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## Patient feedback on the ease and success of using telehealth for managing breast cancer

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### Abstract

Prior to the COVID-19 pandemic, telehealth was not commonly utilized for managing breast cancer at specialized hospitals. Our goal was to study how satisfied patients were with telehealth visits in breast medical oncology at selected Cancer Centre, as well as their experiences, preferences, and perceptions of effectiveness and technical quality.

We conducted a survey with 80 post-treatment individuals over a 9-month period who had received telehealth consultations during the COVID-19 outbreak. Statistics that described each question, domain, and the total survey scores were subsequently produced. Chi-square or t-tests were utilized for subgroup comparisons within patient populations as needed.

Out of the 80 individuals, 46 (57.5%) were receiving regular check-ups while receiving treatment for early-stage or metastatic breast cancer. 38 participants (47.5%) found telehealth visits to be just as effective as in-person office visits in terms of communication quality. The majority of participants (n = 46, 57.5%) perceived receiving the same level of care in both telehealth and face-to-face appointments, with 41 participants (51%) indicating a sense of connection with their healthcare provider in both types of visits. Furthermore, 30 individuals (37.5%) believed that telehealth appointments were as long as in-person visits, 46 (57.5%) thought discussing sensitive matters was equally comfortable with both methods, 39 (48%) found telehealth visits convenient, and 42 (52.5%) thought the quality of care between telehealth and in-person visits was comparable. Attendees were very pleased with telehealth visits, with 42 (52.5%) describing their experience as extremely satisfying. The majority of participants (n = 44, 55%) indicated a high probability of engaging in telehealth consultations for breast cancer follow-up care in the upcoming days.

**Keywords:** Managing breast cancer, telehealth, ease and success

### Introduction

The COVID-19 pandemic has caused a swift adoption and growth of telehealth services in various healthcare settings. Prior to the outbreak of the pandemic, the justification for the planned growth of telehealth services in oncology took into account an anticipated deficiency of oncologists in the United States, the aging population in the country, and the increasing misalignment between the healthcare personnel and the geographic needs of the population. Additionally, the digitalization of medical records and the widespread use of video conferencing platforms (such as Zoom) have presented opportunities for improved healthcare information exchange, with telehealth aligning with this trend. Telehealth could provide a stable and creative method to enhance the organization and effectiveness of care while offering time savings, greater accessibility to care and education, and the delivery of more personalized care.

Meta-analyses have shown that telehealth interventions are beneficial in non-oncology fields, including cardiac rehabilitation for coronary artery disease, glycemic control for type 2 diabetes, and adherence to management plans for patients with several chronic diseases [5-7]. However, studies have also highlighted concerns that patients have about telemedicine. Investigators at the University of Michigan conducted a "National Poll on Healthy Aging" to explore the opinions of older patients about telemedicine; In that study, older adults were concerned about providers being unable to perform a physical examination, and they questioned the overall quality of care of telehealth visits [8].

Additionally, several respondents had concerns about privacy, not feeling connected to their provider during their telehealth visits, and technology use.

In the field of oncology, telehealth has received more attention in recent years, with multiple studies investigating various facets of telehealth. Research conducted in Israel focused on cancer patients' opinions of telemedicine, finding it to be a safe and efficient approach that does not impede the doctor-patient bond. Communication training for physicians is crucial for maximizing the integration of telemedicine, especially helpful for post-treatment monitoring amid crises such as COVID-19. A study showed that telehealth services provided by an academic oncology team to rural areas were clinically and cost-effective. An analysis of 40 trials on telehealth for breast cancer patients found improvements in quality of life, depression, and stress compared to usual care. Subsequent studies have also shown the effectiveness of telehealth in cancer care, with high patient satisfaction and better access to services.

We screened, approached, and obtained consent from established medical oncology patients at selected cancer of hospital at Pune city. Patients had to have done at least one virtual visit after April 10, 2020.

Patients who are able to speak, read, and comprehend Marathi, Hindi are required and must be recommended by their oncology care providers for a telehealth consultation. Surveys are a common method for assessing patient-reported outcomes and are widely used in telehealth research. We developed a patient questionnaire, adapted from previous peer-reviewed studies of surveys evaluating telehealth platforms

## Result

Out of the individuals who finished the research, all 80 were female patients who mainly utilized video consultations for managing symptoms and continuous treatment. Out of a total of 60 participants, 10 had breast cancer along with other types of cancer, while the remaining 70 participants had breast cancer exclusively. Participants were between 35 and 60 years old (median 40) during the survey, with a median age of 49 at the onset of metastasis for individuals with advanced illness. The majority of participants were White individuals who were not of Hispanic origin ( $n = 46$ , 57%), and 40 (50%) of them were in a marital relationship. 37 patients (62%) had a primary tumor that was positive for hormone receptors but negative for HER2, which is a favorable biomarker.

