

SUPPLEMENTAL MATERIAL

Data S1. Example of a Discrete Choice Experiment Survey Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Introduction to the Survey

Thank you again for your interest! This survey is being administered to ~250 people with chronic kidney disease (CKD). You have been invited to participate in this survey because you have been diagnosed with chronic kidney disease and may have an increased risk of a heart attack. People with chronic kidney disease often face more challenging decisions when weighing the benefits and risks of the different treatment options for a heart attack.

For this survey we will ask you to imagine you have been taken to hospital and diagnosed with a heart attack. It has questions where we ask you to choose between different treatment options for heart attack and, questions about you and your health. The results of this survey will help us better understand what is important to people with chronic kidney disease when choosing between these treatments.



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Describing a Heart Attack



For the purposes of this study, **heart attack** refers to a situation where the blood supplied to the heart has been reduced but not stopped.

If someone were to present to hospital with heart attack symptoms, the doctor would order blood tests and an electrocardiogram to understand the conditions affecting the heart. In addition, medications would be started immediately to reduce the work demands of the heart, lower blood pressure and prevent blood clotting.

Following these initial steps, the patient and doctor would decide on the most appropriate treatment approach.



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Heart Attack Treatment

Generally, there are two treatment approaches for a heart attack:

- 1) One alternative is to proceed directly to an angiogram procedure within one to three days. An angiogram involves passing small tubes inside the body to the heart, and using X-ray pictures to locate the areas of reduced blood flow. This may lead to further heart procedures and interventions such as the use of balloons and stents to open up blocked blood vessels or, recommendations for open heart surgery to bypass the blockage. This treatment approach is typically referred as early invasive management.
- 2) The other alternative is to initially treat only with medications and perform a non-invasive stress test instead of an angiogram. If this test is very abnormal or if symptoms or signs of a heart attack persist, an angiogram would then be scheduled. This treatment approach is typically referred to as conservative management.

The following pages describe the angiogram procedure in more detail.



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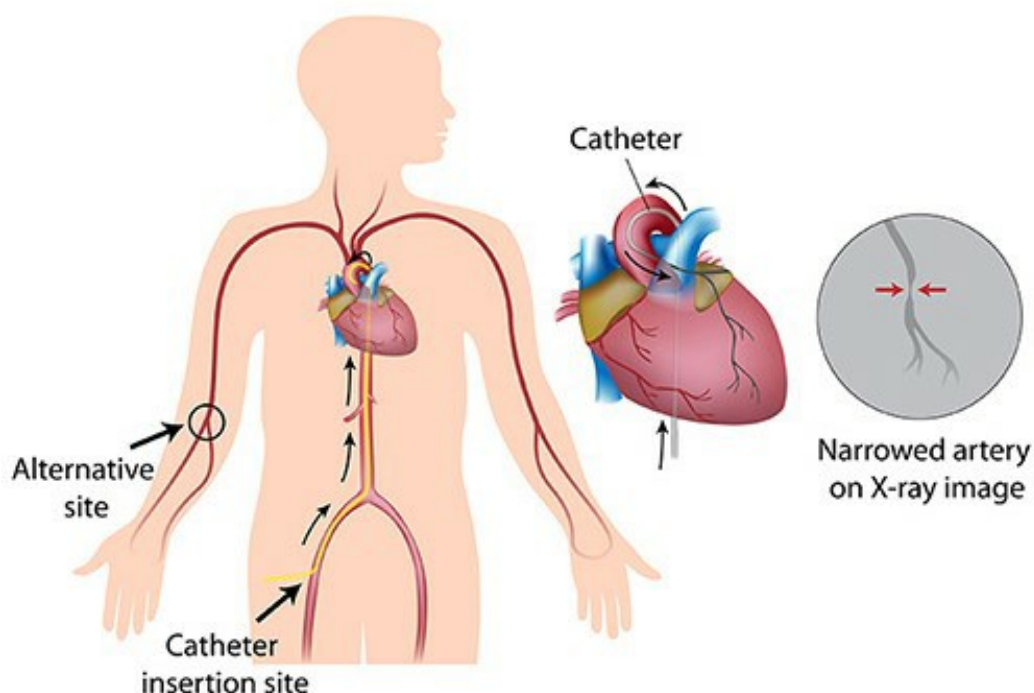


The Angiogram

An angiogram is a special X-ray of the coronary arteries of the heart. A dye is injected into the coronary arteries which then show up on the X-ray. The purpose of the angiogram is to show the exact location and severity of any arteries that have narrowed through the build-up of fatty patches called 'plaques'.

