



The Harris Poll

Harris Insights & Analytics LLC, A Stagwell Company

ASCO 2020 Cancer Opinions Survey

2020 Key subjects: COVID-19 and Cancer Care, Health Inequities in Cancer Care, Clinical Trial Myths, Key Trends

September 2020



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Research Methodology

Mode:
Online survey



Length:
20 Minutes



Qualification Criteria:
General Population

- US residents
- Age 18+



Cancer Patients

- US residents
- Age 18+
- Ever diagnosed with cancer by a healthcare professional



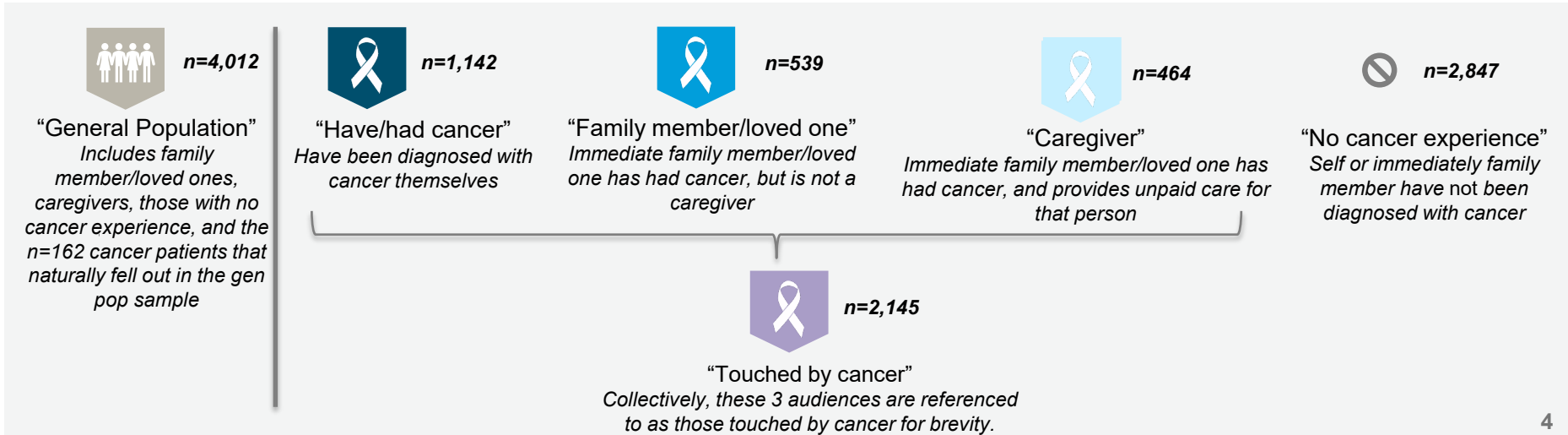
	General Population	Cancer Patients
Sample Size:	<p>n=4,012*</p> <p><i>*includes n=162 cancer patients (natural fallout)</i></p>	<p>n=1,142**</p> <p><i>**includes n=162 cancer patients from the gen pop natural fallout + an oversample of n=980</i></p>
Field Dates:	July 21 – September 8, 2020	

For all US adults age 18+ figures for age by gender, education, region, household size, income, marital status, and employment status were adjusted, as needed to population distributions from the US Census Bureau, separately for Hispanic, Black/African American (not Hispanic) and all other (not Hispanic). Then each race/ethnicity group was combined into an overall total based on their proportion within the US adult population. The adults age 18+ with cancer were weighted separately, as needed, using population distributions from the CDC's NHIS for those diagnosed with cancer, using the same demographic variables as above.



Report Notes

- Percentages may not add up to 100% due to weighting and/or computer rounding and the acceptance of multiple responses.
- Unless otherwise noted, results for the Total (general population) are displayed.
- Statistical significance testing (at 95% confidence) is included where applicable – significant differences are noted throughout the report with letters (A,B,C, etc.).
- In certain instances, some subgroups may be too small to report quantitatively for PR. Anything too small to report quantitatively is noted with **Caution: small base (n<100). Results should be interpreted as directional only.* Subgroup sample sizes that are even smaller (<50 or <30), are noted with ***Caution, very/extremely small base (n<50/30), results should be interpreted as qualitative in nature.*
- Colors and icons differentiate which audience is being represented within the detailed findings as shown below.





Key Findings



The Pandemic Takes Its Toll on Patients and Prevention

Most patients are limiting contact with others because of COVID-19, leaving caregivers wishing they could do more

- Most patients (81%) are limiting their contact with others because they are scared of getting COVID-19 and half (49%) feel they have had to make a lot of sacrifices to their daily life because of their heightened risk for COVID-19
- Roughly two-thirds of family members and caregivers wish there was more they could do to support their loved one, both practically (69% and 71%, respectively) and emotionally (67% and 69%, respectively)
- For caregivers whose loved one's cancer is active or in partial remission, this is especially true - 84% wish there was more they could do to help and 77% wish there was more they could do to emotionally support their loved one during the pandemic

The pandemic causes major delays in cancer screenings – meanwhile, many are not taking basic steps of cancer prevention

- Nearly one in four adults (24%) delayed or cancelled routine cancer screening tests because of the pandemic
- Among those who delayed or cancelled, two-thirds of the time (66%) it was the patient who chose to delay/cancel
- More than six in 10 (63%) who delayed or skipped their appointment(s) are concerned about being behind on their cancer screening(s)
- At the same time, fewer than half of Americans report that they take important preventive actions to reduce their cancer risk such as using sunblock (48%), maintaining a healthy weight (47%), and limiting alcohol consumption (42%)



Awareness of Inequities Exists, but Unevenly Across Races

Americans acknowledge there are inequities – but - most are unaware of the impact race has on cancer care and survival

- Nearly three in five (59%) agree racism can impact the care a person receives within the U.S. healthcare system
- And, half of Americans (53%) feel Black Americans are less likely to have access to the same quality of cancer care as White Americans
- Despite this, only around a quarter of Americans (24%) say a person's race status affects the likelihood they will get the best possible cancer care and less than one in five (19%) believe race has an impact on a person's likelihood of *surviving* cancer

People of color are far more likely to be aware of inequities

- Non-white adults are more likely to agree racism can impact care within US health system (Black 76%, Hispanic 70%, and Asian (66%) compared to 53% of White adults)
- And, 71% of Black adults say that Blacks are less likely to have access to the same quality of care as Whites, compared to 47% of White adults
- Black and Hispanic adults are more likely than White adults to say race impacts both access to the best possible cancer care (Black 41% and Hispanic 28% compared to 20% of White adults) as well as survival (Black 27% and Hispanic 22% compared to 16% of White adults)



Most Do Not Understand Realities of Clinical Trials

There is a lack of understanding of clinical trials – even among cancer patients

- Only about half of U.S. adults (53%) say they are knowledgeable about clinical trials
- Even among those who have/had cancer, only 1 in 10 (11%) report being *very* knowledgeable
- Most adults (91%) feel that clinical trials involve some risk with about 1 in 5 (21%) believing there is a lot of risk
- But, nearly half of people (48%) believe cancer patients who participate in clinical trials are not receiving the best possible care and are just part of an experiment
- Further, three quarters of Americans (75%), including 87% of cancer patients, believe that some people who participate in cancer clinical trials receive a placebo rather than actual treatment

Despite a lack of understanding, most Americans say they would be willing to participate in a cancer clinical trial

- Three in four Americans (75%) say they would be willing to participate in a clinical trial for a cancer treatment if they had cancer
- And, nearly three quarters of adults (74%) agree participating in a clinical trial is worth the risks for benefit of greater good
- That said, two-thirds (67%) say they wish they knew more about how clinical trials worked



Key Trended General Population Findings

Findings signal an increase in understanding of key risk factors – but may not actually be taking meaningful steps to reduce cancer risk

- When it comes to risk, people are more likely to say that they think smoking e-cigarettes (53% up from 42% in 2018) and alcohol (34% up from 30% in 2017) increases a person's risk of getting cancer
- Adults are more likely to say that they care deeply and incorporate cancer prevention into their daily life (27% vs. 24% in 2019)
- They are also more likely to say they talked with their doctor about what they can do to reduce their cancer risk (22% vs. 18% in 2019) – but at the same time are more likely to say they thought they had cancer based on information they found online (12% vs. 9% in 2019)
- However, when it comes to making actual changes, the only significant change in behavior was an increase in taking supplements to reduce risk (50% vs. 44% in 2017-2019) and also a drop in concern about getting cancer (54% down from 57% in 2019 and 63% in 2017) - which may be due to an increased focus on overall health due to the pandemic

Knowledge about the dangers of e-cigarettes seem to be growing though it is coupled with an increase in users

- Adults are less likely to say e-cigarettes are a healthier alternative to traditional cigarettes (34% vs. 39% in 2019) and to say that the long-term health effects of e-cigarettes aren't yet known (70% vs. 76% in 2019)
- And, there seems to be growing support for banning e-cigs (48% vs. 41% in 2019) and flavored e-cigs (55% vs. 46% in 2019)
- However, adults are more likely to say they have tried e-cigarettes (34% vs. 27% in 2019) and the proportion saying they use daily or recreationally has grown (15% vs. 13% in 2019)



Detailed Findings



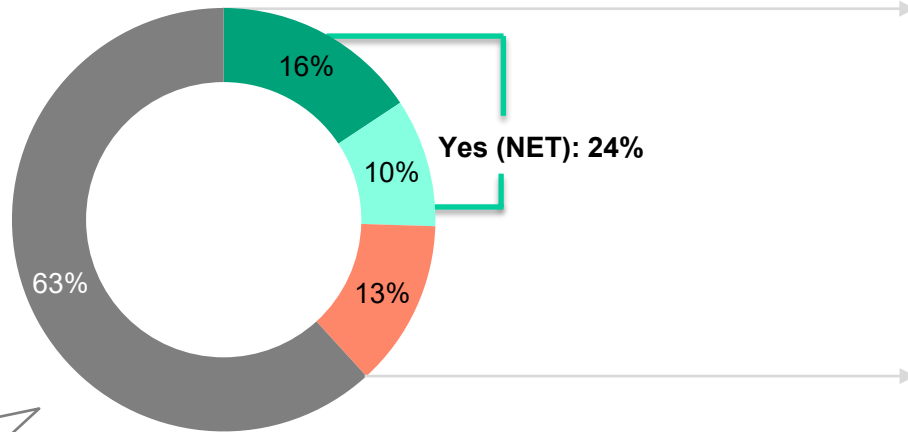
COVID-19 and Cancer Care



1 in 4 U.S. Adults Say Routine Cancer Screening Tests Have Been Delayed or Cancelled Because of the Pandemic

Among those who were scheduled for a routine cancer screening test during the pandemic, nearly two-thirds say the test was delayed or cancelled, most commonly by their own volition.

