Patient-Clinician Communication among Patients with Stage I Lung Cancer: A Prospective Study from a NCI Comprehensive Cancer Center

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INTRODUCTION

Little is known about patient-clinician communication and patient-centered outcomes among patients who undergo surgery and stereotactic body radiation therapy (SBRT) for stage I non-small cell lung cancer (NSCLC).

AIM

Evaluate baseline data from a prospective multi-center, mixed-methods longitudinal study examining patient-clinician communication in stage I NSCLC patients.

MATERIAL & METHODS

Baseline survey administered after clinical treatment discussion and prior to treatment initiation
Assessed socio-demographic characteristics, treatment decision variables, communication quality and patient-centered outcomes (PCOs):
- Health Related Quality of Life (HRQOL)
- Treatment Related Self-Efficacy
- Decisional Conflict
- Patient-Centered Communication
Linear multiple regression analyses, adjusting for sociodemographic and clinical variables
Semi-structured qualitative interviews conducted with an additional cohort (n=13) of patients to evaluate communication quality and patient treatment satisfaction

RESULTS

Table 1. Demographic characteristics based on treatment group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Surgery (n=80)</th>
<th>Radiation (n=85)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%) or Mean ± SD</td>
<td>N (%) or Mean ± SD</td>
<td>N (%) or Mean ± SD</td>
</tr>
<tr>
<td>Sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>36 (45%)</td>
<td>46 (54%)</td>
</tr>
<tr>
<td>Non-VA</td>
<td>44 (55%)</td>
<td>39 (46%)</td>
</tr>
<tr>
<td>Demographic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>68.2 ± 8.1</td>
<td>73.2 ± 8.1</td>
</tr>
<tr>
<td>Male</td>
<td>49 (61%)</td>
<td>60 (71%)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>73 (91%)</td>
<td>80 (94%)</td>
</tr>
<tr>
<td>Education (≥ college)</td>
<td>62 (78%)</td>
<td>52 (61%)</td>
</tr>
<tr>
<td>Currently married</td>
<td>46 (58%)</td>
<td>29 (34%)</td>
</tr>
<tr>
<td>Income ($30K/year)</td>
<td>47 (59%)</td>
<td>42 (49%)</td>
</tr>
<tr>
<td>Retired</td>
<td>48 (60%)</td>
<td>71 (84%)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Smoker</td>
<td>15 (19%)</td>
<td>21 (25%)</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>59 (74%)</td>
<td>61 (72%)</td>
</tr>
<tr>
<td>Non Smoker</td>
<td>6 (8%)</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>Pack-years</td>
<td>56.5 ± 40.2</td>
<td>58.7 ± 33.0</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td>28 (35%)</td>
<td>44 (52%)</td>
</tr>
<tr>
<td>Depression</td>
<td>25 (31%)</td>
<td>13 (15%)</td>
</tr>
<tr>
<td>PTSD</td>
<td>15 (19%)</td>
<td>13 (15%)</td>
</tr>
</tbody>
</table>

Satisfaction with clinician’s explanation (Surgery, n=80)

- Very satisfied (90%)
- Somewhat satisfied (6%)
- Somewhat dissatisfied (4%)

Satisfaction with clinician’s explanation (Radiation, n=85)

- Very satisfied (94%)
- Somewhat satisfied (4%)
- Somewhat dissatisfied (2%)

Informed about treatment options (Surgery, n=80)

- Very Informed (81%)
- Somewhat informed (13%)
- Somewhat dissatisfied (25%)

Informed about treatment options (Radiation, n=85)

- Very Informed (91%)
- Somewhat informed (7%)
- Somewhat dissatisfied (2%)

Quantitative Findings:

- No differences in full scale patient centered outcomes between participants who opted for surgery or radiation (SBRT)

All patients reported:
- High baseline levels of HRQOL (M=72.5, SD=21.3; out of 100)
- High treatment related self-efficacy (M=1.5, SD=0.5; out of 6)
- Minimal decision-conflict (M=15.2, SD=12.7; out of 100)
- High patient-centered communication (M=2.4, SD=0.8; out of 7)

Higher quality patient-clinician communication was associated with higher self-efficacy, $B=0.41$, $p<0.001$.

Qualitative content analysis:

- Participants reported high satisfaction with care and communication with their clinicians.
- Participants’ perceived deficits in clinician’s explanation of treatment options and the associated risk of treatment.

SUMMARY / CONCLUSION

- Participants were generally satisfied with their care, though they could not readily recall information about treatment options or the associated risks of treatment.
- Higher quality communication was associated with higher self-efficacy and lower decisional-conflict.
- Self-efficacy, decisional-conflict, satisfaction with care may influence subsequent health outcomes.
- Patients may benefit from communication strategies to improve these outcomes.

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REFERENCES


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