

Supplemental material 4

Supplementary material to manuscript *Feasibility and effectiveness of tools that support communication and decision making in life-prolonging treatments for patients in hospital: a systematic review*

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Table 2. Characteristics and outcomes of evaluated tools for supporting treatment decisions

First author (Year)	Tool for supporting treatment decision	Tool description	Treatment decision	Effectiveness of tool	Feasibility of tool	MMAT*
Leigh (2011)	Decision Aid	Booklet with accompanying narration on audiotape or compact disc	First-line systemic chemotherapy and goals of palliative care/treatment	<p>Patient anxiety measured pre- and post-visit with STAI (ns)</p> <p>Decision involvement achieved with modified Control Preferences Scale (32% in DA and 35% in control had role that matched preference, ns)</p> <p>Patient understanding, higher increase in understanding in DA group (16%) as compared to control group (5%), $p < .001$</p> <p>Decisional conflict with Decisional Conflict Scale, median in both groups 26/100 (ns)</p> <p>Patient satisfaction with decision, median 22/25 (DA group) 21/25 (control group), ns</p> <p>Patient satisfaction with consultation, median 98/125 (DA group) and 99/125 (control group), ns</p> <p>Patient quality of life, measured with FACT-G (ns)</p> <p>Physician satisfaction with decision making, high satisfaction (24/30 in both groups, ns)</p>		60%

First author (Year)	Tool for supporting treatment decision	Tool description	Treatment decision	Effectiveness of tool	Feasibility of tool	MMAT*
Hollen (2013)	Decision aid	Booklet consisting of decision guide and 10 decisional balance sheets, used in interactive process with physician and nurse	Cancer treatment option		<p>In patients with advanced prostate or lung cancer:</p> <p>Decision aid considered feasible: <3 min to learn (67% prostate, 83% lung), easy to use (100% both), easy to read (92% prostate, 100% lung), time acceptable (92% prostate, 100% lung)</p> <p>Components of DA considered helpful by 83% (prostate) to 100% (lung) patients</p> <p>Helpful in sorting through information (83-100%), weighing treatment choices (83-88%), speaking about personal values with doctor or nurse (75-50%), discussing choices with support (82-75%)</p> <p>Helpful for patient at arriving at decision, 80% (prostate cancer) and 63% (lung cancer)</p> <p>Helpful for patient in sharing in decision making, 70% (prostate cancer) and 63% (lung)</p>	40%
Walczak (2013)	QPL	3 page booklet containing questions that patients can ask their clinician	End-of-life treatment and care issues	N/A	<p>QPL considered comprehensive, acceptable and useful by patients and professionals</p> <p>Separate versions for Australia and US (tailored to individual populations)</p>	80%

First author (Year)	Tool for supporting treatment decision	Tool description	Treatment decision	Effectiveness of tool	Feasibility of tool	MMAT*
Yeh (2014)	QPL	One-page checklist of questions and issues in cancer care, quality of life/end of life	Cancer care and treatment option	<p>Patient anxiety measured pre- and post-visit with SSAI (median 46.0 and 39.6 respectively, $p < .005$)</p> <p>Patients satisfaction with consultation measured with Patient Satisfaction with Consultation scale (median 111.5 = high, range 25-125)</p>	<p>Patients found QPL easy to understand, relevant and helpful to themselves and partners.</p> <p>Physicians: no negative impact on workflow or consultation length. No sharing of QPL</p>	60%
Walczak (2015)	Communication support program (CSP) with QPL	CSP: nurse led, consisting of a face-to-face meeting (60- to 90- minutes) and a follow-up phone call; QPL: 3 page booklet with questions	treatment option/ decisions, palliative care and advanced care planning		<p>65,5% of patients intent to use QPL</p> <p>Intention related to information needs, involvement in care, readiness to discuss end of life issues</p> <p>Improvement of communication about end of life care preferences and competence of patients in the oncology setting</p>	80%
Walczak (2017)	Communication support program (CSP) with QPL and a DVD	CSP: nurse-led, consisting of face to face meeting (45 minutes) and telephone session (15 minutes). QPL: 3 page booklet DVD: discussing ACP	Cancer prognosis, treatment options and decisions, palliative care, caregiver specific issues and end-of-life care	<p>Number of questions and cues asked – more cues for discussion in CSP group than control group ($\beta = 0.417$; $p < .001$)</p> <p>Mean patient communication self-efficacy, measured with Perceived Efficacy in Physician/Patient Interactions (max score 25), decreased in control group (20.5 baseline to 20.3 follow up) and increased in intervention group (20.2 baseline to 21.4 follow up), not significant</p>	<p>Consultation length 20,6 and 20,4 min for CSP and control, resp (NS)</p>	60%

First author (Year)	Tool for supporting treatment decision	Tool description	Treatment decision	Effectiveness of tool	Feasibility of tool	MMAT*
				<p>Preferences for information and involvement in decision-making with Control Preferences Scale – no sign difference between groups</p> <p>Health-related quality of life with FACT-G: lower total score in intervention group (70.9) as compared to control group (77.8) at follow up, not significant</p> <p>High satisfaction with meeting and phone call, measured with developed survey: both 3.9 to 4.2 (out of five)</p>		
Henselmans (2019)	Patient communication aid (PCA) including QPL and value clarification method (VCM)	<p>PCA: 36 page brochure containing information about SDM, QPL and VCM,</p> <p>VCM including narratives of fictive patients</p>	Palliative systemic treatment, start of new treatment, or (dis) continuation of current treatment		<p>Patient Communication Aid mentioned in 7/17 consults</p> <p>Patients: PCA facilitates question asking, provides control over information</p> <p>Communication aid did not support decision making.</p> <p>Perceived median helpful (score 3 out of 5).</p>	40%

Abbreviations: CSP= Communication Support Program, DA= Decision Aid, MMAT= Mixed Method Appraisal Tool, N/A = Not Applicable, ns=not significant, PCA= Patient Communication Aid, QPL= Question Prompt List, SDM= Shared Decision Making, STAI= State-Trait Anxiety Inventory, FACT-G= Functional Assessment of Cancer Therapy – General, VCM= Value clarification method

*scores on MMAT indicate the percentage of items met, ranging from 0% (none of the criteria are met) to 100% (all 5 criteria are met)