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A difficult balancing act : Informing breast cancer patients about adjuvant systemic therapy

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Stellingen behorend bij het proefschrift

A Difficult Balancing Act

Informing breast cancer patients about adjuvant systemic therapy

Ellen Engelhardt

1. Oncologists regularly communicate probabilities during consultations in the belief that such information helps patients understand their prognosis. This intent is undermined by the fact that more often than not probabilities are only presented as percentages. (*this thesis, chapter 5 and 6*)
2. All models are wrong, but some are useful. (*Box, G. E. P. (1976), Journal of the American Statistical Association, 71: 791–799*)
3. The choice of the probabilities to be communicated during patient consultations, is not driven by oncologists' valuation of or the literature on the quality of such estimates.
4. A key premise of shared decision-making, namely *thorough* and *balanced* information provision about treatment benefits and harms, is often not met in consultations on adjuvant systemic therapy for early-stage breast cancer.
5. Adjuvant treatment decisions in early-stage breast cancer are mainly driven by the expected benefits, as they are usually made *before* any side-effects of treatment have been discussed with patients. (*this thesis, chapter 6*)
6. In consultations in which Adjuvant!'s survival estimates are communicated to patients, decision-making is more often postponed. (*this thesis, chapter 6*)
7. Too much knowledge never makes for simple decisions. (*B. Herbert and K.J. Anderson (2001), Dune: House Trilogy, Book 2: House Harkonnen, pp.143*)
8. Patients derive a sense of security from the probabilities communicated from prediction models: *it's something to hold on to amidst all the uncertainty*. (*this thesis, chapter 7*)
9. The determinism implied by risk estimates may be sufficiently compelling to obscure the fact that such estimates provide only pseudo-certainty – dubbed as 'certainty of what is possible' by Tanenbaum. (*Han, P.K. et al. (2009), Health Expect., 12: 4-17*)
10. Oncologists' assumptions of what is in a patient's best interest influence the information they provide to patients. In truly patient-centered care awareness of these assumptions is followed by exploration of their veracity for the patient in the consultation room.