



Different Patients Prefer Different Treatments: Exploring Patient-Reported Preference and Shared Decision Making in Uro-Oncology

CONTACT

koether@uni-mannheim.de

Köther, A.K., Büdenbender, B., Grüne, B., Michel M.S., Kriegmair, M.C. & Alpers, G.W.

INTRODUCTION

Shared Decision Making and Treatment Preferences

- Shared decision making is recognized as the gold-standard for medical consultations - especially for preference-sensitive decisions such as continent vs. non-continent urinary reconstruction (CUR vs. NUR) after radical cystectomy
- While NUR is considered more conservative and associated with lower risks, CUR involves a lengthier operating procedure

Research Aim

- Personality and mental health may influence a patient's ability to cope with a disease and its treatment
- Little is known about patient characteristics that influence treatment preferences

Research Question and Hypotheses

- Are there systematic differences regarding personality between patients that prefer CUR and NUR?
- More anxious and older individuals prefer NUR
- Patients who prefer NUR express a stronger participation preference in decision making
- Increased anxiety is linked to lower participation preference in decision making

METHOD

Data Collection

- University Medical Center of the University of Mannheim, Germany, and five collaborating German tertiary care centers
 - University Hospital Regensburg, Regensburg
 - Urological Hospital Munich-Planegg, Munich-Planegg
 - University Hospital Carl Gustav Carus, TU Dresden
 - Ulm University Medical Centre, Ulm
 - Marien Hospital, Ruhr-University Bochum, Herne

Participants

- N = 125 bladder cancer patients awaiting consultation before radical cystectomy
- Primarily male (78%), of old age ($M = 68.5, SD = 9.42$), and retired

Questionnaires (Self-Report)

- Sociodemographic Data
- Treatment preference for urinary reconstruction
- Personality (Big Five Inventory – 10, BFI-10)
- Anxiety (STAI)
- Participation preference (Autonomy Preference Index , API, original case vignettes & uro-oncological vignettes)

RESULTS

Differences between Patient Groups

Measure	Preference for NUR (n = 37)		Preference for CUR (n = 55)		t (df)	Cohen's d
	M	SD	M	SD		
Personality						
Openness	54.73	29.22	66.36	24.40	-2.07* (90)	-.44
Age	70.08	8.56	65.54	9.43	2.36* (75)	.50
Anxiety	29.33	10.39	26.30	10.95	1.21 (75)	
Participation Preference						
Generic	27.21	24.32	31.60	23.43	-.84 (86)	
Uro-oncological case vignette	32.26	15.83	29.51	12.73	.84 (76)	

