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(Note: The tables that appear in this Appendix have not been edited.)

Table 1: Characteristics of Identified Studies on Decision Aids

1A. Breast Cancer Mammogram Screening (n=9)

Author & Year*	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Kadison 1998 [14]	BSE, CBE, MMG	Women aged 22-75 years	Longitudinal uncontrolled study: Interactive voice response risk assessment (initially n=343; follow-up n=189)	2 companies in US	8 months
Street 1998 [15]	MMG	Women aged 40-75 years	RCT: Computer-based multimedia DA (n=54) vs. print DA (n=54)	2 primary care clinics in US	Immediate
Lawrence 2000 [16]	MMG	Women aged 49-89 years	One-time uncontrolled intervention: Print DA (n=103)	1 medical school, 1 primary care clinic, & 1 community center in US	Immediate
Valdez 2001 [17]	MMG	Hispanic women aged ≥40 years	Parallel-group randomized experimental design (pre- vs. post): Computer kiosk-based DA (n=269)	5 clinics and 1 community-based organization in US	4 months
Rimer 2001 [18], 2002 [19]	MMG	Women aged 40-44 and 50-54 years	3-arm RCT: Tailored print newsletter + telephone counseling (n=339) + tailored print newsletter (n=374) + usual care (n=378)	1 state-based health insurance membership in US	24 months
Lewis 2003 [20]	MMG	Women aged 35-49 years	3-arm RCT: Positive video (n=64) vs. neutral video (n=54) vs. negative video (n=60)	University-based general medicine clinic in US	Immediate
Mathieu 2007 [21]	MMG	Women aged 70-71 years	RCT: Print DA (n=367) vs. Usual care (n=367)	Communities in Australia	1 month
Vernon 2008 [22]	MMG	Women aged ≥52 years	3-arm RCT: Tailored print + targeted print intervention (n=1803) + targeted print intervention only (n=1857) + usual care (n=1840)	National veteran registry in US	2 years
Mathieu 2010 [23]	MMG	Women aged 38-45 years	RCT: Immediate web-based DA (n=189) vs. delayed web-based DA (n=223)	Online recruitment in Australia	Immediate

Abbreviations:
BSE: Breast Self-Examination; CBE: Clinical Breast Examination; DA: Decision Aid; MMG: Mammogram; RCT: Randomized Controlled Trial; US: United States.
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1B. Breast Cancer Genetic Screening (n=9)

Author & Year*	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Lerman 1997 [24]	BRCA testing	Women aged 18-75 years with family history of breast or ovarian cancer	3-arm RCT: Print DA + counseling (n=122) + print DA (n=114) only vs. waiting list control (n=164)	2 cancer centers in US	1 month
Green 2001 [25]	BRCA testing	Women aged 19-59 years with family history of breast cancer	3-arm RCT: Interactive, multi-media CD-ROM DA + counseling (n=29) vs. counseling (n=29) vs. usual care (n=14)	1 federal research facility in US	Immediate
Schwartz 2001 [26]	BRCA testing	Ashkenazi Jewish women aged 18-83 years	RCT: Print DA (n=191) vs. Usual care (n=190)	Religious organization in US	1 month
Green 2004 [27], 2005 [28]	BRCA testing	Women aged 24-77 years with personal or family history of breast cancer	RCT: Interactive, multi-media CD-ROM DA + counseling (n=106) vs. counseling(n=105)	5 university hospitals & 1 community hospital in US	6 months
Miller 2005 [29]	BRCA testing	Women aged ≥18 years	RCT: Print DA vs. usual care (total n=279)	1 federal research facility in US	6 months
Wang 2005 [30]	BRCA testing	Women aged 22-76 years	2x2 factorial design: CD-ROM DA + counselor feedback (n=50) vs. CD-ROM DA only (n=50) vs. counselor feedback only (n=49) vs. usual care (n=48)	1 university-based cancer clinic in US	Immediate
Wakefield 2008a [31]	BRCA testing	Women aged ≥18 years with family history of breast/ovarian cancer	RCT: Print DA (n=73) vs. Control pamphlet (n=72)	5 cancer clinics in Australia	6 months
Wakefield 2008b [32]	BRCA testing	Women aged ≥18 years with family history of breast/ovarian cancer	RCT: Detailed print DA (n=73) vs. Contorl pamphlet (n=75)	5 cancer clinics in Australia	6 months
Gray 2009 [33]	BRCA testing	Women aged 18-70 years with personal/family history of breast or ovarian cancer	3-arm RCT: Website with risk information on BRCA testing attributed to experts (n=98) vs. not attributed (n=93) vs. no risk information (n=93)	1 university-based research facility in US	Immediate

Abbreviations:
DA: Decision Aid; MMG: Mammogram; RCT: Randomized Controlled Trial; US: United States.
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1C. Cervical Cancer Screening (n=2)

Author & Year*	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Adab 2003 [12]	Cervical cytology	Women aged 20-64 years	RCT: Leaflet with risks & uncertainties (n=155) vs. standard leaflet (n=145)	3 general practices in United Kingdom	Immediate
Park 2005 [13]	Cervical cytology	Women of unknown ages	Nonequivalent, control group, post-test only design: DA (n=48) vs. usual care (n=48)	1 church in Korea	Immediate

DA: Decision Aid; RCT: Randomized Controlled Trial.
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1D. Colorectal Cancer Screening (n=21)

Author & Year*	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Pignone 2000 [34]	SBT, FS, SBT+FS	Men & women aged 50-75 years	RCT: Video DA (n=125) vs. usual care (n=124)	3 community primary care practices in US	3-6 months
Wolf 2000 [35]	SBT, FS, SBT+FS	Men & women ≥65 years	3-arm RCT: Absolute risk script (n=136) vs. relative risk script (n=130) vs. control script (n=133)	4 general internal medicine practices (1 university, 3 community) in US	Immediate
Dolan 2002 [36]	SBT, FS, SBT+FS, BE, COL	Men & women aged 50-83 years	RCT: Print DA (n=50) vs. Usual care (n=47)	1 community and 1 university-based internal medicine clinc in US	Immediate
Zapka 2004 [37]	FS	Men & women aged 50-74 years	RCT: Educational video (n=450) + mailing vs. no video (n=488)	5 primary care practices in US	6 months
Jerant 2007 [38]	SBT, FS, COL	Men & women aged ≥50 years	RCT: Tailored multimedia computer program (n=24) vs. non-tailored program (n=25)	6 community family practices in US	Immediate
Myers 2007 [39]	SBT, SBT+FS	Men & women aged 50-74 years	4-arm RCT: Tailored print + phone counseling (n=386) vs. tailored print (n=386) vs. non-tailored print (n=387) vs. usual care (n=387)	1 university-based family practice in US	24 months
Ruffin 2007 [40]	SBT, FS, SBT+FS, BE, COL	Men & women never screened for CRC, aged 50-70 years	RCT: Interactive website (n=87)vs. standard website (n=87)	3 communities (urban, suburban, rural) in US	24 weeks
Griffith 2008a [41]	SBT, FS, SBT+FS, BE, COL (SBT, COL in 2-option)	Men & women aged 48-75 years	RCT: 5-option DVD DA (n=25) vs. 2-option DVD DA (n=37)	1 university-based research facility in US	Immediate
Griffith 2008b [42]	SBT, FS, SBT+FS, BE, COL	Men & women aged 50-85 years	RCT: 5-option + no screening option video DA (n=57) vs. 5-option video DA (n=49)	3 communities in US	Immediate
Katsumura 2008 [43]	SBT, COL	Men & women aged 40-59 years	RCT: Internet-based information + risk information (n=146) vs. internet-based information only (n=139)	1 internet community in Japan	Immediate
Lewis 2008 [44]	SBT, FS, COL	Men & women aged 50-75 years	RCT: Mailed print DA (n=137) + waiting list control (n=100)	University-based general medicine clinic in US	5 months
Trevena 2008 [45]	SBT	Men & women aged 50-74 years	RCT Print DA (n=157) vs. government guidelines (n=157)	6 community family practices in Australia	1 month
Makoul 2009 [46]	SBT, FS, COL	Hispanic men & women aged 50-80 years	Pre-test/post-test design: Computer kiosk DA (n=270)	2 community clinics in US	Immediate
Manne 2009 [47]	COL	Men & women with family history of CRC	3-arm RCT: Tailored print + telephone counseling (n=112) vs. tailored print (n=161) vs. standard print (n=139)	26 medical centers in US	6 months
Lewis 2010	SBT, COL	Men & women aged	One-time uncontrolled intervention: Print	1 senior center in US	Immediate

