

Oncology

# What the oncologist's heart burns for in everyday practice

Everyone is confronted with the diagnosis of cancer in some way in their lives - whether within the family or as a patient themselves. For many, the diagnosis still sounds like a death sentence. Doctors working in oncology are confronted with these fears and worries on a daily basis and many of them do not feel sufficiently well equipped emotionally themselves. Since curing is not always a credible option from the oncologist's point of view when talking to patients, new Tx options are increasingly gaining radiance in everyday treatment.

>> Contrary to expectations, the incidence of cancer in Germany is relatively stable. According to the cancer registry, the numbers have even decreased in recent years (Fig. 1). Nevertheless, the incidences are still comparatively high at around 500,000 cancer patients per year, so that oncologists and doctors working in oncology have their hands full in order to meet their medical standards. Due to improved therapy options, the survival of patients is also increasing, so that the 10-year prevalence is also rising.

Incidences (and prevalences) However, the course of the disease varies depending on the type of cancer.

While incidences in the mammary gland area (breast carcinoma) are decreasing, they are continuously increasing in lung cancer and pancreatic cancer; since 2013, the incidences of prostate carcinoma have also been increasing again. However, the number of new cases (and thus the general risk of disease) varies considerably between the indications (pancreatic cancer: 19,685; lung cancer 59,221; prostate cancer: 68,579; cancer of the mammary gland: 72,135 - each in 2019).

### Coping with Cancer

Doctors and patients have a better chance of getting the

treatment of cancer than 10 years ago, but doctors today can primarily prolong life, rather than largely cure patients of their cancer. According to cancer registry data, about 60% of men and 65% of women survive the next 5 years after diagnosis. For about 40% of all those affected, both relatives and doctors will ask themselves what the reason was that a therapy did not work at all or did not work consistently.

For the treating, onco- For the physician working in the field of logic, it is first of all important that he/she can start the appropriate therapy at the earliest possible time. Therapies

From his point of view, the therapy should be as effective as possible, prolong the patient's life or help improve his quality of life, be as well tolerated as possible and ultimately be supported by the patient (adherence). Since healing is more of a rarity than the rule with certain diagnoses, oncologists and other oncologically active medical groups have developed their own coping strategies for the context of diagnosis clarification and therapy support.

In psychodramas on different At K&A, we have found that doctors perceive the different entities differently for the different cancer indications. Accordingly, different contextual conditions arise depending on the indication, which have a different emotional influence on the setting in the doctor-patient conversation. For example, breast and prostate carcinomas are common tumour diseases that can be treated comparatively well. For the patients, the diagnosis is not immediately a death sentence (cf. fig. 2). In addition, the therapy options for doctors have improved considerably in recent years. However, the treatment context for patients with lung and pancreatic cancer is completely different: The treatment options are limited and physicians are not able to after being confronted with patients,

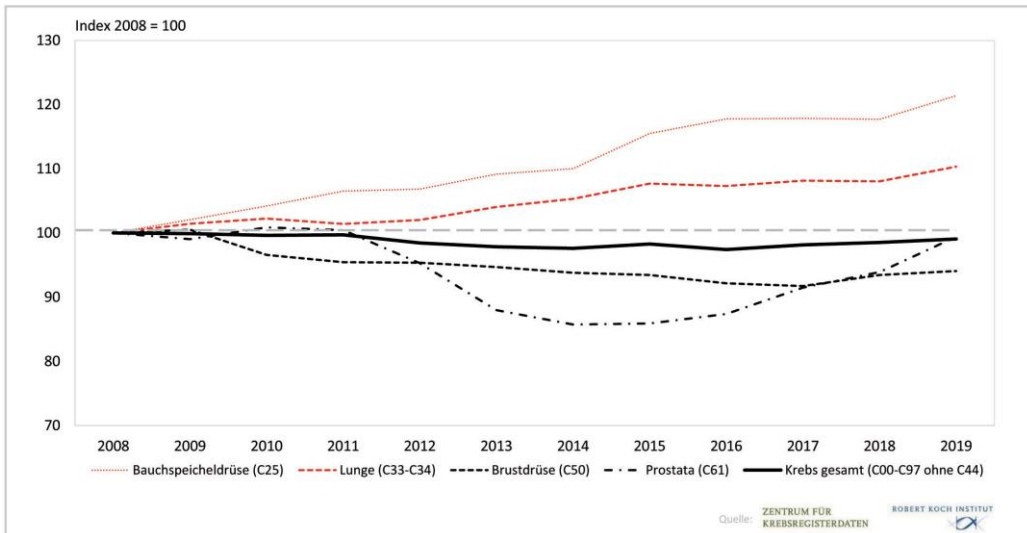


Fig. 1: Development of the incidence rates of total cancer and selected indications

