IMPROVING INFORMED CANCER TREATMENT DECISION-MAKING IN SOUTH AFRICA

Charmaine Blanchard[1], Ros Dowse[2], Oluwa Tosinayeni[3], Maureen Joffe[1], Moosa Patel[4], Holly G. Prigerson[5]

[1]Strengthening Oncology Services Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [2]Faculty of Pharmacy, Rhodes University, Makhanda, South Africa, [3]Radiation Oncology, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [4]Division of Haematological Oncology, Department of Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, [5]Department of Medicine, Weill Cornell Medicine, New York, New York. Cornell Center for Research on End-of-Life Care, New York, New York

Introduction

Cancer treatment decisions are difficult due to seriousness of the illness, variable clinical presentations and treatment outcomes. Shared decision making (SDM) is considered an approach to optimizing cancer care[1].

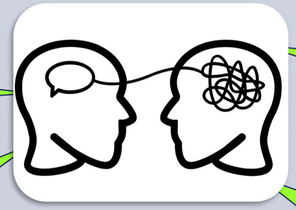
SDM enables fuller engagement when patients have adequate health literacy (HL) and sufficient information to weigh up pros and cons of treatment to decide, and a therapeutic alliance with their oncologists.

Few studies have reported on the development and use of decision aids designed to improve informed cancer treatment decisions in low- and middle-income (LMICs) countries and none have done so in South Africa.

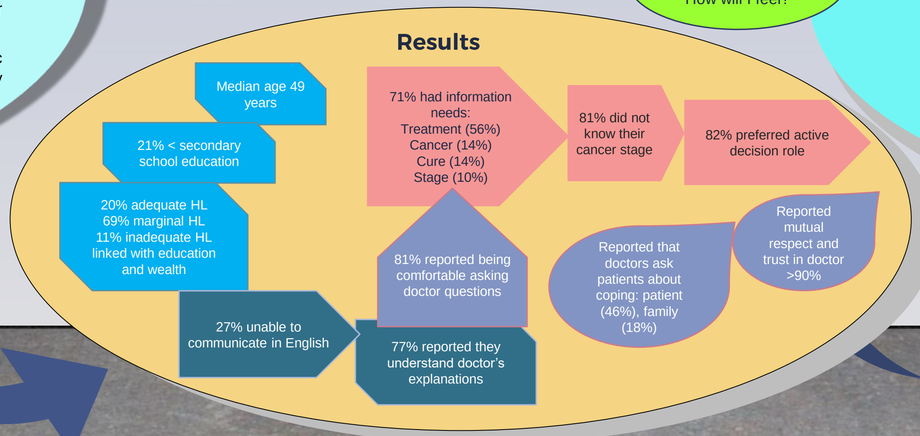
This study aimed to assess cancer patient HL, information needs and preferred decision roles as a first step to developing an intervention to improve cancer treatment decision-making.

Methodology

- 124 oncology patients about to make chemotherapy treatment decisions at 3 hospitals in South Africa (16 March to 29 November 2021)
- Assessments of: sociodemographic characteristics, "Health Literacy Test – Limited Literacy" (HELT)[2] in English and isiZulu, patient information needs, patient decision control preference, questions from "The Human Connection Scale"[3].
- Descriptive data analysis included Pearson's chi-squared test and Fisher's exact test to measure differences in categorical variables, and Wilcoxon rank-sum test, or Kruskal-Wallis rank test for continuous variables. An outcome with a $p \leq 0.05$ was considered statistically significant.
- Based on the Integrated Model of Health Literacy determinants of HL, multivariate ordinal logistic regression examined personal, situational, and environmental factors associated with health literacy level.
  - All data analyses were performed using STATA 14[4].



Results



Discussion

HL was positively associated with education and wealth, but not English literacy, which oncologists may use as a HL indicator.

Despite most patients reporting good understanding and being comfortable asking questions, the need for knowledge is high; a paradox similarly reported from other African countries[8,9,11].

While some aspects of human connection were highly rated, those related to **exchange** of information were low (asking patients how they or family are coping), which may further inhibit patients to engage in discussions about treatment[15].

Most patients preferred an active decision role contrasting with a more passive role in LMICs and shared decision role in HICs[8,11-14]. This needs further investigation.

Next Steps

What decision-making intervention would be appropriate, feasible and acceptable to both patients and oncology care teams in South African clinics?

1. Conduct a systematic review of effectiveness of decision interventions, and patient experiences of facilitators and barriers to making informed cancer treatment decisions, especially in LMICs.
2. Conduct in-depth interviews with cancer patients and focus group discussions with oncology care teams to understand local barriers and facilitators to informed cancer treatment decision making.
3. With a team of clinical and communication experts and patient representatives, to co-create, and pilot an intervention to improve patient informed decisions about cancer treatment.

References
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