## ASCO 2019 Cancer Opinions Survey

September 2019

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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: | $\begin{gathered} \mathbf{n = 4 , 0 0 1 *} \\ \text { *includes } n=195 \text { cancer patients (natural } \\ \text { fallout) } \end{gathered}$ | $n=1,009^{* *}$ <br> **includes $n=195$ cancer patients from the gen pop natural fallout + an oversample of $n=814$ |
| Field Dates: | July 9 - August 10, 2019 |  |

For all US adults age 18+ figures for age by gender, education, region, household size, 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.

## INTRODUCTION

## 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.).
- Colors and icons differentiate which audience is being represented within detailed findings as shown in the box below.
- $n=1,009$
"Have/had cancer" Have been diagnosed with cancer themselves
$\therefore \div(1$ n=68
"Family member/loved one" Immediate family member/loved one has had cancer, but is not a caregiver

"Caregiver"
Immediate family memberloved one has had cancer, and provides unpaid care for that person

Collectively, these 3 audiences are referenced to as "Those touched by cancer" for brevity.

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## Key Findings

## Cancer Risk

Despite the majority of adults saying they are concerned about cancer, most do not do
anything to prevent/reduce risk in their daily life. A barrier to action may be not knowing what
to believe when it comes to what causes cancer - something they are not likely to discuss
with their doctor.

- Most adults (57\%) report being concerned about developing cancer in their lifetime, but only 1 in 4 ( $24 \%$ ) say they care deeply and incorporate cancer prevention into their daily life.
- Half ( $51 \%$ ) say their concern for their cancer risk comes and goes and the other quarter (25\%) believe if they are going to get cancer, they are going to get it, there is nothing they can do.
- While the majority of US adults ( $81 \%$ ) believe there is a lot of information available about what causes cancer, many say when it comes to that information (about what causes cancer), they don't know what to believe ( $66 \%$ ), which sources to trust about this information (another 66\%), and that it is hard to know the most important things to do to reduce their risk of getting cancer (64\%).
- Less than a quarter of adults report talking to a doctor about their cancer risk ( $22 \%$ ) or what they should do to reduce their cancer risk (18\%).


## E-Cigarettes

The majority of US adults say they have not tried e-cigarettes, but 1 in 8 report using them
regularly (daily or recreationally). Use patterns suggest a new market is not necessarily being
created, but rather that traditional cigarette smokers are shifting to (or adding) e-cigarettes,
with many believing they are a healthier alternative.

- $73 \%$ of US adults say they have not tried e-cigarettes, but $13 \%$ report being regular users.
- $17 \%$ of parents with children 9-17 say their child(ren) have tried e-cigarettes, but only $7 \%$ of preteen/teens are reported to be regular users, according to their parents.
- About half of US adults ( $52 \%$ ) say they know someone who has at least tried e-cigarettes, with $39 \%$ reporting they know a regular user.
- The majority of regular e-cigarette users who are or have also been traditional cigarette smokers have used e-cigarettes to try and decrease their use of traditional cigarettes (44\%) or to quit smoking them altogether ( $41 \%$ ), most of whom found them to be helpful in doing so ( $85 \%$ ).
- Among all adults, more than half ( $54 \%$ ) agree that e-cigarettes can help people quit smoking traditional cigarettes and 4 in $10(39 \%)$ believe e-cigarettes are a healthier alternative to traditional cigarettes. These percentages are substantially higher among regular e-cigarette users ( $80 \%$ believe they can help people quit traditional cigarettes, and $72 \%$ feel they are a healthier alternative).
- Further, among regular e-cigarette users, 4 in 10 believe they are harmless ( $43 \%$ ) and that you can not get addicted to them (40\%).


## End of Life Care

Only half of US adults have thought about the care they would like to receive at the end of their life. Among those, a quarter have not communicated their wishes to anyone. Even among cancer patients, only one quarter report ever discussing EOL care with their doctor. Despite many reporting that they have not done so themselves, adults see the importance of communicating end of life care wishes with doctors but more support is needed for caregivers when preparing for and making end of life care decisions for loved ones.

- Only $53 \%$ of US adults have thought about end-of-life care. Not surprisingly, those touched by cancer are more likely to have thought about it ( $66 \%$ have/had cancer, $56 \%$ family member/loved one, $72 \%$ caregivers vs. $48 \%$ no cancer experience).
- A quarter of adults who have thought about EOL care ( $25 \%$ ) have not communicated these wishes to anyone and only 1 in $5(20 \%)$ have communicated their wishes to a doctor.
- Most adults agree that it is important that doctors and patients take the time together to discuss end-of-life care ( $91 \%$ ) and that it is important to communicate with your doctor about your end-of-life care wishes ( $89 \%$ ), despite not having done so themselves.
- Further, only about 1 in 3 or fewer of those touched by cancer have ever discussed end-of-life care with their doctor ( $26 \%$ have/had cancer, $22 \%$ family/loved one, $35 \%$ caregiver).
- 1 in 5 caregivers ( $19 \%$ ) do/did not feel prepared to make decisions about end-of-life care for their loved one and $70 \%$ wish they had more information to help prepare them and their loved one for end-of-life care.

