

# The role of patient-centered communication and shared decision-making in treatment knowledge and decision preparedness among people with urologic cancers: Findings from the Cancer Experience Registry

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Abstract #359

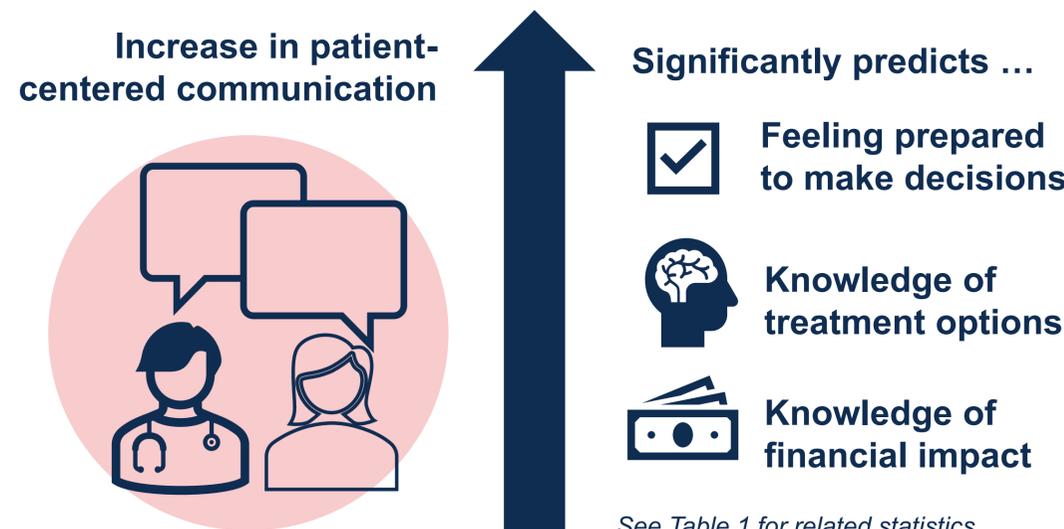
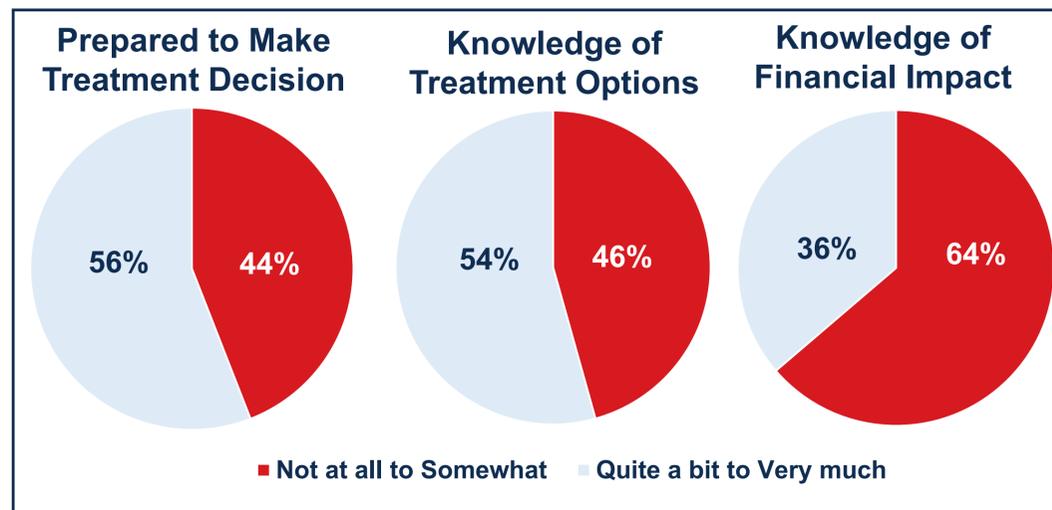
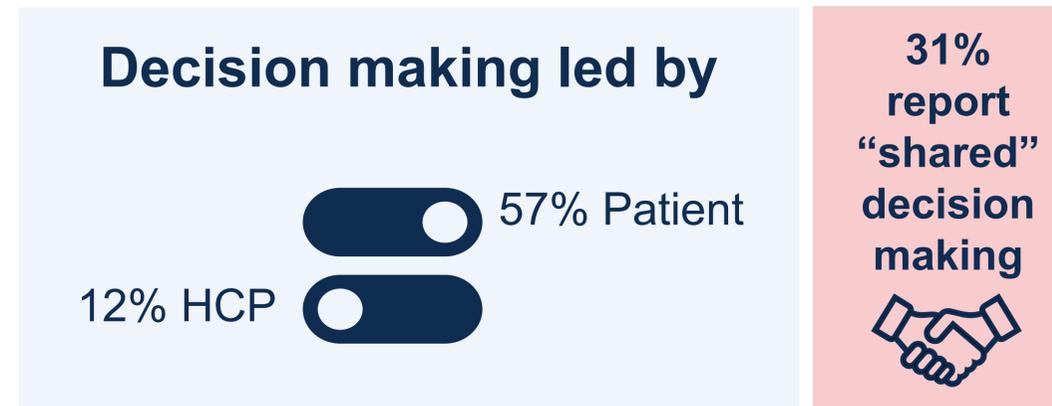
## Background

