

Are Patient Educational Materials on Cancer Screening More Effective When Co-created with Patients?

Summary

We compared the effectiveness of a prostate cancer screening patient education material (PEM) that was co-created with patients and one that was developed by experts. Both PEMs reduced patients' decisional conflict and changed screening intentions to be consistent with guideline recommendations.

Implications

Although the PEM co-created with patients had a higher usability score than the expert-created PEM and was preferred by patients, the co-created PEM did not have a greater effect on decisional conflict, screening intention, or knowledge than the PEM developed primarily by experts. PEM developers might want to choose the tool development method that best suits their goals and available resources.

Reference: Bashir, N., Moore, J., Buckland, D., Rodrigues, M., Tonelli, M., Thombs, B., Bell, N., Isaranuwachai, W., Peng, T., Shilman, D., & Straus, S. Are patient education materials about cancer screening more effective when co-created with patients? A qualitative interview study and randomized controlled trial. *Current Oncology*. 2019; 26(2).

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What is the current situation?

- Many cancer screening guidelines recommend shared decision-making between patients and clinicians. Shared decision-making may involve printed patient education materials (PEMs).
- PEMs are used to communicate guideline recommendations to patients, and are typically developed by experts (e.g., clinicians and researchers) with minimal patient input. As a result, PEMs may not be effective in addressing key underlying patient barriers to the uptake of cancer screening recommendations.
- Involving patients in PEM creation might generate PEMs that address patient barriers more effectively. Since co-creation might require more time and resources than traditional approaches, it is important to determine whether co-creation with patients adds value.

What did we do?

- We compared a prostate cancer screening PEM that was co-created by patients and one that was developed by experts for their effectiveness with respect to patient decisional conflict and intention to be screened. We also compared the two PEMs with respect to screening knowledge and screening preferences, PEM usability, and PEM preferences on the part of patients.
- The study had three phases:
 1. English-speaking men from Ontario (all aged 40 years and older from with no prior diagnosis of prostate cancer) were interviewed to understand patient barriers to prostate cancer screening.
 2. A PEM development committee of patients, researchers, and clinicians worked to co-create a new PEM on prostate cancer screening based on these findings.
 3. A different group of patients completed a survey and viewed either the co-created PEM (intervention) or an expert-created PEM (control). The survey used a parallel-group randomized controlled trial design.

What were the results?

- Both PEMs increased patient knowledge about prostate cancer screening and changed screening preferences to be more aligned with recommendations.
- The co-created PEM had a higher usability score and patients preferred it over the expert-created PEM.
- However, no differences were observed between how the two PEMs affected patient knowledge about prostate cancer, conflict about screening decisions, or intention to be screened.