

1608P: Feasibility of the PENS approach for breaking bad news (BBN) in the Indian oncology outpatient setting

Sharada Mailankody*, Shirley Lewis, Ananth Pai, Ramnath Shenoy, Karthik Udupa, Prathika Sherigar, Seema R Rao

Shirdi Sai Cancer Hospital, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India.

BACKGROUND

- ❖ There are unique challenges in oncology care delivery in India and other Low- and Middle-Income countries (LMICs).
- ❖ Oncologists in India have a higher patient load and patients often travel long distances to meet an oncologist. (1)
- ❖ The cultural and social milieu of the patients is also distinct. (2)
- ❖ Breaking bad news (BBN) is a vital part of the oncology practice. There is an unmet need for suitable BBN protocols for Indian settings.
- ❖ PENS protocol - Patient preference elicitation, Explanation, scheduling the Next appointment & offering Support- an abbreviated protocol for BBN based on ethical principles. (3)
- ❖ The first step of eliciting patient preference ensures patient autonomy in decision-making.

OBJECTIVES

- ❖ We conducted this study (CTRI/2021/07/034707) to assess the feasibility of the PENS approach in an oncology OP

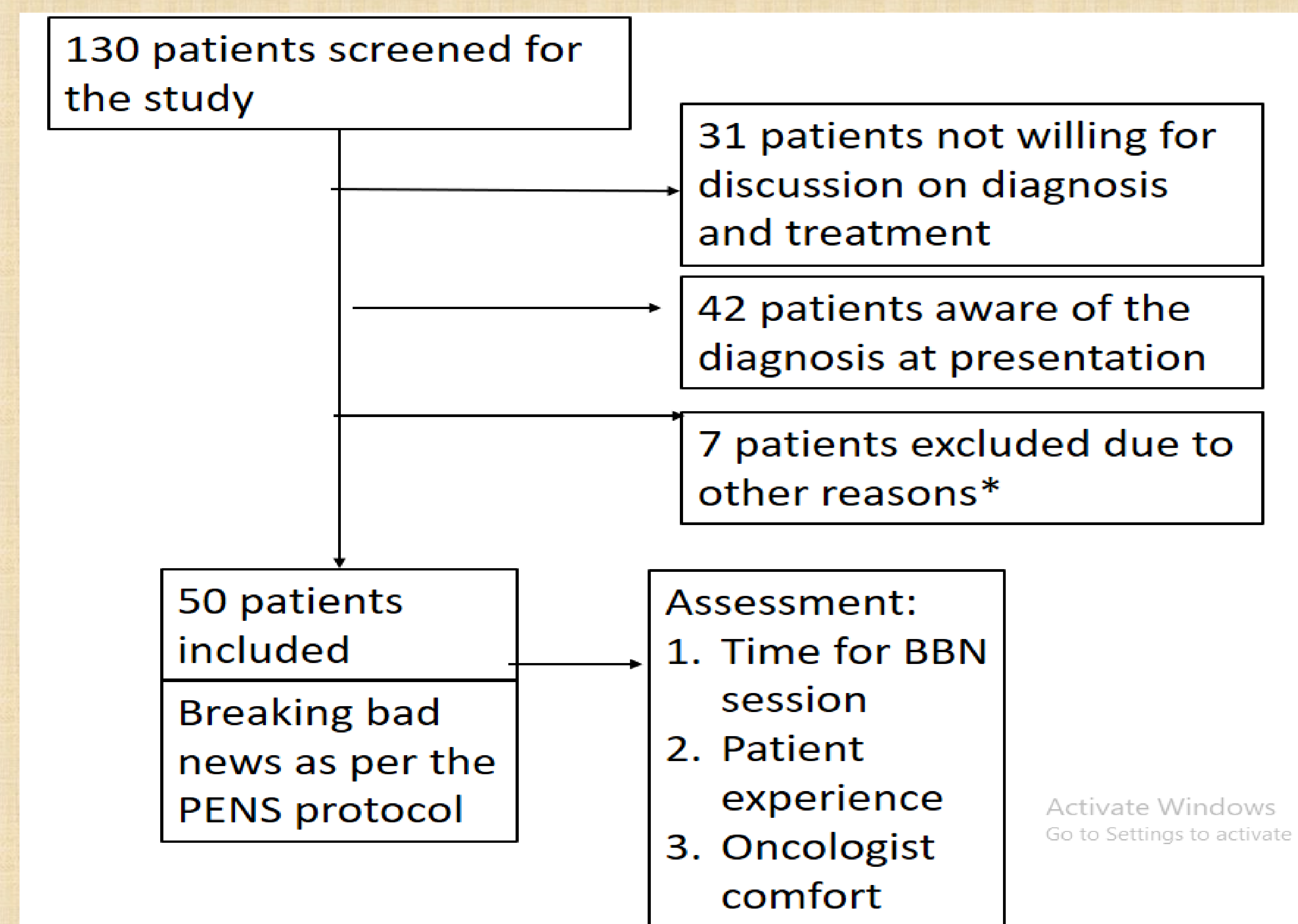
MATERIALS AND METHODS

- ❖ An observational study conducted in Kasturba Medical College, Manipal, India from July 2021 to November 2021
- ❖ We included patients with newly diagnosed cancer or cancer progression who were unaware of their condition and were willing to have a discussion regarding their disease status
- ❖ The duration for BBN was the primary outcome, measured from the start of the conversation regarding the disease, not inclusive of history taking, examination, report review and financial discussions (in some cases)
- ❖ Six-item validated questionnaire, based on Likert method, used to assess patient satisfaction
- ❖ Sum of the response scores of <13 classified as being content with the BBN session
- ❖ The oncologists' comfort was also assessed with a questionnaire
- ❖ Study was approved by the Institutional Ethics Committee (IEC 279/2021) and was registered in Clinical Trial Registry of India.

RESULTS

- ❖ Of the 130 screened patients, 50 patients were included in the study.
- ❖ 31 (38.8%) of the excluded patients were not willing to discuss further care with the oncologist.
- ❖ Mean age of the study patients was 53.7 (range 28-76) years.
- ❖ 78% of the patients had only primary school education.
- ❖ 37 (74%) patients were ECOG PS 1, only 2 (4%) were ECOG PS 3.
- ❖ The bad news was newly diagnosed malignancy in 45 (90%) patients.
- ❖ The stage of the disease was stage 1,2,3,4 and unknown in 2 (4%), 4 (8%), 6 (12%), 16 (32%) and 22 (44%) patients.
- ❖ The average time taken for the BBN session was 6.1 (range 2-11) minutes.
- ❖ 43 (86%) patients were satisfied with the session as assessed by the sum of response scores.
- ❖ Only three (6%) of the discontented patients felt that the BBN session was too short.
- ❖ 94% of patients felt that enough information was imparted for them to make a treatment decision
