Clinician Follow Up Reference for Supportive Care

Treatment or Care Concerns – “YES” to I want to better understand my prognosis or long term outcome

Start With

Asking the patient the below questions

How much do you want to know?
• Some people want to know every little detail, some people don’t want to know anything.
• Where are your thoughts on this?

What do you know about your cancer?
What would you like to understand better?
What info about the future would be useful for you?

Approach

Ask patient in what form they want to receive this information and who they may want present
Track and validate the patient’s emotion with empathy
Communicate the above answers in referral or notes for Next Step

Refer to Physician/APC
• Key for some treatment planning, inquire what patient values more, quality or quantity of life.
• Provide patients who want additional information ONLY AS MUCH DETAIL AS THEY CAN ABSORB.
  ○ Some patients may find additional information beneficial (i.e. information about their cancer or clinical trials), but some may be burdened with it

Consider Palliative Specialty Care Referral
Share Patient Links and Handouts as appropriate
See Reference links below for additional information
See link in References for CSOC Palliative Training Module How to Communicate Prognosis

Next Step

If NO

Give a brief description of both Power of Attorney for Healthcare and POLST (if an advanced stage).

Refer to Palliative Care or Social Worker or whomever in your institution assists with legal documentation
Instruct patient to keep copies of completed forms with them at all times

Timing

Discuss same day if possible or Routine - within 1 week

Acute If patient is advanced stage w/ a poor prognosis, otherwise, within 30 days

Notes

Stages I-III: Referral to counseling or community support resource for those who have difficulty with accepting a diagnosis or prognosis of cancer.

Stage IV: Consider Palliative Care referral for those who have difficulty coping with poor prognosis (limited life expectancy). It is important the patient understands his or her overall prognosis, anticipated prognosis at that time (days to weeks; weeks to months; months to perhaps a year; years), the goals of treatment and why it is being offered (palliative versus curative intent).

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 hardtime understanding. Address polypharmacy and possible reduction of medications for better quality of life.

Patient Links and Handouts:

➢ Cancer.Net, Understanding Statistics Used to Guide Prognosis and Evaluate Treatment
➢ NIH Understanding Cancer Prognosis
➢ Illinois Guardianship and Advocacy Commission
CSOC Patient Handout can be accessed at:
http://cancer-help.me/prognosis

References:

➢ Cancer Patients’ Understanding of Prognostic Information