17% C,D	10%	5%

Supplemental Data

Younger Patients (18-50) are the most educated and skewed toward private insurance; they are willing to pay the highest amount for a monthly package deal at an average price (Juster Purchase Intent Scale^) of **$33.4**

^The price point for each probability are assigned as follows: No Chance-$0.5, Very slight-$5, Slight-$10, Some-$15, Fair-$20, Fairly good-$25, Good-$30, Probable-$35, Very probable-$40, Almost Sure-$45, Certain-$49.5

PAT- Q4, Q19, Q23, Q24 *T2B = top 2 box = selection of 6 or 7 on 7-point scale [A, B, C, D] denote statistical differences between different age groups at 95% C.L.

Significantly more 18–50-year-old patients report using a vast array of complementary therapies compared to the older subgroups of patients

Patients

Complementary Therapies used by Patients (as part of cancer treatment)
(% of respondents)

Base: Total Patients	18-50 [A] (n=266)	51- 65 [B] (n=297)	66-75 [C] (n=329)	75+ [D] (n=112)
Mental Health Support/Therapy	68% B,C,D	35% C,D	12%	8%
Nutrition Consultation or Program	67% B,C,D	44% C,D	26% D	12%
Exercise Consultation or Program	60% B,C,D	31% C,D	15%	10%
Meditation or Mindfulness	56% B,C,D	33% C,D	13%	15%
Patient Support Group/ Patient-Survivor Pairing	52% B,C,D	27% C,D	12% D	4%
Massage Therapy	52% B,C,D	17% C,D	9%	5%
Spiritual Services	46% B,C,D	28% C,D	19%	15%
Music or Art Therapy	41% B,C,D	15% C,D	5%	4%
Yoga Therapy	39% B,C,D	13% C,D	3%	2%
Acupuncture or Acupressure	34% B,C,D	6%	4%	2%
Reiki or Therapeutic/Healing Touch	34% B,C,D	8% C,D	2%	2%
Tai Chi or Qi Gong	20% B,C,D	5% C	2%	2%

Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

18-50: 77% B,C,D
51-65: 44% C,D
66-75: 25% D
75+: 16%

Supplemental Data

Average spend per month for the therapies:

18-50: $97 B,C,D
51-65: $32 C,D
66-75: $14 D
75+: $6

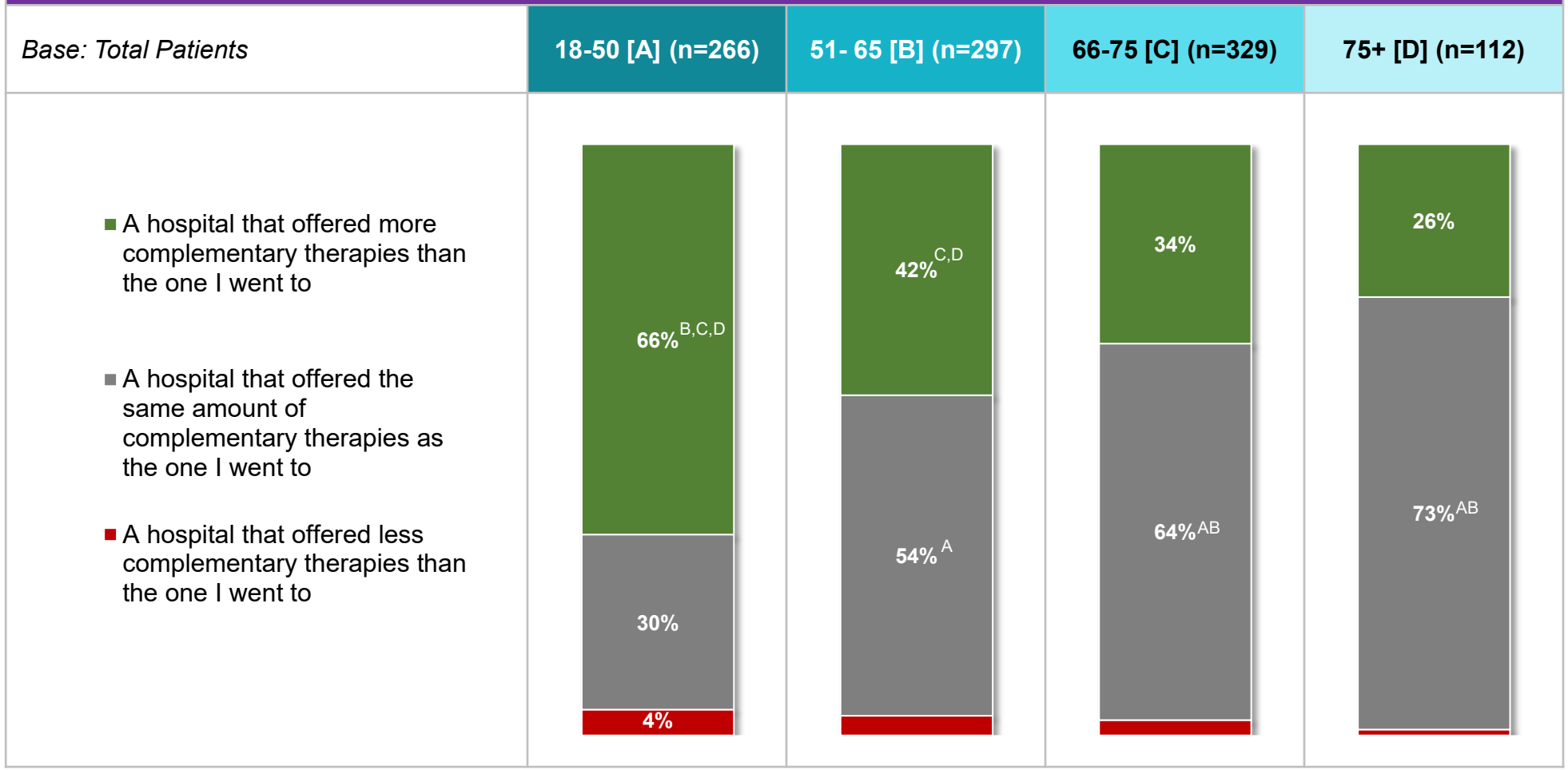
PAT- Q1, Q6, Q13

[A, B, C, D] denote statistical differences between different age groups at 95% C.L.

Similar to their interest in complementary therapies, younger patients would have been more likely to choose a hospital that offered more complementary therapies if they were able to go back in time

Patients

Choice of Hospital Based on the Level of Complementary Therapies Offered
(% of respondents)



Data Labels ≥ 4% are shown

[A, B, C, D] denote statistical differences between different age groups at 95% C.L.

PAT- Q5

Younger ONCs are most likely to discuss integrative treatments and suggest a complementary therapy to their patients, as well as be aware of patients using at least one complementary therapy

ONCs

	<=40 [A] (n=38)	41-63 [B] (n=98)	64+ [C] (n=16)
% of cancer patients who discussed integrative treatments with their ONCs	52% B	40%	43%
% of cancer patients ONCs actively suggested a complementary therapy	59% B	45%	44%
% of cancer patients using at lease one complementary therapy	49% C	41%	31%

ONC- Q8, Q10, Q11

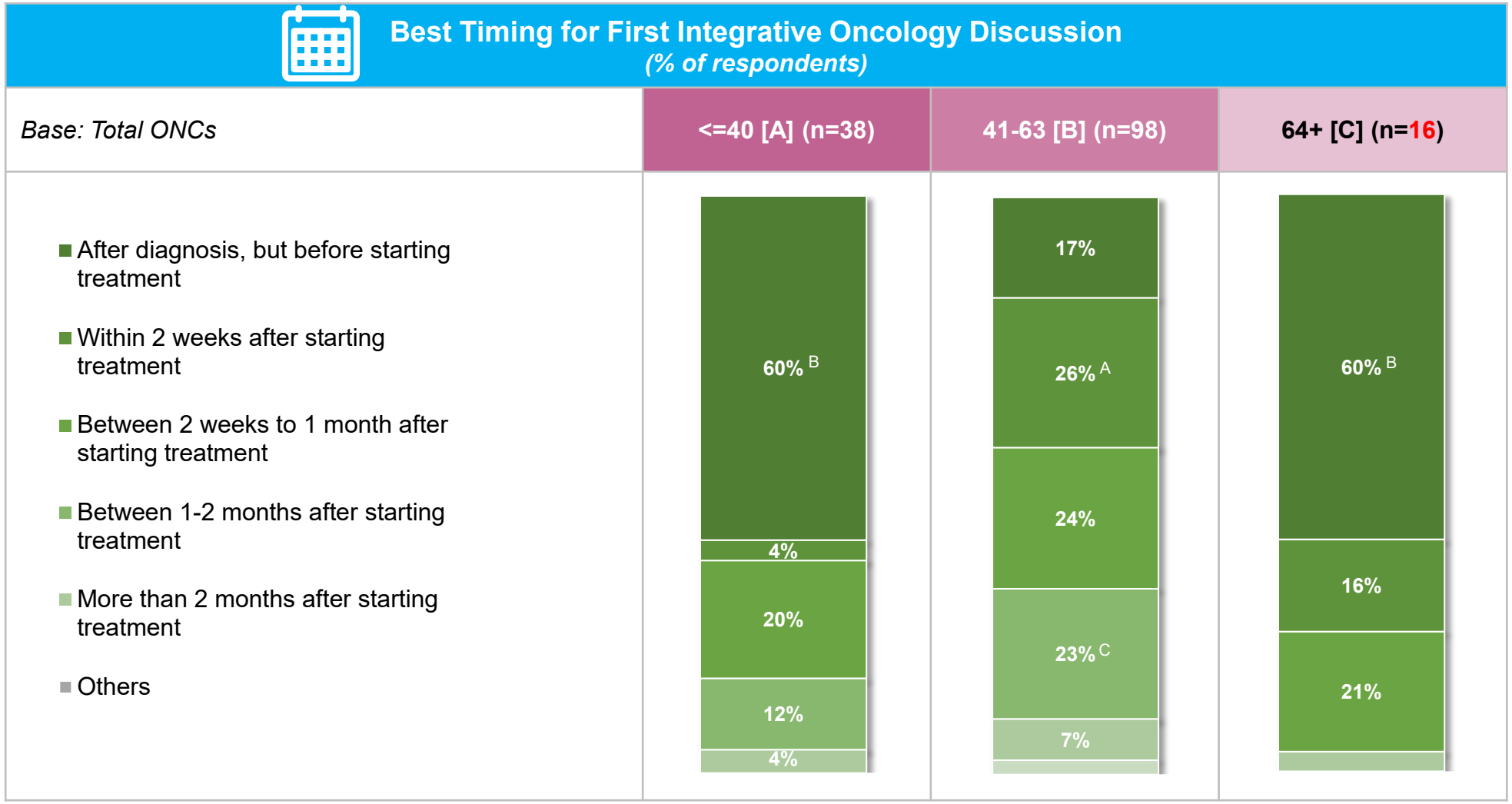
Small sample size < 20

[A, B, C] denote statistical differences between different age groups at 95% C.L.

