

Clinician communication reduced distress related to the detection of incidental nodules

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A cross-sectional survey showed a quarter of patients with detected incidental pulmonary nodules experienced significant distress related to the nodule. Detailed clinician communication increased patient knowledge, relieved distress, and improved patient experience.

The National Lung Cancer Screening Trial reported that three annual low-dose computed topography (LDCT) screens, in [contrast](#) to standard lung X-rays, can decrease [lung cancer](#) mortality by 20% and overall mortality by 7%. With the use of LDCT, incidental pulmonary nodules are identified in approximately 50% of patients that are smokers over the age of 50. The vast majority of detected incidental nodules are noncancerous. However, how the detection of incidental nodules affects the psychological state of the patient has not been thoroughly assessed.

A cross-sectional survey characterizing patients' knowledge, beliefs, and distress associated with incidental nodule detection was mailed to 490 patients from 3 diverse locations: Boston Medical Center (BMC), Dartmouth-Hitchcock Medical Center (DHMC), and the Boston VA Healthcare system (BVA). A total of 244 (50%) participants responded with a median nodule size of 7 mm.

The results published in the *Journal of Thoracic Oncology*, the official journal of the International Association for the Study of Lung Cancer (IASLC), suggest that while the diagnosis of lung cancer was low (7%), over half of the patients reported distress (27% mild, 24% clinically significant). The majority of patients (75%) did not have accurate

knowledge about their cancer risk, which led to misconceptions about their evaluation. The patients that did receive information on nodule size (57%), CT scan (25%), possible cancer diagnosis (10%), cancer risk (16%), uncertainty of diagnosis (26%), or commonality of nodules (28%) found the communication from their clinicians reassuring rather than anxiety provoking.

The authors comment that, "While patients cited many causes of distress, the majority of patients cited uncertainty in diagnosis, lack of control, and fear for cancer as serious concerns. This survey again highlights the psychological toll that uncertainty can cause, and the importance of supporting [patients](#) through the potentially distressing period of nodule surveillance. Addressing these concerns has potential to improve both psychological and physical health outcomes, as high levels of cancer-related distress in other contexts have been associated with poor adherence with screening, evaluation, and treatment."

More information: Marc R. Freiman et al. Patients' Knowledge, Beliefs, and Distress associated with Detection and Evaluation of Incidental Pulmonary Nodules for Cancer: Results from a Multicenter Survey, *Journal of Thoracic Oncology* (2016). [DOI: 10.1016/j.jtho.2016.01.018](#)

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