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, Explanation, 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 oncologist’s 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.

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


CONTACT

For any further information, please contact
Dr SHARADA MAILANKODY, sharadajayaram27@gmail.com

Table showing the correlation of patient satisfaction with other characteristics

<table>
<thead>
<tr>
<th>Patient satisfied</th>
<th>Unsatisfied</th>
<th>Chi square</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;60 years</td>
<td>10</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td>&lt;60 years</td>
<td>33</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Accompanying attender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close relative</td>
<td>17</td>
<td>5</td>
<td>0.4</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ECOG PS**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good (0-1)</td>
<td>36</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Poor</td>
<td>7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Patient home district***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbouring district</td>
<td>15</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>&gt;40km away</td>
<td>28</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Education***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than matriculation</td>
<td>36</td>
<td>3</td>
<td>5.9</td>
</tr>
<tr>
<td>Higher education</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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.