

The use of outcome information for shared decision-making about post-treatment surveillance after breast cancer – Results of the SHOUT-BC study

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SHOUT-BC study

SHared decision-making supported by OUTcome information regarding surveillance after Breast Cancer

Background

Surveillance after breast cancer is equal for each curatively treated patient: an annual mammogram and physical examination for at least five years following treatment. Personal risks for locoregional recurrence (LRR) and second primary (SP) tumors can be used to guide informed decision making regarding personalized surveillance.

The Breast Cancer Surveillance Decision Aid (BCS-PtDA) was developed to facilitate the process of shared decision-making about surveillance after breast cancer supported by outcome information.

Study aim

Evaluate the implementation and effectiveness of shared decision-making supported by outcome information about surveillance after breast cancer.

More information?

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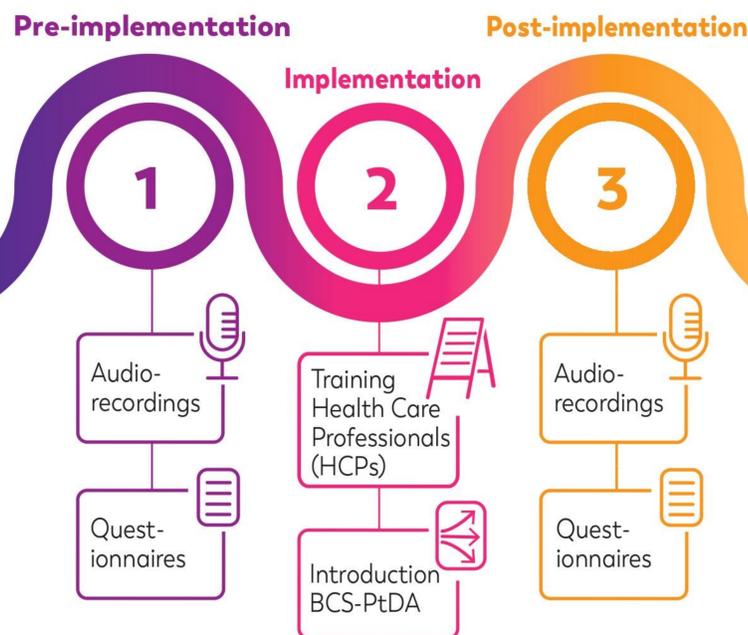
Breast Cancer



507 patients from **8** hospitals

Inclusion criteria

- Women curatively treated for invasive breast cancer.
- Receiving follow-up in one of the eight participating hospitals.
- Without a genetic predisposition related to breast cancer.
- Not treated with neo-adjuvant systemic treatment.



Results

Questionnaire - Effectivity outcomes

- Shared decision-making ↑
- Patient's role in decision-making (passive → active)
- Decisional conflict/uncertainty ↓
- Intensity surveillance ↘
- Risk appraisal ↘

Questionnaire - Evaluation BCS-PtDA

- Almost all patients recommend the BCS-PtDA to other patients.
- Most patients find the information in the BCS-PtDA understandable and useful.
- The information on risks for recurrences is clear and helpful.

Audio-recordings

- HCPs indicate clearly that patients have a choice regarding the organisation of surveillance.
- Information provision about options and choices can be more structured.
- Patients' considerations, values and preferences are not always discussed.

Conclusions

- Incorporating outcome information into shared decision-making (SDM) for post-treatment breast cancer surveillance shows promising results and supports personalization of care.
- Future studies on the long-term effects, refinement of the PtDA and optimization of implementation will contribute to the ongoing improvement of (outcomes of) SDM about surveillance after breast cancer.