



Evaluation of gynecologic cancer patient understanding of prognosis and treatment goals.

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Introduction

1. Patient understanding of prognosis allows for more realistic expectations of life expectancy, which is important for patients to receive high quality oncologic care (1).
2. **Curative** chemotherapy is administered with goals of achieving complete remission and preventing the recurrence of cancer. **Palliative** chemotherapy is given without curative intent, with goals of extending life expectancy and improving quality of life (2).
3. When both patient and oncologist understanding of prognosis are **aligned**, patients are better able to plan for the future and achieve goal-concordant care (3).
4. This study evaluated patient understanding of prognosis and treatment goals in a racially diverse population.

Methods

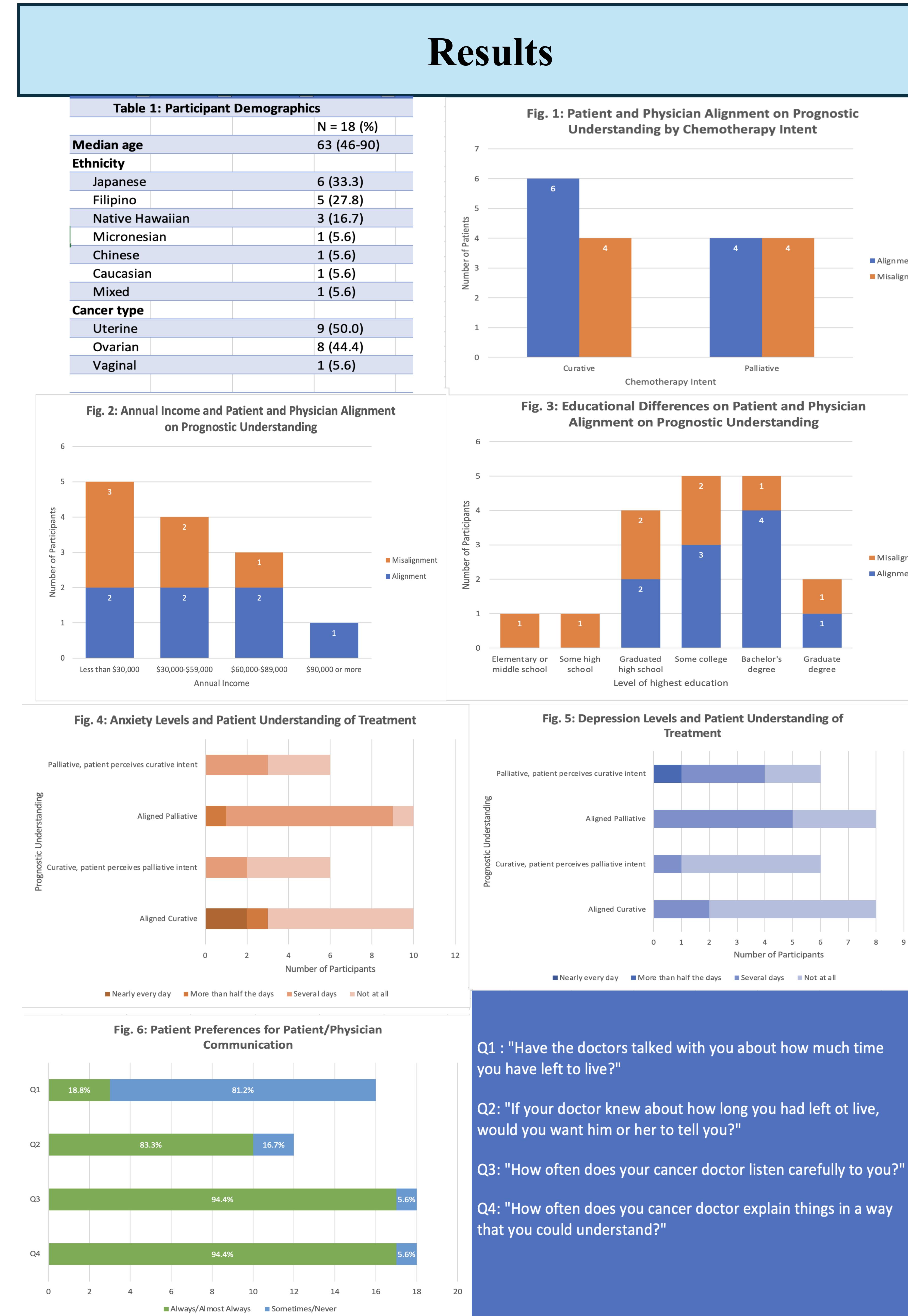
Study Population

1. Gynecologic cancer patients 18 years or older receiving chemotherapy through Queen's Health Systems. Only English language-proficient patients were included.

Study Procedures

1. 18 participants were surveyed after their clinic appointments or while they received chemotherapy.
2. 22 questions were asked pertaining to patient understanding, communication with physician, anxiety/depression, preferences for quality of life, and demographic information. Chart review was performed to abstract additional demographic data, as well as chemotherapy treatment intent.
3. Data analysis was descriptive; patient understanding of treatment intent and prognosis (curative vs. palliative) was classified as either in **alignment** or **misalignment** with physician understanding.

Results



Discussion

1. The majority (94.4%) of patients perceived **good communication** with their oncologist. However, misalignment in understanding of treatment goals occurred in 44.4% of patients.
 - 50% of patients undergoing palliative chemotherapy overestimated prognosis.
 - 40% of patients undergoing curative chemotherapy underestimated prognosis.
2. Although 83.3% of participants desire to have conversations about life expectancy with their physician, only 18.8% report having had these discussions.
3. There may be an association between alignment in **understanding of prognosis and income and educational background**.
4. There may be an association between perceived prognosis and levels of **anxiety/depression**, highlighting how mental health support may play a role in patient's understanding of prognosis.

Study strengths and limitations:

1. This study represents a diverse population in Hawai'i.
2. While hypothesis generating, this study includes a small number of participants, precluding the ability to perform any statistically significant comparisons.
3. There are inherent biases to survey-based studies, including selection bias. The study excluded non-English speakers.

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