Appendix G. Evidence Tables for Key Question 3

Table G-1. Key Question 3 study design details

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| **Author, Year** | **Research objective** | **Funding Source** | **Geographic Location,**  **Setting Type,**  **Setting Description** | **Study Design** | **Primary Outcomes** | **Measurement Intervals** | **Other Notes** |
| Akl et al., 20121 | To compare different wording approaches for conveying the strength of health care recommendations. | Other | United States and Canada  Academic health care institutions  Medical residency program large group teaching sessions | fRCT | Appropriate or inappropriate course of action | Immediate posttest | Study was not funded |
| Brewer et al., 20122 | Conducted an experiment with early stage breast cancer patients that compared risk communication formats of varying complexity that used elements from the Oncotype DX report. | Government | USA  Academic health care institutions  University of NC Breast Clinic | Quasi-Experimental | Accuracy of Risk Perception (gist), % incorrect/error Accuracy of Risk Perception (verbatim), % incorrect/error Attitude toward the test result | Immediate posttest |  |
| Han et al., 20113  (Experiment 1) | To explore the effect of communicating uncertainty on people’s responses to comparative risk information. | Government | United States  Other  NA | fRCT | Risk perception Worry | Immediate posttest. | Web-based |
| Han et al., 20113  (Experiment 2) | To explore the effect of novel visual and textual representations of uncertainty. | Government | United States  Other  NA | Randomized trial | Risk perception Worry | Immediate posttest | Web-based |
| Longman 20124 | To examine the effects of communicating uncertainty in quantitative health risk estimates on participants’ understanding, risk perception, and perceived credibility of information source | Unspecified | Australia  Other  University setting | Quasi-experimental  Study used a mixed factorial design | Understanding, risk perception, and perceived credibility of risk information source | Pretest and immediate posttest |  |

Table G-1. Key question 3 study design details (continued)

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| **Author, Year** | **Research objective** | **Funding Source** | **Geographic Location,**  **Setting Type,**  **Setting Description** | **Study Design** | **Primary Outcomes** | **Measurement Intervals** | **Other Notes** |
| McCormack et al., 20115 | To examine the effects of a community-based intervention on decisions about PSA screening using multiple measures of IDM. | Government | USA  Community-based settings  Intervention groups were 2 NC communities and their community-based organizations (senior, faith-based, fraternal, fitness, and recreationals), control was a 3rd NC community | Non-randomized trial | Prostate CA screening and treatment knowledge Self-efficacy PSA screening decision Preferred level of involvement Belief that screening is a decision | Baseline, 6 months, and 12 months |  |
| Perneger et al., 20106 and 20117 | To examine whether information about risks and benefits of cancer screening leads to higher test refusal rates and satisfaction with the decision that was made. | Foundation or non-profit | Switzerland  Community-based settings  Mailed survey to adults living in the Swiss canton of Geneva | fRCT | Refusal rates for screening  composite decision evaluation score | Immediate posttest |  |
| Schwartz et al., 20118 | To assess the US public’s understanding of the meaning of FDA drug approval and test how brief explanations communicating drug uncertainties affect consumer choice | Foundation or non-profit | USA  Community-based settings  Nationally representative sample of Americans recruited from a research panel of approximately 30,000 households | Randomized trial | Choice of the better drug, either the drug that affects more distal outcomes or the one that’s been on the market the longest | Immediate posttest | Study part of a larger study and the larger study oversampled minorities |

Table G-1. Key question 3 study design details (continued)

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| **Author, Year** | **Research objective** | **Funding Source** | **Geographic Location,**  **Setting Type,**  **Setting Description** | **Study Design** | **Primary Outcomes** | **Measurement Intervals** | **Other Notes** |
| Sheridan 20129 | To examine the effects of a prostate cancer screening intervention to promote SDM and to determine whether framing prostate information in the context of other clearly beneficial men’s health services affects decisions | Government | US  Other  Academic and community internal medicine practices in North Carolina | RCT | (1) Perception that prostate screening requires a personal decision; (2) knowledge about prostate cancer and prostate cancer screening; and (3) participation in the decisionmaking, including both shared participation and participation at their preferred level | Immediate posttest; following visit with doctor (on same day as other measures) |  |

Abbreviations: CA = cancer; DX = diagnosis; FDA = Food and Drug Administration; fRCT = factorial randomized controlled trial; IDM=informed decisionmaking; NA = not applicable; NC = North Carolina; PSA = prostate-specific antigen; USA = United States of America