

# Prostate cancer patients select different treatments after decision aid intervention but are not more satisfied with information received

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## Abstract

Decision aids (DAs) can support the preference-sensitive treatment selection in prostate cancer care. A cluster RCT evaluated effectiveness and implementation of a novel Dutch online DA. Results indicate that patients preferred different treatments after DA use compared to patients who only received standard information. Although this could suggest patients made more value congruent treatment decisions, it came at the expense of lower information satisfaction.

## Background

- Prostate cancer is the most common cancer in men
- Available treatments are oncologically equivalent but differ in risks and side-effects are different
- Therefore, treatment selection is preference sensitive
- DAs can support the joint doctor-patient effort to select the best suiting treatment

## Method

- Cluster randomized controlled trial (RCT) with 9 hospitals implementing the DA and another 9 hospitals providing only standard information
- Patient questionnaires evaluating decision-making after DA (N=235) or after standard information (N=101)

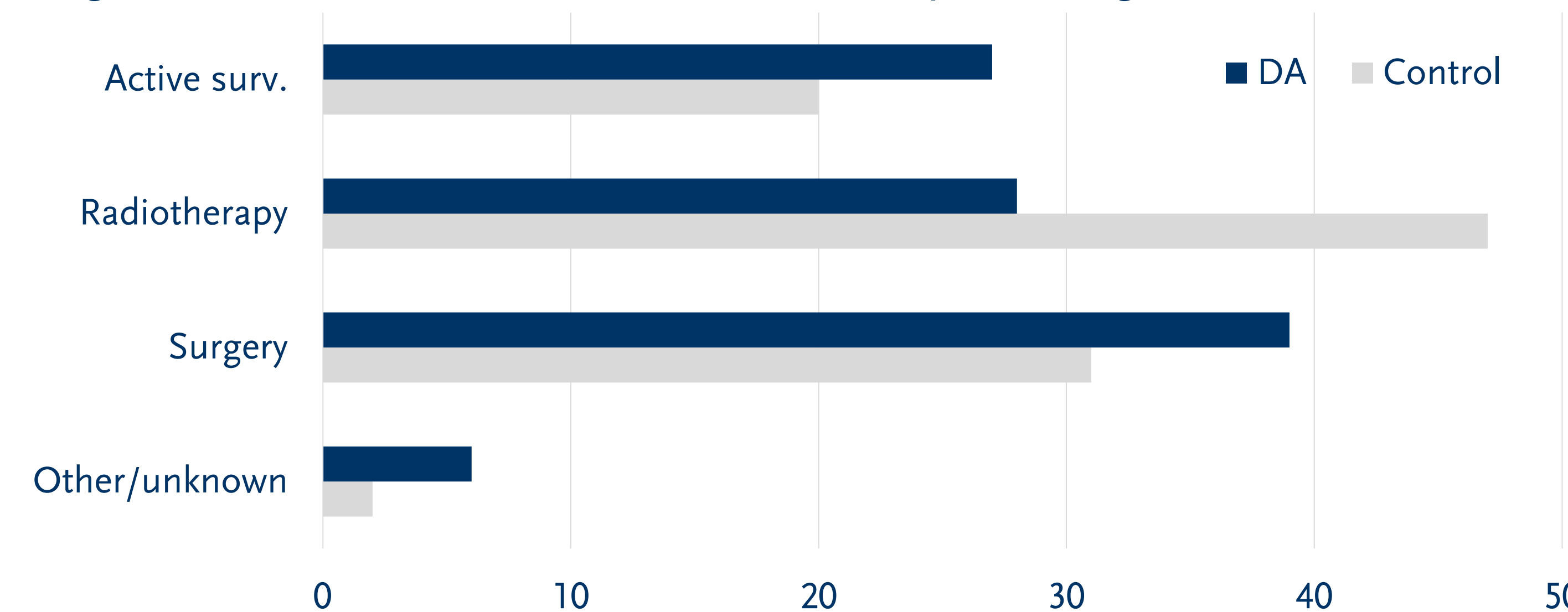
## Decision aid procedure:

