The quality of treatment decision-making amongst men with prostate cancer: preliminary qualitative findings from the Life After Prostate Cancer Diagnosis (LAPCD) study

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Introduction

Men with localised prostate cancer (PCa) often have several treatment options, including surgery, radiotherapy and active surveillance. Active treatments have different side-effect profiles, that may be prolonged or permanent. Policy promotes informed treatment decision-making (TDM), shared between patients and clinicians,[1] which facilitates patient empowerment and patient-centred care. [2,3] As part of the Life After Prostate Cancer Diagnosis (LAPCD) study,[3] men across England (n=119) were interviewed and asked about their level of involvement in their TDM process.

Aim

To explore reported TDM experiences of men with localised PCa.

Methods

Semi-structured telephone interviews with 84 men from across England diagnosed with PCa, who had completed the LAPCD survey and were being treated with curative intent. Interviews were audio-recorded, transcribed verbatim and analysed using a framework approach.[4]

Findings

Preliminary data analysis, indicates while most men felt involved with their TDM, some felt uncertainty and a lack of control. Emergent themes suggest several factors determined whether or not men were able to make informed treatment decisions. ***Moderating factors*** determined the context within which decisions are contained, and included the patient's preference for TDM responsibility (taking control vs. relinquishing control to clinicians), their functional status and comorbidities, and available treatment options within Trusts.

Moderating factors: Preference for TDM responsibility

"The doctors have had control of [treatment decision]. I've just done what I'm told. I don't want the responsibility. .. I did what I was told. I didn't want to have any control, I didn't know enough about it. It wasn't up to me."

Participant 2SG08XX14: Radiotherapy and Hormone therapy

Driver factors informed patient's specific treatment preferences. These included the priorities of patients, perceived effectiveness of different treatments, previous experience of family/friends with particular treatments, recommendations of clinicians, and fear of invasive treatment, expected treatment side-effects and of cancer spread/ recurrence.

Driver factors: Patient priorities

"*I just immediately said to him right, get it out, I do not want this inside of me. Gave me options of what treatment could be done, and even leave it… he said nothing may happen, and you could take it to your grave.. or we can do radiotherapy ….and I just said no, get it out.*"

Participant 1SG01AX28; Open Prostatectomy

"[Brachytherapy] seemed to me to be the least disruptive to my lifestyle. … and I just wanted away with the problem and the brachytherapy seemed to me to be the least disruptive."

Participant 1SG02BX23; Brachytherapy

Theme	Category
Moderating factors	Patient preference for TDM responsibility
	Functional status and comorbidities at diagnosis
	Knowledge of cancer and disease staging
	Available treatment options within the Trust
Driver factors	Patient preference for TDM responsibility
	Patient priorities
	Patient perceptions of treatment effectiveness
	Experience of family and friends
	Fear of invasive treatments
	Anticipated treatment side-effects
	Treatment recommendations of clinicians
Facilitating factors	Availability of optimum information
	Partner involvement
	Commitment of clinicians to shared TDM
	Access to nurse specialists
	Unrushed, calm environment

Facilitating factors empowered patients to make informed treatment decisions. Factors included availability of optimum information, involvement and support of a partner, commitment of clinicians to discuss treatment options, access to specialist staff, and an environment in which men did not feel rushed.

Facilitating factors: Availability of information

"I was taken through lots and lots of detail, leaflets and lots and lots of information so that I could make my own decision as to what course of action to take, which I did.'

Participant 1SG02BX14: Robotic Prostatectomy

Conclusions

The TDM process for men was determined by a complex array of factors, careful consideration of which may help to enhance patient empowerment and avoid decision regret.

References:

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