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POSTER ABSTRACT

Person-centered care, shared decision-making, and service modularity in colorectal cancer treatment: a mixed-method study of patient and professional perspectives

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Background: Cancer care pathways improve outcomes but often limit patient partnership. This study examined how person-centered care, shared decision-making, and service modularity function in a colorectal cancer (CRC) pathway.

Approach: A cross-sectional mixed-method single case study was conducted. Patients completed questionnaires on well-being and care experiences. Semi-structured interviews with patients and professionals explored how information exchange, preference elicitation, and care package composition supported or constrained patient engagement. Quantitative data were analyzed descriptively and qualitative data thematically.

Results: Patients expressed willingness to take an active role but encountered barriers that limited their engagement. Information provision was primarily protocol-driven and not always tailored to individual needs, making it difficult for patients to fully understand their options. Preference elicitation was inconsistent, restricting shared decision-making. Care packages followed clinical routines rather than reflecting patient priorities, and transitions in care highlighted coordination gaps.

or customization, which in turn these challenges, patients e practitioner serving as an accessible and trusted contact point, providing reassurance and guidance. Implications: Applying the composite model revealed structural misalignments that hinder patients from becoming true partners in cancer care. Strengthening modular awareness among professionals and embedding flexible, preference-sensitive approaches can empower patients to engage more actively, balance self-management, and enhance both efficiency and person-centeredness across oncological pathways.