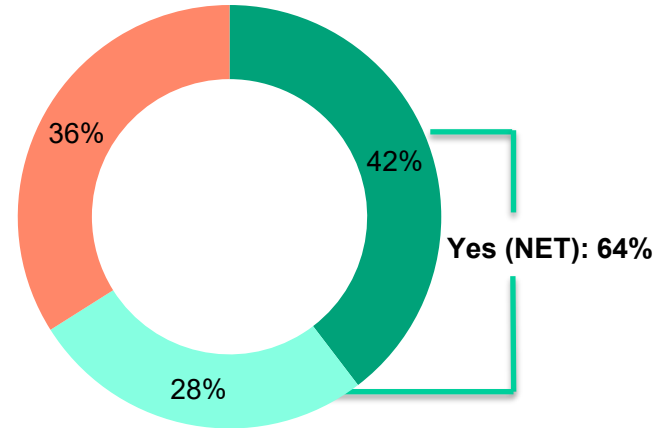
Delayed/Skipped Routine Cancer Screening Tests



Black adults are more likely than White adults to have not been scheduled for any cancer screening tests during the pandemic (68% vs. 61%)

- Yes, I chose to delay/cancel
- Yes, my provider delayed/ cancelled
- No, had tests as planned
- N/A, was not scheduled for any

Among those who were scheduled for a screening test during the pandemic



- Yes, I chose to delay/cancel
- Yes, my provider delayed/ cancelled
- No, had tests as planned

BASE: QUALIFIED RESPONDENTS (n=4012)

Q11n2020 As a result of the COVID-19 pandemic, have you had to delay or cancel any routine cancer screening tests such as a mammogram, colonoscopy, lung scan, skin check, or PAP/HPV test?

BASE: SCHEDULED FOR CANCER SCREENING DURING PANDEMIC (n=1587)

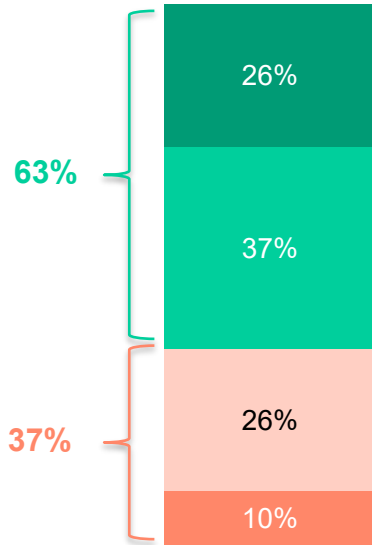
Q11n2020 As a result of the COVID-19 pandemic, have you had to delay or cancel any routine cancer screening tests such as a mammogram, colonoscopy, lung scan, skin check, or PAP/HPV test?



More Than 3 in 5 Who Delayed or Skipped Routine Cancer Screenings Concerned

Regardless of whether the delay was a personal choice or HCP requested, the concern remains the same.

Concern About Being Behind on Cancer Screening(s)
Among those who delayed or skipped



Top 2 Box Concern	Among those who personally delayed or skipped	Among those whose HCP requested delayed or skip
Very concerned	64%	64%
Somewhat concerned		

- Not very concerned
- Not at all concerned

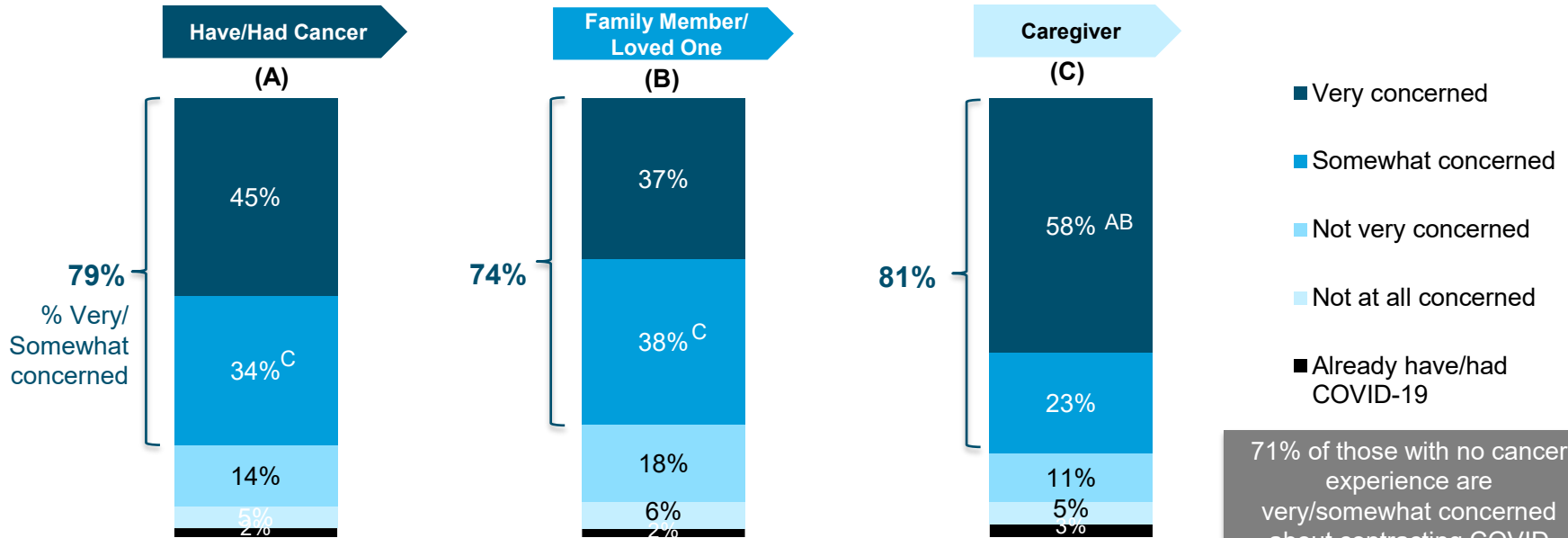


At Least Three-Quarters Concerned About Themselves or Their Loved One with Cancer Contracting COVID-19

8 in 10 patients are concerned about contracting the virus and a similar proportion of caregivers are concerned their loved one will get COVID-19.

Concern About [Loved One] Contracting COVID-19

Among those who have/had cancer or whose love one is not deceased

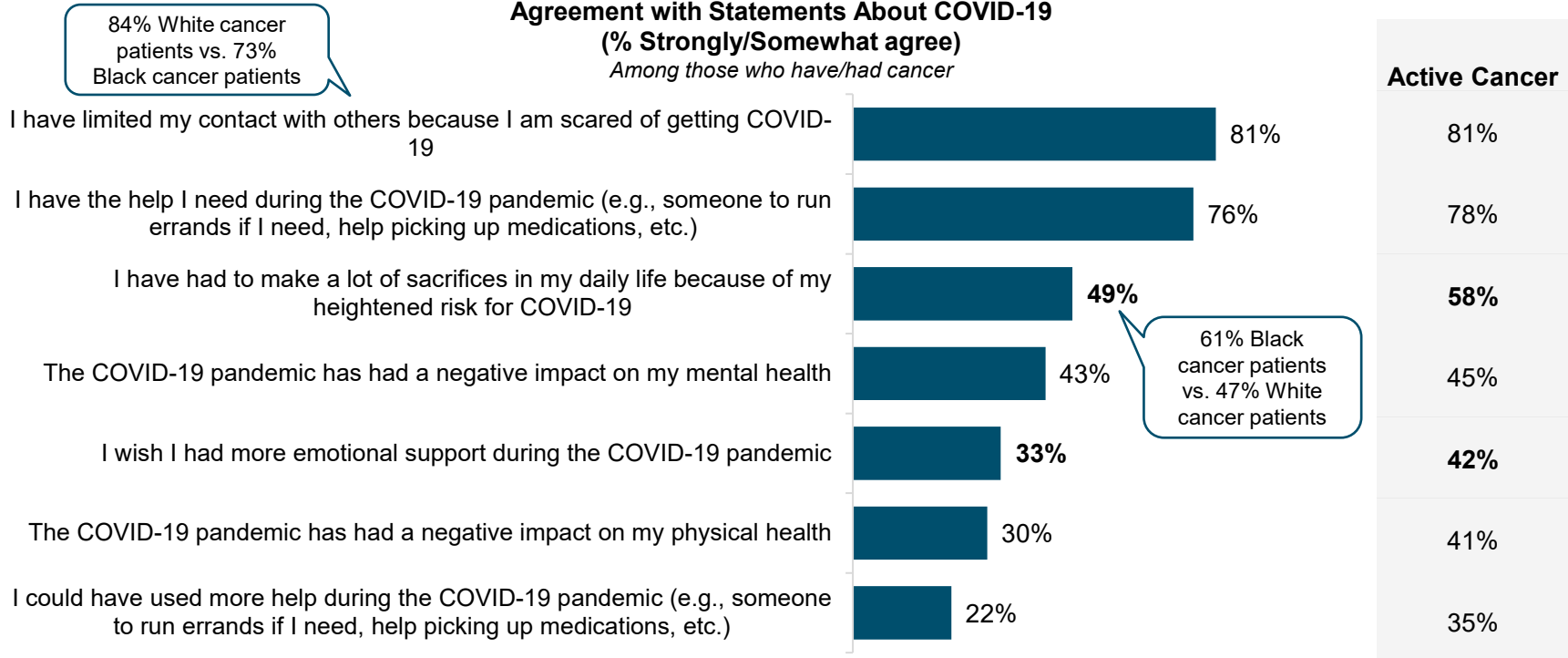




Most Patients Limiting Contact with Others, with Half Feeling They Have Had to Make a Lot of Sacrifices Because of Their Heightened Risk for COVID-19

Patients with active cancer are particularly likely to agree they have had to make a lot of sacrifices, that they wish they had more emotional support, could have used more practical support, and that the pandemic has had a negative impact on their physical health.