A doctor will insert a small flexible tube (catheter) into a blood vessel in the groin or arm. The doctor will gently push the catheter up the blood vessel towards the heart. When the catheter reaches the main coronary artery, dye is injected and several rapid X-rays are taken. A moving picture is built up from these X-rays and this is called an angiogram. The dye shows the vessels filling with blood and the narrowed arteries can be seen on the angiogram.

The following illustration shows an overview of an angiogram.



Early Invasive Management or Conservative Management?

The doctor will discuss the treatment options with the patient and only recommend an angiogram if they feel the patient has potential to benefit from the procedure.

Regardless of which treatment is chosen, the followings adverse outcomes may still occur:

- temporary or permanent reductions in kidney function because of medications prescribed following a heart attack
- another heart attack
- death

The major benefits related to the angiogram procedure may include:

- decreased risk of another heart attack following hospital discharge
- improved life expectancy
- decreased risk of being readmitted to hospital

The major risks related to the angiogram procedure may include:

- temporary or permanent reductions in kidney function because of dyes injected during the procedure
- a heart attack induced during the procedure
- slight chance of death during or immediately following the procedure
- procedure related bleeding



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Introduction to "Choice Questions"

On the next few pages we will introduce you to the choice questions.

We ask you to imagine you have been diagnosed with a heart attack and are choosing between the treatment alternatives shown.

Each choice question will consist of two treatments and each treatment will have a treatment approach and four different characteristics describing potential complications. Please note, the treatment alternatives are not necessarily comparing Invasive Management to Conservative Management.

Sometimes the treatment approach will both be Invasive Management (or Conservative Management) and the risks associated with the potential complications will vary. You will be asked to **pick the ONE treatment you prefer** (even if both treatment approaches are Invasive Management and you would not consider an invasive procedure in a real-life situation).

There are no wrong answers... we are interested in **YOUR preferences.**

First we will start with a "warm-up" example for you to get used to the style of questions...



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Warm-up example

If these two treatment options were presented to you by your doctor, which would you choose (hover your mouse over the green or black text for more information)?

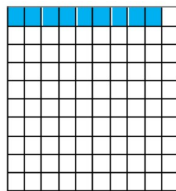
Treatment Approach

Treatment A

An angiogram is performed immediately upon admission

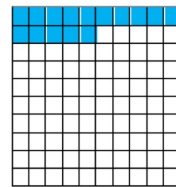
Risk of another heart attack within one year

Moderate
(9 out of 100 people)



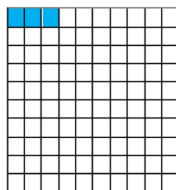
Risk of death within one year

High
(15 out of 100 people)



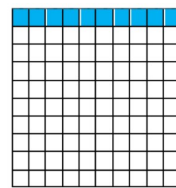
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers

Moderate
(3 out of 100 people)



Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant

High
(10 out of 100 people)

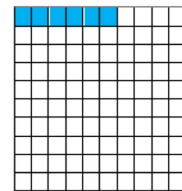


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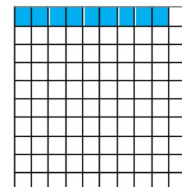
Treatment B

Conservative management results in heart stability and no angiogram is required

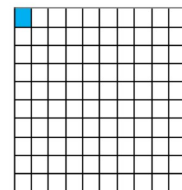
Low
(6 out of 100 people)



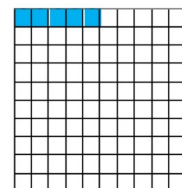
Moderate
(9 out of 100 people)



Low
(1 out of 100 people)



Moderate
(5 out of 100 people)



