Sharing Progress in Cancer Care

QUALITY OF CARE IMPROVEMENT IN MBC PATIENTS INVESTIGATORS MEETING

Lisbon - 8 November 2023

Supporting shared decision-making and communication in metastatic breast cancer: the ShareView project

Oriana Ciani, PhD
CERGAS SDA Bocconi, Milan, IT

Introduction

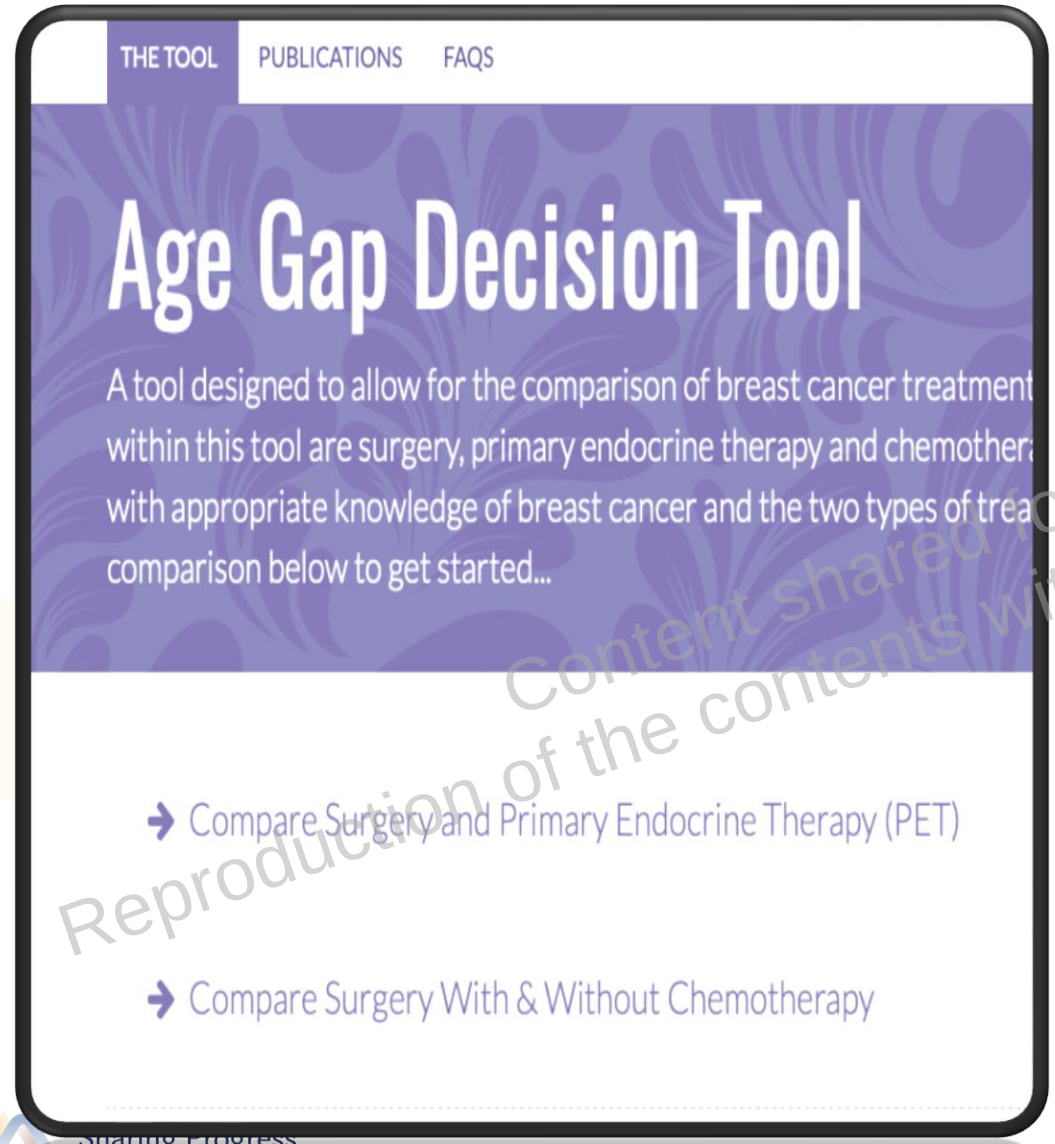
- Growing attention to **higher quality in cancer care** has recognised **shared decision-making (SDM)** as an important attribute of patient-centred care

