Promises and Challenges of Shared Decision Making in Practice

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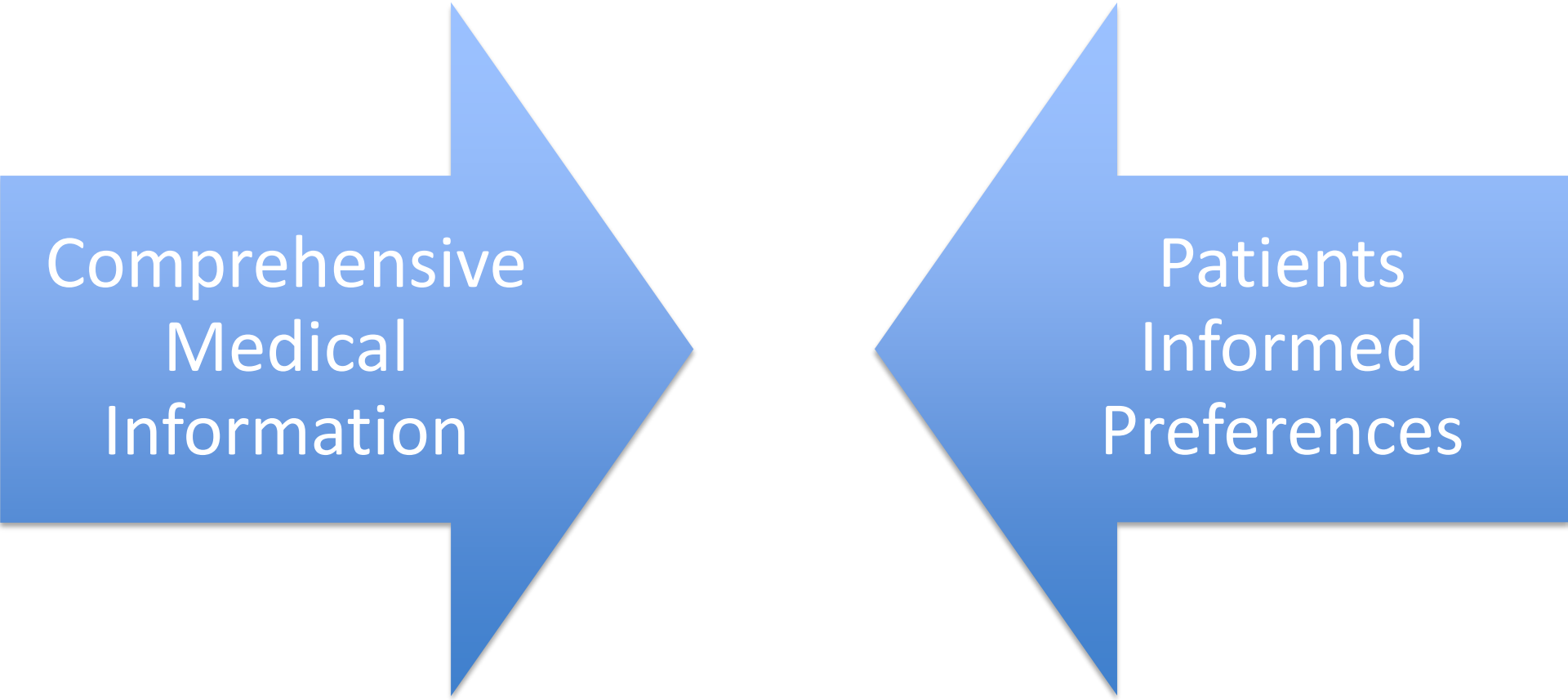
The Promise


Comprehensive Medical Information
Patients Informed Preferences

The Promise

Comprehensive Medical Information

Patients Informed Preferences

“The DECISION”

The Reality

- Select “Decisions” from recent Wednesday Clinic (5 out of 20 patients)

  87 yo woman with new breast & axillary mass found on screening mammogram. Should she pursue surgery, neoadjuvant endocrine therapy, nothing?

