



# Using a Personalized Decision Aid When Considering Colon Cancer Screening - Older Veterans' Experiences -



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## Why did we do it?

### What did we do?

Veteran participants, aged 70-75 were given a Decision Aid booklet describing how colon cancer screening may be different later in life. (see fig. 1)

The booklet explained how the benefits and risks of screening change as people age.

Inside was a **personalized** graph estimating the benefits and risks of screening based the Veteran's age; gender; ethnicity; prior screening history; and other health problems. (see fig. 2)

We interviewed 30 of those Veterans by phone to ask about their experience with the Decision Aid and asked questions like...

- How important is screening to you?
- Did you learn anything new?
- Before reading the booklet, have you considered your age and/or health when thinking about screening for colon cancer?

\* Interviews lasted about 30 minutes and were audio-recorded.

Because every individual is different

Current guidelines recommend screening in ALL patients aged 50-75, regardless of whether they will benefit from screening or would prefer not to get screened. **But age alone is not enough for making a high-quality screening decision.**

We need to consider:

- The patient's overall health
- Other priorities of the patient/doctor
- The patient's preference for screening
- The patient's screening history

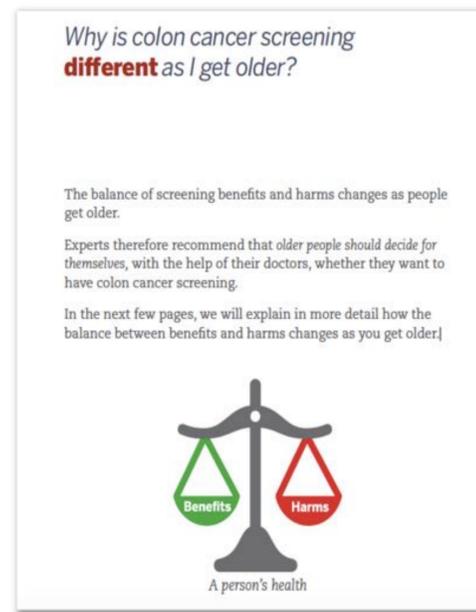


Figure 1

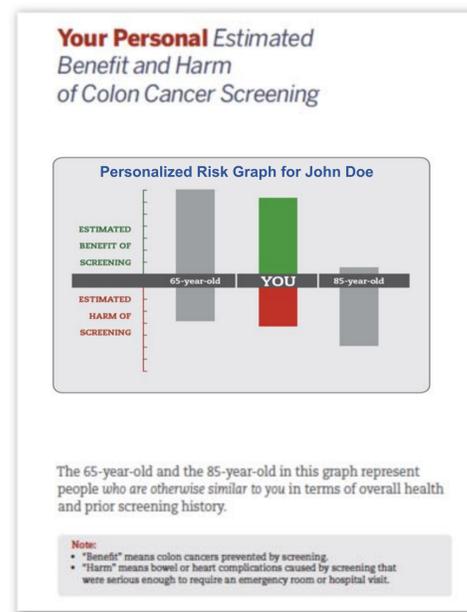


Figure 2

### What did we learn?

Providing Veterans with information about Colon Cancer and screening, plus their personal risks and benefits can influence screening preferences including stopping screening.

Previous experiences, established preferences, risk-avoidance may affect Decision Aid influence.

"Colon cancer grows slowly" was new information to many.

Veterans understood that as their age increases and life expectancy decreases, the the benefit (catching cancer early) of screening is reduced.

More Veterans preferred stool testing over colonoscopy citing it as noninvasive and thereby less likely to cause harm.

Veterans for whom the DA had no influence had other health problems that they prioritized over CRC decision-making and/or had strong existing screening preferences.

See what Veterans had to say below!

"The message was that as we grow older that there may not be a reason to screen or treat and I had never thought about that."



"I did not know that as you get older, sometimes colonoscopy might be riskier"

"I guess I've never thought about the risks in terms of treatment based on age and health condition, I just assumed that it was essential regardless of your age or health conditions, and I look at that a little differently now."

"I was of the opinion that I needed to be screened. It gives me pause to think of do I want to or do I need to, and I do, but like I said I probably going forward, given my health conditions, I probably would not do it again, but I will do it now."

"The graph was showing the health risk factors, giving mine especially. Gave me a personal one against their general one"



"I guess I was under the assumption that I knew more about colon cancer than I do. Like many people, I thought that colon cancer would spread quickly."

