

Appendix 2: Semi-structured interview guide and patient cases

Interview guide:

How would you define shared decision making?

How should SDM be used ideally?

- How do you use SDM in practice now?
- When do you use SDM?
- What are reasons for not using SDM in practice?

Should there be more structural attention for SDM in training?

To what extent should individual patient preferences or characteristics be addressed in...

- Group meetings like the tumour board?
- Group meetings before/after doctor-patient encounters?
- Doctor/patient encounters?

Why does the extent of attention for SDM differ between meetings/consultations?

When do we pay more attention to patient preferences/opinions and when less?

What do you do when a patient has a wish that is incomprehensible for you (differences in opinion between you and the patient)?

In your opinion, what do you think of the way group meetings are handled at this time?

- Do these group meetings influence the way you handle your patient consultations?

Why is there no psychologist involved in your multi-disciplinary group meetings and/or patient workup?

Patient cases

Case 1

Case introduction: A **42 year old** patient is being referred with the suspicion of ovarian cancer. CT-scan shows an enlarged adnexa right, suspect for a malignancy. No other findings described. Her previous history notes hypertension and diabetes. She had knee surgery last year. She is single. What would you, as her treating doctor, do in your patient workup and patient consultation and what would you advise to her?

Information for interviewer, to add when the interviewed doctor elaborates on his/her answer: She has no actual child wish anymore. She wishes to stay alive as long as possible, but she also values her quality of life very much.

Case continuation: Within this consultation the decision is made to perform surgery. During surgery, where uterus and both adnexa are begin removed, it comes about there are peritoneal metastasis. What are your next steps? What do you discuss with your patient after surgery?

Case continuation: Patient is being treated with chemotherapy, which she handles well. But after nine months she has increasing complaints, especially a growing abdominal circumference. CT-scan shows ascites and signs of metastasis within the abdomen. What do you discuss with your patient now?

Case 2

Case introduction: An **80 year old** patient is being referred with the suspicion of ovarian cancer. CT-scan shows an enlarged adnexa right, suspect for a malignancy. No other findings described. Her previous history notes hypertension and diabetes. She had knee surgery last year. She is single. What would you, as her treating doctor, do in your patient workup and patient consultation and what would you advise to her?

Information for interviewer, to add when the interviewed doctor elaborates on his her answer: She wishes to stay alive as long as possible, but she also values her quality of life very much.

Case continuation: Within this consultation the decision is made to perform surgery. During surgery, where uterus and both adnexa are begin removed, it comes about there are peritoneal metastasis. What are your next steps? What do you discuss with your patient after surgery?

Case continuation: Patient is being treated with chemotherapy, which she handles well. But after nine months she has increasing complaints, especially a growing abdominal circumference. CT-scan shows ascites and signs of metastasis within the abdomen. What do you discuss with your patient now?