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## Detailed Findings

## General Views On Cancer / Cancer Risk

## Majority of Adults Have a Concern of Developing Cancer in Their Lifetime

Among those who have a family member diagnosed with cancer, more than 4 in 10 provide unpaid care to their loved one

## General Population

Disease Concerns/Diagnoses


## Concern Over Developing Cancer Stabilizes After 2018 Dip

Majority remain concerned - similar trends follow for heart attacks, stroke, and Alzheimer's

## General Population

Trended Disease Concern (\% Very/Somewhat concerned)


## One Third Feel Most Cancers Are Caused By Lifestyle Choices

Belief that most cancers are caused by family history stabilizes after 2018 decline

## General Population

Trended Beliefs About Causes of Cancer


## Smoking E-Cigarettes Enters List of Top 5 Most Commonly Known Risk Factors

Smoking, family history, use of other tobacco products, and sun exposure remain the most commonly reported perceived cancer risk factors

## General Population

Trended Top 5 Beliefs About Cancer Risk Factors


Trended Top 5 Cancer Risk Reduction Behaviors Practiced


$$
\text { - } 2018 \text { (B) } \quad 2019 \text { (C) }
$$

## More Education Needed on Cancer Risk Factors

More than two-thirds of adults don't know that alcohol or certain viral infections are risk factors

## General Population



## Some Adults Limiting Food and Drink Items Not Proven to Increase Risk

3 in 10 avoid using artificial sweeteners and 2 in 10 limit caffeine in order to reduce their risk of getting cancer, despite there not being clear evidence those items are carcinogenic


## Just 1 in 4 Incorporate Cancer Prevention Into Their Daily Life

Those who have/had cancer most likely to say that prior to diagnosis, they felt there was nothing they could do to prevent it

## General Population



Cancer Risk Perspective


## Only 1 in 5 Adults Have Ever Talked to a Doctor About Cancer Risk

Gen Z is least likely to have talked to a doctor but most likely to have thought they had cancer based solely on information found online

## General Population

## Action Taken Regarding Cancer Risk



| Gen Z (18-22) (A) | $\begin{aligned} & \text { Millennials } \\ & (23-38) \\ & \text { (B) } \end{aligned}$ | Gen X $(39-54)$ <br> (C) | $\begin{aligned} & \text { Boomers } \\ & \text { (55-72) } \\ & \text { (D) } \end{aligned}$ | $\begin{gathered} \text { Silent } \\ (73+) \\ (E) \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| 22\% ${ }^{\text {E }}$ | $32 \%{ }^{\text {ADE }}$ | $27 \%{ }^{\text {DE }}$ | E $19 \%{ }^{\mathrm{E}}$ | 10\% |
| 11\% | 23\% ${ }^{\text {A }}$ | 24\% ${ }^{\text {A }}$ | 22\% ${ }^{\text {A }}$ | 19\% |
| 9\% | 21\% ${ }^{\text {A }}$ | 20\% ${ }^{\text {A }}$ | 17\% ${ }^{\text {A }}$ | 16\% |
| $21 \%{ }^{\text {CDE }}$ | E $15 \%{ }^{\text {CDE }}$ | $7 \%{ }^{\text {D }}$ | 3\% | 3\% |
| 53\% | 47\% | 50\% | $59 \%{ }^{\text {BC }}$ | 68\% ${ }^{\text {ABCD }}$ |

## 2 in 3 Don't Know What Sources to Trust or What to Believe About Cancer Causes

Despite agreement that there is a lot of information available, many feel the information may not be based in scientific evidence

## General Population

Agreement with Statements About Cancer Risk and Information


## Suffering and Death Still Top Cancer Diagnosis Concerns

When financial concerns are combined, they only narrowly top these two. In addition, not knowing the cause rises as a concern this year

## General Population



## 2 in 5 with No Experience with Cancer Have Cost Concerns

Family members and caregivers express more concern than patients for several items, including being a burden and cost


BASE: QUALIFIED RESPONDENTS ( $n=4001$; HAVE/HAD CANCER ( $n=1009$ ), FAMILY MEMBER/LOVED ONE ( $n=668$ ), CAREGIVER ( $n=496$ ), NO EXPERIENCE ( $n=2642$ )) Q770 What are/were your greatest concerns about being diagnosed with cancer? Please select all that apply.

## Optimism Declines About Majority of Cancers Being Cured

Sharper declines in optimism for a cure in the next 10 years

## General Population

Optimism About Majority of Cancers Being Cured


## E-Cigarette Use \& Perceptions

## 1 in 8 US Adults Report Regularly Using E-Cigarettes

Reported use is highest among Millennials, Gen Z, Gen X, who are at least 3x as likely to use as Boomers and Silent

## General Population

## Self-Reported E-Cigarette Use



## Nearly $\mathbf{2}$ in 5 Current Cigarette Smokers Also Report Being Regular E-Cigarette Users

Vast majority who say they have never smoked traditional cigarettes also have never tried e-cigarettes

## General Population

Self-Reported E-Cigarette Use by Self-Reported Traditional Cigarette Smoking History


## Majority Of Dual Smokers Say They Have Used E-Cigarettes to Decrease or Quit Traditional

More than 8 in 10 who say they have used e-cigarettes to reduce or quit traditional cigarettes found it helpful in doing so

## General Population

Use of E-Cigarettes to Decrease/Quit Traditional Cigarettes
Among those who regularly use e-cigarettes and ever a traditional cigarette smoker

How Helpful E-Cigarettes Are in
Decreasing/Quitting Traditional Cigarettes
Among those who have used e-cigarettes to try and decrease/quit smoking traditional cigarettes



## 4 in 10 Know Someone Who Is a Regular E-Cigarette User

More than half of Gen Z and nearly half of Millennials say they know someone who regularly uses E-cigarettes