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[48]		75-95 years	DA (n=46)		
Smith 2010 [49]	SBT	Men & women with low educational attainment, aged 55-64 years	3-arm RCT: Print & DVD DA + question prompt list (n=196) vs. print & DVD DA only (n=188) vs. standard information (n=188)	Community in Australia	3 months
Miller 2011 [50]	SBT, FS, COL	Men & women aged 50-74 years	RCT: Web-based DA (n=132) vs. usual care (n=132)	1 community internal medicine clinic in US	24 weeks
Pignone 2011 [51]	SBT, FS, SBT+FS, BE, COL	Men & women aged 52-80 years	Clustered RCT: DVD/VHS DA (n=211) + academic detailing of practices vs. usual care (n=232)	32 primary care practices participating in a single health insurance plan in US	12 months
Schroy 2011 [52]	SBT, FS, SBT+FS, BE, COL	Men & women aged 50-75 years	3-arm RCT: DVD DA + personalized risk assessment (n=223) vs. DVD DA (n=212) vs. usual care (n=231)	1 university-based internal medicine clinic & 1 community health center in US	Immediate
Steckelberg 2011 [53]	SBT, COL	Men & women aged 50-75 years	RCT: Print DA with risk information (n=785) vs. print standard information (n=792)	Health insurance membership in Germany	6 months
Vernon 2011 [54]	SBT, FS, BE, COL	Men & women aged 50-70 years	3-arm RCT: Tailored website (n=413) vs. non-tailored website (n=398) vs. usual care (n=413)	1 university-based clinic in US	24 months

Abbreviations:
BE: Barium Enema; COL: Colonoscopy; CRC: Colorectal Cancer; DA: Decision Aid; FS: Flexible Sigmoidoscopy; RCT: Randomized Controlled Trial; SBT: Stool Blood Test; US: United States.
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1E. Prostate Cancer Screening (n=29)

Author & Year*	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Flood 1996 [55]	PSA	Men aged ≥50 years	RCT: Educational videotape (n=184) vs. control videotape (n=188)	1 university hospital in US (free screening program and clinic)	Immediate
Wolf 1996 [56], 1998 [57]	PSA	Men aged ≥50 years	RCT: Scripted DA (n=103) vs. usual care (n=102)	4 university-affiliated primary care practices in US	Immediate
Myers 1999 [58]	PSA, DRE	Men aged 40-70 years	RCT: Print information + tailored information (n=192) vs. print information (n=221) only	1 university-based clinic in US	1 year
Schapira 2000 [59]	PSA, DRE	Men aged 50-80 years	RCT: Print DA with detailed risk description (n=122) vs. print information without (n=135)	1 VA clinic in US	2 weeks
Frosch 2001 [60]	PSA	Men aged ≥50 years	2x2 factorial design: Shared decision making video + discussion on risks and benefits (n=42) vs. video only (n=46) vs. discussion only (n=45) vs. usual care (n=43)	1 community hospital in US	Immediate
Wilt 2001 [61]	PSA, DRE	Men aged ≥50 years	RCT: Mailed print DA (n=180) + survey vs. usual care (n=195)	1 VA primary care clinic in US	1 year
Volk 1999 [62], 2003 [63]	PSA	Men aged 45-70 years	RCT: Video DA before doctor visit (n=80) vs. information booklet 2 weeks after doctor visit (n=80)	1 university-based family medicine clinic	1 year
Frosch 2003 [64]	PSA	Men aged ≥50 years	RCT: Web-based DA (n=114) vs. video DA (n=112)	1 community hospital in US	Immediate
Gattellari 2003 [65]	PSA, DRE	Men aged 40-70 years	RCT: Print DA (n=126) vs. conventional pamphlet (n=122)	13 general practices in Australia	3 days
Ruthman 2004 [66]	PSA	Men aged 50-80 years	Staged 2-group pre-/post-test quasi-experimental design: Video DA (n=52) vs. usual care (n=52)	1 VA clinic in US	Immediate
Sheridan 2004 [67]	PSA	Men aged 45-85 years	One-time uncontrolled intervention with pre-/post-tests: print DA (n=188)	1 university-based internal medicine clinic in US	Immediate
Gattellari 2005 [68]	PSA	Men aged 50-70 years	3-arm RCT: Video DA (n=141) vs. print DA (n=140) vs. conventional leaflet (n=140)	1 large community in Australia	≥7 days
Myers 2005 [69]	PSA, DRE	African American aged 40-69 years	RCT: Print DA + educational session (n=121) vs. print DA only (n=121)	3 community primary care practices in US	6-11 months
Partin 2004 [70], 2006 [71]	PSA	Men aged ≥50 years	3-arm RCT: Video DA (n=308) vs. print DA (n=295) vs. usual care (n=290)	4 VA clinics in US	1 year
Watson 2006 [72]	PSA	Men aged 40-75 years	RCT: Print DA + survey (n=980) vs. usual care (n=980)	11 general practices in United Kingdom	Immediate

