Shared decision making (SDM) in routine care treatment of breast cancer patients – a survey of patients following surgery

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Introduction: The aim of shared decision making (SDM), defined as an interaction between patient and attending physician(s), is a treatment decision in which patients are meaningfully involved. Based on mutual agreement and active participation the awareness of a choice should be created and the choice respected. Many preference-sensitive decisions have to be made in breast cancer treatment. However, little is known about the implementation of SDM in German breast cancer care. We therefore investigated the process of SDM from the patients' perspective.
Methods: All breast cancer patients who underwent surgery in one of four certified breast cancer centers in Germany between 07/2016 and 12/2016 were invited by mail to participate in the survey. The experienced decision-making process was assessed using the 9-item Shared Decision Making Questionnaire (SDM-Q-9). SDM-Q-9 items were rated on a 6-point scale ranging from "completely disagree" to "completely agree", added together and transformed into a scale ranging from 0 to 100. The higher the total score the higher the experienced degree of participation in the decision-making process. The survey also assessed patients' satisfaction with treatment, satisfaction with decisions and decisional control preferences, and included a range of demographic and clinical questions. For most items we asked the participants to separately rate decision-making consultations with their inpatient hospital doctors, outpatient gynecologists, outpatient oncologists and primary care providers (PCP). The project is still ongoing, data of approximately 300 patients will be presented at the meeting in December.
Results: Of 289 patients approached by mail, 143 filled in the survey (response rate: 49%). Median age at the time of the survey was 62 years (36-89). 83% had breast conserving surgery, 17% mastectomy. 74% were treated with radiation, 31% received neo-/adjuvant chemotherapy. 14% were off-treatment at the time of survey participation, 67% still received antihormonal therapy, 9% anti HER2 treatment, 7% chemotherapy and 2% radiation. Inpatient hospital doctors achieved the highest SDM-Q-9 score (mean of 75, standard deviation of 22) indicating the highest degree of SDM. Oncologists, gynecologists and PCP were rated quite comparable with a mean score of 72 each and standard deviations (SD) of 27, 22 and 31. The mean score for all groups of doctors was 73. For items concerning satisfaction with quality and amount of doctors' information and participation in medical decisions patients showed a high degree of satisfaction, resulting in mean values of 3.6 and 3.5 with SD of 0.6 on a 4-point scale ranging from "1" "very unsatisfied" to "4" "very satisfied".
Conclusions: A considerable number of patients took part in the survey. Overall, patients reported to have experienced SDM in many situations where treatment decisions were necessary. Patients were quite satisfied with the quality of information and their participation in medical decisions. However, we do not know whether non-respondents might have had different experiences regarding their treatment decision-making. Further research should include SDM expert observations of breast cancer treatment decisions to validate these findings.

Session: Poster Session 4: Psychosocial, QOL, and Educational Aspects: Doctor-patient communications (7:00 AM-9:00 AM)
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