- Shared decision-making in breast cancer (BC):
  - more than one treatment option is available
  - enables patients to better understand treatment implications
  - incorporates patients' needs and circumstances in process of deliberating the treatment

- **Shared decision-making** is associated with positive patient outcomes: **less decisional conflict**, **increased knowledge** and **satisfaction**

Barry, Michael J., and Susan Edgman-Levitan. "Shared decision making—The pinnacle patient-centered care." (2012).
Elwyn, Glyn, Dominick L. Frosch, and Sarah Kobrin. "Implementing shared decision-making: consider all the consequences." Implementation Science 11.1 (2015): 1-10

Decision aids



https://agegap.shef.ac.uk

- Decision support interventions, such as **decision** aids (DAs), favour **active** patient **participation** by providing evidence-based information, values clarification exercises, coaching and guidance in the process of decision-making
- DA used in **various formats** (paper-based, digital, mixed) targeting healthcare professionals, patients or both
- DAs **supplement,** rather than replace, **clinicians' counselling**

Knowledge-do gaps

SDM is **poorly implemented** in routine care

- Factors at the individual, relational (patient-clinician), system-level and organisational characteristics

DAs broad diffusion in clinical practice not yet observed

- Quality, evidence-based information, accessibility, usability, lack of customisation, implementation challenges

➢ Current knowledge about implementation of SDM interventions in BC prevalently based on evidence from North America

Scholl et al. "Organizational-and system-level characteristics that influence implementation of shared decision-making and strategies to address them—a scoping review." Implementation Science 13.1 (2018): 1-22.
Stacey et al. Are Patient Decision Aids Used in Clinical Practice after Rigorous Evaluation? A Survey of Trial Authors. Med Decis Making. 2019 Oct;39(7):805–15

ShareView project

The **overarching aim** of the ShareView project (Supporting shared decision-making and communication in breast cancer) was to **improve the quality of care** of breast cancer patients by investigating **communication**, information and **shared decision-making** practices across Europe

Mapping current **decision-making practices** and **decision aids' use** in breast cancer centres with an online cross-sectional survey

Pilot testing the feasibility and acceptability of adopting a **web-based tool** supporting treatment decisions in breast cancer care

Barriers and enablers to SDM: a scoping review

Aims:

- To understand the mechanism for the adoption of Shared Decision-Making (SDM) approaches in the literature
- To investigate the factors influencing the successful adoption of SDM interventions in real-world healthcare delivery settings
- To inform the development of a survey to map SDM practices in breast centers and their diffusion across Europe

Takeaways:

Knowledge to support the sustained implementation of SDM interventions in daily care is still limited, albeit results show an increasing interest in **strategies for SDM uptake** in breast cancer care

Future work should investigate which approaches are more effective in the light of **organizational conditions and external factors**, including an evaluation of costs and healthcare system settings

Key results

- 19 studies were included for data synthesis, with more than 70% published since 2017
- Interpretation of findings was based on the Practical, Robust Implementation and Sustainability Model (PRISM) for integrating research findings into practice

The intervention

- Surge of patients as co-developers of decision aids. Stress on usability, age, literacy, risk communication
- Professionals involved in development for later buy in. Stress on scalability, consultation time, system support

The recipients

- Patients facing different treatment choices, incl. older patients
- Organisational: mostly university hospitals settings, meant for physicians primarily and nurses in the NA context

External environment

- International Patient Decision Aids Standards (IPDAS, 2006)
- Updated clinical guidelines (NICE, ABC, ASCO)
- National regulation (e.g., USA, Germany)

Infrastructure

- Clinicians motivation and training on SDM
- Integration with already available health record systems
- “Champions” to encourage the adoption and distribution

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Oprea N, Ardito V, Ciani O. Implementing shared decision-making interventions in breast cancer clinical practice: a scoping review. BMC Med Inform Decis Mak. 2023Aug23(1):164

Survey overview

SDA Bocconi
SCHOOL OF MANAGEMENT

Welcome to our survey!

Thank you for agreeing to participate in our survey on **breast cancer specialists**. Your feedback is anonymous and will help to **improve the quality of breast cancer care** by investigating communication, information and decision-making practices across Europe.

Survey navigation
When navigating through the survey, please use the Left and Right arrow buttons at the bottom of each page. DO NOT USE your browser's Back button.

If you start the survey but cannot complete it in one session, simply close the window. Use the same computer to log back into the survey, and you will be taken to your partially completed survey for completion.

The study should take you around **15 minutes** to complete.

Please click the arrow below to begin!

