Table 1: Systematic literature research: List of identified decision aids

Authors/Developers [Reference]	Title of the decision aid	Year of publication	Country	Target group addressed	Cancer risk addressed	Basic structural elements		Format	
Metcalfe K, Narod S,	What are my options for Breast Cancer Prevention? Facts and Decision Aid for Women with a BRCA1 or BRCA2 mutation.	2006	Canada	Women with BRCA1/2 mutations; • No differentiation between BRCA1 and BRCA2 mutation. • Addresses not affected by cancer (previvors)	Breast cancer risk	Target group, target decision		Brochure /	
Poll A, O'Connor A. The Centre for Research in Women's Health, Toronto. University of Ottawa. [57]						Medical information	Risks due to BRCA1/2 mutation     Average morbidity rates for BC/OC     Preventive options for BC     Outcomes and consequences of preventive options     Benefits and risks of preventive options     Fact boxes	PDF	
						Tools for decision-making support	General information (short)     Step-by-step guide     Clarifying values/preferences		
						Other	Glossary     Reference list / further literature		
Kurian AW, Plevetris S.	Decision tool for women with <i>BRCA</i> Mutations.	2011	USA	Women with BRCA1/2 mutations; • Clear differentiation between BRCA1 and BRCA2 mutation. • Addresses not affected by cancer (previvors).	Breast cancer risk, Ovarian cancer risk	Target group	, target decision	Online tool for individu-	
Stanford University School of Medicine. [58]						Medical information	Risks due to BRCA1/2 mutation     Average morbidity rates for BC/OC     Preventive options     Outcomes and consequences of preventive options	alisation	
						Other	Glossary     Contact addresses and/or internet links     Reference list/further literature		
Hereditary Cancer Clinic, Prince of Wales Hospital, Centre for Genetics Education, NSW Health, Royal North Shore Hospital. [64]	Information for women considering preventive mastectomy because of a strong family history of breast cancer.	e New	Australia	Women with a strong family history of breast cancer and BRCA1/2 mutations Personal history of unilateral breast cancer Personal history of multiple breast biopsies Breast cancer anxiety	Breast cancer risk	Target group, target decision		Brochure /	
			South			Medical information	Family history of BC     Risks due to BRCA1/2 mutation     Example age-/time-related risk of BC     Preventive options     Outcomes and consequences of preventive options     Benefits and risks of preventive options     Personal stories	PDF	
						Tools for decision-making support	General information (detailed)     Question list addressing medical information/docter patient dialogue		
						Other	Contact addresses and/or internet links     Reference list/further literature		

Authors/Developers [Reference]	Title of the decision aid Year of publication Country Target group addressed Cancer risk addressed Basic structural el		ural elements	Format				
Healthwise Cancer Clinic. [61]	Breast Cancer: What Should I Do if I'm at High Risk?	2016*	USA	Women at high risk for breast cancer with • Family history of breast cancer • BRCA1/2 mutations	Breast cancer risk	Target group Medical information  Tools for decision- making support Other	target decision  Family history of BC Risks due to BRCA1/2 mutation Average morbidity rates for BC Preventive options Outcomes and consequences of preventive options Benefits and risks of preventive options Personal stories Fact boxes Clarifying values/preferences  Reference list / further literature	Online text
Mayo Clinic Staff. [59]	Preventive (prophylactic) mastectomy: Surgery to reduce breast cancer risk.	2016*	USA	Women at increased risk for breast cancer with Personal history of unilateral breast cancer Family history of breast cancer BRCA1/2 mutations Personal history of LCIS Personal history of radiotherapy at the age of 10 to 30 Dense breast tissue	Breast cancer risk	Target group Medical information Other	, target decision  • Family history of BC  • Preventive options  • Benefits and risks of preventive options  • Reference list / further literature	Online text on website
Cardiff University. [62, 63]	OVDex. Oophorectomy - Decision Explorer.	2014	UK, Wales	Women at increased risk of ovarian cancer with  • BRCA1 or BRCA2 mutations  • Being from a Lynch syndrome family  • No genetic test  • Uninformative genetic test  • Negative genetic test	Ovarian cancer risk	Medical information  Tools for decision-making	, target decision  • Family history of OC  • Risks due to BRCA1/2 mutation  • Average morbidity rates for OC  • Preventive options  • Outcomes and consequences of preventive options  • Benefits and risks of preventive options  • Hormone replacement therapy to counteract potential undesired effects of risk-reducing bilateral salpingo-oophorectomy  • Step-by-step guide  • Clarifying values/preferences	Online tool for individuali sation
						Support Other	Contact addresses and/or internet links     Reference list / further literature	-