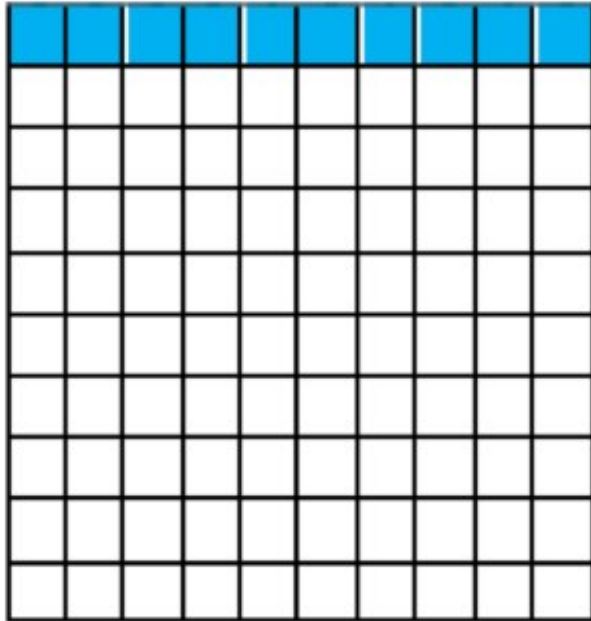
Select





Great!

The picture below is another way of showing that "10 people out of 100" will experience an adverse event following a heart attack. Each box represents one person treated for a heart attack. Coloured boxes represent those who experienced an adverse event, clear boxes represent those who recovered:



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We are now ready to begin.

Some of the choices may be difficult but we ask you to **select just one** (your **MOST** preferred), as this is important for the research study.

In addition, in the scenarios that follow, sometimes the numbers (levels) may be the same for two or three of the risks for each treatment alternative or some numbers may be the same for consecutive scenarios. Further, sometimes the treatment approach will be the same for both alternatives. However, over the eight scenarios presented, all numbers will change and we ask that you pay close attention to the level of each risk. Our goal is to determine which treatment risks and the level of those risks most important to you.

Thank-you again for your participation!

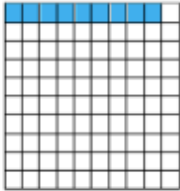
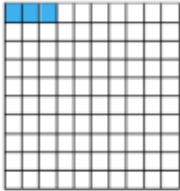
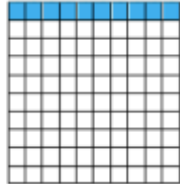
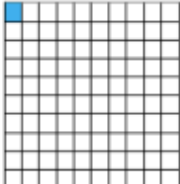
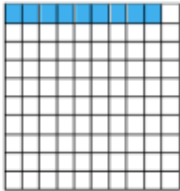
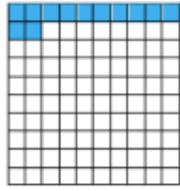
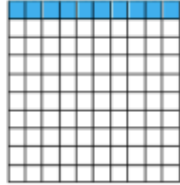
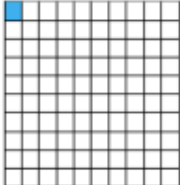


