

Reference (Study Design and Country)	Introduction	Materials and Methods	Results	Conclusions
<p>Penalba V, Deshields TL, Klinkenberg D. Gaps in communication between cancer patients and healthcare providers: symptom distress and patients' intentions to disclose. Support Care Cancer. 2019 Jun;27(6):2039-2047. doi: 10.1007/s00520-018-4442-4. (USA)</p>	<p>Good communication between patients and healthcare professionals (HCPs) is an important contributor to patient well-being. Few studies have focused on the gaps in communication between patients and HCPs about symptoms. This study examined patients' perspectives on symptom distress, intention to discuss symptoms, and actual symptom discussion in medical oncology visits.</p>	<p>This was a cross-sectional descriptive study. Ninety-four patients provided demographic and clinical information and completed the Memorial Symptom Assessment Scale. Patients also answered questions about their plans for communication-and after the visit, their actual communication-with their medical team about their symptoms.</p>	<p>Patients reported many symptoms by questionnaire; however, they did not plan to discuss-or actually discussed-most of their symptoms with their HCPs. For all symptoms, fewer than 42% of patients with the symptom intended to discuss it (except for lack of energy and pain) and less than 50% actually discussed the symptom. For bothersome symptoms, less than 42% of those with the symptom intended to discuss it (except for lack of energy) and less than 40% actually discussed the symptom. Psychological symptoms were endorsed by 24-41% of patients, depending on the symptom; however, of those endorsing a symptom, most did not discuss it with an HCP.</p>	<p>Results of this study support the perception of communication gaps between patients and HCPs about symptoms. Better understanding of these gaps is needed to ensure that patient-centered care is delivered and that patients' symptoms can be appropriately managed in oncology clinics.</p>
<p>Gilligan T, Bohlke K, Baile WF. Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline Summary. J Oncol Pract. 2018 Jan;14(1):42-46. doi: 10.1200/JOP.2017.027144. (USA)</p>	<p>The guideline was based on a systemic review of the literature and was developed using a formal consensus process. It is structured around nine key areas and makes specific recommendations within each of these categories. The nine key areas are core communication skills, discussing goals of care and prognosis, discussing treatment opinions and clinical trials, discussing end-of-life care, using communication to facilitate family involvement in care, meeting the needs of underserved populations, communicating effectively when there are barriers to communication, discussing cost of care, and clinician training in communication skills.</p>	<p>ASCO convened a multidisciplinary panel of medical oncology, psychiatry, nursing, hospice and palliative medicine, communication skills, health disparities, and advocacy experts to produce recommendations. Guideline development involved a systematic review of the literature and a formal consensus process. The systematic review focused on guidelines, systematic reviews and meta-analyses, and randomized controlled trials published from 2006 through October 1, 2016.</p>	<p>A total of 47 publications met the eligibility criteria of the systematic review.10-55 Three of the publications predate the search window of the systematic review and were identified by panel members.10,37,46 Much of the evidence consisted of systematic reviews of observational data, consensus guidelines, and randomized trials, which varied substantially in their populations, interventions, and outcomes of interest. A list of identified publications is provided in the Data Supplement. Because of the limitations of the available evidence, the guideline relied on formal consensus for most recommendations. The only recommendations that were deemed evidence based by the Expert Panel are those for clinician training in communication skills. During the first round of voting by the Consensus Panel, agreement with individual recommendations ranged from 77% to 100% (N = 23 respondents). Although all the recommendations exceeded the required 75% threshold, the guideline co-chairs chose to revise eight of the recommendations based on comments from the Consensus Panel. These revised recommendations underwent a second round of voting, in which agreement with the recommendations ranged from 79% to 100% (N = 19 respondents).</p>	<p>There is evidence that skills-based communication training programs can be successful.4,7,38,63,64 However, while it is clear that lectures and other purely didactic modalities are ineffective in changing communication behavior, oncology fellowship programs still struggle to incorporate meaningful training into their curricula. On the other hand, oncologists are more and more likely to receive patient and family feedback on their clinical communication skills, so that incentives to find ways to incorporate this training into fellowship programs or oncology practice have increased. Efforts in this direction will be fueled by research. We need a stronger evidence base to enhance our understanding of what to recommend when we try to persuade health care leaders to invest the resources necessary to achieve behavior change related to health care communication. Many important questions need better answers. What, for example, are the most appropriate measures of the effectiveness of communication? If we give a patient distressing</p> <p>jco.org © 2017 by American Society of Clinical Oncology 3629 Patient-Clinician Communication: ASCO Consensus Guideline Downloaded from ascopubs.org by 5.90.0.77 on May 4, 2023 from 005.090.000.077</p>
<p>Sansom-Daly UM, Wakefield CE, Patterson P, Cohn RJ, Rosenberg AR, Wiener L, Fardell JE. End-of-Life Communication Needs for Adolescents and Young Adults with Cancer: Recommendations for Research and Practice. J Adolesc Young Adult Oncol. 2020 Apr;9(2):157-165. doi: 10.1089/jayao.2019.0084. (AUSTRALIA)</p>	<p>A growing evidence base highlights the negative impact of poor psychosocial care at end-of-life. Adolescents and young adults (AYAs) 15-39 years of age with cancer face unique medical and psychosocial challenges that make them especially vulnerable when treatment is not successful. Although the importance of age-appropriate medical and psychosocial care is internationally recognized for AYAs across the cancer trajectory, there is little guidance on best-practice care and communication practices with AYAs as they approach the end-of-life.</p>	<p>We conducted a narrative review and found evidence points to the potential benefits of introducing palliative care teams early in the care trajectory.</p>	<p>Research undertaken to date emphasizes the importance of exploring AYAs' preferences around end-of-life issues in a repeated, consistent manner, and highlighted that AYAs may have strong preferences on a range of issues such as being able to stay in their own home, being comfortable and free from pain, and expressing their wishes to loved ones. We highlight a number of best-practice recommendations to guide clinicians around the critical elements of when, who, what, and how end-of-life conversations may be best facilitated with AYAs. Gaps in the evidence base remain, including research focusing on better understanding barriers and facilitators to timely, age-appropriate end-of-life communication for AYAs with different diagnoses, where discordance between AYA-parent preferences exists, and when AYAs die at home versus in hospital. We have proposed a new model to support clinicians and researchers to better conceptualize how interacting individual, familial, and sociocultural factors impact end-of-life communication with AYAs in clinical settings.</p>	<p>The sensitive nature of these issues, and the vulnerability of AYAs and their families approaching the end-of-life phase, poses a challenge for researchers gathering traditional forms of evidence to guide practice in this space. To improve end-of-life communication experiences for AYA cancer patients into the future, clinicians and researchers need to carefully develop innovative ways to build the evidence base in this area.</p>
<p>Braun LA, Zomorodbakhsch B, Keinki C, Huebner J. Information needs, communication and usage of social media by cancer patients and their relatives. J Cancer Res Clin Oncol. 2019 Jul;145(7):1865-1875. doi: 10.1007/s00432-019-02929-9. (GERMANY)</p>	<p>The aim of this study was to evaluate cancer patients' need for information, their communication and usage of social media.</p>	<p>We developed a standardized questionnaire comprising sections on information needs, communication behavior and usage of social media with respect to cancer and combined this with a validated instrument on eHealth literacy for patients. This questionnaire was provided online and with the help of bloggers and leaders of social media groups, distributed in their networks.</p>	<p>The Internet was the most important information source (n = 308; 77.4%). Yet, most of the participants wanted to get information from their doctor (n = 342; 85.9%). With respect to trust in a source of information, oncologists were named most often (n = 285; 71.6%). On the one hand, many participants got in contact with others, especially peers, via social media (n = 319; 80.3%) with a growing bond to their family members on the other hand (n = 324; 81.6%). The cancer diagnosis was an impulse for starting with active participation in social media for some participants (n = 196; 49.2%).</p>	<p>With social media gaining importance as source of information for patients, improving the quality of information in these networks is an important task in health care systems.</p>

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Levesque JV, Geroges M, Wu VS, Girgis A. Chinese-Australian women with breast cancer call for culturally appropriate information and improved communication with health professionals. <i>Cancer Rep (Hoboken)</i> . 2020 Apr;3(2):e1218. doi: 10.1002/cnr2.1218. (AUSTRALIA)	For culturally and linguistically diverse patients, breast cancer presents complex physical, psychosocial, and health care challenges, often exacerbated by a lack of culturally appropriate information and communication barriers with the treating team (even with the help of interpreters). Aim: This qualitative study aims to broadly explore the experience of breast cancer and coping strategies utilized by Chinese-Australian women.	Twenty-four Chinese-Australian women with breast cancer participated in either a semi-structured interview or a focus group conducted in participants' preferred language, audio-recorded, transcribed, and subjected to thematic analysis. Two prominent themes emerged, related to information seeking, and communication with health care professionals. The theme of information needs and seeking highlighted unmet information needs and the multiple sources that are consulted for information. The second theme, communication with health care professionals, language barriers, and preferences, identified varying degrees of involvement in treatment decision-making, preference for information and interactions in Cantonese or Mandarin, and problems with interpreter services.	Chinese women with breast cancer face significant challenges in obtaining adequate information and can feel excluded from treatment decision-making. Women in this study expressed their eagerness for obtaining accurate information and engaging in open communication with their doctors.	There is a need for culturally sensitive information resources and decision aids to enhance communication between Chinese migrant patients with cancer and health care professionals. Clinician participation in cultural awareness training is also recommended.
Ko E, Zúñiga ML, Peacher D, Palomino H, Watson M. Efficacy of Cancer Care Communication Between Clinicians and Latino Patients in a Rural US-Mexico Border Region: a Qualitative Study of Barriers and Facilitators to Better Communication. <i>J Cancer Educ</i> . 2018 Feb;33(1):116-127. doi: 10.1007/s13187-016-1100-8. (USA)	Quality of clinician-patient cancer communication is vital to cancer care and survivorship. Racial/ethnic minority patients in rural regions may have unique characteristics including cultural beliefs, language barriers, and low health literacy which require effective cross-cultural cancer communication. Despite the growing US population of racial/ethnic minorities and widespread emphasis on culturally appropriate health communication, little is known about challenges and facilitators of cancer communication among underserved rural Latino cancer patients in the US-Mexico border region.	This study conducted secondary data analysis of interview data collected from 22 individual cancer patients living on the US side of the US-Mexico border. Thematic analysis was conducted to explore a priori questions regarding patient experiences with cancer care communication with their providers.	Emerging themes included lack of language concordance, patient perspectives on clarity and accuracy of information provided, patient perceptions on provider sensitivity in giving cancer diagnosis, and improving the clinical interpersonal relationship. Practice guidelines are suggested and discussed.	These findings illuminate the importance of advancing improvement of cancer communication between clinicians and Spanish language-dominant Latinos.
Licqurish SM, Cook OY, Pattuwage LP, Saunders C, Jefford M, Koczwara B, Johnson CE, Emery JD. Tools to facilitate communication during physician-patient consultations in cancer care: An overview of systematic reviews. <i>CA Cancer J Clin</i> . 2019 Nov;69(6):497-520. doi: 10.3322/caac.21573. (AUSTRALIA)	Tools have been developed to facilitate communication and support information exchange between people diagnosed with cancer and their physicians. Patient-reported outcome measures, question prompt lists, patient-held records, tape recordings of consultations, decision aids, and survivorship care plans have all been promoted as potential tools, and there is extensive literature exploring their impact on patient outcomes.	Eleven systematic reviews of studies evaluating tools to facilitate patient-physician communication were reviewed and summarized in this overview of systematic reviews. Across the systematic reviews, 87 publications reported on 84 primary studies involving 15,381 participants.	Routine use of patient-reported outcome measures and feedback of results to clinicians can improve pain management, physician-patient communication, and symptom detection and control; increase utilization of supportive care; and increase patient involvement in care. Question prompt lists can increase the number of questions asked by patients without increasing consultation length and may encourage them to reflect and plan questions before the consultation. There is limited benefit in audio recording consultations or using patient-held records during consultations.	Physicians should be supported by adequately resourced health services to respond effectively to the range of clinical and broader patient needs identified through the routine use of tools to facilitate communication.
an Eenbergen MCHJ, Vromans RD, Boll D, Kil PJM, Vos CM, Krahrmer EJ, Mols F, van de Poll-Franse LV. Changes in internet use and wishes of cancer survivors: A comparison between 2005 and 2017. <i>Cancer</i> . 2020 Jan 15;126(2):408-415. doi: 10.1002/cncr.32524. (NETHERLANDS)	Given the major changes in internet use for health communication, the objective of the current study was to compare the internet use and wishes of cancer survivors between 2005 and 2017.	The authors drew a sample of 390 patients in 2005 and 539 patients in 2017 who were diagnosed with breast (128 patients in 2005 and 143 patients in 2017), prostate (96 patients in 2005 and 126 patients in 2017), or gynecologic (89 patients in 2005 and 188 patients in 2017) cancer or lymphoma (77 patients in 2005 and 82 patients in 2017) in 4 different hospitals for the periods 2002 through 2004 and 2014 through 2016. These patients were sent a paper-based questionnaire that contained 45 questions regarding demographics and 4 functions of internet use: content, communication, community, and e-health.	The response in 2017 (53%) was lower than that in 2005 (75%). Survivors browsed the internet most frequently to search for information regarding cancer shortly after being diagnosed and while waiting for treatment. There was little change noted with regard to the relative importance attached to the various subjects. In 2017, significant increases were evident with regard to finances (+33%), health care insurance (+29%), and genetics and/or heritability (+27%). The wishes expressed in 2005 by patients were realized in part in 2017.	A significant sample of cancer survivors in the Netherlands have indicated that the internet is an important source of information regarding their illness. However, little change was evident over the past 15 years with regard to patients' priorities regarding their wishes for internet use. The wishes of users in 2005 were found to accurately reflect the internet use of the majority of patients in 2017. The results of the current study support the belief that health care professionals should expand their online services and tailor them toward the needs and wishes of their patients.
Amundsen A, Bergvik S, Butow P, Tattersall MHN, Sørlie T, Nordøy T. Supporting doctor-patient communication: Providing a question prompt list and audio recording of the consultation as communication aids to outpatients in a cancer clinic. <i>Patient Educ Couns</i> . 2018 Sep;101(9):1594-1600. doi: 10.1016/j.pec.2018.04.011.	To document the effect of a cancer specific question prompt list (QPL) on patients question asking and shared decision-making (SDM), and to evaluate the combined effect of the QPL and consultation audio recording (CAR) on patient outcomes.	This exploratory study compared two groups of patients receiving either a QPL or combined QPL/CAR, to a control group. Measurements included number/types of questions asked, and physician SDM behavior (OPTION score). Questionnaire data included anxiety/depression and quality of life (QoL).	A total of 93 patients participated (31 Control, 30 QPL and 32 Combined). Patients in the intervention groups asked more questions concerning prognosis ($p < .0001$), the disease ($p = .006$) and quality of treatment ($p < .001$) than patients in the control group, but no impact was found on the OPTION score. An increase in mean consultation length was observed in the intervention groups compared to the control group (44 vs. 36 min; $p = .028$). Patients rated both interventions positively.	Provision of the QPL facilitates patients to ask a broader range of questions, but does not increase physician SDM behavior. Practical implementation: The combination of QPL and CAR seems feasible and should be tested in an implementation study following the disease trajectory.
Lowenstein LM, Volk RJ, Street R, Flannery M, Magnuson A, Epstein R, Mohile SG. Communication about geriatric assessment domains in advanced cancer settings: "Missed opportunities". <i>J Geriatr Oncol</i> . 2019 Jan;10(1):68-73. doi: 10.1016/j.jgo.2018.05.014. (USA)	Older patients with advanced cancer often have age-related health issues (e.g., memory impairment) that influence their cancer treatment decisions. Communication about these age-related concerns can potentially lead to further assessment and subsequent clinical interventions to improve treatment decision-making and patients' quality of life. Yet, little is known about the communication of age-related concerns between oncologists, patients, and caregivers.	This study is a secondary analysis of data from the Values and Options in Cancer Care (VOICE) study. Audio-recorded and transcribed outpatient clinical oncology encounters with 37 patients with advanced cancer ≥ 60 years of age were content-analyzed. Two trained coders used a structured coding scheme based on pre-specified geriatric assessment (GA) domains to examine the transcripts for the frequency and quality of communication about age-related concerns. Atlas.ti version 6 was used for all analyses.	The median age of the patients was 66 years (range = 60-90 years); patients were mostly female (26/37), married (22/37), and White (36/37). Out of 37 audio-recorded visits, 31 had at least one mention of an age-related concern with a total of 70 mentions. Oncologists initiated communication about age-related concerns half of the time (53%). When age-related concerns were mentioned, half of the time (50%) the oncologist did not implement further evidence-based interventions to address the age-related concern (e.g., conduct a cognitive screen for a memory concern).	Interventions are needed to improve the frequency and quality of the communication about age-related concerns to improve the care of older adults with cancer.

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Loeb S, Sengupta S, Butaney M, Macaluso JN Jr, Czarniecki SW, Robbins R, Braithwaite RS, Gao L, Byrne N, Walter D, Langford A. Dissemination of Misinformative and Biased Information about Prostate Cancer on YouTube. Eur Urol. 2019 Apr;75(4):564-567. doi: 10.1016/j.eururo.2018.10.056.	YouTube is a social media platform with more than 1 billion users and >600000 videos about prostate cancer. Two small studies examined the quality of prostate cancer videos on YouTube, but did not use validated instruments, examine user interactions, or characterize the spread of misinformation.	We performed the largest, most comprehensive examination of prostate cancer information on YouTube to date, including the first 150 videos on screening and treatment. We used the validated DISCERN quality criteria for consumer health information and the Patient Education Materials Assessment Tool, and compared results for user engagement.	The videos in our sample had up to 1.3 million views (average 45223) and the overall quality of information was moderate. More videos described benefits (75%) than harms (53%), and only 50% promoted shared decision-making as recommended in current guidelines. Only 54% of the videos defined medical terms and few provided summaries or references. There was a significant negative correlation between scientific quality and viewer engagement (views/month p=0.004; thumbs up/views p=0.015). The comments section underneath some videos contained advertising and peer-to-peer medical advice. A total of 115 videos (77%) contained potentially misinformative and/or biased content within the video or comments section, with a total reach of >6 million viewers.	PATIENT SUMMARY: Many popular YouTube videos about prostate cancer contained biased or poor-quality information. A greater number of views and thumbs up on YouTube does not mean that the information is trustworthy.
Pentz RD, Lohani M, Hayban M, Switchenko JM, Dixon MD, DeFeo RJ Jr, Orloff GM, Jani AB, Master VA. Videos improve patient understanding of misunderstood chemotherapy terminology. Cancer. 2019 Nov 15;125(22):4011-4018. doi: 10.1002/cncr.32421. (USA)	Chemotherapy is the backbone of many cancer therapies; however, the terminology used to describe chemotherapy may be difficult for patients to understand, particularly in underserved populations. Studies have shown that educational videos can improve patient understanding of cancer-related terms. The goal of this study was to identify chemotherapy terms that were difficult for an underserved population to understand and then develop and test educational videos describing these terms.	A word bank of 50 difficult-to-understand chemotherapy terms was developed by querying 15 providers and 50 patients at an underserved hospital. Twenty of these terms were then tested with 50 additional patients to determine rates of misunderstanding. Six pilot educational videos describing 6 important terms were created using VideoScribe and then assessed with 50 patients to see if they improved understanding.	Fifteen of the 20 terms tested to establish rates of misunderstanding were misunderstood by more than one third of patients, with 98% unable to define maintenance, 74% unable to define cancer, and 58% unable to define chemotherapy. Patient understanding of all 6 terms improved by at least 20% after watching the videos. Notable improvement was reported for palliative chemotherapy, where before-and-after video understanding increased from 0% to 72%.	Chemotherapy, a backbone of cancer treatment, is described with terms that are difficult to understand. Short, animated educational videos can significantly increase patient understanding of chemotherapy terminology.
Rai A, Chawla N, Han X, Rim SH, Smith T, de Moor J, Yabroff KR. Has the Quality of Patient-Provider Communication About Survivorship Care Improved? J Oncol Pract. 2019 Nov;15(11):e916-e924. doi: 10.1200/JOP.19.00157.	The aim of the current study was to assess whether the quality of patient-provider communication on key elements of cancer survivorship care changed between 2011 and 2016.	Participating survivors completed the 2011 or 2016 Medical Expenditure Panel Survey Experiences with Cancer Surveys (N = 2,266). Participants reported whether any clinician ever discussed different aspects of survivorship care. Responses ranged from "Did not discuss at all" to "Discussed it with me in detail". Distributions of responses were compared among all respondents and only among those who had received cancer-directed treatment within 3 years of the survey.	In 2011, the percentage of survivors who did not receive detailed instructions on follow-up care, late or long-term adverse effects, lifestyle recommendations, and emotional or social needs were 35.1% (95% CI, 31.9% to 38.4%), 54.2% (95% CI, 50.7% to 57.6%), 58.9% (95% CI, 55.3% to 62.5%), and 69.2% (95% CI, 65.9% to 72.3%), respectively, and the corresponding proportions for 2016 were 35.4% (95% CI, 31.9% to 37.8%), 55.5% (95% CI, 51.7% to 59.3%), 57.8% (95% CI, 54.2% to 61.2%), and 68.2% (95% CI, 64.3% to 71.8%), respectively. Findings were similar among recently treated respondents. Only 24% in 2011 and 22% in 2016 reported having detailed discussions about all four topics. In 2016, 47.6% of patients (95% CI, 43.8% to 51.4%) reported not having detailed discussions with their providers about a summary of their cancer treatments.	Clear gaps in the quality of communication between survivors of cancer and providers persist. Our results highlight the need for continued efforts to improve communication between survivors of cancer and providers, including targeted interventions in key survivorship care areas.
Allen CG, McBride CM, Haardörfer R, Roberts MC. Associations Between Objective Television Exposure and Cancer Perceptions in a National Sample of Adults. Cancer Control. 2019 Jan-Dec;26(1):1073274819846603. doi: 10.1177/1073274819846603. (USA)	The expanding sources of media coverage of cancer may have a powerful impact on emotions, cancer knowledge, information seeking, and other health behaviors. We explored whether television advertisements were associated with cancer worry, perceived risk, and perceived ability to prevent cancer using cross-sectional data from the Health Information National Trends Survey (HINTS) linked to television advertisement data from Kantar Media.	We conducted hierarchical linear modeling assessing 2-level models for each of the 3 outcomes of interest.	The most common content included advertisements for cancer clinics (54.4%), public service announcements about cancer (22.0%), and advertisements about cancer organizations (9.1%). Most variance in cancer perceptions was due to individual-level characteristics and not exposure to television advertisements, which aligns with previous literature suggesting a small, but significant, association of television exposure with health beliefs. Higher levels of exposures to cancer-specific television advertisements were associated with higher levels of risk perceptions. Additionally, older adults' levels of perceived worry and risk were more likely to be associated with television exposure than younger adults.	Given the substantial investments being made in cancer advertisements on television, the differences in exposure are important to consider in future efforts to understand predictors of beliefs about cancer and in the development of interventions designed to target risk-reducing behaviors.
Gage-Bouchard EA, LaValley S, Warunek M, Beaupin LK, Mollica M. Is Cancer Information Exchanged on Social Media Scientifically Accurate? J Cancer Educ. 2018 Dec;33(6):1328-1332. doi: 10.1007/s13187-017-1254-z. (USA)	Cancer patients and their caregivers are increasingly using social media as a platform to share cancer experiences, connect with support, and exchange cancer-related information. Yet, little is known about the nature and scientific accuracy of cancer-related information exchanged on social media.	We conducted a content analysis of 12 months of data from 18 publically available Facebook Pages hosted by parents of children with acute lymphoblastic leukemia (N = 15,852 posts) and extracted all exchanges of medically-oriented cancer information. We systematically coded for themes in the nature of cancer-related information exchanged on personal Facebook Pages and two oncology experts independently evaluated the scientific accuracy of each post.	Of the 15,852 total posts, 171 posts contained medically-oriented cancer information. The most frequent type of cancer information exchanged was information related to treatment protocols and health services use (35%) followed by information related to side effects and late effects (26%), medication (16%), medical caregiving strategies (13%), alternative and complementary therapies (8%), and other (2%). Overall, 67% of all cancer information exchanged was deemed medically/scientifically accurate, 19% was not medically/scientifically accurate, and 14% described unproven treatment modalities.	These findings highlight the potential utility of social media as a cancer-related resource, but also indicate that providers should focus on recommending reliable, evidence-based sources to patients and caregivers.
Zhang L, Hall M, Bastola D. Utilizing Twitter data for analysis of chemotherapy. Int J Med Inform. 2018 Dec;120:92-100. doi: 10.1016/j.ijmedinf.2018.10.002. (USA)	Twitter has become one of the most popular social media platforms that offers real-world insights to healthy behaviors. The purpose of this study was to assess and compare perceptions about chemotherapy of patients and health-care providers through analysis of chemo-related tweets.	Cancer-related Twitter accounts and their tweets were obtained through using Tweepy (Python library). Multiple text classification algorithms were tested to identify the models with best performance in classifying the accounts into individual and organization. Chemotherapy-specific tweets were extracted from historical tweetset, and the content of these tweets was analyzed using topic model, sentiment analysis and word co-occurrence network.	Using the description in Twitter users' profiles, the accounts related with cancer were collected and coded as individual or organization. We employed Long Short Term Memory (LSTM) network with GloVe word embeddings to identify the user into individuals and organizations with accuracy of 85.2%. 13, 273 and 14,051 publicly available chemotherapy-related tweets were retrieved from individuals and organizations, respectively. The content of the chemo-related tweets was analyzed by text mining approaches. The tweets from individual accounts pertained to personal chemotherapy experience and emotions. In contrast with the personal users, professional accounts had a higher proportion of neutral tweets about side effects. The information about the assessment of response to chemotherapy was deficient from organizations on Twitter.	Examining chemotherapy discussions on Twitter provide new lens into content and behavioral patterns associated with treatments for cancer patients. The methodology described herein allowed us to collect relatively large number of health-related tweets over a greater time period and exploit the potential power of social media, which provide comprehensive view on patients' perceptions of chemotherapy. Conclusion: This study sheds light on using Twitter data as a valuable healthcare data source for helping oncologists (organizations) in understanding patients' experiences while undergoing chemotherapy, in developing personalize therapy plans, and a supplement to the clinical electronic medical records (EMRs).