While older and younger ONCs believe the integrative conversation should happen before starting treatment, 41-63 year old ONCs are more split on the timing

ONCs

Best Timing for First Integrative Oncology Discussion
(% of respondents)



ONC- Q12

Small sample size < 20

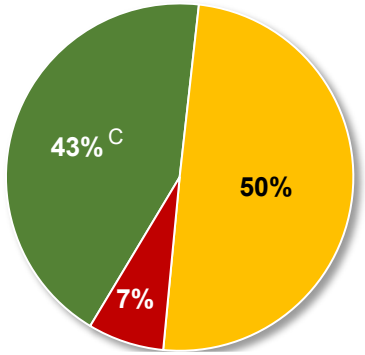
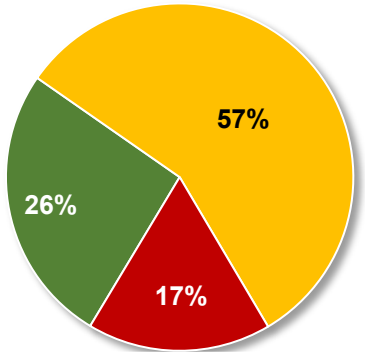
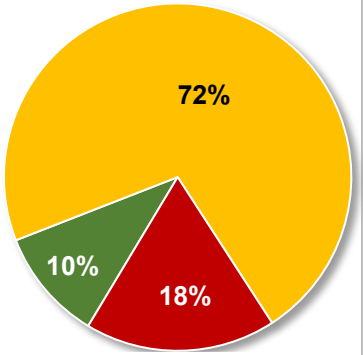
Data Labels ≥ 4% are shown

[A, B, C] denote statistical differences between different age groups at 95% C.L.

Younger ONCs are more eager to learn about the evidence base for integrative oncology; compared to older ONCs, they also believe that their institution is ready to deliver complementary therapies

ONCs

Desire to learn and Readiness to deliver the Complementary Therapies
(% of respondents)

Base: Total ONCs	<=40 [A] (n=38)	41-63 [B] (n=98)	64+ [C] (n=16)
ONCs desire to learn more about integrative treatments evidence base	*83%*	*79%*	*61%*
Readiness of the Institute to Deliver the Complementary Therapies			

ONC- Q17, Q18

Small sample size < 20

[A, B, C] denote statistical differences between different age groups at 95% C.L.

ONCs report similar barriers regardless of age, though ONCs 40 or younger may be more aware of the clinical evidence for complementray use

ONCs

Barriers to Further Adoption of Complementary Therapies faced by ONCs (Top 15)
(% of respondents)

Not hospital priority · Staff or space limitations · Patient-specific · Lack of process or referral · Time constraint

Base: Total ONCs	<=40 [A] (n=38)	41-63 [B] (n=98)	64+ [C] (n=16)
Patient health insurance does not (fully) reimburse	46%	45%	66%
Do not have the staff availability to implement*	34%	36%	49%
No / little time to fit in conversations*	33%	27%	43%
Patients are not interested	29%	31%	38%
Lack of simple referral process to complementary providers*	27%	26%	18%
Competing funding for other priority initiatives	22%	25%	17%
Education of staff needed is too complex/time-consuming	20% C	21%	0%
There is not enough space for complementary providers to meet with pts	19%	24%	32%
Restrictions on the role of social managers*	16%	7%	4%
Not enough phys. champions at locations that would refer to my institution*	16%	18%	18%
Lack of simple assessment to determine appropriateness*	14%	12%	21%
Lack of proper technology to support the right use*	14%	15%	19%
Not enough clinical evidence to support use of complementary therapies	13%	34% A	35%
Patients confuse “complementary” for palliative or hospice care	13%	26%	13%
Do not have hospital leadership support	12%	14%	5%

% of respondents did not see any barriers to further adoption of complementary therapies:

<=40: 16%
41-63: 8%
64+: 9%

ONC- Q16

Small sample size < 20

*Full list of barriers in speaker notes

[A, B, C] denote statistical differences between different age groups at 95% C.L.

Though younger patients are eager to learn more about complementary therapies, they report cost / access, feeling too weak from cancer treatment, and non-supportive oncologists as the main barriers to further adoption

Patients

Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents)

Lack of Awareness
Not ONC / Hospital Priority
Lack of Interest
Cost / Access

Base: Total Patients	18-50 [A] (n=266)	51- 65 [B] (n=297)	66-75 [C] (n=329)	75+ [D] (n=112)
My insurance was making it difficult to get approved	29% B,C,D	18% C,D	9%	7%
My hospital did not have these therapies as an option	25%	27%	27%	22%
I feel too sick or weak from the cancer treatment	25% B,C,D	15% C,D	7%	7%
I am focused on getting through my medical treatments	20%	22%	27% A	28%
I do not have the money to pay for these therapies	19%	31% A,C,D	23% D	13%
My oncologist is not supportive	18% B,C,D	3%	4%	2%
I do not know where to go to get these therapies	17%	22% D	20% D	10%
I do not know enough about these therapies	16%	27% A	29% A	26% A
I have no interest in using (more) these therapies	15%	12%	18% B	24% B
I do not have time to try new things	13% B,C,D	6%	4%	4%
Someone in my friends / family recommended against it	10% B,C,D	1%	0%	2%
I do not understand the benefits of using these therapies	10%	9%	15% B	12%
I do not think complementary therapies will help me	8%	7%	17% A,B	16% A,B
Other	0%	6% A	8% A	6% A

Patients in the **51-65 age group** highlight not having enough money for complementary therapies as the biggest barrier

The **two older age groups** express not knowing enough about integrative and are slightly more focused on getting through their medical treatment

% of respondents did not see any barriers to further adoption of complementary therapies:

18-50: 13%
51-65: 19%
66-75: 14%
75+: 23% A,C

PAT- Q12

[A, B, C, D] denote statistical differences between different age groups at 95% C.L.

DETAILED FINDINGS
By Patient FACT-G7 Score

SUMMARY – PATIENT FACT-G7 AND USER/NON-USER: COMPLEMENTARY USERS AND THOSE WITH HIGH FACT-G7 SCORES ARE MORE INVESTED IN INTEGRATIVE ONCOLOGY THAN NON-USERS AND PATIENTS WITH LOWER SCORES, BUT STILL FACE BARRIERS OF ACCESS AND FUNDING

Patients

- **Across all 12 modalities, higher FACT-G7 patients use significantly more complementary therapies than those with medium and low FACT-G7 scores**
  - High FACT-G7 and complementary users are also willing to pay more than those with lower scores or non-users
- **Among low FACT-G7 score patients and complementary non-users, there is a need to understand the benefits of complementary therapies**
- **With higher FACT-G7 (med and high scores) and complementary users, they are attitudinally significantly more "bought in" than the low FACT-G7 and non-users**
  - The higher scoring and complementary users therefore face other barriers – like not knowing where to access complementary and inability to pay OOP/insurance not covering
- **Low FACT-G7 and non-users are also heavily skewed toward Medicare, where other groups are more balanced between private insurance and Medicare**

High Fact-G7 Score patients have a stronger belief in an integrative treatment approach compared to Medium and Low Fact G7-Score patients

Patients

Level of Agreement with Statements about Integrative Oncology *(% of respondents)*			
Base: Total Patients (T2B, 6 or 7 on 7-point scale)	**High Fact-G7 Score [H] (n=233)**	**Medium Fact-G7 Score [M] (n=467)**	**Low Fact-G7 Score [L] (n=304)**
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	69%[M,L]	53%[L]	41%
I **support** the use of complementary **into** survivorship/remission	69%[M,L]	59%[L]	46%
I support the use of integrative oncology (medical plus complementary therapies) while going through cancer treatment	67%[L]	59%[L]	47%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	65%[M,L]	54%[L]	37%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes**, compared to using medical treatments alone	61%[M,L]	45%[L]	33%
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	52%[M,L]	43%[L]	31%

PAT- Q7

Score breaks: Low=0-12, Medium=13-20, High= 21-28

[H, M, L] denote statistical differences between different FACT-G7 scores at 95% C.L.

Like complementary Users, High Fact-G7 Score patients show an increased level of interest towards complementary therapies compared to Medium & Low Fact-G7 patients

Patients

Level of Interest towards the Complementary Therapies
(% of respondents)

Base: Total Patients (T2B, very interested)*	High Fact-G7 Score [H] (n=233)	Medium Fact-G7 Score [M] (n=467)	Low Fact-G7 Score [L] (n=304)
Mental Health Support/Therapy	58%[M,L]	35%[L]	16%
Nutrition Consultation or Program	56%[M,L]	46%[L]	23%
Massage Therapy	55%[M,L]	37%[L]	25%
Patient Support Group/ Patient-Survivor Pairing	47%[M,L]	29%[L]	12%
Exercise Consultation or Program	46%[M,L]	37%[L]	24%
Meditation or Mindfulness	45%[M,L]	34%[L]	19%
Spiritual Services	44%[M,L]	33%[L]	23%
Music or Art Therapy	43%[M,L]	28%[L]	14%
Yoga Therapy	40%[M,L]	24%[L]	11%
Acupuncture or Acupressure	39%[M,L]	23%[L]	11%
Reiki or Therapeutic/Healing Touch	37%[M,L]	23%[L]	10%
Tai Chi or Qi Gong	31%[M,L]	19%[L]	7%

Supplemental Data

High Fact G7-Score are willing to pay the highest amount for a monthly package deal at an average price (Juster Purchase Intent Scale^) of **$28.5**

Supplemental Data

Low group is heavily Medicare and medium group is also nearly half Medicare

High group is much more balanced to private and Medicare

^The price point for each probability are assigned as follows: No Chance-$0.5, Very slight-$5, Slight-$10, Some-$15, Fair-$20, Fairly good-$25, Good-$30, Probable-$35, Very probable-$40, Almost Sure-$45, Certain-$49.5

PAT- Q4, Q19, Q24 *T2B = top 2 box = selection of 6 or 7 on 7-point scale Score breaks: Low=0-12, Medium=13-20, High= 21-28 [H, M, L] denote statistical differences between different FACT-G7 scores at 95% C.L.

