



Brigham and Women's Hospital
Founding Member, Mass General Brigham

Decision-making in Recurrent ddLPS

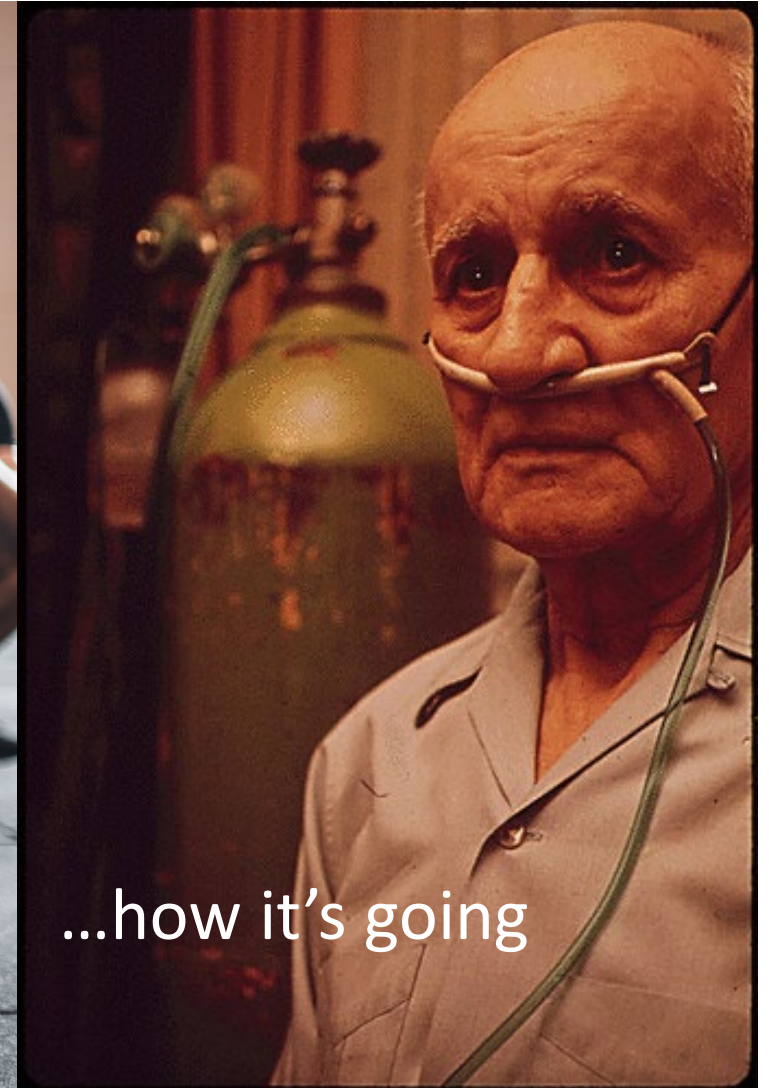
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Background



How it started...



...how it's going

Objective

- Identify which factors are most important for decision-making in surgery for ddLPS.
- Compare surgeons, radiation oncologists, and medical oncologists



Study Approach

- Case based conjoint analysis survey: surgeons, medical oncologists, and radiation oncologists
- CTOS and TARPSWG membership
- Survey alters attributes of patients with recurrent ddLPS to identify decision-making preferences
- Incentive: Provide respondents with insight to their decision-making relative to their peers



Outcomes

- Which factors are *reported* as most important?
- Which factors have greatest utility in choices?
- Institutional practices?
- Specialist practices (surgeon, med onc, rad onc)?