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Lidsaar-Powell R, Butow P, Boyle F, Juraskova I. Managing challenging interactions with family caregivers in the cancer setting: Guidelines for clinicians (TRIO Guidelines-2). Patient Educ Couns. 2018 Jun;101(6):983-994. doi: 10.1016/j.pec.2018.01.020. (AUSTRALIA)	Family caregivers can, at times, add complexity to clinical encounters. Difficult family caregivers and dynamics may: derail consultation communication, reduce patient autonomy, and compromise effective clinical care. A paucity of practical strategies guiding effective clinician-family communication exists. This study aimed to develop and evaluate the first comprehensive, evidence-based guidelines (the TRIO guidelines) for oncology physicians and nurses to better manage several complex/challenging situations involving family members.	TRIO Guidelines were based on a comprehensive review of literature, relevant guidelines, and feedback from an expert advisory group (n = 10). Draft guidelines underwent two rounds of evaluation via an online Delphi consensus process involving international experts (n = 35).	Guidelines incorporate topic areas, strategies, and sub-strategies on managing challenging family involvement (7 topics). Example wording, behaviours and level of evidence are provided.	Challenging triadic interactions require skillful navigation, and the TRIO Guidelines provide clear, specific, and evidence-based strategies for clinicians to utilise in these potentially stressful encounters. Training based on these guidelines may improve both patient care and clinician confidence. Practice implications: Implementation of these guidelines into medical/nursing curricula and as a component of continuing professional development programs will likely be highly beneficial.
Yennurajalingam S, Rodrigues LF, Shamieh O, Tricou C, Filbet M, Naing K, Ramaswamy A, Perez-Cruz PE, Bautista MJS, Bunge S, Muckaden MA, Sewram V, Fakrooden S, Noguera-Tejedor A, Rao SS, Liu D, Park M, Williams JL, Lu Z, Cantu H, Hui D, Reddy SK, Bruera E. Perception of Curability Among Advanced Cancer Patients: An International Collaborative Study. Oncologist. 2018 Apr;23(4):501-506. doi: 10.1634/theoncologist.2017-0264. (GLOBAL)	There are limited data on illness understanding and perception of cure among advanced cancer patients around the world. The aim of the study was to determine the frequency and factors associated with inaccurate perception of curability among advanced cancer patients receiving palliative care across the globe.	Secondary analysis of a study to understand the core concepts in end-of-life care among advanced cancer patients receiving palliative care from 11 countries across the world. Advanced cancer patients were surveyed using a Patient Illness Understanding survey and Control Preference Scale. Descriptive statistics and multivariate logistic regression analysis were performed.	Fifty-five percent (763/1,390) of patients receiving palliative care inaccurately reported that their cancer is curable. The median age was 58, 55% were female, 59% were married or had a partner, 48% were Catholic, and 35% were college educated. Sixty-eight percent perceived that the goal of therapy was "to get rid of their cancer," and 47% perceived themselves as "seriously ill." Multivariate logistic regression analysis shows that accurate perception of curability was associated with female gender (odds ratio [OR] 0.73, p = .027), higher education (OR 0.37, p < .0001), unemployment status (OR 0.69, p = .02), and being from France (OR 0.26, p < .0001) and South Africa (OR 0.52, p = .034); inaccurate perception of curability was associated with better Karnofsky performance status (OR 1.02 per point, p = .0005), and being from Philippines (OR 15.49, p < .0001), Jordan (OR 8.43, p < .0001), Brazil (OR 2.17, p = .0037), and India (OR 2.47, p = .039).	Inaccurate perception of curability in advanced cancer patients is 55% and significantly differs by gender, education, performance status, employment status, and country of origin. Further studies are needed to develop strategies to reduce this misperception of curability in advanced cancer patients. Implications for practice: The findings of this study indicate that inaccurate perception of curability among advanced cancer patients is 55%. Inaccurate perception of curability significantly differs by gender, education, performance status, employment status, and country of origin. There is great need to facilitate improved patient-physician communication so as to improve health care outcomes and patient satisfaction.
Lin JJ, Smith CB, Feder S, Bickell NA, Schulman-Green D. Patients' and oncologists' views on family involvement in goals of care conversations. Psychooncology. 2018 Mar;27(3):1035-1041. doi: 10.1002/pon.4630. (USA)	Family members can significantly impact advanced cancer patients' treatment and are important participants in goals of care (GoC) conversations. Yet, research on patient and physician perspectives about family involvement and influence on GoC conversations is limited. Our purpose was to describe patients' and oncologists' perspectives about family involvement and influence on GoC conversations among patients with advanced cancer.	We conducted semi-structured interviews at academic, community, and municipal hospitals (n = 4) with patients with advanced cancer (n = 39) and their oncologists (n = 21). Interviews were audiotaped and transcribed. We analyzed data using interpretive description. Three coders independently coded transcripts, compared codes, and resolved discrepancies.	We identified 4 themes common to patients and oncologists regarding family involvement in GoC conversations: (1) Presence and Duration of Family Involvement; (2) Family Expectations; (3) Protecting patients'/Family Members' Feelings; and (4) Patient-Family Disagreement. For patients, we identified 2 additional themes: (1) Family and Oncologist Relationship and (2) Effects of Cancer on Family. Both patients and oncologists emphasized the importance of family support for the patient's understanding of their illness and on patients' emotions. We also identified ways in which family involvement may benefit or prove challenging to GoC conversations.	Patients and oncologists have similar views about family involvement in GoC conversations. Learning how to communicate with family members should be a critical component of physician education in palliative care.
Hsu TH, Li IC, Fang CK, Tang WR, Lin CT. A preliminary study of the effectiveness of cancer communication skills training for interdisciplinary staff. Jpn J Clin Oncol. 2019 Aug 1;49(8):734-742. doi: 10.1093/jjco/hyz065. (CHINA)	Studies have emphasized that the disclosure of a diagnosis and prognosis is the doctor's responsibility, but little attention has been given to the importance of interdisciplinary cooperation. Therefore, this study examined and compared the effectiveness of cancer communication skills training (CST) for doctors and interdisciplinary staff in Taiwan.	This study utilized a quasi-experimental design. The participants were 124 oncology professionals who participated in cancer CST. These 124 professionals included a group of 65 doctors and a group of 59 interdisciplinary professionals, both of which received the same CST. After the participants have received CST, the changes in their disease disclosure skills were evaluated.	Significant pretest-posttest differences were observed in the overall truth-telling scores for both groups (doctors: t = 6.94, P < 0.001; interdisciplinary professionals: t = 7.71, P < 0.001) and in different constructs. However, in many items, the doctors demonstrated no progress after receiving the training (P > 0.05), whereas the interdisciplinary professionals demonstrated significant progress (P < 0.05). In particular, the doctors' scores for 'disclosing information in a monotonous tone' showed significant retrogression (P < 0.05). There were no significant differences in the overall truth-telling scores of the two groups with regard to pre- and post-CST (P > 0.05 and P > 0.05, respectively), and there were also no significant differences in the four sub-scales' scores.	The CST for interdisciplinary professionals improved their cooperation and communication skills.
Gage-Bouchard EA, LaValley S, Devonish JA. Deciphering the Signal From the Noise: Caregivers' Information Appraisal and Credibility Assessment of Cancer-Related Information Exchanged on Social Networking Sites. Cancer Control. 2019 Jan-Dec;26(1):1073274819841609. doi: 10.1177/1073274819841609. (USA)	With the rise in the use of the Internet for health-related purposes, social networking sites (SNSs) have become a prominent platform for cancer communication and information exchange. Studies of cancer communication on SNS have mostly focused on understanding the quantity, content, quality, and user engagement (eg, likes and comments) with cancer-related information on SNS. There is less of an understanding of when and why people coping with cancer turn to SNS for cancer-related information, and how users appraise the credibility of cancer-related information obtained on SNS.	In this study, we use data from in-depth qualitative interviews with 40 primary caregivers of pediatric patients with cancer to examine how cancer caregivers engage in information appraisal and credibility assessment of cancer-related information obtained on SNS.	Findings show that cancer caregivers turned to SNS for cancer-related information because information on SNS was immediate, targeted in response to specific caregiver questions and concerns, and tailored to the specific information needs of cancer caregivers. Cancer caregivers evaluated the credibility of cancer-related information obtained on SNS through assessment of the SNS user who posted the information, frequency the same information was shared, and external corroboration.	Findings have important implications for cancer communication and information interventions and point to elements of SNS cancer communication that can be integrated into health professional-facilitated communication and cancer information strategies.

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Duckworth KE, Morrell R, Russell GB, Powell B, Canzona M, Lichiello S, Riffle O, Tolbert A, McQuellon R. Goals and Adverse Effects: Rate of Concordance Between Patients and Providers. <i>J Oncol Pract</i> . 2019 Sep;15(9):e798-e806. doi: 10.1200/JOP.19.00015.	Adequate understanding of the goals and adverse effects of cancer treatment has important implications for patients' decision making, expectations, and mood. This study sought to identify the degree to which patients and clinicians agreed upon the goals and adverse effects of treatment (ie, concordance).	Patients completed a demographic questionnaire, the National Comprehensive Cancer Network Distress Thermometer, the Medical Outcomes Study Social Support Survey, the Functional Assessment of Chronic Illness Therapy-Treatment Satisfaction-General questionnaire, the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being questionnaire, and a 13-item questionnaire about the goals and adverse effects of treatment. Providers completed a 12-item questionnaire.	One hundred patients (51 female) and 34 providers participated (questionnaire return rate mean difference, 5 days; SD, 16 days). Patient and provider dyads agreed 61% of the time regarding the intent of treatment. In cases of nonagreement, 36% of patients reported more optimistic therapy goals compared to providers. Patients and providers agreed 69% of the time regarding the patient's acknowledgement and understanding of adverse effects. Patients who reported an understanding of likely adverse effects endorsed significantly lower distress scores (mean, 2.5) than those who endorsed not understanding associated adverse effects (mean, 4.1; P = .008).	Timely data capturing of patient-provider dyadic ratings is feasible. A significant discrepancy exists between a substantial percentage of patients' and providers' views of the intent and adverse effects of treatment. Patients were almost always more optimistic about the intent of treatment. Higher rates of distress were noted in cases of discordance. Providers may benefit from conversational feedback from patients as well as other integrated feedback systems to inform them about patient understanding.
Roberts JS, Gornick MC, Le LQ, Bartnik NJ, Zikmund-Fisher BJ, Chinnaiyan AM; MI-ONCOSEQ Study team. Next-generation sequencing in precision oncology: Patient understanding and expectations. <i>Cancer Med</i> . 2019 Jan;8(1):227-237. doi: 10.1002/cam4.1947. (USA)	Implementation of precision oncology interventions poses several challenges to informed consent and patient education. This study assessed cancer patients' understanding, expectations, and outcomes regarding participation in research examining the impact of matched tumor and germline sequencing on their clinical care.	A total of 297 patients (mean age: 59 years; 50% female; 96% white) with refractory, metastatic cancer were surveyed, including 217 who completed surveys both before and after undergoing integrated whole exome and transcriptome sequencing as part of a larger clinical research study.	At baseline, the vast majority of patients expected to receive several potential direct benefits from study participation, including written reports of sequencing findings (88%), greater understanding of the causes of their cancer (74%), and participation in clinical trials for which sequencing results would make them eligible (84%). In most cases, these benefits were not realized by study completion. Despite explanations from study personnel to the contrary, most participants (67%-76%) presumed that incidental germline sequencing findings relevant to noncancerous health conditions (eg, diabetes) would automatically be disclosed to them. Patients reported low levels of concern about study risks at baseline and low levels of regret about study participation at follow-up.	Findings suggest that cancer patients participating in precision oncology intervention research have largely unfulfilled expectations of direct benefits related to their study participation. Increased focus on patient education to supplement the informed consent process may help manage patients' expectations regarding the extent and likelihood of benefits received as a result of undergoing genomic sequencing.
Voruganti T, Husain A, Grunfeld E, Webster F. Disruption or innovation? A qualitative descriptive study on the use of electronic patient-physician communication in patients with advanced cancer. <i>Support Care Cancer</i> . 2018 Aug;26(8):2785-2792. doi: 10.1007/s00520-018-4103-7. (USA)	In the advanced cancer context, care coordination is often inadequate, leading to suboptimal continuity of care. We evaluated an electronic web-based tool which assembles the patient, their caregivers, and their healthcare providers in a virtual space for team-based communication. We sought to understand participant perceptions on electronic communication in general and the added value of the new tool in particular.	We conducted a qualitative descriptive study with participants (patients, caregivers, cancer physicians) who participated in a 3-month pilot trial evaluating the tool. Interviews were thematically analyzed and the perspectives from patients, caregivers, and cancer physicians were triangulated. Interviews from six patients, five of their caregivers, and seven cancer physicians conducted alongside monthly outcome assessments were analyzed.	We identified five themes relating participants' perspectives on electronic communication to their experience of care: (1) apparent gaps in care, (2) uncertainty in defining the circle of care, (3) relational aspects of communication, (4) incongruence between technology and social norms of patient-physician communication, and (5) appreciation but apprehension about the team-based communication tool for improving the experience of care.	The potential of tools for electronic communication to bring together a team of healthcare providers with the patient and caregivers is significant but may pose new challenges to existing team structure and interpersonal dynamics. Patients and physicians were worried about the impact that electronic communication may have on the patient-physician relationship. Implementation approaches, which build on the relationship and integrate the team as a whole, could positively position electronic communication to enhance the team-based care.
Malik TAM, Heywood EG, O'Connor TJ, Baker DM, Marshall JH, Beasley N. YouTube™ as a source of information for patients undergoing laryngectomy: a thematic analysis. <i>Eur Arch Otorhinolaryngol</i> . 2019 Nov;276(11):3213-3219. doi: 10.1007/s00405-019-05590-7. (UK)	Total laryngectomy and end tracheal stoma formation are often required to treat advanced laryngeal cancer. Resources on the internet are commonly accessed by patients as a source of healthcare information. YouTube™, the most popular video-hosting website, is one such resource. The aims of this study were to assess the thematic content of the most viewed YouTube™ videos concerning laryngectomy for laryngeal cancer and to evaluate user response to these videos.	A search of YouTube™ was performed and data were extracted from videos with > 100 views. Upload source, number of views, likes, dislikes and comments were collected and the content of comments was analysed. User response was compared between upload sources using Kruskal-Wallis testing. Inductive thematic analysis of video content was performed to identify overarching themes and subthemes.	A total of 96 videos were identified, 16 uploaded by patients, 24 by individual healthcare professionals and 56 by professional healthcare institutions. There were 1214,503 views and no significant differences in the number of views, likes or dislikes between upload sources. Three overarching themes and 17 subthemes were identified. Comments were most frequently characterised as offering praise.	YouTube™ has been shown to be a popular platform for sharing information about laryngectomy for laryngeal cancer. There is a lack of data concerning the quality of this information, however, and future work should focus on assessing this. Trusted institutions could make use of this medium to disseminate high-quality information to their patients, and to the wider public.
Otutaha B, Srinivasa S, Koea J. Patient information needs in upper gastrointestinal cancer: what patients and their families want to know. <i>ANZ J Surg</i> . 2019 Jan;89(1-2):20-24. doi: 10.1111/ans.14565. (NEW ZEALAND)	The treatment of upper gastrointestinal cancer (UGIC) patients is complex. Patients are often elderly, comorbid as well as nutritionally depleted and treatment involves multimodality therapy incorporating chemotherapy, radiation therapy and surgery. The pre-treatment information requirements of UGIC patients are not clear but crucially important in ensuring they complete treatment successfully.	A systematic review of the English language literature was performed to determine the specific information needs of patients with UGIC.	Following abstract review and comprehensive analysis six articles were included. UGIC patients nominated information regarding post-operative recovery, quality of life, expected survival, management of post-operative symptoms and coping strategies for insurance and financial issues, relationships and family as being most important to them. Patients' families nominated information on the effects of diagnosis on patient well-being over the ensuing months and detailed information on available support services as being most important. One on-one consultations with senior medical staff were the preferred method of information transfer followed by web-based information services.	For effective treatment of UGIC patients, physicians and surgeons must address issues pertaining to quality of life, finance and relationships and may require specific training, or administrative support, in these areas.
Cortez D, Maynard DW, Campbell TC. Creating space to discuss end-of-life issues in cancer care. <i>Patient Educ Couns</i> . 2019 Feb;102(2):216-222. doi: 10.1016/j.pec.2018.07.002.	Analyze entire oncology clinical visits and examine instances in which oncologists have to break the bad news that patients' treatments are no longer effective.	Using conversation analysis we examine 128 audio recorded conversations between terminal cancer patients, their caregivers, and oncologists.	When oncologists break the bad news that a patient's treatment is no longer effective, they often use a conversational device we call an "exhausted current treatment" (ECT) statement, which avoids discussing prognosis in favor of further discussing treatment options. Analysis suggests that improving and prioritizing patient-centered care and shared decision making is possible if we first understand the social organization of clinical visits.	ECT statements and their movement towards discussing treatment options means that opportunities are bypassed for patients and caregivers to process or discuss scan results, and their prognostic implications. Practice implications: When oncologists and patients, by fixating on treatment options, bypass opportunities to discuss the meaning of scan results, they fail to realize other goals associated with prognostic awareness. Talking about what scans mean may add minutes to that part of the clinic visit, but can create efficiencies that conserve overall time. We recommend that oncologists, after delivering scan news, ask, "Would you like discuss what this means?".

