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

**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

**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.

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

**STOP**
- Thought their life expectancy was low and therefore that their screening benefit was low because CRC grows slowly
  - “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)

**Influenced to stop screening**
(5 Veterans)

**Influenced thinking about screening**
but not preference
(19 Veterans)

- Learned that screening risk increases and benefit decreases with age, but...
  - “the best way right now [is] the cards...I never realized the dangers of the scope until I read that booklet” (chose FIT)

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

**More concerned about other health problems**

- “I’m more concerned about my blocked arteries...than I am the colonoscopy.” (chose FIT)

**No influence**
on thought nor preference
(5 Veterans)

- 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 done would be foolish.” (chose colonoscopy)

- Had strong pre-existing screening preference

**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.

**DATA ANALYSIS:**
Graph estimating personal potential benefits and risks of screening.*

**BACKGROUND**

**METHODS**

**PARTICIPANTS:**

**DATA COLLECTION:**

**DATA ANALYSIS:**

**INTERVENTION**

**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
  - “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)

**Influenced thinking about screening**
but not preference
(19 Veterans)

- Learned that screening risk increases and benefit decreases with age, but...
  - “the best way right now [is] the cards...I never realized the dangers of the scope until I read that booklet” (chose FIT)

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

**More concerned about other health problems**

- “I’m more concerned about my blocked arteries...than I am the colonoscopy.” (chose FIT)

**No influence**
on thought nor preference
(5 Veterans)

- 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 done would be foolish.” (chose colonoscopy)

- Had strong pre-existing screening preference

**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.

**DATA ANALYSIS:**
Graph estimating personal potential benefits and risks of screening.*

**BACKGROUND**

**METHODS**

**PARTICIPANTS:**

**DATA COLLECTION:**

**DATA ANALYSIS:**

**INTERVENTION**

**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
  - “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)

**Influenced thinking about screening**
but not preference
(19 Veterans)

- Learned that screening risk increases and benefit decreases with age, but...
  - “the best way right now [is] the cards...I never realized the dangers of the scope until I read that booklet” (chose FIT)

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

**More concerned about other health problems**

- “I’m more concerned about my blocked arteries...than I am the colonoscopy.” (chose FIT)

**No influence**
on thought nor preference
(5 Veterans)

- 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 done would be foolish.” (chose colonoscopy)

- Had strong pre-existing screening preference

**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.

**DATA ANALYSIS:**
Graph estimating personal potential benefits and risks of screening.*

**BACKGROUND**

**METHODS**

**PARTICIPANTS:**

**DATA COLLECTION:**

**DATA ANALYSIS:**

**INTERVENTION**

**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
  - “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)

**Influenced thinking about screening**
but not preference
(19 Veterans)

- Learned that screening risk increases and benefit decreases with age, but...
  - “the best way right now [is] the cards...I never realized the dangers of the scope until I read that booklet” (chose FIT)

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

**More concerned about other health problems**

- “I’m more concerned about my blocked arteries...than I am the colonoscopy.” (chose FIT)

**No influence**
on thought nor preference
(5 Veterans)

- 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 done would be foolish.” (chose colonoscopy)

- Had strong pre-existing screening preference

**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.

**DATA ANALYSIS:**
Graph estimating personal potential benefits and risks of screening.*