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Kripalani 2007 [73]	PSA, DRE	Men aged 45-70 years	3-arm RCT: Detailed educational print (n=101) vs. simple educational print (n=101) vs. usual care (n=101)	1 academic teaching hospital in US	Immediate
Krist 2007 [74]	PSA	Men aged 50-70 years	3-arm RCT: Web-based DA (n=226) vs. print DA (n=196) vs. usual care (n=76)	1 community family practice in US	2 weeks
Ellison 2008 [75]	PSA, DRE	African American men aged 40-65 years	RCT: Web-based DA tailored to family history of prostate cancer (n=46) vs. web-based non-tailored DA (n=41)	1 annual mason convention in US	Immediate
Ilic 2008 [76]	PSA	Men never screened for prostate cancer, aged >45 years	3-arm RCT: Web-based education (n=56) vs. video-based education (n=55) vs. print-based education (n=50)	5 states in Australia	1 week
Stephens 2008 [77]	PSA, DRE	African American men aged 40-70 years and non-African American men aged 50-70 years	Solomon 4-group design: Pre-test + print DA + post-DA process measures + post-test (n=50) vs. DA booklet + post-DA process measures + post-test (n=50) vs. pre-test + post-test (n=50) vs. post-test only (n=50)	10 urban professional research facilities in US	Immediate
Volk 2008 [78]	PSA, DRE	African American men aged 40-70 years, non-African American men aged 50-70 years	RCT: Computer-based interactive DA (n=224) vs. print DA + CD (n=226)	2 primary care clinics in US	2 weeks
Weinrich 2008 [79]	PSA, DRE	African American men aged 40-70 years, Caucasian men aged 50-70 years	Post-intervention, quasi-experimental design: Enhanced DA (print DA + physician and peer pictures and statements; n=120) vs. print DA only (n=110)	4 urban communities in US	Immediate
Frosch 2008 [80], (Bhatnagar 2009 [81])	PSA	Men aged ≥50 years	2x2 factorial design: Didactic DA + chronic disease trajectory (n=152) vs. DA only (n=155) vs. chronic disease trajectory only (n=153) vs. control (public websites on prostate cancer; n=151)	1 community hospital in US	2-3 weeks
Allen 2009 [82]	PSA, DRE	African American men ≥50 years	Pre-/post-test quasi-experimental design: Computerized-tailored DA (n=108)	Multiple community settings in US	Immediate
Allen 2010 [83]	PSA	Men aged ≥45 years	RCT: Computerized-tailored DA (n=398) vs. no intervention (n=414)	12 work sites in US	3 months
Joseph-Williams 2010 [84]	PSA	Men never screened with PSA, aged 50-75 years	4-arm RCT: Web-based DA (n=129) vs. print DA (n=126) vs. surveys only (n=127) vs. usual care (n=132)	1 community in United Kingdom	6 months
Rubel 2010 [85]	PSA	Non-African American men aged 50-70 years	Solomon 4-group design: Pre-test + print DA + post-test (n=50) vs. print DA + post-test (n=50) vs. pre-test + post-test (n=50) vs. post-test only (n=50)	5 professional research facilities in US	Immediate
Van Vugt 2010 [86]	PSA	Men never screened with PSA, aged 55-65 years	One-time uncontrolled intervention with pre-/post-tests: print DA (n=729)	1 city in Netherlands	Immediate
Capik 2012 [87]	PSA, DRE	Turkish men aged 41-65 years	Pre-/post-test longitudinal study: web-assisted education and reminders (n=110)	2 public institutions in Turkey	6 months

Abbreviations:
DA: Decision Aid; DRE: Digital Rectal Examination; PSA: Prostate Specific Antigen; RCT: Randomized Controlled Trial; US: United States; VA: Veterans Administration.

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1F. Multiple Cancer Screening (n=3)

Author & Year*	Target Cancer	Screening Options Addressed	Target Population**	Design	Setting	Follow-up Duration
Frosch 2008 [88]	Colorectal, Prostate	PSA for prostate; not specified for colorectal	Men and women aged ≥50 years except African American men, who were aged ≥45 years	Sequential distribution of information brochure and video DA: video DA (n=100) vs. information brochure (n=107)	13 community-based primary care practices in US	Immediate
Brackett 2010 [89]	Colorectal, Prostate	PSA for prostate; not specified for colorectal	Men aged 50-75years for prostate cancer; men & women aged 50-75 years for CRC	4 video DA distribution methods: Automatic pre-visit DA mailing (n=1625), pre-visit video DA mailing upon request (n=84), post-visit video DA offered by medical assistant (n=724), post-visit video DA offered by physician (n=52)	1 rural university hospital and 1 rural VA hospital in US	Immediate
Krist 2012 [90]	Breast, Cervical. Colorectal, Prostate	PSA for prostate; not specified for others	Men & women aged 18-75 years	RCT: Interactive preventive health record that includes DAs pertinent to the patient's indicated cancer screening (n=2250) vs. usual care (n=2250)	8 primary care practices in US	16 months

Abbreviations:
CRC: Colorectal Cancer; PDA: Decision Aid; DRE: Digital Rectal Examination; PSA: Prostate Specific Antigen; RCT: Randomized Controlled Trial; US: United States.
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Table 2: Content of Decision Aids

2A. Breast Cancer Mammogram Screening (n=9)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Kadison 1998 [14]	None	Literature review, peer-review, pre-test	Yes	No	No	Direction to perform BSE and get CBE & MMG was reinforced	No	No
Street 1998 [15]	Transtheoretical model, elaboration likelihood model	Pilot test	Yes	No	No	No	No	No
Lawrence 2000 [16]	None	Content development by multidisciplinary team and lay women; reliability & validity testing	Yes	Yes	No	No	No	No
Valdez 2001 [17]	Social learning theory	Expert consultation, key informant interviews, focus groups	Yes	No	No	Provides questions for clinician Provides options for those without regular source of healthcare or health insurance	No	No
Rimer 2001 [18], 2002 [19]	Transtheoretical model, precaution adoption process model	Tailored messages based on baseline survey findings	Yes	Yes	Tailored table of pros & cons	Recommendation to discuss the tailored table with clinician	Yes	No
Lewis 2003 [20]	None	Literature review, pre-test	Yes	Yes	No	No	Yes	No
Mathieu 2007 [21]	Ottawa decision support framework	Markov model, pilot test	Yes	Yes	Personal worksheet	Encourages discussion with clinician at the end of worksheet	Yes	Yes
Vernon 2008 [22]	Transtheoretical model, health belief model, social cognitive theory, theory of planned	Targeted: Focus groups Tailored: Tailored messages based on	Yes	Yes	Feedback on decisional balance (pros & cons)	Feedback & strategy on self-efficacy; strategy based on stages of change; next MMG reminder	No	No

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	behavior	baseline survey findings						
Mathieu 2010 [23]	Ottawa decision support framework	Markov model, pilot test	Yes	Yes	Personal worksheet	Provides space for questions to clinician or DA creators	Yes	No

Abbreviations:
BSE: Breast Self-Examination; CBE: Clinical Breast Examination; MMG: Mammogram.
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2B. Breast Cancer Genetic Screening (n=9)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Lerman 1997 [24]	Behavioral models of decision-making	Structural protocol	Yes	Yes	No	No	Yes	No
Green 2001 [25]	None	Provides same information as the genetic counselors	Yes	Yes	Participants respond to questions in DA	Clinicians available in some centers to answer questions and reinforce recommendations	Yes	No
Schwartz 2001 [26]	None	N/A	Yes	Yes	No	No	Yes	No
Green 2004 [27], 2005 [28]	None	Provides same information as the genetic counselors	Yes	Yes	Participants respond to questions in DA	No	Yes	No
Miller 2005 [29]	Cognitive-social health processing model	Formative evaluation: Interviews, focus groups	Yes	Yes	No	Referral made to high-risk/genetic counseling program if requested	Yes	No
Wang 2005 [30]	None	Collaboration between content experts and health-related media experts	Yes	Yes	No	Used just before the genetic counseling session	Yes	No
Wakefield 2008a [31]	Ottawa decision support framework	Content analysis, pilot test	Yes	Yes	Personal worksheet	Some clinicians entered personalized information (e.g., risk estimate) into DA	Yes	No
Wakefield 2008b [32]	Ottawa decision support framework	Content analysis, pilot test	Yes	Yes	Personal worksheet	Clinicians used DA as communication aid during consultation	Yes	No
Gray 2009 [33]	Cognitive-social theory	Literature review, expert consultation, pre-test	Yes	Yes	No	No	Yes	No