  45 yo woman with stage IV disease progressing on 4th line chemotherapy. Should we pursue next line of chemotherapy, return to endocrine Rx, consider clinical trial, or stop disease directed Rx and pursue palliative care alone?

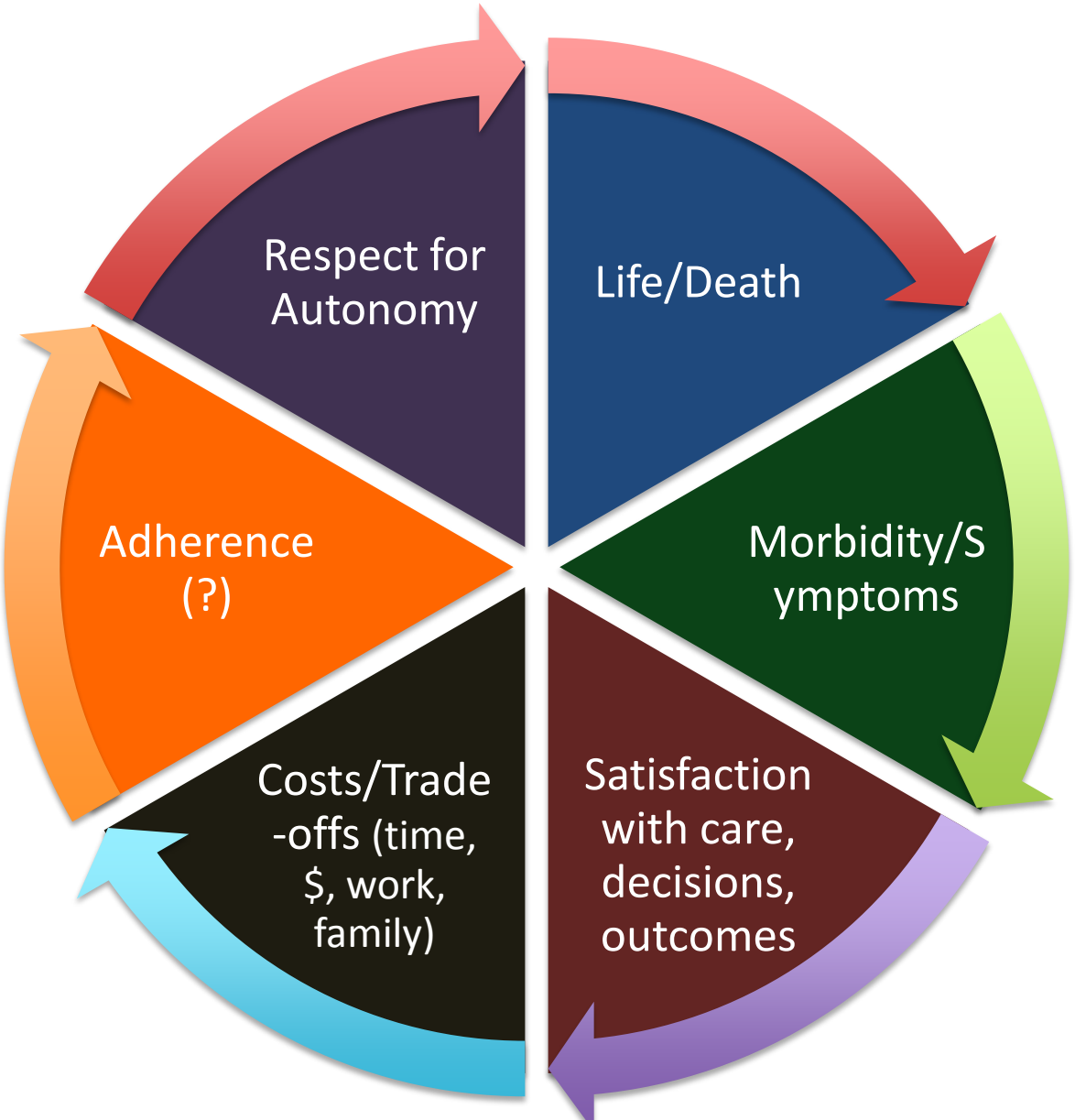
  52 yo woman with Stage II disease, hospitalized for hypotension and shortness of breath following last cycle of adjuvant chemo, work-up unrevealing, now better and in clinic for consideration of cycle #3. Continue? Move to endocrine therapy? Change chemotherapy?

