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## **Therapeutic nihilism or therapeutic realism: Perceptions of non-oncologist physicians regarding cancer patients' prognosis**

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### **Background**

Typically, non-oncology physicians make the diagnosis of cancer and have initial discussions with patients during which questions regarding prognosis may be asked. According to Goldvaser et al., there is a lack of data on perception of cancer patients' prognosis by non-oncology physicians. We conducted a survey among a group of Irish doctors working in medical and radiation oncology ("ONCs", n=46) and doctors working in other areas including GPs and hospital specialties ("nonONCs", n=301).

### **Methods**

Participants were asked to estimate the 5-year survival of 12 common cancers (all stages combined), and also to estimate 5 year survival for 6 clinical scenarios (e.g. 'a 47 year old woman with Stage 4 breast cancer'). Responses were compared to survival data from the National Cancer Registry of Ireland (NCRI), and between the two groups.

### **Results**

When asked to estimate 5-year survival of common cancers with all stages combined, both ONCs and nonONCs underestimated survival of prostate cancer and melanoma, while nonONCs also underestimated survival of breast cancer, Hodgkin's lymphoma and renal cancer. Both groups overestimated the survival of colorectal, lung, liver, gastric and pancreatic cancer. With regards to the clinical scenarios, both groups underestimated the survival of stage 3 colorectal cancer, stage 3 prostate cancer and stage 1 breast cancer, with significantly more pessimistic estimates by nonONCs (students t-test,  $p < 0.005$  in each case). Survival estimates did not differ significantly between the groups for lung cancer (stage 1 and stage 4) while nonONCs underestimated the survival of stage 4 breast cancer and were significantly more pessimistic than ONCs ( $p < 0.005$ ).

### **Conclusions**

Both groups of doctors had difficulty estimating the survival of common cancers across combined stages, with ONCs estimating correctly in 4 of 12 cancers, and nonONCs in 2 of 12. The clinical scenarios showed that survival estimates are inaccurate even for defined stages among common malignancies such as breast, colorectal and prostate cancer, with greater pessimism among non-oncology doctors. Education of both oncology and non-oncology doctors is required to ensure patients are being counselled appropriately regarding prognosis.

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The authors.

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### **Disclosure**

All authors have declared no conflicts of interest.

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