High Fact-G7 Score patients are also more likely to use complementary therapies compared to Medium and Low Fact-G7 Score patients

Patients

Complementary Therapies used by Patients (as part of cancer treatment) *(% of respondents)*			
Base: Total Patients	**High Fact-G7 Score [H] (n=233)**	**Medium Fact-G7 Score [M] (n=467)**	**Low Fact-G7 Score [L] (n=304)**
Nutrition Consultation or Program	56%[M,L]	39%[L]	19%
Mental Health Support/Therapy	51%[M,L]	26%[L]	13%
Spiritual Services	41%[M,L]	26%[L]	16%
Meditation or Mindfulness	39%[M,L]	27%[L]	16%
Patient Support Group/ Patient-Survivor Pairing	36%[M,L]	27%[L]	7%
Exercise Consultation or Program	36%[L]	30%[L]	15%
Massage Therapy	29%[M,L]	19%[L]	8%
Music or Art Therapy	25%[M,L]	13%[L]	6%
Yoga Therapy	20%[M,L]	13%[L]	3%
Acupuncture or Acupressure	18%[M,L]	10%[L]	2%
Reiki or Therapeutic/Healing Touch	16%[M,L]	9%[L]	2%
Tai Chi or Qi Gong	11%[M,L]	6%[L]	1%

Supplemental Data

Average spend per month for the therapies:

High Fact-G7 Score: $57[M,L]
Medium Fact-G7 Score: $34[L]
Low Fact-G7 Score: $10

PAT- Q1, Q13

Score breaks: Low=0-12, Medium=13-20, High= 21-28

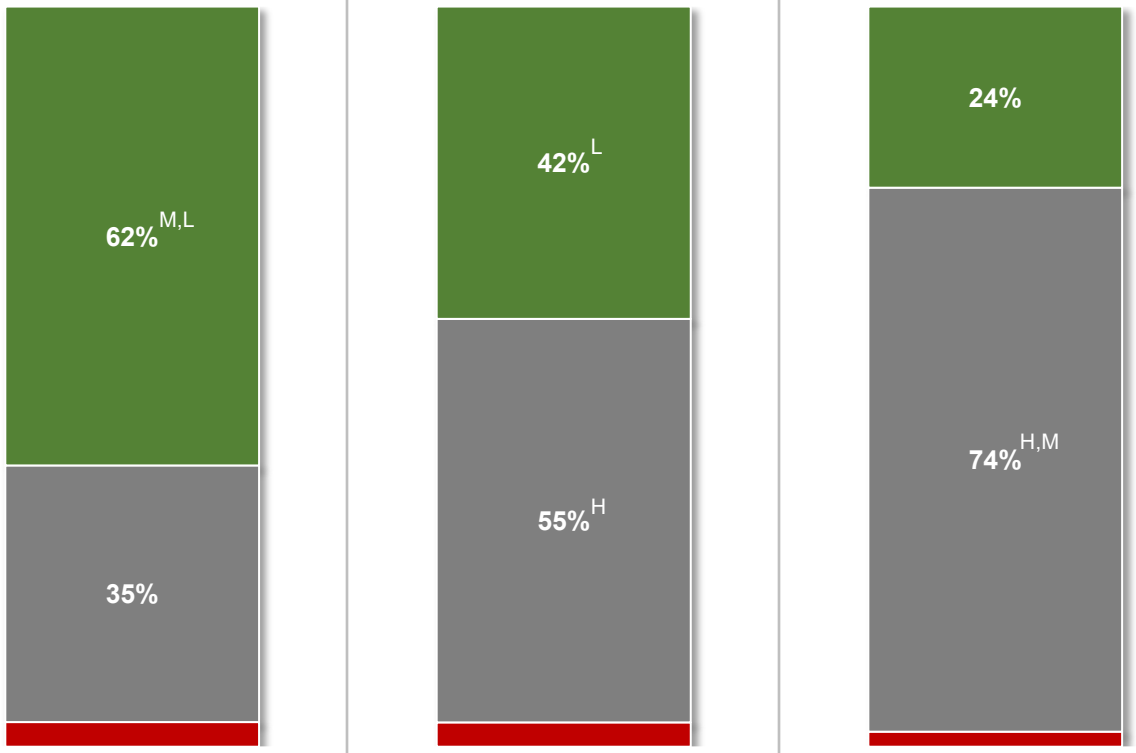
[H, M, L] denote statistical differences between different FACT-G7 scores at 95% C.L.

Similar to their usage of complementary therapies, High Fact-G7 Score patients would have been more likely to choose a hospital that offered more complementary therapies if they were able to go back in time

Patients

Choice of Hospital Based on the Level of Complementary Therapies Offered
(% of respondents)

Base: Total Patients	High Fact-G7 Score [H] (n=233)	Medium Fact-G7 Score [M] (n=467)	Low Fact-G7 Score [L] (n=304)
A hospital that offered more complementary therapies than the one I went to	62%[M,L]	42%[L]	24%
A hospital that offered the same amount of complementary therapies as the one I went to	35%	55%[H]	74%[H,M]
A hospital that offered less complementary therapies than the one I went to			



Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

High Fact-G7 Score: 59%[M,L]
Medium Fact-G7 Score: 39%[L]
Low Fact-G7 Score: 23%

PAT- Q5, Q6

Score breaks: Low=0-12, Medium=13-20, High= 21-28

Data Labels ≥ 4% are shown

[H, M, L] denote statistical differences between different FACT-G7 scores at 95% C.L.

Low Fact-G7 Score patients report not having interest, low awareness and being focused on getting through their medical treatments as the main barriers for adoption of complementary therapies

Patients

Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents)

Lack of Awareness
Not ONC / Hospital Priority
Lack of Interest
Cost / Access

Base: Total Patients	High Fact-G7 Score [H] (n=233)	Medium Fact-G7 Score [M] (n=467)	Low Fact-G7 Score [L] (n=304)
My hospital did not have these therapies as an option	36%[M,L]	26%	19%
I do not have the money to pay for these therapies	32%[L]	27%[L]	13%
I am focused on getting through my medical treatments	30%[L]	24%	22%
I feel too sick or weak from the cancer treatment	29%[M,L]	12%[L]	2%
My insurance was making it difficult to get approved	29%[M,L]	13%[L]	7%
I do not know where to go to get these therapies	26%[L]	21%[L]	12%
I do not know enough about these therapies	26%	29%	23%
I do not understand the benefits of using these therapies	14%	11%	12%
My oncologist is not supportive	11%[M,L]	6%[L]	2%
I have no interest in using (more) these therapies	10%	15%	23%[H,M]
I do not have time to try new things	8%	6%	4%
I do not think complementary therapies will help me	7%	11%	18%[H,M]
Someone in my friends / family recommended against it	5%[L]	2%	1%
Other	4%	5%	9%[M]

% of respondents did not see any barriers to further adoption of complementary therapies:

High Fact-G7 Score: 8%
Medium Fact-G7 Score: 16%[H]
Low Fact-G7 Score: 23%[H,M]

PAT- Q12

Score breaks: Low=0-12, Medium=13-20, High= 21-28

[H, M, L] denote statistical differences between different FACT-G7 scores at 95% C.L.

DETAILED FINDINGS
By Patient User/Non-User of Complementary

Not surprisingly, users are far more receptive towards Integrative Oncology compared to non-users

Patients

Level of Agreement with Statements about Integrative Oncology
(% of respondents)

Base: Total Patients (T2B, 6 or 7 on 7-point scale)	Users [U] (n=661)	Non-Users [N] (n=343)
I support the use of integrative oncology (medical plus complementary therapies) while going through cancer treatment	72%[N]	34%
I **support** the use of complementary **into** survivorship/remission	72%[N]	35%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	69%[N]	28%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	68%[N]	25%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes**, compared to using medical treatments alone	62%[N]	19%
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	61%[N]	11%

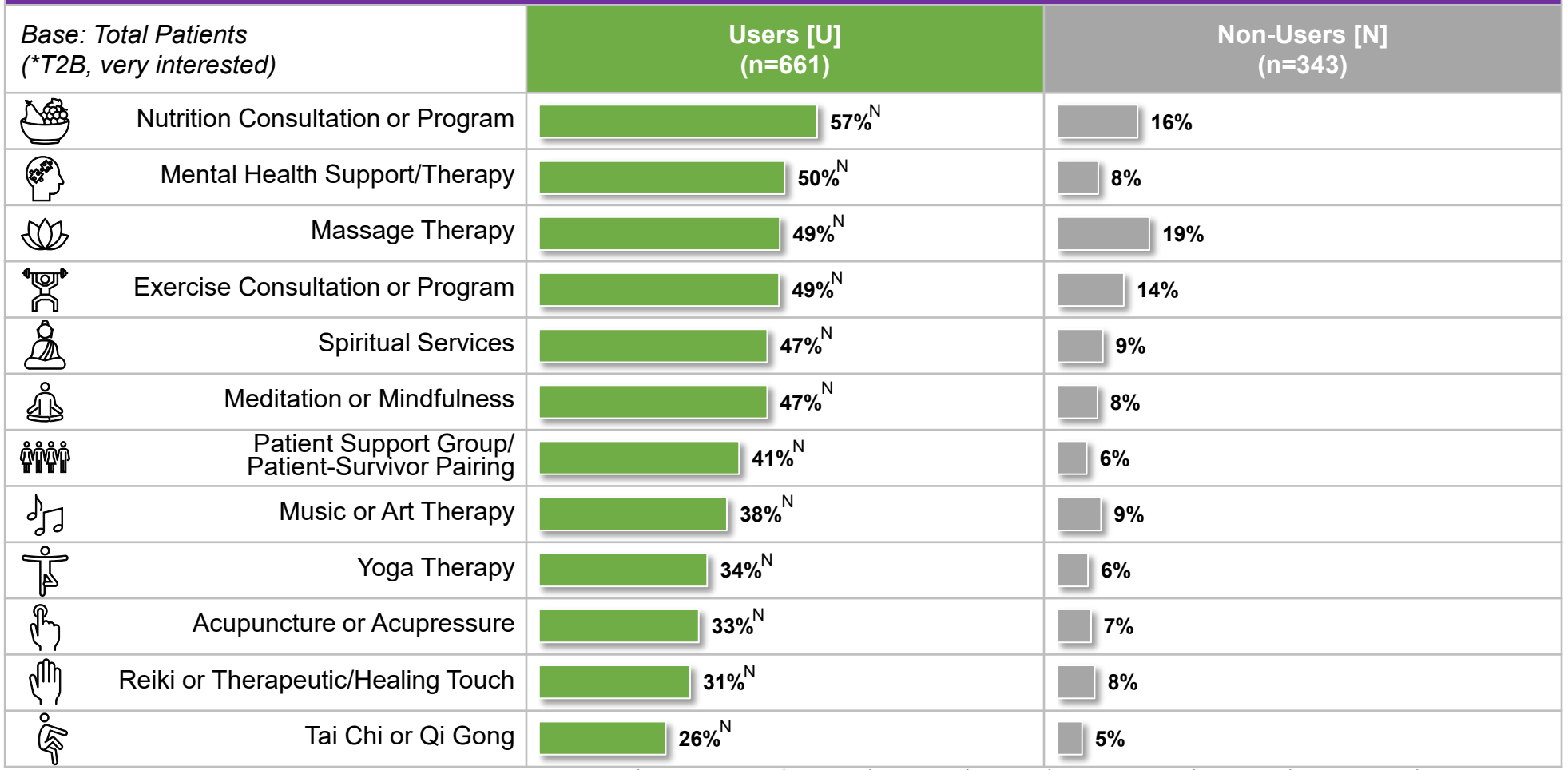
PAT- Q7

[U,N] denote statistical differences between different Users and Non-Users at 95% C.L.

Users are likely to spend more money on complementary therapies compared to non-users; with their ideal monthly package being ~$27/month

Patients

Level of Interest towards the Complementary Therapies
(% of respondents)



Supplemental Data

Average spend per month for the therapies:

Users: $50[N]
Non-Users: $2

Supplemental Data

Users are willing to pay the highest amount for a monthly package deal at an average price (Juster Purchase Intent Scale^) of **$27.1**

^The price point for each probability are assigned as follows: No Chance-$0.5, Very slight-$5, Slight-$10, Some-$15, Fair-$20, Fairly good-$25, Good-$30, Probable-$35, Very probable-$40, Almost Sure-$45, Certain-$49.5

PAT- Q4, Q13, Q19 *T2B = top 2 box = selection of 6 or 7 on 7-point scale [U,N] denote statistical differences between different Users and Non-Users at 95% C.L.