Regarding telehealth usage, 34 individuals (57%) had participated in a telehealth appointment outside selected hospital when WHO declared COVID-19 a pandemic, while 26 (43%) had not. Yet, 59 out of the total 60 individuals had undergone a telehealth consultation with MD Anderson for their breast cancer treatment after April 10, 2020. At the time of the survey, the distribution of prior telehealth visits (not including the current visit) was as follows: 21 participants had 1 to 3 visits, with 8 reporting 1 visit, 9 reporting 2 visits, and 4 reporting 3 visits. Furthermore, 24 individuals disclosed they had between 4 and 6 appointments, while 11 had 4 appointments, 7 had 5 appointments, and 6 had 6 appointments. Additionally, 9 individuals reported 7 to 10 appointments, with 3 individuals having 7 appointments, 2 individuals having 8 appointments, and 4 individuals having 10 appointments. At last, 6 individuals documented 12 or more visits, including 2 with exactly 12 visits and 4 with over 20 visits. Participants who had multiple visits show that telehealth was utilized for

continued follow-ups or management, emphasizing its potential importance in long-term patient care.

The majority of participants were highly satisfied with their breast cancer telehealth care at hospital. In particular, 42 individuals (70%) found their experience to be highly satisfying, while 9 individuals (15%) found it to be moderately satisfying. Nonetheless, 4 participants (7%) indicated they were extremely dissatisfied, while 2 participants (3%) stated they were slightly dissatisfied. Three participants, which made up a small portion (5%), had a neutral stance.

Participants were interested in future telehealth appointments for breast cancer or follow-up care if their provider provided them. In detail, 44 participants (73%) expressed a high likelihood of participating, while 7 participants (12%) mentioned they were likely to participate. Just 1 participant (2%) showed a strong unwillingness to participate, while 3 participants (5%) viewed their participation as unlikely. Additionally, 5 individuals (8%) remained neutral. We informed the providers in case any of their patients showed significant dissatisfaction.

The majority of participants ( $n = 43$ , 72%) indicated that communication with their healthcare providers was similar between telehealth and in-person office visits. Likewise, 49 individuals (82%) reported that both approaches were equally successful in terms of feeling supported. 40 participants (67%) reported feeling equally connected to their healthcare provider during both telehealth appointments and in-person office visits.

Concerning the total length of the visit, 28 participants (47%) believed that telehealth appointments and in-person office visits lasted approximately the same length of time. Furthermore, 46 participants (77%) reported that they found discussing sensitive topics equally comfortable with both methods. 30 participants (50%) believed that telehealth appointments and in-person office visits were equally effective when it came to including family members or support systems.

39 participants (65%) found telehealth visits to be convenient, and 42 participants (70%) felt the quality of care was comparable between telehealth and in-person visits. healthcare providers while conducting telehealth appointments. Many participants showed little interest in their interactions with healthcare professionals during telehealth appointments. The majority of participants ( $n = 53$ , 88%) had no concerns regarding privacy. Similarly, 45 individuals (75%) did not express concerns about the challenges of seeing or hearing the healthcare provider during telehealth appointments. Moreover, 35 respondents (58%) stated they had no concerns regarding facing technical issues while using the technology. 47 participants (78%) indicated that they found the system to be uncomplicated and easy to grasp, while 39 participants (65%) agreed that the telehealth system met their intended needs. Participants also shared favorable opinions about communication elements. The majority of participants (49 out of 60, 81%) indicated that they could easily communicate with the clinician through the telehealth system, while 51 participants (85%) indicated that they could hear the clinician clearly. Moreover, 53 participants (88%) indicated that they could effectively communicate using the telehealth system.

Additionally, 44 individuals (73%) indicated that the telehealth appointments were comparable to face-to-face appointments. Regarding support and functionality of the system, 88% of the 53 participants agreed that they were adequately guided on using the telehealth system prior to its

implementation. Furthermore, 38 individuals (63%) indicated that they could swiftly and easily bounce back from errors made while utilizing the system. Nevertheless, a neutral stance on whether clear error messages were provided for problem resolution was expressed by 25 participants (42%). 52 participants (86%) indicated that they were comfortable communicating with the clinician through the telehealth system in terms of comfort and satisfaction. Moreover, 46 participants (76%) indicated their approval of telehealth as a suitable way to receive healthcare services. Additionally, 52 out of the total 60 participants (87%) indicated a strong preference for utilizing telehealth services again, while 51 participants (85%) showed satisfaction with their telehealth system overall.