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2C. Cervical Cancer Screening (n=2)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Adab 2003 [12]	None	Added information on risks and uncertainties to the National Health System Cervical Screening Programme leaflet	Yes	Yes	No	No	No	No
Park 2005 [13]	Health belief model, theory of reasoned action, self-efficacy theory	Developed from focus groups	Yes	Yes	No	No	No	No

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2D. Colorectal Cancer Screening (n=21)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Pignone 2000 [34]	Transtheoretical model	Patient preference checking, focus groups	Yes	Yes	No	Color code provided for the patient to indicate stage of readiness	No	No
Wolf 2000 [35]	None	Physician panel, pilot testing	Yes	Yes	No	No	Yes	No
Dolan 2002 [36]	Analytic hierarchy process	Structured interviews, feasibility testing	Yes	Yes	Analytic hierarchy process used to clarify preferred CRC screening option	Patients urged to discuss CRC screening with their physician	Yes	No
Zapka 2004 [37]	PRECEDE/ PROCEED model, social cognitive theory	Literature review	Yes	Yes	No	No	No	No
Jerant 2007 [38]	Transtheoretical model	Personally tailored feedback messages	Yes	Yes	Tailored messages based on pre-intervention survey	No	No	No
Myers 2007 [39]	Preventive health model	Tailored messages based on baseline survey findings	Yes	Yes	Tailored messages based on baseline survey findings	No	No	No
Ruffin 2007 [40]	Elaboration likelihood model	Developed empirically from 10 focus groups and 30 patient interviews	Yes	Yes	Patients asked to select 3 most important features of a CRC screening test	Video clip of a physician encouraging getting the test done	No	No
Griffith 2008a [41]	Transtheoretical model	Previous DA, literature review, usability testing	Yes	Yes	No	Color code provided for the patient to indicate stage of readiness	No	No
Griffith 2008b [42]	Transtheoretical model	Previous DA, literature review, focus groups,	Yes	Yes	No	Yes	Yes	No

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		expert/patient review						
Katsumura 2008 [43]	Analytic hierarchy process	Construction of decision model	Yes	Yes	Analytic hierarchy process used to clarify preferred CRC screening option	No	No	No
Lewis 2008 [44]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Detailed instructions on how to access the screening test of choice	No	No
Trevena 2008 [45]	Theory of planned behavior	Incorporated research-derived expert & lay beliefs	Yes	Yes	Personal work sheet	Information on how to obtain SBT kit	No	No
Makoul 2009 [46]	Extended parallel process model	Patient interviews & focus groups, usability testing	Yes	Yes	No	Recommendation to speak with clinician	No	No
Manne 2009 [47]	Health belief model, transtheoretical model, dual process theory	Construction of tailored messages	Yes	Yes	No	No	No	No
Lewis 2010 [48]	Ottawa decision support framework	Literature review, patient interviews, cognitive testing	Yes	Yes	Color-coded cards in pairs with opposing statements to select	No	Yes	No
Smith 2010 [49]	None, but complies with the International Patient Decision Aid Standard	Specific design for adults with low literacy skills, using plain language and basic design, focus groups	Yes	Yes	Personal work sheet	List of questions for clinician	Yes	No
Miller 2011 [50]	Transtheoretical model	Previous DA, literature review, usability testing	Yes	Yes	No	Color code provided for the patient to indicate stage of readiness	No	No
Pignone 2011 [51]	Transtheoretical model	Previous DA, literature review,	Yes	Yes	No	Color-coded, stage-targeted brochures	No	No

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		usability testing						
Schroy 2011 [52]	Ottawa decision support framework	Literature review, existing DA review, expert opinion, focus groups, usability testing	Yes	Yes	Personalized risk assessment; discrete choice method rank ordering test features	Web narrator encouraging discussing screening and test preference with clinician	No	No
Steckelberg 2011 [53]	UK Medical Research Council framework for complex intervention	Literature review, focus groups, expert review	Yes	Yes	No	No	Yes	No
Vernon 2011 [54]	Transtheoretical model	Intervention mapping, incorporating theory and empiric evidence	Yes	Yes	Tailored messages based on baseline survey	No	No	No

Abbreviations:
CRC: Colorectal Cancer; DA: Decision Aid; SBT: Stool Blood Test; UK: United Kingdom.
***Listed in ascending order of the year of publication.**

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2E. Prostate Cancer Screening (n=29)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Flood 1996 [55]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Encouragement to discuss with clinician	Yes	No
Wolf 1996 [56], 1998 [57]	None	Physician panel review, pilot testing	Yes	Yes	No	No	Yes	Yes
Myers 1999 [58]	Preventive health model	Tailored messages based on baseline survey findings	Yes	Yes	Tailored messages based on baseline survey findings	Recommendation to ask clinician	Yes	No
Schapira 2000 [59]	Health belief model	Focus groups	Yes	Yes	No	No	Yes	No
Frosch 2001 [60]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Discussion following DA	Yes	No
Wilt 2001 [61]	None	Expert review, content validity check, readability pre-testing	Yes	Yes	No	No	Yes	No
Volk 1999 [62], 2003 [63]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: literature review, patient focus groups, patient & expert review	Yes	Yes	No	Encouragement to discuss with clinician	Yes	No
Frosch 2003 [64]	None, but complies with the International Patient Decision Aid Standard	Conversion of a video DA (Frosch 2001) to web-based DA	Yes	Yes	No	Encouragement to discuss with clinician	Yes	No

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Gattellari 2003 [65]	None	Literature review, pilot testing	Yes	Yes	Listing of attributes that lean patients toward or against PSA screening	Provision of space for patients to write down questions for their clinician	Yes	No
Ruthman 2004 [66]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Encouragement to discuss with clinician	Yes	No
Sheridan 2004 [67]	None	Literature review, cognitive interviewing and feedback	Yes	Yes	No	No	Yes	No
Gattellari 2005 [68]	None	Literature review, pilot testing	Yes	Yes	Listing of attributes that lean patients toward or against PSA screening	Provision of space for patients to write down questions for their clinician	Yes	No
Myers 2005 [69]	Preventive health model	Tailored messages based on baseline survey findings	Yes	Yes	Tailored messages based on baseline survey findings	Recommendation to ask clinician	Yes	No
Partin 2004 [70], 2006 [71]	Social cognitive theory	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Encouragement to discuss with clinician	Yes	No
Watson 2006 [72]	None	Expert review, field testing	Yes	Yes	No	Encouragement to discuss with clinician; provision of website links	Yes	No
Kripalani 2007 [73]	None	Multi-disciplinary team design, pilot testing	Yes	Yes	No	Recommendation to ask clinician	Yes	No
Krist 2007 [74]	None	Expert review	Yes	Yes	No	No	No	No
Ellison 2008 [75]	None	Based on Cochrane Review's definition of	Yes	Yes	No	No	Yes	No

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(Note: The tables that appear in this Appendix have not been edited.)

