Title: Effectiveness of Sharing Decision-making program intervention in Hepatocellular Carcinoma patients on treatment decision to reduce Patient's treatment decision conflict and improving Decision Satisfaction

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Study Protocol

BACKGROUND: Hepatocellular cancer is a disease with a high incidence and a high mortality rate in global and Taiwan. New technologies and expanded indications for standard therapies have led to improved patient outcomes. Choosing a therapeutic plan has become increasingly complex and requires consideration of multiple factors including tumor burden, baseline liver function, available medical resources, and techniques in treatment procedures between countries. The choice of cancer treatment is extremely important and involves a high-risk, complex, and difficult decision-making process for cancer patients. When people lack adequate information or skills, they may make less than optimal decisions, due to the individual patient factors and tumor stage differences, cancer treatment decisions by patients still lead to uncertainty.

PURPOSE: Shared decision-making (SDM) is defined as a patient-centric collaborative process that enables individuals and their healthcare providers to make decisions together. This is a method of decision-making that combines a person's values, goals, and evidence about advantages, risks, and treatment uncertainty. There is a lack of research on shared decision making with treatment decisions for patients with liver cancer .Therefore, this study will develop interventions based on the theory of sharing decision-making clinical practice models, and explore its effectiveness in assisting patients with liver cancer in making treatment decisions.

METHODS: After screening for inclusion and exclusion criteria, cases eligible for admission were recruited, and the researcher explained the research purpose and steps to the research subjects in the clinic room and completed the consent form after the patient agreed to participate in the study. Randomly assigned to control or experimental groups. Individual supervisors collected pre-test data (T1) from research subjects, including basic demographic data, knowledge scale, health Literacy scale, decision-control preferences, decision-making self-efficacy, and decision conflict questionnaire. 72 people are eligible for recruitment criteria. The number of effective samples was 69.

T**DATA ANALYSIS**: Data were analyzed using the Statistical Package for Social Sciences 22.0 (SPSS, Inc., Chicago, IL, USA). Descriptive analyses

were used to describe study variables. Independent t-tests and one-way analysis of variance (ANOVA) were performed to analyze the baseline equivalent between study groups. The ANCOVA (analysis of covariance) to check the effectiveness of the intervention.