Note. * p < .05

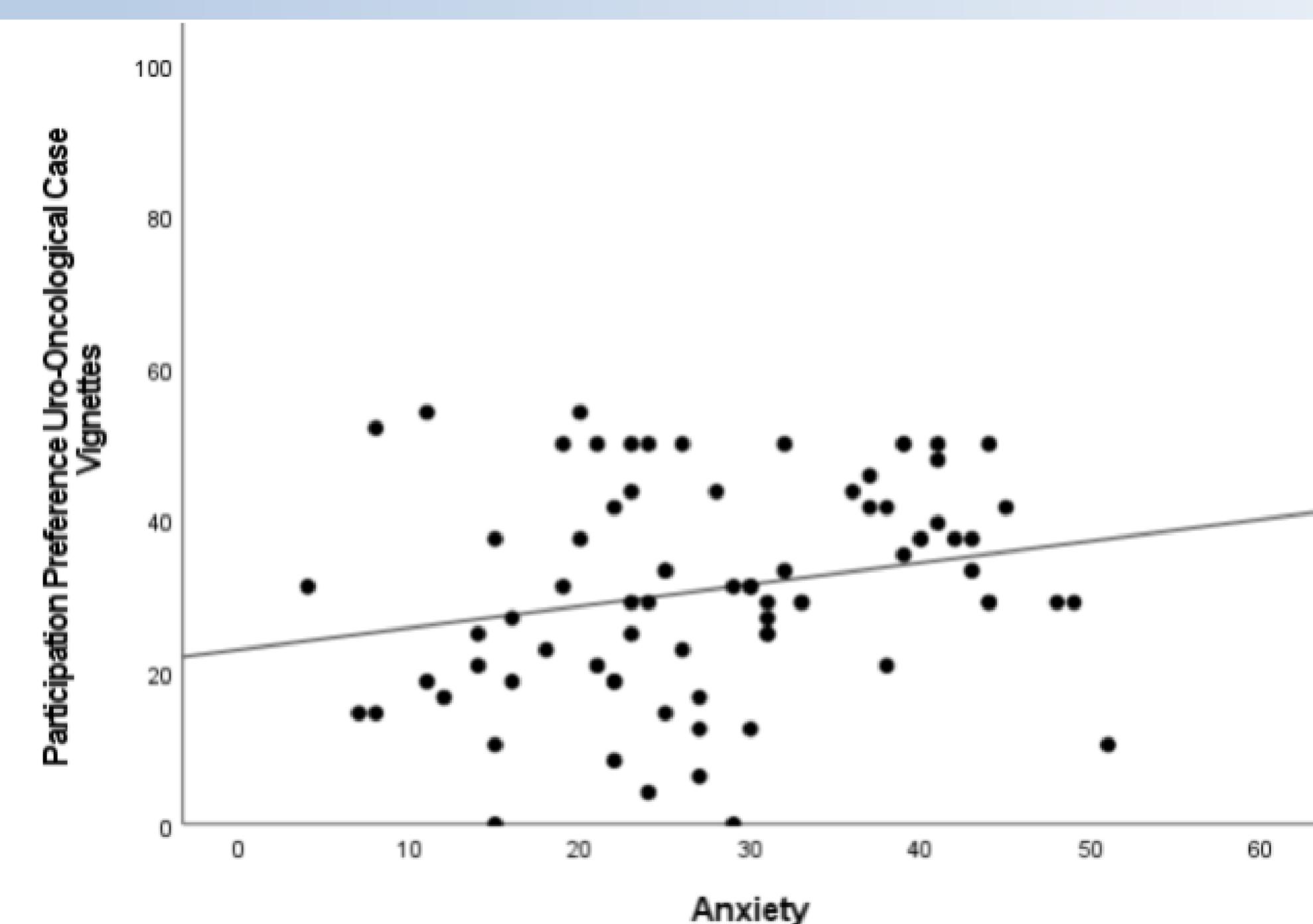
Methods of Urinary Reconstruction after Radical Cystectomy

Non-Continent Urinary Reconstruction (NUR)		Continent Urinary Reconstruction (CUR)	
Ileal-Conduit	Ureter Skin Fistula	Neobladder	Pouch
N = 37 Patients preferred NUR		N = 55 Patients preferred CUR	

Anxiety and Participation Preference

	Participation Preference		
	API Generic	Original Case Vignettes	Uro-Oncological Case Vignette
Anxiety			
State	0.14 (p = .20)	.06 (p = .60)	0.23 (p < .05)
Trait	0.11 (p = .28)	.11 (p = .31)	0.19 (p = .08)

Note. Correlations reported as Pearson's r. Anxiety = STAI; Participation Preference (generic) = API; Participation preference (Uro-Oncology) = Self-generated case vignette



Linear regression of Anxiety and Uro-Oncological Participation Preference

- In our sample state anxiety is a significant predictor of uro-oncological participation preference ($\beta = .23, p < .05$)
- The predictor explains 5% of variance ($R^2 = .05$), $F(1,77) = 4.21, p < .05$)

SUMMARY AND CONCLUSION

- Our findings provide novel insight into differences between patient-reported preference for urinary reconstruction
- Personality characteristics are relevant in patient-reported treatment preference
- Patients who reported less openness and those who are older were more likely to prefer more conservative treatment options (NUR). However, we found no effect for anxiety
- Contrary to our hypothesis, we found no differences in participation preferences between patient groups
- More anxious patients expressed more desire to be involved in uro-oncological decision making. Thus, anxiety may drive the motivation to be more involved in consultations
- Physicians should engage and support more anxious individuals by addressing their desires and concerns in the decision making process

➤ In sum, our findings illustrate the importance of patient characteristics for treatment preferences and provide a valuable contribution to the SDM literature