

BACKGROUND & AIMS

- Shared decision making (SDM) is a collaborative approach between patients and clinicians to reach a treatment decision and is associated with reduced decision regret and conflict¹. An SDM approach can help to establish the patient's perspectives of treatment options and how concordant they are with their own priorities and goals of care. This is beneficial in the context of advanced or incurable cancer given the potential risks and uncertain benefits of treatments available.
- Interventions such as decision or communication aids have been developed to facilitate the SDM process. Evaluations of SDM interventions primarily evaluate decision conflict and quality but rarely investigate whether SDM is perceived to have occurred.
- This systematic review aims to determine how interventions for facilitating SDM within advanced cancer consultations function and how effective they were in enhancing perceptions of SDM occurring within decision making consultations compared to usual care.

METHODS

- Five literature databases (CINAHL, EMBASE, EMCARE, Medline, PsychInfo) were searched.
- The eligibility criteria for this review are displayed in Fig 1.
- Data was extracted from each eligible study relating to reported perceptions of SDM behaviours in consultations where SDM interventions were implemented and when they were not, including analysis comparing the two groups.
- Intervention descriptions in eligible studies were coded using Behaviour Change Techniques (BCTs) and intervention functions as per the behaviour change wheel framework² to provide a narrative of how the interventions worked.
- Codes were then put into a priori themes as per the COM-B model of behaviour change¹ to determine how the intervention informed stakeholder capability, opportunity and motivation to engage with SDM behaviours.

REFERENCES

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Participant	Patients (>18 years of age) at treatment decision points for stage 4 cancer or cancer defined by clinicians as incurable.
Intervention	Any intervention which has been designed to facilitate a shared approach to the decision-making process. This can include patient focused interventions or clinician focused interventions.
Comparators	Usual care/care pre-implementation
Outcomes	Patient reported outcome measure (PROM) or Observer reported outcome measure (OROM) establishing whether the patient or observer respectively perceives SDM occurring within treatment consultations.

Fig 1: Review PICO framework

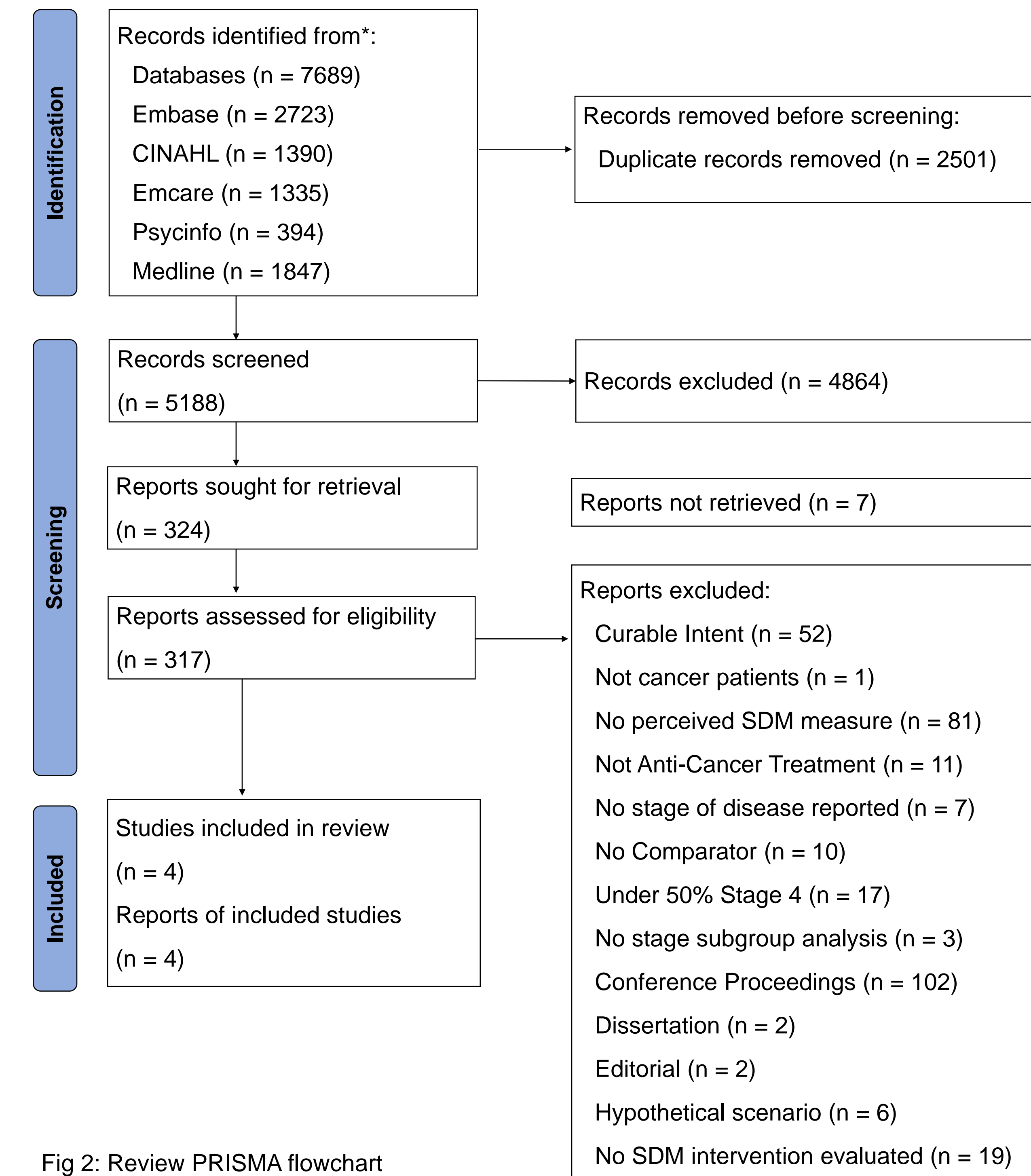


Fig 2: Review PRISMA flowchart

RESULTS

- A narrative synthesis was favoured to analyse study findings given study differences in methodology and data.
- Four studies evaluating different interventions were eligible from 7689 papers. Interventions included two decision aids, a multidisciplinary education package and oncologist SDM training with patient communication aid.
- A combination of education, training, modelling and enablement intervention functions were identified across the studies.
- Oncologist SDM training alone and combined with a patient communication aid demonstrated the only significant effect ($p < 0.05$) on enhancing SDM behaviours in advanced cancer consultations compared to usual care. This was the only intervention which addressed capability, opportunity and motivation to engage in SDM behaviours for patients and clinicians.

CONCLUSION

- Clinician SDM training which includes modelling and enablement functions may be effective in increasing clinician motivation, capability and opportunity to facilitate SDM in advanced cancer consultations.**
- Implementing clinician SDM training into practice may encourage greater uptake of SDM which may lead to treatment decisions concordant with the goals of care of people with advanced cancer.**

