Insights from Breast Cancer Patients on the Decision-Making Regarding Adjuvant Chemotherapy

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Introduction

- Views on health care decision-making shifted from provider-centered to more collaborative shared decision-making with a focus on patient's quality of life.[1]
- Women diagnosed with breast cancer are faced with decisions regarding their cancer treatments, in particular whether or not to receive adjuvant intravenous chemotherapy after surgery.
- Shared decision-making is a process of health care delivery in which patients seeking help for problems or disorders collaborate with providers (i.e. doctors, nurses) to access relevant information and to enable patient-centered selection of health care resources.[1]

Purpose

- The purpose was to determine how women diagnosed with breast cancer would prefer to make a decision about their cancer treatment as compared to the role they actually played when the decision was made about chemotherapy for their breast cancer.

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Methods

- Greater Plains Collaborative (GPC) clinical data research network of PCORnet conducted the "Share Thoughts on Breast Cancer" survey sent to a target sample of 250 women from each of the 8 GPC sites spanning 7 Midwestern states.
- The survey included 74 questions, including the patient's preferred decision-making role and the patient and provider roles in the treatment decision-making process. Women rated how they prefer to make decisions about their cancer treatment and describe the role they actually played when the decision was made about chemotherapy.
- On a 5-point scale, 1 represented more patient-focused and 5 more doctor-focused preferences and actual decision-making, with 3 meaning a shared decision with equal input from their doctor.

Table 1: Preference for decision-making regarding cancer treatment

	Full Sample	Subsample
1. I prefer that I make the decision about treatment with little or no input from my doctors	2 (0.2%)	2 (0.6%)
2. I prefer that I make the decision about treatment, after considering my doctor's opinion	264 (30.4%)	97 (29.7%)
3. I prefer that my doctor and I make the decision about treatment together on an equal basis	440 (50.7%)	163 (49.8%)
4. I prefer that my doctor make the decision about treatment, but strongly considers my opinion	154 (17.7%)	61 (18.7%)
5. I prefer that my doctor make the decision about treatment with little or no input from me	8 (0.9%)	4 (1.2%)
Total	868	327
Mean (SD)	2.9 (0.7)	2.9 (0.7)

Results

- Of the 1,235 records available, 873 responded to a question regarding decision-making with their doctor for chemotherapy, and 329 patients reported receiving chemotherapy after surgery.
- Mean age was 59.1 years (SD=12.1), 71% married, and 93% White. Although 51% preferred equal, shared decision-making with their doctor, it occurred in only 41% of the sample.
- Paired sample t-tests showed significant differences between what was preferred and the role played when the decision was made in the full [t (867) = 8.1, p< .001] and subsample [t (326) = 2.87, p = .004].

Table 2: Actual decision-making regarding cancer treatment

	Full Sample	Subsample
1. I made the decision with little or no input from my doctors	8 (0.9%)	1 (0.3%)
2. I made the decision after considering my doctors' opinions	238 (27.3%)	104 (31.6%)
3. My doctors and I made the decision together	360 (41.2%)	140 (42.6%)
4. My doctors made the decision after considering my opinion	104 (11.9%)	33 (10%)
5. My doctors made the decision with little or no input from me	163 (18.7%)	51 (15.5%)
Total	873	329
Mean (SD)	3.2 (1.1)	3.1 (1.0)

Conclusion

Although it is often preferred, over half of the women in this large sample reported they did not experience shared decision-making. This could be due to measurement issues, timing, location, and social changes.

References

- Adams JR, Drake RE. Shared decision-making and evidence-based practice. *Community Ment Health J.* 2006;42(1):87-105.