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Shared Decision-Making for Rectal Cancer Treatment: A Path Forward

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Patients diagnosed with cancer of the rectum face very difficult surgical decisions—whether to have a colostomy or a colorectal anastomosis. Despite significant advances in surgical techniques and improved oncologic outcomes, this decision is far from easy. Many patients can find the idea of a permanent colostomy untenable. On the other hand, other patients find that restorative reconstruction is associated with significantly impaired bowel function. Most will agree that patient preferences should play a major role to improve decision quality and minimize decisional regret for the treatment of colon and rectal cancer. However, there is very little evidence that patients are informed, involved, and un-

derstand the potential challenges that they face with both these surgical methods. In many clinical fields, the idea of shared decision-making and the use of patient decision aids have emerged to try and address this issue.

Decision aids are evidence-based tools designed to help patients make informed choices by providing information on the pros, cons, risks, probabilities, and scientific uncertainty of available options before making a decision.^{1,2} Decision aids can be used when there are multiple reasonable options, when no single option has a clear advantage over the others in terms of health outcomes, or when each option has benefits and harms that patients value differently.³ By allowing patients to clarify and communicate the personal values that they associate with different treatment options, decision aids can improve the match between personal values and treatment choice.^{4,5} Studies have demonstrated that decision aids increase patient knowledge, reduce decisional conflict, help patients make appropriate decisions, and can have a positive effect on patient-clinician communication.⁶

We performed a comprehensive search on decision aids for colorectal cancer treatment. We found that the current literature evaluating decision aids for colorectal cancer treatment is sparse, with only 3 studies conducted, including 1 randomized controlled trial and 2 before-and-after studies.^{7–10} All 3 of the studies are of low quality and have significant risk of selection bias, reporting bias, and/or performance bias because of a lack of control group and randomization. In the process of our review, however, we did find literature that is robust on the use of decision support tools, including decision aids for colorectal cancer screening options.¹¹

In addition, there is unclear quality of some of the decision aids themselves used within these studies. Wu et al⁹ developed a decision aid using the well-recognized Ottawa framework for patient decision aids for patients facing the decision between low anterior resection and abdominoperineal resection, which they found effective at reducing decisional conflict and improving knowledge. Although

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this is an excellent first step toward improving rectal cancer surgery decision-making, we found the readability of this decision aid to be at a college level and that icon arrays, such as those used in the decision aid, may be difficult for patients to understand. It is also unclear if there has been further implementation of this decision aid.

It is unknown why this paucity of literature exists on the use of decision aids in rectal cancer treatment given similarities in incidence and available treatment choices for colon and rectal cancer with other common cancers. Possible causes include a preventative focus on colon and rectal cancer screening decision aids only, lack of penetrance of decision aid benefits to colon and rectal cancer practitioners, and/or possible stigma associated with bowel diseases that causes investigators to be less likely to pursue the topic. It may also be that it may be very difficult to create a decision aid for rectal cancer surgery because of the number of factors that potentially influence bowel function outcomes and the negative perceptions of stomas.

Is this a systemic issue for cancer treatment? The answer is no. Breast, lung, and prostate cancers are other common cancers that have similar complexities in decision-making to colon and rectal cancer. Clinicians and researchers who study these cancers have rigorously developed and evaluated decision aids and support tools to allow patients to understand treatment options better and to choose those options that align with their preferences and values.³ We are among those to do so.

We are interested in remedying this problem. We are focused on developing a patient decision aid for the 2 major surgical options for rectal cancer, low anterior resection and abdominoperineal resection, to help patients better align their values and preferences using well-recognized standards of decision aid development. Our group has extensive experience in the development of tools and interventions to improve shared decision-making. We look forward to collaborating with interested parties who share our vision in improving decision quality, minimizing decisional regret, and maximizing satisfaction for patients facing treatment for rectal cancer.

KEY WORDS: Colon cancer; Decision aids; Rectal cancer; Shared decision-making.

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