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Oncologists' Communication and Decision-Making Behaviors Affect Perceptions of Sensitive Information Exchange for Adolescent and Young Adult Patients

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Dear Editor:

Interacting sensitively with patients is central to developing a healing relationship.^{1,2} However, it is unknown whether oncologist communication and decision-making behaviors affect adolescent and young adult (AYA) perceptions of sensitivity. In secondary analysis of data from a cross-sectional questionnaire-based cohort study, we aimed to determine whether communication and decision-making behaviors of oncologists were associated with AYA patients' perceptions that oncologists conveyed information sensitively.

As described previously, we surveyed 198 AYA patients with cancer between 15 and 29 years of age at diagnosis at Dana-Farber Cancer Institute between April 2014 and October 2017, within 12 weeks of diagnosis.³ Questionnaires employed items from previously developed surveys in medical and pediatric oncology, and select new items.³ We dichotomized the responses to perceived oncologist sensitivity as "always" versus all other responses, because our aim was to determine which behaviors negatively affected perceptions of sensitivity.

We also assessed for six behaviors of oncologists that we hypothesized might affect perceptions of sensitivity: (1) discussing prognosis, (2) discussing prognosis first, before the patient asked, (3) providing written prognostic information, (4) providing numeric prognostic information, (5) offering a single treatment option, and (6) offering clinical trial enrollment. We used logistic regression to evaluate for associations between these behaviors and the perception of the oncologist as "always" conveying information in a sensitive manner.

Participants were predominantly white (88%) and non-Hispanic (91%). The majority of patients were 22 to 29 years of age (53%), followed by 15 to 17 years (26%) and 18 to 21 years (21%). Lymphoma (32%) was the most common malignancy, with similar proportions of sarcomas (16%), genitourinary cancers (14%), leukemia (14%), and breast cancer (9%). Sixty percent of patients had >75% chance of cure.

Fifty-nine percent of participants (116/198) reported that their oncologists "always" conveyed information in a sensitive manner. In addition, participants reported that their oncologists discussed prognosis (88%, 172/196), first offered prognostic information without needing to be asked (72%,

TABLE 1. FACTORS ASSOCIATED WITH PATIENT REPORT OF HIGH ONCOLOGIST SENSITIVITY IN CONVEYING INFORMATION—BIVARIABLE LOGISTIC REGRESSION

	% reporting that oncologist was always sensitive	OR (95% CI)
Patient characteristics		
Age (15–17)	47	Reference
Age (18–21)	62	1.83 (0.80–4.20)
Age (22–29)	63	1.90 (0.97–3.75)
Female gender	62	1.32 (0.75–2.33)
Nonwhite or Hispanic race/ ethnicity	53	0.74 (0.36–1.51)
>75% chance of cure at baseline as rated by oncologist	62	1.59 (0.87–2.90)
Oncologist communication behaviors		
Discussed prognosis	59	1.46 (0.62–3.43)
Volunteered prognostic information first	64	2.14 (1.13–4.03)
Provided written information about prognosis	61	1.22 (0.69–2.17)
Provided numerical estimate	59	1.09 (0.61–1.94)
Only single treatment offered	44	0.41 (0.22–0.74)
Clinical trial was offered	59	1.05 (0.59–1.89)

CI, confidence interval; OR, odds ratio.

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139/194), offered numerical estimates (60%, 17/196), provided written prognostic information (45%, 87/194), offered enrollment in a clinical trial (40%, 78/196), and offered one treatment option (36%, 70/194). In bivariable logistic regression, higher sensitivity ratings were associated with reports that the oncologist volunteered prognostic information first, before being asked (odds ratio [OR]: 2.14, 95% confidence interval [CI]: 1.13–4.03). Participants were less likely to consider communication sensitively when the oncologist offered only a single treatment option (OR: 0.41, 95% CI: 0.22–0.74). Other aspects of prognosis communication and decision making were not associated with perceptions of communication sensitivity (Table 1).

Overall, our findings suggest that proactive provision of information and engagement in the thought processes around treatment decisions were associated with higher ratings of sensitivity in conveying information. Our null findings are similarly meaningful. Neither discussing prognosis in general, providing numerical prognostic estimates, nor providing written information about prognosis was associated with lower ratings of communication sensitivity. Instincts that tell us to protect young people from harms of communication or decision making might need to be challenged. AYA patients seem to consider such engagement as an important aspect of a caring relationship.

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