

The influence of perceptions of frailty on treatment decision making in older people with lung cancer: a qualitative study (Abstract only)

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Background

Currently there is little research exploring the influence of perceptions of frailty on patients' or clinicians' decisions regarding treatment for older people with lung cancer. Existing research has identified that age is associated with variation in treatment and access to clinical trials. Multiple factors have also been found to influence treatment decision making among older people, including the oncologist's recommendations (Puts et al.2015). Frailty assessment tools have been developed that have the potential to support treatment decision making (Clegg et al. 2016) but their applicability to older people with lung cancer has not been explored.

Aims

To explore the perspectives of older people and healthcare staff on the influence of frailty on treatment decision making in lung cancer.

Methods

A prospective qualitative exploratory study was undertaken. Between September 2018 and April 2019 semi-structured interviews were conducted with older patients with lung cancer (n=10); and a range of health care professionals (n=12) including respiratory physicians, clinical nurse specialists and oncologists. The data were audio-recorded, transcribed verbatim and analysed using Framework Analysis.

Results

Three themes were identified. *Perceptions of frailty*: illustrates how participants viewed frailty and its relevance to their treatment. *Decision making conversations*: details the diverse factors that influence treatments offered and their uptake. *Aspects of service delivery*: considers the wider context in which treatment decisions are made and its influence upon decision making among clinicians and older service users.

Discussion

Our study revealed that perceptions of frailty often influenced treatment decisions made by and for older people with lung cancer. However, diverse factors were also important, including how patients perceive themselves in relation to dimensions of frailty and the perspectives of healthcare staff on the clinical utility of assessment tools.

Conclusion

This study identified diverse factors which may influence the acceptability and adoption of frailty assessment in practice.

References

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