**Abstract ARPH Conference 2021 – Oral presentation**

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| **Needs and preferences of breast cancer patients regarding shared decision making supported by risk information regarding post-treatment surveillance.** |
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| Introduction – Currently, surveillance after breast cancer treatment is one-size fits-all: annual imaging and physical examination for at least five years. Research has shown that surveillance can be personalised based on the risk for recurrences. In this study, we explore how patients experience current information provision and decision making about post-treatment surveillance. Furthermore, we assess how patients think about less intensive surveillance.  Methods - We conducted semi-structured interviews with 23 women who finished primary treatment at maximum five years ago.  Results - Women experienced no shared decision making (SDM) about post-treatment surveillance. Information provision was often suboptimal and unstructured. Misconceptions exist e.g. some women thought that surveillance can prevent recurrences or believed mistakenly that surveillance is aimed at detecting distal metastasis (instead of locoregional recurrences). Women were hesitant about less intensive surveillance based on personal risk information. Perceived advantages of less intensive surveillance were: less distressing moments, leaving behind the patient role, and less burden (pain, time investment). Disadvantages were: less moments for reassurance, a fear of missing recurrences, and a higher threshold for aftercare for consequences of the disease and treatment.  Conclusion - Initiatives should be developed on improving information provision and SDM about surveillance after breast cancer treatment. Where less intensive surveillance may be sufficiently effective for low risk patients, women do not seem ready for it. Insight in personal risks for recurrence and improved information provision within a guided SDM process should be explored as solution to achieve a more realistic attitude and better allocated care. |