GOAL AND RESEARCH QUESTIONS

Goal: To inform the development of a treatment decision aid for patients with locally recurrent prostate cancer receiving care at two Ontario cancer centers, the Grand River Regional Cancer Centre (GRRCC) and the Juravinski Cancer Centre (JCC).

Research questions:
1. To what extent is there consensus among radiation oncologists about the treatment options to be included in a decision aid?
2. What are patient and radiation oncologist perceptions of the most important treatment decisions for patients?
3. What are patient and radiation oncologist perceptions about the most difficult treatment decisions for patients?
4. What are patient and radiation oncologist perceptions about barriers and facilitators to making decisions about treatment options?
5. What types of information do patients and radiation oncologists perceive as most important to include in the treatment decision aid?
6. What are patient recommendations about how information should be provided to assist them in making treatment decisions?

BACKGROUND

Treatment and disease-related information is identified as an important but frequently unmet need for men with prostate cancer. Strategies to improve information delivery and patient confidence in treatment decision-making may contribute to long-term improvement in their overall psychosocial well-being and quality of life.

Treatment decision-making for patients with locally recurrent prostate cancer is difficult because of the number of available treatment options, differences in side effects and varied evidence about their effectiveness. The complexity of the treatment choices indicates a need for patient access to an information source that helps to explain the diagnosis and treatment of locally recurrent prostate cancer. There is an absence of treatment decision-making aids or resources for this patient population.

Decision aids aim to prepare users for treatment decision-making and provide detailed information on treatment options and their outcomes. Decision aids have been found to improve patient involvement and satisfaction with treatment decision-making and reduce the psychological stress associated with making difficult decisions (Helfand, Stewart et al., 2004; O’Brien et al., 2009; O'Connor et al., 2007).

There are 7 steps to decision aid development. This study will focus on the first step: assessing the need. The Population Needs Assessment Guide developed by Jacobsen and O'Connor (2006) informed the development of this needs assessment.

METHODOLOGY

Design: A two-phase descriptive needs assessment study employing quantitative and qualitative methods.

Phase one
A Delphi process to establish physician consensus on treatment options to include in a treatment decision aid. Sample: All eight radiation oncologists providing care for men with locally recurrent prostate cancer at the GRRCC and JCC.

Data collection:
• A 15 to 30 minute individual interview to examine treatment options and decision-making challenges
• Qualitative interview data will inform the development of the next round of the Delphi process (survey)
• Electronic survey to obtain feedback and ratings on the importance of treatment options and information

Phase two
Focus groups will be conducted to determine patient information and decision-making needs related to treatment options identified in Phase one. Sample: Men who have received treatment for locally recurrent prostate cancer at the GRRCC and the JCC within the last year. Three to five focus groups involving 10 to 40 participants will be required to achieve data saturation.

Analysis

Thematic content analysis defined by Burnard (1991) will be used to analyze qualitative data generated from the Delphi survey and focus groups. The coders will independently analyze the data to identify themes and concepts relevant to patient information and treatment decision-making needs. Data from the Delphi process will be analyzed to determine the strength of support for and importance of the selected treatment options. This will include evaluating the degree of convergence on physician opinions about the importance of treatment options and their perceptions of challenging and important decisional needs relevant to these options.

N-Vivo software will be used to organize, manage and code the transcribed qualitative data. Similarities and differences in identified themes will be compared to create a coding scheme related to:
• The specific decisional needs for each of the identified treatment options
• What patients feel are the most important and difficult decisions
• Barriers and facilitators to making decisions about treatment options
• Strategies to address any challenges
• Patient preferences about decision aid formats and methods of delivery

The themes will be summarized and similarities and differences in participant priorities for a treatment decision aid will be identified. For focus groups, data collection and analysis will be concurrent in order to inform decisions about continued data collection.

OUTCOMES

This study will provide three important outcomes:
1. Identification of radiation oncologists’ consensus on treatment options for patients with locally recurrent prostate cancer
2. Improved understanding of patient perceptions about their information needs and strategies to support treatment decision-making needs for locally recurrent prostate cancer
3. Research collaboration between the GRRCC and JCC to enhance the supportive care of men with prostate cancer

REFERENCES