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Onuma AE, Palmer Kelly E, Chakedis J, Paredes AZ, Tsilimigras DI, Wiemann B, Johnson M, Merath K, Akgul O, Cloyd J, Pawlik TM. Patient preferences on the use of technology in cancer surveillance after curative surgery: A cross-sectional analysis. <i>Surgery</i> . 2019 Apr;165(4):782-788. doi: 10.1016/j.surg.2018.12.021. (USA)	Advances in communication technology have enabled new methods of delivering test results to cancer survivors. We sought to determine patient preferences regarding the use of newer technology in delivering test results during cancer surveillance.	A single institutional, cross-sectional analysis of the preferences of adult cancer survivors regarding the means (secure digital communication versus phone call or office visit) to receive surveillance test results was undertaken.	Among 257 respondents, the average age was 59.1 years (SD 13.5) and 61.8% were female. Common malignancies included melanoma/sarcoma (29.5%), thyroid (25.7%), breast (22.8%), and gastrointestinal (22.0%) cancer. Although patients expressed a relative preference to receive normal surveillance results via MyChart or secure e-mail, the majority preferred abnormal imaging (87.2%) or blood results (85.9%) to be communicated by in-office appointments or phone calls irrespective of age or cancer type. Patients with a college degree or higher were more likely to prefer electronic means of communication of abnormal blood results compared with a telephone call or in-person visit (odds ratio 2.18, 95% confidence interval: 1.01-4.73, P < .05). In contrast, patients >65 years were more likely to express a preference for telephone or in-person communication of normal imaging results (odds ratio: 2.03, 95% CI: 1.16-3.56, P < .05) versus patients ≤65 years. Preference also varied according to malignancy type.	Although many cancer patients preferred to receive "normal" surveillance results electronically, the majority preferred receiving abnormal results via direct conversation with their provider. Shifting routine communication of normal surveillance results to technology-based applications may improve patient satisfaction and decrease health care system costs.
Bos-van den Hoek DW, Visser LNC, Brown RF, Smets EMA, Henselmans I. Communication skills training for healthcare professionals in oncology over the past decade: a systematic review of reviews. <i>Curr Opin Support Palliat Care</i> . 2019 Mar;13(1):33-45. doi: 10.1097/SPC.0000000000000409.	Effective communication in cancer care requires complex communication skills of healthcare professionals (HCPs), which can be advanced by communication skills training (CST). The number of empirical studies on CST has grown steadily over the last decade. However, controversies on CST abound. The aim of this review of reviews is to summarize evidence for the effectiveness of CST in oncology as well as for effective CST features (intensity, format and content) and to synthesize the current opinion on CST.	were searched on July 26, 2018, restricted to reviews published in the last decade (2008–2018). Two authors (DB, LV) independently screened a random 10% of titles and abstracts on inclusion and exclusion criteria (Table 2). After three rounds of such screening, a 100% agreement was reached on articles judged to be eligible. The remaining publications were screened independently by the first author. All (possibly) eligible articles were independently examined full text by two authors (DB, LV). Differences were discussed until consensus was reached, consulting a third author (IH) when necessary.	The evidence synthesized from multiple reviews supported the effect of CST on HCPs' communication skills. Yet, the certainty of evidence was limited as studies were diverse and effects heterogeneous. Furthermore, limited evidence was found for effective CST intensity, format and content. Authors of the reviews advocated further high-quality research with robust outcome measurement to establish the most essential features of CST and recommended implementation of CST in the standard training of HCPs with continuous supervision.	CST can probably improve some aspects of HCPs' communication skills. Despite the uncertain evidence, implementation of CST into clinical practice is widely advocated and specific recommendations regarding intensity and format are provided. Evidence to justify and substantiate implementation efforts is needed.
Sahin AN, Sahin AS, Schwenter F, Seabajang H. YouTube Videos as a Source of Information on Colorectal Cancer: What Do Our Patients Learn? <i>J Cancer Educ</i> . 2019 Dec;34(6):1160-1166. doi: 10.1007/s13187-018-1422-9. (CANADA)	YouTube is the second most visited website in the world. No studies to date have characterized and evaluated YouTube videos on colorectal cancer (CRC) although these videos could influence patient decision-making, notably regarding screening and prevention.	This study aims to report the characteristics and quality of these videos as patient education resources for CRC. YouTube's search engine was queried with different search phrases relating to CRC. The first two pages of each search result were analyzed. Two specialists devised a critical appraisal tool with a list of criteria to assess the videos. Quantitative YouTube parameter analyses and criteria assessment were performed. Inter-rater agreement was assessed between three raters.	A total of 46 videos were eligible to be included in the study. The videos were on average 4:51 ± 3:27 min long. The videos had 10 times as many likes as dislikes. Less than half the videos discussed risk factors and protective factors. Only 41% of videos mentioned screening tests and only about a quarter discussed them. Palliative care was only mentioned in 2% of videos. A single video could obtain a perfect score on the critical appraisal tool. Length was the unique parameter associated with a high score on the criteria list. There is thus a need for more authoritative and comprehensive videos easily identifiable by the patients. Video popularity is not associated with comprehensiveness.	Currently, YouTube might not be an education resource for CRC suited to every patient.
Narang B, Park SY, Norrmén-Smith IO, Lange M, Ocampo AJ, Gany FM, Diamond LC. The Use of a Mobile Application to Increase Access to Interpreters for Cancer Patients With Limited English Proficiency: A Pilot Study. <i>Med Care</i> . 2019 Jun;57 Suppl 6 Suppl 2(Suppl 6 2):S184-S189. doi: 10.1097/MLR.0000000000001035. (USA)	Language barriers can influence the quality of health care and health outcomes of limited English proficient patients with cancer. The use of medical interpretation services can be a valuable asset for improving communications in emergency care settings. Objective: To evaluate whether a mobile translation application increased call frequency to interpreter services among providers in an Urgent Care Center at a comprehensive cancer center and to assess provider satisfaction of the mobile application.	Research design: Prospective pre-post nonrandomized intervention of a mobile translation application with access to an over the phone interpreter (OPI) service at the push of a button and poststudy satisfaction survey. Subjects: Sixty-five clinicians working at the Urgent Care Center in a cancer center in New York City. Measures: Mean call frequency to OPI services, tested by the nonparametric Wilcoxon Mann Whitney test, and self-reported provider satisfaction descriptives.	The mobile application contributed to increasing the frequency of phone calls to OPI services during the intervention period (mean=12.8; P=0.001) as compared with the preintervention period (mean=4.3), and showed continued use during the postintervention period (mean=5.7). Most clinicians were satisfied with the use of the mobile application and access to the OPI services.	The results suggest that mobile application tools contribute to increasing the use and ease of access to language services. This has the potential to improve the quality of communication between medical providers and limited English proficient patients in the delivery of cancer care in urgent care settings.
Uchida M, Sugie C, Yoshimura M, Suzuki E, Shibamoto Y, Hiraoka M, Akechi T. Factors associated with a preference for disclosure of life expectancy information from physicians: a cross-sectional survey of cancer patients undergoing radiation therapy. <i>Support Care Cancer</i> . 2019 Dec;27(12):4487-4495. doi: 10.1007/s00520-019-04716-1. (JAPAN)	This study aimed to investigate experiences and preferences for disclosure of life expectancy, agreement between them, and the factors associated with preferences for disclosure of life expectancy with physicians among cancer patients undergoing radiation therapy.	Cancer patients aged 20 years or older were consecutively sampled when they started radiation therapy at two university hospitals. Patients completed self-administered questionnaires concerning their experiences of and preferences for disclosure of life expectancy, treatment decision-making, psychological distress, physical symptoms, sociodemographic and medical factors, physician's communication style, and provision of psychological, physical, and practical support.	Among the 226 respondents (response rate: 58%) who responded, 54% experienced disclosure of life expectancy, and 45% preferred it. The agreement is 65%. Eighty-five percent recognized their aim of radiation therapy as curative. A univariate analysis indicated that having a full/part-time job and wishing to leave treatment decisions to doctors were significantly associated with preference for disclosure of life expectancy, but psychological distress was not. A multiple regression analysis revealed that having a full-time/part-time job was significantly associated with preference of communication about life expectancy.	Fifty-four percent of the patients experienced and 45% of the patients preferred disclosure of life expectancy. The agreement is moderate. Our results show that there was a significant association between employment status and patient's preference for disclosure of life expectancy with physicians. Communication of prognosis is difficult but whether a patient continues to work or not may be an indicator of preference.

Reference (Study Design and Country)	Introduction	Materials and Methods	Results	Conclusions
<p>Moore PM, Rivera S, Bravo-Soto GA, Olivares C, Lawrie TA. Communication skills training for healthcare professionals working with people who have cancer. <i>Cochrane Database Syst Rev.</i> 2018 Jul 24;7(7):CD003751. doi: 10.1002/14651858.CD003751.pub4.</p>	<p>This is the third update of a review that was originally published in the Cochrane Library in 2002, Issue 2. People with cancer, their families and carers have a high prevalence of psychological stress, which may be minimised by effective communication and support from their attending healthcare professionals (HCPs). Research suggests communication skills do not reliably improve with experience, therefore, considerable effort is dedicated to courses that may improve communication skills for HCPs involved in cancer care. A variety of communication skills training (CST) courses are in practice. We conducted this review to determine whether CST works and which types of CST, if any, are the most effective.</p> <p>Objectives: To assess whether communication skills training is effective in changing behaviour of HCPs working in cancer care and in improving HCP well-being, patient health status and satisfaction.</p>	<p>For this update, we searched the following electronic databases: Cochrane Central Register of Controlled Trials (CENTRAL; 2018, Issue 4), MEDLINE via Ovid, Embase via Ovid, Psycinfo and CINAHL up to May 2018. In addition, we searched the US National Library of Medicine Clinical Trial Registry and handsearched the reference lists of relevant articles and conference proceedings for additional studies.</p> <p>Selection criteria: The original review was a narrative review that included randomised controlled trials (RCTs) and controlled before-and-after studies. In updated versions, we limited our criteria to RCTs evaluating CST compared with no CST or other CST in HCPs working in cancer care. Primary outcomes were changes in HCP communication skills measured in interactions with real or simulated people with cancer or both, using objective scales. We excluded studies whose focus was communication skills in encounters related to informed consent for research.</p> <p>Data collection and analysis: Two review authors independently assessed trials and extracted data to a pre-designed data collection form. We pooled data using the random-effects method. For continuous data, we used standardised mean differences (SMDs).</p>	<p>We included 17 RCTs conducted mainly in outpatient settings. Eleven trials compared CST with no CST intervention; three trials compared the effect of a follow-up CST intervention after initial CST training; two trials compared the effect of CST and patient coaching; and one trial compared two types of CST. The types of CST courses evaluated in these trials were diverse. Study participants included oncologists, residents, other doctors, nurses and a mixed team of HCPs. Overall, 1240 HCPs participated (612 doctors including 151 residents, 532 nurses, and 96 mixed HCPs). Ten trials contributed data to the meta-analyses. HCPs in the intervention groups were more likely to use open questions in the post-intervention interviews than the control group (SMD 0.25, 95% CI 0.02 to 0.48; P = 0.03, I² = 62%; 5 studies, 796 participant interviews; very low-certainty evidence); more likely to show empathy towards their patients (SMD 0.18, 95% CI 0.05 to 0.32; P = 0.008, I² = 0%; 6 studies, 844 participant interviews; moderate-certainty evidence), and less likely to give facts only (SMD -0.26, 95% CI -0.51 to -0.01; P = 0.05, I² = 68%; 5 studies, 780 participant interviews; low-certainty evidence). Evidence suggesting no difference between CST and no CST on eliciting patient concerns and providing appropriate information was of a moderate-certainty. There was no evidence of differences in the other HCP communication skills, including clarifying and/or summarising information, and negotiation. Doctors and nurses did not perform differently for any HCP outcomes. There were no differences between the groups with regard to HCP 'burnout' (low-certainty evidence) nor with regard to patient satisfaction or patient perception of the HCPs communication skills (very low-certainty evidence). Out of the 17 included RCTs 15 were considered to be at a low risk of overall bias.</p>	<p>Various CST courses appear to be effective in improving HCP communication skills related to supportive skills and to help HCPs to be less likely to give facts only without individualising their responses to the patient's emotions or offering support. We were unable to determine whether the effects of CST are sustained over time, whether consolidation sessions are necessary, and which types of CST programs are most likely to work. We found no evidence to support a beneficial effect of CST on HCP 'burnout', the mental or physical health and satisfaction of people with cancer.</p>
<p>Bai Y, Wong CL, He X, Wang C, So WKW. Effectiveness of tailored communication intervention in increasing colonoscopy screening rates amongst first-degree relatives of individuals with colorectal cancer: A systematic review and meta-analysis. <i>Int J Nurs Stud.</i> 2020 Jan;101:103397. doi: 10.1016/j.ijnurstu.2019.103397.</p>	<p>Ensuring that the first-degree relatives of patients with colorectal cancer are properly screened is critical to reduce disease incidence and mortality rate. Tailored communication intervention is a promising method to induce health-related behavioural changes. However, evidence of the effects of tailored communication interventions on the screening rate of populations at an increased familial risk of colorectal cancer is lacking. This review aimed to identify, appraise and examine existing evidence of the effectiveness of tailored communication interventions in increasing colonoscopy screening rates amongst the first-degree relatives of people with colorectal cancer.</p>	<p>Design: Systematic review and meta-analysis.</p> <p>Data sources: Twelve electronic English and Chinese databases [Medline, EMBASE, PubMed, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Review, CINAHL, Scopus, Global Health, British Journal Index, China National Knowledge Infrastructure (CNKI), Wan Fang Data and China Biology Medicine (CBM)] were searched to identify eligible clinical trials that were published over period of 1995 to October 2018.</p> <p>Review methods: Studies were selected by using key words, such as 'colorectal cancer', 'screening', 'colonoscopy*', 'first degree relative*', 'uptake or adhere*' and 'cost'. Two reviewers independently assessed the eligibility of each study and extracted the data. The Cochrane Risk of Bias Tool was applied to evaluate the risk of bias amongst included studies. Meta-analysis was performed when possible. Subgroup analysis was performed for types of communication channels. Sensitivity analysis was conducted to explore the influence of random units on the primary outcome.</p>	<p>Four studies that adopted tailored communication interventions to increase colonoscopy screening rates were identified. Pooled analysis showed that tailored communication had a beneficial effect on improving colonoscopy use in the colorectal cancer screening context (OR: 2.21, 95% CI: 1.71-2.85, p < 0.01). Furthermore, subgroup analysis showed that repeated tailored communication delivered via print plus telephone call had a significant effect on increasing colonoscopy screening rates (OR: 2.39, 95% CI: 1.78-3.21, p < 0.01). The results of sensitivity analysis indicated that types of randomisation units did not influence outcomes.</p>	<p>Tailored communication is a beneficial approach for increasing colonoscopy screening rates amongst first-degree relatives who are at increased familial risk of colorectal cancer. The effective components of tailored communication were repeated contacts, combined verbal and written communication and important tailored variables. Future studies with rigorous designs are recommended to develop an integrated tailoring assessment decision system with the support of Internet-based communication channels.</p>
<p>Han CJ, Lee YJ, Demiris G. Interventions Using Social Media for Cancer Prevention and Management: A Systematic Review. <i>Cancer Nurs.</i> 2018 Nov/Dec;41(6):E19-E31. doi: 10.1097/NCC.0000000000000534.</p>	<p>Regarding cancer awareness, social media effectively promotes health and supports self-management. Given the diverse study designs, methodologies, and approaches of social media interventions in oncology, it is difficult to determine the effects of social media on cancer prevention and management.</p> <p>Objective: We aim to systematically review intervention studies using social media for cancer care.</p>	<p>A systematic search, using 7 electronic databases (PubMed, Web of Science, CINAHL, Cochrane Library, Scopus, EMBASE, and PsycINFO), was conducted to identify surveys and interventions using contemporary social media tools with a focus on cancer.</p>	<p>Of the 18 selected studies, 7 were randomized controlled trials. Most studies were conducted for all types of cancer, and some were conducted for breast cancer in the United States, with mostly white female participants. Facebook was the most frequently used platform. Most studies targeted healthy participants providing cancer prevention education. With social media platforms as part of a larger intervention, or the main component of interventions, interventions were overall feasible and showed a significant improvement in cancer prevention and management.</p>	<p>Social media tools have the potential to be effective in delivering interventions for cancer prevention and management. However, there was a dearth of studies with rigorous study methodologies to test social media effects on various cancer-related clinical outcomes.</p> <p>Implications for practice: Social media use in cancer care will facilitate improved communication and support among patients, caregivers, and clinicians and, ultimately, improved patient care. Clinicians need to carefully harness social media to enhance patient care and clinical outcomes.</p>
<p>Moradian S, Voelker N, Brown C, Liu G, Howell D. Effectiveness of Internet-based interventions in managing chemotherapy-related symptoms in patients with cancer: a systematic literature review. <i>Support Care Cancer.</i> 2018 Feb;26(2):361-374. doi: 10.1007/s00520-017-3900-8.</p>	<p>The aims of this review were to (1) examine the effectiveness of Internet-based interventions on cancer chemotherapy-related physical symptoms (severity and/or distress) and health-related quality of life (HRQOL) outcomes and (2) identify the design elements and processes for implementing these interventions in oncology practices.</p>	<p>A systematic review was performed. The Cochrane Database of Systematic Reviews, and Cochrane Central Register of Controlled Trials, EMBASE, MEDLINE, CINAHL, and PsycINFO were searched for studies dating from January 2000 through to October 2016. Based on pre-determined selection criteria, data was extracted from eligible studies. Methodological quality of studies was assessed using an adapted version of the Cochrane Collaboration Back Review Group checklist.</p>	<p>The literature search yielded 1766 studies of which only six RCTs fulfilled the eligibility criteria. Although the content, duration, and frequency of interventions varied considerably across studies, commonly used elements included tailored information, education, self-management support, and communication with clinicians. Five studies measured symptom distress and four of them reported statistically significant differences between study groups. Of the three studies that measured HRQOL, two reported improvement (or no deterioration over time) for the intervention group. However, several methodological issues including high attrition rates, poor adherence to interventions, and use of non-validated measures affect confidence in the strength of evidence.</p>	<p>Despite the evidence in support of using the Internet as a worthwhile tool for effective patient engagement and self-management of chemotherapy-related symptoms outside clinic visits, methodological limitations in the evidence base require further well-planned and quality research.</p>

