



Communication with elderly cancer patients & their caregivers

L. Repetto
ASL1 Imperiese, Sanremo - Italy

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The illness trajectory of elderly cancer patients across cultures: SIOG position paper

A. Surbone, M. Kagawa-Singer, C. Terret & L. Baider
On behalf of the SIOG TF on Cultural Competence in the Elderly
Ann. Oncol., 2007

- To create awareness of the influence of culture in geriatric oncology.
- Negotiating cross-cultural issues in geriatric oncology helps managing possible conflicts between patients, families and physicians over differing health care values, beliefs, or practices.

Cultural Competence in Elderly Cancer Patients

- Senior adults are less involved in society
 - Retirement
 - Illnesses
- Death of relatives and friends
- Loss of nuclear family
- Reduced financial resources
- They may wish to rely on family and to delegate to family members major medical decision.

A. Surbone, et al. Ann. Oncol 2007

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Desire for Information and Involvement in Treatment Decisions: Elderly Cancer Patients' Preferences and Their Physicians' Perceptions

Elena B. Elkin, Seize H.M. Kim, Ephraim S. Gupey, David W. Kussane, and Deborah Schrag

➔ How involved elderly patients want to be in making treatment decisions?

Results: Decision control

Characteristic	Active		Collaborative		Passive
	No. of Patients	%	No. of Patients	%	
Total	18	24.6	17	23.3	38
Age, years					
70-79	14	25.5	15	27.3	26
80-89	4	22.2	2	11.1	12
Sex					
Male	9	23.1	13	33.3	17
Female	9	26.5	4	11.8	21
Marital status					
Married	10	20.8	12	25.0	26
Not married	8	32.0	5	20.0	12
Residence					
Live alone	3	18.8	4	25.0	9
Live with someone else	15	26.3	13	22.8	29
Education					
High school graduate or less	6	21.4	6	21.4	16
Post-high school graduate	12	26.7	11	24.4	22
Employment					
Retired	15	24.6	14	22.9	32
Working	3	25.0	3	25.0	6
Activities of daily living					
Needs no help	15	25.3	15	25.3	27
Needs some help	3	18.8	2	12.5	11
ECOG performance status					
0-1	17	29.3	14	24.1	27
2-3	1	6.7	3	20.0	11
Diagnosis					
New stage IV disease	7	18.4	8	21.1	23
Recurrent disease	11	21.4	9	25.7	15
Comorbidity score*					
0	12	20.8	9	23.1	18
1	3	12.0	8	32.0	14
2+	3	33.3	0	0	6

Elkin et al., JCO Nov 2007

AIOM recommendations for proper information of cancer patients and their families

- Fundamental Right of the patients and their families
- Adapted to individual patient's requirement
- Be part of a routine clinical daily practice
- Health professionals need specific training to communicate cancer diagnosis and prognosis.



•622 patients (65+yrs), 316 males, 292 females
 •505 (81.2%) advanced disease
 •268 (43.1%) PS-ECOG = 0
 •366 (58.8%) ≤5 yrs of education

Results

33.8% of patients received only partial (21.9%) or no (11.9%) information

in agreement with both practice and literature (Meredith 1996; Buckman 1996)

in contrast with theoretical evidence which reassures from the risks of cancer disclosure and recommends full information.

Results

- Age
- Yrs of education
 - 77% of not informed pts have <5yrs of education
- ECOG-PS
- Stage
- Tumor site
 - Breast cancer pts 2.5 more informed than colon cancer pts
- Family Composition
 - inversely correlated with the N° of family members, elderly living with their spouses are better informed (+40%)
- Geographical Area
 - Patients from Northern Regions are better informed than pts from Southern Regions and Islands (+40%)

...were correlated with the degree of clinical information

Clinical Communication in Geriatric Oncology: GIOGer Study

WHO “better supports” the patient?
 598 patients*

- My Family (is the best support): **88.5%**.
- Health professionals: **9.7 %**.

*
 ■ 75.9% informed patients
 ■ 17.2% partially informed patients
 ■ 6.9% not informed patients.

...facing cancer experience

Clinical Communication in Geriatric Oncology: GIOGer Study

WHO “better supports” the patient?
 598 patients

- Informal Care Giver facilitates the relationship. **79.1%**, 473 patients
- Informal Care Giver is an obstacle for the relationship. **45%**, 38 physicians

...about pts-health professional relationship

Clinical Communication in Geriatric Oncology: GIOGer Study WHO “better supports” the patient?