  37 yo woman with newly diagnosed node negative, ER + disease, should we pursue adjuvant chemotherapy in addition to endocrine Rx? How should her desire to have an additional child factor in to this decision?

  59 yo woman with newly diagnosed node + ER+ breast cancer s/p lumpectomy who is opposed to any “unnatural” interventions. Should she do radiation therapy, chemotherapy, & endocrine therapy or alternative herbal therapy?

The Promise and the Reality

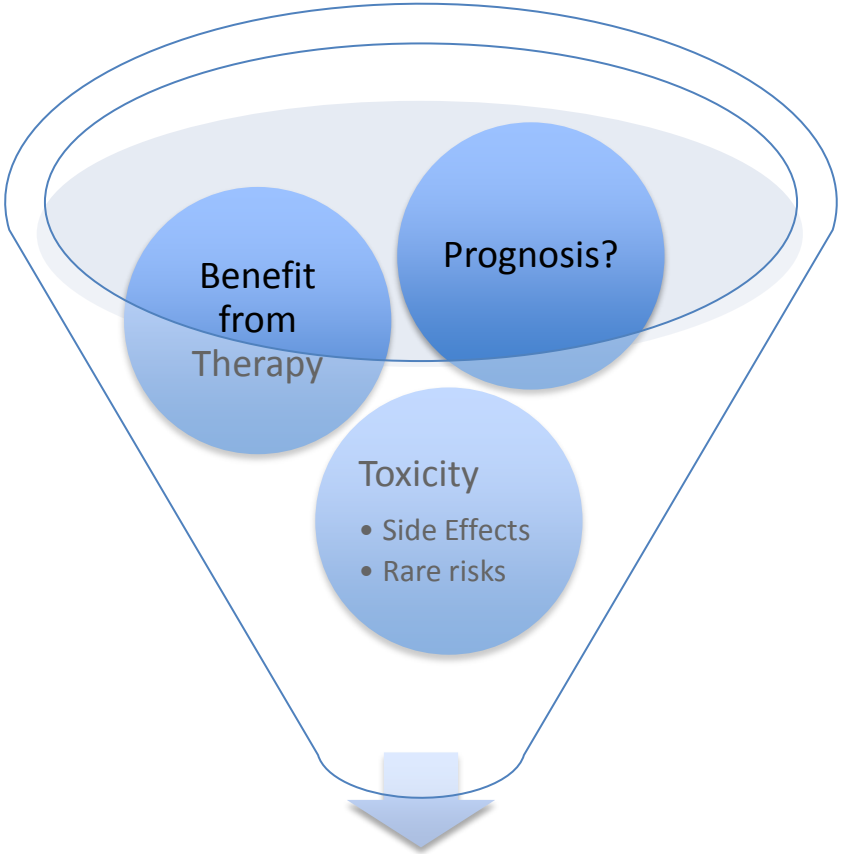
Why is this Important?



Reality:
37 yo woman with newly diagnosed node negative, ER + disease

<u>Chemotherapy</u>

Prediction Assay?
Which Regimen?
Clinical Trial?
Regimen Details?
Common toxicity?
Rare Toxicity?
Long term toxicity?
Fertility Impact?
Fertility Options?
Social Impact?
Employment Impact?
Financial Impact?