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Fan Z, Chen L, Meng L, Jiang H, Zhao Q, Zhang L, Fang CK. Preference of cancer patients and family members regarding delivery of bad news and differences in clinical practice among medical staff. Support Care Cancer. 2019 Feb;27(2):583-589. doi: 10.1007/s00520-018-4348-1. (CHINA)	To study the preferences of cancer patients and their families in way of being informed of their condition and, by comparing their preferences with the medical staff's clinical practices, explore the factors underlying the latter's preferences.	A survey was conducted with 216 cancer patients, 242 families, and 176 clinical staff members with the Medical Status Communication questionnaire (Simplified Chinese edition).	The clinical staff scored lower than the cancer patients and their families in terms of the total score, way of communication, emotional support, and additional information (F = 16.134, p < .001; F = 28.604, p < .001; F = 13.839, p < .001; F = 16.745, p < .001). Factors underlying the medical staff's clinical practices included, as revealed by the multiple linear regression analysis, gender (p = .03), and willingness to improve the way of communication about cancer (p = .006).	A gap existed between the medical staff's clinical practice and the preferences of the cancer patients and their families. The medical staff should receive adequate training in cancer communication skills and techniques for improvement in this respect. When designing training for skills in delivering bad news to cancer patients, the well-being of cancer patients and their families must be thoroughly considered, and patient demands for information should be satisfied in the context of the information explosion of the current age.
Mori M, Morita T, Igarashi N, Shima Y, Miyashita M. Communication about the impending death of patients with cancer to the family: a nationwide survey. BMJ Support Palliat Care. 2018 Jun;8(2):221-228. doi: 10.1136/bmjspcare-2017-001460.	Explanation about the impending death of imminently dying patients with cancer is important for their families. However, little is known about how clinicians explain impending death and how families perceive the explanation. We aimed to clarify bereaved families' perception of the need for improvements in the explanation about impending death and to explore the factors contributing to the need.	In a nationwide survey of 818 bereaved families of patients with cancer admitted to inpatient hospices in Japan, we evaluated family-perceived need for improvements in the explanation about impending death and families' experiences of the explanation.	Among all the participants (n=516, 63%), 35 (6.8%), 123 (24%) and 297 (58%) families felt that much/considerable, some and no improvements were needed, respectively. Independent determinants of the need were a younger patient age (OR=0.97; 95% CI 0.95 to 0.99; P=0.009); not receiving an 'explicit explanation about physical signs of impending death' (OR=0.67; 95% CI 0.51 to 0.88; P=0.004); not receiving an 'explanation of how long the patient and family could talk' (OR=0.67; 95% CI 0.51 to 0.88; P<0.001); receiving an 'excessive warning of impending death' (OR=1.45; 95% CI 1.03 to 2.03; P=0.033) and having a feeling of 'uncertainty caused by vague explanations about future changes' (OR=1.77; 95% CI 1.38 to 2.27; P<0.001).	Nearly a third of the bereaved families perceived some need to improve the explanation about impending death. To better help patients/families prepare for their end-of-life, clinicians should recognise and explain various impending death signs; find a balance between detailed explanation and excessive warning and address how long they could talk in the remaining time.
Ruco A, Dossa F, Timmouth J, Llovet D, Jacobson J, Kishibe T, Baxter N. Social Media and mHealth Technology for Cancer Screening: Systematic Review and Meta-analysis. J Med Internet Res. 2021 Jul	Cancer is a leading cause of death, and although screening can reduce cancer morbidity and mortality, participation in screening remains suboptimal. This systematic review and meta-analysis aims to evaluate the effectiveness of social media and mobile health (mHealth) interventions for cancer screening.	We searched for randomized controlled trials and quasi-experimental studies of social media and mHealth interventions promoting cancer screening (breast, cervical, colorectal, lung, and prostate cancers) in adults in MEDLINE, Embase, PsycINFO, Scopus, CINAHL, Cochrane Central Register of Controlled Trials, and Communication & Mass	18,008 records were screened, identifying 39 studies (35 mHealth and 4 social media). The types of interventions included peer support (n=1), education or awareness (n=6), reminders (n=13), or mixed (n=19). The overall pooled odds ratio was 1.49 (95% CI 1.31-1.70), with similar effect sizes across cancer types.	Screening programs should consider mHealth interventions because of their promising role in promoting cancer screening participation. Given the limited number of studies identified, further research is needed for social media interventions.
epinsky E, Ponce SB, Drake EK, Garcia AM, Loeb S, van Londen GJ, Teoh D, Thompson M, Schapira L; Collaboration for Outcomes using Social Media in Oncology (COSMO). Online Medical Misinformation in Cancer: Distinguishing Fact From Fiction. JCO Oncol Pract. 2022 Aug;18(8):584-589. doi: 10.1200/OP.21.00764.	It is without question that the Internet has democratized access to medical information, with estimates that 70% of the American population use it as a resource, particularly for cancer-related information. Such unfettered access to information has led to an increase in health misinformation. Fortunately, the data indicate that health care professionals remain among the most trusted information resources. Therefore, understanding how the Internet has changed engagement with health information and facilitated the spread of misinformation is an important task and challenge for cancer clinicians. In this review, we perform a meta-synthesis of qualitative data and point toward empirical evidence that characterizes misinformation in	not available	not available	not available
Support Care Cancer. 2022 Dec 22;31(1):77. doi: 10.1007/s00520-022-07474-9. Communication with patients with limited prognosis-an integrative mixed-methods evaluation study. Siegler A(1), Unsöld L(2), Deis N(2), Krug K(3), Bossert J(3), Krisam J(4), Jung C(2)(5), Jünger J(6), Wensing M(3), Thomas M(2), Villalobos M(2). GER	Oncological societies advocate the continuity of care, specialized communication, and early integration of palliative care. To comply with these recommendations, an interprofessional, longitudinally-structured communication concept, the Milestone Communication Approach (MCA), was previously developed, implemented, and evaluated. Our research question is: what are possible explanations from the patient perspective for prognosis and advance care planning being rarely a topic and for finding no differences between MCA and control groups concerning distress, quality of life, and mood?	A pragmatic epistemological stance guided the study. A mixed-methods design was chosen including a pragmatic randomized trial (n = 171), qualitative interviews with patients (n = 13) and caregivers (n = 12), and a content analysis (133 milestone conversations, 54 follow-up calls). Data analysis involved the pillar integration process.	Two pillar themes emerged: 1 "approaching prognosis and advance care planning"; 2 "living with a life-threatening illness". Information on prognosis seemed to be offered, but patients' reactions were diverse. Some patients have to deal with having advanced lung cancer while nonetheless feeling healthy and seem not to be ready for prognostic information. All patients seemed to struggle to preserve their quality of life and keep distress under control.	Attending to patients' questions, worries and needs early in a disease trajectory seems key to helping patients adjust to living with lung cancer. If necessary clinicians should name their predicament: having to inform about prognosis versus respecting the patients wish to avoid it. Research should support better understanding of patients not wishing for prognostic information to successfully improve communication strategies.
BMC Cancer. 2022 Dec 5;22(1):1264. doi: 10.1186/s12885-022-10347-3. The co-development of personalised 10-year breast cancer risk communications: a 'think-aloud' study. Gorman LS(1), Ruane H(2), Woof VG(3), Southworth J(2), Ulph F(3), Evans DG(2)(4)(5), French DP(3)(5). UK	Risk stratified breast cancer screening is being considered as a means of improving the balance of benefits and harms of mammography. Stratified screening requires the communication of risk estimates. We aimed to co-develop personalised 10-year breast cancer risk communications for women attending routine mammography.	We conducted think-aloud interviews on prototype breast cancer risk letters and accompanying information leaflets with women receiving breast screening through the UK National Breast Screening Programme. Risk information was redesigned following feedback from 55 women in three iterations. A deductive thematic analysis of participants' speech is presented.	Overall, participants appreciated receiving their breast cancer risk. Their comments focused on positive framing and presentation of the risk estimate, a desire for detail on the contribution of individual risk factors to overall risk and effective risk management strategies, and clearly signposted support pathways.	Provision of breast cancer risk information should strive to be personal, understandable and meaningful. Risk information should be continually refined to reflect developments in risk management. Receipt of risk via letter is welcomed but concerns remain around the acceptability of informing women at higher risk in this way, highlighting a need for co-development of risk dissemination and support pathways.

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<p>Oncol Nurs Forum. 2022 Oct 20;49(6):509-524. doi: 10.1188/22.ONF.509-524.</p> <p>Communication Between Black Patients With Cancer and Their Oncology Clinicians: Exploring Factors That Influence Outcome Disparities.</p> <p>Guimond E(1), Getachew B(1), Nolan TS(2), Miles Sheffield-Abdullah K(1), Conklin JL(3), Hirschev R(4).</p> <p>USA</p>	<p>Significant cancer disparities exist between Black and White patients. One important contributor to patient outcomes disparities is patient-clinician communication. Conversations between clinicians and Black patients are often shorter and less detailed compared to White patients.</p> <p>LITERATURE SEARCH: A systematic literature search was conducted. Databases were searched to identify studies that included (a) participants with a cancer diagnosis, (b) information specific to Black or African American participants, and (c) information on patient-clinician communication. A total of 67 articles underwent full review; 24 studies met inclusion criteria.</p>	<p>Each included study was scored for level of evidence, and common themes were identified across studies using the Matrix Method.</p>	<p>IMPLICATIONS FOR RESEARCH: Results identify several ways that nurses can improve communication with Black patients. Research aimed at identifying interpersonal strategies to mitigate cancer disparities is needed.</p>	<p>The following themes were identified: relationship building, building trust, empowering patients for shared decision-making, addressing topics of patient concern, and consideration of community and family.</p>
<p>J Med Internet Res. 2022 Nov 14;24(11):e39571. doi: 10.2196/39571.</p> <p>Understanding the Social Mechanism of Cancer Misinformation Spread on YouTube and Lessons Learned: Infodemiological Study.</p> <p>Yoon HY(1), You KH(2), Kwon JH(3), Kim JS(3), Rha SY(6), Chang YJ(8), Lee SC(9).</p> <p>KOREA</p>	<p>A knowledge gap exists between the list of required actions and the action plan for countering cancer misinformation on social media. Little attention has been paid to a social media strategy for disseminating factual information while also disrupting misinformation on social media networks.</p> <p>OBJECTIVE: The aim of this study was to, first, identify the spread structure of cancer misinformation on YouTube. We asked the question, "How do YouTube videos play an important role in spreading information about the self-administration of anthelmintics for dogs as a cancer medicine for humans?" Second, the study aimed to suggest an action strategy for disrupting misinformation diffusion on YouTube by exploiting the network logic of YouTube information flow and the recommendation system. We asked the question, "What would be a feasible and effective strategy to block cancer misinformation diffusion on YouTube?"</p>	<p>The study used the YouTube case of the self-administration of anthelmintics for dogs as an alternative cancer medicine in South Korea. We gathered Korean YouTube videos about the self-administration of fenbendazole. Using the YouTube application programming interface for the query "fenbendazole," 702 videos from 227 channels were compiled. Then, videos with at least 50,000 views, uploaded between September 2019 and September 2020, were selected from the collection, resulting in 90 videos. Finally, 10 recommended videos for each of the 90 videos were compiled, totaling 573 videos. Social network visualization for the recommended videos was used to identify three intervention strategies for disrupting the YouTube misinformation network.</p>	<p>Health authorities should upload pertinent information through multiple channels and should exploit the existing YouTube recommendation algorithm to disrupt the misinformation network.</p>	<p>Considering the viewing habits of patients and caregivers, the direct use of YouTube hospital channels is more effective than the indirect use of YouTube news media channels or government channels that report public announcements and statements. Reinforcing through multiple channels is the key.</p>
<p>ESMO Open. 2022 Dec;7(6):100623. doi: 10.1016/j.esmoop.2022.100623. Epub 2022 Nov 7.</p> <p>Effects of a communication training for oncologists on early addressing palliative and end-of-life care in advanced cancer care (PALLI-COM): a randomized, controlled trial.</p> <p>GER</p>	<p>In advanced cancer care, early communication about palliative care (PC) and end-of-life (EoL)-related issues is recommended, but is often impeded by physicians' communication insecurities. We investigated the effect of a newly developed compact communication skills training 'PALLI-COM' on oncologists' competencies to early address PC/EoL-related issues.</p>	<p>We conducted a randomized, controlled trial (RCT) with an intervention group (IG; 2 × 90 min training) and a wait list control group (CG) at five sites. At two assessment points, participating oncologists led videotaped medical consultations with simulated patients (SPs) via a privacy compliant video conference platform. SPs were represented by trained actors. The taped conversations were rated for primary outcome (communication skills assessed by adapted COM-ON-checklist and COM-ON-coaching rating scales) by raters blinded for study group. Secondary outcomes included oncologists' self-reported communication skills (Self-Efficacy in Palliative Care Scale, Thanatophobia-Scale, Communication about End of Life Survey, study-specific items) as well as external rating of the SPs. Univariate analyses of covariance with baseline adjustment were used to analyze intervention effects.</p>	<p>A total of 141 oncologists [age: mean (standard deviation) = 32.7 (6.3) years, 60% female (nIG = 73, nCG = 68)] participated. Following intervention, the IG showed significantly more improvement in four out of five assessed communication skills: 'reacting to emotions and showing empathy', 'pointing out opportunities and giving hope', 'addressing the EoL' and 'explaining the concept of PC'. IG participants also improved more than CG participants in almost all secondary outcomes assessed by participants and SPs: oncologists' self-efficacy, attitudes towards caring for terminally ill patients, communication strategies and confidence in dealing with PC/EoL-related issues as well as communication quality from the SPs' perspective.</p>	<p>Findings indicate that the compact communication skills training PALLI-COM increases oncologists' competencies in early addressing PC/EoL-related issues from different perspectives. Implementation in routine oncology residency might improve advanced cancer care by strengthening these communication skills.</p>

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<p>J Med Internet Res. 2022 Nov 4;24(11):e39728. doi: 10.2196/39728.</p> <p>Virtual Care and Electronic Patient Communication During COVID-19: Cross-sectional Study of Inequities Across a Canadian Tertiary Cancer Center.</p> <p>Safavi AH(1)(2), Lovas M(3)(4), Liu ZA(5)(6), Melwani S(3), Truong T(7)(8), Devorish S(3), Abdelmutti N(5), Sayani A(9), Rodin D(1)(2), Berlin A(1)(2).</p> <p>CAN</p>	<p>Virtual care (VC) visits (telephone or video) and email-based patient communication have been rapidly adopted to facilitate cancer care during the COVID-19 pandemic. Inequities in access and patient experience may arise as these digital health tools become prevalent.</p> <p>OBJECTIVE: We aimed to characterize inequities in access and patient-experience following adoption of digital health tools at a tertiary cancer center during the COVID-19 pandemic.</p>	<p>We designed a cross-sectional study of outpatients with visits from September to December 2020. Patient characteristics and responses to an email-based patient-experience survey were collated. Inequities in access were assessed across three pairs of comparison groups: (1) patients with VC and in-person visits, (2) patients with and without documented email addresses, and (3) responders and nonresponders to the survey. Inequities in patient-reported experience were assessed among survey responders. Demographics were mapped to area-level averages from national census data. Socioeconomic status was mapped to area-level dimensions of the Canadian Index of Multiple Deprivation. Covariate balance between comparison groups was assessed using standardized mean differences (SMDs), with SMD≥0.2 indicating differences between groups. Associations between patient experience satisfaction scores and covariates were assessed using multivariable analyses, with P<.05 indicating statistical significance.</p>	<p>Among the 42,194 patients who had outpatient visits, 62.65% (n=26,435) had at least one VC visit and 31.15% (n=13,144) were emailable. Access to VC and email was similar across demographic and socioeconomic indices (SMD<0.2). Among emailable patients, 21.84% (2870/13,144) responded to the survey. Survey responsiveness was similar across indices, aside from a small difference by age (SMD=0.24). Among responders, 24.4% received VC and were similar to in-person responders across indices (SMD<0.2). VC and in-person responders had similar satisfaction levels with all care domains surveyed (all P>.05). Regardless of visit type, patients had variable satisfaction with care domains across demographic and socioeconomic indices. Patients with higher ethnocultural composition scores were less satisfied with the cultural appropriateness of their care (odds ratio [OR] 0.70, 95% CI 0.57-0.86). Patients with higher situational vulnerability scores were less satisfied with discussion of physical symptoms (OR 0.67, 95% CI 0.48-0.93). Patients with higher residential instability scores were less satisfied with discussion of both physical (OR 0.81, 95% CI 0.68-0.97) and emotional (OR 0.86, 95% CI 0.77-0.96) symptoms, and also with the duration of their visit (OR 0.85, 95% CI 0.74-0.98; P=.02). Male patients were more satisfied with how their health care provider had listened to them (OR 1.64, 95% CI 1.11-2.44; P=.01).</p>	<p>Adoption of VC and email can equitably maintain access and patient-reported experience in cancer care across demographics and socioeconomic indices. Existing health inequities among structurally marginalized patients must continue to be addressed to improve their care experience.</p>
<p>Patient Educ Couns. 2023 Jan;106:135-141. doi: 10.1016/j.pec.2022.10.009. Epub 2022 Oct 15.</p> <p>The role of social networks in prognostic understanding of older adults with advanced cancer.</p> <p>Yu V(1), Yilmaz S(2), Freitag J(3), Loh KP(4), Kehoe L(5), Digiovanni G(1), Bauer J(1), Sanapala C(1), Epstein RM(6), Yousefi-Nooraie R(7), Mohile S(8).</p> <p>USA</p>	<p>Explore how older patients utilize their social networks to inform prognostic understanding.</p>	<p>In a pilot study of adults (≥65 years old) with advanced cancer, 16 patients completed surveys, social network maps, and semi-structured interviews exploring with whom they preferred to communicate about their illness. Interviews were analyzed using open-coding, and codes were categorized into emergent themes. Social network maps and themes were analyzed via mixed-methods social network analysis (MMSNA). Three case examples with diverse network characteristics and communication patterns were selected for further analysis.</p>	<p>Three overarching themes (i.e., prognostic understanding, social support, and therapeutic alliance) revealed that patients' prognostic understanding was strongly influenced by the quality of the social support patients perceived from members of their social networks. Patients demonstrated prognostic understanding when they reported close relationships and open communication with their network members. Case examples revealed some ways that patients sought information and had better sense of their prognosis when they had supportive social networks.</p>	<p>Findings illustrate how understanding social networks may provide information on how older adults with cancer seek, share, and process prognostic information.</p>
<p>Int J Environ Res Public Health. 2022 Sep 8;19(18):11284. doi: 10.3390/ijerph191811284.</p> <p>Understanding Melanoma Talk on Twitter: The Lessons Learned and Missed Opportunities.</p> <p>Gomaa BT(1), Walsh-Buhi ER(1), Funk RJ(2).</p> <p>USA</p>	<p>Melanoma is the third most common cause of cancer and the deadliest form of skin cancer among 17-39 year-olds in the United States. Melanoma is a critical public health issue with a substantial economic burden. Cases and associated burdens, however, could be prevented with a greater awareness of, and interventions related to, skin cancer and melanoma-related preventive behaviors. In fact, as social media use is close to ubiquitous, it represents a potential communication modality. However, more research is needed to understand the current state of melanoma-related information exchanged between Twitter users. This study aimed to understand the different types of users controlling the melanoma-related information diffusion and conversation themes on Twitter.</p>	<p>Tweets (n = 692) were imported from Twitter between 1 and 31 May 2021 using the Twitter public API; and uploaded to NodeXL to conduct a social network analysis.</p>	<p>RESULTS: Health professionals and organizations with medical backgrounds were the main content producers, disseminators, and top influencers. However, information diffusion is slow and uneven among users. Additionally, conversations lacked a focus on preventive behaviors.</p>	<p>Twitter is a potential platform for the targeted outreach of individuals in melanoma awareness campaigns. This study provides insights maximizing the effectiveness of Twitter as a communication modality. Our findings can help guide the development of customized content and interventions during melanoma awareness campaigns.</p>

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<p>Patient Educ Couns. 2022 Dec;105(12):3453-3458. doi: 10.1016/j.pec.2022.09.002. Epub 2022 Sep 5.</p> <p>Physicians' use of plain language during discussions of prostate cancer clinical trials with patients.</p> <p>Thominet L(1), Hamel LM(2), Baidoun F(3), Moore TF(4), Barton E(5), Heath E(6), Carducci M(7), Lansley D(8), Eggle S(9).</p> <p>USA</p>	<p>This study described physicians' use of plain language during patient-physician cancer clinical trial discussions.</p>	<p>Video-recorded clinical interactions and accompanying transcripts were taken from a larger study of communication and clinical trials (PACCT). Interactions (n = 25) were selected if they included invitations to participate in a clinical trial. We used descriptive, qualitative discourse analysis, a method that identifies language patterns at or above the sentence level. We first excerpted discussions of clinical trials, then identified instances of plain language within those discussions. Finally, we inductively coded those instances to describe physicians' plain language practices.</p>	<p>RESULTS: The analysis identified four plain language practices. Lexical simplification replaced medical terminology with simpler words. Patient-centered definition named, categorized, and explained complex medical terminology. Metaphor explained medical terminology by comparing it with known concepts. Finally, experience-focused description replaced medical terminology with descriptions of patients' potential physical experiences.</p>	<p>These plain language practices hold promise as part of effective information exchange in discussions of cancer clinical trials. Testing is needed to identify patient preferences and the extent to which these practices address patient health literacy needs. PRACTICE IMPLICATIONS: Pending further testing, these plain language practices may be integrated into physician clinical trial and other communication training.</p>
<p>BMC Cancer. 2022 Sep 1;22(1):941. doi: 10.1186/s12885-022-09911-8.</p> <p>Characteristics of patients with advanced cancer preferring not to know prognosis: a multicenter survey study.</p> <p>USA</p>	<p>For some patients with advanced cancer not knowing prognosis is essential. Yet, in an era of informed decision-making, the potential protective function of unawareness is easily overlooked. We aimed to investigate 1) the proportion of advanced cancer patients preferring not to know prognosis; 2) the reasons underlying patients' prognostic information preference; 3) the characteristics associated with patients' prognostic information preference; and 4) the concordance between physicians' perceived and patients' actual prognostic information preference.</p>	<p>This is a cross-sectional study with structured surveys (PROSPECT). Medical and thoracic oncologists included patients (n = 524), from seven Dutch hospitals, with metastatic/inoperable cancer and an expected median overall survival of ≤ 12 months. For analysis, descriptive statistics and logistic regression models were used.</p>	<p>Twenty-five to 31% of patients preferred not to know a general life expectancy estimate or the 5/2/1-year mortality risk. Compared to patients preferring to know prognosis, patients preferring unawareness more often reported optimism, avoidance and inability to comprehend information as reasons for wanting limited information; and less often reported expectations of others, anxiety, autonomy and a sense of control as reasons for wanting complete information. Females (p < .05), patients receiving a further line of systemic treatment (p < .01) and patients with strong fighting spirit (p < .001) were more likely to prefer not to know prognosis. Concordance between physicians' perceived and patients' actual prognostic information preference was poor (kappa = 0.07).</p>	<p>We encourage physicians to explore patients' prognostic information preferences and the underlying reasons explicitly, enabling individually tailored communication. Future studies may investigate changes in patients' prognostic information preferences over time and examine the impact of prognostic disclosure on patients who prefer unawareness.</p>
<p>Cancer Control. 2022 Jan-Dec;29:10732748221113905. doi: 10.1177/10732748221113905.</p> <p>Nonverbal Synchrony: An Indicator of Clinical Communication Quality in Racially-Concordant and Racially-Discordant Oncology Interactions.</p> <p>Hamel LM(1), Moulder R(2), Ramseyer FT(3), Penner LA(1), Albrecht TL(1), Boker S(4), Eggle S(1).</p>	<p>OBJECTIVES: The aim of this cross-sectional study was to apply a novel software to measure and compare levels of nonverbal synchrony, as a potential indicator of communication quality, in video recordings of racially-concordant and racially-discordant oncology interactions. Predictions include that the levels of nonverbal synchrony will be greater during racially-concordant interactions than racially-discordant interactions, and that levels of nonverbal synchrony will be associated with traditional measures of communication quality in both racially-concordant and racially-discordant interactions.</p>	<p>DESIGN: This is a secondary observational analysis of video-recorded treatment discussions collected from 2 previous studies. SETTING: Two National Cancer Institute-designated Comprehensive Cancer Centers and another large urban cancer center. PARTICIPANTS: Participants from Study 1 include 161 White patients with cancer and 11 White medical oncologists. Participants from Study 2 include 66 Black/African-American patients with cancer and 17 non-Black medical oncologists. In both studies inclusion criteria for patients was a recent cancer diagnosis; in Study 2 inclusion criteria was identifying as Black/African American.</p>	<p>MAIN OUTCOME MEASURES: Nonverbal synchrony and communication quality. RESULTS: Greater levels of nonverbal synchrony were observed in racially-discordant interactions than in racially-concordant interactions. Levels of nonverbal synchrony were associated with indicators of communication quality, and these associations were more consistently found in racially-discordant interactions.</p>	<p>This study advances clinical communication and disparities research by successfully applying a novel approach capturing the unconscious nature of communication, and revealing differences in communication in racially-discordant and racially-concordant oncology interactions. This study highlights the need for further exploration of nonverbal aspects relevant to patient-physician interactions.</p>
<p>Cancer. 2022 Aug 15;128(16):3120-3128. doi: 10.1002/ncr.34369. Epub 2022 Jun 22.</p> <p>Prognostic communication about lung cancer in the precision oncology era: A multiple-perspective qualitative study.</p>	<p>Although most patients with cancer prefer to know their prognosis, prognostic communication between oncologists and patients is often insufficient. Targeted therapies for lung cancer improve survival yet are not curative and produce variable responses. This study sought to describe how oncologists communicate about prognosis with patients receiving targeted therapies for lung cancer.</p>	<p>This qualitative study included 39 patients with advanced lung cancer with targetable mutations, 14 caregivers, and 10 oncologists. Semistructured interviews with patients and caregivers and focus groups or interviews with oncologists were conducted to explore their experiences with prognostic communication. One oncology follow-up visit was audio-recorded per patient. A framework approach was used to analyze interview transcripts, and a content analysis of patient-oncologist dialogue was conducted. Themes were identified within each source and then integrated across sources to create a multidimensional description of prognostic communication.</p>	<p>RESULTS: Six themes in prognostic communication were identified: Patients with targetable mutations develop a distinct identity in the lung cancer community that affects their information-seeking and self-advocacy; oncologists set high expectations for targeted therapy; the uncertain availability of new therapies complicates prognostic discussions; patients and caregivers have variable information preferences; patients raise questions about progression by asking about physical symptoms or scan results; and patients' expectations of targeted therapy influence their medical decision-making.</p>	<p>Optimistic patient-oncologist communication shapes the expectations of patients receiving targeted therapy for lung cancer and affects their decision-making. Further research and clinical guidance are needed to help oncologists to communicate uncertain outcomes effectively.</p>