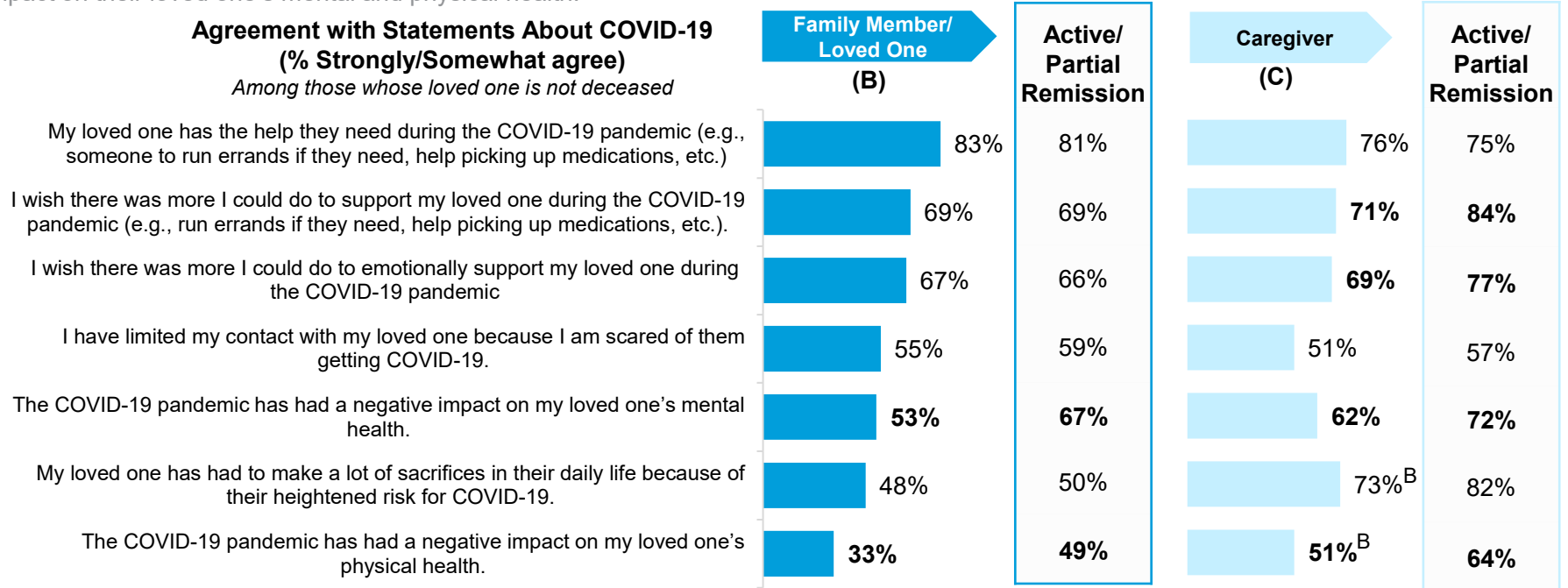
Agreement with Statements About COVID-19
 (% Strongly/Somewhat agree)
Among those who have/had cancer





Around Half of Family Members and Caregivers Have Limited Contact with Their Loved One, with Many Wishing There Was More They Could Do to Help

Roughly two-thirds of family members and caregivers wish there was more they could do to support their loved one, both practically and emotionally. For caregivers whose loved one has active cancer or is in partial remission this is especially true. Family members and caregivers whose loved one's cancer is active or they are in partial remission are particularly likely to say the pandemic has had a negative impact on their loved one's mental and physical health.



BASE: FAMILY MEMBER/LOVED ONE AND PERSON IS NOT DECEASED (n=284). ACTIVE/PARTIAL REMISSION (n=113); CAREGIVER AND LOVED ONE IS NOT DECEASED (n=259). ACTIVE/PARTIAL REMISSION (n=137)
Q7n2020 To what extent do you agree or disagree with the following statements?

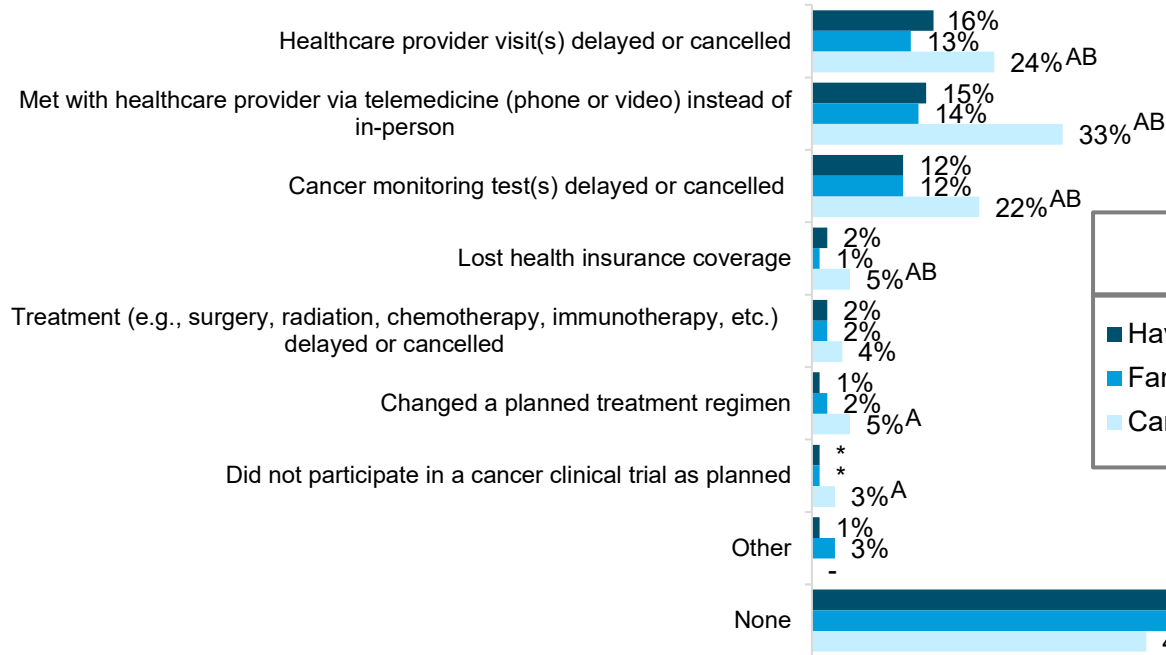


Cancer Care Impacted by Pandemic for at Least 1 in 3 Touched by Cancer

Most common impacts relate to HCP visits being delayed or done via telemedicine instead of in-person. Caregivers are much more likely than patients or family member/loved ones to report COVID-19 has impacted their loved one’s cancer care.

COVID-19 Impact on Cancer Care

Among those who have/had cancer or whose loved one is not deceased



	Cancer care was impacted (NET)	Active [^]
■ Have/Had Cancer (A)	32%	50%
■ Family Member/Loved One (B)	33%	50%
■ Caregiver (C)	56%	74%

[^]Family member/Loved one and Caregiver represent active and partial remission

BASE: HAVE/HAD CANCER OR IMMEDIATE FAMILY MEMBER HAS/HAD CANCER AND PERSON IS NOT DECEASED; HAVE/HAD CANCER (n=1142), ACTIVE (n=148); FAMILY MEMBER/LOVED ONE (n=284), ACTIVE/PARTIAL REMISSION (n=113); CAREGIVER (n=259), ACTIVE/PARTIAL REMISSION (n=137)

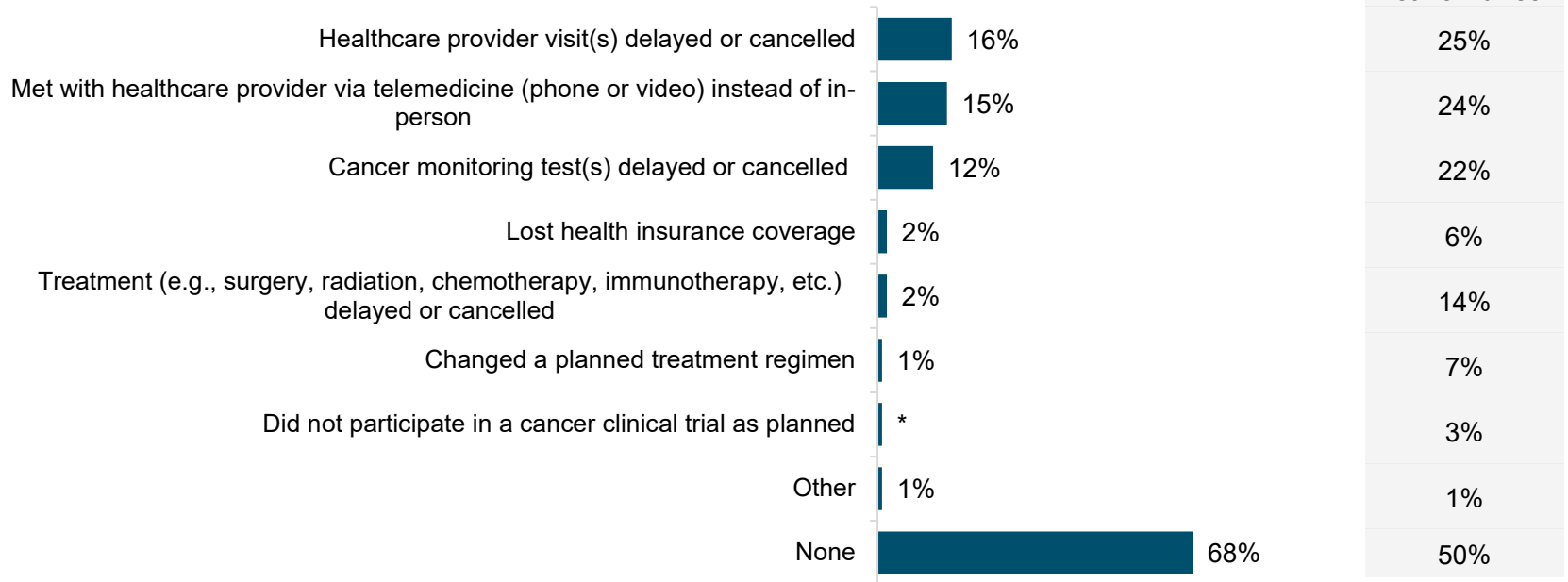
Q4n2020 In which of the following ways, if any, has [your/your loved one's] cancer care been impacted by the COVID-19 pandemic? Please select all that apply.



