



Patient-Centered Communication and Knowledge and Preparedness in Treatment Decision-Making among People with Lung Cancer

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Authors and Acknowledgements

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Background

Managing lung cancer requires complex decision-making from healthcare professionals and patients.



There is a great need for patient-centered communication (PCC) to allow for shared decision making between patients and healthcare providers.



Study aim: examine the impact of PCC among people with lung cancer on knowledge and preparedness in treatment decision-making.

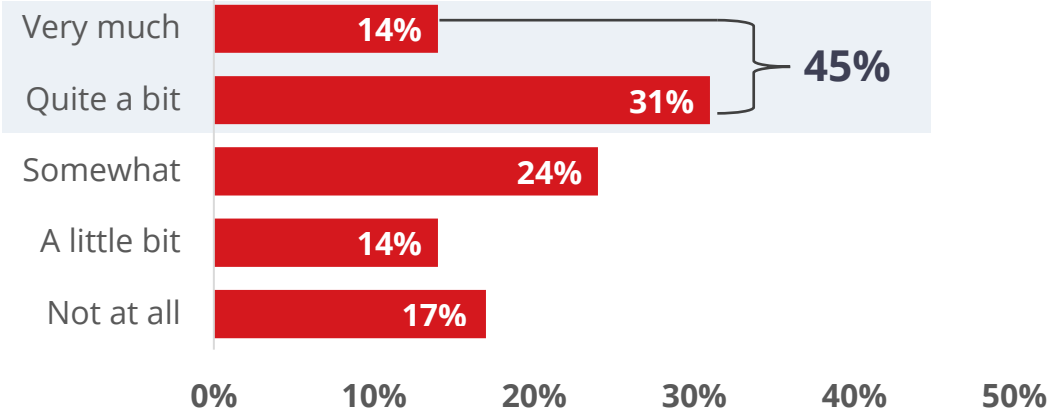
Method

- 177 individuals with lung cancer participated in Cancer Support Community's Cancer Experience Registry.
 - Reported sociodemographic information and clinical history
 - Rated level of knowledge about cancer treatment options and preparedness to make treatment decisions
 - Completed the Patient Centered Communication short form (6 items; $\alpha=0.88$)
- We included select sociodemographic and clinical variables based on conceptual relevance to PCC and treatment decision-making.
- We fit three logistic regression models.
 - Sociodemographic and clinical history variables predicting higher PCC (0=lower median, ≤ 4 ; 1=upper median, >4)
 - PCC predicting greater perceived knowledge about treatment options (0=*Not at all-Somewhat*; 1=*Quite a bit-Very much*)
 - PCC predicting greater preparedness to make cancer treatment decisions (0=*Not at all-Somewhat*; 1=*Quite a bit-Very much*)

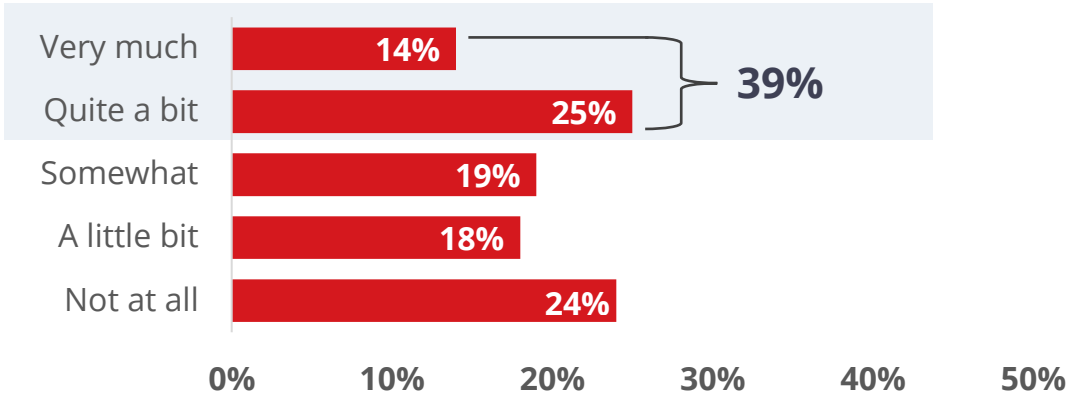
Sample Description*

N = 177 respondents	Mean/Mdn/n	SD/IQR/%
Age (years), range=30-92	M = 65	SD = 12
Gender		
Men	50	28%
Women	126	71%
Non-binary	1	<1%
Race/Ethnicity		
Non-Hispanic White	149	84%
Non-Hispanic Black	8	5%
Non-Hispanic Other	8	5%
Hispanic	4	2%
Income		
≥\$40K	67	37%
< \$40K	59	33%
Cancer Status		
Metastatic	55	31%
Time Since Diagnosis	Mdn = 6	IQR: 3-9

Overall, how **prepared** did you feel to make cancer treatment decisions?



How knowledgeable were you about your **cancer treatment options** prior to making your treatment decision?



**Some participants did not answer certain items; percentages may not equal 100%.*



Results

- Bivariate analysis showed relationships between **PCC** and **gender** ($t=2.25, p=.03$; PCC levels lower among women), **knowledge** ($r=.33, p<.001$), and **preparedness** ($r=.44, p<.001$).
- In multivariable analysis, higher PCC was associated with **greater knowledge** (OR=3.28; 95% CI=1.51, 7.12; $n=151$) and **greater preparedness** (OR=4.10; 95% CI=1.90, 8.84; $n=151$).

	Feeling prepared to make treatment decisions		Knowledge about options prior to treatment decision	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Age (years)	1.04*	1.0 – 1.08	.99	.96 – 1.02
Gender (Men)	1.06	.46 – 2.47	.65	.28 – 1.50
Race (Hispanic, NonHispanic Black, or other)	.63	.19 – 2.07	.74	.23 – 2.38
Income (≥\$40K)	2.06	.81 – 5.26	3.14*	1.25 – 7.90
Education (Less than college degree)	1.36	.61 – 3.03	1.06	.49 – 2.29
Cancer Status (<i>No evidence of disease</i>)	<i>Ref</i>		<i>Ref</i>	
Localized	1.25	.44 – 3.56	1.19	.44 – 3.24
Metastatic	.54	.22 – 1.24	.84	.36 – 1.99
High PCC (Above Median)	4.10***	1.90 – 8.84	3.28**	1.51 – 7.12

$N=151$; * $p<.05$; ** $p<.01$; *** $p<.001$

Discussion

- PCC was a significant predictor of greater knowledge and preparedness in treatment decision-making among people with lung cancer.
- Successful patient-provider communication influences treatment decisions among people with lung cancer.
- These findings suggest that providers can positively influence decision-making knowledge and preparedness of patients with lung cancer through improved communication.
 - Discussing treatment options early on
 - Ensuring patients are equipped with tools and knowledge to make treatment decisions
 - Asking patients how prepared they feel
- Continued research is needed to identify the specific elements of effective communication between clinicians and patients and families.