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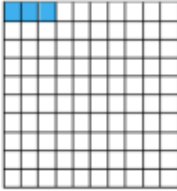
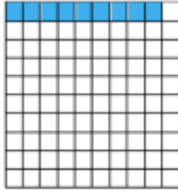
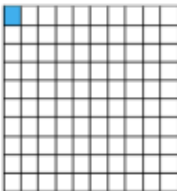
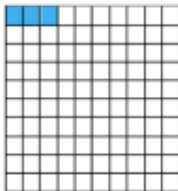
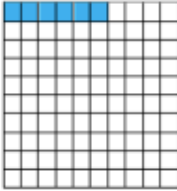
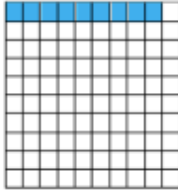
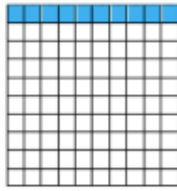
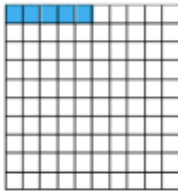
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	Treatment A	Treatment B
Treatment Approach	Conservative management results in heart stability and no angiogram is required	An angiogram is performed immediately upon admission
Risk of death within one year	Moderate (9 out of 100 people) 	Low (3 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	High (10 out of 100 people) 	Low (1 out of 100 people) 
Risk of another heart attack within one year	Moderate (9 out of 100 people) 	High (12 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	High (10 out of 100 people) 	Low (1 out of 100 people) 
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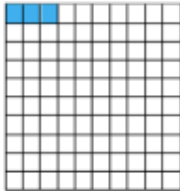
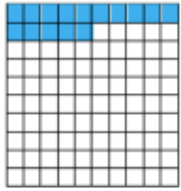
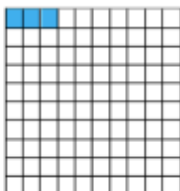
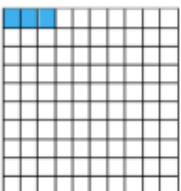
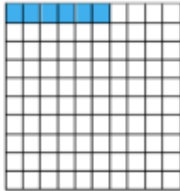
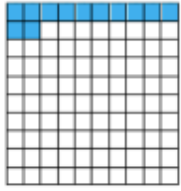
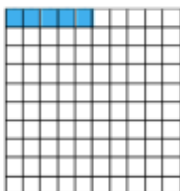
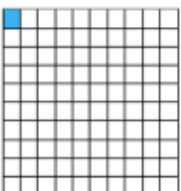
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Risk of death within one year	Low (3 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	Low (1 out of 100 people) 	Moderate (3 out of 100 people) 
Risk of another heart attack within one year	Low (6 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	High (10 out of 100 people) 	Moderate (5 out of 100 people) 
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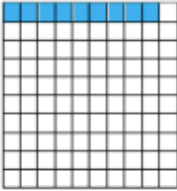
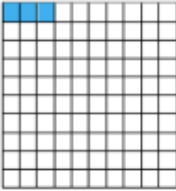
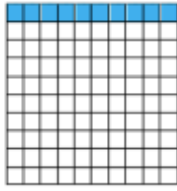
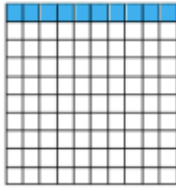
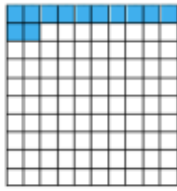
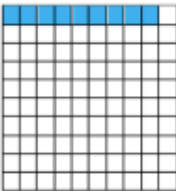
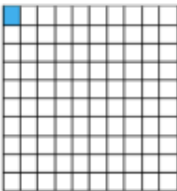
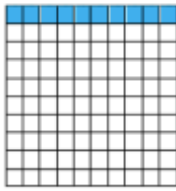
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Risk of death within one year	Low (3 out of 100 people) 	High (15 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	Moderate (3 out of 100 people) 	Moderate (3 out of 100 people) 
Risk of another heart attack within one year	Low (6 out of 100 people) 	High (12 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	Moderate (5 out of 100 people) 	Low (1 out of 100 people) 
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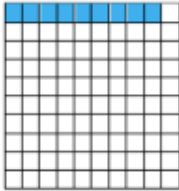
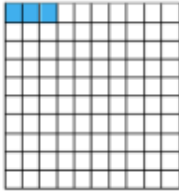
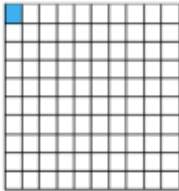
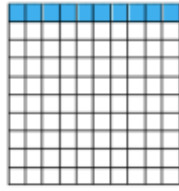
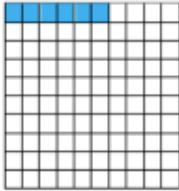
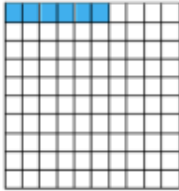
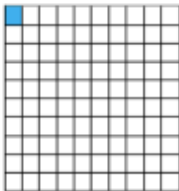
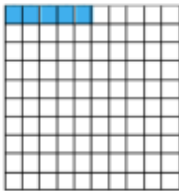
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Risk of another heart attack within one year	High (12 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	Low (1 out of 100 people) 	High (10 out of 100 people) 
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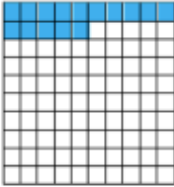
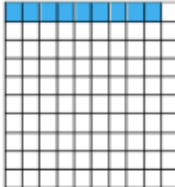
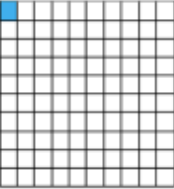
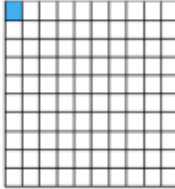
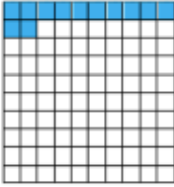
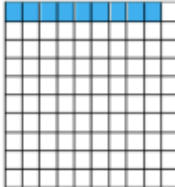
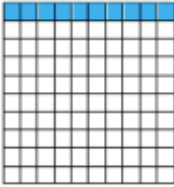
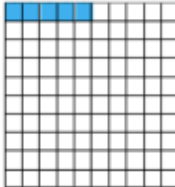
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Risk of another heart attack within one year	Low (6 out of 100 people) 	Low (6 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	Low (1 out of 100 people) 	Moderate (5 out of 100 people) 
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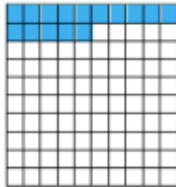
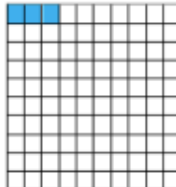
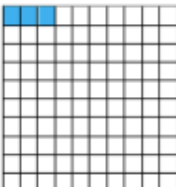
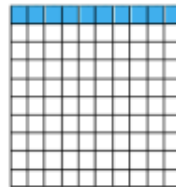
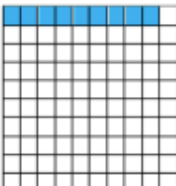
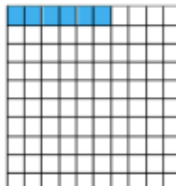
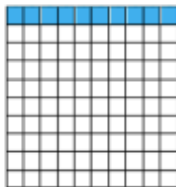
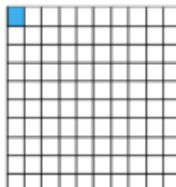
Imagine a situation where you have been taken to a hospital and diagnosed with a heart attack.