Patients with Active Cancer Most Likely to Report Impacts to Cancer Care Due to Pandemic

Half of patients with active cancer report some impact on their cancer care. Comparatively, the proportion of cancer patients overall reporting impacts is roughly a third.

COVID-19 Impact on Cancer Care
Among those who have/had cancer



BASE: HAVE/HAD CANCER (n=1142), ACTIVE (n=148)
Q4n2020 In which of the following ways, if any, has your cancer care been impacted by the COVID-19 pandemic? Please select all that apply.

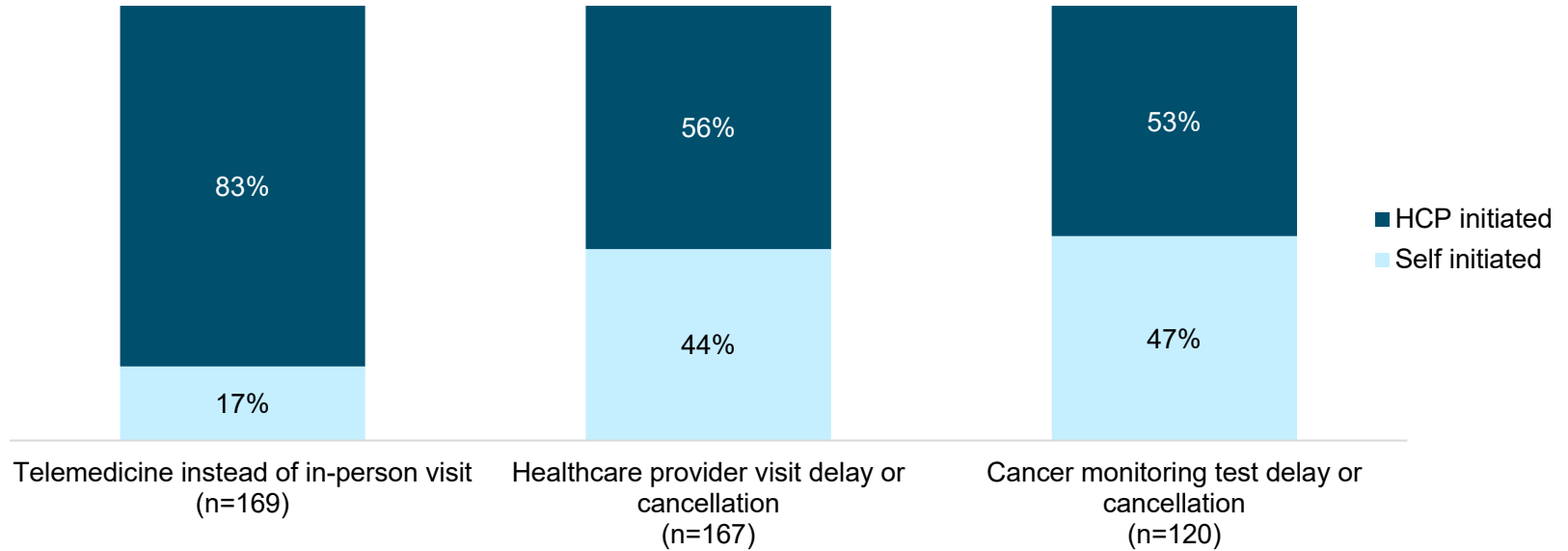


Majority of Patients Who Met with HCP via Telemedicine During Pandemic Report Their HCP Initiated

However, only about half report delays or cancellations of HCP visits and cancer monitoring tests were HCP initiated with more being self initiated compared to telemedicine visits.

Who Initiated Delay or Cancellation

Among those who have/had cancer and their cancer care was impacted



■ HCP initiated
■ Self initiated

Note: Treatment delay or cancellation (n=18) and Change of planned treatment regimen (n=10) have not been included due to extremely small base sizes.

BASE: HAVE/HAD CANCER AND CANCER CARE WAS IMPACTED (n=variable)

Q5n2020 For each of the following, please indicate whether the delay or cancellation was requested by you/your loved one or your/their healthcare provider?

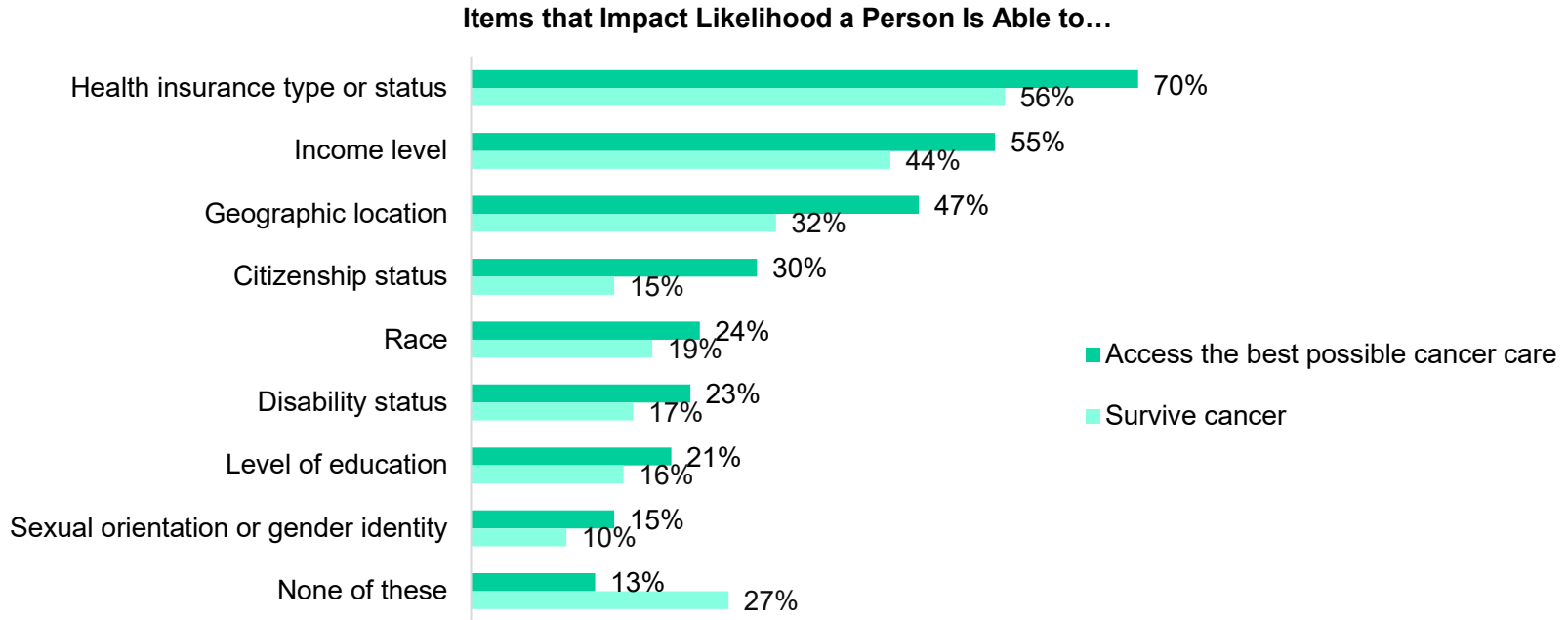


Inequities in Cancer



Majorities Believe Certain Demographics Impact Cancer Access and Survival

For both, the most common impact is believed to be health insurance type or status, followed by income level and geographic location.



BASE: QUALIFIED RESPONDENTS (n=4012)

Q1n2020 Which of the following, if any, do you believe impacts the likelihood that a person is able to access the best possible cancer care? Please select all that apply.

Q2n2020 And, which of the following, if any, do you believe impacts the likelihood that a person will survive cancer? Please select all that apply.

