Developing a multi-national decision aid in advanced cancer: needs and perspectives

Elin Baddeley [1], Michelle Edwards [1], Kate Lifford [1], Stephanie Sivell [1], Carme Font [2], Isabelle Mahe [3], Victoria M Arfuch [2, 4], Nuri Coma [2], Mette Søgaard [5], Helle Enggaard [6], Nassima Si Mohammed [3], Helene Helfer [3], Kathy Seddon [1], F.A Klok [7], Simon Noble [1], Anette Arbjerg Hojen [5]

1. Marie Curie Research Centre, Cardiff University, Cardiff, UK; 2. Aalborg University Hospital, Danish Center for Health Services Research, Denmark; 3. Wales Centre for Primary and Emergency Care Research (PRIME Centre Wales), Division of Population Medicine, Cardiff University, Cardiff, UK; 4. Department of Medicine - Thrombosis and Haemostasis, Leiden University Medical Center, Leiden, The Netherlands

BACKGROUND

- There is a strong case for international standardization of approaches to antithrombotic therapy (ATT) management in advanced cancer.
- SERENITY is a pan-European study developing a shared decision support tool (SDST) for patients and clinicians to support shared decisions relating to ATT for patients with cancer nearing the end-of-life [1].
- We report results from the qualitative component of SERENITY, exploring perspectives on a SDST.

METHODS

Semi-structured interviews

Patients with advanced cancer, receiving ATT

Clinicians across specialties involved in ATT management

- Denmark, France, Spain, United Kingdom
- April 2023 – July 2024

- Data were analysed using Framework Analysis

CONTACT INFORMATION

Presenting Author: Elin Baddeley; baddeleye1@cardiff.ac.uk; Marie Curie Research Centre, Division of Population Medicine, Cardiff University School of Medicine

SERENITY study website: https://www.serenity-research.eu

RESULTS

60 patients

80 clinicians

"I think it would be useful to have something; because they do explain to you that you've got so much, so many meetings and consultations that sometimes you forget what somebody said to you as soon as you walk out of the door….I just want to have plain English, this is why you should take it, it could cause a problem, so, you know, how do you make your mind up and side by side you can think about it."
[cancer associated thrombosis]

SDST was considered acceptable, and a useful aid to support ATT decisions in this context, however clinicians highlighted the complexities in ATT decision. There were individual preferences towards the use of a SDST among patients.

"I actually think a tool like that would be a positive thing because it's exactly what many of my colleagues are missing in order to take action — a better overview. And it also gives the doctor a clearer picture, like, what is it we actually need to consider." [ID4

Some patients felt the decision didn't belong to them, but to the clinician alone. They felt they didn't have the knowledge to make these decisions. A SDST was difficult to conceptualise for some patients, who thought it was a replacement for clinician appointments, rather than a supplement.

"I think [a SDST] may make sense for some patients but not for all. There are patients who don't want to know, they are so overwhelmed that it would be an additional burden… on the other hand, there are patients who would be delighted with this kind of tool, because they have everything under control." [cardiologist]

"If this means staying completely in touch with your doctor, whom you trust, then I'd say, okay, perfect, I think that's good. But if it means you'll see your doctor less and lose some of that interpersonal connection..."
[cancer associated thrombosis]

Clinicians expressed uncertainty surrounding the right time to use a SDST. Patients who wanted to be informed about ATT decisions wanted information about ATT as early as possible; others when there was a decision to be made. The SDST described to need to be simple to use and provided in multiple formats.

"Something really simple, because I find that when they're end-of-life, long conversations are really difficult. But if you can give them something visual… what's difficult is there's so many different scenarios. You want to be able to relate it to each patient. I don't know how you do that really but, when they're all so different."
[general practitioner]

"Yeah, I honestly don't know. I think it's hard to answer. But in any case, it's always good to be prepared before you see a doctor. Maybe bring a piece of paper with you that says what the hell you're supposed to ask about." [multiple ATT indications]

Clinicians described the need for SDST to be evidence-based; however, they highlighted the heterogeneity and lack of evidence the population and potential challenges this will have in the development and utility of the tool.

"An algorithm is always something that helps enormously in the decision-making process, not only for each member of the team, but also for patients: having clear criteria it's the whole need for patient education that plays a role in this final decision. we also need to consider all the risks involved and understand why we're thinking about treatment."
[palliative care]

CONCLUSIONS

Barriers and facilitators were identified across various domains, spanning organisational, resource allocation, clinical practice, cultural considerations, and individual factors. These must be taken into consideration in the development of the shared decision-making support tool.

REFERENCES

1. Towards optimal use of antithrombotic therapy of people with cancer at the end of life: A research protocol for the development and implementation of the SERENITY shared decision support tool. Thromb Res. 2023 May 13;228:54-60.

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