If these two treatment alternatives were presented to you by your doctor, which would you choose (hover your mouse over the green or black text for more information)?

	Treatment A	Treatment B
Treatment Approach	Conservative management results in heart stability and no angiogram is required	An angiogram is performed immediately upon admission
Risk of death within one year	High (15 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	Low (1 out of 100 people) 	Low (1 out of 100 people) 
Risk of another heart attack within one year	High (12 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	High (10 out of 100 people) 	Moderate (5 out of 100 people) 
	<input type="button" value="Select"/>	<input type="button" value="Select"/>

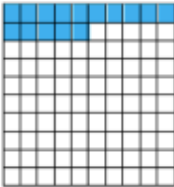
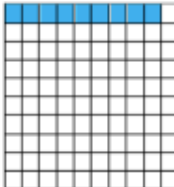
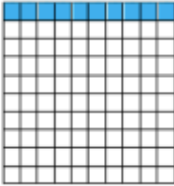
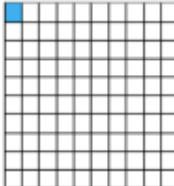
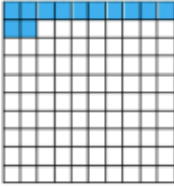
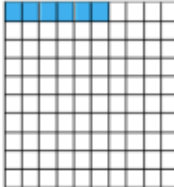
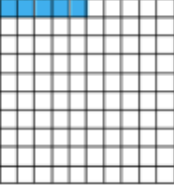
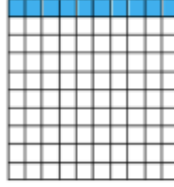
Imagine a situation where you have been taken to a hospital and diagnosed with a heart attack.

If these two treatment alternatives were presented to you by your doctor, which would you choose (hover your mouse over the green or black text for more information)?

	Treatment A	Treatment B
Treatment Approach	An angiogram is performed immediately upon admission	Conservative management results in heart stability and no angiogram is required
Risk of death within one year	High (15 out of 100 people) 	Low (3 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	Moderate (3 out of 100 people) 	High (10 out of 100 people) 
Risk of another heart attack within one year	Moderate (9 out of 100 people) 	Low (6 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	High (10 out of 100 people) 	Low (1 out of 100 people) 
	<input type="button" value="Select"/>	<input type="button" value="Select"/>

Imagine a situation where you have been taken to a hospital and diagnosed with a heart attack.

If these two treatment alternatives were presented to you by your doctor, which would you choose (hover your mouse over the green or black text for more information)?