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- **Informed** by the existing **literature**
- Pre-tested and **validated with clinicians**
- Approved by Bocconi **Ethical Committee**

Structured in **3 sections**:

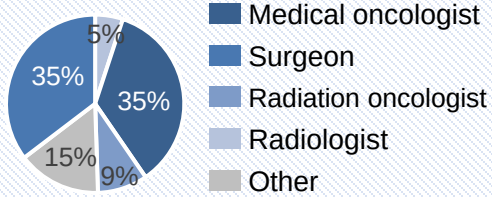
1. Communication style
2. Patient decision aids
3. Demographics

Survey respondents:

198 valid responses

By country

By Role



By type of breast unit (BU)

Survey results: decision-making approaches

Indicate the level of comfort in using each of the 4 approaches to treatment decision-making

	Very / Extremely
Paternalistic	45%
Some-sharing information only	62%
Informed	28%
Shared	**85%**

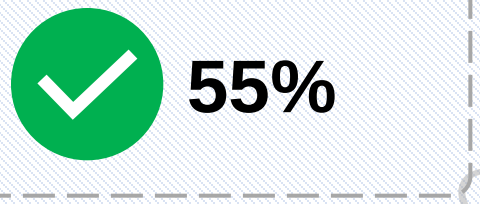
"After reviewing the medical records and examining the patient I **present the available treatment options**. Information about risks and benefits of each option is discussed. I invite the patient to ask any question. Then **I ask her/his preference** for a treatment given her/his lifestyle and the **issues that are important** to her/him. **Together we decide on a treatment** to implement".

Facilitators and barriers: level of agreement and disagreement

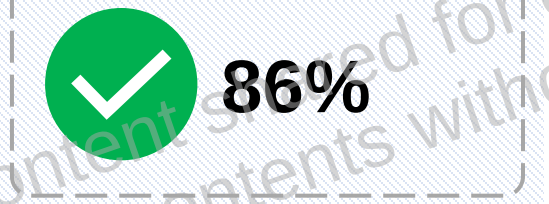
	Somewhat / Strongly
Clinicians	
• SDM will lead to improved patient satisfaction, mental health and quality of life (belief)	97%
• SDM requires appropriate training of health professionals	94%
Organisational level	
• Organizational support (top management, peers)	86%
• Lack of time and resources (staff, equipment, space) hinders SDM	75%
Patient level	
• DAs (leaflets, videos, apps) help engaging patients in their health decisions	73%
• Less educated patients are more difficult to engage in SDM	72%
• Patients can interpret SDM as a sign of incompetence	25%
System level	
Patient associations can aid shared decision-making by disseminating material and giving support to patients	89%

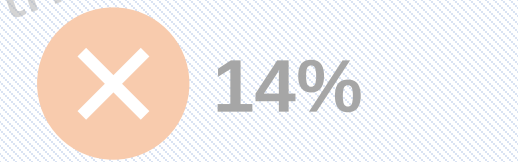
Survey results: decision aids users

Is any patient decision aid available in your practice to support treatment decisions?



Do you use any patient decision aid to facilitate treatment decisions?





Which of the following patient decision aids do you use to facilitate treatment decisions?

Paper-based tools	**77%**
Question Prompt list	44%
Coaching session	40%
Interactive, web-based tool	24%
Option Grid	17%
Video	9%
Other	5%

Survey results: decision aids non-users

Is any patient decision aid available in your practice to support treatment decisions?

55%

45%

Do you use any patient decision aid to facilitate treatment decisions?

86%

14%

Which of the following best describes the reason(s) for not using a patient decision aid?

Use of other strategies to facilitate patient's decision	**60%**
Patient characteristics (e.g. literacy, age)	27%
Lack of an organized system to distribute DAs	20%
Insufficient training on DAs	7%
Other	20%

Survey results: decision aids potential users

Is any patient decision aid available in your practice to support treatment decisions?

55%

45%

If a patient decision aid were available in your organization, would you use it in deciding a treatment with your patients?

85%

15%

What aspects do you think might be relevant for a patient decision aid if you were to use it?

	Very / Extremely relevant
Evidence-based information DAs contain	**87%**
Time spent on using it	76%
Being accessible in multiple formats, printed or online and in different languages	75%
Integration into the workflow and various electronic health record systems	71%

Survey results: non-users hard liners

Is any patient decision aid available in your practice to support treatment decisions?

55%

45%

If a patient decision aid were available in your organization, would you use it in deciding a treatment with your patients?

