
Article:

Rushworth, B, Milne, S and Kanatas, A orcid.org/0000-0003-2025-748X (2018) Patient Concerns Inventory (at diagnosis) and intention to treat. British Journal of Oral and Maxillofacial Surgery, 56 (3). pp. 235-236. ISSN 0266-4356

https://doi.org/10.1016/j.bjoms.2018.01.006

The Patient Concerns Inventory (at diagnosis) and treatment intent

[1]B Rushworth, [2]S Milne and [3]A Kanatas

[1]B Rushworth MChD / BChD, Dental core trainee, Leeds Teaching Hospitals

bethanyrushworth@live.co.uk

[2]S Milne MRCS. Specialty Registrar, Leeds Teaching Hospitals

stephmilne@hotmail.com

[3]A Kanatas FRCS. Consultant Surgeon / Honorary Associate Professor, Leeds Teaching Hospitals and St James Institute of Oncology, Leeds Dental Institute and Leeds General Infirmary, LS1 3EX.

a.kanatas@doctors.org.uk

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

Key words: Patient concerns inventory, head and neck cancer, surgery

Treatment of head and neck cancer is often radical, with patients suffering from high levels of emotional distress at some point prior to, during or after treatment. The disease and the treatment can affect adversely the health-related quality of life (HRQOL) of patients[2] . In order for them to be involved with decision making about their care, it is crucial they are able to communicate their diverse needs and concerns effectively[3]. Care can be improved through problem screening, thereby facilitating effective management of resources and provision of appropriate interventions[4].

Following a diagnosis, the amount of information sought by patients varies[5]. Some patients may be reticent to raise their concerns during the pre-treatment consultation, for example a fear of recurrence (FoR), due to concern of damaging their relationship with the clinician or appearing to lack confidence in their ability to provide appropriate treatment. Patients may also find it difficult to express what is important to them[5] and in busy clinics some patients' difficulties may be overlooked.

In the head and neck oncology setting, the Patient Concerns Inventory (PCI) (at diagnosis)[5] encompasses a comprehensive check list covering several broad domains pertinent to patients with a diagnosis of cancer to the head and neck. The PCI is a patient-reported tool, specifically designed for head and neck cancer patients, completed by patients following diagnosis prior to treatment. It is designed to help evoke patient concerns and includes the cause of cancer, treatment-related considerations, quality of life issues, as well as sections on social, psychological, emotional and spiritual wellbeing.

We recently started to use the PCI (at diagnosis) the day before the surgical intervention, in patients where surgery was advocated with a curative intent. Such an approach will expose any communication issues between the treating team and the patient.

159 patients were included in the study. Eighty-seven patients were male, and seventy-two were female. 113 patients had oral cavity SCC, and 46 had oropharyngeal SCC; with an overall staging of T1-T4.

When asked about treatment related concerns 44 patients wanted to know about length of hospital stay, 27 wanted to know when they would know if their treatment had been successful, 13 patients were unsure if their treatment had a curative or palliative intent, 11 patients wanted to know more about their chance of cure, and 6 wanted to know about other treatment choices.

The results from this work indicated that often patients did not understand the treatment intent despite having at least two meetings with the treating consultant and at least two meeting with the nurse led supporting team.

Whilst there has been extensive research into the use of the post treatment PCI, there is little information on the benefits of the use of PCI (at diagnosis). Further research is required in order to establish its role and timing in the cancer journey. This may have important implication in patient care.

Conflict of interest: The authors have no conflict of interest to declare

References

1. Kanatas A, Humphris G, Lowe D, Rogers SN. Further analysis of the emotional consequences of head and neck cancer as reflected by the Patients' Concerns Inventory. Br J Oral Maxillofac Surg. 2015 Oct;53(8):711-8

2. Allen S, Lowe D, Harris RV, Brown S, Rogers SN. Is social inequality related to different patient concerns in routine oral cancer follow-up clinics? Eur Arch Otorhinolaryngol. 2017 Jan;274(1):451-459

3. Miller N, Rogers SN. A review of question prompt lists used in the oncology setting with comparison to the Patient Concerns Inventory. Eur J Cancer Care (Engl) 2016

4. Rogers SN, Lowe D, Kanatas A. Suitability of the Patient Concerns Inventory as a holistic screening tool in routine head and neck cancer follow-up clinics. Br J Oral Maxillofac Surg. 2016 May;54(4):415-21

5. Byrne MJ, Rogers SN. Service evaluation of patients' views on the Patients' Concerns Inventory (at diagnosis). Br J Oral Maxillofac Surg. 2017 Sep;55(7):714-716