		DA						
Ilic 2008 [76]	None	N/A	Yes	Yes	No	No	Yes	No
Stephens 2008 [77]	Prostate cancer screening decisional conflict model	Created by the Centers for Disease Control & Prevention	Yes	Yes	No	Stressing the importance of discussing with clinician	Yes	No
Volk 2008 [78]	None	Integration of didactic soap-opera episodes with interactive learning modules	Yes	Yes	Social-matching exercise	No	Yes	No
Weinrich 2008 [79]	Social learning theory	Previous research findings, community feedback	Yes	Yes	No	Clinician consultation immediately after DA	Yes	No
Frosch 2008 [80], (Bhatnagar 2009 [81])	Chronic disease model	Literature review, healthcare professional feedback, patient usability testing	Yes	Yes	Visual analog scale decision tool, time trade-off decision tool	No	Yes	No
Allen 2009 [82]	Ottawa decision support framework	Expert opinion & published research findings	Yes	Yes	Patients led through steps of decision making	Tailored printed summary	Yes	No
Allen 2010 [83]	Ottawa decision support framework	Expert opinion, International Patient Decision Aid Standards, focus groups, usability testing	Yes	Yes	Personalized risk assessment, weighing of pros & cons	Coaching through steps of decision making	Yes	No
Joseph-Williams 2010 [84]	None	Expert review, field testing	Yes	Yes	Decision summary web page	Web page listing reasons to decide with clinician	Yes	No
Rubel 2010 [85]	None	Created by the Centers for Disease Control & Prevention	Yes	Yes	No	No	Yes	No
Van Vugt 2010 [86]	None	Based on screening results of 6288 men	Yes	Yes	No	No	Yes	No
Capik 2012 [87]	Health belief model	Literature review	Yes	No	No	Reminder flyers & phone messages	No	No

Abbreviation:

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(Note: The tables that appear in this Appendix have not been edited.)

DA: Decision Aid
***Listed in ascending order of the year of publication.**

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(Note: The tables that appear in this Appendix have not been edited.)

2F. Multiple Cancer Screening (n=3)

Author & Year*	Theoretical Framework	Description of Development	Provision of Information	Risks & Benefits	Values Clarification Exercise	Guidance on Decision Making & Communication	Specifically Addresses Option of No Test	Addresses When to Stop Screening
Frosch 2008 [88]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Detailed instructions on how to access the screening test of choice (colorectal) Encouragement to discuss with clinician (prostate)	Yes (for prostate cancer screening)	No
Brackett 2010 [89]	None, but complies with the International Patient Decision Aid Standard	Created by the Foundation of Medical Decision Making: Literature review, patient focus groups, patient & expert review	Yes	Yes	No	Detailed instructions on how to access the screening test of choice (colorectal) Encouragement to discuss with clinician (prostate)	Yes (for prostate cancer screening)	No
Krist 2012 [90]	None	Efficacy, adoption and dissemination trials	Yes	Yes	No	Incorporated into interactive preventive health record	Yes (for prostate cancer screening)	No

***Listed in ascending order of the year of publication.**

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(Note: The tables that appear in this Appendix have not been edited.)

Table 3: Patient Outcomes Assessed for the Decision Aids

3A. Breast Cancer Mammogram Screening (n=9)

Author & Year**	Knowledge	Attitude	Preference Clarification	Subjective Norm	Self-Efficacy	Intention	Screening Behavior
Kadison 1998 [14]	N/A	N/A	N/A	N/A	N/A	N/A	Self-report: Increased post-test vs. pre-test: BSE 62% vs. 34% (p<0.0001); CBE 92% vs. 82% (p<0.0137) Not increased post-test vs. pre-test: MMG 93% vs. 76% (p<0.0572)
Street 1998 [15]	No difference	No difference in personal importance of breast cancer No difference in anxiety	N/A	N/A	N/A	N/A	N/A
Lawrence 2000 [16]	N/A	N/A	Less preference on MMG, weaker feeling towards their own decision regarding MMG (p<0.0001)	N/A	N/A	N/A	N/A
Valdez 2001 [17]	N/A	N/A	N/A	N/A	N/A	N/A	Self-report: 51% had completed or scheduled MMG
Rimer 2001 [18], 2002 [19]	Increased for tailored print + telephone counseling vs. usual care (p≤0.001); not increased for tailored print vs. usual care (p=0.19-0.98)	Increased risk perception in tailored print + telephone phone counseling: 26% vs. 16% tailored print and 15% usual care (p=0.001)	N/A	N/A	N/A	N/A	Self-report: No difference: tailored print + telephone counseling (odds ratio=1.4, p=0.283), tailored print (odds ratio 0.7, p=0.059)
Lewis 2003 [20]	No difference when framing is taken into account	No change or difference in perception of benefits & harms	N/A	N/A	N/A	N/A	N/A

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Mathieu 2007 [21]	Increased: 2.62 improvement DA vs. 0.68 improvement usual care (p<0.001)	N/A	Greater values clarity (smaller value equates cleared values): 19.51 DA vs. 22.59 usual care (p<0.02) Greater informed choice (combination of knowledge, values clarity, and intent): 73.5% DA vs. 48.8% usual care (p<0.001)	N/A	N/A	No difference (p=0.46)	Self-report: No difference (p=0.84)
Vernon 2008 [22]	N/A	N/A	N/A	N/A	N/A	N/A	Self-report: No difference
Mathieu 2010 [23]	Increased: 7.35 DA vs. 6.27 usual care (p<0.001)	No difference in perceived benefits & harms No difference in anxiety	No difference in informed choice (p=0.24)	N/A	N/A	Decreased: 82% DA vs. 61% usual care "decided" (p<0.001); of "decided," 52% DA and 65% usual care intended to get screened (p=0.05)	N/A

Abbreviation:
DA: Decision Aid; N/A: Not Addressed.
*** Listed in ascending order of the year of publication.**

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(Note: The tables that appear in this Appendix have not been edited.)

