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## CONTEXT

Successful experiences of shared decision-making demonstrate the importance of health policy in clinical scenarios. For diseases such as cancer, which is chronic and life threatening, this shared decision becomes especially relevant because there are several options with different outcomes and a high degree of uncertainty of real benefits. These differences can render in physical and/or psychological damage.

## OBJECTIVE

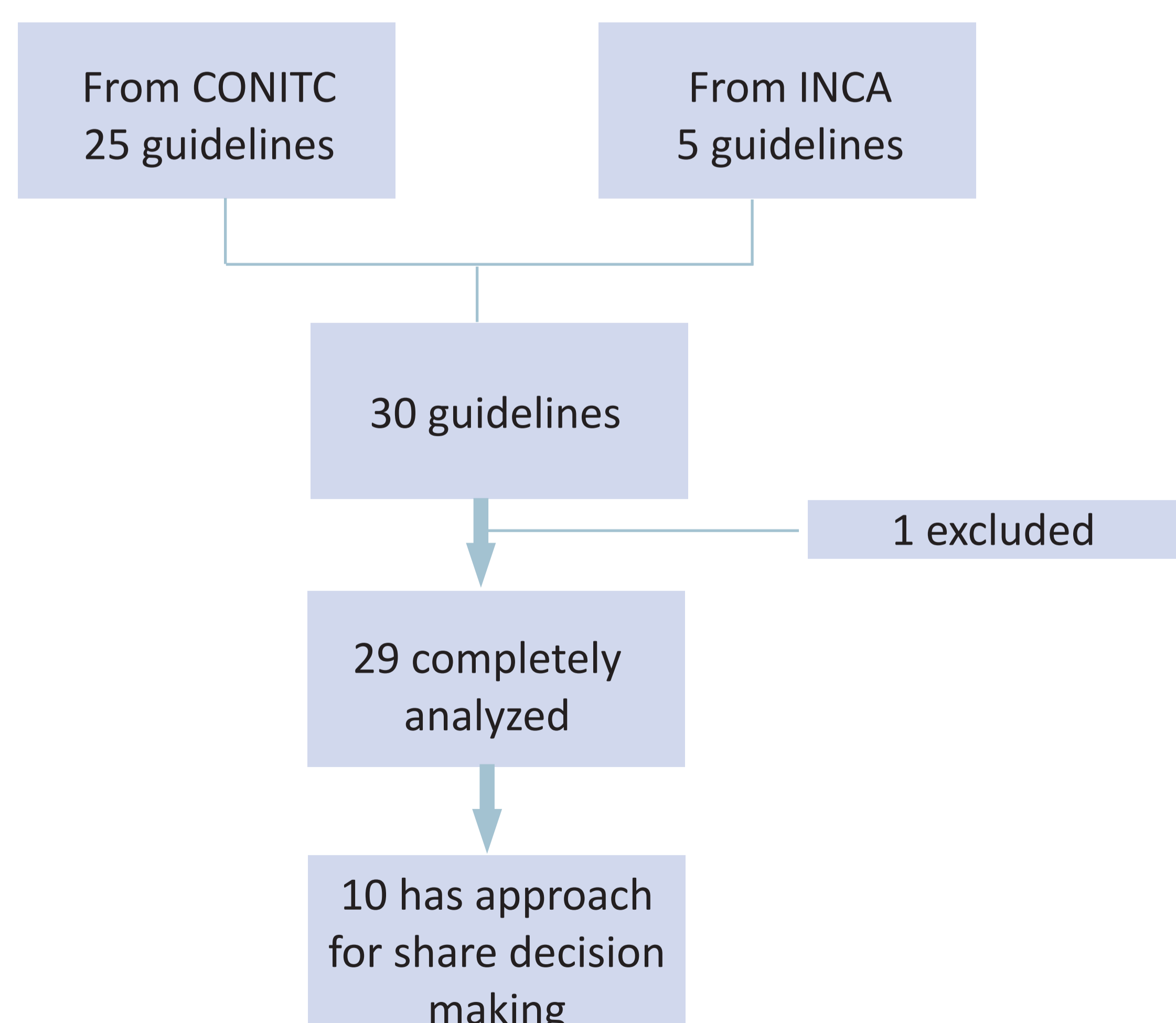
The objective of this study was to identify the shared decision-making in Brazilian cancer guidelines.

## METHODS

A documentary analysis of the cancer-related guidelines in Brazil was carried out. The examined documents were taken from the website of the National Commission Technology(CONITEC) and the National Cancer Institute of Brazil (INCA).

We also compare the shared decision making approach in these guidelines with a three-talk model described by Elwyn et al., 2017.

## RESULTS



A total of 29 guidelines were retrieved and analyzed; 10 of which mention shared decision approaches somewhere within the document. Moreover, the shared decision appears discretely in most of the guidelines, and it was conceptualized into in only one document.

This approach was common in those that have cancer able to screening, including breast, prostate or cervical cancer. Individual preferences were also recognized in those guidelines that presented more than one treatment option or are addressed to people with cancer in the early and asymptomatic stages.

The results shows that cancer guidelines in Brazil recognize the importance of communicating the risks of health interventions, but few recognize the need to incorporate individual opinion into the decision-making process.

We found that there is a mismatch between the guidelines and the three-talk model in terms of elucidating the patient's preferences and values. The guidelines presented a broader approach in discussing the risks and benefits of interventions and the decision itself. On the other hand, they barely focus on the team talk and the willingness of working together.

Table 1. Guidelines Cancers Guidelines with shared-decision making approach

Cancers Guidelines with shared-decision making approach	Three-talk model steps approach
Prostate	Option talk and Decision talk
Esophagus	Option talk and Decision talk
stomach	Decision talk
Lung	Three steps
Head and neck	Decision talk
Brain tumor	Team tlak and Option talk
Cervical screening	Decision talk
Follicular lymphoma	Decision talk
Prostate screening	Option talk and Decision talk
Breast screening	Three steps

## CONCLUSION

Most of the Brazilian cancer guidelines do not consider shared decision-making implementations, what reveals the great challenge of promoting autonomy in an ethical basis, respecting the individual preference.