

Reports of Sharing and Withholding Cancer-Related Information by Patients With Gynecologic Cancer and Their Supporters

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PURPOSE: To examine patients' with gynecologic cancer and supporters' reports of sharing and withholding cancer-related information during oncology visits, with a focus on navigating communication encounters more effectively.

PARTICIPANTS & SETTING: 18 women who were recently diagnosed with gynecologic cancer and their supporters (N = 16) were recruited from the Rutgers Cancer Institute of New Jersey in New Brunswick.

METHODOLOGIC APPROACH: Data were collected via audio-recorded semistructured interviews and analyzed to determine the types of information that patients and supporters share or withhold during oncology visits.

FINDINGS: Thematic analyses revealed two major themes: "everything is easy to share" and "nothing is withheld except . . ." Patients and supporters indicated that topics such as treatment side effects are easiest to share, whereas sharing private information is difficult when the other is present.

IMPLICATIONS FOR NURSING: Probing patients and supporters separately on topics that they may not feel comfortable discussing can help nurses to identify unaddressed concerns and better assist patients and their supporters during oncology visits.

KEYWORDS gynecologic cancer; supporters; patient-provider communication; disclosure

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According to the American Cancer Society ([ACS], 2018a), about 76,470 new uterine cancer and 22,240 new ovarian cancer cases will be diagnosed in 2019. Although 67% of uterine cancers are diagnosed at an early stage because of signs and symptoms such as pelvic pain and abnormal bleeding or spotting, particularly in postmenopausal women, ovarian cancer is harder to detect in its early stages because of its vague symptoms (e.g., bloating, abdominal or back pain) (Centers for Disease Control and Prevention, 2017). Depending on the cancer type and stage, treatments for uterine and ovarian cancers may include surgery, chemotherapy, radiation therapy, and/or hormone therapy (ACS, 2018b), which can cause physical and psychological burdens for patients and their support system. The five-year survival rate for women diagnosed with metastatic uterine cancer is 16%, and 29% for those diagnosed with metastatic ovarian cancer (ACS, 2018a). In addition, psychological distress is prevalent among women diagnosed with uterine and ovarian cancers (DellaRipa et al., 2015; Manne et al., 2014). Feelings of isolation are particularly common for patients with ovarian cancer; therefore, access to emotional and psychosocial support is essential (Hill, 2016; Roland, Rodriguez, Patterson, & Trivers, 2013).

Background

Patients with cancer are often accompanied to medical oncology appointments by a spouse, partner, adult child, friend, or another relative. These supporters provide patients with instrumental and emotional support while navigating a cancer diagnosis (Maly, Umezawa, Ratliff, & Leake, 2006; Venetis, Robinson, & Kearney, 2015). Supporters can also provide