1. Provide consistency and continuity in terms of who the patient sees and what is said.

2. Involve the Clinical Nurse Specialist throughout, starting as early as possible in the diagnostic pathway.

3. Ensure that staff involved in communicating a diagnosis of mesothelioma have specialist knowledge and training in mesothelioma, as well as communication skills. Training should be ongoing with access to regular updates.

4. Be patient-centred when communicating a diagnosis. Take cues from the patient and family in balancing what information to give and when. Use language that is easy to understand. Don’t just rely on written information and booklets.

5. Ensure the patient feels they have been allocated sufficient time.

6. Provide a quiet and private environment to facilitate communication.

7. Make the patient feel like the most important person in the room, and at the centre of the communication process.

8. Be direct and honest whilst maintaining hope where possible, for example by providing information about appropriate treatments, symptom management and trials.

9. Use available expertise and resources. No single clinician should carry the responsibility of communicating a diagnosis on their own. Best practice is often from partnership working with different services and quality resources.

10. Prepare and plan as a team before communicating a diagnosis of mesothelioma. This should include the communication of a plan for ongoing management and treatment to the patient and family carer.

Based on the results of the RADIO Meso Research Project conducted by the University of Sheffield and funded by Mesothelioma UK