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Discussing potential recurrence after lung cancer surgery: complexity and challenges

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Abstract

Background: Increasing numbers of patients are being treated with potentially curative surgery for lung cancer. Pathological staging gives an indication of 5-year survival and whether further treatment is recommended. Patients undergo a period of post-operative clinical surveillance to monitor for potential recurrence of cancer. The process of discussing potential recurrence and its early warning signs has not been well researched. This study examines how clinical teams and patients manage information disclosure about possible cancer recurrence following lung cancer surgery. The aim is to identify some of the practice implications for lung cancer teams.

Methods: This qualitative project used case study methodology to explore how information regarding possible recurrence was presented to patients. Twelve patients were recruited at two thoracic surgical centres. Observation of the first post-operative surgical and subsequent oncology or follow-up clinic was conducted and consultations audio recorded. In-depth, one-to-one interviews were completed with clinical staff (surgeon, oncologist, physician and/or nurse specialist) who saw the patients to ascertain their perspective and understand rationale for particular information giving. Framework Analysis methods were used to identify key themes.

Results: Staff varied in the extent and explicitness that long-term surgical outcomes were communicated to patients. Explicit information was presented in terms of recurrence risk or survival and the terms were frequently used interchangeably. Clinicians were often reluctant to give a numerical estimate of risk of recurrence or survival at the post-operative clinic. Information about early warning signs of recurrence was sporadic, with some clinicians preferring to delay such discussions until later on in the follow-up pathway, due to fear of damaging patients' perceived fragile hope for cure. Information was aimed at supporting hope, aiding treatment understanding, or facilitating decision-making. Choices made by staff regarding information giving were complex and largely tacit, but appeared to be linked to individual professionals' underlying optimistic or realistic approach. Staff talked about the importance of balancing hope and realism.

Conclusion: These findings give unique insight and reveal how challenging and complex it is for clinicians to discuss recurrence following lung cancer surgery. The next stage of the project will examine the patient's perspective of this

process. These data will then be combined to identify ways to improve communication of recurrence