INVOLVEMENT OF PHARMACISTS AND NURSES IN SHARED DECISION-MAKING FOR PATIENTS WITH GYNECOLOGICAL CANCER UNDERGOING PHARMACOTHERAPY IN JAPAN

Hironobu Hashimoto[1], Azusa Soejima[2], Yumiko Nishimura[3], Ami Ike[4], Masakazu Abe[5], Muneaki Shimada[6]

1) Department of Pharmacy, National Cancer Center Hospital, Tokyo, Japan, 2) Department of Pharmacy, Cancer Institute Hospital Japanese Foundation for Cancer Research, Tokyo, Japan, 3) Department of Nursing, Hospital of Hyogo College of Medicine, Hyogo, Japan, 4) Medical HQs, Eisai Co., Ltd, Tokyo, Japan, 5) Department of Obstetrics and Gynecology, Hamamatsu University School of Medicine, Shizuoka, Japan, 6) Department of Obstetrics and Gynecology Tohoku University Graduate School of Medicine,, Miyagi, Japan

Background

The application of shared decision making (SDM) in gynecologic cancer treatment is gaining attention as an increasing number of drug treatment options become available. It is important for healthcare professionals (HCPs) to know and understand the treatment goals and values of each patients.[1)] For better decision making, multidisciplinary collaboration including not only physicians but also pharmacists and nurses is ideal, and the Interprofessional SDM model (IP-SDM model: multidisciplinary collaboration model) in which two or more HCPs collaborate in SDM has been proposed.[2)]

We reported the current status of SDM and value differences in treatment selection between patients and HCPs at JSGO 2023[3], and on patients' values in adverse event (AE) management at IGCS 2023[4].

- JSGO: The difference was observed that the values for patients ranked "complete elimination of cancer," and HCPs ranked "live longer" as most important. Patients in collaborative type of SDM were satisfied with their communication with physicians.
- IGCS: AE that patients most wanted to avoid was nausea/vomiting, but AE that physicians chose most was hair loss. There are differences between patients and HCPs in their perceptions of AE and their approach to AE management.

We present data on the involvement of pharmacists and nurses in patient decision making in addition of the presentation at JSGO.

Methods

Design
- Cross-sectional observational study using a web-based questionnaire survey, with a survey period of November 28-December 19, 2022.

Endpoints
- Awareness and implementation of SDM among HCPs and their actual situation
- Desired for and reality of intervention of medical staff in decision-making
- Motivation for SDM intervention and reasons to hinder it

Subjects
- Patients (18 years old or older) with uterine cancer and ovarian/fallopian tube cancer who have received chemotherapy
- Physicians, nurses, and pharmacists who have engaged in pharmacological treatment of gynecological cancer
- Subjects have pre-registered for the web panel owned by Cross Marketing Group Inc. and its affiliated companies

Exclusion Criteria
- Patients with multiple cancers other than uterine cancer and ovarian cancer/fallopian tube cancer
- Physicians with less than 5 years of experience (including training period)
- Nurses and pharmacists with less than 1 year of experience
- Patients whose family members include pharmaceutical company employees, employees of market research or marketing-related companies, or HCPs

Statistical Methods
- Fisher's exact test for assess differences between patients and HCPs

Results

Table 1. Participant characteristics

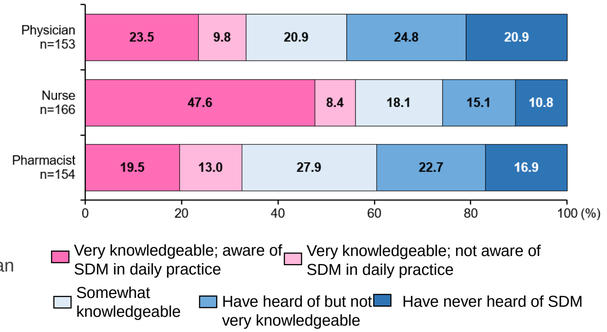
	Physician n=153	Nurse n=166	Pharmacist n=154
Male, n (%)	118 (77.1%)	19 (11.4%)	126 (81.8%)
Hospital department, n (%)			
Gynecology/Obstetrics & Gynecology	105 (68.6%)	-	-
Oncology	36 (23.5%)	-	-
Radiology/others	12 (7.9%)	-	-
Institution, n (%)			
University hospital	45 (29.4%)	43 (25.9%)	35 (22.7%)
Cancer center	9 (5.9%)	11 (6.6%)	8 (5.2%)
General hospital	50 (32.7%)	60 (36.1%)	59 (38.3%)
National hospitals/public hospitals*	37 (24.2%)	49 (29,.5%)	52 (33.8%)
Clinic	12 (7.8%)	3 (1.8%)	0 (0%)

	Patient n=154
Cancer type, n (%)	
Endometrial cancer	77 (50.0%)
Ovarian/fallopian tube cancer	77 (50.0%)
Age, years	
Mean ± SD	52.9 ± 9.8
Surgery, n (%)	100 (64.9%)
Radiotherapy, n (%)	8 (5.2%)

Cancer therapy in patients
- 68.8% of the patients received preoperative or postoperative chemotherapy
- 38.3% received combination chemotherapy after recurrence
- 15.6% received single-agent chemotherapy after recurrence.