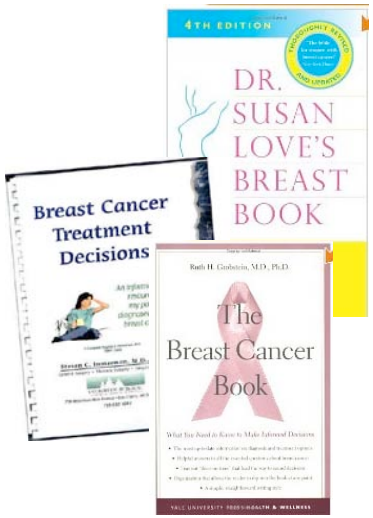


<u>Endocrine Rx</u>

Which drug?
Ovarian Suppression?
Clinical Trial?
Common toxicity?
Rare Toxicity?
Long term toxicity?
Fertility Impact?
Duration of Therapy?
Social Impact?
Employment Impact?
Financial Impact?

Decision

How are we doing?



Detailed Discussions

Variable Discussion

Local Therapy for Prostate Cancer

Adjuvant Breast Cancer

Palliative Care Discussions

4th Line Breast Cancer

Advanced Lung Cancer

Pancreatic Cancer

45 yo woman with stage IV disease progressing on 4th line chemotherapy.

- Analogous to many cancers after 1st or 2nd line therapy

- Options include:
  - Further disease directed therapy
  - Palliative care alone or in combination with above
  - Clinical trial (Phase I, II, III)

ASCO Statement on Individualized Care For Advanced Cancer

- "When cancer directed therapy is considered, the patient must be told:"
  - The likelihood of response
  - The nature of response (i.e. symptom improvement, shrinking tumors, slowing progression, improving survival)
  - Toxicities to which they will be exposed
  - Provision of both pessimistic information (the chance of no response) and optimistic information (chance of response)
  - Direct financial impact of treatment decisions
  - Costs in terms of time, toxicity, and alternatives that will be precluded by a given treatment decision

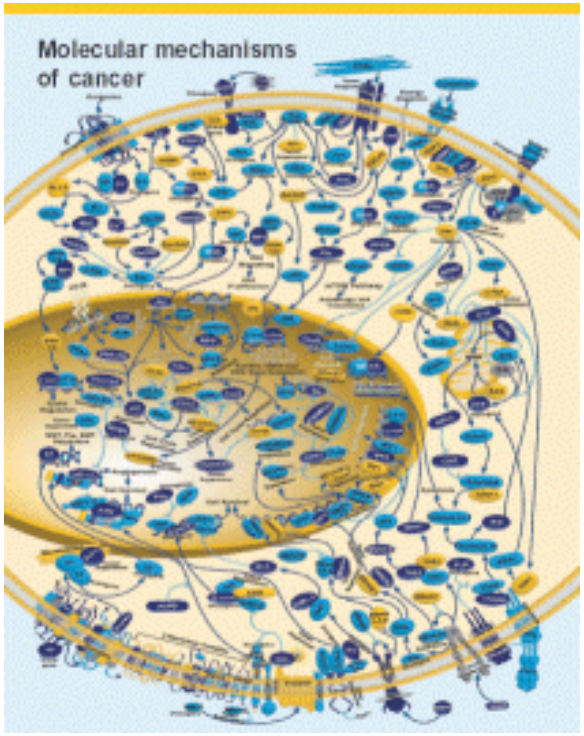
Peppercorn et al, JCO 2011

Challenges

- Information
- Assessment (Time and Skill)
- Decision Making Process
- Clinical Constraints on Decisions
- Structural Constraints on Decisions
- Patient/Family Conflict
- Patient/Doctor Conflict

Broad Questions for Shared Decision Making

- How much information?



