Engaging Patients in Treatment Decisions for HER2-Positive Breast Cancer

Did You Know?
➤ Targeted therapies have led to an improved outlook for most patients with operable human epidermal growth factor receptor 2 (HER2)-positive breast cancer
➤ Navigating a new cancer diagnosis can be challenging and stressful for patients, who may now face:
  – Confusing pathology and prognosis
  – Complex treatment plans
  – Communication challenges (lots of questions to ask)

Because breast cancer patients’ treatment decisions are influenced by the quality of clinician-patient communication, it is essential that clinicians learn and practice communication techniques that build trust and rapport and tailor communication approaches according to an individual patient’s information needs and preferences.

Communication Can Be Challenging!
➤ Patients with newly diagnosed breast cancer have high information needs, but they may not ask specific questions or express concerns unless directly invited to do so
➤ Patients might assume that their clinician will tell them everything that is relevant, worry about appearing foolish, or feel guilty for taking up too much of their clinician’s time
➤ Even when medical information is provided, patients may have difficulty understanding it while simultaneously processing the shock of a cancer diagnosis

Factors influencing communication include:
  – Age
  – Ethnicity
  – Race
  – Culture
  – Socioeconomic status

How to Communicate More Effectively
Communication skills are the cornerstone of comprehensive oncology care. Effective communication helps build interpersonal relationships that complement the clinician’s technical expertise, but such skills are not always innate. They can be learned, however, and should be applied mindfully.

WHAT PATIENTS WANT TO KNOW
➤ What side effects are likely?
➤ How will I be monitored for them?
➤ Are there ways to proactively prevent or minimize side effects?
➤ How long could they last?
➤ What impact could they have on my quality of life, both short and long term?
➤ What effects can I expect treatment to have on my sexual health and fertility?
➤ What effects am I at risk of developing in the coming years, long after treatment is completed?
➤ What is the cost of treatment, and how much will my insurance cover?
➤ How will we know whether treatment was effective?
TRY THIS!  The 5 E’s

1. **ENGAGE** patients: establish a rapport and make a good first impression upon patients, who may be nervous and fearful after receiving their cancer diagnosis.

2. **ELICIT** patients’ understanding and current concerns: find out what they already know, uncover misunderstandings, and identify apprehensions and expectations.

3. **EDUCATE**: provide information to help patients cope, reduce anxiety levels, and facilitate decision making and informed consent.

4. **Address EMOTIONS**: offer a supportive response to reduce tension and put patients at ease.

5. **ENLIST** collaboration: to help patients overcome feelings of passivity and a lack of control, identify roles for the patient and family that allow them to be actively involved in treatment planning and care.

TRY THIS!  The Four Habits Model

The “Four Habits Model” is a validated framework for teaching communication skills to clinicians. Each of the four habits is composed of related behaviors designed to organize the clinician’s thoughts and actions during clinical encounters.

1. **INVEST IN THE BEGINNING**
   - Create rapport: use a friendly handshake; make introductions; ask a nonmedical question or make a social comment, such as inquiring about family or hometown; make eye contact.
   - Elicit concerns: use open-ended questions.
   - Plan the visit: repeat patients’ concerns and explain what to expect next.

2. **ELICIT PATIENTS’ PERSPECTIVES**
   - Assess their point of view: ask for patients’ thoughts.
   - Elicit specific responses: determine patients’ goals in seeking care.
   - Explore the impact on patients’ lives: how is the illness affecting daily life, and what are the main problems it is causing?

3. **DEMONSTRATE EMPATHY**
   - Be open to emotions: make sure to respond in a culturally appropriate manner.
   - Make empathic statements: identify patients’ emotions, and, when appropriate, compliment patients on efforts to address their concerns.
   - Convey empathy nonverbally: use pauses, a light touch, or empathic facial expressions.
   - Be aware of your own reaction: use your emotional response as a clue to understanding what patients may be feeling.

4. **INVEST IN THE END**
   - Deliver diagnostic information: frame the information in terms of patients’ original concerns.
   - Offer resources: provide education about tests, treatments, side effects, and the course of recovery; provide written resources (e.g., printed materials in an organized format such as a binder or directions to access online materials via specific Web sites); keep in mind that patients may not remember much of what was said, so providing an audio recording or notes/diagrams from the visit is crucial.
   - Involve patients in decision making: discuss treatment goals, assess patients’ abilities to carry out the plan, explore barriers, test comprehension, and set realistic treatment expectations.
   - Complete the visit: summarize and review the next steps, ask for additional questions, assess satisfaction, and close on a positive note.

**Delivering Bad News**

Delivering bad news is a complex communication challenge that oncology clinicians face on a regular basis. The SPIKES technique is a 6-step process that helps clinicians deliver unfavorable news with sensitivity and respect for patients:

➤ **S—SETTING**: prepare by adequately rehearsing; consider the physical setting, including privacy and
availability of patients’ significant others; minimize distractions (eg, turn off cell phones and pagers); sit down and connect with patients

➤ P—PATIENT PERCEPTION: before delivering the bad news, ask what patients have already been told or what they understand about the situation; this provides the opportunity to reeducate and assess for possible denial

➤ I—INVITATION TO SHARE THE NEWS: not all patients want detailed information, so it is prudent to ask how much detail patients want and whom the information should be shared

➤ K—KNOWLEDGE: prepare patients (eg, “I’m sorry to tell you that…”) and present medical facts in plain language at patients’ comprehension level

➤ E—EMOTIONS: observe patients’ emotional responses and then identify them; connect emotions to the news (eg, “I know this isn’t what you wanted to hear”); when emotions are not clearly expressed, ask exploratory questions before empathizing

➤ S—STRATEGY AND SUMMARY: formulate a clear treatment plan, which can reduce anxiety and uncertainty in patients; make sure to recommend, rather than dictate, the plan

Benefits of Clear Conversation
➤ Clear communication ultimately benefits both patients and clinicians
➤ Effective communication is associated with several benefits for patients, including higher levels of satisfaction, treatment adherence, knowledge, and accrual to clinical trials; it is also associated with decreased stress and burnout in oncology clinicians

➤ Patients may experience less fear, anxiety, and uncertainty when they develop a rapport with clinicians, and they may gain a sense of control when they can discuss treatment options and follow a straightforward treatment plan
➤ A clinician’s relationship with patients and their families can be viewed as a therapeutic tool in and of itself

Tips to Remember

- Multiple new agents have improved outcomes for patients with early and late-stage HER2-positive breast cancer; simply discussing highly effective and well-tolerated treatments can motivate patients and lead to improved communication
- It is important to remember that patients are more than their disease state
- Get to know your patients beyond their age and pathology; try asking:
  - What are you most worried about, and what brings you joy?
  - On whom do you rely for emotional support? (Involve those people in their treatment discussions if they agree)
  - What is your profession, and what are your treatment goals? (Tailor their treatment regimen appropriately so that they can continue working and reach their goals)