Discussing future expectations with incurable breast cancer patients: Quality of communication from a patient perspective.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON22103

Source
NTR

Health condition

(breast) cancer
palliative care
communication
analogue patients

Sponsors and support

Primary sponsor: NIVEL
Source(s) of monetary or material Support: SPINOZA-award Prof. dr. J. M. Bensing

Intervention

Outcome measures

Primary outcome

Study 1:

Qualitative data: Opinions concerning the disclosure of a palliative prognosis and the role of hope and explicitness herein.

Study 2:

Experiment: Anxiety- and uncertainty reduction.

Secondary outcome

Study 2:

Experiment: Satisfaction, self efficacy.

Focusgroups: Qualitative data: Opinions concerning the specific communication elements.

Study description

Background summary

Good communication is essential in health care, especially in sensitive areas such as the transition from curative to palliative cancer care. While all patients want to be aware of their disease's terminal nature, how explicit oncologist should be in their prognostic information is still unknown. In addition, the need for hope persists for all cancer patients, at the same time as the need for honest information. But what comprises hope is still unknown and an empirical base for its beneficial effect is lacking. The aim of this project is to determine optimal communication strategies for prognostic disclosure in the palliative phase of breast cancer from a patient perspective. In a first study, breast cancer survivors', healthy women's and oncologists' opinions on which topics they consider important when discussing a palliative prognostic disclosure and how oncologists can trade the fine lines between providing general as opposed to explicit information and realistic as opposed to hopeful information when discussing these topics are explored. With the data of this first study, 4 written scripts and role-played video-vignettes of a prognostic disclosure are created in which the level of explicitness of information and expressed hope are systematically varied. Breast cancer survivors and healthy women watch these video-vignettes and their perceptions of the communication are assessed. A sub sample of the subjects will participate in focus groups to provide qualitative information about their opinions concerning the varied communication elements.

Study objective

The aim of this project is to determine optimal communication strategies for prognostic disclosure in the palliative phase of breast cancer from a patient perspective.

Study 1: To explore breast cancer survivors', healthy women's and oncologists' opinions on

which topics they consider important when discussing a palliative prognostic disclosure and how oncologists can trade the fine lines between providing general as opposed to explicit information and realistic as opposed to hopeful information when discussing these topics.

Study 2: To determine the main and interaction effects of the levels of explicitness of information and expressed hope when providing prognostic disclosure in palliative breast cancer, using a systematic controlled study design (participants watch created video-vignettes in which the level of explicitness and hope are systematically varied).

Study design

Study 1:

Qualitative data during the focus groups.

Study 2:

1. At T(0) (one time, before watching video): Anxiety: STAI-trait and STAI-state.

2. At T(1)-T(4) (4 times, after watching every video):

A. Satisfaction: PSQ and self created 0-10 VAS scale;

B. Anxiety reduction: STAI-state and self-created 0-10 VAS scale;

C. Uncertainty reduction: Self created 0-10 VAS scale;

D. Self efficacy: Self created 0-10 VAS scale;

3. At T(5): During focusgroup qualitative data.

Intervention

Study 1:

Focus groups (for breast cancer survivors and healthy subjects) and semi-structured interviews (for oncologists).

Study 2:

Self created, standardized videos in which the level of explicitness of information and

expressed hope are systematically varied will be shown to healthy subjects and breast cancer survivors to assess the elements' impact on their perceptions. A subsample of the subjects will participate in focus groups to provide qualitative information about their opinions concerning the varied communication elements.

Contacts

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Eligibility criteria

Inclusion criteria

1. Breast cancer survivors:

A. Women between 18-65;

B. Minimally 5 years disease-free;

C. Speak fluent Dutch.

2. Healthy women:

A. Women between 18 and 65;

2. Speak fluent Dutch.

Exclusion criteria

1. Breast cancer survivors: Less than 5 years disease free;

2. Healthy women: Women who are cancer survivors.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial

Control: N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-05-2010
Enrollment:	280
Type:	Anticipated

Ethics review

Positive opinion

Date:	31-03-2010
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2143
NTR-old	NTR2267
Other	METC / ABR : 10-022 / 29968 ;
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A