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<p>BMJ Open. 2022 Jun 17;12(6):e059652. doi: 10.1136/bmjopen-2021-059652.</p> <p>Addressing palliative care and end-of-life issues in patients with advanced cancer: a systematic review of communication interventions for physicians not specialised in palliative care.</p>	<p>To identify and summarise evaluated interventions aiming to improve the communication of palliative care (PC) and end-of-life (EoL) issues in physicians caring for cancer patients. Such interventions are needed with regard to the aim of an earlier communication of those issues in oncology daily practice, which is associated with a range of benefits for patients and caregivers but is often impeded by physicians' communication insecurities.</p>	<p>DESIGN: Systematic review based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.</p> <p>DATA SOURCES: Relevant publications were systematically searched in MEDLINE, PsycINFO, CINAHL and Web of Science databases in September 2020 with an update in July 2021.</p> <p>ELIGIBILITY CRITERIA: We included publications reporting a quantitative evaluation of a communication intervention on one or more PC/EoL issues with a communication-related main outcome. Target group had to be physicians caring for cancer patients non-specialist in PC.</p> <p>DATA EXTRACTION AND SYNTHESIS: Two independent raters extracted intervention characteristics, publication characteristics and publication quality. Results were narratively synthesised.</p>	<p>RESULTS: 24 publications reporting 22 interventions were included. 13 publications reported randomised controlled trials. A majority of the interventions addressed one specific PC/EoL issue, most often breaking bad news. Teaching strategies mostly involved role-plays. Target group were mainly oncologists. In addition to self-reported outcome measurements for evaluation, most publications also reported the use of external rating data. All but one publication reported significant intervention effects on at least one outcome parameter. Publication quality was overall moderate.</p>	<p>The empirically tested communication interventions on PC/EoL issues seem to effectively improve physicians' communication. Future interventions should focus on other issues than breaking bad news, such as preparing for the future. Target group should also be organ-specific oncologists, as all primary caring physicians are responsible for timely communication. Our risk-of-bias assessment revealed some weaknesses, indicating that more high-quality studies for evaluation are needed.</p>
<p>BMJ Open. 2022 May 11;12(5):e058531. doi: 10.1136/bmjopen-2021-058531.</p> <p>Expectations, end-of-life fears and end-of-life communication among palliative patients with cancer and caregivers: a cross-sectional study.</p>	<p>During serious illness, open communication with caregivers can ensure high-quality care. Without end-of-life communication, caregivers may become surrogates and decision-makers without knowing the patient's preferences. However, expectations and fears may influence the initiation of communication. The present study investigates differences between palliative patients with cancer and caregivers regarding expectations of end-of-life communication, end-of-life fears and experiences with end-of-life communication.</p>	<p>DESIGN: A cross-sectional study using a semi-structured interview and a paper-based questionnaire SETTING: University Hospital in Germany. PARTICIPANTS: 151 participants: 85 palliative cancer patients (mean age: 62.8 years, 65.9% male) and 66 caregivers (mean age: 56.3 years, 28.8% male). PRIMARY AND SECONDARY OUTCOME MEASURES: Expectations, end-of-life fears and experiences of end-of-life discussions.</p>	<p>RESULTS: Patients and caregivers wish for the patient to be self-determined. In general, participants reported more positive than negative expectations of end-of-life discussions. Importantly, concerns about emotionally burdening other person was rated much higher in an informal context than a professional context (F(1,149)=316.958, p<0.001, $\eta^2=0.680$), even though the emotional relief was expected to be higher (F(1,149)=46.115, p<0.001, $\eta^2=0.236$). Caregivers reported more fears about the last period of life and more fears about end-of-life discussions than palliative patients, whereas palliative patients tended to avoid the topics of death and dying to a greater extent.</p>	<p>There seems to exist a 'self-other' asymmetry: palliative patients and their caregivers expect substantial personal relief when openly talking about end-of-life issues, but also expect the other person to be burdened by such communication. Professionals repeatedly need to initiate end-of-life communication.</p>
<p>Patient Educ Couns. 2022 Aug;105(8):2731-2739. doi: 10.1016/j.pec.2022.04.017. Epub 2022 May 4.</p> <p>Communication, perception, and use of personalized side-effect risks in prostate cancer treatment-decision making: An observational and interview study.</p>	<p>We investigated how healthcare professionals (HPs) communicate personalized risks of treatment side-effects to patients with localized prostate cancer during consultations, and explored how these patients perceive and use such risks during treatment decision-making.</p>	<p>Patient consultations with nurse practitioners and urologists discussing personalized risks of urinary incontinence after prostatectomy were audiotaped, transcribed, and coded. Patients (n = 27) were then interviewed to explore their perceptions and use of personalized side-effect risks.</p>	<p>HPs explained personalized risks by discussing risk factors, which was appreciated and recalled by patients. Personalized risks were typically communicated both numerically and verbally (70%). When using numbers, HPs always used percentages, but rarely used natural frequencies (14%). Uncertainty was disclosed in only 34% of consultations. One-third of patients used personalized risks in their treatment decision-making by either switching to another treatment or sticking to their initial preference.</p>	<p>Patients value and use personalized side-effect risks during treatment decision-making. Clearly explaining the relationship between risk factors and personalized risk estimates may help patients understand and recall those. Practice implications HPs should not only give patients specific and precise numerical risk information, but should also put effort in explaining how the personalized side-effect risks are determined.</p>
<p>284. Patient Educ Couns. 2022 Aug;105(8):2763-2770. doi: 10.1016/j.pec.2022.04.009. Epub 2022 Apr 15.</p> <p>How can we improve information for people affected by cancer? A national survey exploring gaps in current information provision, and challenges with accessing cancer information online.</p>	<p>OBJECTIVE: Despite improved recognition regarding the importance and association between provision of high quality information for people affected by cancer and improved outcomes and experiences; gaps and unmet needs are still reported. As oncology health information provision increasingly moves online, understanding how service users experience and manage misinformation is important. Determining patient and carer preferences regarding cancer provision is needed to address outstanding gaps.</p>	<p>METHODS: This study utilised a purpose-built national cross-sectional survey distributed via social media to assess perspectives regarding cancer information in Australia. Quantitative and qualitative (open text) items assessed respondents' perspectives regarding current information preferences and gaps, and experiences with accessing information online.</p>	<p>RESULTS: A total of 491 people affected by cancer completed the survey. Respondents highlighted a preference for information that better addresses the diversity of cancer experience, and is more timely and responsive to personal situation and care context. Despite increasing attention to health literacy standards, complex medical jargon and terminology remains prevalent. Many respondents have concerns about misinformation, and seek improved mechanisms or skills to assist with determining the trustworthiness and relevance of information found online.</p>	<p>Survey responses identified current gaps in information provision for people affected by cancer. Personalised information in formats which are more flexible, accessible, and responsive to user needs are required. PRACTICE IMPLICATIONS: Education and resources to target and improve digital health literacy and combat health misinformation are needed. Novel solutions co-designed by people affected by cancer will ensure that information is provided in a manner that is relevant, timely, and personalised.</p>

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<p>J Urol. 2022 Aug;208(2):301-308. doi: 10.1097/JU.0000000000002675. Epub 2022 Apr 4.</p> <p>Variation in Communication of Competing Risks of Mortality in Prostate Cancer Treatment Consultations.</p>	<p>PURPOSE: Men with prostate cancer prefer patient-specific, quantitative assessments of longevity in shared decision making. We sought to characterize how physicians communicate the 3 components of competing risks-life expectancy (LE), cancer prognosis and treatment-related survival benefit-in treatment Consultations.</p>	<p>MATERIALS AND METHODS: Conversation related to LE, cancer prognosis and treatment-related survival benefit was identified in transcripts from consultations of 42 men with low- and intermediate-risk disease across 10 multidisciplinary providers. Consensus of qualitative coding by multiple reviewers noted the most detailed mode of communication used to describe each throughout the consultation.</p>	<p>RESULTS: Physicians frequently failed to provide patient-specific, quantitative estimates of LE and cancer mortality. LE was omitted in 17% of consultations, expressed as a generalization (eg "long"/"short") in 17%, rough number of years in 31%, probability of mortality/survival at an arbitrary timepoint in 17% and in only 19% as a specific number of years. Cancer mortality was omitted in 24% of consultations, expressed as a generalization in 7%, years of expected life in 2%, probability at no/arbitrary timepoint in 40% and in only 26% as the probability at LE. Treatment-related survival benefit was often omitted; cancer mortality was reported without treatment in 38%, with treatment in 10% and in only 29% both with and without treatment. Physicians achieved "trifecta"-1) quantifying probability of cancer mortality 2) with and without treatment 3) at the patient's LE-in only 14% of consultations.</p>	<p>Physicians often fail to adequately quantify competing risks. We recommend the "trifecta" approach, reporting 1) probability of cancer mortality 2) with and without treatment 3) at the patient's LE.</p>
<p>Teplinsky E, Ponce SB, Drake EK, Garcia AM, Loeb S, van Londen GJ, Teoh D, Thompson M, Schapira L; Collaboration for Outcomes using Social Media in Oncology (COSMO). Online Medical Misinformation in Cancer: Distinguishing Fact From Fiction. JCO Oncol Pract. 2022 Aug;18(8):584-589. doi: 10.1200/OP.21.00764. Epub 2022 Mar 31.</p>	<p>It is without question that the Internet has democratized access to medical information, with estimates that 70% of the American population use it as a resource, particularly for cancer-related information. Such unfettered access to information has led to an increase in health misinformation. Fortunately, the data indicate that health care professionals remain among the most trusted information resources. Therefore, understanding how the Internet has changed engagement with health information and facilitated the spread of misinformation is an important task and challenge for cancer clinicians. In this review, we perform a meta-synthesis of qualitative data and point toward empirical evidence that characterizes misinformation in medicine, specifically in oncology. We present this as a call to action for all clinicians to become more active in ongoing efforts to combat misinformation in oncology.</p>	<p>not available</p>	<p>not available</p>	<p>not available</p>
<p>BMC Public Health. 2022 Feb 15;22(1):323. doi: 10.1186/s12889-022-12732-w.</p> <p>Using Facebook to promote the uptake of colorectal cancer screening.</p>	<p>BACKGROUND: The use of social media presents a unique opportunity for cancer screening programs to motivate individuals to get screened. However, we need a better understanding of what types of social media messages for colorectal cancer (CRC) screening are preferred. The objective of this study was to develop social media messages promoting CRC screening uptake to identify messages preferred by the target audience.</p>	<p>METHODS: We conducted a qualitative descriptive study and collected data through focus groups with Facebook users of screen-eligible age. Participants were presented with social media messages and asked to provide feedback. Messages were informed by the Health Belief Model, current evidence regarding screening communication and health communication and social media best practices. Focus groups were audio-recorded and transcribed and analysis was completed by two independent coders. If messages generated sufficient discussion, we developed a recommendation regarding the use of the message in a future social media campaign. Recommendations included: strongly consider using this message, consider using this message, proceed with caution, and do not use this message. General considerations about social media campaigns were also noted.</p>	<p>RESULTS: A total of 45 individuals participated in six focus groups. We developed recommendations for 7 out of the 18 messages tested; 1 was classified as strongly consider using this message, 4 as consider using this message and 2 as proceed with caution. The data suggest that participants preferred social media messages that were believed to be credible, educational, and with a positive or reassuring tone. Preferred messages tended to increase awareness about CRC risk and screening and prompted participants to ask questions, and to want to learn more about what they could do to lower their risk. Messages that were viewed as humorous, strange or offensive or that had a negative or excessively fearful tone were less well received by study participants.</p>	<p>Facebook users prefer social media messages for CRC that have a positive or reassuring tone, are educational, and that have a credible ad sponsor. Campaign planners should proceed with caution when considering messages that use humor or a fearful tone to avoid undermining their campaign objectives.</p>

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<p>Cancer Discov. 2022 Jan;12(1):26-30. doi: 10.1158/2159-8290.CD-21-1468. Epub 2021 Dec 20.</p> <p>The Struggle against Cancer Misinformation.</p>		not available	<p>Cancer misinformation has become an increasingly prevalent problem, imperiling public health and understanding. Cancer researchers and clinicians must play a significant role in combating its detrimental consequences.</p>	<p>The scientific community also has a vital role to play in striving toward a policy of information hygiene, encouraging and empowering individuals to share only substantiated and verified claims, as well as sharing insights into how to interrogate claims before they take root.</p> <p>It is imperative that the cancer research community be at the vanguard of the pushback against cancer misinformation and equally vital that we are cognizant of the growing scale of the problem. Improving health literacy in general will pay huge societal dividends (24). Ultimately, encouraging a healthy skepticism may serve as our best protection against the ravages of cancer misinformation.</p>
<p>Cancer. 2022 Mar 1;128(5):1133-1140. doi: 10.1002/cncr.34018. Epub 2021 Nov 11.</p> <p>Mind your words: Oncologists' communication that potentially harms patients with advanced cancer: A survey on patient perspectives.</p>	<p>BACKGROUND: Many complaints in medicine and in advanced illnesses are about communication. Little is known about which specific communications are about harm. This study explored the perspectives of patients with advanced cancer about potentially harmful communication behaviors by oncologists and helpful Alternatives.</p>	<p>METHODS: An online survey design was used that was based on literature scoping and patient/clinician/researcher input. Patients with advanced cancer (n = 74) reflected on the potential harmfulness of 19 communication situations. They were asked whether they perceived the situation as one in which communication could be harmful (yes/no). If they answered "yes," they were asked whether they perceived the examples as harmful (yes/no) or helpful (yes/no) and to provide open comments. Results were analyzed quantitatively and qualitatively (content Analysis).</p>	<p>RESULTS: Communication regarding information provision, prognosis discussion, decision-making, and empathy could be unnecessarily potentially harmful, and this occurred in various ways, such as making vague promises instead of concrete ones (92%), being too directive in decision-making (qualitative), and not listening to the patient (88%). Not all patients considered other situations potentially harmful (eg, introducing the option of refraining from anticancer therapy [49%] and giving too much [prognostic] information [60%]). Exploring each individual patients' needs/preferences seemed to be a precondition for helpful communication.</p>	<p>This article provides patient perspectives on oncologists' unnecessarily potentially harmful communication behaviors and offers practical tools to improve communication in advanced cancer care. Both preventable pitfalls and delicate challenges requiring an individualized approach, where exploration might help, are described. Although providing difficult and unwelcome news is a core task for clinicians, this study might help them to do so while preventing potentially unnecessary harm.</p>
<p>Psychooncology. 2022 Mar;31(3):541-547. doi: 10.1002/pon.5823. Epub 2021 Sep 23.</p> <p>Cancer patient satisfaction with health care professional communication: An international EORTC study.</p>	not available	not available	not available	not available
<p>Patient Educ Couns. 2022 May;105(5):1138-1151. doi: 10.1016/j.pec.2021.08.016. Epub 2021 Aug 27.</p> <p>Goals of care communication and higher-value care for patients with advanced-stage cancer: A systematic review of the evidence.</p>	<p>CONTEXT: Goals-of-care communication (GOCC) is recommended to increase the value of cancer care near the end of life (EOL). OBJECTIVES: Conduct a systematic review of the evidence that GOCC is associated with higher-value care.</p>	<p>METHODS: We searched PubMed, Scopus, Ovid MEDLINE, EMBASE, EMB Reviews, CINAHL, and PsycInfo from inception to July 2019. We analyzed the population, design, and results and the authors' definitions of GOCC. Risk of bias was assessed.</p>	<p>RESULTS: Thirty-two articles were selected. Ten articles reported results from 8 interventions; 17 characterized participants' perspectives; and 5 were retrospective. The topics, behaviors, timing, and anticipated outcomes of GOCC varied significantly and were indistinguishable from practices such as advance care planning. GOCC typically focused on treatment outcomes rather than patients' goals. Four of 5 interventions increased evidence of GOCC after clinician training. Only one reported improved patient outcomes.</p>	<p>No consensus exists about what GOCC entails. There is limited evidence that GOCC increases the value of EOL care. PRACTICE IMPLICATIONS: Future studies should focus on how to engage patients in conversations about their personal goals and integrate their goals into care planning. Clinicians can encourage GOCC by explaining how patients' goals influence decisions especially as treatment options become limited.</p>

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<p>Cancer. 2021 Nov 15;127(22):4258-4265. doi: 10.1002/cncr.33834. Epub 2021 Aug 5.</p> <p>What is empathy? Oncology patient perspectives on empathic clinician behaviors.</p>	<p>BACKGROUND: Oncology patients and physicians value empathy because of its association with improved health outcomes. Common measures of empathy lack consistency and were developed without direct input from patients. Because of their intense engagement with health care systems, oncology patients may have unique perspectives on what behaviors signal empathy in a clinical setting.</p>	<p>METHODS: As part of a cross-sectional study of patient perspectives on clinician empathy at an academic cancer center in the northeastern United States, the authors solicited up to 10 free-text responses to an open-ended question about what clinician behaviors define empathy.</p>	<p>RESULTS: The authors categorized open-ended responses from 89 oncology patients into 5 categories representing 14 themes. These categories were relationship sensitivity, focus on the whole person, communication, clinician attributes, and institutional resources and care processes. Frequently represented themes, including listening, understanding, and attention to emotions and what matters most, aligned with existing measures of empathy; behaviors that were not well represented among existing measures included qualities of information sharing and other communication elements. Patients also associated clinician demeanor, accessibility, and competence with empathy.</p>	<p>Oncology patients' perspectives on empathy highlight clinician behaviors and attributes that may help to refine patient experience measures and may be adopted by clinicians and cancer centers to enhance patient care and outcomes. High-quality communication skills training can promote active listening and paying attention to the whole person. A system-level focus on delivering empathic care may improve patients' experiences and outcomes. LAY SUMMARY: Oncology patients' responses to an open-ended question about empathic clinician behavior have revealed insights into a variety of behaviors that are perceived as demonstrative of empathy. These include behaviors that imply sensitivity to the clinician-patient relationship, such as listening and understanding and attention to the whole person. Participants valued caring communication and demeanor and clinician accessibility. Perspective taking was not common among answers. Many existing measures of clinical care quality do not include the behaviors cited by patients as empathic. These results can inform efforts to refine quality measures of empathy-associated behaviors in clinical practice.</p>
<p>JAMA Netw Open. 2021 Jun 1;4(6):e2113193. doi: 10.1001/jamanetworkopen.2021.13193.</p> <p>Actual and Missed Opportunities for End-of-Life Care Discussions With Oncology Patients: A Qualitative Study.</p>	<p>IMPORTANCE: Early discussion of end-of-life (EOL) care preferences improves clinical outcomes and goal-concordant care. However, most EOL discussions occur approximately 1 month before death, despite most patients desiring information earlier.</p> <p>OBJECTIVE: To describe successful navigation and missed opportunities for EOL discussions (eg, advance care planning, palliative care, discontinuation of disease-directed treatment, hospice care, and after-death wishes) between oncologists and outpatients with advanced cancer.</p>	<p>DESIGN, SETTING, AND PARTICIPANTS: This study is a secondary qualitative analysis of outpatient visits audio-recorded between November 2010 and September 2014 for the Studying Communication in Oncologist-Patient Encounters randomized clinical trial. The study was conducted at 2 US academic medical centers.</p> <p>Participants included medical, gynecological, and radiation oncologists and patients with stage IV malignant neoplasm, whom oncologists characterized as being ones whom they "...would not be surprised if they were admitted to an intensive care unit or died within one year." Data were analyzed between January 2018 and August 2020.</p> <p>EXPOSURES: The parent study randomized participants to oncologist- and patient-directed interventions to facilitate discussion of emotions. Encounters were sampled across preintervention and postintervention periods and all 4 treatment conditions.</p>	<p>MAIN OUTCOMES AND MEASURES: Secondary qualitative analysis was done of patient-oncologist dyads with 3 consecutive visits for EOL discussions, and a random sample of 7 to 8 dyads from 4 trial groups was analyzed for missed opportunities.</p> <p>RESULTS: The full sample included 141 patients (54 women [38.3%]) and 39 oncologists (8 women [19.5%]) (mean [SD] age for both patients and oncologists, 56.3 [10.0] years). Of 423 encounters, only 21 (5%) included EOL discussions. Oncologists reevaluated treatment options in response to patients' concerns, honored patients as experts on their goals, or used anticipatory guidance to frame treatment reevaluation. In the random sample of 31 dyads and 93 encounters, 35 (38%) included at least 1 missed opportunity. Oncologists responded inadequately to patient concerns over disease progression or dying, used optimistic future talk to address patient concerns, or expressed concern over treatment discontinuation. Only 4 of 23 oncologists (17.4%) had both an EOL discussion and a missed opportunity.</p>	<p>Opportunities for EOL discussions were rarely realized, whereas missed opportunities were more common, a trend that mirrored oncologists' treatment style. There remains a need to address oncologists' sensitivity to EOL discussions, to avoid unnecessary EOL treatment.</p>
<p>Inform Health Soc Care. 2022 Jan 2;47(1):53-61. doi: 10.1080/17538157.2021.1925676. Epub 2021 May 20.</p> <p>Predictors of high trust and the role of confidence levels in seeking cancer-related information.</p>		<p>not available</p>	<p>One of the most commonly searched topics on the internet in the United States is cancer. Our study aims to provide a general overview of the predictors of trust for two health information sources, doctors and the internet, when seeking cancer-related information. The data were obtained from the 2018 HINTS 5 Cycle 2 survey, which was administered from January through May to a total of 3,504 respondents. We carried out next a series of ordinal logistic regression models to identify predictors of high trust in doctors and the internet separately for cancer-seeking information. Demographic predictor variables varied as predictors of high trust for cancer knowledge across both sources. Respondents who reported less confidence in their ability to seek cancer information had significantly higher odds of high trust in both doctors (OR = 8.43, CI: 5.58-12.73) and the internet (OR = 2.93, CI: 1.97-4.35) as compared to those who reported being "completely confident" in their ability to obtain cancer information.</p>	<p>Understanding the key predictors of trust in doctors and the internet is crucial to the enhancement of health. The role of confidence as a predictor of trust in seeking cancer information has been shown to consistently influence the levels of trust attributed to each topic.</p>