Users are split between staying with a hospital that offers the same amount of complementary they were exposed to versus going to a hospital that offers more

Patients

Choice of Hospital Based on the Level of Complementary Therapies Offered
(% of respondents)

Base: Total Patients	Users [U] (n=661)	Non-Users [N] (n=343)
A hospital that offered more complementary therapies than the one I went to	47% [N]	30%
A hospital that offered the same amount of complementary therapies as the one I went to	50%	67% [U]
A hospital that offered less complementary therapies than the one I went to		

Even among non-users, nearly **one-third** would like to be treated at a hospital offering more complementary therapies

Data Labels ≥ 4% are shown

[U,N] denote statistical differences between different Users and Non-Users at 95% C.L.

PAT- Q5

The top barriers are similar across patient user groups; however, non-users especially would benefit from education about the benefits of integrative oncology

Patients

Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents)

Base: Total Patients

Lack of Awareness
Not ONC / Hospital Priority
Lack of Interest
Cost / Access

	Users [U] (n=661)	Non-Users [N] (n=343)
My hospital did not have these therapies as an option	26%	26%
I do not have the money to pay for these therapies	25%	21%
I am focused on getting through my medical treatments	25%	24%
I do not know enough about these therapies	25%	28%
My insurance was making it difficult to get approved	21% N	4%
I do not know where to go to get these therapies	19%	19%
I feel too sick or weak from the cancer treatment	18% N	4%
I have no interest in using (more) these therapies	15%	19%
I do not understand the benefits of using these therapies	9%	17% U
I do not think complementary therapies will help me	7%	20% U
I do not have time to try new things	7% N	4%
My oncologist is not supportive	7%	4%
Someone in my friends / family recommended against it	4% N	0%
Other	4%	8% U

Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

Users: 58% N
Non-Users: 7%

% of respondents did not see any barriers to further adoption of complementary therapies:

Users: 16%
Non-Users: 18%

PAT- Q12, Q6

[U,N] denote statistical differences between different Users and Non-Users at 95% C.L.

Significantly more non-users report having Medicare compared to Users

Types of Health Insurance
(% of respondents)

Base: Total Patients	Users [U] (n=661)	Non-Users [N] (n=343)
Private	38% [N]	19%
Medicare	46%	73% [U]
Medicaid	10% [N]	4%
Veteran's / VA / Military	5%	
None / self-pay	2% [N]	

Data Labels ≥ 4% are shown

[U,N] denote statistical differences between different Users and Non-Users at 95% C.L.

PAT- Q24

DETAILED FINDINGS
By Patient Ethnicity

Data for the various ethnic groups should be interpreted with caution. Younger patients (age 40-64) are over-represented in the Hispanic sample, and to a lesser extent in the Black and Other Ethnicity samples. Therefore, these individual ethnic samples are not representative of the age distribution within the ethnic population.

Data for the Caucasian/White sample is not affected.

It appears that Hispanic and Black patients are significantly more receptive to an integrative treatment approach, however this is likely driven by a sample bias of much younger patients in the Hispanic cohort, and to lesser extent, the Black cohort

Patients

Level of Agreement with Statements about Integrative Oncology
(% of respondents)

Base: Total Patients (T2B, 6 or 7 on 7-point scale)	Caucasian / White [C] (n=797)	African American / Black [A] (n=92)	Hispanic / Latino [H] (n=74)	Others* [O] (n=41)
I support the use of integrative oncology (medical plus complementary therapies) while going through cancer treatment	54%	66%[C]	73%[C]	52%
I **support** the use of complementary **into** survivorship/remission	53%	65%	75%[C]	64%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	49%	65%[C]	72%[C,O]	47%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	47%	60%[C]	77%[C,A,O]	47%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving my cancer treatment outcomes**, compared to using medical treatments alone	41%	54%[C]	63%[C,O]	40%
My oncologist is **supportive** of me using complementary therapies while **going through cancer treatment**	37%	54%[C,O]	60%[C,O]	30%

Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in the younger age groups, so interpret with caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

PAT- Q7

*Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity

[C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

Hispanic patients report a significantly higher interest and are willing to pay more for complementary therapies at a rate of about $35; however, the Hispanic sample skews very young which could in part explain the differences

Patients

Level of Interest towards the Complementary Therapies
(% of respondents)

Base: Total Patients (Very interested; 6 or 7 on 7-point scale)	Caucasian / White [C] (n=797)	African American / Black [A] (n=92)	Hispanic / Latino [H] (n=74)	Others* [O] (n=41)
Nutrition Consultation or Program	36%	45%	78%[C,A,O]	37%
Massage Therapy	33%	44%[C]	61%[C]	47%
Exercise Consultation or Program	30%	47%[C]	60%[C,O]	38%
Mental Health Support/Therapy	27%	49%[C]	69%[C,A,O]	33%
Spiritual Services	26%	53%[C]	55%[C]	40%
Meditation or Mindfulness	25%	46%[C]	57%[C]	50%[C]
Patient Support Group/ Patient-Survivor Pairing	23%	32%	57%[C,A,O]	22%
Music or Art Therapy	22%	40%[C]	51%[C]	34%
Yoga Therapy	19%	25%	56%[C,A,O]	29%
Acupuncture or Acupressure	19%	27%	43%[C,A]	35%[C]
Reiki or Therapeutic/Healing Touch	17%	29%[C]	50%[C,A]	30%[C]
Tai Chi or Qi Gong	14%	24%[C]	40%[C,A,O]	20%

Supplemental Data

Similar to this trend, **Hispanics** are willing to pay the highest amount for a monthly package deal at an average price (Juster Purchase Intent Scale^) of **$35.10**

Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in younger age groups, interpret w/caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

^The price point for each probability are assigned as follows: No Chance-$0.5, Very slight-$5, Slight-$10, Some-$15, Fair-$20, Fairly good-$25, Good-$30, Probable-$35, Very probable-$40, Almost Sure-$45, Certain-$49.5

PAT- Q4, Q19 *Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity [C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

Similarly, Hispanic patients report a greater usage of complementary therapies compared to the other groups; however, this is likely driven by a sample bias of much younger patients in the Hispanic cohort

Patients

Complementary Therapies used by Patients (as part of cancer treatment)
(% of respondents)

Base: Total Patients	Caucasian / White [C] (n=797)	African American / Black [A] (n=92)	Hispanic / Latino [H] (n=74)	Others* [O] (n=41)
Nutrition Consultation or Program	32%	42%	58%^{C}	44%
Exercise Consultation or Program	22%	29%	54%^{C,A}	36%
Mental Health Support/Therapy	22%	44%^{C}	51%^{C}	38%^{C}
Spiritual Services	21%	35%^{C}	48%^{C}	32%
Meditation or Mindfulness	20%	34%^{C}	58%^{C,A}	46%^{C}
Patient Support Group/ Patient-Survivor Pairing	18%	33%^{C}	46%^{C,O}	24%
Massage Therapy	13%	22%^{C}	49%^{C,A,O}	18%
Music or Art Therapy	9%	19%^{C}	41%^{C,A}	31%^{C}
Yoga Therapy	8%	13%	39%^{C,A,O}	12%
Acupuncture or Acupressure	6%	5%	35%^{C,A,O}	14%
Reiki or Therapeutic/Healing Touch	5%	9%	37%^{C,A,O}	6%
Tai Chi or Qi Gong	3%	6%	25%^{C,A,O}	5%

Supplemental Data

Average spend per month for the therapies:

Caucasian: $25
African American / Black: $31
Hispanic / Latino: $82^{C,A,O}
Others: $36

Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in younger age groups, interpret w/caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

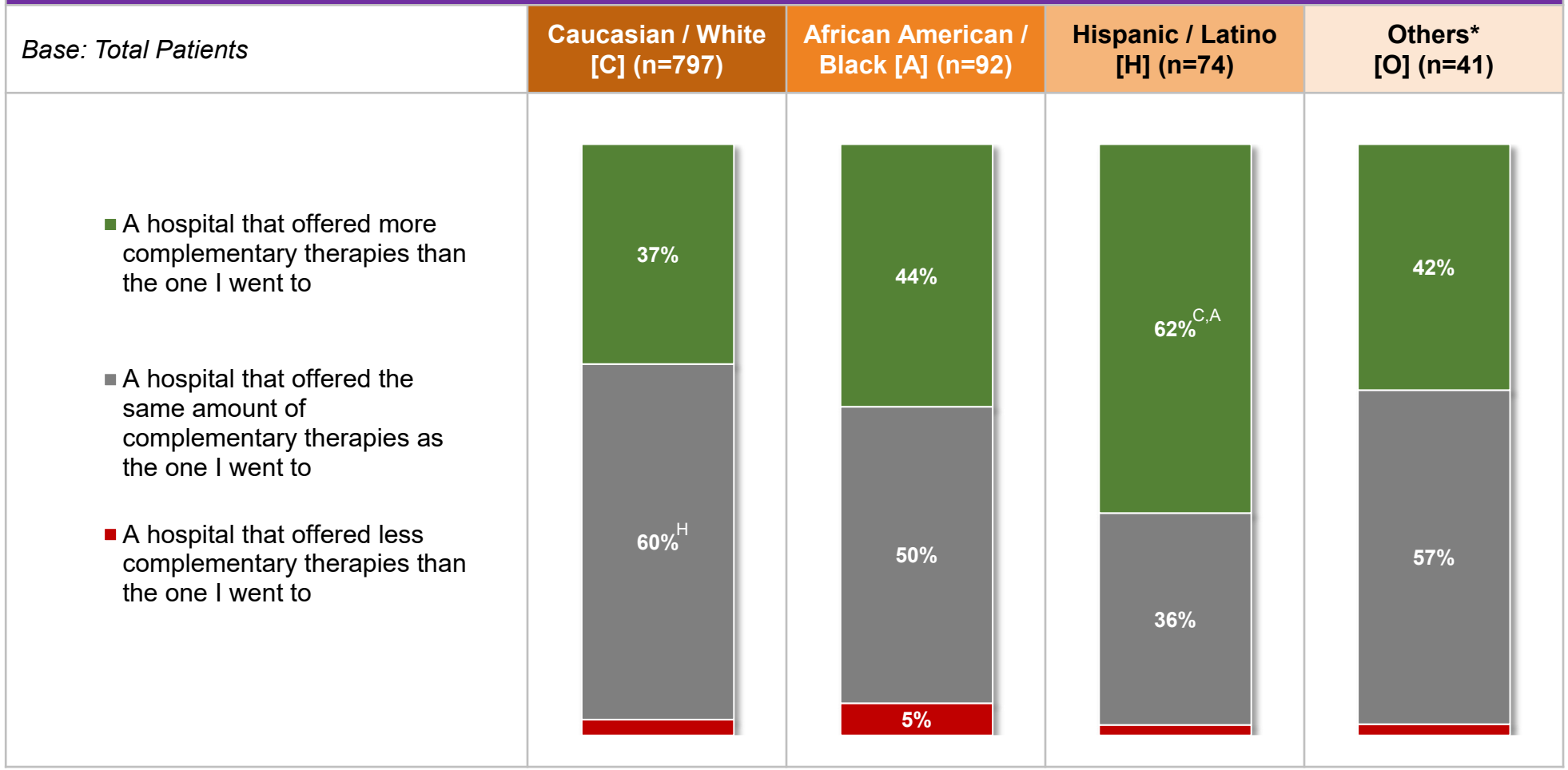
PAT- Q1, Q13 *Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity

