**Rationale**

- Surgical resection and stereotactic body radiotherapy (SBRT) are widely utilized.
- Communication influences patient-centered outcomes.

**Methods**

- Qualitative interviews with 11 patients with early stage NSCLC.
- Three medical centers in the Portland, OR area.
- Focus on knowledge obtained, communication, feelings of distress, & recommendations.
- Conventional content analysis.
- Patient-centered communication theoretic model used to guide understanding.

**Self-Reported Subject Characteristics**

<table>
<thead>
<tr>
<th>N=11, Surgery (n=5), SBRT (n=6)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristic</td>
<td>Mean or %</td>
</tr>
<tr>
<td>Age (yr)</td>
<td>71</td>
</tr>
<tr>
<td>Male</td>
<td>45%</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>82%</td>
</tr>
<tr>
<td>White</td>
<td>82%</td>
</tr>
<tr>
<td>Smoking status</td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>18%</td>
</tr>
<tr>
<td>Former</td>
<td>82%</td>
</tr>
</tbody>
</table>

**Patient as Person**

- "It was bad, but it wasn’t as bad as I thought it would be."
  - SBRT 6 months post-treatment.
- Pleased with chosen treatment and care.
- Importance of trust.
- Participants could not identify treatment effects vs. comorbidity symptoms.
  - ½ had increased dyspnea after treatment.
  - Told of possibilities before treatment.
  - Most SBRT patients felt fatigued one month after treatment, which had resolved at one year.

**Information Exchange**

- "And still to this day I’m unsure what my condition is. I don’t know whether it’s metastasized or if I’m in good shape."
  - SBRT 1 year post-treatment.
- Lack of knowledge about follow-up and treatment outcome.
- Distress surrounding uncertainty.

**Shared Decision Making**

- "How can you make an informed decision if you don’t know the facts? You can make a decision, true, but not an informed one."
  - Surgery 1 year post-treatment.
- Desired shared decision making.
- Actual process did not meet expectations, still pleased.
- All patients should hear about all options.

**Conclusion**

- Participants pleased with treatment, care, and quality of life for both treatments.
- Few long-term side effects.
- No substantially different themes or responses based on where the participant received care.
- Lack of knowledge about follow-up and treatment outcome, especially for SBRT.
- Lack of shared decision making.

**Participant Recommendations**

- Decision aids.
- Show patients images & treatment plans for their cancer.
- Explain personalized follow-up care thoroughly.

**Future Directions**

- Develop and utilize written materials or other strategies to improve communication.
- Personalized recommendations and treatment.