

"How and how often we communicate with metastatic breast cancer patients?" - Results from an Italian national survey

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BACKGROUND

The therapeutic landscape of metastatic breast cancer (mBC) is rapidly changing.

Although most of available therapies still do not have a curative intent, newer strategies are showing promising results.

In this context, communication plays a critical role in patient care: the areas of communication cover diagnosis, prognosis and treatment. A tailored communication approach is suggested to keep patients (pts) involved in the clinical decision-making process.

MATERIAL and METHODS

A 38-question web survey, promoted by the IncontraDonna Foundation and carried out in collaboration with both the Italian Society of Psycho-Oncology (SIPO) and the Italian Association of Medical Oncology (AIOM), was sent to oncologists members of AIOM between 21 June and 4 October 2022.

The aim of the present study was both to investigate how and how much oncologists communicate with metastatic breast cancer pts (mBCp) and to probe clinicians' opinions and needs.

RESULTS

Overall 140 oncologists from 19 Italian regions participated in the survey (Figure 1).

Responders reported discussing prognosis with their mBCp both in terms of remaining life (96%), goals of care (98%) and likelihood of treatment response (94%), in the last two cases especially at the time of the first oncological visit (67% and 60%, respectively) (Figure 2). 61% agree on the need to inform mBCp about prognosis based on their requests.

As many as 93% of responders stated that they investigate the degree of understanding of the information provided.

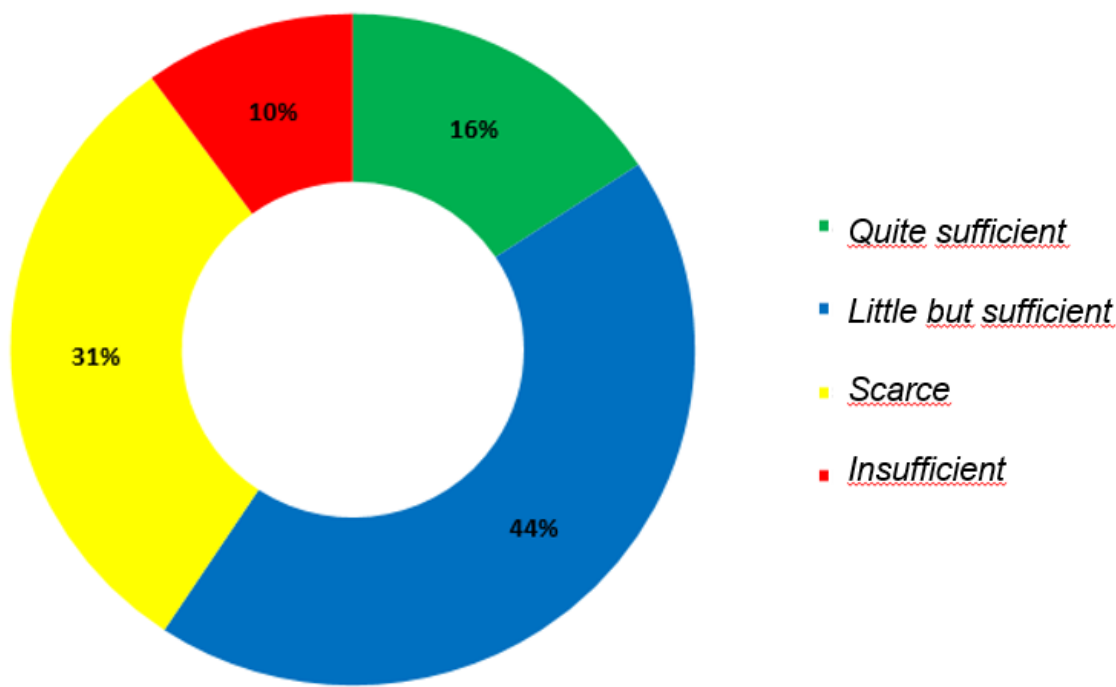
In communicating the prognosis, 49% of responders considered the presence of a caregiver "very useful" and 61% considered her/his absence "very disadvantageous" (Figure 3).

About the organization of one's department, the time dedicated to doctor-patient communication was considered "quite sufficient" in 16%", "little but sufficient" in 44%, "scarce" in 31% and "insufficient" in 10% of cases (Figure 4).