[C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

Each of the ethnic groups are split between choosing a hospital that offers more complementary therapies versus a similar number of therapies, with Hispanic patients showing an inclination toward more (however, Hispanic sample is skewed very young)

Patients

Choice of Hospital Based on the Level of Complementary Therapies Offered
(% of respondents)



Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in younger age groups, interpret w/caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

PAT- Q5

*Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity

Data Labels ≥ 4% are shown

[C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

Hispanic patients report insurance and lack of support at hospital as the main barriers, while White patients report lack of knowledge and money along with support at hospital as the main barriers for adoption of complementary therapies

Patients

Barriers to Further Adoption of Complementary Therapies faced by Patients
(% of respondents)

Base: Total Patients

Lack of Awareness
Not ONC / Hospital Priority
Lack of Interest
Cost / Access

	Caucasian / White [C] (n=797)	African American / Black [A] (n=92)	Hispanic / Latino [H] (n=74)	Others* [O] (n=41)
I do not know enough about these therapies	27%	31%	18%	26%
I am focused on getting through my medical treatments	24%	31%	18%	25%
My hospital did not have these therapies as an option	24%	25%	34%	39%
I do not have the money to pay for these therapies	24%[H]	21%	13%	40%[C,A,H]
I do not know where to go to get these therapies	18%	24%	18%	25%
I have no interest in using (more) these therapies	17%	18%	16%	16%
I do not think complementary therapies will help me	14%	6%	10%	12%
My insurance was making it difficult to get approved	13%[A]	6%	34%[C,A]	27%[C,A]
I do not understand the benefits of using these therapies	13%	13%	8%	6%
I feel too sick or weak from the cancer treatment	12%	11%	14%	14%
I do not have time to try new things	5%	9%	7%	9%
My oncologist is not supportive	3%	7%	24%[C,A]	8%
Someone in my friends / family recommended against it	2%	2%	8%[C,O]	1%
Other	7%[H]	2%	0%	2%

Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in the younger age groups, so interpret with caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

% of respondents did not see any barriers to further adoption of complementary therapies:

Caucasian / white: 16%
African American / Black: 20%
Hispanic / Latino: 21%
Others: 15%

PAT- Q12

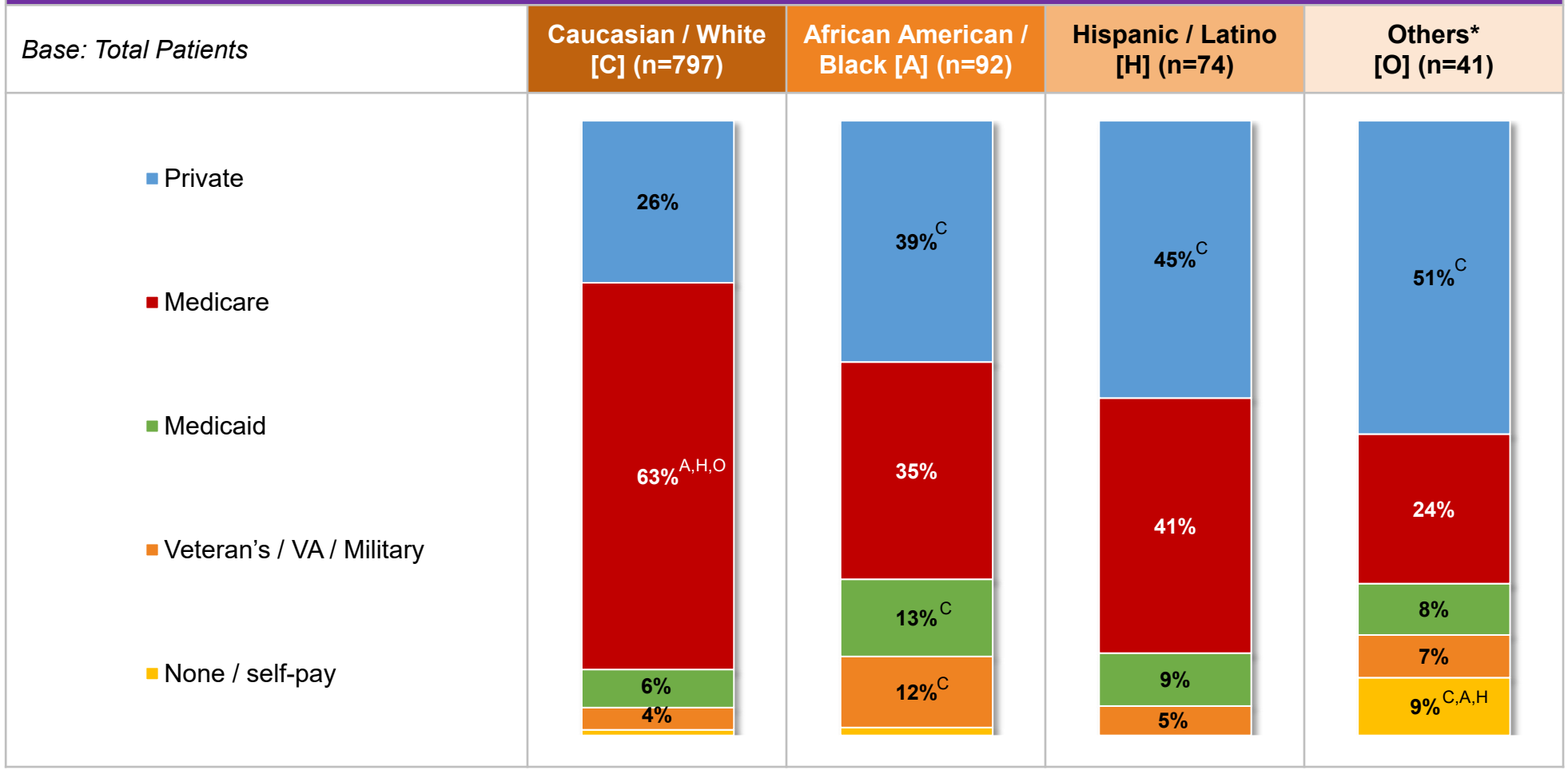
*Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity

[C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

Significantly more White patients report having Medicare compared to other ethnic groups; this is likely in part due to a sample bias toward younger patients in the other cohorts

Patients

Types of Health Insurance
(% of respondents)



Methodology Note

Data for Hispanic patients (and to lesser extent, Black and Other) is skewed to a bias in younger age groups, interpret w/caution.

Age 40-64:
White: 30%
Black: 58%
Hispanic: 73%
Asian/Pacific: 61%
Am. Indian/Aleut: 64%

PAT- Q24

*Others = Asian or Pacific Islander + Native American, Eskimo, or Aleut + Other Ethnicity

Data Labels ≥ 4% are shown

[C, A, H, O] denote statistical differences between different types of Ethnicities at 95% C.L.

DETAILED FINDINGS
By Oncologist Gender

SUMMARY – ONCOLOGIST GENDER AND REGION: WHILE THERE ARE NOT MANY ATTITUDINAL DIFFERENCES BY GENDER, THERE ARE SOME REGIONAL DIFFERENCES

ONCs

- **Looking at attitudes across ONC gender, there are very few differences**
  - Male and Female ONCs identify similar barriers to adopting complementary therapies
  - Most integrative attitudes are not significantly different
  - The one exception is survival – female ONCs are significantly more likely to strongly agree that an integrative treatment approach is effective at improving overall survival
- **Regionally, the West stands out as somewhat more favorable to integrative oncology, while South is the weakest**
  - ONCs exhibit similar integrative oncology statement agreement across the four regions, with the West directionally higher than other regions
  - ONCs from the West have the integrative conversation with more patients than average and want to learn more about the evidence base for integrative oncology
  - Midwest and West ONCs cite lack of patient insurance reimbursement as the top barrier preventing the adoption of complementary therapies
  - ONCs from the Northeast, Midwest, and West offer most complementary therapies at their institutions at a directionally or significantly higher rate than Southern ONCs

While statement agreement is similar between the two genders, female ONCs are significantly more likely to believe that *an integrative treatment approach is effective at improving overall survival*

ONCs

Level of Agreement with Statements about Integrative Oncology *(% of respondents)*		
Base: Total ONCs (T2B, 6 or 7 on 7-point scale)*	**Male [M] (n=111)**	**Female [F] (n=27)**
I **support** the use of integrative oncology (medical plus complementary therapies) for my patients **going through cancer treatment**	68%	64%
I **support** the use of complementary therapies for my patients into survivorship/remission	65%	57%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	64%	77%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	64%	83%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall survival**, compared to using medical treatments alone	39%	65%[M]

Directionally, female ONCs agree more that an **integrative treatment approach** can **improve a patient's overall well-being** and can **manage the side effects of medical treatment**

ONC- Q15 * Some of the respondents who opted for 'Prefer not to answer' as their gender are not included in this analysis

[M, F] denote statistical differences between different genders at 95% C.L.

Male and Female ONCs identify similar barriers to adopting complementary therapies

Barriers to Further Adoption of Complementary Therapies faced by ONCs (Top 15)
(% of respondents)

Base: Total ONCs

Not hospital priority
Patient specific
Time constraint
Staff or space limitations
Lack of process or referral

	Male [M] (n=111)	Female [F] (n=27)
Patient health insurance does not (fully) reimburse	49%	55%
Do not have the staff availability to implement*	39%	34%
No / little time to fit in conversations*	34% [F]	13%
Not enough clinical evidence to support use of complementary therapies	31%	30%
Patients are not interested	31%	32%
There is not enough space for complementary providers to meet with pts	28%	16%
Lack of simple referral process to complementary providers*	25%	19%
Patients confuse "complementary" for palliative or hospice care	22%	11%
Competing funding for other priority initiatives	21%	30%
Not enough phys. champions at locations that would refer to my institution*	19%	21%
Education of staff needed is too complex/time-consuming	18%	9%
Lack of proper technology to support the right use*	17%	10%
Do not have buy-in from other physicians/medical staff at my institution	16%	22%
Opens patient discussions that I am not fully equipped to have*	15%	3%
Lack of simple assessment to determine appropriateness*	14%	12%

Roughly a third of male ONCs feel there is not enough time to fit in conversations about complementary therapies

% of respondents did not see any barriers to further adoption of complementary therapies:

Male: 9%
Female: 7%

*Full list of barriers in speaker notes

ONC- Q16 * Some of the respondents who opted for 'Prefer not to answer' as their gender are not included in this analysis

[M, F] denote statistical differences between different genders at 95% C.L.

