Start With

Ask the patient the below questions:

- What do you understand about your illness?
- What would you like to understand better?
- Is there anyone who you would want to be with you to discuss your illness more?

Approach

Write a short summary of:
- the patient’s understanding of their illness
- What they want to better understand
- Who they would want present for the conversation when getting information for better understanding.

Encourage patient to:
- Bring someone else along to all visits
- To take notes
- To ask questions

Communicate the above answers in referral or notes for Next Step

Next Step

Refer to Physician/APC

Based on patient’s desired level of understanding and input from Approach questions review:
- What cancer is and what that means to this particular patient
- Patient’s type of cancer
- Stage of patient’s cancer and how the stage affects prognosis
- Patient’s pathology report
- Patient’s radiologic studies
- Surgical procedures/options
- Patient’s treatment plan
  - The various components
  - Estimated length of time for each component
  - Goal of patient’s care: Curative or palliative/extend life

Consider palliative care referral for patients with difficulty understanding their diagnosis or coping

See link in References for CSOP Palliative Training Module Goals of Care

See Reference links below for additional information

Share Patient Links and Handouts as appropriate

Timing

Discuss at next scheduled physician visit

Notes

**Stages I-III:** important to assess what patient understands about his or her illness and to address any misconceptions. Assess patient’s fears and worries. Recommend that patient assign a health care Power of Attorney (POAHIC).

**Stage IV:** important to assess what patient understands about his or her illness and to address any misconceptions. Patients may not realize that chemotherapy and/or radiation is palliative and not curative. Explain what palliative means. Assess patient’s fears and worries. If patient has a health care POA, ask if patient will allow that person to be present for these conversations and appointments.

**Geriatric:** Having health care proxy and a family member present at all appointments if possible, especially if there are any cognitive issues. Concerns or questions of the primary caregiver are just as important to be addressed if patient has a hard time understanding. Geriatric patients may be more comfortable asking questions of a social worker than an oncologist as compared to a patient of a younger generation. Address polypharmacy and assess reduction of medications for better quality of life.

Patient Links and Handouts:

- American Cancer Society, Understanding Your Diagnosis
- American Cancer Society, Cancer Staging
- Cancer.Net, Diagnosing Cancer
- Cancer.Net, Stages of Cancer
- Illinois Guardianship & Advocacy Commission
- NIH, Communication in Cancer Care (PDQ®)
- CSOC Patient Handout can be accessed at: [http://cancer-help.me/diagnosis](http://cancer-help.me/diagnosis)

References:

- NIH, Communication in Cancer Care (PDQ®)

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