### Discussion

Our results indicate that telehealth has shown to be effective and satisfying for delivering healthcare services, especially for follow-up care needed by breast cancer patients.

Research has focused on exploring the potential benefits and impact of telehealth in the context of breast cancer care. Multiple research studies have been carried out to evaluate the effects of telehealth on breast cancer. These studies illuminate different areas of telehealth care for breast cancer patients, such as teleconsultation, quality of life, psychological effects, and overall benefits of telemedicine. A study emphasized the growing favor for teleconsultation among patients receiving intravenous chemotherapies for early-stage breast cancer and those undergoing other systemic treatments. This group of experts agreed that teleconsultation is a good choice for these patients, providing convenience and decreasing the necessity for regular in-person appointments. Another study analyzed how telehealth interventions impact the quality of life and psychological well-being of breast cancer patients. The study's findings showed a positive effect, as telehealth interventions greatly enhanced patients' quality of life and emotional health. Additionally, another study highlighted the potential of telemedicine in addressing the physical and mental health challenges linked to breast cancer and its therapies. It has been discovered that telemedicine provides advantages for both healthcare providers and breast cancer survivors by allowing for monitoring, support, and encouraging the adoption of healthy behaviors to lower the chances of cancer returning. Our results align with previous studies, suggesting that telemedicine is a valuable tool in the treatment of breast cancer.

### Conclusions

Our results indicate that telehealth can serve as an effective and satisfactory approach for delivering healthcare services to patients with breast cancer requiring follow-up care. The positive experiences and willingness to continue using telehealth indicate its potential for improving access to care and patient outcomes.

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### Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial

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### References

1. Shaverdian N, Gillespie EF, Cha E, *et al.* Impact of telemedicine on patient satisfaction and perceptions of care quality in radiation oncology. *J Natl. Compr. Cancer Netw.* 2021;19(10):1174-1180. <https://doi.org/10.6004/jnccn.2020.7687>Google ScholarCrossrefWorldCat
2. Huang K, Liu W, He D, *et al.* Telehealth interventions versus center-based cardiac rehabilitation of coronary artery disease: A systematic review and meta-analysis. *Eur. J Prev. Cardiol.* 2015;22(8):959-971. <https://doi.org/10.1177/2047487314561168>
3. Liang X, Wang Q, Yang X, *et al.* Effect of mobile phone intervention for diabetes on glycaemic control: A meta-analysis. *Diabet. Med.* 2011;28(4):455-463. <https://doi.org/10.1111/j.1464-5491.2010.03180.x>
4. Hamine S, Gerth-Guyette E, Faulx D, Green BB, Ginsburg AS. Impact of mHealth chronic disease management on treatment adherence and patient outcomes: A systematic review. *J Med. Internet Res.* 2015;17(2):e52. <https://doi.org/10.2196/jmir.3951>
5. Kurlander J, Kullgren J, Singer D, *et al.* National poll on healthy aging: Virtual visits: telehealth and older adults. Oct 1, 2019. Available from: <http://hdl.handle.net/2027.42/151376>
6. Hasson SP, Waissengrin B, Shachar E, *et al.* Rapid implementation of telemedicine during the COVID-19 pandemic: Perspectives and preferences of patients with cancer. *Oncologist.* 2021;26(4):e679-e685. <https://doi.org/10.1002/onco.13676>
7. Doolittle G, Allen A, Wittman C, *et al.* Oncology care for rural Kansans via telemedicine: The establishment of a tele-oncology practice. *Proc. Am Soc. Clin. Oncol.* 1996;15:326.Google ScholarWorldCat
8. Chen Y-Y, Guan B-S, Li Z-K, Li X-Y. Effect of telehealth intervention on breast cancer patients' quality of life and psychological outcomes: A meta-analysis. *J Telemed Telecare.* 2018;24(3):157-167. <https://doi.org/10.1177/1357633X16686777>
9. Thaker DA, Monypenny R, Olver I, Sabesan S. Cost savings from a telemedicine model of care in northern Queensland, Australia. *Med J Aust.* 2013;199(6):414-417. <https://doi.org/10.5694/mja12.11781>Google ScholarCrossrefPubMedWorldCat

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