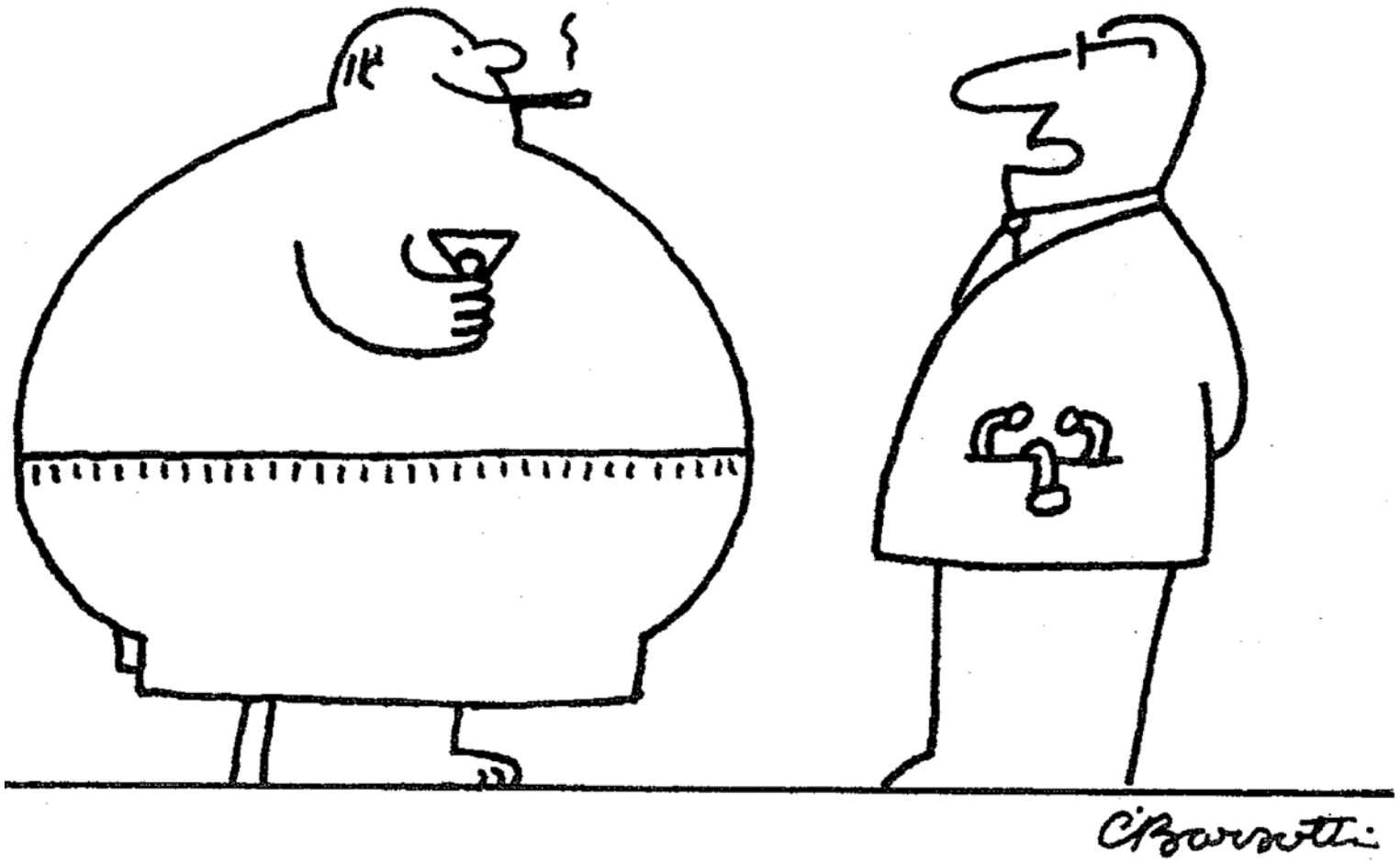
- What range of options?

- (How) do we address MD influence?

Optimal Context for Shared Decision Making?

"I'm going to take your blood pressure, so try to relax and not think about what a high reading might mean for your chances of living a long, healthy life."