## General Population

## Reported E-Cigarette Use Among Peers



| Knows someone who uses daily or almost every day | 30\% |  | $\begin{aligned} & \text { Gen Z } \\ & (18-22) \\ & \frac{(A)}{55 \%} \mathrm{CDE} \end{aligned}$ | $\begin{aligned} & \text { Millennials } \\ & (23-38) \\ & \text { (B) } \\ & \mathbf{4 8 \%} \% \mathrm{CDE} \end{aligned}$ | $\begin{aligned} & \text { Gen X } \\ & (39-54) \\ & \underline{\text { (C) }} \\ & \mathbf{4 1 \%} \text { DE } \end{aligned}$ | $\begin{gathered} \text { Boomers } \\ (55-72) \\ \underset{29 \%}{(D)} E \end{gathered}$ | Silent |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Knows someone who uses recreationally (i.e., weekends, social situations) | 18\% | Knows A Regular User (NET): 39\% |  |  |  |  | $\begin{gathered} (73+) \\ \frac{(\mathrm{E})}{19 \%} \end{gathered}$ |


| Knows someone who has tried once or <br> twice but doesn't use regularly | $18 \%$ |  |
| :---: | :---: | :---: |
|  |  |  |
| Knows someone who has used to try and <br> decrease use of traditional cigarettes | $15 \%$ |  |
| Knows someone who has used to try and <br> quit use of traditional cigarettes | $15 \%$ |  |

## 7 in 10 Parents of 9-17 Year Olds Say They Have Talked to Them About E-Cigarettes

However, less than 1 in 5 report their pre-teen/teen uses, with only $7 \%$ reporting their child $9-17$ is a regular user

## General Population

Ever Talked to Child(ren) 9-17 About E-Cigarettes
Among parents of pre-teen/teens


Child(ren) 9-17 Ever Tried E-Cigarettes
Among parents of pre-teen/teens

Child(ren) 9-17 Use of E-Cigarettes
Among parents of pre-teen/teens


Tried once or twice but not a regular user

■ Use recreationally (i.e., weekends, social situations)
$■$ Use daily or almost every day

- Not surehow often they use
- Never tried or don't know if ever tried


## Nearly All Parents Whose Child 9-17 Tried E-Cigarettes Have Discussed Dangers

A majority who say their child has not tried have also say they have talked to their child about the dangers of using e-cigarettes

## General Population

Child(ren) 9-17 Trial of E-Cigarettes by Parents Ever Talked About the Dangers of Using Among parents of pre-teen/teens


Child has tried e-cigarettes


Child has not tried e-cigarettes

## 7 in 10 US Adults Agree that E-Cigarettes Cause Cancer

However nearly 1 in 5 believe you can't get addicted to e-cigarettes and that they're harmless

| Agreement with Statements About E-Cigarettes |  |  |  |  |  |  | Agree <br> (NET) <br> 79\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Flavored e-cigarettes are designed to attract younger people. | 9\% | 12\% | 36\% | 43\% |  |  |  |
| The long-term health effects of e-cigarettes aren't yet known. | 10\% | 14\% | 35\% | 41\% |  |  | 76\% |
| E-cigarettes cause cancer. | 9\% | 20\% | 46\% |  | 25\% |  | 71\% |
| E-cigarettes are a gateway to using other tobacco products. | 13\% |  | 41\% |  | 25\% |  | 67\% |
| E-cigarettes can help people quit smoking traditional cigarettes. | 21\% |  | 25\% | 41\% | 13\% |  | 54\% |
| E-cigarettes are a healthier alternative to traditional cigarettes. | 32\% |  | 29\% | 29\% |  | 10\% | 39\% |
| E-cigarettes are a gateway to illegal drug use. | 30\% |  | 33\% | 26\% |  | 11\% | 37\% |
| Flavored e-cigarettes are less damaging to your health than nonflavored e-cigarettes. | 49\% |  |  | 30\% | 14\% | 7\% | 21\% |
| You can't get addicted to e-cigarettes. | 55\% |  |  | 25\% | 10\% | 9\% | 20\% |
| E-cigarettes are harmless. | 55\% |  |  | 29\% |  | \% 6\% | 16\% |

- Strongly disagree
$\square$ Somewhat disagree
■ Somewhat agree
$■$ Strongly agree


## Younger Adults More Likely Tto Believe E-Cigarettes Are Harmless

Older adults more apt to believe flavored e-cigarettes are designed to attract younger people and that long-term health effects aren't yet known

## General Population

Gen Z Millennials Gen X Boomers Silent (18-22) (23-38) (39-54) (55-72) (73+)

| (A) | (B) | (C) | (D) |
| :--- | :--- | :--- | :--- |

70\%
59\%
$63 \%$
60\%
54\%
$44 \%{ }^{\mathrm{DE}}$
$45 \%{ }^{B D}$
$36 \%$
$27 \%{ }^{\text {DE }}$
$29 \%{ }^{\text {CDE }}$
$22 \%^{\text {D }}$