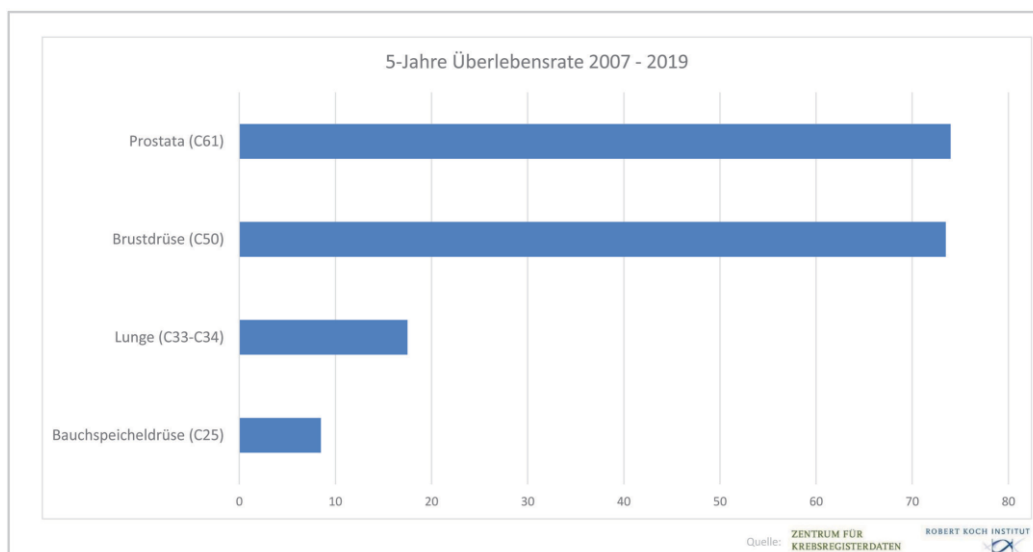


Fig. 2: Average 5-year survival probabilities by cancer indications (2007 to 2019).

to which they are medically only marginal can have a positive impact.

In psychological studies on treatment contexts, we repeatedly find that oncologists often see themselves with their backs to the wall. The worse the prognosis of a cancer disease, the gloomier the expectations regarding the quality of life of patients, the more their expectations of self-efficacy decrease. Nevertheless, doctors try to make the best of such situations. Their attitude is that they want to fight the cancer together with the patients, but often they end up fighting for the patients. Then they usually show less consideration for the patients in their behaviour. "sensitivities" of their patients and sometimes have less understanding for their attitudes - especially if these run counter to an aggressive and necessary cancer therapy. Oncologists want to stand up to cancer in the best possible way, even if patients do not fully understand and want to support their procedure.

### Oldie is not always goldie

Chemotherapies are considered Cancer therapy tested and approved for

oncologists very well. For It is very helpful for many cancer entities, but unfortunately it also feels outdated ("old iron"). Chemo is indispensable in the fight against cancer - doctors do not want to do without this component of the therapy spectrum, but would also like to have therapies that are more modern and more reliably effective.

Chemotherapy continues to enjoy a high status - for indications that can be treated effectively with immunotherapy, for example, the significance is more idealistic. Like a pair of gripping pliers in a

ker gives a good feeling because they is ready for action "just in case". However, the situation with cancers of the lung and pancreas is completely different: the emotional impulses ("desert symbolism" in Fig. 3) can only be overcome by doctors doing something rather than nothing at all. In this context, chemotherapy, along with possible surgery, is an indispensable therapy - because the doctor has no other options and does not want to face the patient empty-handed.