When Doctors and Patients Don't Agree



"All these years, and you haven't listened to a damn thing I've said, have you?"

Challenges: Off-Protocol Therapy

- Example: 47 yo woman diagnosed with multinode + breast cancer, high risk for recurrence.
  - She is eligible for a randomized trial of a promising new drug, approved several years ago for metastatic breast cancer.
  - The drug is FDA approved and commercially available, but not proven in this setting.
  - The patient reviews the trial consent form, reads some information on line about the drug, and decides that she want to be treated with the experimental drug outside of the clinical trial, in part to guarantee that she is not randomized to standard of care alone….
- What Should The Doctor Do?

Focus Group Responses to Off-Protocol Therapy

Access, Benefit

Research, Safety

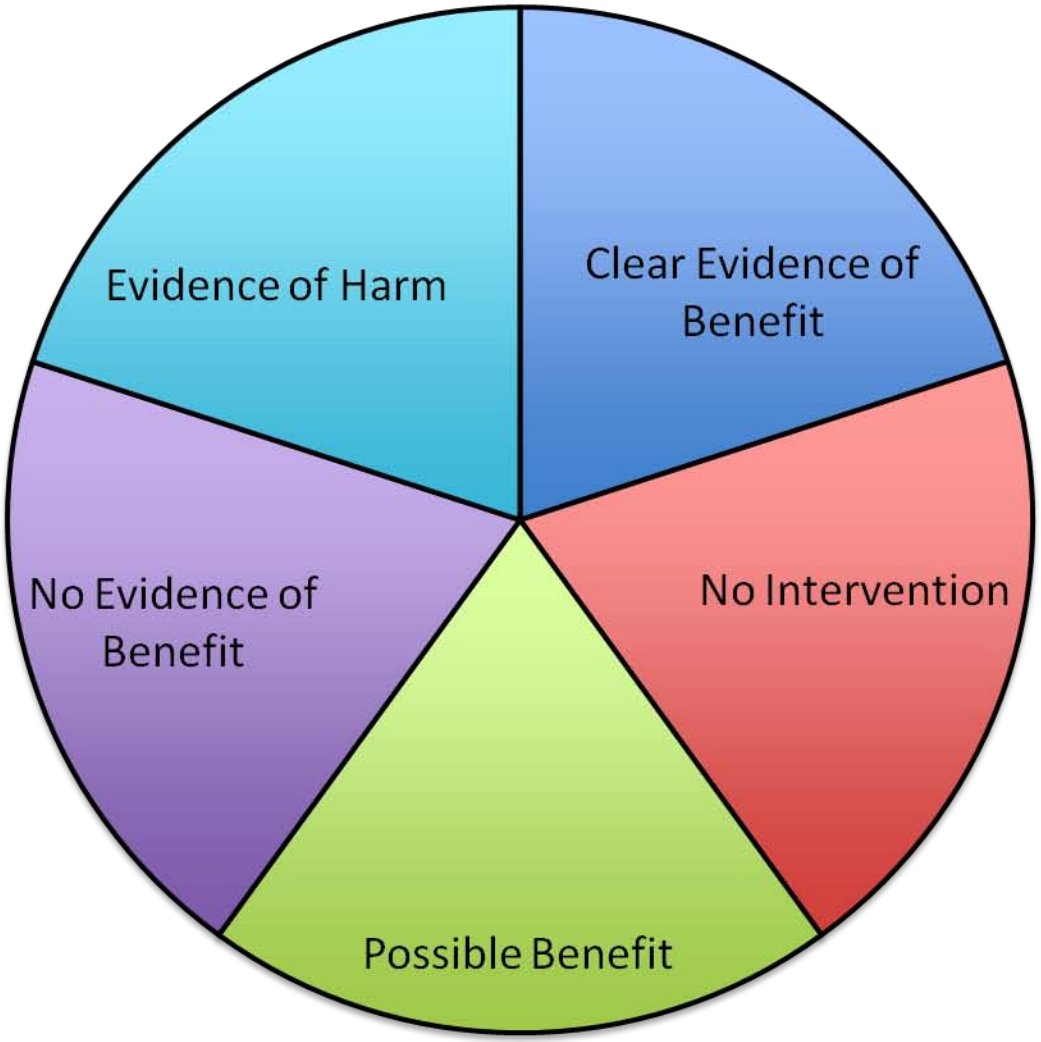
Challenge: “Bad” Decisions

- Example: A 32 year old woman is diagnosed with node positive “triple negative” breast cancer
- She undergoes neoadjuvant therapy with an excellent clinical response.
- She decides that she does not want surgery, and finds an alternative practitioner who suggests that herbal manipulation of her immune system may be enough to keep the disease in check….

- What should the doctor do?
- What if she requests biannual breast MRI to monitor for recurrence? (data free zone…)

Therapeutic Options

Potential Conflict



OK

Depends

Core Competencies…

- Knowledge of the field
  - Can't explain prognosis, options, and potential consequences if you don't know them yourself
- Ability to Translate
  - Across Educational level, cultural context, age, gender, and other individual differences
- Empathy
  - Need to know why this is important, and to care.
- Efficiency

Steering Between Paternalism and Healthcare as “IHOP Menu”

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BREAKFAST SAMPLER Two eggs, two bacon strips, two pork sausage links, two pieces of ham, hash browns and two fluffy buttermilk pancakes.

ROOTY TOOTY FRESH 'N FRUITY® Two eggs, two bacon strips, two pork sausage links and two buttermilk pancakes crowned with cool strawberry topping, warm blueberry or cinnamon apple compote and whipped topping.

