

EXPLICIT PROGNOSTIC DISCLOSURE TO ASIAN WOMEN WITH BREAST CANCER: A RANDOMIZED SCRIPTED VIDEO- VIGNETTE STUDY (J-SUPPORT 1601)



2018

28-30 JUNE
VIENNA, AUSTRIA

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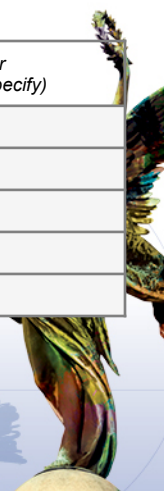
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Faculty Disclosure

X	No, nothing to disclose
	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>



Introduction

- Background
 - Non-disclosure of a bad news to advanced cancer patients remains a typical practice in Asia. Although the importance of advance care planning (ACP) with prognostic communication has increasingly been recognized worldwide, little is known if explicit prognostic disclosure positively affects Asian patients with advanced cancer.
- Objectives
 - To examine the effect of explicit prognostic disclosure on uncertainty at the time of cancer recurrence in Japan.
 - To explore if explicit prognostic disclosure would improve patient satisfaction without worsening anxiety, and if it would improve patient self-efficacy and willingness to discuss ACP.
 - To explore factors contributing to patient outcomes



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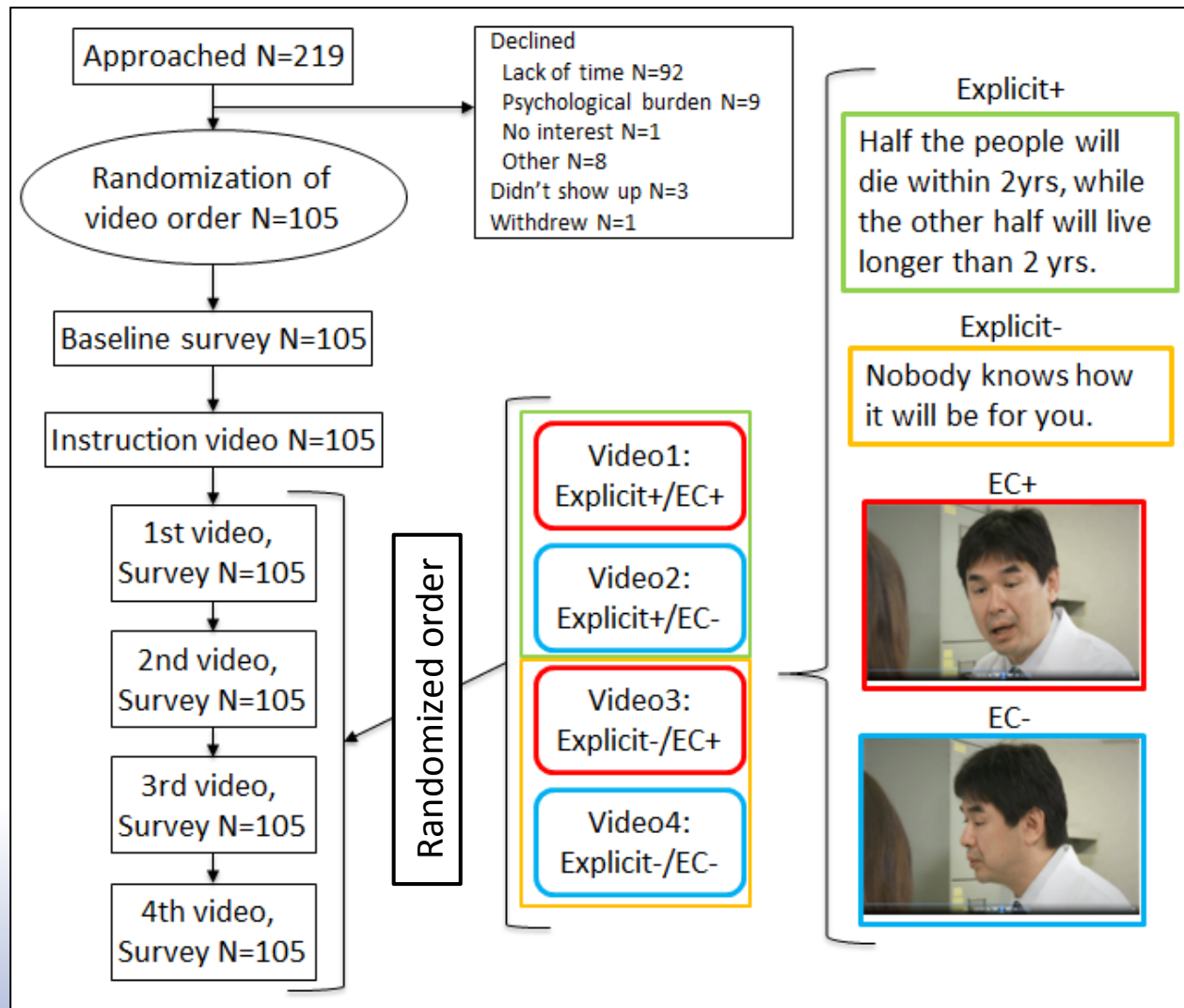
Methods