- ❖ All the patients felt that the doctor was approachable, interested, and willing to listen to their concerns
- ❖ After the session, 36 (72%) patients admitted to feeling the same or reassured when compared to before the session
- ❖ Patient satisfaction was significantly correlated with the education status of the patient.
- ❖ All the oncologists were comfortable using the new approach to BBN and were satisfied with the BBN sessions
- ❖ Oncologists felt confident about identifying patient emotions during the BBN sessions

Schematic representation of study methodology



*Other – 3 patients had cognitive/psychiatric issues and incapable of comprehending a discussion on cancer diagnosis, 1 patient 14 years old, 1 patient had hearing impairment, 1 patient had uncertain diagnosis of cancer, 1 patient had no malignancy after reports. BBN Breaking bad news, PENS Patient preference, Explanation, Next appointment, Support.

Table showing the correlation of patient satisfaction with other characteristics

	Patient satisfied	Unsatisfied	Chi square	p value
Age				
>60 years	10	3	1.2	0.27
<60 years	33	4		
Accompanying attender				
Close relative	35	5	0.4	0.54
Others	8	2		
ECOG PS**				
Good (0-1)	36	7	0.1	0.79
Poor	7	0		
Patient home district***				
Neighbouring district	15	1	1.2	0.28
>60km away	28	6		
Education****				
Less than matriculation	36	3	5.9	0.02
Higher education	7	4		

ECOG PS – Eastern Cooperative Oncology Group Performance Status

*Close relative was either spouse, offspring or a sibling

**ECOG PS good 0-1, poor >2

***Whether the home district of the patient was in either the same district or a neighboring district in relation to the study center

****Matriculation standard implies at least 10 years of formal education, till the age of 15-16 years of age.

CONCLUSIONS

- ❖ PENS approach is a patient-centered, practical and ethical approach for BBN
- ❖ PENS fulfills the unmet need for abbreviated BBN protocols tailored for use in an LMIC setting.
- ❖ This study is a real-world report on the feasibility of the PENS approach
- ❖ Both the patients & oncologists were satisfied with this abbreviated protocol, which is appropriate for our oncology OP setting.
- ❖ PENS can be easily adopted by persons who are not formally trained in communication.
- ❖ Future trials are required to validate the protocol in other settings.

REFERENCES

1. Fundytus A, Sullivan R, Vanderpuye V, et al. Delivery of Global Cancer Care: An International Study of Medical Oncology Workload. *J Glob Oncol*. 2018;4(4):1-11. doi:10.1200/JGO.17.00126
2. Ghoshal A, Salins N, Damani A, et al. To Tell or Not to Tell: Exploring the Preferences and Attitudes of Patients and Family Caregivers on Disclosure of a Cancer-Related Diagnosis and Prognosis. *J Glob Oncol*. 2019;5:1-12. doi:10.1200/JGO.19.00132
3. Mailankody S, Rao SR. "PENS" approach for breaking bad news-a short and sweet way! *Support care cancer Off J Multinatl Assoc Support Care Cancer*. 2021;29(3):1157-1159. doi:10.1007/s00520-020-05807-0

CONTACT

For any further information, please contact

Dr SHARADA MAILANKODY,
sharadajayaram27@gmail.com