3B. Breast Cancer Genetic Screening (n=9)*

Author & Year*	Knowledge	Attitude	Subjective Norm	Self-Efficacy	Preference Clarification	Intention	Screening Behavior
Lerman 1997 [24]	Increased in DA groups vs. control (p=0.0001)	Perceived personal risk: Decreased in print DA vs. print DA + counseling and control (p=0.04) Perceived benefits: No difference (p=0.11) Perceived limitations: Increased in DA groups vs. control (p=0.004)	N/A	N/A	N/A	No difference (p=0.97)	N/A
Green 2001 [25]	Increased: 96% CD-ROM DA and 92% counselor vs. 74% usual care (p<0.001)	N/A	N/A	N/A	N/A	No difference between DA + counseling group and counseling and usual care groups (p=0.72)	N/A
Schwartz 2001 [26]	Increased: 9.2 DA vs. 8.0 usual care (p=0.0001)	Perceived benefits: No difference (p=0.99) Perceived risks increased: 11.4 DA vs. 10.8 usual care (p=0.049)	N/A	N/A	N/A	No difference	N/A
Green 2004 [27], 2005 [28]	Increased in low risk group: 38% improvement DA + counseling vs. 29% improvement counseling only (p=0.03) No difference in high risk group: 34% vs. 29% improvement (p=0.22)	Greater decrease in absolute risk perception in low risk group: DA + counseling vs. counseling only (p=0.02); no difference in high risk group (p=0.85) No difference in decrease in relative risk perception (low risk: p=0.18, high risk: p=0.7) Greater decrease in anxiety in low risk group	N/A	N/A	N/A	No difference between DA + counseling and counseling only (p=0.07 for low risk group, p=0.13 for high risk group)	Self-report: No difference between DA + counseling and counseling only (p=0.77 for low risk group, p=0.12 for high risk group)

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		(p=0.04); smaller decrease in high risk group (p<0.04)					
Miller 2005 [29]	No difference	N/A	N/A	N/A	N/A	Decreased in average risk, increased in high risk (p<0.05)	N/A
Wang 2005 [30]	Increased in DA but greater increased in groups with feedback (p<0.05)	Worry declined in intervention groups (p=0.05)	N/A	N/A	N/A	N/A	Chart audit: Decreased: 33% DA vs. 47% no DA (p<0.01)
Wakefield 2008a [31]	Increased: 7.14 DA vs. 6.68 control (p=0.033)	No difference in distress (e.g., intrusive &avoidant thoughts, anxiety, depression)	No difference in perceived family involvement in decision-making: 54.4% DA vs. 54% control (p=0.368)	N/A	No difference in Decisional Conflict Scale except for Informed subscale: more informed in DA vs. control (p<0.05) No difference in informed choice (p=0.304) No difference in decisional regret (p=0.1)	N/A	Self-report: No difference: 94.4% DA vs. 91.8% control (p=0.793)
Wakefield 2008b [32]	Increased: 7.16 vs. 6.63 (p=0.039)	No difference in distress (e.g., intrusive &avoidant thoughts, anxiety, depression)	No difference in perceived family involvement in decision-making: 52.6% DA vs. 45.5% control (p=0.289)	N/A	No difference in Decisional Conflict Scale (p=0.5) except for Informed subscale: more informed in DA vs. control (p=0.0035), and Clear Values subscale: clearer values in DA vs. control (p=0.009) No difference in informed choice (p=0.919) No difference in decisional regret (p=0.406)	N/A	Self-report: No difference: 90.2% DA vs. 96% control (p=0.232)

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Gray 2009 [33]	N/A	Decrease in positive beliefs: Combined risk information vs. no risk information (odds ratio 0.48; p=0.014) No difference in trust in internet testing (p=0.813) No difference in belief that internet testing is wise (p=0.234)	N/A	N/A	Increased preference for clinic testing rather than direct-to-consumer testing: Expert-provided risk information vs. no risk information (odds ratio 2.05; p=0.03)	Decreased: Combined risk information vs. no risk information (odds ratio 0.48; p=0.016)	N/A

Abbreviation:
DA: Decision Aid; N/A: Not Addressed.
*** Listed in ascending order of the year of publication.**

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3C. Cervical Cancer Screening (n=2)

Author & Year*	Knowledge	Attitude	Subjective Norm	Self-Efficacy	Preference Clarification	Intention	Screening Behavior
Adab 2003 [12]	N/A	N/A	N/A	N/A	N/A	Decreased: 79.0% leaflet with risk vs. 88.2% standard leaflet (p=0.039)	N/A
Park 2005 [13]	Increased: 6.65 DA vs. 5.69 usual care (p<0.001)	Decreased perception of procedural barriers: 16.42 DA vs. 17.56 usual care (p<0.05) Decreased perception of cognitive barriers: 7.97 DA vs. 8.87 usual care (p<0.01) Increased perceived benefit of Pap test: 28.79 DA vs. 26.75 usual care (p<0.05) No difference: Perceived susceptibility & seriousness	N/A	Increased: 27.0 DA vs. 25.04 usual care (p<0.01)	N/A	Increased: 6.65 DA vs. 5.69 usual care (p<0.01)	Self-report: Increased Action Stage (screened): n=26 DA vs. n=16 usual care (p<0.01)

N/A: Not Addressed.
*** Listed in ascending order of the year of publication.**

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(Note: The tables that appear in this Appendix have not been edited.)

3D. Colorectal Cancer Screening (n=21)

Author & Year*	Knowledge	Attitude	Subjective Norm	Self-Efficacy	Preference Clarification	Intention	Screening Behavior
Pignone 2000 [34]	N/A	N/A	N/A	N/A	N/A	Increased: 3.1 DA vs. 2.5 usual care (p<0.001)	Chart review: Screening ordering increased: 47.2% DA vs. 26.4% usual care Completion increased: 36.8% DA vs. 22.6% usual care
Wolf 2000 [35]	Increased: 71.1% risk script groups vs. 53.8% control script (p=0.0007)	N/A	N/A	N/A	N/A	No difference: 63.1% absolute risk vs. 66.9% relative risk vs. 59.4% control (p=0.4)	N/A
Dolan 2002 [36]	N/A	N/A	N/A	N/A	Decisional conflict decreased: 1.83 DA vs. 2.03 usual care (p=0.01)	N/A	Chart review: No difference in completion of tests
Zapka 2004 [37]	N/A	N/A	N/A	N/A	N/A	N/A	Self-report: No difference: 55.1% DA vs. 55.3% usual care
Jerant 2007 [38]	No difference	No difference in perceived benefits & barriers	N/A	Increased: 2.60 tailored vs. 2.31 non-tailored program (p=0.049)	N/A	Increased readiness with tailored program (p=0.034)	N/A
Myers 2007 [39]	N/A	N/A	N/A	N/A	N/A	N/A	Review of chart, billing, laboratory database: Completion increased in the 3 intervention groups: 43.8-48.5% intervention groups vs. 32.6% usual care (p=0.001-0.01)

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							No difference among the 3 intervention groups
Ruffin 2007 [40]	N/A	N/A	N/A	N/A	Increased: 93% DA vs. 72% standard website (p<0.0001)	N/A	Self-report: Increased: 42% DA vs. 20% standard website (p=0.035)
Griffith 2008a [41]	No difference	N/A	N/A	N/A	No difference in decisional conlict & satisfaction No difference in choice of test when cost is considered	No difference in screening interest	N/A
Griffith 2008b [42]	No difference	Less clarity on benefits (p<0.01) and downsides (p=0.03) with DA that included "no screen" option	N/A	N/A	Less clarity on help in making a decision (p=0.03) with DA that included "no screen" option	No difference in interest or intent	N/A
Katsumura 2008 [43]	N/A	Higher priority on "avoiding disadvantage" in (+)risk information	N/A	N/A	Less preference for COL: 80.8% (+)risk vs. 89.2% (-)risk information (p<0.01)	N/A	N/A
Lewis 2008 [44]	N/A	N/A	N/A	N/A	N/A	N/A	Chart review: Increased: 15% DA vs. 4% control (p=0.01)
Trevena 2008 [45]	Increased "adequate knowledge": 20.9% DA vs. 5.8% guidelines (p=0.0001)	No difference in anxiety	N/A	No difference in perceived behavioral control	Increase in decisions that were informed and had clear values: 10.4% DA vs. 1.5% guidelines (p=0.002)	No difference	Self-report: No difference: 5.2% DA vs. 6.6% guidelines (p=0.64)
Makoul 2009 [46]	Increased: 63% post- vs. 38% pre-intervention (p<0.01)	N/A	N/A	N/A	N/A	Increased post- vs. pre-intervention (p<0.01): SBT (89.6% vs. 62.2%), FS (78.1% vs. 54.1%), COL (84.4% vs.	N/A