85%

15%

Which of the following best describes the reason(s) for not using a patient decision aid?

Lack of an organized system to distribute DAs	**46%**
Patient characteristics (e.g. literacy, age)	38%
Use of other strategies	38%
Insufficient training on DAs	31%
Other	15%

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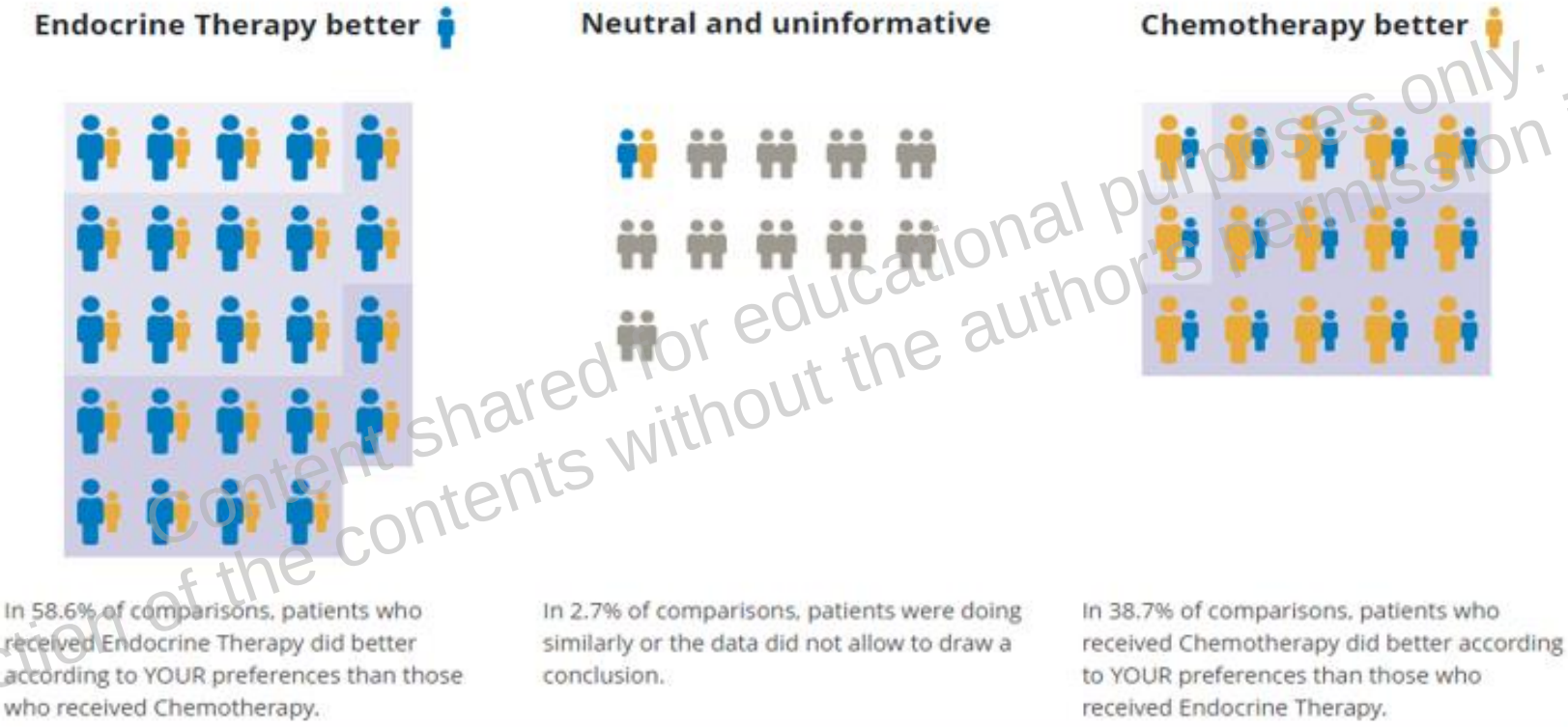
The WEB-BASED tool: THE BENEFIT TOOL

- Developed by IDDI in Leuven, supports treatment decisions based on comparison of alternative options on the basis of patient-prioritised hierarchy of outcomes
- **Generalised pairwise comparison (GPC)** analysis is applied to (ideally) individual patient data from RCTs

Buyse M. Generalized pairwise comparisons of prioritized outcomes in the two-sample problem. Stat Med. 2010 Dec 30;29(30):3245-57. doi: 10.1002/sim.3923

TREATMENT DECISION: Endocrine- vs chemotherapy

Each person who received Endocrine Therapy was compared to each person who received Chemotherapy, and here is what we found :



In 58.6% of comparisons, patients who received Endocrine Therapy did better according to YOUR preferences than those who received Chemotherapy.

