

# Guiding Patients Through Small Cell Lung Cancer Diagnosis

## 1: BEGINNING THE INTERVIEW

### Pause to Reflect on Implicit Bias

- Recognize potential stigma related to smoking history and lung cancer.
- Avoid assumptions about prognosis, treatment preferences, health literacy, or clinical trial interest.
- Reframe assumptions with curious questions.

*Ask yourself: "What assumptions am I bringing into this room—and what might I miss if I don't set them aside?"*

### Create Rapport Quickly

- Introduce yourself and your role.
- Acknowledge that this conversation may feel overwhelming.
- Set expectations for today's conversation.
- Invite interruptions when terms or concepts are unclear.

*"My role is to not only help you understand what we know but also address your questions and concerns. Cancer care has many unique terms you may be unfamiliar with, so please let me know if you need me to clarify anything along the way."*

### Elicit Concerns & Assess Understanding

- Assess the patient's current understanding of their condition or lung cancer in general. *"What have you been told so far?"*
- Ask about immediate concerns and expectations. *"What concerns you most right now?"*
- Exhaust all pressing concerns. *"What else?"*

### Negotiate the Agenda

- Establish patient priorities.
  - Organize the conversation around the three-question framework and what actions need to be worked on at today's visit.
- "Today we'll focus on three important questions: what this is, where it is, and what we should do next."*

## THE THREE-QUESTION FRAMEWORK

### 1 WHAT IS IT?

#### Diagnosis / Histology

- Confirm tissue/pathology.
- Clarify what is known and what remains uncertain about the diagnosis.

#### SCLC URGENCY

Small cell lung cancer (SCLC) can grow and spread quickly—early, coordinated action matters.

*"We need to confirm whether this is cancer and, if it is, what it looks like under the microscope. The name (also called histology) will help your team determine the best treatments to recommend."*

### 2 WHERE IS IT?

#### Staging

- Stage describes the size of the cancer and how far it has spread.
- In general, a lower stage means less growth and spread.
- Stage helps determine the appropriate treatment approach.
- Required imaging: CT scan of the chest/abdomen/pelvis, PET-CT scan, and brain MRI as indicated.

*"The size of the cancer and how far it has spread help us determine the stage and choose the right treatment. It's common to use more than one type of treatment, such as systemic therapy, radiation, or surgery."*

#### SCLC PATIENT LANGUAGE REFERENCE

**Limited Stage (LS):** *"Right now, it appears the cancer is on one side of the chest and can fit within a single radiation field."*

**Extensive Stage (ES):** *"The cancer appears to have spread beyond the original area."*

⚠ Avoid giving a final staging until all indicated imaging is complete.

**ES red flags:** Contralateral lung/nodes • Distant metastases • Malignant pleural/pericardial effusion • Brain metastases

### 3 WHAT DO WE DO ABOUT IT?

#### **Prepare for Treatment**

- Acknowledge that treatments for lung cancer have improved significantly in recent years. *"What you may have seen with family or friends may not reflect what's possible today."*
- Involve oncology, radiation oncology, and surgery as appropriate; consider tumor board discussion.
- Explain how biomarkers differ in SCLC and non-small cell lung cancer (NSCLC). *"You may hear about biomarker testing in lung cancer. Unlike NSCLC, we currently don't have validated biomarkers that help guide treatment choices for SCLC."*
- Ask patients about their goals, values, and performance status.
- Introduce clinical trials early when appropriate. *"Clinical trials may be one treatment option. It's worth asking your oncology team about them early."*
- Consider supportive referrals: financial counseling, social work, cancer psychology/counseling, nurse navigation, and palliative care.

#### **RAISE CONCERN IF:**

- **Systemic symptoms:** weight loss, loss of appetite, fever, shortness of breath, cough
- **Declining performance status:** inability to perform tasks of daily living
- **New neurologic symptoms:** headache, dizziness, visual problems, seizures

#### **PALLIATIVE CARE**

Referrals can help with many aspects of care—psychological stress, symptom burden, and decision-making.

## 2: RELATIONSHIP-BUILDING

### **Shift the Conversation to the Patient's Experience**

- Use an open-ended question/request to invite the patient's story. *"How has all of this been affecting you?"*
- Listen attentively and mostly silently.

### **Explore Personal Story & Name Emotion**

- Explore impact, concerns, expectations, family worries, and practical barriers.
- Reflect the content and name the emotion expressed.  
*"I hear you're anxious about what comes next."*

### **Respond With Empathy Using PEARLS**

#### **P PARTNERSHIP**

*"We'll work through this together as a team."*

#### **E EMOTION**

*"It's scary to have so much uncertainty about what comes next."*

#### **A APOLOGY**

*"I'm sorry you're facing this."*

#### **APPRECIATION**

*"Thank you for sharing your concerns with me."*

#### **R RESPECT**

*"You're asking important questions about your care."*

#### **L LEGITIMIZATION**

*"Many people feel uncertain while waiting for answers."*

#### **S SUPPORT**

*"Our team will help guide you through each step."*

## 3: SUSTAIN THE CONNECTION

- Summarize what is known and what comes next.
- Explain when and how results will be communicated.
- Provide clear contact methods and resources for questions or concerns.  
*"You don't have to remember everything today. We'll review the next steps and make sure you know how to reach us."*

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