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<p>Patient Educ Couns. 2021 Dec;104(12):2963-2968. doi: 10.1016/j.pec.2021.04.040. Epub 2021 May 10.</p> <p>"If it's the time, it's the time": Existential communication in naturally-occurring palliative care conversations with individuals with advanced cancer, their families, and clinicians.</p>	<p>OBJECTIVE: To explore how patients with advanced cancer, their families, and palliative care clinicians communicate about existential experience during palliative care conversations.</p>	<p>METHODS: We analyzed data from the Palliative Care Communication Research Initiative (PCCRI) - a multisite cohort study conducted between 2014 and 2016 involving hospitalized adults with advanced cancer who were referred for inpatient palliative care consultations at two academic medical centers. We used a qualitative descriptive approach paired with inductive content analysis to analyze a random subsample of 30 patients from the PCCRI study (contributing to 38 palliative care conversations).</p>	<p>RESULTS: We found existential communication to be woven throughout palliative care conversations, with key themes related to: 1) time as a pressing boundary; 2) maintaining a coherent self; and 3) connecting with others.</p> <p>PRACTICE IMPLICATIONS: Clinicians can recognize that discussion of time, routines of daily life, and relationships in the clinical context may hold profound existential relevance in palliative care conversations. Understanding how patients and families talk about existential experience in conversation can create opportunities for clinicians to better meet these needs.</p>	<p>Communication about existential experience is omnipresent and varied in palliative care conversations between individuals with advanced cancer, their families, and clinicians.</p>
<p>Patient Educ Couns. 2021 Dec;104(12):2944-2951. doi: 10.1016/j.pec.2021.04.002. Epub 2021 Apr 15.</p> <p>Empathy and boundary turbulence in cancer communication.</p>	<p>OBJECTIVES: To describe and deepen our understanding of patient-centeredness, empathy, and boundary management in challenging conversations. Previous studies show frequent physician self-disclosure, while empathy and boundary management are infrequent.</p>	<p>METHODS: Three standardized patients (SPs) portrayed cancer patients consulting a new community-based physician, resulting in 39 audio-recorded SP visits to 19 family physicians and 20 medical oncologists. Transcripts underwent qualitative iterative thematic analysis, informed by grounded theory, followed by directed content analysis. We further defined the identified communicative categories with descriptive and correlational calculations.</p>	<p>RESULTS: We identified patient-centered physician response categories--empathy, affirmation, and acknowledgement; and physician-centered categories--transparency, self-disclosure, and projection. Acknowledgement and affirmation responses were frequent and empathy rare. Physician transparency and self-disclosure were common. Useful and not useful self-disclosures were highly correlated; empathy, useful and not useful transparency, and projection were moderately correlated. Most physicians used self-disclosure but few of these were judged patient-centered.</p>	<p>Physicians expressing empathy and patient-centered transparency were also more likely to use projection and physician-centered transparency, thus engaging in communication "boundary turbulence." Patients may benefit from physicians' improved use of empathy and boundary management.</p>
<p>Psychooncology. 2021 Sep;30(9):1405-1419. doi: 10.1002/pon.5702. Epub 2021 Apr 28.</p> <p>Effectiveness of online communication skills training for cancer and palliative care health professionals: A systematic review.</p>	<p>OBJECTIVE: To determine the reported effect of online communication skills training (CST) on health professional (HP) communication skills and patient care outcomes in cancer and palliative care.</p>	<p>METHODS: Primary research published in English between January 2003 and April 2019 was identified in bibliographic databases including Medline, Embase and Proquest (Prospero: CR042018088681). An integrated mixed-method approach included studies describing a CST intervention and its effect, for cancer or palliative care HPs, delivered online or blended with an online component. Included studies' outcomes were categorised then findings were stratified by an evaluation framework and synthesised in an effect direction plot. Risk of bias was assessed using Joanna Briggs Institute's tools.</p>	<p>RESULTS: Nineteen included studies (five randomised controlled trials, 11 pre-post, two post-test and one qualitative study) evaluated a CST intervention (median duration = 3.75 h; range 0.66-96 h) involving 1116 HPs, 422 students and 732 patients. Most interventions taught communication skills for specific scenarios and approximately half were delivered solely online and did not involve role plays. Online CST improved HPs' self-assessed communication skills (three studies, 215 participants), confidence (four studies, 533 participants), and objective knowledge (five studies, 753 participants). While few studies evaluated patient outcomes, CST may benefit observed communication skills in care settings (two studies, 595 participants).</p>	<p>Online CST benefits oncology HPs' subjectively-reported communication skills and confidence, and objective knowledge. Translation to patient outcomes requires further investigation. The quality of research varied and few studies had a control group. We recommend improvements to study design, evaluation and implementation.</p>
<p>Oncologist. 2021 Aug;26(8):e1445-e1459. doi: 10.1002/onco.13790. Epub 2021 May 4.</p> <p>Effects of an Interprofessional Communication Approach on Support Needs, Quality of Life, and Mood of Patients with Advanced Lung Cancer: A Randomized Trial.</p>	<p>BACKGROUND: To address the support needs of newly diagnosed patients with lung cancer with limited prognosis, the Milestone Communication Approach (MCA) was developed and implemented. The main elements of the MCA are situation-specific conversations along the disease trajectory conducted by an interprofessional tandem of physician and nurse. The aim of the study was to evaluate the effects of MCA on addressing support needs, quality of life, and mood as compared with standard oncological care.</p>	<p>PATIENTS AND METHODS: A randomized trial was conducted with baseline assessment and follow-up assessments at 3, 6, and 9 months in outpatients with newly diagnosed lung cancer stage IV at a German thoracic oncology hospital. The primary outcome was the Health System and Information Needs subscale of the Short Form Supportive Care Needs Survey (SCNS-SF34-G) at 3-month follow-up. Secondary outcomes included the other subscales of the SCNS-SF34-G, the Schedule for the Evaluation of Individual Quality of Life, the Functional Assessment of Cancer Therapy lung module, the Patient Health Questionnaire for Depression and Anxiety, and the Distress Thermometer.</p>	<p>RESULTS: At baseline, 174 patients were randomized, of whom 102 patients (MCA: n = 52; standard care: n = 50) provided data at 3-month follow-up. Patients of the MCA group reported lower information needs at 3-month follow-up (mean ± SD, 33.4 ± 27.5; standard care, 43.1 ± 29.9; p = .033). No effects were found for secondary outcomes.</p> <p>IMPLICATIONS FOR PRACTICE: By addressing relevant issues at predefined times, the Milestone Communication Approach provides individual patient-centered care facilitating the timely integration of palliative care for patients with a limited prognosis. The needs of patients with lung cancer must be assessed and addressed throughout the disease trajectory. Although specific topics may be relevant for all patients, such as information about the disease and associated health care, situations of individual patients and their families must be considered. Additionally, using the short form of the Supportive Care Needs Survey in clinical practice to identify patients' problems might support individually targeted communication and preference-sensitive care.</p>	<p>MCA lowered patient-reported information needs but did not have other effects. MCA contributed to tailored communication because an adequate level of information and orientation set the basis for patient-centered care.</p>

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<p>BMC Palliat Care. 2021 Mar 10;20(1):41. doi: 10.1186/s12904-021-00733-2.</p> <p>How well do documented goals-of-care discussions for patients with stage IV cancer reflect communication best practices?</p>	<p>BACKGROUND: Written clinical communication regarding patients' disease understanding and values may facilitate goal-concordant care, yet little is known about the quality of electronic health record (EHR) documentation. We sought to (1) describe frequency of communication best practices in EHR-documented goals-of-care discussions, and (2) assess whether templated notes improve quality of documentation.</p>	<p>METHODS: Researchers pulled text of EHR-documented goals-of-care discussions for hospitalized patients with Stage IV cancer from admission to 60-days follow-up. Text was included when in a single encounter the clinician addressed: (a) prognosis and/or illness understanding; and (b) goals and/or treatment options. Researchers qualitatively coded text based on guidelines for communication best practices, and noted if an EHR template was used.</p>	<p>RESULTS: Forty-two percent (206/492) of patients had EHR-documented goals-of-care discussions. Text frequently described communication of cancer progression (89%), though rarely included prognosis (22%). Text often included patients' goals and values (83%), and at least on specific treatment decision (82%). Communication about treatments was included for 98% of patients; common examples included cancer treatment (62%), hospice (62%), resuscitation (51%), or intensive care (38%). Clinicians documented making recommendations for 40% of patients. Text addressing patient emotional and spiritual concerns was uncommon (15%). Compared to free text, use of a template was associated with increased documentation of goals and values (80% vs. 61%, $p < 0.01$), but not other best practices.</p>	<p>Insights from the study can be used to guide future training and research to study and improve the quality of documentation about goal of care, and its impact on goal-concordant care.</p>
<p>Eur J Oncol Nurs. 2021 Apr;51:101904. doi: 10.1016/j.ejon.2021.101904. Epub 2021 Feb 2.</p> <p>Experiencing communication related to knowing the cancer diagnosis and prognosis: A multi-perspective interpretative phenomenological study.</p>	<p>PURPOSE: To understand the phenomenon of communication related to knowing the diagnosis and prognosis, by exploring the perspectives of patients with advanced cancer and those of their caregivers, physicians and nurses.</p>	<p>METHODS: Drawing upon a multi-perspective design, a total of 27 semi-structured interviews involving four different groups of stakeholders (7 patients, 7 caregivers, 6 physicians, and 7 nurses) -who were linked by a carer-cared relationship-were conducted in two Oncology Departments of two Italian hospitals. Interpretative Phenomenological Analysis was used to interpret the participants' narratives.</p>	<p>RESULTS: Two overarching themes were identified: The first theme "the «what is it?» and the «what will happen to me?»" illustrates the two different paths of communication of diagnosis and prognosis. The second theme "Matching and mismatching in identifying the others as speakers" shows that not each of the four parties recognizes the others as reciprocal speakers on topics related to diagnosis and prognosis, although all of them display reciprocal communication interactions.</p>	<p>Communication related to diagnosis and prognosis is often handled by health professionals without a comprehensive and integrated understanding of the communication approach. There is a correspondence between the nurses' perception of their extraneousness to the diagnosis and the prognosis related communication, and the descriptions and perceptions of the nurse's role reported by the other participants. Understanding how the different groups of stakeholders reciprocally interact and influence each other, can help to identify potential positive resources and detect hindrance in the implementation of an effective patient-centered approach, while avoiding silo cultures</p>
<p>J Vis Commun Med. 2021 Jan;44(1):2-11. doi: 10.1080/17453054.2020.1834838. Epub 2020 Nov 29.</p> <p>An exploratory study of the efficacy of medical illustration detail for delivering cancer information.</p>	<p>Medical illustrations are an effective means of conveying complex information about cancer to patients and laypersons. However, there are no standard criteria for creating these illustrations.</p>	<p>This study used online exploratory research focussed on laypersons to identify the aspects of an illustration that convey the optimal degree of detail and understand these findings. Six illustrations depicting pancreatic cancer and nine depicting cervical cancer, with high, medium, and low levels of detail, were created. A total of 420 participants (male = 210, female = 210, aged 20 years and above) answered an online questionnaire about these illustrations.</p>	<p>The results indicated that female participants tended to prefer the same illustration level that they also found most comprehensible. Younger participants (under 40 years) tended to prefer illustrations with a medium level of detail for both cancers. Older participants (40 years and above) tended to prefer illustrations with a high level of detail for both cancers.</p>	<p>This study was unable to determine the reasons behind these preferences. However, the researchers hypothesise that older people's preference for higher levels of detail may be due to their greater concerns about cancer and because they find the illustrations to be more effective in conveying relevant information.</p>
<p>Eur Urol. 2021 Jan;79(1):56-59. doi: 10.1016/j.eururo.2020.09.014. Epub 2020 Oct 1.</p> <p>Quality of Bladder Cancer Information on YouTube.</p>	<p>Dissemination of misinformation through social media is a major societal issue. Bladder cancer is the second most common urological cancer in the world, but there are limited data on the quality of bladder cancer information on social networks. Our objective was to characterize the quality of information and presence of misinformation about bladder cancer on YouTube, the most commonly used social media platform. We reviewed the first 150 YouTube videos about "bladder cancer" using two validated instruments for consumer health information and assessed the videos for the presence of misinformation. The videos had a median of 2288 views (range, 14–511 342), but the overall quality of information was moderate to poor in 67%, based on scores of 1–3 out of 5 on the validated DISCERN instrument. A moderate to high amount of misinformation was present in 21% of videos and reached 1 289 314 viewers. Commercial bias was apparent in 17% of videos, which reached 324 287 viewers. From a networking perspective, comments sections in the videos were sometimes used to request medical advice (20%),</p>	<p>Our objective was to characterize the quality of information and presence of misinformation about bladder cancer on YouTube. Based on previous research [2,4], we hypothesized that there would be a significant amount of misinformation and that misinformative content would have greater viewer engagement. We reviewed the first 150 of 242 000 YouTube videos on "bladder cancer" using two validated instruments: the Patient Education Materials Assessment Tool (PEMAT) and the DISCERN quality criteria for consumer health information [8,9]. We assessed the presence of misinformation using an analogous five-point Likert scale [2,4,10]. We also assessed for commercial bias in the video or comments section (eg, industry sponsorship/promotion of a product), as well as the use of YouTube for peer-to-peer advice. Pearson correlation coefficients were used to examine the relationship between viewer engagement (views per month) and misinformation. Videos were independently coded by urologists and urology trainees with random coding checks to verify intercoder reliability. Finally, we performed a similar evaluation of the 20 bladder cancer videos with the most views. The first 150 videos about bladder cancer covered a range of topics, most commonly treatment followed by signs/detection (Table 1). Most of the videos were published by hospitals/clinics, foundations/advocacy groups, and health/</p>	<p>Dissemination of misinformation through social media is a major societal issue. Bladder cancer is the second most common urological cancer in the world, but there are limited data on the quality of bladder cancer information on social networks. Our objective was to characterize the quality of information and presence of misinformation about bladder cancer on YouTube, the most commonly used social media platform. We reviewed the first 150 YouTube videos about "bladder cancer" using two validated instruments for consumer health information and assessed the videos for the presence of misinformation. The videos had a median of 2288 views (range, 14-511 342), but the overall quality of information was moderate to poor in 67%, based on scores of 1-3 out of 5 on the validated DISCERN instrument. A moderate to high amount of misinformation was present in 21% of videos and reached 1 289 314 viewers. Commercial bias was apparent in 17% of videos, which reached 324 287 viewers. From a networking perspective, comments sections in the videos were sometimes used to request medical advice (20%), provide medical advice to others (9%), or give support (19%).</p>	<p>In conclusion, YouTube is a widely used source of information and advice about bladder cancer, but much of the content is of poor quality. PATIENT SUMMARY: A large quantity of content about bladder cancer is available on YouTube. Unfortunately, much of the content is of moderate to poor quality and presents a risk of exposure to misinformation.</p>

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<p>Support Care Cancer. 2021 Apr;29(4):2171-2178. doi: 10.1007/s00520-020-05692-7. Epub 2020 Sep 3.</p> <p>Information, communication, and cancer patients' trust in the physician: what challenges do we have to face in an era of precision cancer medicine?</p>	<p>PURPOSE: Despite promising achievements in precision cancer medicine (PCM), participating patients are still faced with manifold uncertainties, especially regarding a potential treatment benefit of molecular diagnostics (MD). Hence, MD poses considerable challenges for patient information and communication. To meet these challenges, healthcare professionals need to gain deeper insight into patients' subjective experiences. Therefore, this qualitative study examined information aspects of MD programs in cancer patients.</p>	<p>METHODS: In two German Comprehensive Cancer Centers, 30 cancer patients undergoing MD participated in semi-structured interviews on information transfer and information needs regarding MD. Additionally, patients provided sociodemographic and medical data and indicated their subjective level of information (visual analogue scale, VAS, 0-10).</p>	<p>RESULTS: On average patients had high levels of information (mean = 7, median = 8); nevertheless 20% (n = 6) showed an information level below 5 points. Qualitative analysis revealed that patients show limited understanding of the complex background of MD and have uncertainties regarding their personal benefit. Further, patients described unmet information needs. Existential threat in awaiting the results was experienced as burdensome. To withstand the strains of their situation, patients emphasized the importance of trusting their physician.</p>	<p>The challenges in PCM consist in providing unambiguous information, especially concerning treatment benefit, and providing guidance and support. Therefore, psycho-oncology needs to develop guidelines for adequate patient communication in order to help healthcare providers and cancer patients to handle these challenges in the developing field of PCM.</p>
<p>Curr Opin Oncol. 2020 Jul;32(4):262-268. doi: 10.1097/CCO.0000000000000633.</p> <p>Filling the gaps of patient information and comprehension.</p>	<p>PURPOSE OF REVIEW: This review describes the gaps in cancer patient information and comprehension and provides examples of interventions aimed at filling the Gaps.</p>	<p>RECENT FINDINGS: Despite the technologically advanced era, unmet information needs remain a challenge in current cancer care, even though the beneficial effects of adequate information provision are well described. It starts with the basics of patient-physician communication and information exchange. Barriers are described both patient and physician-specific. For patients to comprehend and recall information correctly, information provision should be tailored to the specific patient in content, as well as in readability level. Tailored content based on bidirectional and iterative information exchange (i.e., patients reported outcomes, followed by specific/personalized feedback) is of focus in the current development of interventions aimed at meeting the gaps. However, the effects of such interventions are not overwhelming and the explanation could be Multifactorial.</p>	<p>SUMMARY: Unmet informational needs are still a gap in current cancer care. The effect of eHealth interventions is not yet well established. Key is to educate patients and (future) healthcare professionals in eHealth. Future research should focus on identifying what kind of interventions are able to fill the Gaps.</p>	<p>Adequate information provision is associated with improved outcomes such as quality of life, adherence, psychological well-being, and decision-making, whereas inadequate provision is associated with negative outcomes. Though studies show in general high rates of information satisfaction, unmet information needs are still reported. Recall problems and other barriers in information exchange could contribute to those needs. Repeating the dynamic process of information provision is key to increase recall and address the dynamic information needs over time since diagnosis.</p>
<p>Cancer Med. 2020 Jul;9(13):4550-4560. doi: 10.1002/cam4.3102. Epub 2020 May 4.</p> <p>Patient and clinician experience of a serious illness conversation guide in oncology: A descriptive analysis.</p>	<p>BACKGROUND/OBJECTIVE: Oncology guidelines recommend earlier communication with patients about prognosis and goals-of-care in serious illness. However, current evidence leaves gaps in our understanding of the experience of these conversations. This analysis evaluates the patient and clinician experience of a conversation using a Serious Illness Conversation Guide (SICG).</p>	<p>DESIGN/SETTING: Secondary analysis from a cluster-randomized clinical trial in a northeastern cancer center.</p> <p>PARTICIPANTS: Physicians, advanced practice clinicians, and patients with advanced cancer who received the intervention.</p> <p>INTERVENTION: SICG, clinician training, systems-changes.</p> <p>MAIN OUTCOMES AND MEASURES: The patient questionnaire assessed perceptions of the conversation and impact on anxiety, hopefulness, peacefulness, sense of control over medical decisions, closeness with their clinician, and behaviors. The clinician questionnaire assessed feasibility, acceptability, and impact on satisfaction in their role.</p>	<p>RESULTS: We enrolled 54 clinicians and 163 patients; 41 clinicians and 118 patients had a SICG discussion. Most patients described the conversation as worthwhile (79%) and reported no change or improvement in their sense of peacefulness, hopefulness, and anxiety (on average 79%); 56% reported feeling closer with their clinician. Qualitative patient data described positive behavior changes, including enhanced planning for future care and increased focus on personal priorities. Nearly 90% of clinicians agreed that the SICG facilitated timely, effective conversations, and 70% reported increased satisfaction in their role.</p>	<p>Conversations using a SICG were feasible, acceptable, and were associated with positive experiences for both patients and clinicians in oncology in ways that align with national recommendations for serious illness Communication.</p>

