(SDM). However, limited research is available on ethnic minority patients' experiences with SDM in oncology. Therefore, the aim of the current study was to map the values that underlie the perspectives on and experiences with SDM of patients with cancer and their relatives with a Moroccan, Turkish, or Surinamese Hindustani background, and those of healthcare professionals (HCPs).

Methods We interviewed patients (n=22) diagnosed with various types of cancer in different stages of their treatment trajectory, relatives (n=11), and HCPs (n=14). During the interviews with patients and relatives timelines of the treatment trajectory were drawn. Currently, we are analyzing the data using reflexive thematic analysis (TA) through the lens of Schwartz's value theory. We identify Schwartz values in the data and define them for the actors involved in SDM. We will analyze the relationship between the values and develop themes based on these value-relations.

Results We already identified eight of Schwartz's values with their definitions for the SDM context: Achievement (knowledge, competencies, skills), Benevolence (support, wellbeing), Conformity (to another person, restrictions in treatment selection), Power (of HCP, patient, relative), Security (good relationship, trust), Self-Direction (autonomy, participation), Tradition (culture, religion, alternative medicine), Universalism (equality, deliberation, tailoring).

Discussion By mapping the underlying values of patients and relatives and those of HCPs we are able to compare their values and detect opportunities for SDM's adaptation to the needs of ethnic minorities.

Conclusion(s) The value structures we will develop can contribute to the incorporation of the values of ethnic minorities into SDM and make SDM more inclusive.

192 USING LARGE LANGUAGE MODELS TO EVALUATE THE OFFER OF OPTIONS IN CLINICAL ENCOUNTERS BY USING A SINGLE ITEM OF OBSERVER OPTION-5, A MEASURE OF SHARED DECISION-MAKING

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Introduction Assessing recordings of clinical encounters using observer-based measures of shared decision-making, such as Observer OPTION-5 (OO5), is expensive. In this study, we aimed to assess the potential of using large language models (LLMs) to automate the rating of the OO5 item focused on offering options (figure 1).

Methods We used a dataset of 287 clinical encounter transcripts of women diagnosed with early breast talking with their surgeon to discuss treatments. Each transcript had been previously scored by two researchers using OO5. We set up two rules-based baselines, one random and one using trigger words, and classified option talk instances using GPT-3.5 Turbo, GPT-4, and PaLM 2. To develop and compare the performance of these models, we randomly selected 16 transcripts for additional human annotation focusing on option talk instances (binary). To assess performance, we calculated Spearman correlations between the researcher-generated scores for item 1 for the remaining 271 transcripts and the item 1 instances predicted by the LLMs.

Results We observed high levels of correlation between the LLMs and researcher-generated scores.

GPT-3.5 Turbo with a few-shot example had an $r_s=0.60$ with the mean of the two scorers (see figure 1). Other LLMs had slightly lower correlation levels.

Discussion The LLMs, particularly GPT-3.5 Turbo with few-shot examples, demonstrated superior performance in identifying option talk instances compared to baseline models. GPT-3.5 Turbo demonstrated the best performance, achieving higher precision and recall.

Conclusion Further improvements in score correlations may be possible through improvements in and better understanding of LLMs.

193 HISTORY OF THE OSTEOSARCOMA DECISION AID: PATIENT ENGAGEMENT FROM CONCEPTION THROUGH DISSEMINATION

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Introduction Osteosarcoma is a rare bone cancer with about 1,000 cases annually in the United States. Most tumors involve the knee joint; options include amputation, rotationplasty, and limb salvage surgery. Families and patients often struggle to find clear information to understand risk, benefits, and long-term outcomes of the options. The International Patient Decision Aid Standards guided development of the first online decision aid (www.osteosarcomadecisionaid.com) for future families.

Methods A history of patient-involvement from 2019–2023 took place from conception to dissemination with patients, families, and providers. Studies included a content analysis of Facebook posts to identify existing knowledge gaps and needs, and to inform interview guides for personal interviews with patients, survivors, and families (n=29), and surveys with providers (n=29).

Results Participants who viewed the preliminary prototype (n=33) were survivors (15), parents (11), providers (5), and researchers (2). Content analysis was performed by all three coders who identified four focus areas in their comments: content, structure, visuals, and accessibility.

Discussion Recommendations include more visuals, specific content additions, larger font, links to scientific studies, a glossary, increased accessibility (e.g., captions for videos), and a balance in the overall tone of the site between offering realistic expectations and hope.

Conclusion Revisions to the final decision aid were made in consultation with orthopedic oncologists. The final version was made available to three Osteosarcoma/Ewing Sarcoma Facebook groups on May 1, 2023. By December 2023, there were over 1900 site visits in 58 distinct countries. Translations have been started in Spanish, two dialects in the Philippines, and Polish.

Usability tests will begin in early 2024 with patients and family members, who were involved in shared decision making for surgery.