Reviewer's report

Title: Evidence-based patient choice: A prostate cancer decision aid in plain language

Version: 2 Date: 3 December 2004

Reviewer: Kirsten McCaffery

Reviewer's report:

General

The paper covers an extremely important area, the development of a plain language decision aid (DA). Decision aids have proliferated in recent years yet most require high levels of literacy to access them and have not been designed according to the principles of plain language. This paper describes one of the first attempts to make a decision aid accessible to consumers with lower levels of literacy and education using principles from reading research and document design. The aim of the research is to develop and test a plain language decision aid for prostate cancer management.

The paper describes the decision aid development and testing process. It is clear and well written, however, I have concerns about the evaluation component of the decision aid. For the DA to be adequately tested it should be examined among consumers with low education and literacy to examine whether the information contained and the plain language format used is understandable and appropriate. In each of the studies presented there were problems with methods and/or sample used to answer the basic research question.

General comments in relation to each study are presented below:

1. The focus group study includes only a small number of participants (n=25) who varied according to their health status (prostate cancer patient post treatment and men with symptoms of benign prostatic hyperplasia (BHP) and ethnic group (Black American, European American). In total 50% of participants were college educated and as such were not therefore in the target group for whom this DA was designed to be accessible and acceptable for. This leaves only 12 or so focus group participants to provide a reasonable evaluation of the DA, some of whom were from the post treatment patient group, whom the authors acknowledge (p19) had difficulty discussing the DA because of decisions about their own management. As such, I question the usefulness of the focus group in providing information on the DA since many in the sample were too educated or had made treatment choices that influenced their perceptions of the DA.

2. The details given on the evaluation of the convenience sample of 8 health professionals is very limited. It is not clear what questions were asked in the evaluation, how the questions were delivered (by interview, questionnaire or in a focus group) and how responses were collected, coded and analyzed. No details are given here. These findings would be better described as part of the DA development process as checking the DA content with an expert panel of practitioners.

3. The final part of the evaluation is the results of a questionnaire survey given to 3 groups of patients who received the DA in different formats (booklet, audio-tape and internet). However, the design of the survey does not appear to relate to the main research question, whether a written plain language DA in booklet form is useful to men making decisions about prostate cancer treatment. The survey should contain a control group of participants who did not receive any DA. There was also no randomization process used to allocated patients to the different groups and the survey actually appears to be designed to look at which mode of DA delivery is more acceptable rather than whether the plain language DA itself is useful. Furthermore, as stated by the authors, the survey
sample size is not large enough to test for statistical differences between the groups. Therefore, one wonders what the data really represents and whether it is useful. Perhaps only the findings for the booklet group should be presented here. In fact including an audio tape group really complicates the issue of examining the paper based DA and is clearly related to a different research question.

The discussion (p21) states that the feasibility of the plain language DA has been established however, I do not believe the evaluation process justifies this conclusion. If the paper were to be rewritten as a description of the development of a plain language DA then I think the information contained would be valuable to researchers. However, as it is currently written, I feel it is misleading and suggests that the DA has been evaluated as acceptable. The DA now needs to be examined among prostate cancer patients with low levels of education to test whether it is acceptable and whether it can inform their decisions about treatment for prostate cancer.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Change the title to ‘Development of a decision aid……
2. State clearly that the aim of the research is to develop a plain language decision aid not to develop and test a DA. The evaluation process described in the paper does not adequately represent a test of the ‘usefulness’ of the DA.
3. Clarify the abstract. Remove references to the findings of a knowledge survey which are from a previous published study and are not relevant to the information contained in the current manuscript. Describe clearly the development stages of the DA.
4. State clearly aims / objectives in the introduction
5. Explain methods used in the survey of health practitioners
6. Give details on selection of items for the quantitative survey. Are they validated measures?
7. State how the DA and survey were delivered to participants. No details are given here
8. Explain why there was no control group and why an audio-tape DA group was included in the quantitative survey?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare I have no competing interests