

## **Who decides? 'Shared' decision-making in the surgical treatment of early breast cancer in northern Sri Lanka**

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**Introduction:** Shared decision-making (SDM) refers to clinicians and patients collaboratively making decisions based on the best available evidence. SDM encourages patients to consider the options, their benefits and risks, and communicate their preferences to clinicians. SDM has been associated with better adherence to treatment, less unwarranted intervention, and greater satisfaction with cancer care. This study explores the role of SDM in the treatment choices of women with early breast cancer who underwent mastectomy while eligible for breast-conserving surgery (BCS) in northern Sri Lanka.

**Method:** An exploratory descriptive qualitative study was carried out among 15 women who underwent mastectomy for early breast cancer. Patients referred to Tellippalai Trail Cancer Hospital for adjuvant therapy after mastectomy and matched the study criteria were recruited. Data were collected through in-depth semi-structured interviews, which were transcribed in Tamil, translated into English, coded using QDA Miner Lite software, and analysed thematically.

**Results:** Of 15 participants, three were not informed of BCS as a treatment option before mastectomy. The remainder were aware, but six women did not know they were eligible for BCS, while another five were steered towards mastectomy by treating teams who conveyed possibilities of spread or recurrence following BCS. Only one participant had selected mastectomy despite the surgeon recommending BCS. All but two women 'shared' decision-making with their spouses, children, siblings and others, who viewed mastectomy as the safer option. Pre-surgical counselling was often too brief; the complications following mastectomy were conveyed, but the possibility of needing adjuvant therapy was frequently not communicated. Neither the survival rates nor risks/benefits of the two surgical options were discussed. Despite the information gaps, many believed they received sufficient information.

**Conclusions:** Patient narratives suggest that SDM may not be widely practiced in the surgical treatment of breast cancer in northern Sri Lanka. High patient-to-staff ratios and the unavailability of supportive care teams pose significant barriers to practicing SDM in the local setting.

**Keywords:** Shared decision-making, Mastectomy, Breast-conserving surgery, Pre-surgical counselling, Supportive cancer care

Ethics approval was obtained from the Ethics Review Committee of the Faculty of Medi-

cine, University of Jaffna (Ref. No. J/ERC/21/128/NDR/0260).

Most participants were not aware that they were eligible for BCS and were oblivious to the benefits of BCS. These information gaps need to be urgently addressed for women to make informed decisions about their health.

Keywords: Breast-conserving surgery, Modified radical mastectomy, Shared decision-making, Pre-surgical counselling, Sri Lanka

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### **Factors affecting the Phase I academic performance of undergraduate students in the Faculty of Medicine, University of Jaffna.**

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**Introduction:** The academic performance of students in medical school is affected by multiple student factors. Understanding these determinants is essential for educators to devise interventions that can help students manage stress and improve their academic performance.

**Objectives:** The aim of this study is to identify the effect of students' socio-economic and educational factors and personal habits on Phase I (preclinical) academic performance.

**Design, Setting and Method:** A retrospective descriptive study was conducted among all the students from two consecutive batches who had recently graduated from the Faculty of Medicine, University of Jaffna. Institutional based ethical review was obtained. An on-line self-administered questionnaire and data extraction from faculty records were used. Academic performance was categorised into good (passed with 1st attempt) and poor (subsequent attempt). Data were analysed using the chi-squared test in SPSS 26.0.

**Results:** 224 students took part in this study, with a response rate of 78.6%. 59.8% of them were female. Good academic performance rate was (71.4%). Academic performance in Phase I was significantly influenced by factors such as gender, financial issues of the family, accommodation, medium of ordinary and advanced level education, having study group discussions, reviewing lecture material before and after attending the lectures and social media use ( $p < 0.05$ ). Education and occupation of parents, having medical professionals in the family, Advanced Level examination results, extracurricular activities, and exam preparation methods were not significantly correlated with Phase I academic performance ( $p > 0.05$ ).

**Conclusions:** The study highlights the complex interplay of various socio-economic, ed-