



LEEDS
BECKETT
UNIVERSITY

Citation:

Mahmoodi, N and Bekker, HL and King, N and Hughes, J and Jones, G (2016) DECISION AIDS' EFFICACY TO SUPPORT WOMEN'S FERTILITY PRESERVATION CHOICES BEFORE CANCER TREATMENT: AN ENVIRONMENTAL SCAN. In: Teenage and Young Adults with Cancer : The essentials of fertility in young people with cancer, 8th July 2016, Leicester, UK. (Unpublished)

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/2997/>

Document Version:

Conference or Workshop Item (Other)

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

An Environmental Scan of Patient Resources: Supporting Women And Young Adult's Fertility Preservation Decisions Before Cancer Treatment

Mahmoodi N¹, Jones GL¹, Hughes J¹, King N², Velikova G², Bekker HL²...and on behalf of the Cancer, Fertility and Me project team

¹Leeds Beckett University, Faculty of Social Sciences UK; ² University of Leeds, School of Medicine, UK

Background & Study Aims

There is a need for the development of a resource for cancer services and women, to support decision-making about fertility preservation. [1-2]

The *Cancer, Fertility and Me* project aims to develop a patient decision aid (ptDA) to support women with cancer making fertility preservation decisions. [3]

This environmental scan is part of the identifying evidence to inform the development of the ptDA. [4]

The environmental scan aims to:

Assess the quality of patient information and clinical guidelines for women being treated for cancer offered fertility preservation, by:

- Scanning open-access resources for women and professionals
- Synthesising and evaluating resources for 'active' decision making components
- Identifying evidence to inform content ptDA

Methods

Design: survey employing systematic review methods

Sample: open-access patient information or clinical guidelines

Searches: (November-December 2015)

1. Google (Chrome) – first 15 pages of hits from 10 unique search strategies, using combination of terms [cancer] [women] [treatment] [fertility preservation] [decision-making] [decision aid] [booklet] [information]

2. Repositories – The Decision Aids Library Inventory, Trip, NHS Evidence, The National Guidelines Clearinghouse, Clinical Trials; terms [cancer] [breast] [leukaemia] [lymphoma] [gynaecological] [fertility preservation]

3. Decision Aid Experts – SHARED-L distribution list; steering group expertise (resources/ prior research)

Inclusion Criteria:

Resources: a) woman treated for cancer; b) implications of cancer treatment(s) on fertility; c) describe fertility prevention options and consequences; d) provide explicit decision making statements and/or guidance.

Guidelines: a) raise awareness about fertility preservation; b) what to discuss about fertility preservation options; c) when to discuss fertility preservation options; d) how to support the patient in shared decision making.

Data Extraction Sheet:

- Demographics
- Understand health problem (illness representation theory)
- Supporting active thinking (components)
- International Patient Decision Aid Standards (IPDAS 12 criteria)

Conclusion

The content and quality of resources varied. Only one resource met literacy standards. Most patient resources were not designed to support decision making explicitly. Fertility preservation was largely explained within the infertility treatment pathway. Limited structures used to support active, unbiased reasoning between options in the context of treatment for cancer.

Future directions:

There is a need for the development and evaluation of a ptDA that:

- Helps women to understand fertility preservation as part of reducing impact of cancer treatment on fertility, in the long term.
- Includes structure to enable active reasoning about own values, risk perceptions cancer treatment, and trade-offs.

References

1. Jones GL, Hughes J, Mahmoodi N, et al. What factors influence the decision-making process for women with cancer contemplating fertility preservation? A narrative review. RCOG World Congress, Abstract, July 2016, Birmingham: UK.
2. Jones GL, Hughes J, Greenfield D, et al. What factors influence the fertility preservation treatment decision-making process in women with cancer? the qualitative findings of the PreFer study. European Shared Medical Decision Making conferences, Abstract, July 2016, London: UK.
3. Jones GL, Hughes J, Mahmoodi N, et al. Observational study of the development and evaluation of a fertility preservation patient decision aid for women diagnosed with cancer: The Cancer, Fertility and Me research protocol (Manuscript in preparation for BMJ Open)
4. Mahmoodi N, Jones GL, Hughes J, et al. Decision aids' efficacy to support women's fertility preservation choices before cancer treatment: an environmental scan. European Shared Medical Decision Making conferences, Abstract, July 2016, London: UK.