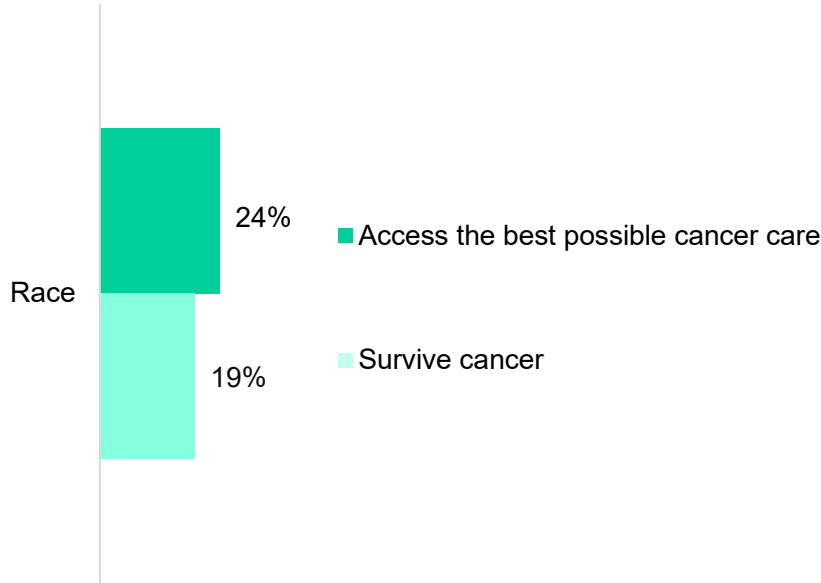


Black Adults More Likely Than Any Other Race to Say Race Impacts Access

Black adults are twice as likely as White and Asian adults to say race impacts access to the best possible cancer care. Black and Hispanic adults are more likely than White adults to say race impacts both access to the best possible cancer care as well as survival.

Among all respondents

Items that Impact Likelihood a Person Is Able to...



	White (A)	Black (B)	Hispanic (C)	Asian (D)	White Cancer Patients (E)	Black Cancer Patients (F)
Access the best possible cancer care	20%	41% ACD	28% AD	20%	19%	41% E
Survive cancer	16%	27% A	22% A	21%	20%	35% E

BASE: QUALIFIED RESPONDENTS (n=4012; WHITE (n=1999), BLACK (n=552), HISPANIC (n=982), ASIAN (n=327); WHITE PATIENTS (n=900), BLACK PATIENTS (n=125)

Q1n2020 Which of the following, if any, do you believe impacts the likelihood that a person is able to access the best possible cancer care? Please select all that apply.

Q2n2020 And, which of the following, if any, do you believe impacts the likelihood that a person will survive cancer? Please select all that apply.

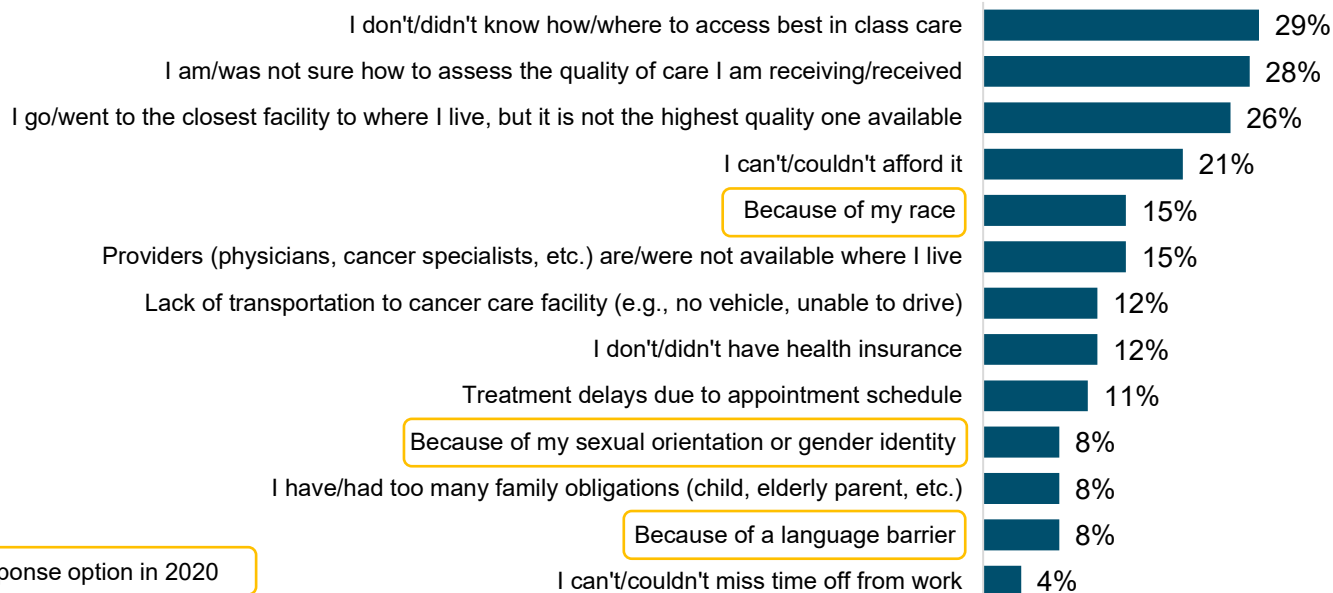


For Patients Who Actually Feel They Did Not Receive the Best Care, Uncertainty of How to Assess or Access Quality Care Tops List

Patients also report being limited by geographic location and cost. More than 1 in 10 cancer patients who feel they aren't/didn't receive the best possible cancer care say believe it is because of their race.

Reasons for Lack of Confidence in Quality of Cancer Care

Among those who have/had cancer and disagree about receiving good care





Three in Five Agree Racism Can Impact the Care a Person Receives within the U.S. Healthcare System

Non-White adults are also more likely to believe Black Americans are less likely to have access to the same quality of cancer care as White Americans.

Agreement with Statements About Access to Cancer Care (% Strongly/Somewhat agree)

Racism can impact the care a person receives within the U.S. healthcare system.

59%

Black Americans are less likely to have access to the same quality of cancer care as White Americans.

53%

	White (A)	Black (B)	Hispanic (C)	Asian (D)
Racism can impact the care a person receives within the U.S. healthcare system.	53%	76% AD	70% A	66% A
Black Americans are less likely to have access to the same quality of cancer care as White Americans.	47%	71% ACD	60% A	60% A

Black cancer patients are more likely than White cancer patients to agree with these statements

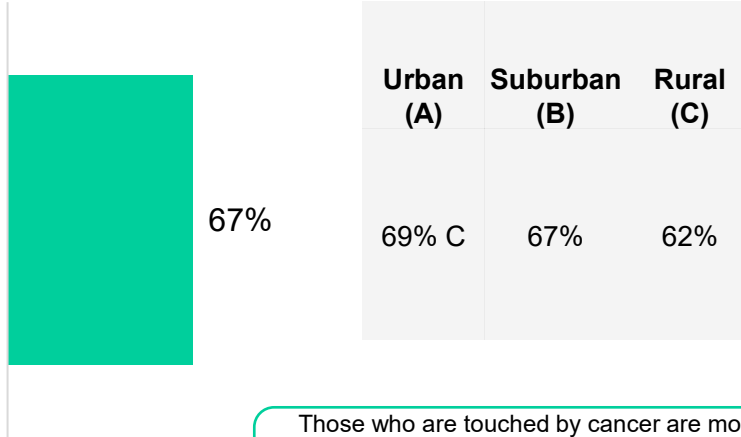


Two-Thirds Believe People in Rural Areas Are Less Likely to Have Access to Same Quality Care as Those in Urban or Suburban Areas

Those in urban areas more likely than those in rural areas to agree. Those touched by cancer are more likely than those with no cancer experience to agree there are geographical inequities.

Agreement with Statements About Access to Cancer Care (% Strongly/Somewhat agree)

Someone living in a rural area is less likely to have access to the same quality of cancer care as someone living in an urban or suburban area.



Those who are touched by cancer are more likely than those with no cancer experience to agree (70% patients, 72% family member/loved one, 71% caregiver vs. 64% no experience)



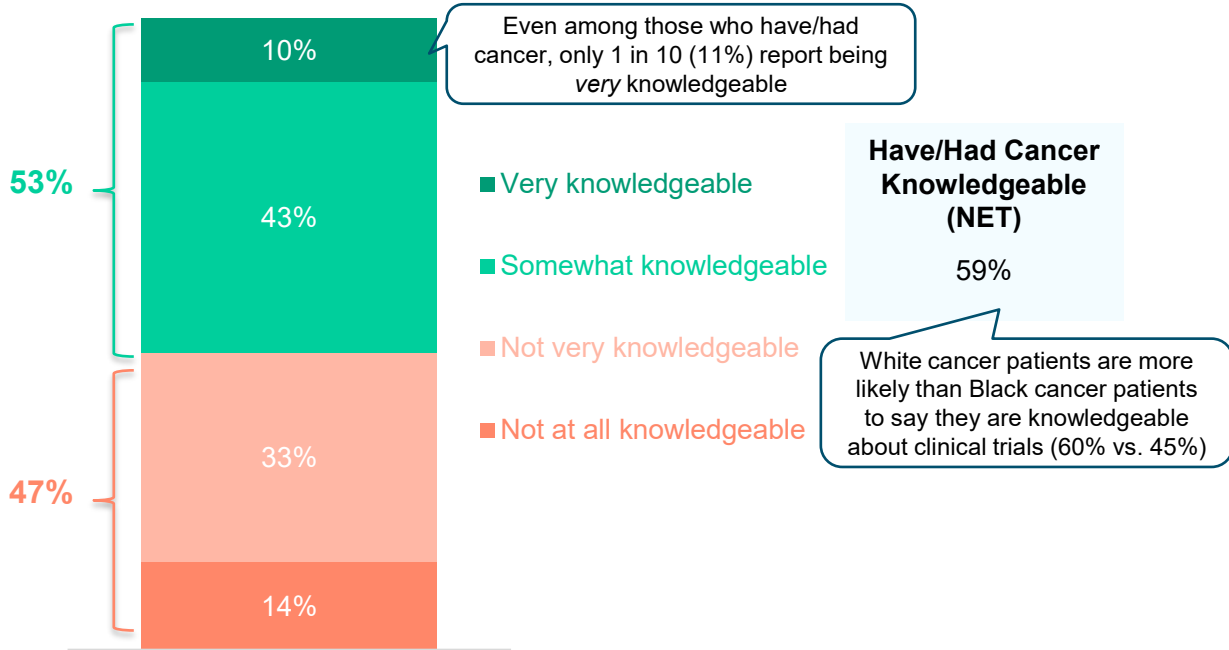
Clinical Trial Myths



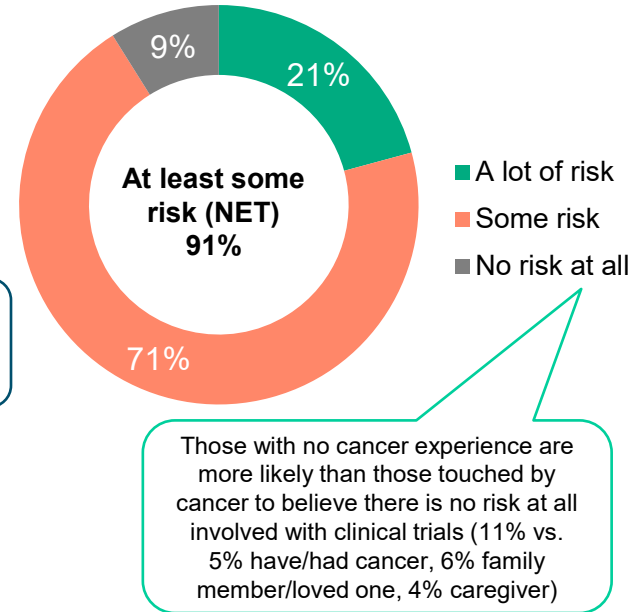
Only About Half of U.S. Adults Say They Are Knowledgeable About Clinical Trials