In 89% of cases the presence of a psycho-oncology service was reported, to which mBCp would be referred regularly in only 14% of cases.

Specific training courses for clinicians (69%) and periodic meetings with expert psycho-oncologists (59%) are the improvement actions most requested by responders.

Figure 4. The time dedicated to doctor-patient communication



CONCLUSIONS

The results of this survey highlighted heterogeneity in the management of communication in mBCp across the Italian country.

Despite the figure of the psycho-oncologist is considered important, its integration into the therapeutic process still appears to be implemented.

References

MA. Annunziata et al, Ann N Y Acad Sci 1997
A. Costantini et al, J Cancer Educ 2009
L. Grassi et al, Adv Psychosom Med 2015

Figure 1. Geographic distribution of responders

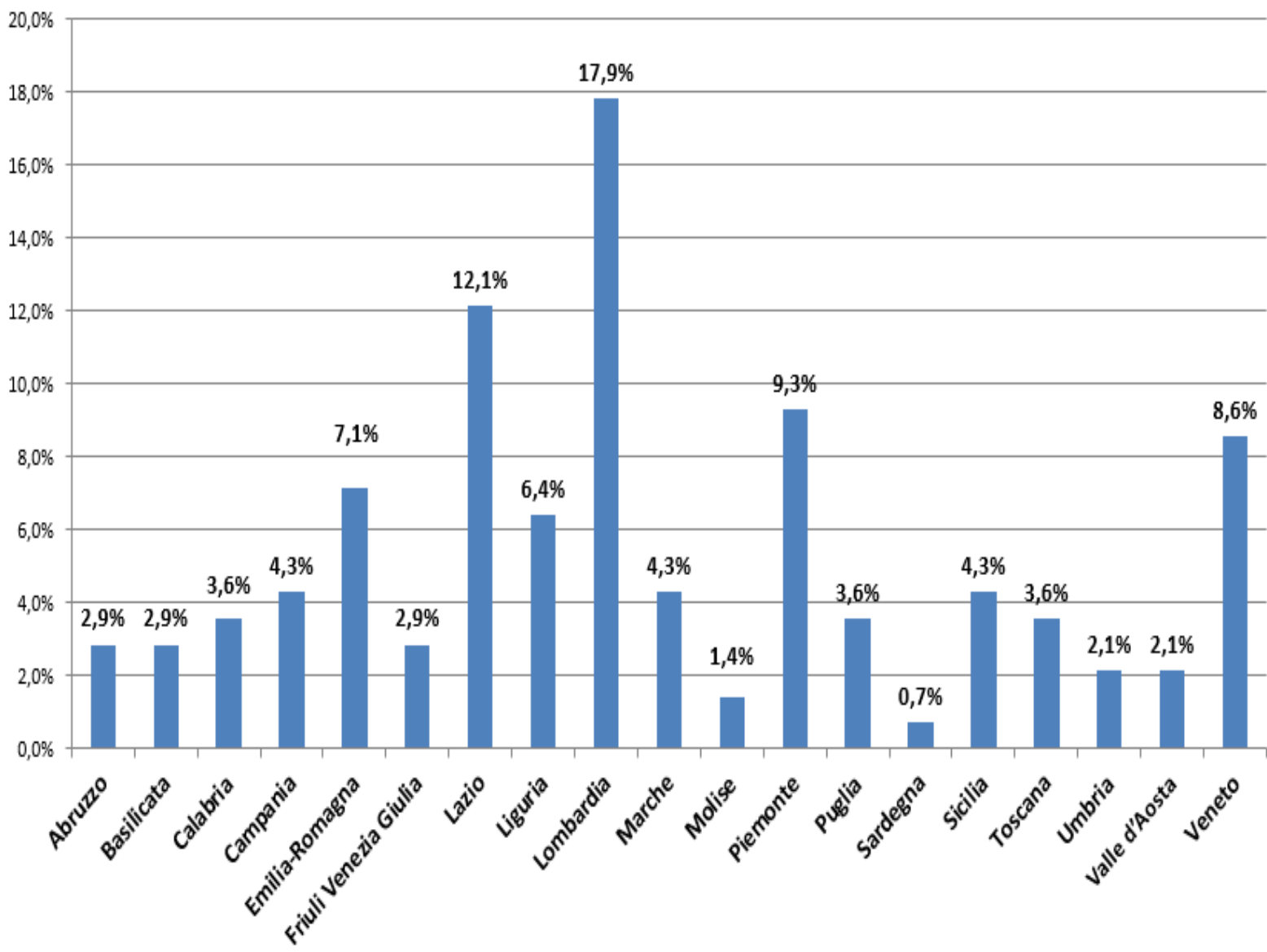


Figure 2. The discussion of patients' prognosis

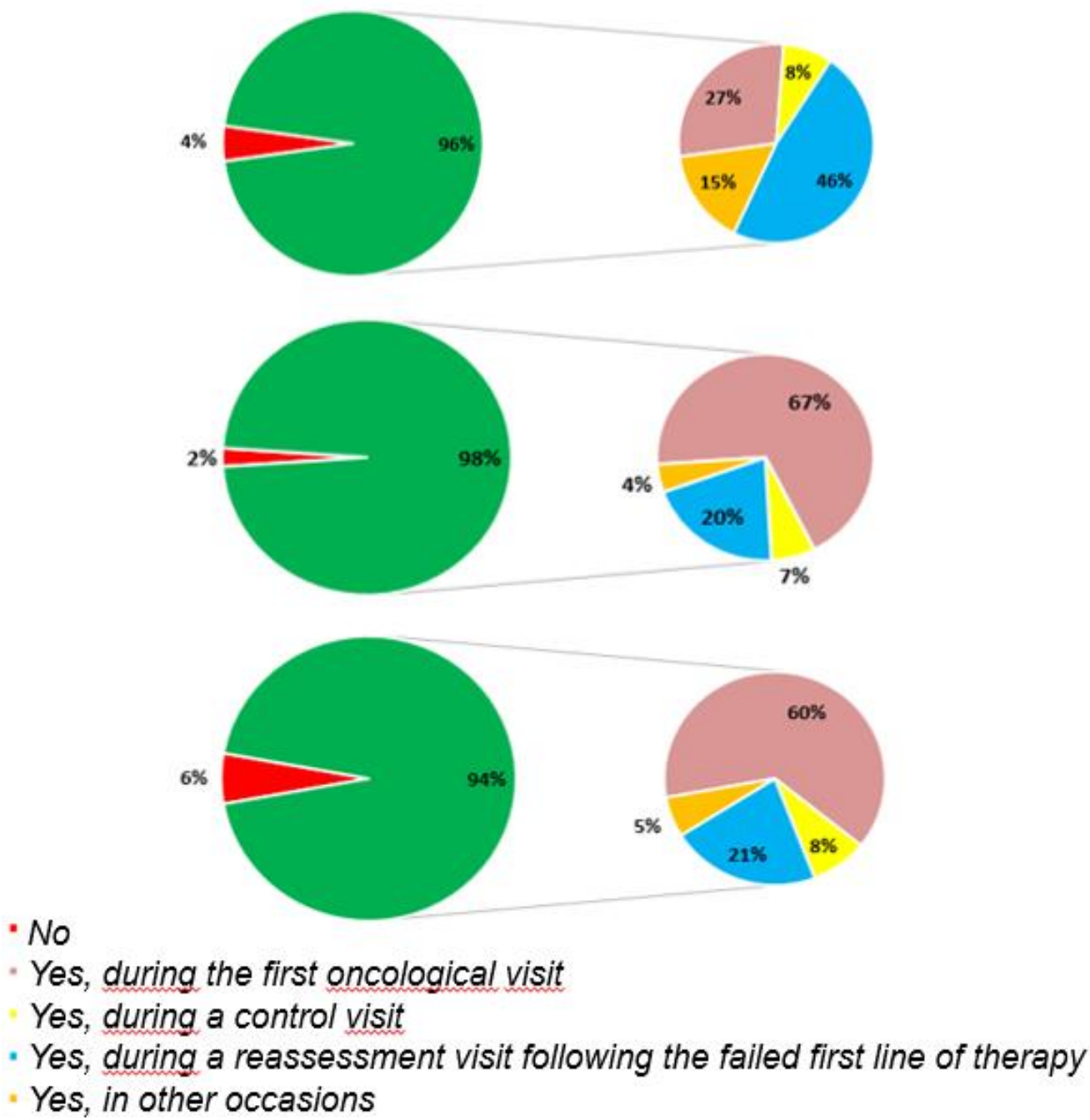


Figure 3. The presence of a caregiver

