

Effective methods for disclosing breast cancer diagnosis

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Abstract

Background: The current study sought to determine effective methods for disclosing breast cancer diagnosis and to identify epidemiologic patterns in patient preference for method of information disclosure.

Methods: Surveys were sent to 691 breast cancer patients over 10 years. Questions evaluated the best methods for telling a woman of her diagnosis. The chi-square, Wilcoxon rank, and Mantel-Haenszel tests were used for statistical associations.

Results: Ninety percent of patients had no preference for which gender disclosed the diagnosis. Fifty-nine percent said they believe it is important to be asked how much information one would like to know when initially told the diagnosis. However, most (54%) were not asked when they were told. When asked if previous ideas about breast cancer influenced their concerns, 79% answered “yes” or “somewhat.” However, only 10% knew “a great deal.”

Conclusions: Patients have defined preferences about breast cancer diagnosis disclosure, making effective methods of diagnosis disclosure important to identify and practice. © 2007 Excerpta Medica Inc. All rights reserved.

KeyWords: Breast cancer; Diagnosis disclosure; Breaking bad news; Physician-patient communication

Today’s oncology patients are more involved in their care and treatment planning than patients of past generations [1]. Perhaps more than any other cancer, breast cancer exposes women to emotional, psychological, and physical disfigurement [2]. This situation, coupled with the gender-identifying implications breasts carry for many women, makes the diagnosis of breast cancer emotionally distressing. Unfortunately, clear and supported guidelines for communication of this diagnosis are not readily available. The purpose of the present study was to identify epidemiologic patterns in patients’ preferences for breast cancer diagnosis disclosure and, thus, to determine effective methods for communicating this information to patients.

A questionnaire was sent to 691 female patients who had been seen by a single breast surgeon in a university setting

between 1996 and 2006, and who received a breast cancer diagnosis. The questionnaire included questions on demographics and methods by which the women were informed of their diagnosis. Follow-up questions evaluated the best methods for telling a patient of her breast cancer diagnosis, and assessed the patients’ preferences for doing so. Chi-square, Wilcoxon rank, and Mantel-Haenszel tests were used for finding the association between information patients recalled and their preferences and opinions. A 2-sided significance level of .05 was considered. Our institution’s General Clinic Research Center provided statistical analysis and study support. Approval for the study was obtained from the internal review board at our institution, and consent waiver was obtained.

Two hundred thirty-six patients (34%) returned the questionnaire. The mean age was 60 years, and 97% identified themselves as Caucasian/white. Sixty-six percent were told their diagnosis by a male and 34% by a female; 90% had no preference for the gender of the person disclosing the diagnosis. Seventy-two percent were told their diagnosis by a physician, 19% by a radiologist, 3% by a nurse and 2% by a pathologist (see Table 1 for significant associations).

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Table 1
Significant associations in patient experience and preference

Patient variable 1: information recall	Patient variable 2: opinion and preference	Significance of association
Recalled being asked how much information they wanted to know	Believe patients should be asked how much they want to know	$P < .0001$
Felt overwhelmed when given diagnosis	Believe it is important for patients to be accompanied when given their diagnosis	$P < .0001$
Was told the diagnosis in person	Believe patients should be told their diagnosis in person	$P < .0001$
Knew someone with breast cancer	Believe it is important for patients to be accompanied when given their diagnosis	$P < .0001$
Was offered reading material	Believe patients should be offered reading material	$P < .0001$
Was given diagnosis by own physician	Believe patients should be given their diagnosis by their physician	$P < .0001$

Fifty-seven percent were told their diagnosis in person, 40% by phone, and 2% by mail (Table 1). In reference to body language, 73% said they strongly believed that giving one's full attention is important, and 66% strongly agreed that eye contact is important.

Fifty-nine percent of the study population believes it is important to be asked how much information one would like to know when initially told the diagnosis. However, most (54%) were not asked how much information was desired. Compared to other groups of patients, this 54% tended to feel that prognosis should have been discussed ($P = .0080$), as well as survival ($P = .0133$) and staging ($P = .0345$). Patients who did not feel there was ample time to ask questions thought that prognosis, treatment, and survival should have been addressed ($P < .0001$, $P = .0062$, $P = .0303$).

When asked if previous ideas about breast cancer influenced their concerns/feelings when told their diagnosis, 79% answered "yes" or "somewhat." However, only 10% of the patient population knew "a great deal" about breast cancer before learning of their diagnosis. Forty-one percent knew "a fair amount" and 41% "a little." Eighty-four percent agreed or strongly agreed that allowing enough time to ask questions is important. Fifty-nine percent agreed or strongly agreed to be so overwhelmed that they did not know what questions to ask. Patients tended to feel strongly about being accompanied to their interview (Table 1).

The literature today focuses not on simply telling patients their prognosis, but what details to discuss and how to convey the message [3]. Many studies have evaluated the needs of cancer patients in general. However, few have studied the specific diagnosis disclosure needs of breast cancer patients. Breast cancer patients may have information from the media, their family, and their friends diagnosed with breast cancer, and not information provided by physicians. These outside influences may affect treatment decisions in breast cancer patients [4].

In the study by Sardell and Treirweiler, 86% of the studied cancer population preferred to receive news from their primary physician and 84% preferred to have a relative present [5]. The present study of breast cancer patients resulted in similar conclusions about these preferences.

Various studies have recommended that cancer patients be told their diagnosis in person [5,6]. Butow et al studied experiences and preferences of patients with breast cancer and melanoma at the initial diagnosis disclosure [6]. Seventy-four percent were told in person and 25% by phone, with 77% preferring to be told in person. Our study population of breast cancer patients likewise indicated that patients want to be told in person.

In the study by Butow et al, 38% of the population had a relative present at the diagnosis disclosure and 57% preferred a relative be present. In the present study, patients with someone at the disclosure (57%) also found this important, especially patients who had known someone with breast cancer.

More of the diagnosis disclosure conversation needs to focus on the implications of diagnosis, the prognosis, and the treatments indicated. In 1997, Butow et al reported a study of heterogeneous cancer patients, with most (43%) being breast cancer patients, and found that a majority of patients want prognostic information [7]. They recommended checking with the patient to assess his or her needs. Other studies found that many patients would like to be asked if they want prognostic information and what type of information they would prefer [8–10]. Our study likewise found that asking patient preferences before disclosing specific diagnostic and prognostic information is important.

Data gained in this study serve to contribute to guidelines for clinicians to address the diagnosis disclosure needs of breast cancer patients. We recommend that patients in this population be accompanied by a close family member or friend when being given their diagnosis, especially patients who have known someone with breast cancer. Ideally, the diagnosis should be given by a physician with ample time and attention allowed for conversation and clarification of preconceived notions and media-related information. Patients should be asked how much information they wish to hear at the initial conversation, and be offered reading material about their disease. More studies focusing on the unique concerns and needs of breast cancer patients will aid further tailoring of breast cancer diagnosis communication.

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