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Priority setting in patients with cancer and comorbidities

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Background: The cancer incidence in Denmark has increased during the past ten years from 28.187 in 2002 to 39.253 in 2014. This increase parallels a more general increase in the number of patients diagnosed with a chronic disease. As the population is ageing, an increasing number of patients will therefore have chronic diseases in addition to their cancer. Studies have demonstrated increased overall mortality in patients with comorbidity, and therefore the comorbidities may play a significant role. Several studies show that participation in regular follow-up consultations concerning e.g. diabetes, chronic obstructive pulmonary disease and lifestyle are low among patients who have survived cancer. There is very little research about priority setting in patients with cancer and comorbidities.

Aim: The overall purpose is to explore patients' and physicians' experiences of and perspectives on the care of comorbidities and the priority settings in patients who have recently finished primary cancer treatment.

Method: The study will use qualitative methods and consists of three datasets:

- 1) video recordings of consultations in general practice,
- 2) semi-structured interviews with patients who have a chronic disease and who have recently finished primary treatment for a non-metastatic cancer,
- 3) semi-structured interviews with general practitioners. Video recordings will be analyzed with a focus on processes of understanding and implicit and explicit priority setting in the interaction between physician and patient. The interviews will focus on priority settings of and perspectives on different diseases.

Results: The data-collection has started and results will be come up during the next months.

Conclusion: This project will illuminate priority setting in patients with cancer and comorbidities, the doctor's role, the patient-doctor relationship and contribute with suggestions on how to improve health and quality of life for patients with cancer and comorbidities.