- | | |
|---------------------------|--|
| Design | <ul style="list-style-type: none">• Randomized, 2 x 2 cross-over study |
| Participants | <ul style="list-style-type: none">• Women with breast ca who had undergone curative surgery |
| Interventions/
Control | <ul style="list-style-type: none">• 4 videos of prognostic communication between a patient with recurrent breast cancer and her oncologist.• Explicitness (+/-) x Eye contact (+/-) |
| Outcomes | <ul style="list-style-type: none">• <u>Uncertainty (0 – 10)</u>, State-Trait Anxiety Inventory (STAI)-State (20 – 80), Patient Satisfaction Questionnaire (0 – 10), self-efficacy (0 – 10), and willingness to discuss ACP (1 – 4).• Variables: demographics, ESAS, CISS, preferences for disclosure |
| Analyses | <ul style="list-style-type: none">• General linear model for the evaluation of 2x2 interventions• Multivariate regression analyses• 105 subjects needed to detect 0.8 point difference of mean value of the primary outcome between presence/absence of explicit prognostic disclosure (SD 1, ICC 0.8) with two-sided significance level of 5% and power of 80% assuming a few cases of dropout. |

Results

- Main interest

- Explicit (+) vs. (-)
- No interaction between explicitness and eye contact (EC)
- Data of EC (+/-) were combined



Baseline Characteristics

No. (%) or Mean (SD)

Age	53.8 (8.2)
Sex, female	105 (100%)
Marital status, married	68 (65%)
Stage: I/II/III	50 (48%)/42 (40%)/13 (12%)
Subtype: ER or PR+, Her2+/ER or PR+, Her2-/ER-PR-Her2-/ER-PR-Her2+	28 (27%)/65 (62%)/4 (4%)/8 (8%)
ECOG PS: 0/1/2	81 (77%)/23 (22%)/1 (1%)
Education, High (university/graduate school)	34 (32%)
Annual income: > 40,000	74 (69%)
Occupation: Paid job	70 (67%)
Family or close friends who died of advanced cancer	56 (53%)
Symptoms (ESAS-r-J: physical (0 – 60)/emotional (0 – 20))	5.3 (5.6)/2.5 (3.2)
Preferences for prognostic disclosure	
Not to discuss at all	1 (1%)
Physician to inform me only if I ask	18 (17%)
Physician to check with me first whether I want to know	28 (27%)
Physician to initiate discussion and inform me in detail	48 (55%)
Coping (CISS): Task- /Emotion-oriented/Avoidance (16 – 80)	58.5 (10.3)/39.3 (10.5)/50.1 (10.8)

Results



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Explicitness (+) Explicitness (-)

<i>Effect</i>	<i>Mean (SE)</i>	<i>Mean (SE)</i>	Δ (95% CI)	<i>p</i>
Uncertainty (0 – 10)	5.3 (0.2)	5.7 (0.2)	0.4 (0.04, 0.89)	0.032
Satisfaction (0 – 10)	5.6 (0.2)	5.2 (0.2)	-0.4 (-0.7, -0.1)	0.010
STAI-State (20 – 80)	0.06 (0.5)	0.6 (0.5)	0.6 (-0.3, 1.4)	0.198
Self-efficacy (0 – 10)	5.2 (0.2)	5.0 (0.2)	-0.2 (-0.6, 0.2)	0.277
Willingness to discuss ACP (1 – 4)	2.7 (0.1)	2.7 (0.1)	-0.1 (-0.2, 0.1)	0.240

Results

Multivariate Analyses

- Uncertainty
 - Video order, **ESAS-emotional** ↓ , **CISS-Emotion** ↑
- Satisfaction, self-efficacy
 - **CISS-Emotion** ↓
- Willingness to discuss ACP
 - Triple-negative ↓ , **ESAS-physical** ↓ , **ESAS-emotional** ↑ , **CISS-Task** ↓ , **CISS-Emotion** ↓ , family history ↑ , preferences for disclosure ↑



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Discussions

- Explicit prognostic disclosure led to better outcomes without worsening anxiety than non-disclosure in Japanese women with breast cancer.
- Clinicians may not need to be reluctant in prognostic disclosure in patients with modest emotional distress; however, extra psychological support may be needed to those who tend to take emotional coping styles.
- When asked about prognosis by Asian cancer patients, clinicians may be encouraged to respect their wishes and explicitly discuss prognosis if deemed appropriate.



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