PROJECT INFORMATION

August 2019

Testing a Decision Aid to Help Patients with Ovarian Cancer Choose between Two Ways to Get Chemotherapy

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What was the research about?

Chemotherapy is using medicine to treat cancer. Patients with ovarian cancer may have to choose between two ways to get chemotherapy:

- Intravenous, or IV, therapy, delivers medicine into a vein.
- Intraperitoneal, or IP, therapy, delivers medicine under the muscles in the belly using a thin tube. It's used together with IV therapy.

Choosing between the two ways can be hard. IP therapy may be better at treating cancer; IV therapy may have fewer side effects.

In this study, the research team created a decision aid. Decision aids help people choose between two or more treatment options based on what is most important to them. The decision aid discussed side effects and chances of survival for each way of receiving chemotherapy. The team wanted to learn if the decision aid helped patients feel more satisfied with their decision than patients who didn't use the decision aid.

What were the results?

Patients who used the decision aid and those who didn't reported similar levels of

- Satisfaction with their decision about the way to get chemotherapy

- Shared decision making, which is a process in which patients and doctors work together to choose a treatment
- Satisfaction with treatment and care
- Quality of life
- Side effects

Patients who reported a lower quality of life and lower levels of shared decision making at the first visit they had with their doctor after surgery had less satisfaction and more regret about their decision over time.

Who was in the study?

The study included 123 women with ovarian cancer who had surgery to remove tumors. Patients received care from one of nine cancer clinics across the United States. Of these patients, 92 percent were white, and 8 percent were other races. The average age was 58.

What did the research team do?

The research team assigned patients to one of two groups by chance. In the first group, patients received the decision aid before their first doctor visit to talk about chemotherapy. In the second group, patients didn't receive the decision aid.

Before the first doctor visit, patients took a survey about their quality of life and side effects, such as nerve pain and stomach problems. After choosing a

way to get chemotherapy, patients took a survey that asked how satisfied they were with their choice and the level of shared decision making involved in making the choice. Patients also took surveys about how satisfied they were with their choice and their treatment and care halfway through treatment, one month after treatment ended, and nine months after the start of the study.

A group of patients who had had ovarian cancer helped design the decision aid and recruit patients.

What were the limits of the study?

When choosing a way to get chemotherapy, some patients found it hard to weigh concerns about side effects with chances of survival.

Future research could determine how best to present information on weighing important concerns to help patients choose a treatment.

How can people use the results?

Doctors can consider these results when thinking about how best to engage in shared decision making with patients.

To learn more about this project, visit www.pcori.org/Wenzel261.