Authors/Developers [Reference]	Title of the decision aid	Year of publication	Country	Target group addressed	Cancer risk addressed	Basic struct	tural elements	Format
Mayo Clinic Staff. [60]	Prophylactic oophorectomy: Preventing cancer by surgically removing your ovaries	2014*	USA	Women at increased risk of ovarian cancer with  • BRCA1 or BRCA2 mutations  • Strong family history of breast cancer and ovarian cancer without known genetic alteration  • Strong likelihood of gene mutation, but no genetic testing	Ovarian cancer risk	Target group Medical information	target decision     Family history of OC     Risks due to BRCA1/2 mutation     Preventive options     Outcomes and consequences of preventive options     Benefits and risks of preventive options     Hormone replacement therapy to counteract potential undesired effects of risk-reducing bilateral salpingo-oophorectomy	Online text
						Tools for decision-making support	Question list addressing medical information/docter patient dialogue     Reference list / further literature	

<sup>\*</sup> a current version dated 2019 is available

Table 2: Systematic literature research: Evaluation of the identified decision aids with regard to the given target definitions

		Requirement	ts of target de	finitions met?				
Target	Target definition	Metcalfe, 2006 [57]	Kurian, 2011 [58]	Hereditary Cancer Clinic et al, 2012 [64]	Healthwise, 2016 [61]	Mayo Clinic, 2016 [59]	Cardiff University, 2014 [62, 63]	Mayo Clinic, 2014 [60]
Target group	The DA should be designed for female previvors and survivors with pathogenic <i>BRCA1</i> or <i>BRCA2</i> mutations.	partly met	partly met	partly met	partly met	partly met	partly met	partly met
Target decision	The addressed decision situation should be the choice of an individual preventive strategy.	met	met	met	met	met	met	met
Decision-making- related target	The DA should help previvors and survivors make informed decisions and clarify their individual values and preferences.	partly met	partly met <sup>1</sup>	partly met	partly met	partly met <sup>1</sup>	partly met	partly met
Information/ content-related target	The DA should address the risks of breast cancer and ovarian cancer and present the respective preventive options, including their consequences. Existing data on lifetime and on age and timerelated risks should be taken into account in order to facilitate the women's risk perception within a foreseeable period of time.	partly met	partly met	partly met	partly met	partly met	partly met	partly met
Needs-related target	The DA should fulfil the specific needs of the target group.	met	partly met	partly met	partly met	partly met	partly met	partly met
Evidence-related target	The medical content should be based on the currently applicable German S3 and S2 guidelines <sup>2</sup> and, where necessary, on additional data with a high level of evidence; [preferably data with an expected level of evidence of Ilb and higher (e.g. systematic reviews based on RCTs, meta-analyses, RCTs, high quality cohort studies)]	not met <sup>3</sup>	not met <sup>3</sup>	not met <sup>3</sup>	not met <sup>3</sup>	not met <sup>3</sup>	not met <sup>3</sup>	not met <sup>3</sup>

DA: decision aid; <sup>1</sup>DA does not contain any tool for supporting decision making,<sup>2</sup>the German S3 guidelines represent the evidence-based consensus in Germany at the highest quality level of methodological development; <sup>3</sup>none of the DAs used the German S3 guidelines as a basis.