In 2.7% of comparisons, patients were doing similarly or the data did not allow to draw a conclusion.

In 38.7% of comparisons, patients who received Chemotherapy did better according to YOUR preferences than those who received Endocrine Therapy.

For the Net Treatment Benefit, **Endocrine Therapy is significantly better** than Chemotherapy for patients with the same preferences as yours.

The **Net Treatment Benefit** is 19.8% (95% CI: [5.5%,33.4%], p=0.00697, Number Needed to Treat: 5).

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Martín M, et al. Overall survival with palbociclib plus endocrine therapy versus capecitabine in postmenopausal patients with hormone receptor-positive, HER2-negative metastatic breast cancer in the PEARL study. Eur J Cancer. 2022 Jun;168:12-24.

Research design: data collection

Qualitative study

- Focus groups organised in November 2022
  - In two clinical settings: private vs public, specialised unit vs general department
  - 26 participants among clinicians (22) and patient representatives (4)
- Interview protocol to elicit participants' experience
  - Approved by Bocconi Ethics Committee
- Validated questionnaires to assess feasibility, acceptability, usability and decision self-efficacy

Results overview

Perceived influence on SDM

Feasibility

Acceptability

Usability

Emerged themes
1. Patient centrality
2. Facilitator of interaction
3. Time-saver
4. Patient preparation or coaching

Emerged themes
1. Care pathway adjustment
2. Training
3. Technology endowment

Emerged themes
1. Usefulness & helpful
2. Visual layout
3. Applicability (access to patient data, therapy vs surgery, clinicians only)

Blocks regarding:
- Display of images;
- Text and numbers;
- Length of messages,
- Intelligibility

Knowledge Dissemination & Impact

	Conferences, meetings & webinars	Type	Location	Date
1	European School of Oncology (ESO) Webinar	Webinar	Online	26 May 2022
2	Associazione Italiana di Economia Sanitaria (AIES) Conference	Oral	Messina (Italy)	8 Sep 2022
3	Sharing Progress in Cancer Care (SPCC) Webinar	Webinar	Online	12 Oct 2022
4	European Breast Cancer Conference (EBCC)	Poster	Barcelona (Spain)	16 Nov 2022
5	OMFT class (SDA Bocconi School of Management)	Lecture	Milan (Italy)	12 Dec 2022
6	CERGAS Seminar & video	Seminar	Milan (Italy)	15 Dec 2022
7	Europa Donna Italia social networks (eg., LinkedIn, Facebook)	Posts	Online	Dec 2022-Jan 2023
8	IDDI Webinar	Webinar	Online	30 Mar 2023
11	Society for Medical Decision Making SMDM Conference	Oral	Berlin (Germany)	21-23 May 2023
12	EHMA Conference	Oral	Rome (Italy)	5-7 Jun 2023

	Publications	Status
1	Implementing shared decision-making interventions in breast cancer clinical practice: a scoping review	Published
2	“Shared Decision Making” in Generalized Pairwise Comparisons A statistical approach to patient-centric medicine Edited by Buyse M, Verbeek J, De Backer M, Deltuvaite-Thomas V, Saad ED, Molenberghs G, Published by Taylor & Francis (CRC Press)	In Press
3	Evidence from a Survey on Patient Decision Aids and Shared Decision-Making across Breast Centers in Europe	Under review
4	Pilot testing a web-based decision aid in breast cancer for personalised treatment choices: A case analysis	TBS
5	PEARL study: a reanalysis using the generalized pairwise comparisons of prioritized outcomes	TBS

Take home messages

- *Practitioners' interest*: clinicians recognise the value of enabling active patient participation in the clinical process
- *Support for implementation*: multi-level strategies to transfer evidence and knowledge on DA efficacy into daily care routine
  1. Available and reliable (evidence-based, accurate) decision support interventions
  2. Access to training programmes and educational resources
  3. Well-organised systems for use (integration with workflow, electronic health record)
  4. External assistance (patient associations, clinical guidelines)
- *Cultural shift* (education, providers' willingness) for more empowered and aware patients

Acknowledgement

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- Alessandra Meda
- Alessandro Minisini
- Natalia Oprea
- Samuel Salvaggio

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THANK YOU