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<p>Qual Life Res. 2020 Jul;29(7):1747-1766. doi: 10.1007/s11136-020-02503-8. Epub 2020 Apr 24.</p> <p>Communicating treatment risks and benefits to cancer patients: a systematic review of communication methods.</p>	<p>PURPOSE: Cancer patients are increasingly involved in decision-making processes. Hence, clinicians need to inform patients about the risks and benefits of different treatment options in order for patients to make well informed decisions. The aim of this review is to determine the effects of methods of communicating prognostic information about (1) disease progression (survival, progression, recurrence and remission), (2) side effects and complications and (3) health-related quality of life (HRQL) on cognitive, affective and behavioral outcomes in cancer patients.</p>	<p>METHODS: A literature search was performed to select articles that were published up to November 2019 and that examined verbal and/or visual risk communication interventions in an oncological clinical setting.</p>	<p>RESULTS: The search yielded 14,875 studies; 28 studies were ultimately included. For disease progression information, we found that framing affects treatment choice. Furthermore, limiting the amount of progression information in a graphical display could benefit patients' understanding of risks and benefits. For prognostic information about side effects and complications, precise and defined risk information was better understood than information presented in words. When displaying HRQL data, no consensus was found on which graph type to use.</p>	<p>Great heterogeneity in the results and methodology and in the compared communication formats precluded us from drawing any further conclusions. Practical implications for clinicians are to consider the effects that different types of framing might have on the patient and to not rely exclusively on words to describe risks, but rather include at least some form of numbers or visualization.</p>
<p>Int J Older People Nurs. 2020 Jun;15(2):e12303. doi: 10.1111/opr.12303. Epub 2020 Jan 10.</p> <p>The role of Internet cancer information for older adults with cancer: Perspectives of older adults and healthcare professionals.</p>	<p>Older adults with cancer have unique information and supportive care needs. There is a growing body of literature regarding the use of Internet health information, but less is known about the use of the Internet for information amongst older adults with cancer.</p>	<p>This is a secondary analysis of qualitative data from a mixed-methods study of the use of cancer-related Internet information amongst adults with cancer. In the present study, we include transcripts from two samples: 34 interviews with adults over age 55 (n = 17) with cancer, and interviews and focus groups with healthcare professionals (n = 21). Data were analysed using thematic analysis with an interest in age-related themes.</p>	<p>Our findings are grouped into three main themes: (a) independently augmenting healthcare services and supports; (b) supporting and situating information; and (c) mobilising family and support networks. Patients and healthcare providers described cancer-related Internet information as a beneficial resource to address gaps in information and supplement information from healthcare professionals from diagnosis and throughout treatment. Older adults reported using cancer-related Internet information to manage their cancer experience, although sometimes feeling technologically hesitant. However, healthcare professionals felt older adults were less likely than younger patients to seek cancer information from the Internet.</p>	<p>The use of cancer-related Internet information is growing amongst older adults with cancer. Older adults mobilise technology uniquely. Healthcare professionals can support these efforts by being aware and through initiating dialogue about information preferences.</p>
<p>J Health Psychol. 2021 Sep;26(11):2062-2068. doi: 10.1177/1359105319888269. Epub 2019 Nov 21.</p> <p>Mapping the online social network of cancer bloggers.</p>	<p>While social media has the ability to quickly disseminate information and reach large audiences, cancer blogs as a communication platform have not yet been well studied. A social network analysis was conducted on 89 active cancer blogs. Results demonstrated the overall cancer-blog-network was widely distributed and decentralized, with blogs clustered by cancer type, and that breast cancer blogs were the most significant and highly linked blogs. Efforts to disseminate cancer-related information may focus on identifying key breast cancer bloggers or linking key bloggers of various cancers to create a more interconnected network and expand its reach within this online community.</p>	<p>not available</p>	<p>While social media has the ability to quickly disseminate information and reach large audiences, cancer blogs as a communication platform have not yet been well studied. A social network analysis was conducted on 89 active cancer blogs. Results demonstrated the overall cancer-blog-network was widely distributed and decentralized, with blogs clustered by cancer type, and that breast cancer blogs were the most significant and highly linked blogs.</p>	<p>Efforts to disseminate cancer-related information may focus on identifying key breast cancer bloggers or linking key bloggers of various cancers to create a more interconnected network and expand its reach within this online community.</p>
<p>JAMA Oncol. 2020 Feb 1;6(2):196-204. doi: 10.1001/jamaoncol.2019.4728.</p> <p>Communication With Older Patients With Cancer Using Geriatric Assessment: A Cluster-Randomized Clinical Trial From The National Cancer Institute Community Oncology Research Program.</p>	<p>IMPORTANCE: Older patients with cancer and their caregivers worry about the effects of cancer treatment on aging-related domains (eg, function and cognition). Quality conversations with oncologists about aging-related concerns could improve patient-centered outcomes. A geriatric assessment (GA) can capture evidence-based aging-related conditions associated with poor clinical outcomes (eg, toxic effects) for older patients with cancer. OBJECTIVE: To determine whether providing a GA summary and GA-guided recommendations to oncologists can improve communication about aging-related concerns.</p>	<p>DESIGN, SETTING, AND PARTICIPANTS: This cluster-randomized clinical trial enrolled 541 participants from 31 community oncology practices within the University of Rochester National Cancer Institute Community Oncology Research Program from October 29, 2014, to April 28, 2017. Patients were aged 70 years or older with an advanced solid malignant tumor or lymphoma who had at least 1 impaired GA domain; patients chose 1 caregiver to participate. The primary outcome was assessed on an intent-to-treat basis. INTERVENTIONS: Oncology practices were randomized to receive either a tailored GA summary with recommendations for each enrolled patient (intervention) or alerts only for patients meeting criteria for depression or cognitive impairment (usual care).</p>	<p>MAIN OUTCOMES AND MEASURES: The predetermined primary outcome was patient satisfaction with communication about aging-related concerns (modified Health Care Climate Questionnaire [score range, 0-28; higher scores indicate greater satisfaction]), measured after the first oncology visit after the GA. Secondary outcomes included the number of aging-related concerns discussed during the visit (from content analysis of audiorecordings), quality of life (measured with the Functional Assessment of Cancer Therapy scale for patients and the 12-Item Short Form Health Survey for caregivers), and caregiver satisfaction with communication about aging-related patient concerns. RESULTS: A total of 541 eligible patients (264 women, 276 men, and 1 patient did not provide data; mean [SD] age, 76.6 [5.2] years) and 414 caregivers (310 women, 101 men, and 3 caregivers did not provide data; mean age, 66.5 [12.5] years) were enrolled. Patients in the intervention group were more satisfied after the visit with communication about aging-related concerns (difference in mean score, 1.09 points; 95% CI, 0.05-2.13 points; P = .04); satisfaction with communication about aging-related concerns remained higher in the intervention group over 6 months (difference in mean score, 1.10; 95% CI, 0.04-2.16; P = .04). There were more aging-related conversations in the intervention group's visits (difference, 3.59; 95% CI, 2.22-4.95; P < .001). Caregivers in the intervention group were more satisfied with communication after the visit (difference, 1.05; 95% CI, 0.12-1.98; P = .03). Quality of life outcomes did not differ between groups.</p>	<p>Including GA in oncology clinical visits for older adults with advanced cancer improves patient-centered and caregiver-centered communication about aging-related concerns.</p>

Reference (Study Design and Country)	Introduction	Materials and Methods	Results	Conclusions
<p>Soukup T, Lamb BW, Morbi A, Shah NJ, Bali A, Asher V, Gandamihardja T, Giordano P, Darzi A, Sevdalis N, Green JSA. Cancer multidisciplinary team meetings: impact of logistical challenges on communication and decision-making. <i>BJS Open</i>. 2022 Jul 7;6(4):zrac093. doi: 10.1093/bjsopen/zrac093.</p>	<p>Multidisciplinary teams (MDTs) are widely used in cancer care. Recent research points to logistical challenges impeding MDT decision-making and dissatisfaction among members. This study sought to identify different types of logistical issues and how they impacted team processes.</p>	<p>This was a secondary analysis of a cross-sectional observational study. Three cancer MDTs (breast, colorectal, and gynaecological) were recruited from UK hospitals. Validated observational instruments were used to measure decision-making (Metrics of Observational Decision-making, MDT-MODE), communication (Bales' Interaction Process Analysis, Bales' IPA), and case complexity (Measure of Case Discussion Complexity, MeDiC), including logistical challenges (Measure of Case Discussion Complexity, MeDiC), across 822 case discussions from 30 videoed meetings. Descriptive analysis and paired samples t tests were used to identify and compare frequency of different types of logistical challenges, along with partial correlations, controlling for clinical complexity of cases, to understand how such issues related to the MDT decision-making and communication.</p>	<p>A significantly higher frequency of administrative and process issues (affecting 30 per cent of cases) was seen compared with the frequency of equipment issues (affecting 5 per cent of cases; $P < 0.001$) and the frequency of the attendance issues (affecting 16 per cent of cases; $P < 0.001$). The frequency of the attendance issues was significantly higher than the frequency of equipment issues ($P < 0.001$). Partial correlation analysis revealed that administrative and process issues, including attendance, were negatively correlated with quality of information ($r = -0.15$, $P < 0.001$; $r = -0.11$, $P < 0.001$), and equipment issues with the quality of contribution to meeting discussion ($r = -0.14$, $P < 0.001$). More questioning and answering by MDT members was evident with the administrative and process issues ($r = 0.21$, $P < 0.001$; $r = 0.19$, $P < 0.001$). Some differences were observed in teams' socioemotional reactions to the administrative and process issues with the gynaecological MDT showing positive correlation with positive socioemotional reactions ($r = 0.20$, $P < 0.001$), and the breast cancer MDT with negative socioemotional reactions ($r = 0.17$, $P < 0.001$).</p>	<p>Administrative and process issues were the most frequent logistical challenges for the studied teams. Where diagnostic results were unavailable, and inadequate patient details provided, the quality of decision-making was reduced.</p>
<p>Prades J, Coll-Ortega C, Dal Lago L, Goffin K, Javor E, Lombardo C, de Munter J, Ponce J, Regge D, Salazar R, Valentini V, Borrás JM. Use of information and communication technologies (ICTs) in cancer multidisciplinary team meetings: an explorative study based on EU healthcare professionals. <i>BMJ Open</i>. 2022 Oct 6;12(10):e051181. doi: 10.1136/bmjopen-2021-051181.</p>	<p>Multidisciplinary teams in cancer care are increasingly using information and communication technology (ICT), hospital health information system (HIS) functionalities and ICT-driven care components. We aimed to explore the use of these tools in multidisciplinary team meetings (MTMs) and to identify the critical challenges posed by their adoption based on the perspective of professionals representatives from European scientific societies.</p>	<p>This qualitative study used discussion of cases and focus group technique to generate data. Thematic analysis was applied. Setting: Healthcare professionals working in a multidisciplinary cancer care environment. Participants: Selection of informants was carried out by European scientific societies in accordance with professionals' degree of experience in adopting the implementation of ICT and from different health systems.</p>	<p>Professionals representatives of 9 European scientific societies were involved. Up to 10 ICTs, HIS functionalities and care components are embedded in the informational and decision-making processes along three stages of MTMs. ICTs play a key role in opening MTMs to other institutions (eg, by means of molecular tumour boards) and information types (eg, patient-reported outcome measures), and in contributing to the internal efficiency of teams. While ICTs and care components have their own challenges, the information technology context is characterised by the massive generation of unstructured data, the lack of interoperability between systems from different hospitals and HIS that are conceived to store and classify information rather than to work with it.</p>	<p>The emergence of an MTM model that is better integrated in the wider health system context and incorporates inputs from patients and support systems make traditional meetings more dynamic and interconnected. Although these changes signal a second transition in the development process of multidisciplinary teams, they occur in a context marked by clear gaps between the information and management needs of MTMs and the adequacy of current HIS.</p>
<p>Walraven JEW, van der Meulen R, van der Hoeven JJM, Lemmens VEPP, Verhoeven RHA, Hesselink G, Desar IME. Preparing tomorrow's medical specialists for participating in oncological multidisciplinary team meetings: perceived barriers, facilitators and training needs. <i>BMC Med Educ</i>. 2022 Jun 27;22(1):502. doi: 10.1186/s12909-022-03570-w.</p>	<p>The optimal treatment plan for patients with cancer is discussed in multidisciplinary team meetings (MDTMs). Effective meetings require all participants to have collaboration and communication competences. Participating residents (defined as qualified doctors in training to become a specialist) are expected to develop these competences by observing their supervisors. However, the current generation of medical specialists is not trained to work in multidisciplinary teams; currently, training mainly focuses on medical competences. This study aims to identify barriers and facilitators among residents with respect to learning how to participate competently in MDTMs, and to identify additional training needs regarding their future role in MDTMs, as perceived by residents and specialists.</p>	<p>Semi-structured interviews were conducted with Dutch residents and medical specialists participating in oncological MDTMs. Purposive sampling was used to maximise variation in participants' demographic and professional characteristics (e.g. sex, speciality, training duration, type and location of affiliated hospital). Interview data were systematically analysed according to the principles of thematic content analysis.</p>	<p>Nineteen residents and 16 specialists were interviewed. Three themes emerged: 1) awareness of the educational function of MDTMs among specialists and residents; 2) characteristics of MDTMs (e.g. time constraints, MDTM regulations) and 3) team dynamics and behaviour. Learning to participate in MDTMs is facilitated by: specialists and residents acknowledging the educational function of MDTMs beyond their medical content, and supervisors fulfilling their teaching role and setting conditions that enable residents to take a participative role (e.g. being well prepared, sitting in the inner circle, having assigned responsibilities). Barriers to residents' MDTM participation were insufficient guidance by their supervisors, time constraints, regulations hindering their active participation, a hierarchical structure of relations, unfamiliarity with the team and personal characteristics of residents (e.g. lack of confidence and shyness). Interviewees indicated a need for additional training (e.g. simulations) for residents, especially to enhance behavioural and communication skills.</p>	<p>Current practice with regard to preparing residents for their future role in MDTMs is hampered by a variety of factors. Most importantly, more awareness of the educational purposes of MDTMs among both residents and medical specialists would allow residents to participate in and learn from oncological MDTMs. Future studies should focus on collaboration competences.</p>

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<p>Woloshin S, Schwartz LM, Kramer BS. Promoting healthy skepticism in the news: helping journalists get it right. J Natl Cancer Inst. 2009 Dec 2;101(23):1596-9. NAZIONE: USA</p>	<p>La diffusione costante di paura e speranza nelle notizie sulla salute può far girare la testa. Quasi ogni giorno sentiamo che quasi tutto ciò che facciamo (o che non facciamo) porta al cancro, alla sofferenza e alla morte. Con la stessa frequenza (e spesso lo stesso giorno) sentiamo parlare di nuove scoperte, test e farmaci miracolosi che potrebbero salvarci. Fortunatamente, sappiamo che le paure sono di solito esagerate. Sfortunatamente, sappiamo che anche le speranze lo sono.</p>	<p>I comunicati stampa - il modo più diretto con cui le riviste scientifiche comunicano con i giornalisti - possono essere un problema. I comunicati stampa pubblicati da nove delle riviste più importanti (secondo la classifica dell'impact factor stilata dall'Istituto per le informazioni scientifiche) erano mancanti di informazioni fondamentali: solo la metà dei comunicati stampa riportavano le differenze tra i gruppi di studio fornendo i rischi assoluti; meno di un quarto ha rilevato limitazioni negli studi.</p>	<p>Le riviste mediche possono e dovrebbero impegnarsi di più per promuovere l'accurata traslazione dalla ricerca alla notizia. La maniera più ovvia è quello di rendere più facile per i giornalisti fare le cose perbene: ovvero accertandosi che sia la rivista sia i corrispondenti comunicati stampa presentino di routine i rischi assoluti rilevati nello studio (o stimati, quando possibile, nel caso di studi di controllo) per descrivere gli effetti degli interventi e per evidenziare i limiti dello studio.</p>	<p>Speriamo che tali sforzi contribuiranno a favorire un sano scetticismo nei notiziari. Vale a dire, impostando un livello più alto per diffondere ricerche preliminari o intrinsecamente deboli, fornendo regolarmente dati per supportare le affermazioni e mettendo sempre in evidenza i limiti dello studio.</p>
<p>Schattner E Can Cancer Truths Be Told? Challenges for Medical Journalism. Am Soc Clin Oncol Educ Book. 2017;37:3-11. NAZIONE: USA</p>	<p>Il giornalismo è un campo in rapida trasformazione. Nel 2016, quasi i due terzi degli adulti statunitensi hanno ricevuto notizie dai social media. Le notizie mediche presentano una serie unica di sfide, sia per i giornalisti che per i consumatori. La qualità e l'accuratezza delle notizie hanno il potenziale per alterare gli esiti di salute. In parole semplici, il pubblico dipende da notizie attendibili per supportare le scelte mediche quotidiane e, occasionalmente, prendere decisioni importanti.</p>	<p>Quando i giornalisti scrivono articoli in modo appropriato, aiutano le persone a fare scelte ragionate e porre le giuste domande ai medici. Viceversa, quando i giornalisti commettono errori o gli editori pubblicano titoli fuorvianti, le persone con problemi di salute e gli altri lettori possono essere danneggiati. Questo articolo esplorerà la capacità e i limiti del giornalismo sanitario nell'informare l'opinione pubblica sugli sviluppi in oncologia.</p>	<p>Le notizie, presentate in modo equilibrato, potrebbero aiutare a guidare i pazienti e i caregiver sui rischi e sui benefici delle opzioni terapeutiche. Il giornalismo può influenzare le decisioni dei pazienti sull'opportunità di provare la chemioterapia, se e quando accettare la consulenza da uno specialista di cure palliative, o scegliere la cura ospedaliera. Produrre storie equilibrate che trasmettono informazioni sul progresso contro i tumori, senza clamore, è compito dei giornalisti</p>	<p>La trasparenza servirà a loro ed al loro pubblico: medici e scienziati devono andare oltre i conflitti di interesse e i finanziamenti; riconoscere e indicare i limiti delle conclusioni di ogni studio; essere propensi alle correzioni. Quello che i giornalisti possono fare, anche se non è facile, è cercare prospettive diverse. Incorporando i punti di vista di scienziati, medici, pazienti e altri, compresi alcuni che non sono direttamente coinvolti, dovrebbe aggiungere profondità e in generale migliorare la diffusione delle notizie.</p>
<p>Massarani L, Peters HP. Scientists in the public sphere: Interactions of scientists and journalists in Brazil. An Acad Bras Cienc. 2016 Jun 7;88(2):1165-75. NAZIONE: BRASILE</p>	<p>Gli autori hanno condotto uno studio tramite la somministrazione di un questionario a circa 1000 scienziati brasiliani, con lo scopo di identificare la loro opinione sui media e esplorare le loro esperienze di interazione con i giornalisti.</p>	<p>Per valutare le opinioni degli scienziati sui media ed indagare le loro esperienze nell'interazione con i giornalisti, abbiamo somministrato un questionario a 1.000 scienziati brasiliani. Per la selezione del campione, abbiamo utilizzato la piattaforma Lattes, una banca dati online creata dal Consiglio nazionale per la scienza e la tecnologia (CNPq), la più importante agenzia di finanziamento della ricerca collegata al Ministero della scienza, della tecnologia e dell'innovazione.</p>	<p>I risultati indicano che gli scienziati hanno chiare e alte aspettative su come i giornalisti dovrebbero comportarsi nel riportare le informazioni scientifiche attraverso i media, ma tali aspettative, a loro parere, non sembrano sempre essere accolte. Nondimeno, i risultati mostrano che gli scienziati intervistati valutano il loro rapporto con i media positivamente: il 67% afferma che le proprie ricerche diffuse dai media ha avuto un impatto positivo sui loro colleghi. Un quarto degli intervistati ha espresso che interagire con i media può facilitare l'acquisizione di più fondi per la ricerca. Inoltre, il 38% degli intervistati ritiene che scrivere di un argomento interessante per la pubblicazione nei media può anche facilitare la pubblicazione della ricerca in una rivista scientifica. Tuttavia, il 15% degli intervistati è completamente d'accordo che le ricerche riportate in anteprima nei media può ostacolare l'accettazione per la pubblicazione su una rivista scientifica.</p>	<p>Speriamo che questi risultati possano favorire lo sviluppo di alcune iniziative per migliorare la consapevolezza delle due culture, del mondo scientifico e di quello giornalistico; per aumentare l'accesso dei giornalisti nel mondo scientifico brasiliano; per stimolare gli scienziati a comunicare con il pubblico attraverso i social network.</p>