T-BONE STEAK & EGGS A mouthwatering, USDA Select steak served with three eggs, hash browns and three buttermilk pancakes.

THICK-CUT BONE-IN HAM STEAK & EGGS A giant 10-oz. bone-in ham steak served with two eggs, hash browns and two fluffy buttermilk pancakes.

SPLIT DECISION BREAKFAST A hearty combination of two eggs, two crispy bacon strips, two pork sausage links, two triangles of French toast and two buttermilk pancakes.

SPINACH & MUSHROOM OMELETTE Fresh spinach, mushrooms, onions and Swiss cheese rolled in a fluffy omelette. Topped with rich hollandaise and diced tomatoes.

BIG STEAK OMELETTE Tender strips of steak, hash browns, green peppers, onions, mushrooms, tomatoes and Cheddar cheese. Served with salsa.

NEW! NEW YORK CHEESECAKE PANCAKES Four fluffy buttermilk pancakes loaded with creamy, rich cheesecake pieces and crowned with cool strawberry topping, powdered sugar and whipped topping.

DOUBLE BLUEBERRY PANCAKES Four buttermilk pancakes filled with blueberries, topped with warm blueberry compote and whipped topping.

SUGGESTIONS FOR **LUNCH** AVAILABLE ANYTIME

MONSTER CHEESEBURGER Two thick burger patties smothered in American and Provolone cheeses.

PHILLY CHEESE STEAK SUPER STACKER Grilled Philly steak and onions topped with melted American cheese and mayonnaise on a grilled Romano-Parmesan roll.

DOUBLE BLT A great double-decker with six strips of bacon, lettuce, tomato and mayonnaise on white toast.

NUTELLA CREPES Three egg batter crepes filled with "the original creamy, chocolaty hazelnut spread™M Nutella®" and fresh banana, topped with cool strawberry topping and whipped topping.

CHICKEN FLORENTINE CREPES Chicken breast strips sautéed with fresh spinach, mushrooms and onions in light seasonings. Rolled inside two delicate crepes with Swiss cheese and topped with rich hollandaise.

CHICKEN CLUBHOUSE SUPER STACKER Grilled chicken breast strips, green peppers and onions with Provolone cheese, crispy bacon, Ranch dressing, lettuce, tomatoes and mayonnaise on a grilled Romano-Parmesan roll.