	Treatment A	Treatment B
Treatment Approach	An angiogram is performed immediately upon admission	Conservative management results in heart stability and no angiogram is required
Risk of death within one year	High (15 out of 100 people) 	Moderate (9 out of 100 people) 
Risk of kidney damage requiring dialysis only during the hospital admission for a heart attack, afterwards kidney function recovers	High (10 out of 100 people) 	Low (1 out of 100 people) 
Risk of another heart attack within one year	High (12 out of 100 people) 	Low (6 out of 100 people) 
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	Moderate (5 out of 100 people) 	High (10 out of 100 people) 
	<input type="button" value="Select"/>	<input type="button" value="Select"/>

Please **CHECK the response** that best reflects your agreement with the following statement below:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Completing the treatment alternative questions ("choice questions") in this survey helped me to understand my own treatment preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Final Set of Questions

What is your age?

What is your sex?

- Female
- Male
- Do Not Wish to Answer

Where were you born?

- Canada
- United States
- Central or South America
- Western Europe
- Eastern Europe
- South Asian
- Asia
- Africa
- Australasia
- Do not wish to answer



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Are you?

- Non-indigenous
- Indigenous
- Metis



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Do you know your current eGFR level or your current percentage of kidney function (e.g., less than 15, 15-30, 30-45)? Leave blank if you do not know.

What **YEAR** were you diagnosed with chronic kidney disease by your doctor?

Have you been told you have proteinuria (albumin) in your urine tests:

- Yes
- No
- Unsure



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Have you previously had a heart attack?

- Yes
- No
- Unsure

Have you previously had a stroke?

- Yes
- No
- Unsure

Have you previously had any of the following invasive heart procedures?

- Angiogram
- Angioplasty or Stent
- Cardiac surgery (coronary artery bypass graft)
- Other (please specify)
- None of the Above



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Which of the following is the cause of your chronic kidney disease or a condition that you also have?

- Diabetes
- High blood-pressure
- Polycystic kidney disease
- Glomerulonephritis
- Other (please specify)

Have you ever had an episode of acute kidney injury?

- Yes
- No
- Not sure

Have you ever required dialysis treatment?

- Yes
- No

Have you ever attended dialysis modality education sessions?

- Yes
- No



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Have you decided which treatment you would choose if you progressed to kidney failure?

- Dialysis
- Kidney Transplant
- Conservative Care (no dialysis)
- Have Not Decided

If you have completed a Goals of Care Designation Order, please indicate which level of the GDC you have chosen, otherwise select Have Not Completed a GDC:

- R - Medical care and interventions, including resuscitation if required
- M - Medical care and interventions, excluding resuscitation
- C - Medical care and interventions, focused on comfort
- Have not completed a GDC or don't know
- Do not wish to answer



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Please consider your **PREFERRED ROLE** in decision making for your chronic kidney disease treatment.

Which **ONE** statement below **BEST** reflects your preferred role?

- I prefer to make the final selection about which treatment I receive
- I prefer to make the final selection of my treatment after seriously considering my doctor's opinion
- I prefer that my doctor and I share responsibility for deciding which treatment is best for me
- I prefer that my doctor makes the final decision about which treatment will be used, but seriously considers my opinion
- I prefer to leave all decisions regarding my treatment to my doctor

Now, please consider your **ACTUAL ROLE** in decision making for your chronic kidney disease treatment.

Which **ONE** statement below **BEST** reflects your actual role?

- I make the final selection about which treatment I will receive
- I make the final selection of my treatment after seriously considering my doctor's opinion
- My doctor and I share responsibility for deciding which treatment is best for me
- My doctor makes the final decision about which treatment will be used, but seriously considers my opinion
- I leave all decisions regarding my treatment to my doctor
- I am not asked for my opinion



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Would you be interested in speaking with us further about your experience?

Yes

No

Please provide any comments below.



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The questionnaire is now complete.

Thank you for your time and help!

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Table S1. Identified Attributes and Levels from a Discrete Choice Experiment Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Attribute	Levels
Invasive versus conservative treatment approach	<ul style="list-style-type: none"> - An angiogram is performed immediately upon admission - Conservative management results in heart stability and no angiogram is required
Risk of death within One year	<ul style="list-style-type: none"> 3 out of 100 9 out of 100 15 out of 100
Risk of acute kidney injury requiring dialysis in hospital	<ul style="list-style-type: none"> 1 out of 100 3 out of 100 10 out of 100
Risk of kidney damage resulting in the need for permanent dialysis or kidney transplant	<ul style="list-style-type: none"> 1 out of 100 5 out of 100 10 out of 100
Risk of another heart attack within one year	<ul style="list-style-type: none"> 6 out 100 9 out of 100 12 out of 100