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<p>Kapoor PM. Nuances of social media in medical journalism Ann Card Anaesth. 2015 Jul-Sep;18(3):283-5. NAZIONE: INDIA</p>	<p>Oggi, i social media vengono utilizzati in modo aggressivo dagli editori di riviste mediche per promuovere la conoscenza, diffondere idee e creare piattaforme dove possono comunicare i loro messaggi. I social media aiutano a creare discussioni tra colleghi in tutto il mondo, sugli ultimi sviluppi nei rispettivi campi della medicina. Aiutano le riviste ad aumentare il loro spettro di utilizzo aumentando il numero dei lettori che visualizza gli articoli delle riviste più recenti.</p>	<p>I social media aprono l'era del giornalismo collaborativo tra i cittadini, in cui il giornalista professionista può scrivere di notizie mediche in modo collaborativo ed interattivo con il pubblico. Una comunicazione efficace sui social media richiede un'identificazione chiara e una comprensione approfondita del pubblico di riferimento. Ha bisogno di una gestione appropriata nel fornire informazioni, in modo tale da migliorare lo stato delle pubblicazioni tra i lettori.</p>	<p>La consapevolezza e l'interesse nei social media, anche se ha colpito il giornalismo medico come un lampo negli ultimi anni, è ancora agli inizi. E' necessaria la pubblicazione di linee guida sull'utilizzo dei social media per prevenire il diffondersi di notizie non veritiere e violazioni della privacy dei pazienti</p>	<p>Ulteriori ricerche sono essenziali per armonizzare gli aspetti etici degli articoli scientifici, letti su Facebook e su altri siti, per i quali, come suggerito da Leiker et al., è importante stabilire due differenti identità online, per separare le identità personali e professionali.</p>
<p>Nakada H, Tsubokura M, Kishi Y, Yuji K, Matsumura T, Kami M. How do medical journalists treat cancer-related issues? Ecanermediscience. 2015 Jan 26;9:502. NAZIONE: GIAPPONE</p>	<p>I pazienti oncologici possono ottenere informazioni sul loro stato di salute attraverso una varietà di fonti giornalistiche. Quindi è importante sapere come i giornalisti che si occupano di tematiche mediche trattino poi di argomenti correlati all'oncologia.</p>	<p>Abbiamo inviato un questionario a 364 giornalisti di 82 diverse organizzazioni che si sono occupati di tematiche mediche nei media giapponesi, chiedendo loro i motivi per cui hanno affrontato argomenti legati all'oncologia e le difficoltà che hanno incontrato.</p>	<p>Il motivo più frequente per aver trattato tematiche relative alla salute era l'interesse personale per un particolare argomento (n=36). Principalmente sono stati affrontate tematiche come le terapie convenzionali (n=33), le politiche sanitarie (n=30), le nuove terapie (n=25) e la diagnostica (n=25). Tutti i giornalisti intervistati hanno incontrato alcune difficoltà nel riportare argomenti legati alla salute. Le maggiori preoccupazioni riguardavano la qualità dell'informazione (n=36), l'impatto sociale (n=35), la mancanza di conoscenze tecniche (n=35) e la difficoltà nella comprensione dei termini tecnici (n=35). I giornalisti usavano comunemente come fonti di informazione i propri contatti personali, inclusi medici (n=42), così come i social media (ad es. e-mail, Twitter e Facebook) (n=32).</p>	<p>La selezione degli argomenti era parziale, poiché 35 giornalisti su 48 non hanno mai trattato argomenti riguardanti gli hospice. I medici erano la fonte di informazioni più affidabile sui tumori, e i giornalisti davano grande importanza a poterli intervistare. Poiché le conoscenze mediche avanzano rapidamente, i giornalisti potrebbero avere difficoltà maggiori ad affrontare le tematiche legate ai tumori.</p>
<p>Parin M, Yancey E, Beidler C and Haynes E Efficacy of Environmental Health E-Training for Journalists Stud Media Commun. 2014 June ; 2(1): 71-80 NAZIONE: USA</p>	<p>Le comunità riportano un basso livello di fiducia nella copertura dei media sulla salute ambientale. Col fine di sostenere gli obiettivi di comunicazione del rischio, lo scopo dello studio era di identificare se vi è o no una lacuna nella formazione su tematiche ambientali nei giornalisti, di delineare i metodi con cui i giornalisti raccolgono notizie sulla salute ambientale, di osservare gli atteggiamenti dei giornalisti verso formazione e comunicazione sulla salute ambientale e determinare se la formazione digitale (online / e-training) può efficacemente istruire i giornalisti su argomenti di salute ambientale.</p>	<p>I risultati indicano che i giornalisti hanno pochissime se non nessuna nozione di formazione su temi ambientali. Inoltre, una percentuale significativa di giornalisti non ha seguito alcun corso di formazione formale al giornalismo.</p>	<p>I nostri risultati evidenziano la necessità di un aumento della formazione online su temi di giornalismo ambientale per aumentare le competenze dei giornalisti che si occupano di tali tematiche.</p>	<p>Gli intervistati preferiscono di gran lunga ricevere la formazione sul giornalismo ambientale tramite mezzi online. La formazione online è stata anche percepita come efficace nell'aumentare la conoscenza e fornendo gli strumenti necessari, anche tra i partecipanti che si ritenevano contrari a tale metodo di formazione online.</p>

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<p>Aggarwal A, Batura R, Sullivan R</p> <p>The media and cancer: education or entertainment? An ethnographic study of European cancer journalists.</p> <p>Ecanermedscience. 2014 Apr 17;8:423.</p> <p>NAZIONE: UK</p>	<p>I media giocano un ruolo vitale nell'informare l'opinione pubblica circa le novità sulla ricerca in oncologia nell' influenzare le politiche sui tumori. Questo non è un lavoro facile, considerando la miriade di trials e di farmaci miracolosi che si propongono come essere un "proiettile magico". Tuttavia, una rappresentazione fuorviante può avere profonde conseguenze.</p>	<p>Con questo studio qualitative, abbiamo cercato di comprendere l'interazione tra i media e i tumori attraverso la prospettiva dei giornalisti scientifici europei, definendo le loro attitudini sull' attuale ricerca in oncologia e le sfide che affrontano quando riportano notizie scientifiche.</p>	<p>Un totale di 67 giornalisti ha preso parte a un questionario online, che è stato distribuito dalla European CanCer Organization (ECCO) a tutti i suoi contatti giornalisti tra giugno e settembre 2013. Il 53% degli intervistati aveva oltre 20 anni di esperienza nel giornalismo scientifico. Gli intervistati erano professionisti della carta stampata, di giornali on line e della radio. Il 50% ha messo al primo posto l'interesse del pubblico come il fattore più importante che guidava la loro selezione di argomenti legati all' oncologia, seguito dall' attualità. Gli intervistati erano consapevoli che venivano forniti loro risultati ambigui ed esagerati dai trials della comunità scientifica. Il 65% degli intervistati apprezzerrebbe poter accedere a forum di esperti disposti a fornire commenti sui risultati ottenuti dalla ricerca. Il 70% evidenzia l'importanza di risposte tempestive da parte di scienziati e ricercatori durante la corrispondenza, e la necessità di essere informati in anticipo sui nuovi sviluppi (49%).</p>	<p>Per concludere, la diffusione di notizie legate ai tumori e ai progressi scientifici richiede una maggiore collaborazione tra la stampa e la comunità scientifica oncologica, per fornire sia credibilità che responsabilità per le notizie sulla salute diffuse. Le aree chiave includono una definizione più precisa del contesto di ricerca la differenziazione tra rischio assoluto e relativo, nonché quella tra rischio individuale e rischio della popolazione, e una discussione informata sulle realtà e sui limiti di cura e ricerca sul cancro.</p>
<p>Friedman DB(1), Tanner A, Rose ID</p> <p>Health journalists' perceptions of their communities and implications for the delivery of health information in the news.</p> <p>J Community Health. 2014 Apr;39(2):378-85.</p> <p>NAZIONE: USA</p>	<p>I giornalisti hanno un'opportunità unica di istruire la comunità sulla salute pubblica e sull'assistenza sanitaria. Affinché i messaggi per la comunicazione in sanità siano efficaci, devono essere considerate le caratteristiche del pubblico target. Poca attenzione è stata data alla percezione dei giornalisti sulla salute della comunità e poco si sa su come le percezioni dei giornalisti possano avere un impatto sulle modalità di diffusione delle notizie sulla salute.</p>	<p>Sono state condotte 15 approfondite interviste telefoniche con giornalisti che si occupano di salute di varie zone geografiche e dimensioni del mercato dei media. Le domande esaminavano la percezione dei giornalisti della salute della loro pubblico target, il contenuto delle loro storie correlate alla salute e l'attuale stato di salute del giornalismo. Le interviste sono state audio registrate per la trascrizione e l'analisi dei tematiche.</p>	<p>I giornalisti hanno percepito che il loro pubblico era principalmente costituito da madri e adulti con un basso livello di istruzione. I partecipanti hanno riferito di aver spesso utilizzato storie personali e forti titoli per coinvolgere maggiormente il pubblico. Hanno anche dichiarato che le storie delle loro notizie erano abbastanza tecniche e che potevano essere state scritte in maniera non appropriata per il livello del loro pubblico. Alla domanda sullo stato attuale di salute del giornalismo, i partecipanti hanno riferito che c'erano ancora delle aree da migliorare</p>	<p>I giornalisti hanno dichiarato che se aumentassero le collaborazioni con i professionisti della salute pubblica. Migliorerebbe la loro stessa comprensione delle informazioni mediche e sanitarie e consentirebbe loro di sviluppare contenuti con notizie sulla salute che siano più appropriati per il loro pubblico target.</p>
<p>Marchildon GP, Verma JY, Roos N.</p> <p>Opinion editorials: the science and art of combining evidence with opinion.</p> <p>Evid Based Med. 2013 Oct;18(5):161-4.</p> <p>NAZIONE: CANADA</p>	<p>In materia politica, i mezzi di informazione svolgono un ruolo importante e influente, determinando non solo quali sono le questioni nell'agenda politica generale, ma anche come pubblico e politici percepiscono tali questioni. Garantire che giornalisti ed editori abbiano accesso alle informazioni credibili e basate sulle evidenze è fondamentale per stimolare un sano dibattito pubblici e politici costruttivi.</p>	<p>EvidenceNetwork.ca è un progetto web che fornisce le ultime evidenze su controverse questioni di politica sanitaria disponibile ai media canadesi.</p>	<p>Questo articolo presenta EvidenceNetwork.ca, i benefici che esso offre ai giornalisti ed ai ricercatori, e l'importante nicchia che occupa collaborando con i media.</p>	<p>Costruire un dialogo più produttivo riguardo il Sistema sanitario.</p>

Reference (Study Design and Country)	Introducon	Materials and Methods	Results	Conclusions
<p>Di Croce M, Vercellesi L, Laccisaglia M, Bruno F.</p> <p>Medical reporting recommendations: a gap between practical and theoretical approach of journalists in Italy.</p> <p>Ann Ist Super Sanita. 2012;48(2):198-204.</p> <p>NAZIONE: ITALIA</p>	<p>Il questionario ha coinvolto giornalisti che si occupano di tematiche mediche allo scopo di identificare il grado di attinenza teorica ed effettiva alle raccomandazioni per la diffusione di notizie di ambito sanitario</p>	<p>Il questionario è stato inviato a 450 giornalisti italiani, con un tasso di risposta del 23.1%.</p>	<p>Il divario principale tra raccomandazioni teoriche e la pratica ha riguardato: la necessità di una preparazione scientifica di background e la formazione continua; l'importanza di evitare il sensazionalismo, la valutazione dei protocolli scientifici e dei risultati, l'espressione dei risultati sotto forma di rischio assoluto e numero necessario da trattare, l'attenzione al conflitto di interesse. Sono emersi due profili omogenei. Il gruppo 1 comprende i giornalisti della carta stampata e mostra un ampio divario tra teoria e pratica. Il gruppo 2 include principalmente giornalisti che lavorano per riviste mediche e mostra un più alto tasso di aderenza della pratica alla teoria.</p>	<p>un miglioramento della comprensione teorica della letteratura medica è auspicabile, ma sono necessari interventi nella pratica quotidiana in particolare nei giornali, un ambiente in cui gli approcci sono più difficili.</p>
<p>Leask J, Hooker C, King C.</p> <p>Media coverage of health issues and how to work more effectively withjournalists: a qualitative study.</p> <p>BMC Public Health. 2010 Sep 8;10:535.</p> <p>NAZIONE: AUSTRALIA</p>	<p>I mass media hanno un enorme potenziale nell'influenzare i comportamenti e le percezioni legati alla salute. Gran parte della ricerca si è concentrata su come i media affrontano le tematiche sanitarie. Questo studio ha cercato di indagare su come i giornalisti in Australia selezionano e confezionano le notizie sulla salute.</p>	<p>Lo studio ha coinvolto 16 giornalisti delle principali testate della stampa australiana (giornali, radio, tv) che si sono occupati di influenza aviaria e della gestione della pandemia, tramite interviste semi-strutturate.Giornalisti, inclusi reporter, redattori e produttori, sono stati intervistati tra ottobre 2006 e agosto 2007. E' stata utilizzata una analisi tematica per delineare gli spunti principali per i professionisti della comunicazione sulla salute.</p>	<p>i giornalisti hanno tentato abitualmente di bilanciare i diversi, e a volte opposti, scopi in mezzo a limiti operativi significativi. Essi si sono resi conto che le fonti più affidabili su questioni riguardanti la salute sono i medici indipendenti. I giornalisti specializzati in salute e medicina avevano una conoscenza tecnica più solida, i canali giusti per le fonti più appropriate, potere all'interno delle loro organizzazioni e capacità di sostenere una copertura dell'informazione di migliore qualità.</p>	<p>la consapevolezza di come saper lavorare con i media è essenziale per i comunicatori della salute. Ciò include la comprensione della routine quotidiana dei giornalisti, l'essere disponibile, il fornire risorse e il costruire relazioni con i giornalisti specializzati in tematiche sanitarie.</p>
<p>Van Eperen L, Marincola FM, Strohm J.</p> <p>Bridging the divide between science and journalism.</p> <p>J Transl Med. 2010 Mar 10;8:25.</p> <p>NAZIONE: USA</p>	<p>Sono innumerevoli i motivi per cui ogni scienziato dovrebbe imparare a comunicare efficacemente con i media, compresa una maggiore comprensione dei risultati di ricerca per attrarre o sostenere finanziamenti e costruire nuove collaborazioni professionali che favoriranno ulteriormente la ricerca. Ma da dove iniziano gli scienziati? Colmare il divario tra scienza e giornalismo offre consigli pratici per qualsiasi scienziato che voglia collaborare con i media.</p>		<p>Data l'attuale disponibilità di fonti tradizionali e su Internet di notizie sulla ricerca medica e su argomenti salute correlati, è imperativo che gli scienziati sappiano come comunicare le loro ultime scoperte attraverso le modalità appropriate. I media attendibili sono gestiti da giornalisti, quindi imparare come confezionare la vastità della ricerca in una forma che sia appetitoso per attirare l'attenzione, è un'arte.</p>	<p>Ridurre anni di ricerche in un titolo può essere estremamente difficile e certamente non viene naturale a tutti gli scienziati, pertanto questo articolo fornisce suggerimenti su come collaborare con i media per comunicare i risultati.</p>
<p>Miranda GF, Vercellesi L, Pozzi E, Bruno F.</p> <p>Improving health communication. Supporting the practice of health communication.</p> <p>Health Info Libr J. 2009 Mar;26(1):39-46.</p> <p>NAZIONE: ITALIA</p>	<p>Le autorità sanitarie, gli ospedali, le imprese commerciali e i mass media forniscono tutti comunicazioni su tematiche mediche e sanitarie in diverse modalità. Con una tale vastità di informazioni biomediche e cliniche disponibili, qualsiasi azione per garantire la diffusione di notizie clinicamente rilevanti è ben accetta. Questo articolo cerca di definire un nuovo ruolo per gli archivisti sanitari nel migliorare la comunicazione medica.</p>	<p>è stata analizzata la letteratura relativa a notizie sanitarie e mediche identificando le principali difficoltà incontrate dai comunicatori della sanità.</p>	<p>Ci sono due aree in cui gli archivisti sanitari possono sviluppare un nuovo ruolo nella comunicazione sanitaria: (i) aiutare i giornalisti e i comunicatori sanitari nella selezione delle fonti e nella comprensione dei documenti scientifici e (ii) tradurre direttamente informazioni scientifiche in notizie, fornendo un elenco di strumenti in questa direzione (ad esempio newsletter specifiche, comunicati stampa). Nuove competenze necessarie per far fronte ai nuovi ruoli sono descritte in dettaglio in un documento accademico suggerito per i comunicatori della salute.</p>	<p>una migliore comprensione delle esigenze dei mass media può fornire un aiuto necessario nel campo della comunicazione sanitaria.</p>

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<p>Lowrey W, Evans W, Gower KK, Robinson JA, Ginter PM, McCormick LC, Abdolrasulnia M. Effective media communication of disasters: pressing problems and Recommendations BMC Public Health. 2007 Jun 6;7:97. NAZIONE: USA</p>	<p>i professionisti della sanità pubblica e i giornalisti svolgono un ruolo cruciale nella diffusione di informazioni riguardanti disastri naturali, terrorismo e altre catastrofi. Tuttavia, la ricerca suggerisce che i giornalisti sono impreparati a trattare argomenti quali il terrorismo e molti tipi di disastri naturali, in parte a causa della mancanza di competenze scientifiche e mediche sufficienti, e di formazione. L'obiettivo di questo studio era di identificare soluzioni ai problemi che devono affrontare giornalisti e responsabili della informazione di pubblica sanità (PIO) con l'opinione pubblica durante disastri naturali o provocati dall'uomo.</p>	<p>per identificare le problematiche più urgenti riguardanti la risposta dei media ai rischi legati alla salute come il terrorismo e i grandi disastri naturali, sono stati arruolati 26 esperte personalità, compresi i leader in rappresentanza di giornalisti e funzionari pubblici dell'informazione, funzionari della sanità pubblica, esperti in terrorismo e gestione delle emergenze ed esperti in salute, rischio e scienze della comunicazione. Il gruppo ha partecipato a interviste pre-concordate ed è stato chiesto loro di identificare e rivedere le risorse per la formazione in bioterrorismo fornite ai giornalisti. Tutti i membri del gruppo sono stati quindi invitati a partecipare a un meeting il 29 gennaio 2004 per esaminare i risultati e raggiungere il consenso.</p>	<p>le problematiche più urgenti sono risultate essere la mancanza di coordinamento tra PIO e giornalisti, la mancanza di risorse per una valutazione appropriata delle informazioni e la loro diffusione in modo efficace, e la differenza nella percezione di PIO e giornalisti verso il rispettivo ruolo durante le emergenze. Il comitato consultivo ha prodotto un elenco di 15 raccomandazioni che potrebbero migliorare i livelli di comunicazione tra PIO, giornalisti e opinione pubblica. Le soluzioni sono state pensate per essere fattibili in termini di costi e pratiche dal punto di vista delle realtà professionali e organizzative in cui lavorano i giornalisti e i PIO.</p>	<p>È chiaro che i PIO e i giornalisti svolgono ruoli cruciali nella determinare la risposta dell'opinione pubblica al terrorismo e ad altre catastrofi. I risultati di questa ricerca suggeriscono che spesso prospettive e processi organizzativi limitano una comunicazione efficace tra questi gruppi; anche se soluzioni pratiche come la partecipazione di giornalisti a esercitazioni, scenari simulati, condivisione di risorse informative e sensibilizzazione alle riunioni di scambio professionale possono migliorare la tempestiva diffusione di informazioni accurate e appropriate.</p>
<p>Schwitzer G, Mudur G, Henry D, Wilson A, Goozner M, Simbra M, Sweet M, Baverstock KA. What are the roles and responsibilities of the media in disseminating health information? PLoS Med. 2005 Jul;2(7) NAZIONE: USA</p>	<p>nel dicembre 2004 tre notizie nella stampa generalista hanno suggerito che gli effetti collaterali di una singola dose di nevirapina, la quale è stato dimostrato di impedire la trasmissione materno-fetale dell'HIV, era stato nascosto. Molti esperti dell'HIV ritenevano che gli articoli fossero ingiustificati e che questi avrebbero diminuito l'uso del farmaco, determinando un aumento dell'infezione da HIV neonatale.</p>		<p>Le polemiche che hanno scatenato questi articoli hanno spinto gli editori di PLoS Medicine a chiedere ai giornalisti che si occupano di salute, e agli altri con un interesse per la comunicazione sanitaria nei media, di condividere le loro opinioni sui ruoli e le responsabilità dei media nella diffusione di informazioni sulla salute.</p>	
<p>Larsson A, Oxman AD, Carling C, Herrin J. Medical messages in the media--barriers and solutions to improving medical journalism. Health Expect. 2003 Dec;6(4):323-31. NAZIONE: SVEZIA</p>	<p>le tematiche mediche sono ampiamente riportate nei mass media. Queste notizie influenzano l'opinione pubblica, i policy-makers e gli operatori sanitari. Queste informazioni dovrebbero essere corrette, ma sono spesso criticate per essere speculative, imprecise e fuorvianti. Una comprensione degli ostacoli che i giornalisti che si occupano di tali tematiche incontrano nel proprio lavoro può indirizzare verso strategie per migliorare il valore informativo del giornalismo medico. Studiare i limiti al miglioramento del valore informativo di notizie su tematiche mediche nei mass media e delucidare possibili strategie per affrontarli.</p>	<p>Abbiamo analizzato la letteratura e organizzato dei focus group, somministrato un questionario a giornalisti che si occupano di medicina di 37 paesi e interviste telefoniche semi-strutturate.</p>	<p>Abbiamo identificato nove ostacoli al miglioramento del valore informativo del giornalismo medico: mancanza di tempo, spazio e conoscenza; competizione per lo spazio ed il pubblico; difficoltà con la terminologia; problemi nel trovare e utilizzare le fonti; problemi con gli editori e la commercializzazione. Mancanza di tempo, spazio e conoscenza sono risultati gli ostacoli più comuni. L'importanza dei diversi ostacoli variava con la tipologia dei media e l'esperienza. Molti giornalisti sanitari ritengono che sia difficile trovare esperti indipendenti disposti ad aiutare i giornalisti, e sostengono anche che gli editori abbiano bisogno di maggiore formazione nella valutazione critica delle notizie mediche. Quasi tutti gli intervistati hanno concordato che il valore informativo dei loro rapporti è importante. Quasi tutti necessitavano di un accesso breve, affidabile e aggiornato ad informazioni di base su vari argomenti disponibili su Internet. La maggioranza (79%) era interessato a partecipare a una sperimentazione per valutare le strategie per superare i limiti identificati.</p>	<p>i giornalisti sanitari concordano sul fatto che la validità delle notizie sulla salute nei mass media sono importanti. La maggioranza riconosce molti ostacoli. Reciproci sforzi degli operatori sanitari e dei giornalisti utilizzando una varietà di strategie saranno necessari per affrontare questi ostacoli.</p>