BACKGROUND
• An essential element of informed consent includes disclosure of all significant risks and benefits associated with the procedure, its alternatives, and in not receiving treatment.¹
• Yet patients' unmet information needs are among the highest negative post-operative experiences.²,³,⁴
• A recent study investigating the patient experience in unsuccessful surgical procedures found that these patients felt unprepared for their treatment outcome and wished they had received more information regarding potential complications.⁵

HYPOTHESIS
Ultimately, we will test the hypothesis that by expanding informed consent to include real-world statements on post-operative limitations from patients who have undergone either a pulmonary sublobar resection or lobectomy, we will improve patients’ understanding of the associated post-operative risks and potential long-term patient outcomes after lung cancer surgery.

OBJECTIVE
We describe the initial process of developing a patient-centered informed consent for lung cancer surgery.

METHODS
• On 6/18/15 utilizing the novel social media patient engagement platform, #LCSM Chat (Lung Cancer Social Media; lcsmchat.com), a Tweet Chat was held using the following questions as discussion points:
  o As a patient or caregiver, what do you wish you had known prior to lung cancer treatment?
  o As a healthcare provider, what do you wish your patients knew prior to lung cancer treatment?
  o What is the best way to get accurate information on potential outcomes to patients prior to treatment?
  o What barriers exist to getting this information to patients?
  o Would patient/caregiver testimonials as a patient-centered informed consent be helpful in conveying accurate & realistic outcomes?
• Tweet Chat participants were also asked to fill out a Survey Monkey based questionnaire.
• We performed content analysis of the Tweet Chat transcripts to identify important themes self-identified by lung cancer stakeholders as important.

RESULTS

DISCUSSION
• This study provides valuable multi-stakeholder insight into the lung cancer patient post-operative experience.
• In regards to the additional survey, there were only two respondents despite 36 active Tweet Chat participants, and 2,254,132 passive impressions.
  o This low response rate speaks to the limitations of using social media as a way to collect data, i.e. many impressions, fewer interactions.

FUTURE GOALS
• Continue to administer survey (Table 2) to UC Davis post-operative lung cancer surgery patients.
• With the assistance of a UC Davis Thoracic Surgery Community Stakeholder Advisory Panel, translate survey responses into a novel patient-centered consent form for patients undergoing pulmonary resection.
• Perform a comparative-effectiveness analysis comparing those receiving the standard-of-care consent to those receiving the standard-of-care consent plus the patient-centered consent form, and determine any differences in patient satisfaction and decision regret.

REFERENCES

ACKNOWLEDGEMENTS
Supported by:
- UCD SOM Medical Student Research Fellowship
- PCORI Pipeline to Proposal Tier II

From Crowd to Bedside: Development of a Patient-Centered Informed Consent for Lung Cancer Surgery Using Social Media
Alicia Hart¹, David T Cooke, MD²
University of California, Davis School of Medicine;¹ Section of General Thoracic Surgery, Department of Surgery, UC Davis Medical Center, Sacramento, CA²

Table 1 (Topic 1-3), Top Three Response Themes per Topic from the 6/18/15 LCSM Chat

Table 2 (Q1-Q5). Survey Responses
The survey was designed, using qualitative data gathered from prior study Tweet Chats and in-person UC Davis Thoracic Surgery Patient Focus Groups, to capture the unmet needs and post-operative experiences of lung cancer patients.

Table 1: Topic 1-3.
- 2 participants completed the survey.

Figure 1. 6/18/15 Tweet Chat Analytics

Figure 2. Sample Tweets

Figure 2. Sample Tweets

Table 1: Topic 1-3.

Table 2 (Q1-Q5). Survey Responses
The survey was designed, using qualitative data gathered from prior study Tweet Chats and in-person UC Davis Thoracic Surgery Patient Focus Groups, to capture the unmet needs and post-operative experiences of lung cancer patients.

Table 1: Topic 1-3.

Table 2: Survey Results
The survey was designed, using qualitative data gathered from prior study Tweet Chats and in-person UC Davis Thoracic Surgery Patient Focus Groups, to capture the unmet needs and post-operative experiences of lung cancer patients.

Table 2: Survey Results

Table 1: Topic 1-3.

Table 2: Survey Results
The survey was designed, using qualitative data gathered from prior study Tweet Chats and in-person UC Davis Thoracic Surgery Patient Focus Groups, to capture the unmet needs and post-operative experiences of lung cancer patients.

Table 2: Survey Results
The survey was designed, using qualitative data gathered from prior study Tweet Chats and in-person UC Davis Thoracic Surgery Patient Focus Groups, to capture the unmet needs and post-operative experiences of lung cancer patients.