



QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

THE SHARED DECISION-MAKING PROCESS IN LOW-RISK BASAL CELL CARCINOMA: A SYSTEMATIC REVIEW FOR PATIENT THERAPY PREFERENCES AND DECISIONAL EXPERIENCE.

Azael Freitas-martinez⁽¹⁾ - Rosemary Martin⁽¹⁾ - Andrea Catalán⁽²⁾ - María Luz Negrín Díaz⁽¹⁾ - Néstor Santana⁽³⁾ - Agustín Viera⁽⁴⁾

Hospital Vithas Santa Catalina, Dermatology, Las Palmas De Gran Canaria, Spain⁽¹⁾ - Hospital San Roque, Dermatology, Las Palmas De Gran Canaria, Spain⁽²⁾ - Sinergia Dermatológica, Dermatology, Las Palmas De Gran Canaria, Spain⁽³⁾ - Clínica Ivalia Dermatología, Dermatology, Las Palmas De Gran Canaria, Spain⁽⁴⁾

Introduction: The shared decision-making model ensure that health care professionals do not make decisions solely based on knowledge, experience, and the latest scientific evidence, but that they also inform patients broadly, including adverse events of different therapies, and let them take part in all important aspects of the medical decision.

Objective: To identify shared decision-making research priorities in low-risk basal cell carcinoma (LR-BCC).

Materials and Methods: We conducted a systematic review of the PubMed, and MEDLINE online databases. Eligible articles were published in English or Spanish, described original research, and identified factors associated with treatment decision making by patients with LR-BCC. PRISMA guidelines were followed.

Results: The search strategy yielded 72 unique citations, of which 26 full-text articles were reviewed. Eight articles met the criteria for inclusion. Study quality was reasonable overall. Influences on treatment decision-making among patients with LR-BCC included the patient-provider relationship, perceived ability to participate in the treatment decision, values and preferences, information needs, adverse events, cost of care, and patient preferences of follow-up. There is no study yet that evaluate outcomes related to the shared decision-making process in patients with LR-BCC and the post decision satisfaction with the selected therapy.

Conclusions: There is a need for further research that examines the LR-BCC shared decision-making process from patients vs providers perspective, especially in LR-BCC that might be overtreated from patients perspective. Priority topics may include the patient experiences of diverse treatment options for LR-BCC, decisional regret assessment, and





the development of an appropriate LR-BCC shared decision-making therapy aid.