Results

Search results:

From screening a total of 2751 potential records, 443 were identified. Once duplicates were removed, 158 records were assessed for eligibility. From these, 24 patient resources and 0 guidelines were included for data extraction.

Demographic information:

| | | |
|---|--------------|---|
| Country | 46% (n = 11) | USA |
| | 25% (n = 6) | Australia/ New Zealand |
| | 17% (n = 4) | UK |
| | 12% (n = 3) | Other Europe |
| Media | 79% (n = 19) | booklet (paper/ PDF) |
| | 29% (n = 7) | web-pages |
| | 8% (n = 2) | interactive website (app) |
| Readability (23 English, 1 Dutch) | 4% (n = 1) | standard/ easy |
| | 29% (n = 7) | difficult |
| | 67% (n = 16) | very difficult/ complex |
| Purpose | 13% (n = 3) | make decisions |
| | 25% (n = 6) | communicate with clinical team |
| | 29% (n = 7) | inform/ cope |
| | 33% (n = 8) | no stated purpose |
| Cancer Type | 67% (n = 16) | any cancer type |
| | 25% (n = 6) | breast cancer |
| | 4% (n = 1) | gynaecological cancer |
| | 8% (n = 2) | other single cancer (leukaemia/ lymphoma) |

Understanding health problem:

Incomplete information about cancer and infertility problems. Causal links between cancer and infertility not explicit.

| | Cancer Type (%) | Fertility (%) | Infertility (%) |
|---------------|-----------------|---------------|-----------------|
| Label/symptom | 13 | 29 | 17 |
| Timeline | 8 | 25 | 21 |
| Cause | 4 | 46 | 8 |
| Consequence | 63 | 13 | 21 |
| Cure/control | 21 | 4 | 29 |

Descriptions:

Most described the treatment options (n= 18, 75%) about infertility, but not the decision about fertility preservation.

Describe infertility:

"Infertility is a term which describes the situation when a couple are having difficulty getting pregnant (conceiving)". (infertility centre)

Describe causal links cancer and infertility:

"The main treatment for cancer are chemotherapy, radiotherapy, surgery, hormonal therapy and targeted therapy. These treatments affect fertility by damaging the eggs, ovaries or womb; and affecting hormone production" (cancer charity)

Describe fertility after cancer:

"It is difficult to predict exactly how your fertility will be affected by cancer treatment. Many specialist advise women to wait at least two years before becoming pregnant, as the possibility of cancer coming back can lessen over time" (cancer charity)

Component ptDA's

Only 7 (41%) had 50% or more of the IPDAS quality components for a decision aid.

| IPDAS items | Patient Resource Number | | | | | | | | | | | | | | | | | | | | | | | | % |
|---|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 1. Describes health condition | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | 100 |
| 2. States explicit decision | | | x | x | | | | | | | | | | | x | | | | | | | | | | 25 |
| 3. Describes options | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | 96 |
| 4. Describes positive features | | | | | | | | | | | | | | | | | | x | | x | | | | | 13 |
| 5. Describes negative features | x | x | x | | | | | | | | x | | | | | | | x | | x | | | | | 33 |
| 6. Describes the experience of the consequence of options | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 7. Balanced and equal detail for all options | | | | | | | | | | | | | | | | | | | x | | | | | | 8 |
| 8. Citation to evidence | x | x | x | x | | | | | x | | | | | | x | | | | x | x | | | | | 42 |
| 9. Publication date provided | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | 58 |
| 10. Update policy provided | x | x | x | x | x | x | x | x | x | x | | | | | | | | | | | | | | | 42 |
| 11. Information about levels of uncertainty around event | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 12. Funding source | x | x | | | | | | | | | | | | | | | | | | | | | | | 29 |
| Total IPDAS score | 5 | 6 | 5 | 6 | 6 | 3 | 4 | 4 | 3 | 4 | 3 | 4 | 2 | 6 | 3 | 2 | 7 | 4 | 4 | 3 | 2 | 8 | 5 | 8 | |