

We propose to test a health information technology-assisted DA intervention called **Cancer/Health Aid to Manage Preferences and Improve Outcomes through Navigation (CHAMPION)** as a way to support patients and their decision partners, individuals who are included in health care decisions, from the time the cancer diagnosis is made, throughout the decision-making process, until completion of treatment. CHAMPION is designed to make the decision process easier, and, ultimately, to improve quality of life for patients with metastatic breast cancer and decision partners. Because involvement in and a greater sense of control related to treatment decision-making can improve health and quality of life, this intervention may be especially helpful for vulnerable patients and their decision partners, in particular African American patients who are disproportionately affected by cancer health disparities and who are not currently well-served by existing health information technology or decision aid interventions.

African American patients with metastatic breast cancer face poor prognosis and limited treatment options. Treatment ambiguity paired with a fairly rapid downward trajectory and fewer supportive interventions confront African American patients and decision partners/proxies (hereafter “dyads”) with complex and emotional decisions in which losses will occur regardless of the option selected. Despite the known utility of decision aids (DAs) to decrease decisional conflict and improve health outcomes, few researchers have applied DAs to metastatic cancers. Most DAs are patient-directed; this may not be appropriate in the context of palliative decision-making where many decisions are made with decision partners/proxies. Finally, DA administration by community patient navigators (CPNs) has been largely unexplored. African American dyads are vulnerable for poorer outcomes due to later-stage diagnosis, higher death rates, and underrepresentation in decision studies.

We propose to test CHAMPION, a CPN-delivered, technology-assisted DA for African American dyads making any of three difficult single-event palliative treatment decisions for metastatic breast cancer: 1) starting, 2) changing, or 3) stopping anti-cancer treatment. Improved health-related quality of life, lower decision-making conflict, uncertainty, and regret are expected study outcomes for CHAMPION recipients when compared to those receiving enhanced care (EC). CPNs are trained community-level professionals who assist with various aspects of promoting and maintaining health by overcoming language, information, and cultural barriers that can undermine care. The decision intervention (DI) group will receive EC plus the cognitive-behavioral skills DI program targeting palliative decisions for metastatic breast cancer. The enhanced care (EC) group will receive CPN-administered standard of care cancer education materials but no information or communication focused on the decision-making process itself.

Aim 1: To test the effects of a theory-based decision intervention (DI) administered by RN-CPN teams to dyads impacted by metastatic breast cancer: less decisional conflict and decisional regret, higher health-related quality of life (less symptom burden impact), and greater patient treatment completion for both patients and decision partners/proxies during palliative cancer treatment decision-making than those who receive enhanced care.

Aim 2: Assess important decision factors with key informant dyads from DI and EC groups using qualitative interviews: decision relationship(s); decision factors and processes; intervention utility and recommendations, including optimal decision points and strategies by decision type, technology use and theory fit.

Our intervention has the potential to benefit dyads who are currently underserved and under-resourced in terms of treatment options, decision-making support, and healthcare utilization. Our mixed methods approach also provides opportunities to examine preliminary outcomes and further refine the intervention components and delivery to improve metastatic breast cancer decision-making for African American patients and decision partners.