Ann Surg Oncol (2022) 29:1504–1505
https://doi.org/10.1245/s10434-021-11204-6

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

EDITORIAL – BREAST ONCOLOGY

Communication is the Key to an Improved Patient Experience When it Comes to Surgical Delays

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Sokas et al. offer a glimpse inside the thoughts, feelings, and experiences of 21 early-stage breast and prostate patients who had the misfortune of a cancer diagnosis during the initial stages of the pandemic, with resulting postponement of their surgery.[1] The phone interviews explored the extent and causes of anxiety at a point in the patient journey after diagnosis, and the communication of surgical delay. The study sheds light on the importance of physician–patient communication as a crucial factor in patient experience.

In this small group of patients with early-stage and treatable cancer, and at this early point in the pandemic (spring 2019), distress scores were worse for COVID (distress score of 5) than their cancers (distress score of 4). This patient population was older, mostly White, and from a higher socioeconomic status. Most of the participants trusted their surgeon to make the right decision and were accepting of, or even relieved about, the surgical delay. There are cultural and generational differences in patient versus doctor expectations that are unlikely to be captured in this study due to lack of inclusion. That said, patients whose surgeons communicated the delay personally and spoke with them about the risks and benefits of delayed treatment versus the risk of SARS-CoV-2 exposure were more comfortable with the delay, particularly when an alternative treatment plan was offered. Those who felt that communication about the delay was lacking had a poorer experience and a harder time accepting the surgical delay, some even obtaining their care elsewhere.

The pandemic has changed how we manage cancer patients moving forward. We have had to become more efficient, decreasing the number of patient visits and tests. Surgeons have made efforts to decrease unnecessary and lengthy surgeries and instituted policies for same-day discharge for mastectomy and reconstruction patients. Genomic testing on core biopsy has increased since the pandemic, which has helped oncologists identify patients who can avoid ineffective systemic chemotherapy. Radiation oncologists are offering fewer fractions for breast conservation patients, or forgoing radiation altogether if the indications are not strong. These transitions toward high-value care are beneficial to most patients and hospital systems, however the patient experience remains a critical component of the patient journey. It is much harder to have difficult discussions either virtually, with limited family support, or even with masks distorting auditory and visual meaning. This may be why only 6.2% of breast cancer patients utilized telehealth visits according to recently published data from the American Society of Breast Surgeon's (ASBrS) Breast Cancer COVID registry.[2]

It is not just the patients who suffer when delays occur. The CROWN study showed that physicians experience significant stress and burnout when they must alter treatments due to risks from the pandemic.[3] Cancer doctors are being challenged to provide treatment other than the known standard of care, which is causing them stress. Cancer physicians must seek out, engage, and build a trusting relationship, sometimes virtually, with some cancer patients who feel abandoned by the system during the pandemic.

First Received: 1 December 2021
Accepted: 2 December 2021;
Published Online: 2 January 2022

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Physicians need resources to help improve communication and build trusting doctor–patient relationships in a more virtual world. As this article points out, patients need to hear unwelcome news and alternate plans from their treating physician. Distress screening tools such as the National Comprehensive Cancer Network (NCCN) Distress Thermometer used in this study can help the treating team understand patient concerns.[4] As we begin to see operating rooms return to canceling nonessential cases, we should consider patient distress scores as an important variable in the shared decision-making regarding delaying cancer surgeries.

DISCLOSURES The author declares no conflict of interest.

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