Few feel very knowledgeable - even patients. Three-quarters perceive there is some risk involved with clinical trials, with about 1 in 5 believing there is a lot of risk.

Knowledge of Clinical Trials



Perception of Risk Involved with Clinical Trials

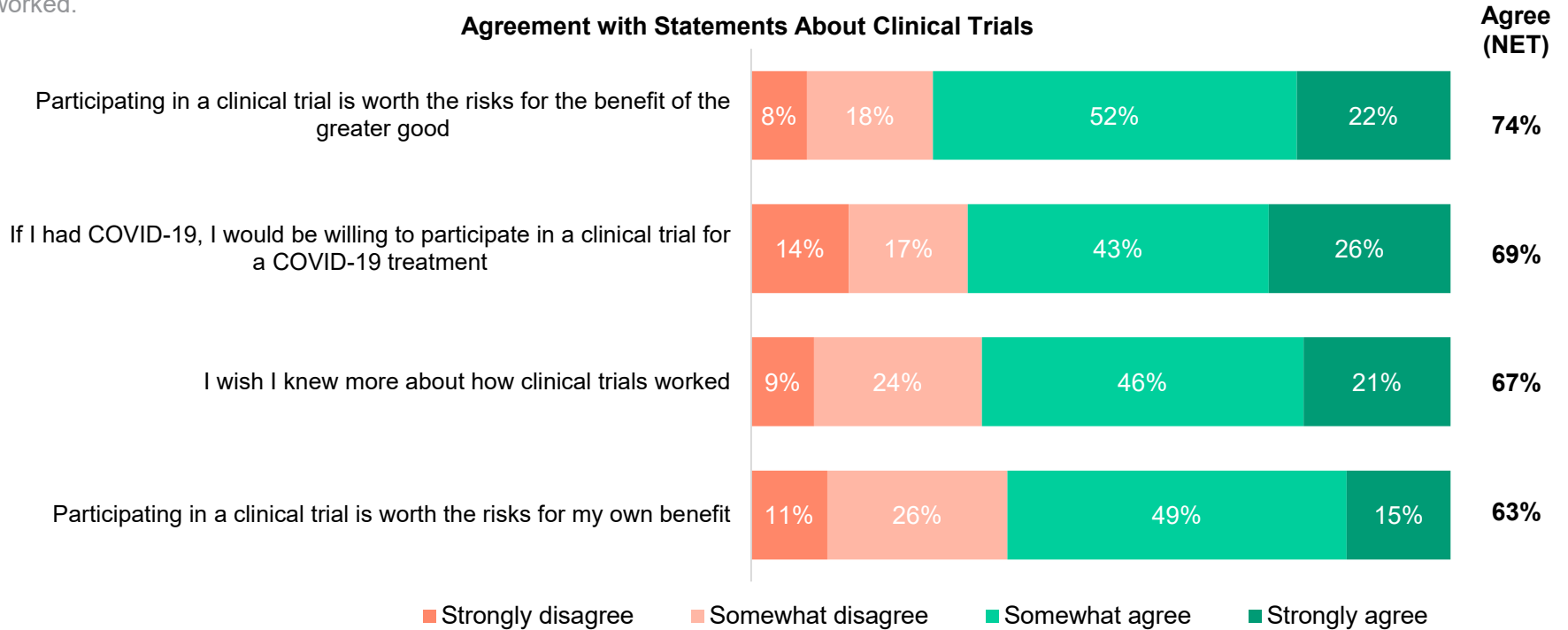




Three-Quarters of Adults Agree Participating in a Clinical Trial is Worth the Risks for Benefit of Greater Good

Fewer - though still a majority - agree the risks are worth it for their own benefit. Two-thirds wish they knew more about how clinical trials worked.

Agreement with Statements About Clinical Trials

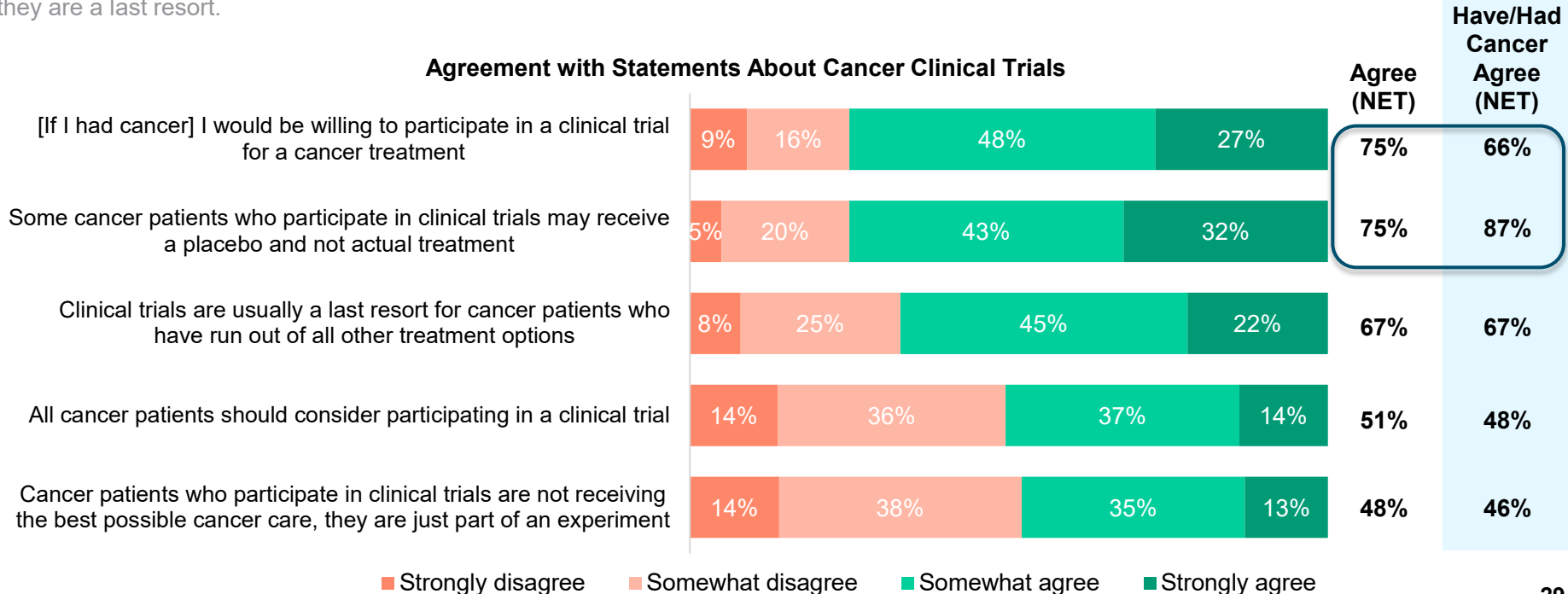




Despite Majority Reporting They Would Be Willing to Participate in Cancer Clinical Trial, Many Hold Inaccurate Beliefs About Them

Three-quarters of U.S. adults would be willing to participate in a cancer clinical trial, despite a similar proportion saying some patients receive a placebo and half saying cancer clinical trial participants are just part of an experiment and are not receiving the best possible care. Only two-thirds of patients would be willing to participate, perhaps because nearly 9 in 10 believe that they might receive a placebo, and many feel they are a last resort.

