

### 3. CONSULTATION: PROGNOSIS

#### DISCUSSING PROGNOSIS

*Reference: Psychosocial Clinical Practice Guidelines (1999), pp.12-16.*

#### EVIDENCE

- Women's preference for information about prognosis may change throughout the treatment process (Level III).
- Women with breast cancer & clinicians differ in their interpretation of numerical value assigned to verbal specifications or frequency/risk, eg. certain, very likely, probable, frequent etc. (Level III).

#### OBJECTIVE

Ensure women with breast disease receive appropriate information regarding prognosis and that their psychosocial needs are identified and addressed.

#### Before discussing prognosis

#### CHECKLIST

- Establish the woman's level of understanding of her condition.
- Ask the woman if information about prognosis is required.
- Explain limitations of prognostic information, including:
  - prognosis is based on information available at the time
  - the response of individual women to treatment cannot be predicted.
- Adhere to the woman's stated preferences, eg. restricted disclosure of information to family/support person.

## **When discussing prognosis**

### **CHECKLIST**

- Support person present, on request by woman, eg. Breast Care Nurse, family members or nominated support person.
- Discuss prognostic information in terms of both positive & negative outcomes, eg. stating chances of cure first, then chances of relapse.
- Present information in a variety of ways, eg. verbal & written information.
- Highlight hope-giving factors.
- Give prognostic information including:
  - chances of being cured
  - treatment stages, with details of their implications for prognosis
  - likely risks of adjuvant therapy
  - impact upon daily lifestyle
  - average & longest survival time, if requested.