Four Conversations:
A randomized controlled trial of an online, personalized coping and decision aid for metastatic breast cancer patients

Pfizer Final Report
Submitted by:
Sophia K. Smith, PhD MSW
Associate Professor
Principal Investigator
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Study Rationale

- Decisions about treatment around end of life care are challenging and distressing.
- Curriculums to facilitate advance care directive completions and shared decision-making among patients, family, and clinicians is needed.
- Given our team’s success in developing online and personalized coping and decision aids, we sought to test an affordable & scalable intervention among the metastatic breast cancer community.
What We Did

Four Conversations

✔ Delivered curriculum via online videos and documents

✔ Encouraged completion of advance care directives and self-care plans

✔ Taught palliative care concepts, solution-focused thinking & mind/body skills

The Trial

▪ Recruited metastatic breast cancer patients and clinicians nationally

▪ Patients randomized to Four Conversations vs. Usual Care

▪ Collected outcome data at baseline and 4 weeks

▪ Assessed changes in decision-making, quality of life, and EOL care knowledge
Our Results

- N=295 patients randomized: Four Conversations vs. Usual Care
- An additional 40 clinicians participated (not randomized)
- Metastatic breast cancer participants were:
  - Mean age: 53.6±11.0 years
  - 100% female; 88% white race; 35% stage 4 at diagnosis
- Four Conversations treatment arm reported:
  - Reduction in decisional conflict scores (p=.02)
  - Greater preparation to make a better decision (62%)
  - Completion of advance care directives by about half (54%)
- A large majority (90%) of patients and clinicians recommend Four Conversation to others
Conclusions & Lessons Learned

- Four Conversations had a positive effect on decision-making outcomes and advance care completions among the metastatic breast cancer participants

- Study limitations
  1. Higher drop-out rate among treatment arm participants vs. usual care group raises possibility of bias
  2. Majority of college graduate participants limits the generalizability of these findings to general metastatic breast cancer population

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