Table 4 Patients' marginal rates of substitution between life expectancy and other attributes

Attribute	Life expectancy willing to forgo (months)	Single level improvement
Diarrhoea	1.8	From moderate to mild or from mild to absent
Hot flushes	0.5	From moderate to mild or from mild to absent
Breast swelling	1.9	From present to absent
Loss of libido	1.3	From present to absent
Problems in maintaining an erection:		
Aged <70 years	1.8	From moderate to mild or from mild to absent
Aged >70 years	0.9	From moderate to mild or from mild to absent
Lack of energy or "pep"	3.0	From present to absent

severity differed between attributes, marginal rates of substitution between attributes should be compared with caution. The most important marginal rates of substitution were for physical energy.

Discussion

Men with prostate cancer are willing to participate in the relatively complex exercise of discrete choice experimentation to weigh up the benefits and risks of various conservative treatments, irrespective of the stage of cancer or whether they had received such treatment. To our knowledge, our study is the first to elicit preferences from patients with prostate cancer using discrete choice experimentation, and provides further evidence that this approach can be applied successfully in health care. A novel feature of our study was the use of two groups of attributes. This allowed the choices to be kept relatively simple (maximum of six attributes), and the inclusion of a common core of two attributes (cost and life expectancy) ensured trade-offs across all attributes.

The men were willing to trade off some life expectancy to be relieved of side effects, assuming a life expectancy of five years (the average in the group) as a starting point. The size of the trade-offs, however, should be treated with caution because men may have indicated different preferences if their actual life expectancy had been presented to them.

The results are averaged across the sample and so there is inevitable variation between the men. Therefore careful assessment of individual patient preferences in a clinical setting is needed.

Our findings could be used by clinicians to help patients choose between conservative treatments; knowing about the preferences of other men with prostate cancer might help patients to clarify their own thoughts. A common therapeutic dilemma is the timing of androgen suppression. Should a patient start therapy early, once progression of prostate cancer has been identified? Benefits might include a slowing down of disease progression and perhaps a reduced likelihood of death related to the cancer. Alternatively, treatment could be deferred for an agreed time. This would avoid the immediate side effects of treatment and possibly reduce the medium to long term adverse effects. This type of trade-off is made by many patients everyday, and discrete choice experimentation could gain some insight into the way patients make this difficult choice.

We thank Rob Sheldon (Accent Marketing and Research) for help with the design and analysis of the study, Wendy Coucill for her work on the pilot study, and the patients.

What is already known on this topic

Various factors need to be considered in making treatment decisions in prostate cancer

Patients' views on which factors of treatment are important to them and how they trade off these factors are under-researched

What this study adds

Men are willing to contemplate trading off life expectancy to be relieved of the burden of side effects such as limitations in physical energy

The preferences of older men are not the same as those of younger men

Contributors: See bmj.com

Competing interests: MS, SB, and ME have been paid as consultants for AstraZeneca.

Ethical approval: Local research ethics committee.

1 Kassirer JP, Pauker SG. The toss-up. *N Engl J Med* 1981;305:1467-9.
2 Adolfson J. The natural history of early prostate cancer and the impact of endocrine treatment. *Eur Urol* 1999;36(suppl 2):3-8.
3 Iverson P, Tyrrell CJ, Kaisary AV, Anderson JB, Baert L, Tammela T, et al. Casodex (bicalutamide) 150-mg monotherapy compared with castration in patients with previously untreated nonmetastatic prostate cancer: results from two multicentre randomised trials at a median follow-up of 4 years. *Urology* 1998;51:389-96.

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Corrections and clarifications

Systematic review of role of bisphosphonates on skeletal morbidity in metastatic cancer

Some labelling was missing from the forest plots in this paper by J R Ross and colleagues (*BMJ* 2003;327:469). The x axis on each graph should have been labelled "log odds ratio."

Thousands of families to sue over retained organs

The National Committee Relating to Organ Retention (NACOR) has asked us to clarify a matter relating to the caption in this news article by Clare Dyer (24 January, p 184). The caption said that NACOR represents many of the families who have been affected by organ retention, implying that it was involved in the litigation referred to in the article. This is not true. NACOR in fact provides practical help, advice, and support to affected families; it does not represent litigants.

When to retract?

We inadvertently published a wrong web reference in this editorial by Richard Smith (*BMJ* 2003;327: 883-4). The twelfth web reference (w12) should be:

Shashok K. Pitfalls of editorial miscommunication. *BMJ* 2003;326:1262-4.

One hundred years ago: Hypnotism in Abyssinia

The editorial staff responsible for checking this filler (reprinted 17 January, p 155) were so gripped by the vividness of this tale from 1904 that they failed to notice a basic spelling error. In the final sentence, the venerable principle should, of course, have read: *Anceps remedium* [not *renedium*] *melites quam nullum.*