

# The Effectiveness of Decision Making Interventions on Increasing Perceptions of Shared Decision Making Occurring in Advanced Cancer Consultations: a Systematic Review

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## Introduction

- National guidelines recommend that Shared Decision Making (SDM) be employed where several treatment or supportive care options are available to patients with cancer.
- Optimising SDM in situations where cancer is no longer curable may facilitate the discussion about aims of treatment, the patient's priorities and how their treatment options may affect these.

## Aim

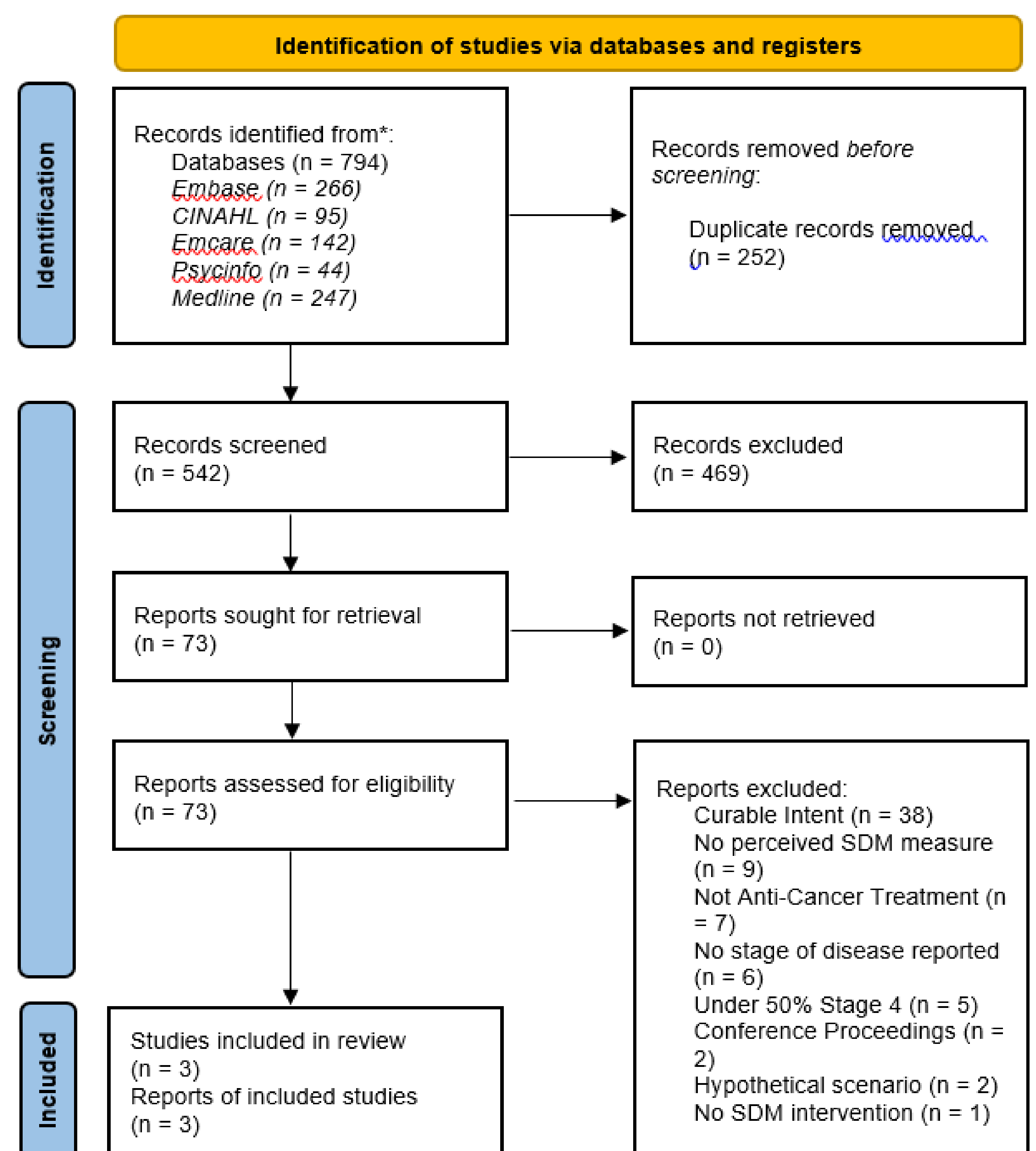
To determine whether decision making interventions are effective in increasing a patient's perceptions of SDM behaviours in consultations where treatment decisions for stage 4 cancer are made compared to usual care.

## Method

A systematic review of 5 literature databases was conducted to identify relevant articles. Inclusion criteria for the review required:

- Study participants must be over 18 years old (no upper age limit).
- An intervention which has been designed to facilitate and enhance a patient's involvement in the decision making process.
- Participants must be undertaking real life/non-hypothetical decisions regarding treatment for stage 4 cancer.
- Studies must measure the effect of an intervention on a patient's or observers perceptions of SDM occurring in consultations using appropriate outcome measures.
- Articles must be written in English.
- The studies must employ a randomised controlled trials (RCT) design comparing the intervention to usual care.

Due to heterogeneity of the studies outcome measures and interventions, a narrative synthesis of the articles was conducted.



## Results

Three papers were identified which fit all of the inclusion criteria. Most papers were excluded because the focus of decisions was on cancer treatment with curative intent.

- One paper evaluated a decision aid for advanced colorectal cancer. Patient perceptions of involvement in SDM were compared to initial decision preferences with the intervention demonstrating higher involvement although this was not statistically significant.
- One paper evaluated decision aids for advanced colorectal and breast cancer. The findings suggest no significant difference between control and intervention groups.
- The final paper evaluated a combined patient communication aid and oncologist communication training intervention. Oncologist training had a significant effect (<.05) on perceived SDM, whereas the communication aid did not for both patient reported and observer reported outcomes.

## Conclusion

- Decision aids did not increase perception of SDM occurring compared to usual care whereas oncologist SDM training did.
- Our limited findings demonstrate a lack of high quality evidence within this area of SDM research.