| Flavored e-cigarettes are designed to attract younger people. | 79\% | 70\% | 72\% | $80 \%{ }^{\text {AB }}$ | $85 \%{ }^{\text {ABC }}$ | 86\% ${ }^{\text {AB }}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| The long-term health effects of e-cigarettes aren't yet known. | 76\% | 59\% | 70\% ${ }^{\text {A }}$ | $77 \%{ }^{\text {AB }}$ | $84 \%{ }^{\text {ABC }}$ | 81\% ${ }^{\text {AB }}$ |
| E-cigarettes cause cancer. | 71\% | 63\% | 69\% | 70\% | $75 \%{ }^{\text {AB }}$ | 77\% ${ }^{\text {A }}$ |
| E-cigarettes are a gateway to using other tobacco products. | 67\% | 60\% | 63\% | $70 \%{ }^{\text {AB }}$ | 68\% | 74\% ${ }^{\text {AB }}$ |
| E-cigarettes can help people quit smoking traditional cigarettes. | 54\% | 54\% | 55\% ${ }^{\text {E }}$ | 59\% ${ }^{\text {DE }}$ | 51\% | 43\% |
| E-cigarettes are a healthier alternative to traditional cigarettes. | 39\% | 44\% ${ }^{\text {DE }}$ | 46\% ${ }^{\text {DE }}$ | $42 \%{ }^{\text {DE }}$ | 32\% | 27\% |
| E-cigarettes are a gateway to illegal drug use. | 37\% | $45 \%{ }^{\text {BD }}$ | 36\% | 40\% ${ }^{\text {D }}$ | 32\% | $47 \%{ }^{\text {BD }}$ |
| Flavored e-cigarettes are less damaging to your health than nonflavored e-cigarettes. | 21\% | 27\% ${ }^{\text {DE }}$ | 29\% ${ }^{\text {CDE }}$ | 21\% ${ }^{\text {DE }}$ | 12\% | 13\% |
| You can't get addicted to e-cigarettes. | 20\% | 22\% ${ }^{\text {D }}$ | 24\% ${ }^{\text {D }}$ | 21\% ${ }^{\text {D }}$ | 14\% | 21\% ${ }^{\text {D }}$ |
| E-cigarettes are harmless. | 16\% | 20\% ${ }^{\text {DE }}$ | $24 \%{ }^{\text {CDE }}$ | 17\% DE | 10\% | 7\% |

BASE: QUALIFIED RESPONDENTS ( $n=4001$; GEN $Z(n=340)$, MILLENNIALS ( $n=964$ ), GEN X ( $n=984$ ), BOOMERS ( $n=1428$ ), SILENT ( $n=285$ )) Q1005 To what extent do you agree or disagree with the following statements about e-cigarettes?

## Regular E-Cigarette Users Less Likely to Believe They Cause Cancer

Users are also more likely than non-users to believe e-cigarettes are a healthier alternative to traditional cigarettes, with 2 in 5 agreeing they are harmless


Regular E-Cigarette User Non-User
(A)

66\%
$75 \%$
58\%
58\%
$80 \%{ }^{\text {B }}$
$72 \%{ }^{\text {B }}$
42\%
$47 \%{ }^{B}$
$40 \%{ }^{B}$
$43 \%{ }^{\text {B }}$

| (A) | (B) |
| :--- | :---: |
| $66 \%$ | $83 \%^{\text {A }}$ |
| $75 \%$ | $75 \%$ |
| $58 \%$ | $75 \%^{\text {A }}$ |
| $58 \%$ | $71 \%^{\text {A }}$ |
| $80 \%^{\text {B }}$ | $48 \%$ |
| $72 \%^{\text {B }}$ | $32 \%$ |
| $42 \%$ | $39 \%$ |
| $47 \%^{\text {B }}$ | $15 \%$ |
| $40 \%^{\text {B }}$ | $16 \%$ |
| $43 \%{ }^{\text {B }}$ | $10 \%$ |

## Majority Support FDA Regulating E-Cigarettes and Raising Legal Purchase Age

However, outright bans have less support

## Support/Opposition for Potential Legislation



## Support of E-Cigarette Regulation Increases with Age

In general, banning is not supported by majorities with the exception of the Silent generation

General Population
Support/Opposition for Potential Legislation
(\% Support)

|  |  |  | (A) | (B) | (C) | (D) | (E) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | The Food and Drug Administration (FDA) regulating ecigarettes (i.e., evaluating the products' health and safety, enforcing standards, etc.) <br> Raising the legal age for purchasing tobacco products from 18 to 21 years of age <br> Raising the legal age for purchasing e-cigarettes from 18 to 21 years of age | 71\% | 58\% | 60\% | $71 \%{ }^{\text {AB }}$ | 82\% ${ }^{\text {ABC }}$ | 87\% ${ }^{\text {ABC }}$ |
|  |  | 69\% | 53\% | 60\% | 69\% ${ }^{\text {AB }}$ | $78 \%{ }^{\text {ABC }}$ | $85 \%{ }^{\text {ABC }}$ |
|  |  | 68\% | 49\% | 59\% ${ }^{\text {A }}$ | $70 \%{ }^{\text {AB }}$ | $76 \%{ }^{\text {ABC }}$ | $86 \%{ }^{\text {ABCD }}$ |
|  | Banning sale of flavored e-cigarettes | 46\% | 41\% | 37\% | $48 \%{ }^{\text {B }}$ | 50\% ${ }^{\text {B }}$ | $67 \%{ }^{\text {ABCD }}$ |
|  | Banning sale of traditional cigarettes | 45\% | 52\% | 43\% | 43\% | 45\% | $57 \%{ }^{\text {BCD }}$ |
|  | Banning sale of e-cigarettes | 41\% | 34\% | 36\% | 42\% | 42\% ${ }^{\text {B }}$ | $58 \%{ }^{\text {ABCD }}$ |
| BASE: QUALIFIED RESPONDENTS ( $n=4001$; GEN $Z(n=340)$, MILLENNIALS ( $n=964$ ), GEN X ( $n=984$ ), BOOMERS ( $n=1428$ ), SILENT ( $n=285$ )) Q1040 Do you support or oppose each of the following? |  |  |  |  |  |  | 34 |