DETAILED FINDINGS
By Oncologist Region

ONCs exhibit similar integrative oncology beliefs across the four regions, with the West directionally higher than other regions

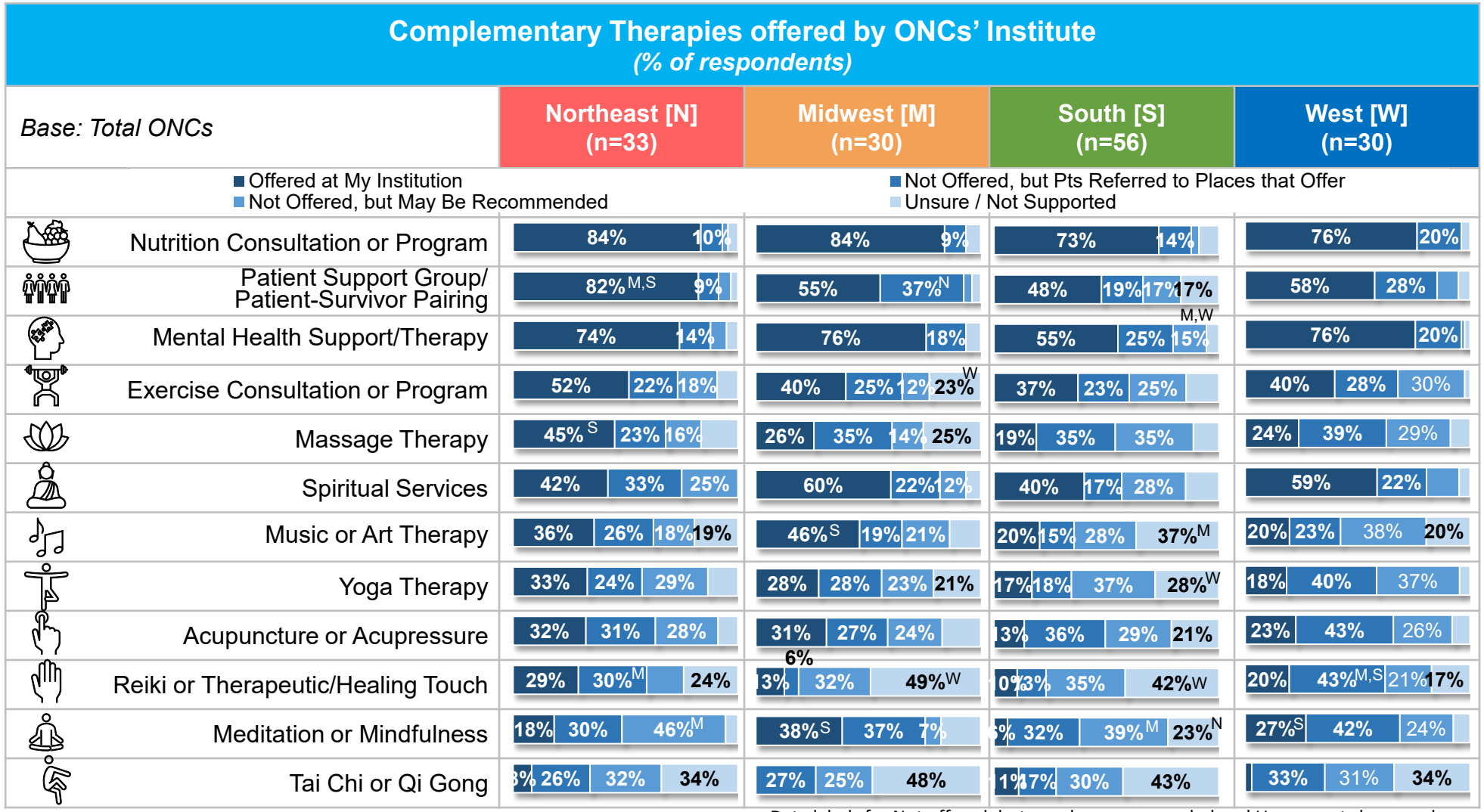
ONCs

Level of Agreement with Statements about Integrative Oncology *(% of respondents)*				
Base: Total ONCs (T2B, 6 or 7 on 7-point scale)*	Northeast [N] (n=33)	Midwest [M] (n=30)	South [S] (n=56)	West [W] (n=30)
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall well-being**, compared to using medical treatments alone	67%	65%	61%	71%
I **support** the use of complementary therapies for my patients into survivorship/remission	62%	62%	60%	68%
Complementary therapies are **effective** at helping people with cancer **manage the side effects** of medical treatment	62%	70%	63%	73%
I **support** the use of integrative oncology (medical plus complementary therapies) for my patients **going through cancer treatment**	59%	73%	61%	79%
Using an integrative treatment approach (medical plus complementary therapies) is **effective** at **improving cancer patients' overall survival**, compared to using medical treatments alone	33%	45%	47%	43%

ONC- Q15

No statistical differences between different regions at 95% C.L.

ONCs from the Northeast, Midwest, and West offer most complementary therapies at their institutions at a directionally or significantly higher rate than Southern ONCs



ONC- Q5

Data labels for Not offered, but may be recommended and Unsure not shown unless a statistical difference is found
[N, M, S, W] denote statistical differences between different regions at 95% C.L.

ONCs from the West have the integrative conversation with more patients than average and want to learn more about the evidence base for integrative oncology

ONCs

Desire to learn and Readiness to deliver the Complementary Therapies
(% of respondents)

Base: Total ONCs	Northeast [N] (n=33)	Midwest [M] (n=30)	South [S] (n=56)	West [W] (n=33)
ONCs desire to learn more about integrative treatments evidence base	*63%*	*79%*	*71%*	*92%* N,S
Readiness of the Institute to Deliver the Complementary Therapies				
Yes, fully ready	37%	26%	17%	23%
Yes, but some additional work needs to be done first	58%	48%	72%	52%
No, not ready	4%	26% N	11%	25%

Supplemental Data

% of cancer patients who discussed integrative treatments with their ONCs:

Northeast: 40%
Midwest: 41%
South: 38%
West: 55% N,S

ONC- Q17, Q18, Q8

[N, M, S, W] denote statistical differences between different regions at 95% C.L.

Midwest and West ONCs cite lack of patient insurance reimbursement as the top barrier preventing the adoption of complementary therapies

ONCs

Barriers to Further Adoption of Complementary Therapies faced by ONCs (Top 15)
(% of respondents)

Base: Total ONCs

Not hospital priority
Patient specific
Time constraint
Staff or space limitations
Lack of process or referral

	Northeast [N] (n=33)	Midwest [M] (n=30)	South [S] (n=56)	West [W] (n=30)
Do not have the staff availability to implement	39%	45%	31%	42%
No / little time to fit in conversations*	37%	16%	26%	52%[M]
Not enough clinical evidence to support use of complementary therapies	36%	22%	33%	33%
Patient health insurance does not (fully) reimburse	30%	68%[N,S]	38%	67%[N,S]
Patients are not interested	30%	44%	31%	22%
Not enough phys. champions at locations that would refer to my institution	17%	13%	17%	26%
Do not have buy-in from other physicians/medical staff at my institution	16%	19%	18%	7%
Lack of simple referral process to complementary providers	15%	32%	28%	21%
Do not have hospital leadership support	11%	17%	10%	8%
Education of staff needed is too complex/time-consuming	9%	23%	19%	12%
There is not enough space for complementary providers to meet with pts	8%	27%	25%[N]	44%[N]
Competing funding for other priority initiatives	8%	29%	30%[N]	21%
Opens patient discussions that I am not fully equipped with*	7%	18%	19%[W]	4%
Lack of simple assessment to determine appropriateness	7%	9%	17%	25%
Lack of proper technology to support the right use*	6%	16%	23%[N]	15%

% of respondents did not see any barriers to further adoption of complementary therapies:

Northeast: 14%
Midwest:10%
South: 8%
West: 5%

ONC- Q16

*Full list of barriers in speaker notes

[N, M, S, W] denote statistical differences between different regions at 95% C.L.

APPENDIX

DEFINITION OF INTEGRATIVE ONCOLOGY PROVIDED TO RESPONDENTS (1 OF 2)

Therapy	Description
Nutrition Consultation or Program	A nutritional consult typically begins with a professional evaluation to assess the patient and the patient's diet. The nutritionist may also assess sleep patterns, physical activity, and other lifestyle factors. With this information, the nutritionist works with the patient (or client) to identify opportunities for change.
Exercise Consultation or Program	An exercise consultation typically involves a discussion with a physiologist who helps develop a plan for the patient that may include flexibility, strength and cardiovascular aspects. Exercise programs for cancer patients take into account the strain on the body during and after treatment and are tailored at the individual or group class level.
Acupuncture or Acupressure	Acupuncture is a practice in which a trained specialist called an acupuncturist stimulates, usually with a needle, a specific point on the skin called acupoints. The purpose of acupuncture is to rebalance or correct the body's energy flow, relieve pain and stimulate the body to heal itself.
Yoga Therapy	Yoga is a group of physical, mental, and spiritual practices that may combine physical postures, breathing techniques, and meditation or relaxation. In therapeutic yoga, traditional yoga postures are applied to treat chronic health conditions. Practitioners receive additional training in anatomy, physiology, psychology, and other medically related topics.
Massage Therapy	Massage therapy is a healing practice that is thousands of years old. It is the manual administration of pressure to the body's soft tissue including muscles, tendons, ligaments and connective tissue. Massage therapy is typically performed to loosen and relax tissue, but can also be performed to treat serious health issues, like chronic pain.
Spiritual Services	Spiritual services are the aspect of health care that attends to spiritual and religious needs of the patient; for example, speaking to a chaplain of your chosen faith

DEFINITION OF INTEGRATIVE ONCOLOGY PROVIDED TO RESPONDENTS (2 OF 2)

Therapy	Description
Meditation or Mindfulness	Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. Mindfulness meditation often uses breathing techniques (focus on the breath) to help us suspend judgment and unleash our natural curiosity about the workings of the mind, approaching our experience with warmth and kindness, to ourselves and others.
Mental Health Support/Therapy	Mental health support/therapy helps patients with the psychological aspects of the treatment and management of cancer; it combines elements of psychiatry, psychology, and medicine with special concern for the psychosocial needs of the patient and his or her family.
Patient Support Groups or Patient-Survivor Pairings	Support groups are a tool for patients to connect with other people coping with cancer. Many organizations offer "buddy programs" that match patients with a survivor of the same type of cancer. Through this relationship, patients receive-on-one support throughout their cancer treatment.
Tai Chi or Qi Gong	Tai Chi and Qigong are moving meditations that build balance, coordination, strength, and functional capacity. Both practices combine the use of slow and deliberate movements with meditation and breathing practice.
Reiki or Therapeutic/Healing Touch	Reiki or Therapeutic/Healing Touch are types of bioenergy medicine includes a number of different therapeutic interventions where a therapist helps to harness or manipulate a patient's subtle energy in order to help restore the body's balance and improve the body's ability to heal. Some of the most commonly used bioenergetic therapeutic interventions are Therapeutic Touch/Healing Touch, Reiki, and the laying-on- of-hands.
Music or Art Therapy	Music therapy is a clinical intervention that uses music within a therapeutic process to assist the patient in identifying and dealing with social, cognitive, emotion or physical concerns. Art therapy is a form of clinical intervention that uses art as the primary mode of expression and communication. The art therapist uses creativity to help achieve personal and treatment-related goals.

PRICE SENSITIVITY METER (VAN WESTENDORP)

What is PSM ?

PSM is a technique that measures the ***expected price level*** of a product or brand from the ***customer perspective***. In other words, it is based on ***customers' perception*** towards the product or brand.

Survey Questions:

The four questions were amended based on the specific context of purchasing the patient's top 1-5 complementary therapies monthly

Too Expensive

At what monthly cost would you consider your top 1-5 complementary therapies to be **too expensive** and **would not consider** purchasing?

Expensive

At what monthly cost would you consider your top 1-5 complementary therapies to be **getting expensive**, but you **would still consider** purchasing?

