

# SHARED DECISION MAKING IN RECTAL CANCER SURGERY: THE WAY TO GO?

## Background

In rectal cancer surgery, there are two surgical options: a low anterior resection with preservation of the anal sphincter and an abdominoperineal resection with resection of the sphincter and formation of a permanent stoma. When the sphincter is not compromised, both surgical options are, from an oncological point of view, comparable. However, both procedures have their own morbidity such as bowel problems versus a permanent stoma [1, 2]. Given the need to take patients' perspective into account, the choice of rectal cancer surgery is a value-based choice [3]. To facilitate this, there is a growing interest in the use of decision aids. It helps patients to participate in weighing the impact of different treatment options on their QoL [3].

## Aim(s)

The aim of this study was to explore the expectations of healthcare professionals (HCPs) and to evaluate the impact of using a decision aid in daily practice.

## Methods

A multi-center explorative study was conducted where interprofessional HCPs responsible for the care of patients with rectal cancer were purposefully recruited. Individual semi-structured interviews were performed with 16 HCPs and were audio recorded and transcribed verbatim afterwards. Data collection and data-analysis alternated each other. Thematic analysis was performed during data-analysis using Braun, Clarke six phases. Additionally investigators' triangulation was applied during analysis.

## Results

First, HCPs felt that a decision aid would enable them to provide information in a more neutral and uniform way. Second, it was believed that the decision aid enhanced the understanding of the different aspects of QoL. Moreover, a shared decision was hypothesised to enable patients to accept consequences of rectal cancer surgery. Additionally, it was believed to empowering patients and increasing their involvement in the treatment decision. Finally, some key issues for implementation were highlighted, such as reorganising the preoperative consultation, a consensus on the most appropriate moment to use the decision aid and the need for training. Several HCPs mentioned the added value of a nurse-led consultation, complementary to the physician.

## Discussion

Patient prefer to avoid a permanent stoma [4]. This is partly because their knowledge about the possible bowel problems is inadequate [5]. Previous research has shown that the knowledge of HCPs in this field is also insufficient leading to underestimating the impact of bowel problems [6-8].

## Implications and future perspectives

A decision aid can help to give information about rectal cancer surgery in a structured way. HCPs in our study described that a nurse-led clinic could be used to inform the patients using a decision aid.

## References

[1] Wu et al., 59(3), 165-172, 2016; [2] Wu et al., 14, 1-8, 2014; [3] Stacey et al., 4(4), Cd001431, 2017; [4] Wrenn et al., 61(8), 971-978, 2018; [5] Pape et al. 6, 102088, 2022; [6] Pape et al., 24(9), 1032-1039, 2022; [7] Jimenez-Gomez et al., 31(4), 813-823, 2016; [8] Hu et al., 29(7), 4129-4136.