## Democrats More Likely to Support Potential Legislation

However, majorities of Republicans also support regulation

## General Population

## Support/Opposition for Potential Legislation (\% Support)

|  |  |  | 71\% | Rep <br> (A) | Dem <br> (B) | Ind <br> (C) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | The Food and Drug Administration (FDA) regulating e-cigarettes (i.e., evaluating the products' health and safety, enforcing standards, etc.) |  |  | 73\% ${ }^{\text {c }}$ | 77\% ${ }^{\text {AC }}$ | 66\% |
|  | Raising the legal age for purchasing tobacco products from 18 to 21 years of age |  | 69\% | 69\% | 74\% ${ }^{\text {AC }}$ | 66\% |
|  | Raising the legal age for purchasing e-cigarettes from 18 to 21 years of age |  | 68\% | 66\% | 74\% ${ }^{\text {AC }}$ | 66\% |
|  | Banning sale of flavored e-cigarettes | 46\% |  | 45\% | 51\% ${ }^{\text {AC }}$ | 43\% |
| E | Banning sale of traditional cigarettes | 45\% |  | 43\% | 49\% ${ }^{\text {AC }}$ | 42\% |
|  | Banning sale of e-cigarettes | 41\% |  | 40\% | 45\% ${ }^{\text {AC }}$ | 36\% |

## End of Life (EOL) Care

## Half of Adults Have Thought About End of Life Care

But a quarter have not communicated their wishes to anyone, particularly those with a family member/loved one with cancer

## General Population

Ever Thought About End-of-Life Care


Ever Communicated End-of-Life Care Wishes
Among those who have thought about EOL care

## Majority Agree Communication About EOL Care with Doctor Is Important

Nearly 9 in 10 believe in the quality of days over quantity of days

## General Population

## Agreement with Statements About End-Of-Life Care



| Have/Had |
| :---: | :---: |
| Cancer |
| Agree |
| (NET) |$\quad$| Agree |
| :---: |
| (NET) |$|$|  |  |
| :---: | :---: |
| $93 \%$ | $95 \%$ |
| $92 \%$ | $95 \%$ |
| $91 \%$ | $90 \%$ |
| $89 \%$ | $92 \%$ |
| $89 \%$ | $92 \%$ |
|  |  |
| $88 \%$ | $92 \%$ |

## Only 1 in 4 Who Have/Had Cancer Talked to a Doctor About EOL Care

On average nearly a half an hour was spent discussing, which the vast majority deemed an appropriate amount of time

## Have/Had Cancer

## Ever Discussed End-Of-Life Care

 with DoctorAmong those who have/had cancer

Average Time Spent Talking with Doctor About End-Of-Life Care

Among those who have/had cancer and talked to their doctor about EOL care


Appropriateness of Amount of Time Spent Talking About EOL Care
Among those who have/had cancer and talked to their doctor about EOL care and provided a time estimate


## Discussed End-Of-Life Care with Doctor Again

Among those who have/had cancer and talked to their doctor about EOL care


## Half of Cancer Patients Have a Plan for EOL Care

Majorities say having a plan is/was helpful

Have/Had Cancer
(A)


End-Of-Life Care Plan in Place
Among those touched by cancer
Family Member/Loved One
(B)


$\square$

Caregiver
(C)
 $38 \%{ }^{B}$

35\%

27\%

Helpfulness of End-Of-Life Care Plan (\% Extremely/Very/Somewhat helpful)

Among those with a plan


Not Sure, Haven't Used Yet: 8\%

## Caregivers Wish They Had More Info to Prepare for EOL Care

## 1 in 5 do/did not feel prepared to make EOL care decisions for their loved one



## Access To High Quality Care

## ACCESS TO HIGH QUALITY CARE

## Those with Cancer Hold More Positive Attitude Towards Care Received

Family members and their caregivers are less likely to say their loved one is receiving the best possible care and that they are satisfied with their doctors

Agreement with Statements About Cancer Care
(\% Strongly/Somewhat agree)
Among those touched by cancer


Q21 About how long does/did it take you to travel (one way) to see your doctor who is/was managing your cancer care?

```
ACCESS TO HIGH QUALITY CARE
```


## Rural Patients Have Longer Travel Time and Fewer Specialists Nearby

However, they report similar levels of satisfaction and access to the best possible care
Have/Had Cancer
Agreement with Statements About Cancer Care
(\% Strongly/Somewhat agree)
Among those who have/had cancer by urbanicity


## Lack of Perceived Quality Stems from Uncertainty of How to Assess or Access Care

Many also limited by distance, availability, and cost
Reasons for Lack of Confidence in Quality of Cancer Care
Among those who disagree about receiving good care

|  | Have/Had Cancer | Family Member/Loved One | Caregiver |
| :---: | :---: | :---: | :---: |
| I am/Was not sure how to assess the quality of care I am receiving/received | (A) | (B) | (C) |
|  | 28\% ${ }^{\text {B }}$ | 13\% | 34\% ${ }^{\text {B }}$ |
| I don'//didn't know how/where to access best in class care | 26\% | 24\% | 27\% |
| I go/went to the closest facility to where I live, but it is not the highest quality one available <br> Providers (physicians, cancer specialists, etc.) are/were not available where I live | 25\% | 33\% | 36\% |
|  | 23\% | 19\% | 26\% |
| Treatment delays due to appointment schedule | 22\% | 12\% | 19\% |
| I can not/could not afford it | 21\% | 29\% | 43\% ${ }^{\text {A }}$ |
| I don'/didn't have health insurance | 15\% | 7\% | 10\% |
| Lack of transportation to cancer care facility (e.g., no vehicle, unable to drive, no convenient public transportation) | 14\% | 7\% | $27 \%{ }^{\text {B }}$ |
| I can't/couldn't miss time off from work | $14 \%{ }^{\text {B }}$ | 4\% | 4\% |
| I have/had too many family obligations (child, elderly parent, etc.) | 11\% | 7\% | 9\% |
| Other | 21\% | 22\% | 19\% |

## ACCESS TO HIGH QUALITY CARE

## More than $\mathbf{2}$ in $\mathbf{5}$ Say Insurance Made It Hard to Obtain Best Care

Co-pays and pre-authorization requirements the most common aspect of health insurance coverage that made it difficult to obtain the best possible care, both of which increased slightly from 2018

## Have/Had Cancer

Aspects of Health Insurance that Make It Difficult to Obtain Best Possible Care
Among those who have/had cancer and have health insurance


## Being Up Front About Survival Chances Second Only to Prescribing Right Treatment

Patients more likely to say being up front/straightforward about survival is essential. Family members/caregivers more likely to say compassion, and managing pain and anxiety are essential

Importance that Doctor Does the Following
(\% Absolutely essential)
Among those touched by cancer


## Majority of Adults Uncertain About How Future of Healthcare Will Impact Care

Those with a family member/loved diagnosed with cancer are more likely to agree than patients themselves or those with no experience

## General Population

Agreement with Statement About Future of Healthcare (\% Strongly/Somewhat agree)
"I am uncertain about how the future of the healthcare system will impact my ability to get the best possible care."