1. DA invitation
2. Information
3. Values clarification
4. Summary
5. Decision talk



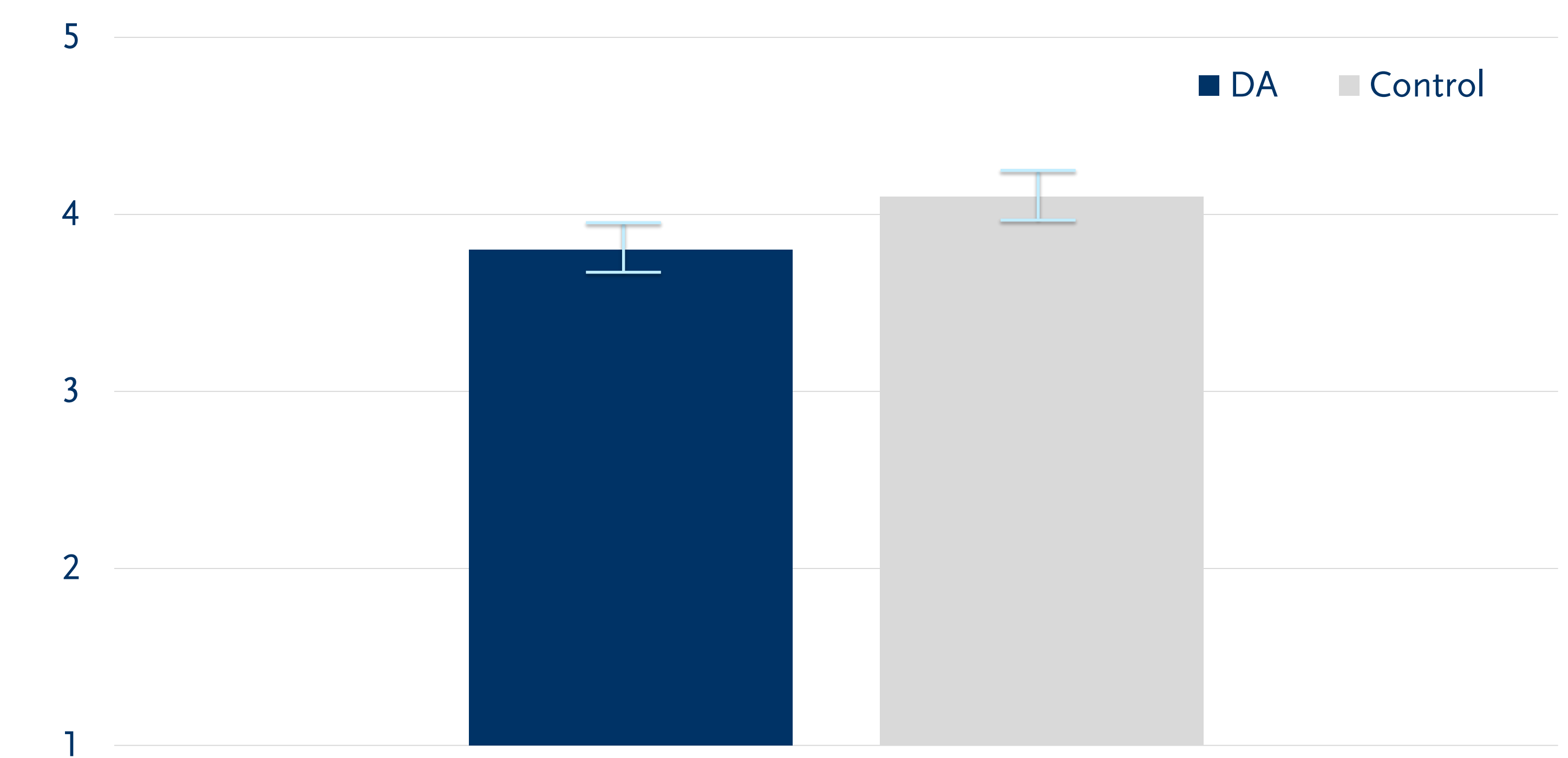
## Results

Figure 1: Variation in treatment choice in percentages



- Patients in the DA group selected different treatments compared to patients in the control group ( $\chi^2=20.92$ ,  $p<.001$ ; Figure 1)
- In particular, if eligible for active surveillance, more patients selected this after DA use, compared to the control group
- Differences in decisional conflict, decision involvement, and knowledge between both arms were not statistically significant.

Figure 2: Satisfaction with information received, 1-completely dissatisfied, 5-completely satisfied



- Satisfaction with standard information was higher than satisfaction with DA ( $p=.003$ )
- Information seeking preferences (+), alternative search tendencies (+) and depression (-) were correlated with information satisfaction scores.

## Discussion

- Increased awareness for treatment risks and side-effects may have led to lower satisfaction levels in the DA group;
- However, decisional conflict was not higher in the DA group;
- The DA could have made patients more confident to select active surveillance if eligible for no treatment or to select surgery when curative treatment was necessary;
- Further research is needed to determine which patients are most suited for DA use and which DA format is optimal.