

OR21-06: Physician Management of Thyroid Cancer Patients' Worry: Is It "Good" Enough?

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Introduction: Despite the excellent prognosis of most thyroid cancer patients, cancer-related worry is common. Additionally, patients report that being told by physicians that they have a "good cancer" invalidates their fears of having cancer and creates mixed and confusing emotions. However, it is not known what proportion of physicians try to reassure patients with the description "good cancer".

Methods: Patients diagnosed with differentiated thyroid cancer in 2014-2015 from the Surveillance, Epidemiology and End Results Program (SEER) registries of Georgia and Los Angeles County were asked to identify endocrinologists and surgeons involved in managing their thyroid cancer. Physicians were surveyed using the modified Diliman method. They were asked to describe their thyroid cancer patients' worry at time of diagnosis and what they tell them if worried. A multivariable logistic regression was conducted to identify physician characteristics associated with reporting thyroid cancer as a "good cancer".

Results: Response rate was 69% (448/654). Overall, 40% were endocrinologists, 30% were general surgeons and 30% were otolaryngologists. A total of 8% of physicians reported that their patients are not worried or are a little worried at diagnosis, 27% that they are somewhat worried and 65% that they are quite or very worried. Ninety-one percent of physicians reported providing details on prognosis including information on death and recurrence to worried patients, 61% tell them their physicians are experienced in managing thyroid cancer, and 50% tell them that thyroid cancer is a "good cancer". Factors associated with report of telling patients they have a "good cancer" included otolaryngology specialty [odds ratio (OR) 1.84, 95% confidence interval (CI) 1.07-3.17, compared to endocrinology), private practice setting (OR 2.57, 95% CI 1.42-4.75, compared to academic setting) and Los Angeles site (OR 2.23, 95% CI 1.46-3.45, compared to Georgia site). Physicians who perceived that their patients were quite or very worried at time of diagnosis were less likely to use this terminology (OR 0.55, 95% CI 0.35-0.84) and more likely to encourage patients to seek help outside of the physician-patient relationship (OR 1.82, 95% CI 0.35-0.84), compared to patients not to somewhat worried.

Conclusion: Most physicians in our sample from two diverse geographic areas report perceiving patient worry as common at time of thyroid cancer diagnosis. They report addressing this worry with different strategies, including telling patients they have a "good cancer". The benefit of such strategies on patient outcomes still needs further investigation.