Have/Had Cancer
(A)

Family Member/
Loved One
(B)

Caregiver
(C)

No Experience
(D)

## Affordability Of Cancer Care

## Finances Cause Anxiety in Nearly 7 in 10 Patients and Caregivers

Even nearly 4 in 10 family members of patients feel the anxiety of financial burdens from a cancer diagnosis

Amount of Anxiety Felt Regarding Financial Situation as a Result of Cancer Diagnosis Among those touched by cancer


## Treatment Affordability Concerns Remain Largely Stagnant from 2017

Have/Had Cancer
Trended Concern About Treatment Affordability
(\% Very/Somewhat concerned)
Among those who have/had cancer


## Caregivers Hold Most Concern Around Treatment Affordability

Three quarters of caregivers are concerned about treatment affordability compared to half of patients and family members/loved ones

## Concern About Treatment Affordability

Among those responsible for paying for treatment


## Around 2 in 5 Caregivers Report Actions to Reduce Treatment Costs



## AFFORDABILITY OF CANCER CARE

## Privately Insured More Likely than Publicly Insured to Skip/Postpone Appts

Those with public payer or public insurance are more likely than the privately insured to not have done anything to reduce costs

Have/Had Cancer
Actions Taken to Reduce Treatment Costs
Among Have/Had Cancer By Insurance Type


* Caution, small base size ( $n<100$ ). Results should be interpreted as directional

BASE: HAVE/HAD CANCER ( $n=1009$; PRIVAT/EPRIVATE ( $n=328$ ), PRIVATE/PUBLIC ( $n=107$ ), PUBLIC ( $n=489$ ), UNINSURED ( $n=39^{*}$ ), HEALTHCARE.GOV/STATE ( $n=35^{*}$ ))
Q935 Which of the following have youlthey done to reduce cancer treatment costs? Please select all that ap

```
AFFORDABILITY OF CANCER CARE
```


## Increase in Any Action Taken by Those Privately Insured

Whereas publicly insured and those with private insurance/public payer remain nearly flat year over year

## Have/Had Cancer

## Trended Actions Taken to Reduce Treatment Costs <br> (\% Taken at Least 1 Action) <br> Among have/had cancer by insurance type



## Change in Reported Behavior Among Privately Insured Spans Several Actions

Notable increases in skipping or postponing appointments, delaying scans, postponing or not filling prescriptions, and ordering medications from non-U.S. sources

## Have/Had Cancer

Trended Actions Taken to Reduce Treatment Costs
Among Have/Had Cancer With Private Insurance/Payer


## Caregivers Report Taking the Most Action to Help Pay for Cancer Care

Of those who have taken a step to help pay for care, patients and caregivers report taking an average of 2 steps
Steps Taken to Help Pay for Cancer Care
Among those touched by cancer

Have/Had Cancer
(A)


Family Member/Loved One
(B)


## Caregiver

(C)
$28 \%{ }^{\text {AB }}$
$19 \%$ AB
13\%AB
$12 \%$ AB

- $10 \%{ }^{A B}$
$12 \% \mathrm{AB}$
$10 \% A B$
$9 \%$ A
$2.3^{B}$


## Dipping into Savings Is a Top Concern Among All Who Have Not Done So Already

## Concern About Having to Take Steps in Future to Help Pay for Cancer Care <br> (\% Very/Somewhat concerned) <br> Among those touched by cancer who haven't already taken the step

## Have/Had Cancer

(A) Dip into savings account(s) Take an early withdrawal from a retirement/college fund, etc.


Sell major assets such as a home, car, etc.
Take on an additional job
Family Member/Loved One
(B)


## Caregiver

(C)


## AFFORDABILITY OF CANCER CARE

## Compared to 2017, Fewer Feel Medicare Should Negotiate Cancer Drug Prices

The desire to have the government regulate the price of cancer drugs remains steady

## General Population

## Trended Agreement with Statements About Government Action on Cancer Drugs (\% Strongly/Somewhat agree)



## Nearly 9 in 10 Say Gov't Should Regulate the Price of Cancer Drugs

Similar proportions believe Medicare should negotiate drug prices and that the FDA should speed up generic approvals

## General Population

Agreement with Statements About Government Action on Cancer Drugs

Medicare should be allowed to directly negotiate prescription drug prices with drug makers.

The U.S. Food and Drug Administration should speed up approvals of generic versions of cancer treatments.

The U.S. government should regulate the price of cancer drugs to help lower their cost.


 89\% 92\% 87\%


79\%

The U.S. government should regulate the price of cancer drugs to help lower their cost, but only if it doesn't impact pharmaceutical
 75\% companies' investment in the development of new treatments.

