



Effectively communicating prognosis in cancer care

Recommendations summary*

1. Prior to discussing prognosis:

- Ensure that the discussion will take place in privacy
- Ensure as much as possible that there will be no interruptions (e.g. switch off mobile phones and pagers; inform staff)
- Check first if a patient wants to be given prognostic information
- Check if the patient would like to have a friend or relative present
- Check if the patient would like another medical person present (if applicable)
- Explore and negotiate with the patient the type (e.g. staging details; the chances of being cured; short and long-term side-effects of treatment; survival estimates) and format (e.g. words, numbers, graphs) of prognostic information desired and adhere to these preferences.

2. When discussing prognosis:

- Adopt an honest and straightforward yet sensitive approach
- Encourage a collaborative relationship with the patient (e.g. provide opportunity to ask questions)
- Use the most up-to-date information, and if desired, explain its source
- Preface any statement of prognostic estimates with the limitations of prognostic formulations
- If giving a time frame emphasise a range and not specific endpoints
- Use mixed framing i.e. give the chances of cure first then chances of relapse
- Present information in a variety of ways (e.g. words, graphs, statistics)
- Present absolute risks with and without treatment
- Broaden discussion of the prognosis to include effect of the cancer on the individual's lifestyle
- Emphasise hope-giving aspects of the information, e.g. extraordinary survivors
- Repeat negotiation of information preferences and needs over time
- Be aware that individual patient needs for prognostic information may change over time.

3. Following prognostic discussion:

- Summarise the main points
- Check that the patient has understood
- Check the patient's emotional reaction to the information
- Inform the patient of available support
- Organise a review appointment
- Inform the patient of your availability and contact details in case of further questions



4. Particular patient needs:

- **Different cultures;** Exercise caution with information provision as the patient may come from cultures where avoidance or paternalism is the norm, and/ or where family systems differ from the western model. It may be necessary to explore the needs of patients and family members separately for information about prognosis, as these may differ.
- **Anxious patients;** May want less information.
- **Depressed patients;** May be more likely to want information about survival estimates.
- **Age differences;** Younger patients may want more information and older patients less.
- **Gender;** Female patients may want more information.
- **Expected survival;** Those with a worse prognosis may be less likely to want prognostic information.
- **Education level;** Those with less education may require more assistance to understand prognostic information.

Source: National Breast Cancer Centre. *Effectively communicating prognosis in cancer care – Evidence from the literature.* 2005 National Breast Cancer Centre, Camperdown, NSW.