A first step in shared decision making. Developing a decision aid for the choice of anal cancer radiotherapy

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A FIRST STEP IN SHARED DECISION MAKING DEVELOPING A DECISION AID FOR THE CHOICE OF ANAL CANCER RADIOTHERAPY

INTRODUCTION

In shared decision-making (SDM), clinicians and patients participate in an evidence-based conversation, such that joint preferences and mutually desired outcomes can be incorporated into treatment decisions. There is compelling evidence that patients who are active participants in evaluating their health care have better outcomes than patients who are passive recipients of care. It is important to define the exact tool needed for the SDM consultation. Communicating of risk and benefit was a topic of great relevance and hence it was identified as the first tool needed for the SDM consultation. A decision aid was developed in cooperation with clinical colleagues. The patients participating in the consultation were asked for feedback. The decision aid was revised and three other patients were asked for feedback during their routine follow-up consultations.

AIM

The aim was to develop a decision aid that includes advantages and disadvantages of the two radiation doses, as well as supporting questions and an overview of side effects before their radiotherapy treatment, to be able to make an informed choice. For our first pilot trial, the consensus was to design a simple qualitative decision aid. A decision aid was developed in cooperation with clinical colleagues. Two years ago, Mr. Hansen retired and has been discussing risks and benefits with the doctors and the department. He has also been reading about the illness and possible side effects. A couple of years ago, Mr. Hansen retired and he is enjoying his time with his wife. Mr. Hansen has a big family with lots of grandchildren, and the time he spends with his family means a lot to him. He enjoys staying at home and he feels very active.

RESULTS

We briefly outlined the variation in SDM in our cancer and radiotherapy settings. For any pilot trial that consented to design a simple qualitative decision aid.

DECISION AID

RADIOThERAPY DEPARTMENT, VEJLE HOSPITAL

You’ve now had a consultation with your doctor about the anal cancer treatment. You can accept different options for your treatment. We can search for the safety of either treatment option below, as they are both allowed by the National Cancer guidelines.

For any choice, it is not guaranteed that your tumor will completely disappear or that you will experience fewer side effects.

Please note: For any choice, it is not guaranteed that your tumor will completely disappear or that you will experience fewer side effects.

Higher radiation dose: I want to increase my chance of the tumor completely disappear; At the same time, I am increasing my risk of side effects, which might affect my quality of life.

Lower radiation dose: I want to decrease my risk of side effects, and possibly increase my chance of a good quality of life. This is one of the reasons that the tumor completely disappear will decrease slightly.

Higher Radiation Dose

Table: Comparison of higher and lower radiation doses

FREQUENTLY ASKED QUESTIONS

How many sessions should I have radiation? You will be treated in 28 sessions. 5 sessions a week.

Will my chemotherapy be affected by my choice? Your chemotherapy will not be affected by your choice. However, we recommend that you do not opt out of chemotherapy if you choose the lower radiation dose.

What is my risk of acute side effects? You have the same risk with either option. Acute side effects are specifically diarrhea, excoriation and pain around your anus.

What are the long-term side effects? Chronic aching and blooming from the rectum, inability to hold stool, incontinence, Nixon or bleed in the gut. Fatigue, shaking in the bones of the joints, Par in the areas, discomfort need and weakness.

What is my risk of chronic side effects? Chronic aching and blooming from the rectum, inability to hold stool, Nixon or bleed in the gut. Fatigue, shaking in the bones of the joints, Par in the areas, discomfort need and weakness.

LOW RADIATION DOSE

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Mrs. Soerensen chooses the lower radiation dose. Mrs. Soerensen lost her husband 10 years ago. She has many friends and enjoys socializing a lot. It means very much to Mrs. Soerensen, that she doesn’t need and she can go out whenever she wants. She does gymnastics and walks with her friends.

MRS. SOERENSEN CHOOSES THE LOWER RADIATION DOSE

Please note: For any choice, it is not guaranteed that your tumor will completely disappear or that you will experience fewer side effects.

Mrs. Soerensen would be really sad if she had to use diapers due to bleeding or faecal incontinence since she has no need for her social activities. This is why Mrs. Soerensen chose the lower radiation dose.

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DECISION AID

RADIOTHERAPY DEPARTMENT, VEJLE HOSPITAL

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