Cheap

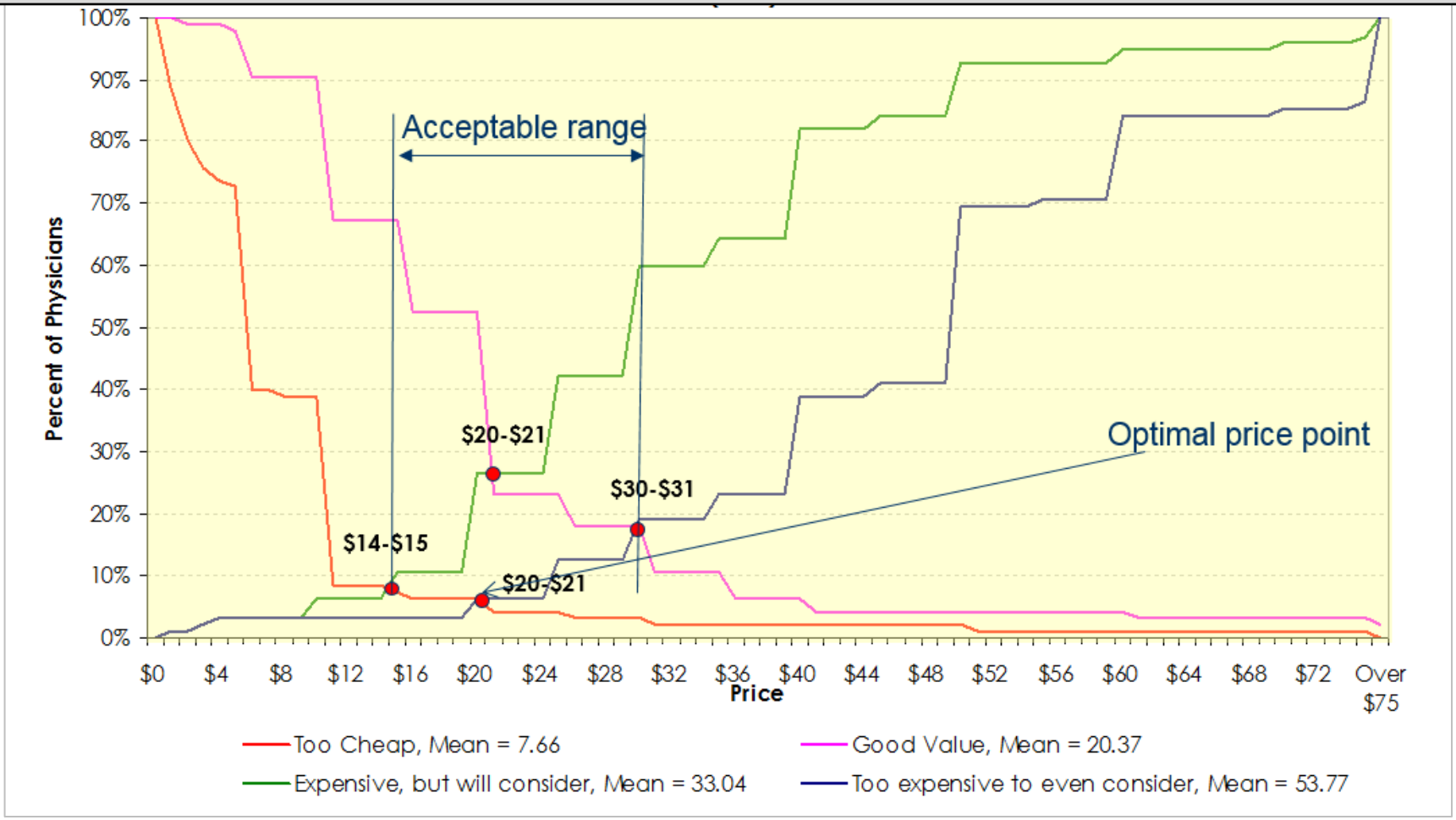
At what monthly cost would you consider your top 1-5 complementary therapies to be **on the cheap side,** but you **would still consider** purchasing?

Too Cheap

At what monthly cost would you consider your top 1-5 complementary therapies to be **too cheap** that you **would not consider** purchasing?

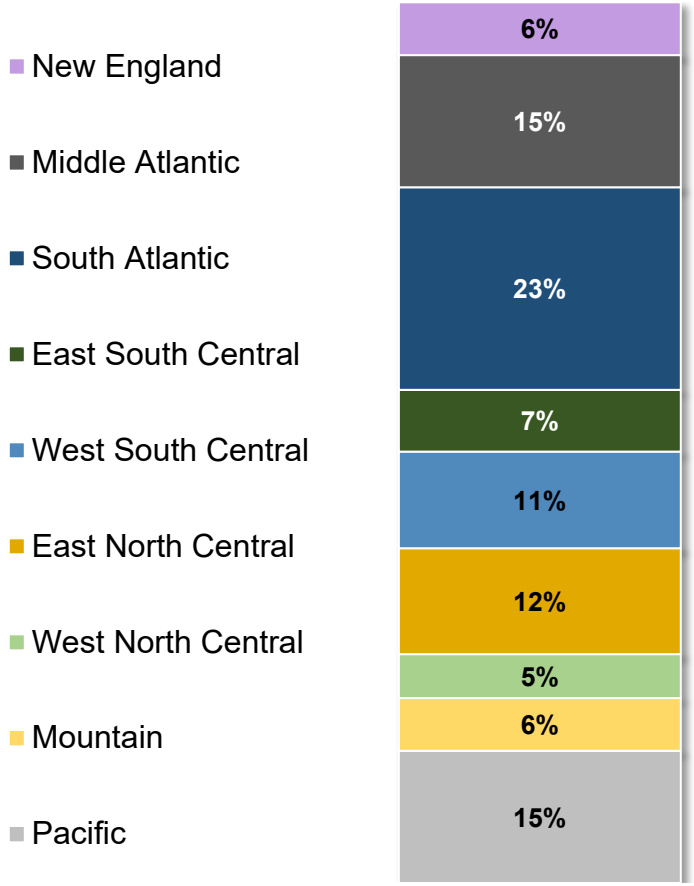
PRICE SENSITIVITY METER (VAN WESTENDORP) – OUTPUTS

In Van Westendorp analysis, responses to the four questions are charted cumulatively and the intersections used in a systematic way to define an acceptable price range and an optimal price point. Example:

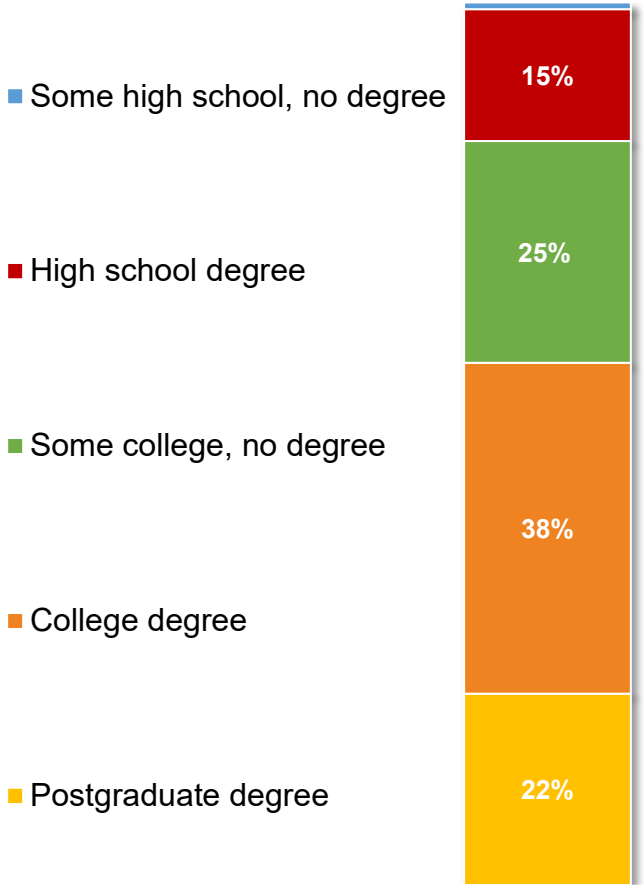


PATIENT DEMOGRAPHICS (1/3)

Location *(n=1004)*



Level of Education *(n=1004)*



PAT-S1, Q23

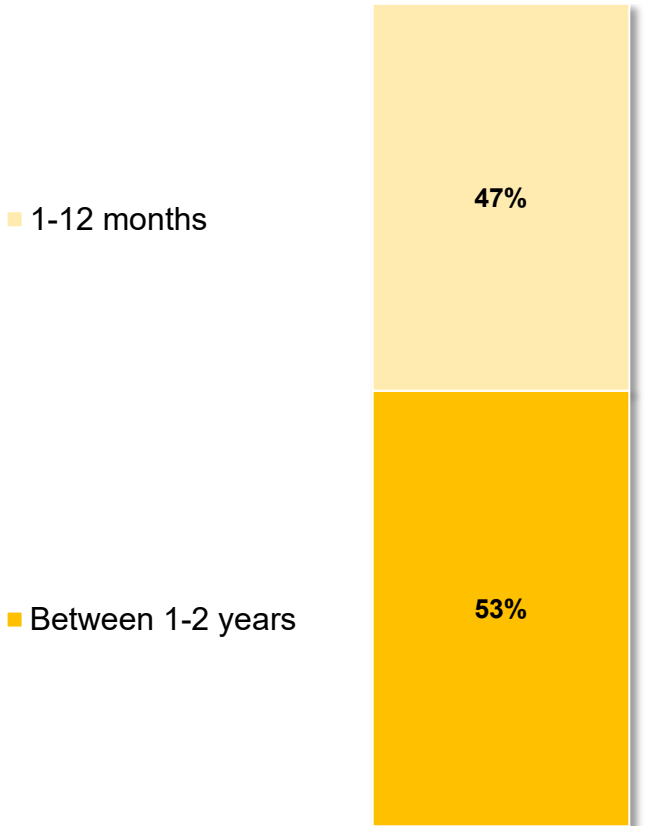
Data Labels ≥ 4% are shown

PATIENT DEMOGRAPHICS (2/3)

Diagnosed Conditions *(n=1003)*

Cancer	100%
Hypertension	39%
Diabetes	20%
COVID-19	19%
Obesity	18%
Heart Disease^	16%
Asthma	10%
Chronic Kidney Disease	5%
Multiple Sclerosis	3%
Alzheimer's Disease	1%
Cerebral Palsy	1%
None of the above	0%

Duration Since Diagnosed with Cancer* *(n=1003)*



*Patients must have been diagnosed with cancer within the past month to two years to qualify for this research

PAT-S6, S7

^ Explanation can be found in the speaker notes

One respondent had null data for these two screener questions

PATIENT DEMOGRAPHICS (3/3)

- To understand the age skew within the Hispanic patient sample, below are universe vs. sample proportions
  - Hispanic patients are the most skewed, with a high proportion ages 40-64, and none in the 75+ category
  - The same bias appears to a lesser extent in all ethnic groups, other than White
- Data in this report shown for the individual ethnicities other than White should be interpreted with caution, as it is not representative of the age distribution within the ethnic population

