



Improving shared decision making for lung cancer treatment and care

Shared decision making is a process in which clinicians and patients work together to choose test, treatment, management or support packages, based on clinical evidence and the patient's informed preferences.

Research shows strong proven benefits from shared decision making, including: greater knowledge, more accurate risk perception, greater comfort in decisions, fewer people remaining undecided and no increase in anxiety.

Roy Castle Lung Cancer Foundation, in partnership with British Thoracic Oncology Group (BTOG), National Lung Cancer Forum for Nurses (NLCFN) and Lilly, has produced a series of patient decision aids (PDAs) on adjuvant chemotherapy for lung cancer. Each PDA has been developed using a systematic process which follows International Patient Decision Aid Standards Collaboration guidance.

How to use the patient decision aids

Step 1: Getting Started

- Ensure you provide a suitable environment – privacy.
- Who does the patient want with them? This may not be the same as the people that are with them!
- If possible have a lung cancer nurse specialist sitting in to support the patients after the consultation.
- Allow time to do this.

Step 2: Finding out how much the patient knows

- Use open-ended questions (for example, "*It would help me to know what you understand about your lung cancer so far*").
- Depending on their answers, check out the reasons why they have thought things (for example, "*Why have you thought that?*").

Step 3: Finding out how much the patient wants to know

- The objective is to get a clear invitation to share knowledge (for example, "*would you like me to explain that in more detail?*").

Step 4: Discussing the Patient Decision Aid

- Explain the option of having adjuvant chemotherapy.
- Explain the purpose of the PDA and go over the content – benefits and risks.
- Ask the patient to explain key points for the benefit and risks back to you to ensure that they have understood it.
- Summarise and ask if the patient has any concerns about the risks of the treatment being offered.
- Ask if there is anything else the patient would like to discuss.
- Explain the thinking it over section. Give the patient the PDA to take away with them. Ask them to fill it in and bring it with them to the follow-up appointment. Also encourage them to write down questions for the next consultation.
- Provide contact details for local lung cancer nurse specialist, along with the charity's *Lung cancer - answering your questions* information pack.

Step 5: Follow-up

- Ask how far along the patient is in making a decision.
- Go over the patient's answers to the thinking it over section of the PDA.
- Reaffirm that the patient understands the benefits and risks of the treatment and fill in any gaps.
- Discuss personal values with the patient.
- Ask if the patient has had enough information and support to make their decision.
- If the patient is still unsure, go back over options and if required provide further information on treatment options to help in the decision making process.
- Check that there are no more considerations to be taken into account (for example, "*Is there anything else we should consider before coming to a decision?*").
- Do a final check ("*Out of 10, if 0 = no confidence at all, and 10 = very confident, how confident are you that we have come to the right decision*" "*What led you to say that?*").

References

O'Connor AM, Bennett CL, Stacey D, Barry M, Col NF, Eden KB, Entwistle VA, Fiset V, Holmes-Rovner M, Khangura S, Llewellyn-Thomas H, Rovner D (2009). 'Decision aids for people facing health treatment or screening decisions'. *Cochrane Database of Systemic Reviews*, issue 3, article CD001431.

Giving Information to Lung Cancer Patients: Guidance for Healthcare Professionals Discussing Options For Patient on the Lung Cancer Pathway. British Thoracic Society Lung Cancer and Mesothelioma Specialist Advisory Group, April 2008

Post Script

Stage 3 PDA is primarily based on data from the LACE-vinorelbine meta-analysis which included data from IALT clinical trial which included 3b patient groups. This PDA does not apply to the people included in the studies who might have worse outcomes as a result of known predictive factors such as advanced age and adverse performance status. These studies did not sub-classify as stage 3a and 3b but grouped them into a composite "stage 3".

For further information and details of your local support services please call the Roy Castle Lung Cancer Helpline free on **0333 323 7200 (option 2)**.

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