From a doctor's point of view, cancer therapies are far from being on the

Point. Ideally, oncologists look for precise therapies that they perceive as increasing the likelihood that the therapeutic goal will be achieved. This also means accepting side effects that have to be tolerated by the patient. In the view of oncologists, the prospects of success far outweigh the adverse side effects, especially when it comes to saving lives. On the other hand, if too much emphasis is placed on a few side effects, oncologists feel that such therapies lack actual efficacy. However, the more targeted a therapy can be, the less effective highly effective drugs are.

Therapy weapons (with adopt-of the side-effect burden) cause additional damage.

This is why doctors welcome those therapies that pursue new approaches and offer increasingly precise mechanisms of action. Such therapy innovations lead to a win-win situation in the perception of doctors, because they have the possibility to fight the tumour more precisely (more precise = more effective).

The oncologists, for example, are helped by the various markers and the corresponding therapies. The are clearly formulated in this case. With regard to

**Per se mehr Hoffnung im Kontext von Brustkrebs**  
*„Wir haben so viele Möglichkeiten zu therapieren, auch die Testung für Mutationen hilft enorm. An sich ist es zu einer chronischen Erkrankung geworden, so dass ich mich mit den Patienten darüber unterhalten muss, ob Naturheilkunde doch nicht besser wäre...“*

**Die Therapie von Bauchspeicheldrüsenkrebs ist wie hoffnungslose Wüste...**  
*„Bei Bauchspeicheldrüsenkrebs ist es wie in der ‚hoffnungslosen Wüste‘. So gut wie keine Überlebenschance, keine große Auswahl an Medikation oder Therapiemöglichkeiten... Chemo ist gut, aber ob es wirklich so sehr hilft, muss man sehen. Was sagt man dem Patienten dann...“*

**...weil das gute Bauchgefühl und die Präzision fehlen.**  
*„Es ist so bei Chemo – du zielst, weißt aber nicht, ob du genau die richtigen Zellen erwischt. Du kannst nur hoffen, dass es funktioniert. In bestimmten Indikationen auch nur ein wenig.“*

**...aber „die Magie“ der CAR-T Therapie gibt dem Arzt ein gutes Gefühl.**  
*„Es ist wie Magie mit den CAR-Ts. Die Zellen werden gewonnen, dann passiert die Magie... sie werden gentechnisch im Labor verändert. Und dann kriegt sie der Patient wieder. Nicht alle wissen, wie genau die Zellen modifiziert werden, nur dass es genauso passiert, dass sie sich wehren können.“*

**Chemotherapie ist wichtig, jedoch auch „in die Jahre gekommen“**  
*„Chemotherapie ist so eine Sache. Als ich vor Jahrzehnten angefangen hatte, war es ja in aller Munde und wir waren alle froh, dass wir es hatten. Aber jetzt sind wir schon fortgeschritten, müsste man meinen... es ist echt eine Schande, dass es Krebsarten gibt, die man fast nur mit Chemo behandeln kann.“*

Quelle: K&A Psychodrama

Fig. 3: Different therapy perceptions in the context of indications

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There are no markers for these therapies and doctors have a more diffuse gut feeling than with more precise therapies ("will it help or not?"). Physicians working in oncology would prefer an "if-then-therapy" for all indications in the future: If marker XY is detected, then therapy YX is available as the optimal method in this context. Such an approach would then also be easier to convince patients in their previous treatment journey relatively easily,

without it coming to any The patients' "sensitivities" are not taken into account. Only if a therapy does not work is further alternatives considered. The current oncology treatment spectrum is still far from such an ideal situation.

In any case, more precise therapies and approaches facilitate decision-making for physicians in the context of their therapy decisions and subconsciously increase the expected benefits.

The chances of success and thus the individual self-efficacy of the treating physicians. Intuitive solutions and routine treatments in the Kahnemanian sense also facilitate therapy decisions and treatment processes for specialists. In addition to this lack of friction in decision-making processes, routine courses of action increase safety and focus.

can be directed more towards emotional care of the patients.

In their self-image, oncologists are above all "seekers": the best possible therapy options help to defeat cancer and eliminate diseased tissue from the human being. As promised by the latest therapies. <<

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Dr. Uwe Lebok is regarded in the German-speaking world as a marketing expert for the positioning of brands and, as an impulse generator, strengthens brands in "Dead Ends". He is the Chief Marketing Officer (CMO) of the market research and brand consulting institute K&A BrandResearch® and primarily supports medium-sized companies with research-based brand strategies.



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