Understanding of Treatment Intent in Patients Receiving External Beam Radiation for Cancer

The Problem and Study Design
Weeks et. al reported that a substantial percentage of patients receiving palliative chemotherapy for metastatic cancer did not understand that the chemotherapy was unlikely to be curative. This study and others raised questions about patient’s understanding of treatment. The Department of Radiation Oncology conducted a QI project to determine how well patients undergoing external radiation understand the intent of treatment. Typically patients meet with the physician at the time the patient undergoes imaging to plan the radiation treatment. The informed consent document is reviewed with the patient. The consent forms for external beam radiation list four reasons (intent) radiation is being administered:

1) To prevent the tumor from coming back after surgery
2) To cure it without surgery
3) To shrink the tumor to allow surgery
4) To shrink the tumor to prevent or relieve symptoms.

Subsequently, a nurse meets with the patient immediately before the first treatment to review the treatment and the potential side effects of therapy. This meeting with the nurses is an opportune time to assess if patients understand the intent of treatment. Patients were given a questionnaire containing a single question. The exact wording for the intent of treatment from the consent form (see above) was used. A fifth response- “not sure” was added.

Aim/Methods
The aim of this project is to determine if there was good concordance between physicians and patients as to the intent of treatment. If significant discordance was observed, changes to consent form and consenting process will be implemented to improve patient understanding.

- 40 patients were given the single item questionnaire immediately prior to initiation of radiation by Radiation Oncology nurses
- Treating physicians in the Department of Radiation Oncology were given a list of their patients and asked what they perceived as treatment intent
- The patient’s answers were compared to the treating physician’s assessment

The Results/Progress to Date
The sample size for this project was 40 patients. One patient answered multiple choices and was excluded (39 remaining).

- Sample - N=39
- Patients answering “not sure”=3/39
- Number of patient’s where answer differs from physician=8/39
- Number of patient were physician defined goal as palliative were patients answered treatment is potentially curative 3/8
- Number of patients being treated for palliation who answered correctly that treatment was palliative 3/7

The three patients answering “not sure” were being treated for CNS lymphoma, pancreas and lung cancer. In four (of eight) cases discordance was observed was between answer “to prevent the tumor from coming back after surgery” and “to cure it without surgery.”

Lessons Learned
This study differ from the study reported by Weeks were the objective was assess patients understanding of the outcome of treatment. Our aim was determined if patients understand the aim of therapy. Physicians in Radiation Oncology had communicated the intent of treatment correctly when the treatment intent was curative. 8% answered “not sure” A significant percentage of patients being treated with palliative intent did not understand (43%).

Next Steps/What Should Happen Next
- Communicate results with physician staff
- Potentially have patients initial treatment intent on the consent form
- Implement or sustain the improvement achieved
- Increase sample size with more patients being treated with palliative intent.
- Repeat this project after physician education and changes in the consent process to assess if there is an improvement in patient’s understanding of the intent of radiation treatments.
- Present these findings to the Cancer Committee to encourage similar projects in other areas in oncology (Medical Oncology and Surgical Oncology) to improve patient understanding.

1 Weeks JC, Catalano PJ, Cronin A et al. 2012; NEJM 367:17

For more information, contact:
Irving Kaplan MD Radiation Oncology
ikaplan@bidmc.harvard.edu