Table S2. Internal Validity Test Comparison to Published Discrete Choice Experiments from a Discrete Choice Experiment Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Test Type	DCE Study Percentage	Published ¹⁸ DCE Percentage (Mean (SD))
Within-set dominated pairs*	18	18 (20)
Dominated preferences	35	22 (14)
Straight-lining	4	7 (11)

* 10 failures from 55 tests

Abbreviations: DCE – Discrete Choice Experiment, SD – standard deviation

Table S3. Model Coefficients for the Categorical Multinomial Logit Model Used to Quantify the Relative Importance of Attributes for Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Attribute and Level	Estimate Mean (SE)	p-value	Relative Importance*
Treatment			2.2%
Invasive	-3.41 (4.00)	0.396	
Conservative	3.41 (4.00)	0.396	
Heart attack			15.3%
6%	27.48 (6.12)	<0.001	
9%	-6.71 (5.99)	0.265	
12%	-20.76 (6.24)	0.001	
Mortality			42.8%
3%	65.54 (6.32)	<0.001	
9%	3.44 (5.84)	0.556	
15%	-68.99 (6.37)	<0.001	
AKI requiring dialysis			17.3%
1%	20.79 (6.92)	0.003	
3%	12.76 (6.85)	0.065	
10%	-33.56 (6.26)	<0.001	
ESKD			22.4%
1%	34.82 (6.22)	<0.001	
5%	0.82 (6.37)	0.897	
10%	-35.64 (6.47)	<0.001	

* Across the range of levels

Consistent Akaike Information Criteria: 1,333, Bayesian Information Criteria: 1,324

Abbreviations: SE – standard error, AKI – acute kidney injury, ESKD – end stage kidney disease.

Table S4. Model Coefficients for the Continuous Multinomial Logit Model Used to Quantify the Relative Importance of Attributes for Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Attribute and Level	Estimate Mean (SE)	p-value	Relative Importance
Invasive Treatment	-3.33 (3.98)	0.402	2.1%
Conservative Treatment	3.33 (3.98)	0.402	
Heart attack	-8.07 (1.79)	<0.001	15.2%
Mortality	-11.23 (0.94)	<0.001	42.4%
AKI requiring dialysis	-6.31 (1.14)	<0.001	17.9%
ESKD	--7.91 (1.21)	<0.001	22.4%

Consistent Akaike Information Criteria: 1,302, Bayesian Information Criteria: 1297

Abbreviations: SE – standard error, AKI – acute kidney injury, ESKD – end stage kidney disease.

Table S5. Model Coefficients for the Continuous Hierarchical Bayes Model from a Discrete Choice Experiment Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Attribute and Level	Estimate Mean (SE)	p-value	Relative Importance
Invasive Treatment	-2.05 (4.32)	0.637	14.4%
Conservative Treatment	2.05 (4.32)	0.637	
Heart attack	-9.47(1.17))	<0.001	16.7%
Mortality	-11.89 (0.85)	<0.001	32.8%
AKI requiring dialysis	-5.55 (0.80)	<0.001	15.5%
ESKD	-7.68 (0.97)	<0.001	20.6%