598 patients

45.5% wants informal care giver be present during medical consultation

...facing
cancer experience



Telling bad news to the elderly cancer patients: The role of family caregivers in the choice of non-disclosure - The Gruppo Italiano di Oncologia Geriatrica (GIOGer) Study

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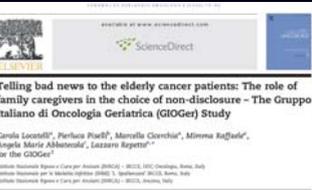
Background

- Among the principals assignments of the caregiver there is the share of the medical consultation and medical decision making.
- Despite recommendations and progress in the clinical information, the request from the family member to not provide (full) information to the oncologic patient is very common.



Patients/Methods

- 622 elderly cancer pts were enrolled in the GIOGer Communication Study
- Family caregivers of 136 partially Informed (PI) and 74 not-Informed (NI) elderly cancer patients were interviewed.
 - PI patients received only approximate information, aimed at reassurance.
 - NI patients had no access to information.
- Family caregiver was identified by the patient as the primary source of emotional and social support.



Patients: Results

- Pts Median age 73.6 yrs (interquartile range 69.6-77.4)
- 119 (56.7%) males
- 144 (68.6%) had ≤ 5 years of education
- 67 (31.9%) ECOG PS 0
- 182 (86.7%) presented advanced disease.



Care Givers: Results

- 64.9% (n=126) of caregivers were children
- 18% (n=35) were spouse or partners
- 12.3% (n=24) were other relatives (nephew, daughter-in-law, brother or sister)
- Only 1 caregiver was a health professional (0.5%).

Results

- Pts living with their spouse are better informed than pts living with their children
- The decision to not inform arise into the family
 - (77% of PI, 86% of NI).

Results

- Caregivers are afraid of increased risk of anxiety and depression in their relatives (55.7%).
- Interviewed caregivers are not aware that adequate information provides a better opportunity for the patient, to share anxieties.

Physicians' age and sex influence breaking bad news to elderly cancer patients. Beliefs and practices of 50 Italian oncologists: the G.I.O.Ger study

C. Locatelli¹*, P. Piatelli², M. Ciocchia³ and L. Repetto⁴

Abstract

Objective: We attempt to shed light on the truth-telling attitudes and practice of oncologists working with a geriatric population in Italy.

Participants and method: Physicians caring for cancer patients were asked to complete a specific survey on their beliefs, attitudes and practice towards truth telling to elderly cancer patients.

Results: Of 50 physicians surveyed, 65% were men. Physicians practicing in the north of Italy were significantly older and more likely to be male gender in comparison with physicians practicing from the north and central areas. Eighty-four per cent of physicians consider that family to be an obstacle to direct communication with the elderly. Forty-four per cent of male physicians who are faced with a family's request of nondisclosure talk with the patient, whereas 25.4% of female physicians talk with the family. For 49% of interviewed physicians, the reasons underpinning the caregiver's choice of nondisclosure is to delay the emotional confrontation.

Conclusion: We observed that variability of disclosure is related not only to the patient's age but also to the physician's age and sex and to the geographic area where physicians work. The results also show that both caregivers and physicians are concerned by the emotional aspects related to clinical information. Italian oncologists have to learn and improve "competencies" communication skills and have to promote an integration of the information needs of patient and caregivers, according to their socio-cultural attitudes, within the communication techniques.

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facing with a family's request of non-disclosure

44% of male physicians talk with the patient,

whereas 37.5% of female physicians talk with the family

Our New Study

Psychological consequences of cancer in elderly patients and their family

- Aim:
 - To develop and validate the "Multidimensional Caregivers Assessment"
- Advantages:
 - to predict the risk of mood disorders in the caregiver
 - to reduce the "emotional contagion" caregiver – patient
 - to define supportive needs of and interventions for the caregiver
 - to define training program for physicians
 - to reduce cost for "extra"hospitalization

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 Bando Giovani Ricercatori
 Anno 2009

Clinical Communication in Geriatric Oncology

Conclusions

- We need to better address clinical communication and understanding of patients' beliefs
- We need formal education of health professionals on the issues of cancer diagnosis and prognosis disclosure
- Also family members and informal caregiver need special education and support along this process.

Cancer is a family's disease



THANKS