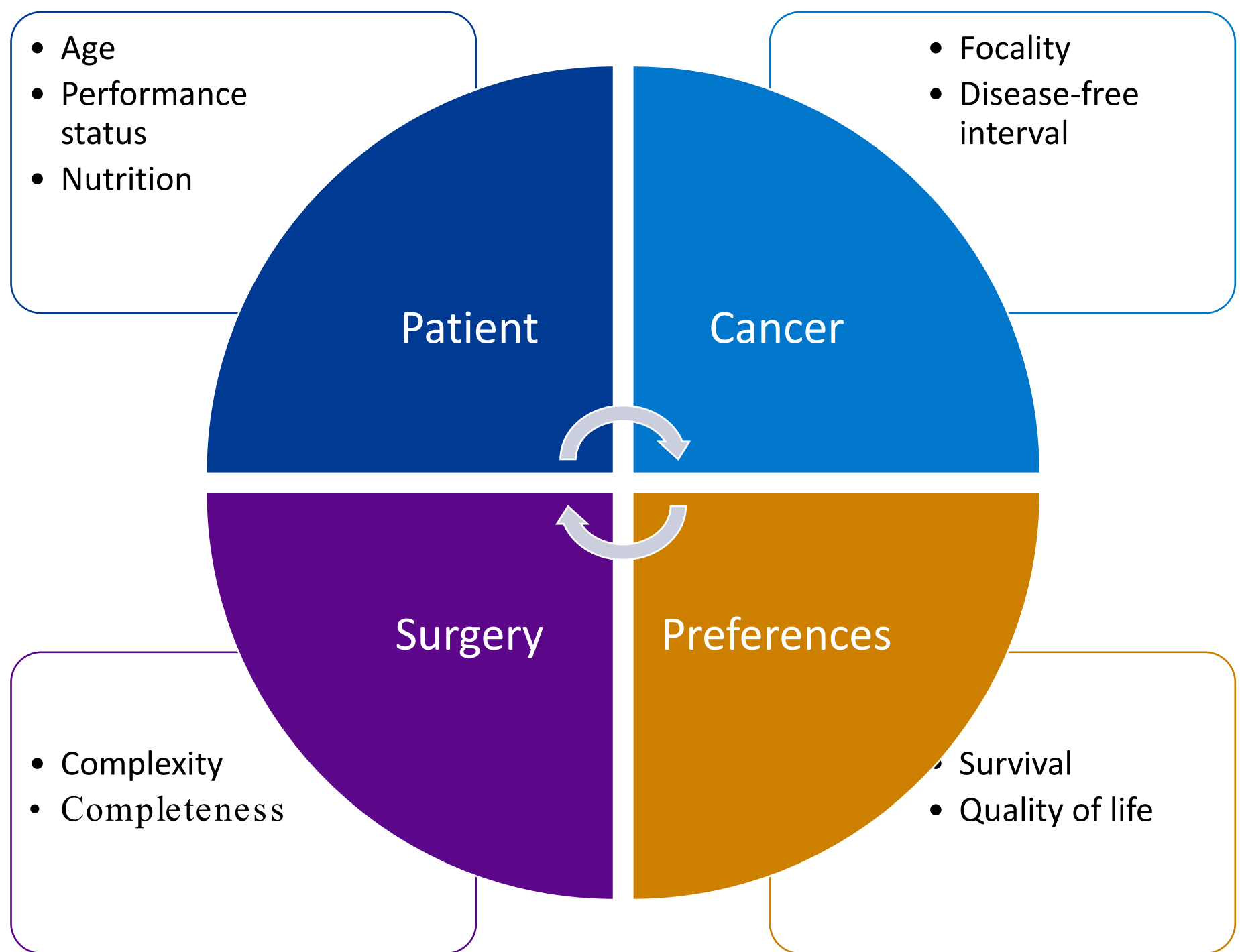


How do surgeons select patients

- Age
 - 45-year-old
 - 75-year-old
- Patient performance status
 - ECOG 0
 - ECOG 2
- Nutritional status
 - Albumin 3.5 g/dL
 - Albumin 2.4 g/dL
- Number of sites of recurrence
 - Single site of recurrence
 - Three sites of recurrence
- Disease-free interval after last operation for recurrence
 - 4 years disease-free interval after last operation
 - 8 months disease-free interval after last operation
- Technical complexity of surgery
 - Straightforward operation
 - Complex operation
- Completeness of planned resection
 - Complete resection of all visible disease is likely
 - Incomplete resection anticipated
- Patient preferences
 - Prioritizes living as long as possible and would accept lower physical functioning and intense treatments to achieve this.
 - Prioritizes quality of life and preserving functional ability.



How do surgeons select patients?



Survey

<https://test-surveys.sawtoothsoftware.com/65ddffd76d379426f2bddd2a>



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Feedback?

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