Agreement with Statements About Cancer Clinical Trials



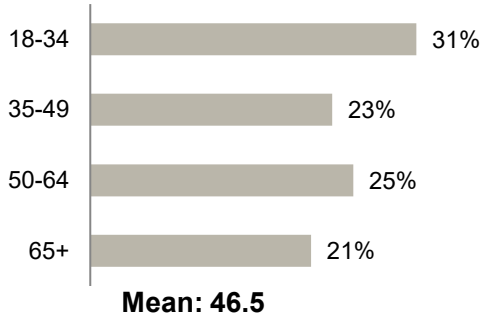


Demographics

DEMOGRAPHICS – GENERAL POPULATION



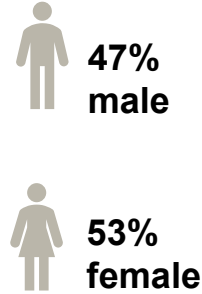
Age



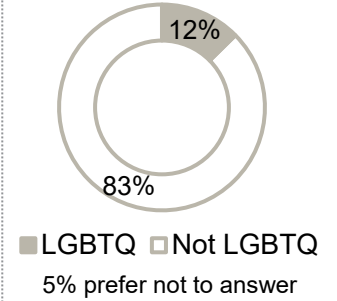
Race

- 62% White
- 16% Hispanic
- 12% Black/African American
- 6% Asian or Pacific Islander
- 2% Mixed race
- 1% Native American
- * Other race
- 2% Prefer not to answer

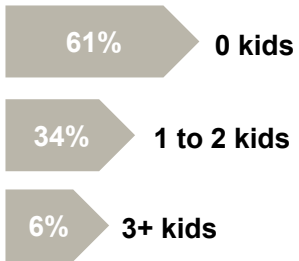
Gender



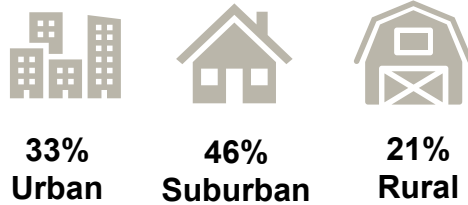
LGBTQ



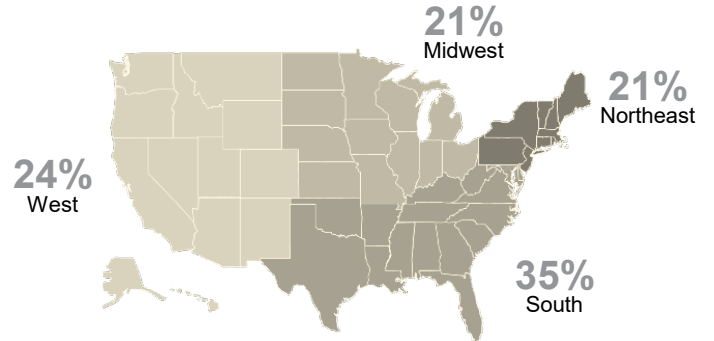
Children in HH



Locale

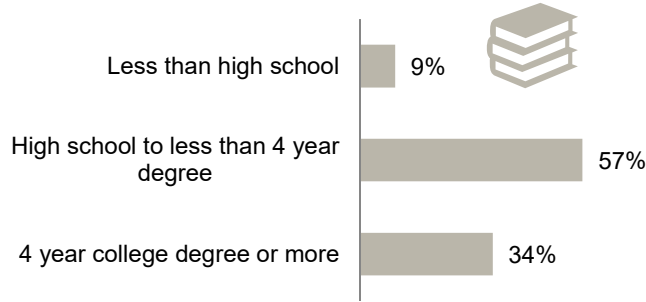


Region

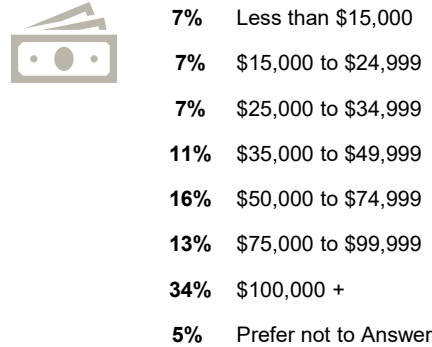




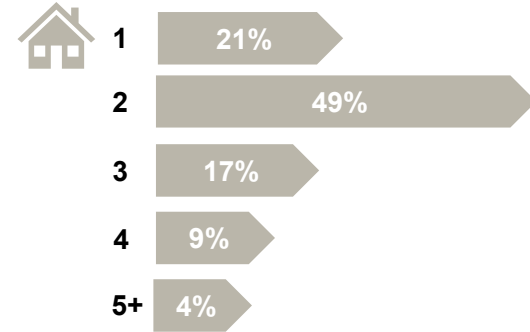
Education



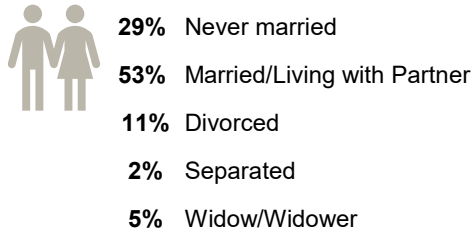
Household Income



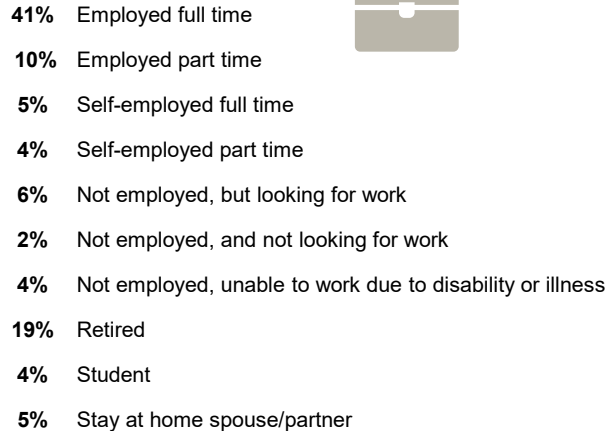
Adults in HH



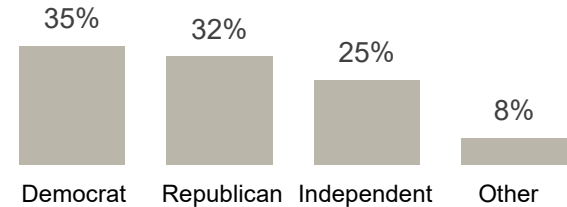
Marital Status



Employment

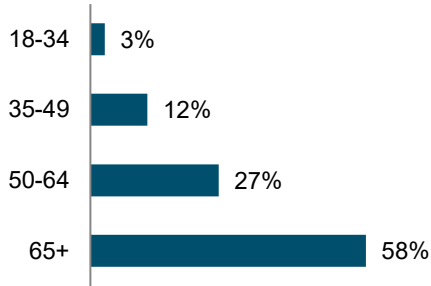


Political Party





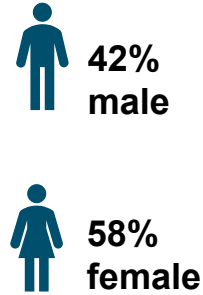
Age



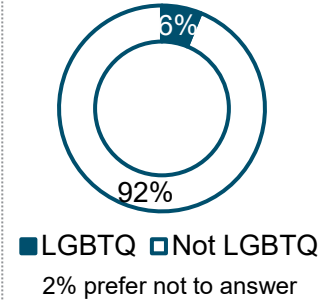
Race

- 79% White
- 7% Black/African American
- 6% Hispanic
- 3% Asian or Pacific Islander
- 2% Mixed race
- 2% Other race
- 1% Native American
- 1% Prefer not to answer