Healthcare providers' ability to successfully engage in patient-centered communication (PCC) and shared decision-making (SDM) is critical for prioritizing patient values and needs given the diversity of cancer treatment options available.

**This study aims to examine the impact of PCC and SDM on urologic cancer patients' perceived knowledge and preparedness in treatment decision-making.**

## Methods

- Participants included respondents to the Cancer Support Community's **Cancer Experience Registry** between 11/2021 – 01/2025 who reported sociodemographic and clinical information, decision-making style (provider-led, patient-led, shared), knowledge about cancer treatment options and financial impact, as well as preparedness to make treatment decisions (on 5-pt scale, dichotomized for analysis), and PCC (6-item PCC short form). PCC scores were negatively skewed, indicating strong communication; a median split (Mdn = 4) was used in regressions.
- We ran three **logistic regression models** adjusting for sociodemographic and clinical factors predicting:
  - 1) preparedness for treatment decisions
  - 2) knowledge of treatment options
  - 3) knowledge of financial impact
- The sample included **254 U.S. adults** (75% men; ages 24-90 [Mean = 68, SD = 11]) with urologic cancer (**54% prostate, 29% bladder, 15% kidney, 2% testicular**), 48% in remission, 24% localized, 20% metastatic; 3yr Median time since diagnosis; 85% non-Hispanic White, 58% held a Bachelor's degree or higher, and 58% had income ≥\$40K.



See Table 1 for related statistics

## Results

Table 1. Logistic Regression Adjusted for sociodemographic factors

	Prepared to make treatment decisions	Greater knowledge of treatment options	Greater knowledge of financial impact
DM: Patient-led	5.633 (1.98 - 16.06)**	--	--
DM: Shared	5.525 (1.85 - 16.55)*	--	--
PCC	2.857 (1.62 - 5.03)**	1.737 (1.02 - 2.95)*	2.016 (1.10 - 3.70)*

DM=Decision making; reference group is HCP led. PCC=Patient centered communication; reference group is below Median. \*p<.05 \*\*p<.001 Results reported are odds ratios (95% Confidence Intervals). Models adjusted for age, gender, income, education, current cancer status, and diagnosis. These variables were not significant in Model 1 or 2. Age (higher), education (Bachelors), and diagnosis (kidney and prostate vs. bladder) were significant predictors of greater knowledge of financial impact in Model 3).

## Conclusions & Future Directions

Patients who led or shared in decisions were over **5 times** more likely to feel prepared to make treatment decisions. Those with patient-centric communication were nearly **3 times** more likely to feel prepared, and about **2 times** more likely to understand their treatment options and financial impact.

**Findings suggest that PCC and SDM play a critical role in patient experiences, and strengthening these approaches in clinical settings may help ensure that care is more aligned with patients' values, preferences, and needs.**

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