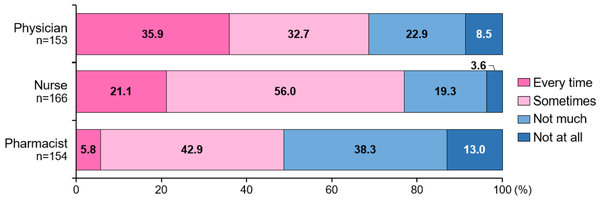
Fig 1. Awareness (A) and implementation (B) of SDM among HCPs

A. Question: Do you know about the concept of SDM?



A high percentage of nurses were familiar with SDM and were aware of it in their daily practice, while both physicians and pharmacists were less aware of it.

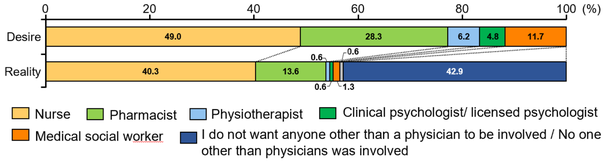
B. Question: Have you implemented SDM ?



The combined percentage of SDM performed every time + sometimes was 68.6% for physicians, 77.1% for nurses, and 48.7% for pharmacists.

Fig 2. Desires for and reality of intervention of non-physician medical staff in decision-making among patients

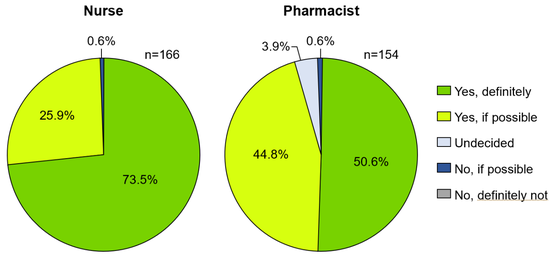
Patient question: Which HCPs, besides physicians, do you believe should participate in patients' decision-making?



Forty-nine % of patients preferred intervention in decision making by nurses, followed by pharmacists and medical social workers*.
In reality, 40.3% of patients had nurse intervention, while 42.9% had no intervention other than physician intervention.
*Medical social worker: A welfare professional in a medical institution

Fig 3. Nurses' and pharmacists' motivation for SDM interventions

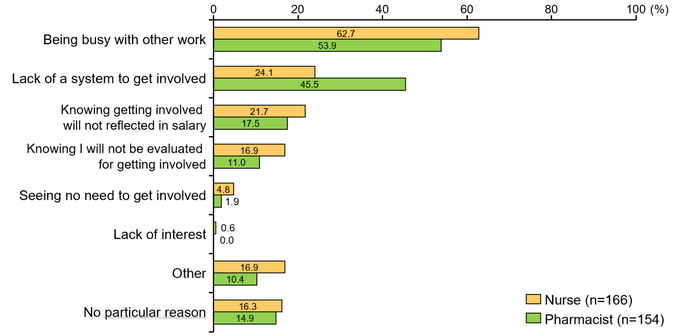
HCPs question: What do you think about consulting with patients and intervening in their treatment decisions?



More than 90% of both nurses and pharmacists said they would like to intervene when included "yes, if possible."

Fig 4. Reasons why it is difficult for nurses and pharmacists to intervene in SDM

HCPs question: What are the factors, if any, that make you hesitate to get involved in patients' decision-making?



The most common disincentive was "Being busy with other work" for both nurses and pharmacists. "Lack of a system to get involved" ranked second, especially among pharmacists at 45.5%.

Discussion

- The gap between awareness and implementation of SDM may be due to the fact that the concept of SDM is not widespread and lacks understanding among HCPs, while the reality is that they implement the SDM process without knowing the concept.
- Pharmacists had the lowest level of both awareness and implementation of SDM. A possible disincentive was the high percentage of "Lack of a mechanism to get involved". Support from drug safety aspects including AE management is in high demand by patients4) and could assist physicians' treatment decisions when selecting drugs.
- Nurses had the highest level of both awareness and implementation of SDM among the HCPs, and they also had the highest desire for intervention from patients among the comedicals. Some report that nurses are the best decision-making coaches because of their frequent contact with patients5) . It is assumed that they are closer to patients than other HCPs and have more opportunities to learn and practice SDM through patient care and consultation.
- Medical social workers specialize in health care economic counseling, and the fact that many patients are more concerned about the cost of treatment suggests that there is a greater potential need for them.

Conclusion

In this study, nurses, pharmacists, and physicians had a high level of SDM implementation discrepancy compared to the level of SDM awareness. Although both pharmacists and nurses have a high motivation of SDM, an organizational approach is desirable.

References
1) Glyn Elwyn et al. BMJ. 2017;359:j4891.
2) Dawn Stacey et al. Can Oncol Nurs J. 2015;25(4):455-69.
3) Shimada M et al. Japan Society of Gynecologic Oncology 2023. OS-060
4) Abe M et al. International Gynecologic Caner Society 2023. Abstract 379
5) K. Olling et al. Cancer Care Res Online 2021. 1(2):p e0007

Acknowledgments
The Authorized NPO Orange Tea and Women's Cancer Patients Association: parler for their advice on questionnaire wording and responses to questionnaires; Ovarian Cancer Survivors' Group: SMILEY for their responses to questionnaires