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						64.8%)	
Manne 2009 [47]	Not a mediator	Not mediators: perceived risk, severity, preventability	Not mediators: physician & family support	N/A	N/A	Partial mediator: decisional balance	Self-report with clinician confirmation: Increased: 24.8% tailored messages and 25.9% tailored messages + phone counseling vs. 13.7% standard print (p=0.013)
Lewis 2010 [48]	Increased: 52% post- vs. 4% pre-intervention (p<0.01)	N/A	N/A	N/A	Decisional conflict decreased 6 points: 28 post- vs. 34 pre-intervention (p<0.01)	Preparation to make decision increased 37%: 41% post-intervention vs. 4% pre-intervention (p<0.01)	N/A
Smith 2010 [49]	Increased: 6.5 DA groups vs. 4.1 standard information (p<0.001)	Less positive: 51% DA groups vs. 65% standard information (p<0.002) No difference in worry about CRC	N/A	N/A	Increased informed choice: 34% DA groups vs. 12% standard information (p<0.001) Decreased decisional conflict: 51% DA groups vs. 38% standard information with score of 0 (p=0.02) No difference in decisional satisfaction or confidence	N/A	Laboratory database: Decreased: 59% DA groups vs. 75% standard information (p<0.001)
Miller 2011 [50]	N/A	N/A	N/A	N/A	Report of test preference increased 29%: 84% DA vs. 55% usual care (p<0.0001)	Increased 30%: 52% DA vs. 20% usual care	Chart review: Screening ordering increased: 30% DA vs. 21% usual care (p=0.07) Completion increased: 19% DA vs. 14% usual care (p=0.12)
Pignone	N/A	N/A	N/A	N/A	N/A	N/A	Self-report:

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2011 [51]							Increased: 39% DA vs. 32.2% usual care (p=0.06)
Schroy 2011 [52]	Increased: 10.7 & 10.8 DA groups vs. 8.6 usual care (p<0.001)	N/A	N/A	N/A	No difference between 2 DA groups: 95% identified preferred option	Increased: 4.3 & 4.4 DA groups vs. 3.9 usual care (p<0.001)	N/A
Steckelberg 2011 [53]	Increased: 4.3 DA vs. 2.5 standard information (p<0.001)	Less positive: 93.4% DA vs. 96.5% standard information (p<0.01)	N/A	N/A	Increased informed choice: 44% DA vs. 12.8% standard information (p<0.001)	N/A	Self-report: No difference: 72.4% DA vs. 72.9% standard information (p=0.87)
Vernon 2011 [54]	Increased: tailored website vs. non-tailored website & usual care (p<0.004)	Increased pros: tailored & non-tailored websites vs. usual care (p=0.037) Decreased cons: tailored website vs. non-tailored website & usual care (p=0.049 & 0.013) No difference in worry	No difference in social influence	Increased: tailored website vs. non-tailored website & usual care (p=0.003 & 0.006)	N/A	Increased: tailored & non-tailored websites vs. usual care (p=0.005)	Self-report: No difference: 32.9% tailored vs. 35.7% non-tailored website vs. 34.1% usual care`

Abbreviations:

BE: Barium Enema; COL: Colonoscopy; CRC: Colorectal Cancer; DA: Decision Aid; FS: Flexible Sigmoidoscopy; N/A: Not Addressed; SBT: Stool Blood Test.

*** Listed in ascending order of the year of publication.**

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3E. Prostate Cancer Screening (n=29)

Author & Year*	Knowledge	Attitude	Subjective Norm	Self-Efficacy	Preference Clarification	Intention	Screening Behavior
Flood 1996 [55]	Increased (p=0.0000)	N/A	N/A	N/A	Greater preference for conservative treatment: 63.2%/85.9% educational vs. 26.4%/39.5% control for free screening/clinic (p=0.0000 for both)	Decreased intent to get screened: 73.9%/30.4% educational vs. 89.7%/67% control for free screening/clinic (p=0.002/0.0000)	Chart review: Decreased: 98.4%/11.7% educational vs. 100%/22.6% for free screening/clinic (p=0.079/0.041)
Wolf 1996 [56], 1998 [57]	N/A	N/A	N/A	N/A	N/A	Decreased: odds ratio 0.34 scripted DA vs. usual care (p<0.001)	N/A
Myers 1999 [58]	N/A	N/A	N/A	N/A	N/A	N/A	Review of chart & billing data: Increased screening adherence: 51% print + tailored information vs. 29% print information only (p=0.001)
Schapira 2000 [59]	Increased: 15% DA vs. 14.1% print information (p<0.01)	Decrease in perceived benefit (p<0.01-0.05)	N/A	N/A	N/A	N/A	Chart review: No difference: 82% DA vs. 84% print information (p=0.6)
Frosch 2001 [60]	Increased for all interventions vs. usual care; no difference between interventions	Less concern about prostate cancer: 13.3-16.7% intervention groups vs. 34.9% usual care (p<0.05)	N/A	Less confidence about their decision in intervention groups (7.25-7.89) vs. usual care (9.41; p<0.0001)	Greater preference for conservative treatment: 67.5-81.8% intervention groups vs. 35.7% usual care (p<0.001)	Decreased: 50% video + discussion vs. 63% video vs. 82.2% discussion vs. 97.7% usual care (p<0.0001)	N/A
Wilt 2001 [61]	Increased: 45% DA vs. 13% usual care (p<0.05)	No difference in screening belief (p>0.02)	N/A	N/A	No difference in preference for conservative treatment: 46% DA vs. 35% usual care	N/A	Laboratory database: No difference: 31% DA vs. 37% usual care (p>0.2)

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					(p=0.07)		
Volk 1999 [62], 2003 [63]	Increased: 48.7% DA vs. 31% control @ 2 weeks (p<0.001); 38.4% DA vs. 30% control @1 year (p<0.001)	N/A	N/A	N/A	N/A	Decreased: 62% DA vs. 80% control (p=0.009)	Self-report: Decreased: 34.3% DA vs. 55.2% control (p=0.01)
Frosch 2003 [64]	No difference	N/A	N/A	N/A	Less preference for conservative treatment: 53,2% internet vs. 76.8% video DA (p<0.001)	N/A	N/A
Gattellari 2003 [65]	Increased: 50% DA vs. 45% conventional pamphlet (p=0.049)	No difference in worry about dying from prostate cancer (p=0.058)	N/A	DA more likely to report ability of making informed choice (p=0.008)	No difference in overall decisional uncertainty: 8.1 for both groups (p=0.93)	No difference in decreased interest in PSA screening (p=0.93)	N/A
Ruthman 2004 [66]	Increased: 5.92 DA vs. 2,89 usual care (p<0.001)	N/A	N/A	N/A	N/A	Less likely to prefer PSA screening: 14% DA vs. 0% usual care (p=0.002)	N/A
Sheridan 2004 [67]	Increased: 28% on advantages, 55% on disadvantages, 24% on enough knowledge to make a decision (p<0.05)	N/A	N/A	N/A	N/A	No change in interest in prostate cancer screening	N/A
Gattellari 2005 [68]	Increased in print DA: 57.2% vs. 45.8% video DA and 42.2% leaflet (p<0.001 for both)	No difference in worry about developing prostate cancer (p=0.37)	N/A	No difference in perceived ability to make informed choice (p=0.10)	No difference in overall decisional uncertainty (p=0.56) Less interest in PSA screening print DA: 1.3 vs. 1.7 video DA (p=0.01) and 1.7 leaflet (p=0.003)	No difference in decreased propensity to undergo PSA screening (p=0.31)	N/A