## Majorities Think US Should Regulate Price of Cancer Drugs

Though Democrats are more likely to agree, most adults, regardless of party, agree cost measures should be implemented


## Cancer Management

## CANCER MANAGEMENT

## While Down from 2018, 1 in 3 Still Believe Alternative Therapies Can Cure Cancer

Majority of adults still support use of medical marijuana and want cancer patients to be exempt from any new opioid regulations

## General Population

## Agreement with Statements About Cancer Care (\% Strongly/Somewhat agree)



## Majorities Across Party Lines Support Medical Marijuana, Especially for Cancer

Democrats are more likely than Republicans to support specifically for cancer, and they are more likely than both Republicans and Independents to support for any medical reason

## General Population

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


## CANCER MANAGEMENT

## Regardless Of Experience, 8 in 10 Support Medical Marijuana for Cancer

Those with no cancer experience are most likely to believe cancer can be cured solely through alternative therapies
Agreement with Statements About Cancer Care
(\% Strongly/Somewhat agree)

Have/Had Cancer

Family Member/
Loved One
(B)



Only asked among those who have/had cancer ( $n=1009$ )

Alternative therapies are a good supplement to standard cancer treatment(s)
Cancer can be cured solely through alternative therapies, without standard cancer treatment(s)
(A)
I support the use of medical marijuana among cancer patients

Medical Marijuana

cancer-related pain, nausea, or other symptoms
I wish I had more information about the benefits of using medical marijuana to alleviate my cancer-related pain, nausea, or other symptoms
I support the use of medical marijuana for any medical reason
I am/was open to using medical marijuana to alleviate my

$\square$


Any new rules and regulations that would make prescription opioids harder to obtain should not be applicable to cancer patients
The benefits of using prescription opioids to manage cancer pain outweigh the risks of potentially becoming addicted
68\%

## Surgery, Radiation, Drug-based Therapies and Are Most Common Treatments

Caregivers are more likely to say their loved one faced these therapies in the last 12 months, compared to the patients themselves


## Up from 2018, 6 in 10 Cancer Patients Have Experienced Pain

Patients this year are more likely to say they are currently experiencing cancer related pain

## Have/Had Cancer

Experience with Cancer Related Pain


## Increase in Proportion Who Say They Have Talked to a Doctor About Medical Marijuana

Increase in discussions about meditation and steroids as well

## Have/Had Cancer

Topics Ever Discussed with Doctor About Symptom Management
Among those who have/had cancer


## More Patients Have Used OTCs than Opioids for Symptoms in Past 12 Months

Caregivers most commonly report prescription opioids are used, followed by vitamins/minerals/herbs
Methods Used in Last 12 Months to Manage Symptoms
Among those touched by cancer
Have/Had Cancer
Family Member/Loved One
Caregiver


## Use of Prescription Opioids and Medical Marijuana Among Cancer Patients Rises

Decline in proportion of cancer patients who say they haven't used anything to help manage cancer symptoms in past 12 months
Have/Had Cancer
Methods Used in Last 12 Months to Manage Symptoms
Among those touched by cancer


## More than Half of Patients Utilizing Medical Marijuana Had Difficultly Accessing

Nearly all users state it manages their symptoms at least somewhat well

## Have/Had Cancer

Ever Had Difficulty Accessing Prescription
Opioids and Medical Marijuana


Among those using
medical marijuana


How Well Medical Marijuana
Manages Symptoms
Among those using medical marijuana


## Demographics



|  | Race | Gender |
| :---: | :---: | :---: |
| 63\% | White |  |
| 16\% | Hispanic |  |
| 12\% | Black/African American | male |
| 6\% | Asian or Pacific Islander |  |
| * | Native American |  |
| * | Other race | 1 53\% |
| 1\% | Mixed race | female |
|  | Prefer not to answer |  |

## Children in HH



DEMOGRAPHICS - GENERAL POPULATION

## Education

## Household Income



7\% Less than $\$ 15,000$

$7 \% \quad \$ 15,000$ to $\$ 24,999$
$\mathbf{8 \%} \quad \$ 25,000$ to $\$ 34,999$
11\% \$35,000 to \$49,999
$16 \% \quad \$ 50,000$ to $\$ 74,999$
13\% \$75,000 to \$99,999
$32 \% \quad \$ 100,000+$
6\% Prefer not to Answer

## Marital Status



28\% Never married
53\% Married/Living with Partner
11\% Divorced
2\% Separated
5\% Widow/Widower

## Employment

40\% Employed full time


5\% Self-employed full time
3\% Self-employed part time
5\% Not employed, but looking for work
1\% Not employed, and not looking for work
4\% Not employed, unable to work due to disability or illness
20\% Retired
3\% Student
6\% Stay at home spouse/partner

## Adults in HH



2


3
16\%
4
9\%

5+
4\%


## Political Party

Democrat Independent
Other


|  | Race | Gender |
| :---: | :---: | :---: |
| 83\% | White |  |
| 6\% | Hispanic | 46\% |
| 5\% | Black/African American | \| male |
| 3\% | Asian or Pacific Islander |  |
| * | Native American |  |
| 1\% | Other race | 54\% |
| * | Mixed race | female |
|  | Prefer not to answe |  |

Children in HH



## DEMOGRAPHICS - HAVE/HAD CANCER

## Education

Household Income


## Adults in HH



## Marital Status

8\% Never married
67\% Married/Living with Partner
15\% Divorced
2\% Separated
9\% Widow/Widower

## Employment

23\% Employed full time
9\% Employed part time
3\% Self-employed full time
3\% Self-employed part time
1\% Not employed, but looking for work
1\% Not employed, and not looking for work
8\% Not employed, unable to work due to disability or illness
49\% Retired
1\% Student

## Political Party



## Cancer Profiles

## Cancer Type

Time of Diagnosis
15\% In the past year
15\% 1 - less than 2 years ago
28\% 2-5 years ago
17\% 6-10 years
19\% More than 10 years ago
2\% Prefer not to answer
3\% Not sure
-Yes $\quad$ No $\quad$ Not sure
Metastatic Cancer Experience



```
Cancer Type
```

