

The Influence of a Decision Aid on Older Veterans' Decision-making about Colorectal Cancer Screening

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BACKGROUND

- Colorectal cancer (CRC) screening is not always concordant with benefit, particularly among older, sicker Veterans.
- Veterans are not well-informed about change in CRC screening risk and benefit with age and health status.
- We sought to assess the influence of a personalized decision aid (DA) on Veteran decision-making about (CRC) screening.

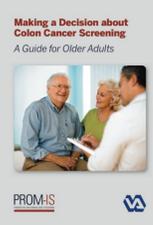
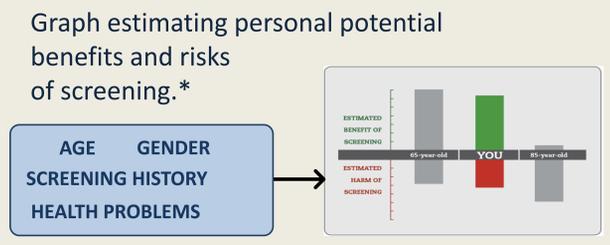
METHODS

- PARTICIPANTS:**
- 29 Veterans aged 70-75 due for average-risk CRC screening participating in a randomized controlled trial [NCT02027545].
- DATA COLLECTION:**
- Semi-structured interviews within a day of primary care provider (PCP) visit
 - PCP visit notes, screening orders and utilization
- DATA ANALYSIS:**
- Case-based analysis including: qualitative content analysis, matrix analysis

INTERVENTION

Veterans received the DA before their PCP visit. It described:

- Change in CRC screening risk and benefit with age and health status
- CRC screening risks
- CRC information

*The control group received a generic booklet encouraging them to discuss screening with their PCP.

Influenced thinking about screening but not preference
(19 Veterans)

Learned that screening risk increases and benefit decreases with age, but...

Saw Fecal Immunochemical Test (FIT) as a low-risk option vs colonoscopy

"the best way right now [is] the cards...I never realized the dangers of the scope until I read that booklet" (chose FIT)

Thought they weren't old enough to stop screening

"the booklet does an excellent job of making one aware that age is [a] factor in making that decision... I'm struggling with getting older." (chose colonoscopy)

Discussions with their physician were helpful for some participants, especially in this group.

STOP
Influenced to stop screening
(5 Veterans)

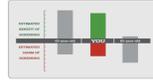
• Thought their life expectancy was low and therefore that their screening benefit was low because CRC grows slowly

"it takes about 10 years for it to grow enough to be troublesome...I'll be 84 and probably won't even be here" (chose to stop screening)

"I gave some thought to whether or not I would even do any screening...as we grow older there may not be a reason to screen and I had never thought about that." (chose to stop screening)

Learned that screening risk increases with age

Personalized information influenced decision-making in this group.



A PERSONALIZED DECISION AID INFORMS AND INFLUENCES VETERANS' DECISION-MAKING ABOUT COLORECTAL CANCER SCREENING



No influence
on thought nor preference
(5 Veterans)

More concerned about other health problems

"I'm more concerned about my blocked arteries...than I am the colonoscopy." (chose FIT)

I've had 2 or 3 colonoscopies... in all cases, and everybody else I've ever heard that went through it, they have...at least polyps removed...it probably reduces your chances of cancer. To not have one would be foolish." (chose colonoscopy)

Had strong pre-existing screening preference

CONCLUSION and IMPACT

- Informing older Veterans of their personal risks and benefits and providing CRC information can influence screening decision-making.
- Health status, established preferences, and desire for risk-avoidance affected DA influence.



- VHA should consider providing tailored information on CRC screening and other preference-sensitive tests and treatments.