**Introduction**

### Background

Cancer is one of the most significant diseases of our times and now affects more than 1 in 3 people. Qualitative research has identified that disclosing a diagnosis to loved ones is one of the hardest aspects of having cancer. However, little is known about the extent to which people talk about their cancer diagnosis, who they tell and whether disclosure is helpful. The wider literature on disclosure has historically suggested that sharing information about the self is beneficial whereas non-disclosure is detrimental. Indeed the Social Cognitive Processing Model highlights the benefits of disclosure in cancer and a number of studies have supported this notion. In patients with breast cancer, the majority disclosed to a large extent and age, disease severity, optimism, stress-related growth, and disclosure attitudes predicted 26% of the variance in disclosures. The present study extends research in this area by measuring disclosure in a mixed cancer sample and by considering a range of factors which may impact on disclosure.

### Aims

1. To quantify disclosure patterns by measuring:
   a) the degree of disclosure across social targets
   b) the perceived helpfulness of disclosure
2. To determine the factors associated with disclosure

### Methods

#### Participants

Patients recently diagnosed (within six months) with lung, colorectal or skin cancer at a London cancer centre were invited to participate. 59% of those eligible completed the questionnaire, 8% opted out and 33% did not respond. The full sample was N=120 (75 men & 45 women), mean age 65 years (sd=12, range 29-86).

#### Design

Cross-sectional, retrospective, postal questionnaire survey with quantitative and qualitative elements.

### Measures

1. **a) Disclosure patterns**

   ![Disclosure Patterns](image)

   - Spouse or partner
   - Children
   - Parents
   - Siblings
   - Friends
   - Work colleagues
   - Medical staff
   - Neighbours
   - Other cancer patients
   - Family
   - Staff
   - Friends

2. **b) Helpfulness of disclosure**

   - Perceived social support (ESSI, 6 items)
   - Unsupportive social interactions (USII, 24 items)
   - Perceived stigma (Felt Stigma scale, 3 items)
   - Psychological distress (HADS, 14 items)
   - Dispositional openness (single-item likert scale)
   - Demographic and disease-related variables (12 items)

**Results**

1. **a) Degree of disclosure across social targets**

   ![Degree of Disclosure](image)

2. **b) 95% rated disclosure as being helpful overall (rated as 3, 4 or 5)**

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<tr>
<th>Thematic analysis of reasons why disclosure is...</th>
<th>Helpful</th>
<th>Unhelpful</th>
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<td>Helps gain perspective</td>
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<td>Allowing for practical planning</td>
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<td>People have a poor understanding</td>
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<td>Fear of being a burden</td>
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<td>Personally upsetting</td>
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<td>Uncertainty</td>
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1. Social support (r(204)=0.26, p=0.06) and dispositional openness (r(270)=0.19, p=0.03) showed small positive correlations with degree of disclosure. Multivariate hierarchical regression indicated that social support and dispositional openness predicted 13% of the variance in disclosures after controlling for treatment type (F(3,105)=6.387, p<0.01).

### Discussion

#### Findings

Disclosure was associated with social support and dispositional openness. Demographic variables (e.g. gender, age) and disease-related variables (e.g. cancer type, visibility & time since diagnosis) were not related to disclosure.

#### Implications for clinical practice

Together with existing literature, the findings in this study have been used to draw up guidance for cancer specialists on how to discuss disclosure with their patients.

#### Conclusions

Knowledge of how people disclose their cancer can help inform strategies for communicating with and supporting patients at the time of diagnosis, to minimise unhelpful disclosures and lead to a better overall patient experience.

### References