HAM AND EGG MELT Grilled sourdough bread stuffed with ham, scrambled eggs, Swiss and American cheeses.

CRISPY CHICKEN SALAD Garden greens topped with diced crispy-fried chicken, tomatoes, crispy bacon, Jack and Cheddar cheeses and a hard boiled egg. Tossed with honey mustard dressing and served with garlic bread. Also available with grilled chicken.

GRILLED CHICKEN CAESAR SALAD Grilled chicken breast served on romaine lettuce with Parmesan cheese and croutons, tossed in our Caesar dressing. Served with garlic bread. Also available without chicken.

SUGGESTIONS FOR **DINNER** AVAILABLE ANYTIME

SIRLOIN STEAK TIPS Grilled, tender, sweet USDA Select sirloin tips grilled with onions and mushrooms. Served with mashed potatoes, buttered corn and garlic bread.

GRILLED TILAPIA HOLLANDAISE Tilapia lightley seasoned, grilled to perfection and topped with rich hollandaise. Served with seasoned red skin potatoes, steamed broccoli and garlic bread.

NEW! BALSAMIC GLAZED CHICKEN Grilled chicken topped with sauteed mushrooms, onions, diced tomatoes and balsamic glaze. Served with seasoned red skin potatoes, steamed broccoli and garlic bread.

NEW! THICK-CUT BONE-IN HAM DINNER A 10 oz. hickory-smoked ham steak served with mashed potatoes, buttered corn, cinnamon apples and garlic bread.

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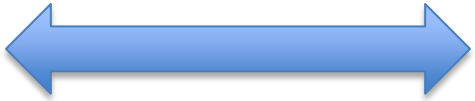

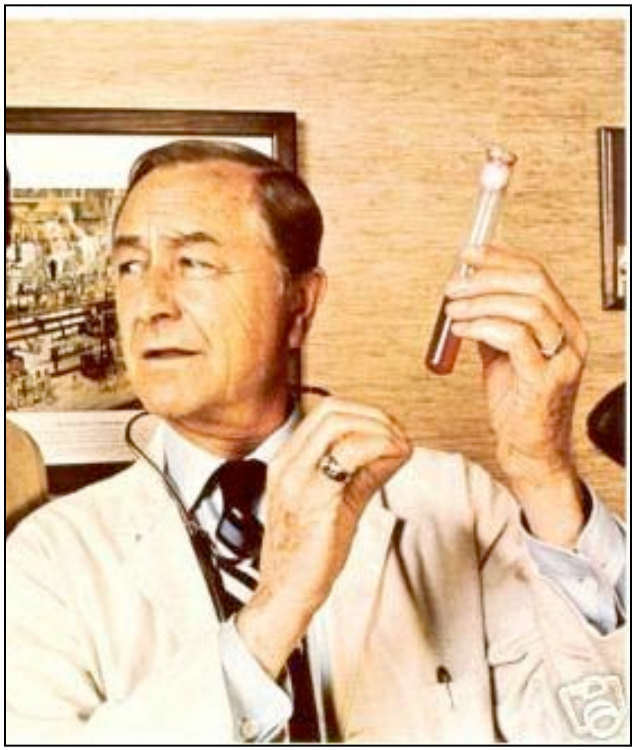

Promise

- Medical Decisions will remain complex
- Decisions can better reflect patient goals and preferences
  - Informed by: prognosis, evidence based options
  - Requires Empowering Patients and Educating Physicians

d to Identify Priority Areas and "Best
ces"

Content and Nature of Discussions and Decisions must
be tailored to the individual patient and the specific
clinical setting

Questions for Discussion

- How can patient preferences be assessed in the context of medical decision making?
- Are patient preferences usually taken into account?
- What is the role of a patient when discussing a treatment plan? What is the role of the care team?
- What are the barriers to incorporating patient preferences and shared decision making in cancer treatment planning?