

## **Title page:**

### **Title: Decision Making in the Treatment of Early Colorectal Cancer: A review of the literature.**

#### **Authors:**

Clare Westwood, Nurse Consultant<sup>1</sup>

Robert McSherry, Professor (Emeritus) of Nursing and Practice Development<sup>2</sup>

Tom Lee, Consultant Gastroenterologist<sup>3</sup>

Josette Bettany-Saltikov, Senior Lecturer in research methods<sup>4</sup>

<sup>1</sup>County Durham and Darlington Foundation Trust.

<sup>2</sup>School of Health, Teesside University.

<sup>3</sup>Consultant Gastroenterologist, North Tyneside Hospital.

<sup>4</sup>School of Health, Teesside University.

**Author responsible for correspondence:** Clare Westwood,

Address (work): Ward 20, Bishop Auckland Hospital, Cockton Hill Road, Bishop Auckland, County Durham, DL14 6AD. Tel: 07717151164, email: [clare.westwood@nhs.net](mailto:clare.westwood@nhs.net)

Address (home): The Orchard, Mill Farm, Eppleby, Richmond, North Yorkshire, DL11 7BH. Tel: 07905496704, email: [clarebarry72@hotmail.co.uk](mailto:clarebarry72@hotmail.co.uk)

#### **Abstract.**

**Background:** The National Bowel Cancer Screening Programme introduced in England in 2006 led to increasing numbers of patients diagnosed with polyp cancer and earlier stage colorectal cancer. At the same time, advances in treatment options for early stage disease mean the complexity of options for patients has increased. Many of these options have similar survival benefits but different potential risks and side effects and can be described as preference sensitive.

Government policy in the United Kingdom (UK) aims to increase patients sharing involvement in treatment decisions, although it is unclear how this should be implemented in those diagnosed with polyp cancer or early stage colorectal cancer.

**Aim:** The aim of this review was to evaluate the literature on treatment decision making following a diagnosis of early colorectal cancer.

**Methods:** A review of the current literature was performed using search terms to cover colorectal cancer, decision making and experiences of patients and clinicians.

**Results:** Analysis of the literature revealed key themes related to patient involvement in treatment decision making following a diagnosis of early colorectal cancer. These themes related to both clinician and patient factors. Clinician factors included time pressures and the perceived applicability of involving patients in decisions due to either patient characteristics, (age; ability to understand information) or the clinical situation (stage or situation of cancer). Patient related factors included the awareness any decision was to be made, information resources and time to think.

## **Conclusions**

Although shared decision making (sharing treatment decision making between clinicians and patients) as a concept is accepted, there are several major barriers preventing its use regarding treatment choices in practice. There are gaps in the literature around experiences of patients and clinicians making shared treatment decisions about newer treatments for early stage colorectal disease.