	Caucasian/White				African American/Black				Hispanic/Latino				Asian or Pacific Islander				Native American, Eskimo, or Aleut			
Age	15-39	40-64	65-74	75+	15-39	40-64	65-74	75+	15-39	40-64	65-74	75+	15-39	40-64	65-74	75+	15-39	40-64	65-74	75+
Universe Proportion	4%	35%	32%	30%	5%	46%	30%	19%	10%	46%	25%	19%	7%	43%	27%	24%	7%	43%	29%	21%
Sample Proportion	4%	30%	44%	23%	8%	58%	22%	13%	10%	73%	18%	0%	4%	62%	24%	11%	8%	64%	18%	10%

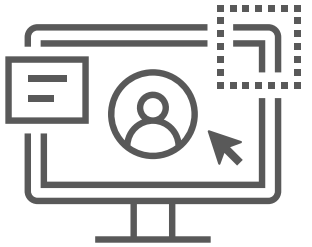
Red font: delta = >50% of Universe base proportion (tested on Universe base of >5%)

- The same analysis was run for gender within ethnicity and sample proportions match almost exactly (within 1% for all cells, not shown)

Sources:
Age/ethnicity: https://seer.cancer.gov/statistics-network/explorer/application.html?site=1&data_type=9&graph_type=2&compareBy=rate_type&chk_rate_type_1=1&chk_rate_type_2=2&chk_rate_type_3=3&sex=1&race=6&age_range=1&hdn_stage=101&advopt_precision=1&advopt_show_count=on&hdn_view=1&advopt_display=1
Gender/ethnicity: https://gis.cdc.gov/Cancer/USCS/#/Demographics/

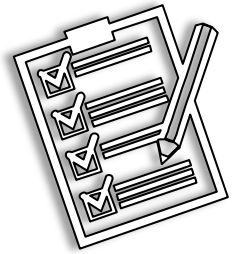
METHODOLOGY: KEY CONSIDERATIONS

Study Design



- ✓ Pre-tests conducted to ensure overall respondent comprehension and data accuracy
- ✓ Recruitment designed to target a representative sample of US cancer patients and US Oncologists
- ✓ Survey flow and content adjusted for each target audience appropriately (i.e., Patients and Physicians)

Survey Elements



- ✓ Respondents (Oncologists and patients) took a 10–15-minute survey to assess their cancer treatment experiences and attitudes
- ✓ Some mirror questions were asked for both the segments to assess insights on similar parameters/trends like patient usage and ONCs perception of integrative treatment, benefits of the same, as well as patient interest in integrative treatment vs. ONC-reported institutional availability
- ✓ For the patient survey, we used FACT-7 scoring to assess the quality of life for each individual patient
- ✓ Questions about patient willingness to pay were also included to assess price sensitivity

Analysis

- ✓ Weighted sample to the specific populations of interest (US cancer patients and US Oncologists), using general census data to fill in when specific population data was not known

DATA WEIGHTING WAS IMPLEMENTED TO REPRESENT US CANCER PATIENTS AS WELL AS ONCOLOGISTS

Specific Data Weighting Methodology & Sample Plan Outlined Below

- The **sample design** accounted for numerous target demographic variables to properly represent the US population:
  Adult Patients with Cancer
  - Ethnicity: Caucasian, African American, Hispanic, Pacific Islander, Native American/Aleut/ Eskimo/ Other Ethnic background
  - Location: Urban, Suburban, Rural
  - Gender: Male, Female
  - Geography (Region): New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, Pacific
  - Age: 18-34, 35-44, 45-54, 55-64, 65+

  Oncologists
  - Tumor Focus: Solid malignancies and Liquid malignancies
  - Geography (Region): Midwest, Northeast, South, West
  - Location: Urban, Suburban, Rural
  - Age: <41, 41-63, 63+

- **Sampling quotas** were set to ensure the margin of error was reasonably low for all cross-demographic populations of interest
  - The total sample size is 1004 for patients and 152 for physicians (tested at 95% confidence level)

- For the final **RIM weighting**, population figures were compiled from the most recent US Census data (2017), Cancer Census Data (2019), ASCO (2022) and Internal IQVIA Brand Impact Data (2022)
  - The sample data are weighted to proportionally represent each demographic variable
  - RIM weighting (Random Iterative Method of Weighting) is a technique used to weight market research data to known targets (for e.g., Ethnicity, Location, Gender, Geography and Age for patients and Tumor Focus, Geography, Location as well as Age for physicians) which allows independent weighting of each variable and balances across the sample to create a single weighting factor for each respondent, which is then applied to all questions
  - In addition, the data are also projected to the population, so prevalence can be shown in both percentages and number of respondents

QUOTA/WEIGHTING SUMMARY TABLE: PATIENT AND PHYSICIAN TRACKER

	Category	Notes
Patient	Ethnicity	Census for Cancer Patients; recruiting quotas are slightly different from cancer patient census based on analysis need
	Location (urban/suburban/rural)	US Census
	Gender	Census for Cancer Patients
	Geography	9 regions, Census for Cancer Patients
	Age	Census for Cancer Patients
Physician	Tumor Focus	BrandImpact Data
	Geography	4 regions, US Census
	Location (urban/suburban/rural)	ASCO 2022 article (rural) + ASTRO article 2019 (suburban and urban)
	Age	Physician Population Data

QUOTA/WEIGHTING SOURCES AND ASSUMPTION: PATIENT TRACKER (1/2)

		Reference Data	Assumptions and Sources
Gender	Male	51% (510)	Cancer Census Statistics Data (2019): https://gis.cdc.gov/Cancer/USCS/#/Demographics/
	Female	49% (490)	
Geo	New England	6% (n=60)	Cancer Census Statistics Data (2015-2019): https://gis.cdc.gov/Cancer/USCS/#/CongressionalDistricts/
	Middle Atlantic	15% (n=150)	
	South Atlantic	23% (230)	
	East South Central	7% (n=70)	
	West South Central	11% (n=110)	
	East North Central	12% (n=120)	
	West North Central	5% (n=50)	
	Mountain	6% (n=60)	
	Pacific	15% (n=150)	
Location	Urban	27% (270)	US HUD and Census (2017): https://www.huduser.gov/portal/pdredge/pdr-edge-frm-asst-sec-080320.html#:~:text=According%20to%20data%20HUD%20and,describe%20their%20neighborhood%20as%20rural
	Suburban	52% (520)	
	Rural	21% (210)	

QUOTA/WEIGHTING SOURCES AND ASSUMPTION: PATIENT TRACKER (2/2)

		Reference Data	Assumptions and Sources	
Age	18 – 34 years old	3% (n=30)	Cancer Census Statistics Data (2019): https://gis.cdc.gov/Cancer/USCS/#/Demographics/	
	35 – 44 years old	4% (n=40)		
	45 – 54 years old	11% (110)		
	55 – 64 years old	24% (n=240)		
	65 years and older	58% (n=580)		
Ethnicity	African American/Black	10% (n=100)	Quota (from Screener) 5% (n=50)	The Reference data is directly taken from the Cancer Census Data for year 2019; however, quotas were set based on experience and budget. The minority %'s in census are slightly higher.
	Asian or Pacific Islander	3% (n=30)	1% (n=10)	
	Caucasian/White	78% (n=780)	70-90% (n=700-900)	
	Hispanic/Latino	8% (n=80)	10% (n=100)	
	Native American, Eskimo, or Aleut	1% (n=10)	1% (n=10)	Cancer Census Statistics Data (2019): https://gis.cdc.gov/Cancer/USCS/#/Demographics/
	Some other ethnic background			

FINAL SAMPLE – PATIENT TRACKER (1/2)

		Target Quota	Final Quota
Gender	Male	51% (510)	46% (n=461)
	Female	49% (490)	54% (n=543)
Geo	New England	6% (n=60)	6% (n=64)
	Middle Atlantic	15% (n=150)	14% (n=142)
	South Atlantic	23% (230)	22% (n=222)
	East South Central	7% (n=70)	6% (n=58)
	West South Central	11% (n=110)	9% (n=93)
	East North Central	12% (n=120)	14% (n=137)
	West North Central	5% (n=50)	6% (n=62)
	Mountain	6% (n=60)	7% (n=67)
	Pacific	15% (n=150)	16% (n=159)
Location	Urban	27% (270)	32% (n=319)
	Suburban	52% (520)	50% (n=500)
	Rural	21% (210)	18% (n=185)

FINAL SAMPLE – PATIENT TRACKER (2/2)

		Target Quota	Final Quota
Age	18 – 34 years old	3% (n=30)	8% (n=81)
	35 – 44 years old	4% (n=40)	8% (n=85)
	45 – 54 years old	11% (110)	15% (n=148)
	55 – 64 years old	24% (n=240)	22% (n=218)
	65 years and older	58% (n=580)	47% (n=472)
Ethnicity	African American/Black	5% (n=50)	9% (n=92)
	Asian or Pacific Islander	1% (n=10)	2% (n=24)
	Caucasian/White	70-90% (n=700-900)	79% (n=797)
	Hispanic/Latino	10% (n=100)	7% (n=74)
	Native American, Eskimo, or Aleut	1% (n=10)	2% (n=17)
	Some other ethnic background		

QUOTA/WEIGHTING SOURCES AND ASSUMPTION: PHYSICIAN TRACKER

		Reference Data	Assumptions and Sources
Geo	Midwest	25% (n=37)	**Source:** https://ascopubs.org/doi/10.1200/JOP.18.00149 (Table 1)
	Northeast	23% (n=34)	
	South	33% (n=49)	
	West	20% (n=30)	
Location	Rural	10% (n=15)	**Sources and Assumption:** • Rural: according to JCO's 2022 statistics, rural is 10.5% (https://ascopubs.org/doi/full/10.1200/OP.22.00168). Most of the other sources were below 10 (but from past years), so used 2022 data. • Urban and Suburban: used 2019 data on radiation oncologists since very hard to find this (https://www.onclive.com/view/shortage-of-cancer-care-providers-in-rural-areas-affects-patient-outcomes) • Check on urban/suburban split done with M3 panel (2022, not representative), which shows urban (56%) higher than sub-urban (38%)
	Urban	48% (n=72)	
	Suburban	42% (n=63)	
Age	<=40 years	14% (n=21)	**Assumption:** 41-63 years: 64.1% (Calculated by adding 13.9% and 22% and subtracting by 100%) **Source:** https://ascopubs.org/doi/pdf/10.1200/OP.22.00168
	41-64 years	64% (n=96)	
	64+ years	22% (n=33)	

FINAL SAMPLE – PHYSICIAN TRACKER

		Target Quota	Final Quota
Tumor Focus	Solid malignancies	65% (n=98)	81% (n=123)
	Liquid malignancies	35% (n=52) (Source: BrandImpact 2022)	19% (n=29)
Geo	Midwest	25% (n=37)	20% (n=30)
	Northeast	23% (n=34)	22% (n=33)
	South	33% (n=49)	37% (n=56)
	West	20% (n=30)	22% (n=33)
Location	Urban	48% (n=72)	51% (n=77)
	Suburban	42% (n=63)	42% (n=64)
	Rural	10% (n=15)	7% (n=11)
Age	<=40 years	14% (n=21)	25% (n=38)
	41-63 years	64% (n=96)	64% (n=98)
	64+ years	22% (n=33)	11% (n=16)