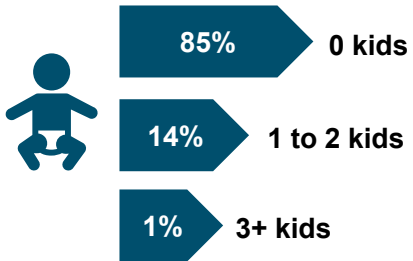
Gender



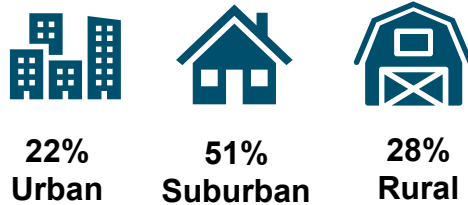
LGBTQ



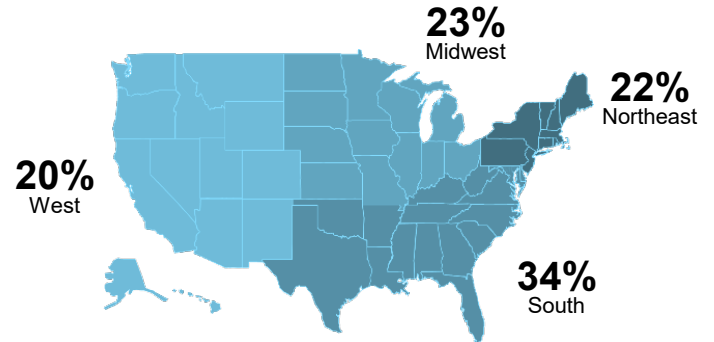
Children in HH



Locale

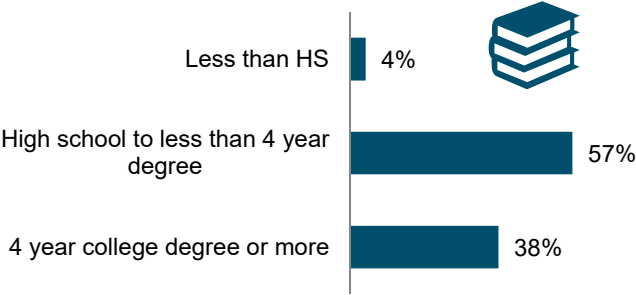


Region

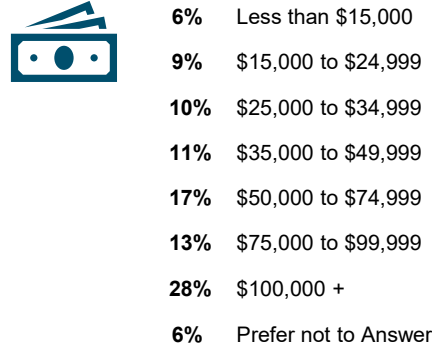




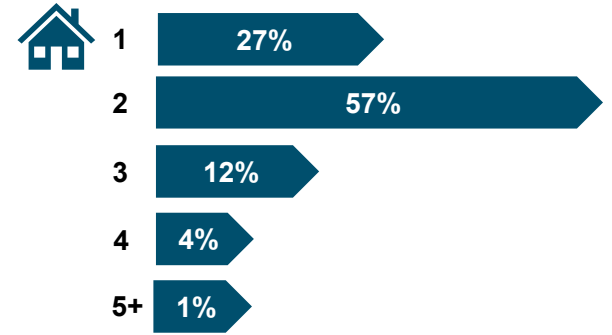
Education



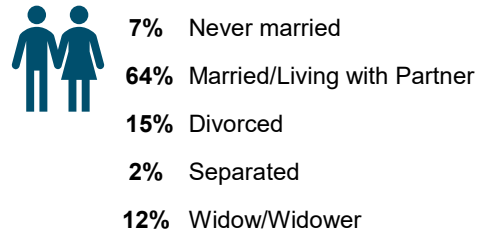
Household Income



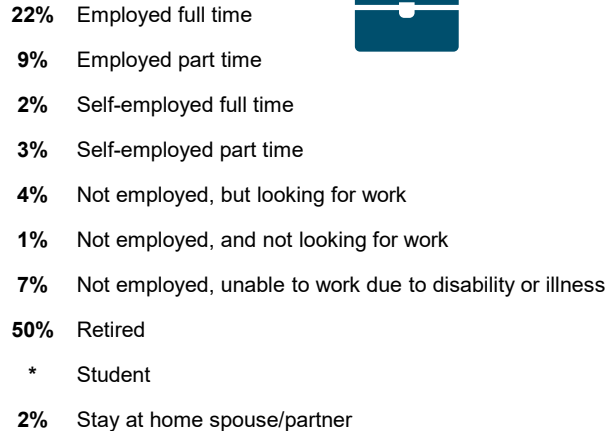
Adults in HH



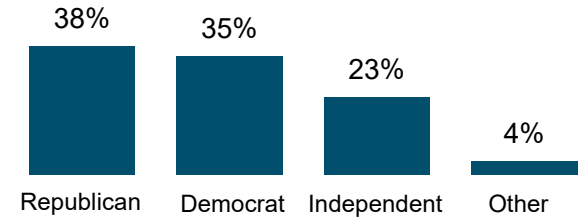
Marital Status



Employment



Political Party

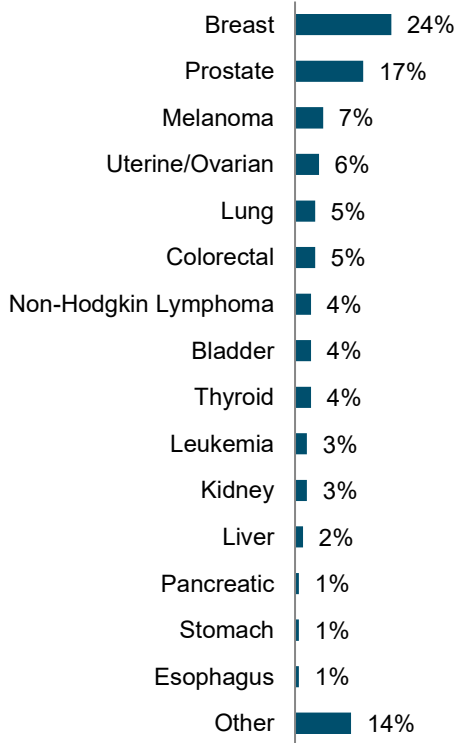




Cancer Profiles



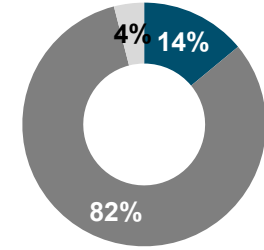
Cancer Type



Time of Diagnosis

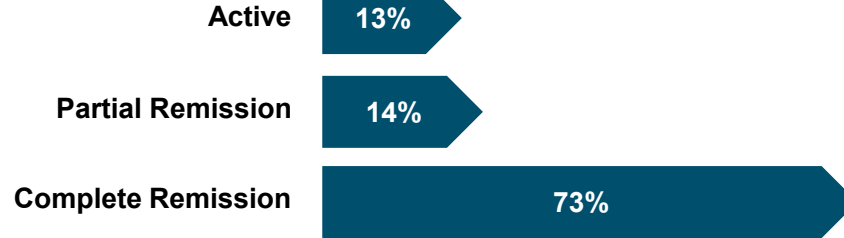
- 12% In the past year
- 12% 1 - less than 2 years ago
- 31% 2-5 years ago
- 18% 6-10 years
- 25% More than 10 years ago
- * Prefer not to answer
- 2% Not sure

Metastatic Cancer Experience



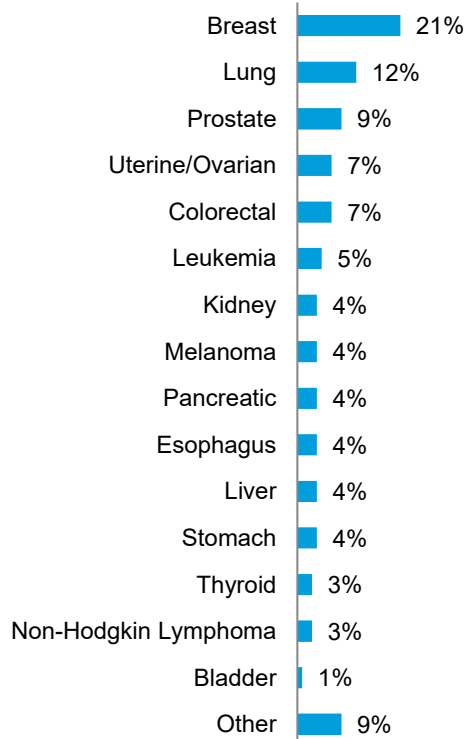
■ Yes ■ No ■ Not sure

Current Cancer Status

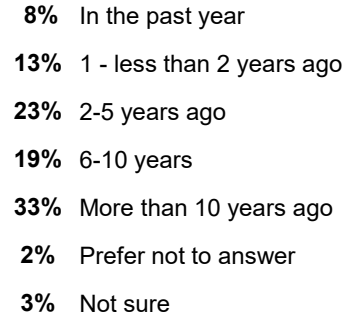




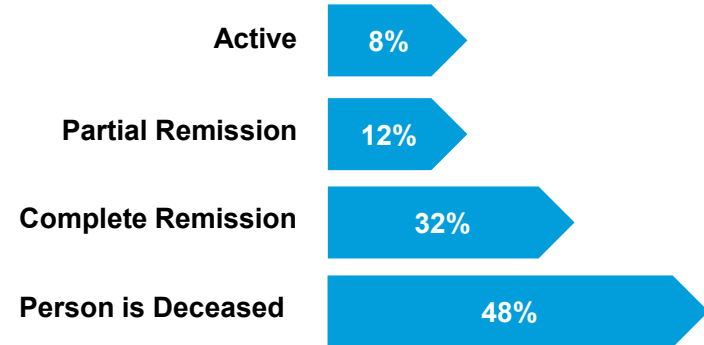
Cancer Type



Time of Diagnosis

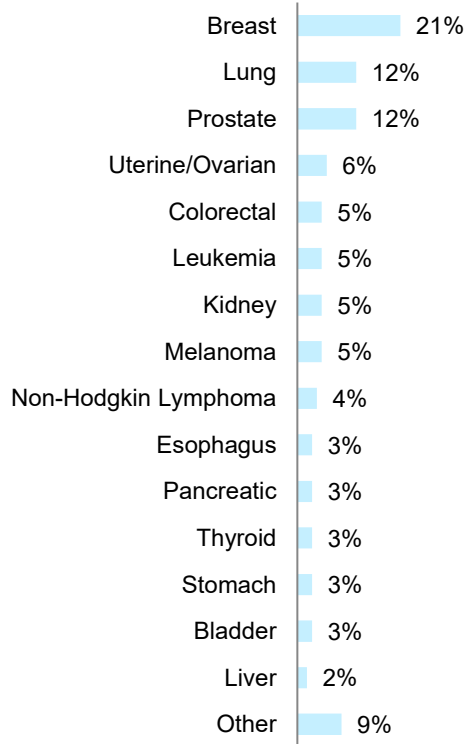


Current Cancer Status

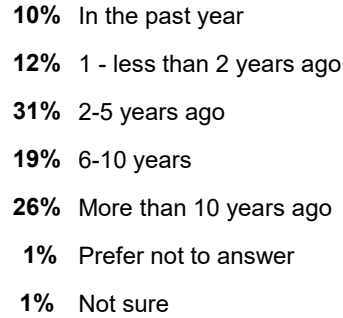




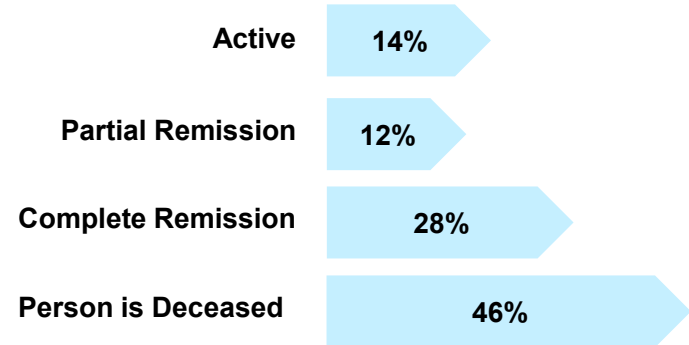
Cancer Type



Time of Diagnosis



Current Cancer Status





Appendix



Research Methodology

Method statement *(to be included in all materials for public release)*

This survey was conducted online in the U.S. by The Harris Poll on behalf of ASCO between July 21 – September 8, 2020 among 4,012 US adults aged 18+ and 1,142 adults with cancer. For all US adults age 18+ figures for age by gender, education, region, household size, income, marital status, and employment status were adjusted, as needed to population distributions from the US Census Bureau, separately for Hispanic, Black/African American (not Hispanic) and all other (not Hispanic). Then each race/ethnicity group was combined into an overall total based on their proportion within the US adult population. The adults age 18+ with cancer were weighted separately, as needed, using population distributions from the CDC's NHIS for those diagnosed with cancer, using the same demographic variables as above.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, The Harris Poll avoids the words “margin of error” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal. Respondents for this survey were selected among those who have agreed to participate in online surveys. No estimates of theoretical sampling error can be calculated.