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How important is Overdiagnosis to members of the public offered the chance to include it in an online multi-criteria decision aid for prostate cancer screening?

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ABSTRACT SUBMISSION

Title: How important is Overdiagnosis to members of the public offered the chance to include it in an online multi-criteria decision aid for prostate cancer screening?

Abstract No. 0101

Title How important is Overdiagnosis to members of the public offered the chance to include it in an online multi-criteria decision aid for prostate cancer screening?

Abstract

Objectives To establish the proportion of men who chose to include Overdiagnosis as a criterion in an online multi-criteria decision aid for the prostate cancer screening decision; and to determine the relative importance assigned to Overdiagnosis by those who included it in their personalised aid.

Methods The data are from the 'Pick Your Own' arm of an Australian community panel-based trial involving men aged 40-69 years without diagnosed prostate cancer. The 720 participants were asked to choose between 1 and 10 criteria for inclusion in their aid. With only Overdiagnosis spelled out here, the criteria, all preceded by 'Avoiding', were: LOSS OF LIFETIME; LOSS OF HEALTH; NEEDLESS BIOPSY; **OVERDIAGNOSIS (and needless treatment) as a result of a PSA test detecting a cancer that would not have affected your life or health**; URINARY PROBLEMS; BOWEL PROBLEMS; SEXUAL PROBLEMS; BURDEN OF TREATMENT; BURDEN TO CARERS; REGRET. Participants were asked to indicate the relative importance for their selected criteria by changing bar lengths on screen with their cursor. Their weights automatically adjusted to add to 100%.

Results 77% (377) of study participants included Overdiagnosis, 57 % (131) of those who excluded at least one of the 10. If 5 criteria were selected, 47% included Overdiagnosis, as did 41% who selected 4 or 6. Average weights assigned to Overdiagnosis amongst those providing a complete set of weights increased from 9% to 19% as the included number decreased. The highest weight for Overdiagnosis was 33%.

Conclusions Overdiagnosis was prominent among the criteria selected from a menu by male members of the public participating in a trial of online multi-criteria decision aids for prostate cancer. Notably, over 40% of those who excluded 4 to 6 of the 10 criteria included Overdiagnosis in their aid. Moderate weights were attached to it, varying with the number of criteria selected.

Permission Yes

Approval Confirm

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Registration	Confirm
Categories	Original Study
Conference Sub Themes	Methodology for measuring and researching overdiagnosis
Presentation	Either Poster or Oral
Biography	Mette Kjer Kaltoft RN MPH is a PhD student based in the Research Unit for General Practice at the University of Southern Denmark, Odense. Her background is in Nursing and Health Visiting and her current research is on the delivery and evaluation of online interactive decision and policy aids based on Multi-Criteria Decision Analysis. The specific focus is patients with Inflammatory Bowel Disease (Crohn's Disease and Ulcerative Colitis) preparing for coming consultations at St Marks Hospital London and Royal Prince Alfred Hospital Sydney. Her association with the University of Sydney School of Public Health has meant involvement with ongoing research on similar aids being developed there, including the PSA decision one which is the focus in this paper.
Conflict	Yes
Conflict details	Jack Dowie has a financial interest in the Annalisa software used in the trial but did not benefit from its use on that occasion
Prior publication	No
Website	Yes
First timer	Yes

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