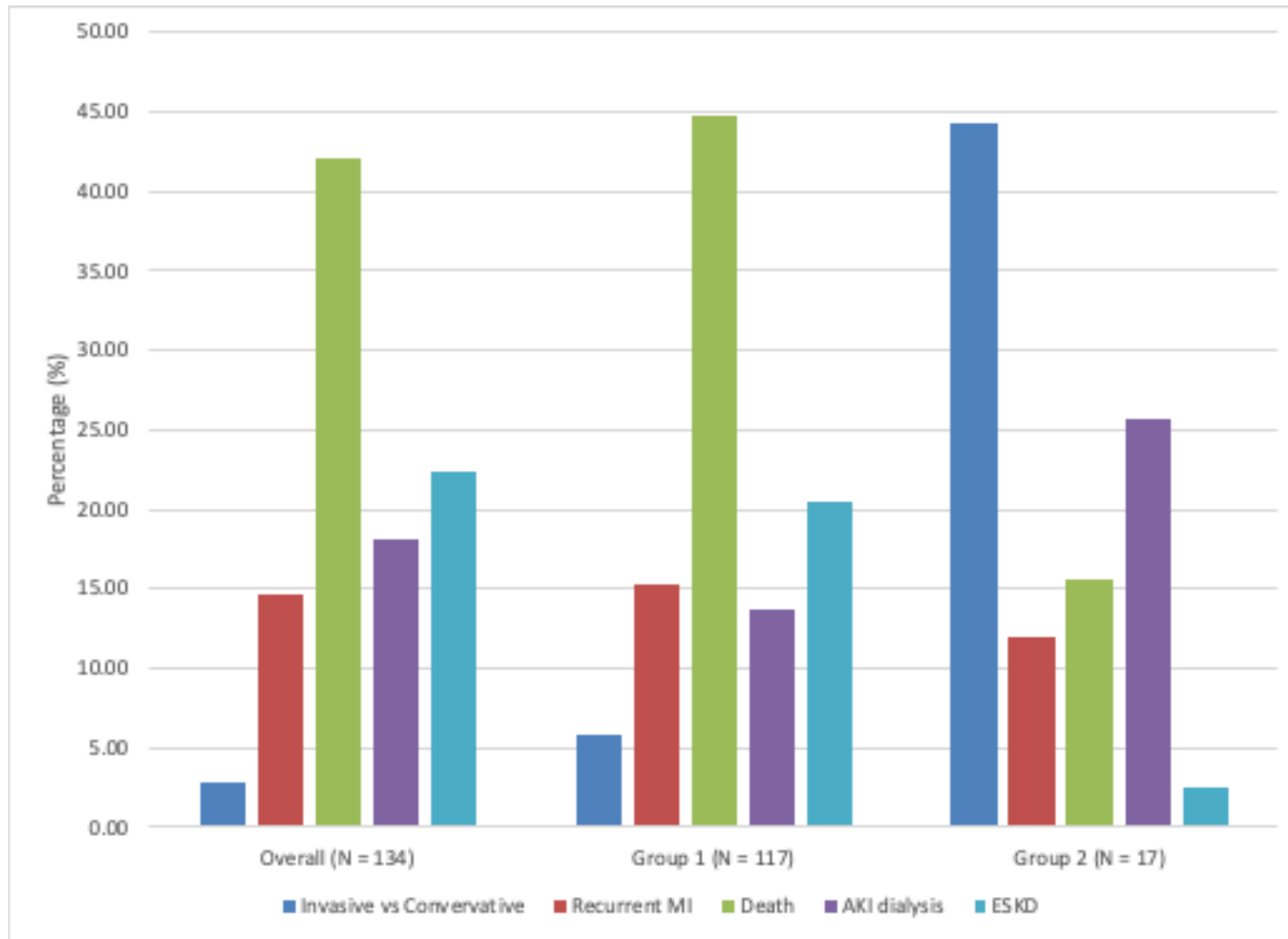
Abbreviations: SE – standard error, AKI – Acute Kidney Injury, ESKD – End Stage Kidney Disease

Table S6. Example Estimates from Share Preference Calculations for Treatment Choice scenarios from a Discrete Choice Experiment Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome

Example 1	Treatment A	Treatment B
Treatment Approach	Conservative	Invasive
Heart attack risk	6%	9%
Mortality	12%	3%
AKI requiring dialysis	1%	3%
ESKD	5%	10%
Preference for Treatment Option	37%	63%
Example 2		
Treatment Approach	Invasive	Invasive
Heart attack risk	9%	12%
Mortality	9%	9%
AKI requiring dialysis	3%	1%
ESKD	5%	10%
Preference for Treatment Option	79%	21%
Example 3		
Treatment Approach	Invasive	Conservative
Heart attack risk	8%	6%
Mortality	3%	5%
AKI requiring dialysis	3%	4%
ESKD	1%	1%
Preference for Treatment Option	56%	44%

Abbreviations: AKI – acute kidney injury, ESKD – end stage kidney disease.

Figure S1. Sensitivity Analysis. Relative Importance of Attributes for the Overall Group and the Two Latent Class Groups Over the Range of Levels Excluding Patients Failing the Straight Line Test from a Discrete Choice Experiment Examining Preferences of Patients with Chronic Kidney Disease for Invasive Versus Conservative Treatment of Acute Coronary Syndrome.



Abbreviations: MI – myocardial infarction, AKI – acute kidney injury, ESKD – end stage kidney disease.