Time of Diagnosis

13\% In the past year
7\% 1 - less than 2 years ago
19\% 2-5 years ago
19\% 6-10 years
35\% More than 10 years ago
1\% Prefer not to answer
5\% Not sure

## Current Cancer Status




## Cancer Type

## Time of Diagnosis

6\% In the past year
16\% 1 - less than 2 years ago
31\% 2-5 years ago
18\% 6-10 years
28\% More than 10 years ago
1\% Prefer not to answer
1\% Not sure

## Current Cancer Status



## Appendix

## 5\% of US Adults Self-Report Being Diagnosed with Cancer

## General Population



## 1 in 3 US Adults Report an Immediate Family Member/Loved One Diagnosed with Cancer

## General Population

Trended Disease Diagnoses for Immediate Family Member


## Breast Cancer is Most Common Cancer Type Among Those with Experience

Type of Cancer Diagnosed with
Among those touched by cancer


BASE: HAVE/HAD CANCER HAVE/HAD CANCER ( $\mathrm{n}=1009$ ); FAMILY/LOVED ONE HAS CANCER ( $\mathrm{n}=668$ ); CAREGIVER ( $\mathrm{n}=496$ ) Q765 What kind of have you/they been diagnosed with?

Family Member/Loved One
(B)





- $3 \%$

$\square$
| $1 \%$ | $2 \%$
2\%
9\%
$4 \%$ A
$3 \%{ }^{\text {A }}$
- $2 \%$

Caregiver
(C)

$7 \%$
$16 \%{ }^{\text {A }}$

- $6 \%$

3\%
$6 \%{ }^{B}$
3\%
2\%
$5 \%$ A
3\%

11\%

## Cancer Diagnoses Typically Happened at Least 2 Years Ago

## When Diagnosed with Cancer <br> Among those touched by cancer

## Have/Had Cancer



## Family Member/Loved One

(B)


## Caregiver

(C)


$$
16 \%^{B}
$$



18\%
$28 \%{ }^{\text {A }}$

## 3 in 5 Patients Interviewed Are Currently in Remission

Many caregivers or those with a family member affected have experience with a deceased loved one

## Cancer Status

Among those touched by cancer

## Have/Had Cancer

(A)


Family Member/Loved One
(B)


## Caregiver

(C)


## More than 2 in 5 Adults Have Private Insurance

Nearly nine in ten say prescription drugs are covered

## General Population

Prescription Drugs Covered by Insurance
Among those who have health insurance


Ever Purchased Supplemental Medigap Policy
Among those who have Medicare


## Half of Those with Cancer Have Public Insurance

Nearly nine in ten say prescription drugs are covered

Have/Had Cancer


BASE: HAVE/HAD CANCER ( $\mathrm{n}=1009$ )
Q940 Which of the following best describes how you receive health insurance benefits today? Please select all that apply.
BASE: HAVE/HAD CANCER AND HAS HEALTH INSURANCE ( $\mathrm{n}=970$ )
Q942 Does your health insurance include prescription drug coverage?
BASE: HAVE/HAD CANCER AND HAS MEDICARE ( $n=482$ )
Q943 Have you ever purchased a supplemental Medigap policy to help with your Medicare coverage?

Prescription Drugs Covered by Insurance
Among those who have/had cancer and have health insurance


## Ever Purchased Supplemental Medigap Policy

Among those who have/had cancer and have Medicare


## Many Aren't Sure Whether Family Member/Loved One Has Discussed EOL Care with Their Doctor



* Caution, small base size ( $n<100$ ). Results should be interpreted as directional

BASE: HAVE/HAD CANCER OR IMMEDIATE FAMILY MEMBER HAS/HAD CANCER (HAVE/HAD CANCER ( $\mathrm{n}=1009$ ), FAMILY MEMBER/LOVED ONE ( $\mathrm{n}=668$ ), CAREGIVER ( $\mathrm{n}=496$ )) QA1115 Have you ever discussed end of life care with your doctor?
BASE: TALKED TO DOCTOR ABOUT EOL CARE (HAVE/HAD CANCER ( $\mathrm{n}=298$ ), FAMILY MEMBER/LOVED ONE ( $\mathrm{n}=142$ ), CAREGIVER ( $\mathrm{n}=191$ ) )
Q1120 Thinking back to the first time this was ever discussed, about how much time was spent talking to your doctor about end-of-life care?
BASE: TALKED TO DOCTOR ABOUT EOL CARE AND PROVIDED TIME ESTIMATE (HAVE/HAD CANCER ( $\mathrm{n}=203$ ), FAMILY MEMBER/LOVED ONE ( $\mathrm{n}=35^{*}$ ), CAREGIVER ( $\mathrm{n}=78^{*}$ ) )
Q1130 Would you say that the [ x ] minutes you spent talking to your doctor about end-of-life care for the first time was too little, too much, or just the right amount of time?
BASE: TALKED TO DOCTOR ABOUT EOL CARE (HAVE/HAD CANCER ( $n=298$ ), FAMILY MEMBER/LOVED ONE ( $n=142$ ), CAREGIVER ( $n=191$ ))
Q1135 Have you discussed end-of-life care with your doctor again since the initial conversation?

## 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 9 - August 10, 2019 among 4,001 US adults aged 18+ and an oversample of 814 adults $18+$ with cancer for a total of 1,009 adults with cancer. For all US adults age $18+$ figures for age by gender, education, region, household size, 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 then combined 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.


[^0]:    Harris Insights \& Analytics LLC, A Stagwell Company

