Patient Fears of Tumor Cell Dissemination Secondary to Surgical Interventions—Part II

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Patient fears are an ever-present factor of patient care, and addressing those fears is a responsibility of the healthcare provider. One such fear may be of tumor cell dissemination secondary to surgical interventions. Preparing for such discussions will allow the healthcare provider to speak with authority on the topic of tumor dissemination secondary to breast biopsy or surgery, even in a situation where a patient has underlying fears.

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Personal beliefs help form the direction of a person’s life in many ways. When personal or cultural beliefs conflict with mainstream medicine, delays in achieving standard care can result. The healthcare provider must discuss foundations of current practice to educate the patient regarding the rationale for treatment recommendations. Recognizing the patient’s beliefs and viewpoint is an important part of the medical decision-making process. Ultimately, if patient fears have been discussed and the patient has been educated about recommended treatment, the healthcare provider should be supportive of the patient’s decision. This support should be provided even if the caregiver’s personal beliefs conflict with those of the patient. Technology and medicine have advanced, and so have the ways patients interpret their health. The Internet has become an accepted and influential source of healthcare information. However, not all sites are of equal quality and may be based on opinion versus medical fact, evidence, or current research. To validate what they believe to be true, people may gravitate to sites supporting their own preconceived beliefs. Many websites exist to interpret symptoms or discuss alternative choices to mainstream medicine. When combined with cultural or personal beliefs, this information may translate into or support fears regarding medical decisions, such as a biopsy for determination of cancer presence.

Patient Fears

Fears of cancer and its metastasis can be multifactorial. Patients may believe that disturbing or penetrating the malignancy will cause or hasten the spread of their cancer. Patients also may believe that exposure of the tumor cells to ambient oxygen will result in furthering the spread of cancer. Culture, education level, and life exposures may influence a patient’s opinion. Fears may be based on generalized fears (e.g., death, deformity) or unanswered questions, and may result in the patient seeking comfort in spirituality (Demir, Donmez, Ozsaker, & Diramali, 2008). Chapple, Ziebland, Brewster, and McPherson (2007) discussed a group of patients who verbalized fears of their prostate biopsy spreading their cancer and transmitting cancer cells to partners during intercourse post-biopsy. In addition, some patients surveyed about air exposure during lung surgery believed that exposure of cancer cells to ambient oxygen would spread their cancer (Margolis et al., 2003). Patients firm in their belief would elect not to have surgery and did not believe physician statements to the contrary (Margolis et al., 2003). Cultural and racial differences also factor into patient perceptions and fears regarding biopsy. Of the participants studied by Margolis et al. (2003), African Americans were 3.5 times more likely to believe air exposure spread their tumors. This belief was so strong that 19% of African Americans in this study would decline surgery, whereas only 5% of Caucasians would decline surgery. In addition, 14% of African Americans and 5% of Caucasians would not change their beliefs regardless of their doctor’s advice (Margolis et al., 2003). It would be safe to assume that all patients have fears of cancer metastasis, and this topic should be addressed in discussions of cancer treatment and the course of care. Patients may be hesitant to disclose fears; however, once discussed, fears can be addressed and hopefully overcome.

Patient Barriers

Patients can have personal barriers to having a biopsy even if biopsy is recommended according to medical standards.
Many factors influence personal opinions, including the Internet, family and friends, cultural heritage, and economic limitations. Internet searches on cancer therapy and plan of care show many different viewpoints of treatment. Some are traditional medicine and some are alternative therapy, which do not always coexist perfectly; however, both should be understood by the healthcare provider to answer patient questions and concerns. For example, many alternative medicine opinions voice concerns regarding breast biopsies spreading breast cancer secondary to seeding after tumor biopsy (Hibbard, 2004). When discussing a topic such as a biopsy, all viewpoints must be studied to knowledgeably address the situation with the patient.

Family and friends have an established trusting relationship with the patient. Because of this, they may deter the patient from a biopsy as a consequence of knowing someone who believed that a biopsy resulted in the spread of their cancer. Healthcare practitioners need to strive to build a trusting relationship as well, and help guide the patient based on the most current evidence-based research. This trust may help the patient overcome their fears and the fears of their family.

Another factor that has become more prevalent in a patient’s medical decision-making process is economic situation. For instance, a patient may not financially be able to take time off work for a biopsy. Also, if a patient does not have health insurance, the cost of the biopsy may be unaffordable. Without insurance, the cost of a breast biopsy may range from $1,000–$5,000 depending on the type of biopsy performed (CostHelper, 2014), and financial assistance varies from state to state.

Exceptions to Biopsy

Some specific tumor types do have a greater risk than benefit when considering biopsy. Examples of biopsy exceptions exist with Wilms tumors, ocular melanoma, testicular carcinoma, or hepatic metastasis from colon cancer (American Cancer Society, 2012a, 2012b, 2012c; Eide & Walaas, 2009; Lewis & Martin, 2006). However, patients may not differentiate that different cancer types have varied biopsy and treatment protocols. When a patient hears that a biopsy is contraindicated or causes risk of metastasis, they can transfer those fears to their own cancer type despite a difference in situation. Therefore, healthcare providers must educate patients regarding the biopsy recommendations for specific tumor sites. Knowing what types of cancers have biopsy limitations can be helpful in understanding and explaining differences to a patient faced with a breast cancer biopsy.

Literature Review

Patient fears regarding tumor dissemination as a result of a breast biopsy or surgery are real. Demir et al. (2008) studied patient experiences after excisional breast biopsies and found a desire for information and education, various fears, and spiritual needs. Fears were founded in a positive cancer diagnosis, having surgery in general, and the loss of breasts or femininity. Fear of biopsy appeared to be one of the greatest fears mentioned (Demir et al., 2008). Men undergoing prostate biopsies were interviewed regarding their experiences and perceptions (Chapple et al., 2007). Tumor cell dissemination fears were reported, as well as fears of spreading cancer cells to their sexual partner. One patient stated that the doctor mentioned tumor spreading as a possibility of the biopsy, which caused him to fear metastasis (Chapple et al., 2007). The studies published regarding patients’ fears of tumor biopsies may be underestimated because patients with the greatest fear may elect not to undergo biopsy.

Conclusion

By realizing the potential barriers to a patient choosing a biopsy, healthcare providers are more understanding to the possibility that concerns exist and are better prepared to serve as a resource to patients. Clinician education regarding these decisions will lead to better outcomes for the provider and patient. To help the patient choose the appropriate care, a practitioner must carefully listen and address the patient’s fears. Ultimately, a patient may still refuse what the healthcare provider believes to be the best choice of treatment. Therefore, the healthcare provider must set aside his or her own beliefs and opinions and respect the patient’s decision. Building a relationship of trust may be one way to overcome fears on the patient’s own terms. When patients trust healthcare providers, they also may gain the courage to trust the treatment that is recommended.

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References