This is a repository copy of An update on the use of the Pre-treatment Patient Concerns Inventory (PCI) in a tertiary centre.

White Rose Research Online URL for this paper:
http://eprints.whiterose.ac.uk/125123/

Version: Accepted Version

Article:
Milne, S, Ong, TK, Ho, MW orcid.org/0000-0001-9810-3136 et al. (2 more authors) (2017) An update on the use of the Pre-treatment Patient Concerns Inventory (PCI) in a tertiary centre. British Journal of Oral and Maxillofacial Surgery, 55 (10). e176-e176. ISSN 0266-4356

https://doi.org/10.1016/j.bjoms.2017.08.261

© 2017 Published by Elsevier Ltd. This manuscript version is made available under the CC-BY-NC-ND 4.0 license http://creativecommons.org/licenses/by-nc-nd/4.0/.

Reuse
This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can’t change the article in any way or use it commercially. More information and the full terms of the licence here: https://creativecommons.org/licenses/

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.
An update on the use of the Pre-treatment Patient Concerns Inventory (PCI) in a tertiary centre

Steph Spr, TK Ong, MW Ho, G Fabbroni and A Kanatas

Abstract

1. Aims and background:
Patient reported outcomes (PRO) include areas of health-related-quality of life (HRQOL), but also broader concepts such as patient satisfaction with care. Reliable and valid PRO measures in head and neck cancer patients exist, but even the best instruments do not address all-important surgery-specific issues.

The aims of this work are to give an account of the use of the Pre-treatment Patient concerns inventory (Pre-treatment PCI) from a large UK tertiary center and to further validate this tool.

2. Methods:
Consecutive patients with a diagnosis of head and neck cancer and surgery as the prime treatment modality were included in this study since 2014. The day before the planned operation all patients were asked to complete the Pre-treatment PCI with the EORTC C30 with the H&N 35 module.

3. Results:
159 patients have been included with 87 males and 72 females. 113 oral cavity SCC, 46 oropharyngeal SCC and overall staging T1-T4. Two patients refused to complete the EORTC, they found the experience too stressful.

4. Conclusions:
A group of patients did not understand the treatment planned for the next day. A proportion did not know if the treatment had a curative or palliative intent.

Suggestions for future directions include: (1) to use and utilize validated instruments tailored for the clinical practice; (2) the development of a comprehensive measurement of the understanding of disease and treatment for patients necessitates the combination of both objective and subjective measures.
Address for correspondence: Anastasios Kanatas, BSc (Hons), BDS, MBChB (Hons), MFDSRCS, MRCSRCS, FRCS (OMFS), MD, PGC. Consultant Surgeon / Honorary Associate Professor, Leeds Teaching Hospitals and St James Institute of Oncology, Leeds Dental Institute and Leeds General Infirmary, LS1 3EX.

Tel: 00447956603118      e-mail: a.kanatas@doctors.org.uk