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Myers 2005 [69]	N/A	N/A	N/A	N/A	N/A	N/A	Chart review: No difference: 8.3% print DA + educational session vs. 4.5% print only (p=0.279)
Partin 2004 [70], 2006 [71]	No difference	N/A	N/A	N/A	N/A	Decreased: 63-65% DA groups vs. 74% usual care (p<0.05)	Chart review: No difference: 67-70% screened within 1 year
Watson 2006 [72]	Increased: 9 DA vs. 3 usual care (p<0.00001)	More negative attitude toward PSA screening: -3.5 DA vs. +3.3 usual care (p<0.0001)	N/A	N/A	N/A	No difference: 25.6% DA vs. 29.1% usual care (p=0.17)	N/A
Kripalani 2007 [73]	N/A	N/A	N/A	N/A	N/A	N/A	Chart review: Increased PSA ordering: 12.3-14.1% education groups vs. 2.4% control (p=0.01-0.03)
Krist 2007 [74]	Increased: 69% DA groups vs. 54% usual care (p<0.001)	N/A	N/A	N/A	No difference in Decisional Conflict Scale	N/A	Self-report & clinician report: No difference: 86% web DA vs. 88% print DA vs. 85% usual care
Ellison 2008 [75]	Increased: 7.67 tailored DA vs. 6.78 non-tailored DA (p<0.01)	N/A	N/A	N/A	N/A	N/A	N/A
Ilic 2008 [76]	No difference	No difference in anxiety	N/A	N/A	No difference in decisional conflict	No difference	N/A
Stephens 2008 [77]	Increased: groups exposed to DA vs. groups not exposed (p<0.001)	Increased risk perception in African Americans exposed to DA (p=0.001) Negative schema for PSA testing in African Americans	N/A	N/A	Feeling more informed (p=0.009), to have clearer values (p=0.033), and to make more effective decision (p=0.032) among African Americans exposed to DA	N/A	N/A

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		exposed to DA (p=0.011)					
Volk 2008 [78]	No difference	N/A	N/A	N/A	Decreased decisional conflict among low-literacy participants: 12.0 interactive DA vs. 21.7 print DA (p=0.04)	N/A	N/A
Weinrich 2008 [79]	Increased: 8.91 enhanced DA vs. 8.37 DA only (p=0.04)	N/A	N/A	N/A	N/A	N/A	Chart review: No difference: 100% participated in free PSA screening
Frosch 2008 [80], (Bhatnagar 2009 [81])	Increased for DA but not chronic disease trajectory	No difference in concern	N/A	N/A	Greater decrease in decisional conflict among 3 intervention groups vs. control (p<0.05) No difference in preference for conservative treatment	Greater decrease in DA only and chronic disease trajectory only groups to get PSA screening (p=0.047 each) but not combined vs. control	N/A
Allen 2009 [82]	Increased: 71.8% post-test vs. 53.9% pre-test (p<0.001)	No difference in risk perception: 25% post-test vs. 18% pre-test (p=0.13)	N/A	Increased: 88.8% post-test vs. 87% pre-test (p+0.01)	Decreased decisional conflict: 21.4% pre-test vs. 13% post-test (p<0.001)	No change in decisional stage: 43.1% "decided" post-test vs. 47.1% pre-test (p=0.39)	N/A
Allen 2010 [83]	Increased: 54% improved with DA vs. 39% no intervention (p=0.03)	N/A	N/A	No difference: 83% vs. 79% (p=0.31)	No difference in decisional conflict improvement: 53% DA vs. 49% no intervention (p=0.09) No change in decisional consistency (match between values and preference for screening)	Increased decisional stage: 21% "decided" DA vs. 13% no intervention (p<0.01) No change in desire for screening	N/A
Joseph-Williams	Increased: 4.9 web-based DA	More negative attitude toward	N/A	N/A	Decreased decisional conflict: 40.37 web-	Decreased: 40% web-based DA vs.	Chart review: Decreased: 3% web-based

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2010 [84]	vs. 2.17 usual care (p<0.001)	PSA screening: 9.1 web-based DA vs. 11.9 usual care (p=0.007) No difference in anxiety: 4.98 web-based DA vs. 4.88 usual care (p=0.98)			based DA vs. 47.73 usual care (p<0.001)	58% usual care (p=0.02)	DA vs. 9% survey-only group (p=0.014)
Rubel 2010 [85]	Increased: DA vs. usual care (p<0.01)	No difference in positive (p=0.85) or negative schema (p=0.34) No difference in risk perception (p=0.22)	N/A	N/A	N/A	N/A	N/A
Van Vugt 2010 [86]	Increased: 16.2 post-test vs. 13.5 pre-test (p<0.001)	Decreased in perceived risk (p<0.001) More negative attitude toward PSA test (p=0.008)	N/A	N/A	N/A	Increased: 21% post-test vs. 14% pre-test (p<0.001) Increase in men with positive attitude and intention to have PSA test: 27% post-test vs. 16% pre-test	N/A
Capik 2012 [87]	No change: 4.6 post-test vs. 3.9 pre-test (p=0.325)	Increased susceptibility: 3 post-test vs. 2.7 pre-test (p=0.035) No change in seriousness: 3.3 post-test vs. 2.9 pre-test (p=0.089) Decreased	N/A	N/A	N/A	No change in motivation: 3.4 post-test vs. 3.3 pre-test (p=0.336)	Self-report: Increased PSA screening: 14.3% post-test vs. 6.7% pre-test (p-value not given)

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		barrier: 2.4 post-test vs. 2.6 pre-test (p=0.024) No change in benefit: 3.7 post-test vs. 3.5 pre-test (p=0.087)					

Abbreviations:
N/A: Not Addressed.
*** Listed in ascending order of the year of publication.**

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3F. Multiple Cancer Screening (n=3)

Author & Year*	Knowledge	Attitude	Subjective Norm	Self-Efficacy	Preference Clarification	Intention	Screening Behavior
Frosch 2008 [88]	Increased in DA vs. brochure (p=0.001)	No difference	Decrease in perceived social norms in DA vs. brochure	Decreased in DA vs. brochure	N/A	Decreased in DA vs. brochure	N/A
Brackett 2010 [89]	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Krist 2012 [90]	N/A	N/A	N/A	N/A	N/A	N/A	Self-report: No difference in individual cancer screenings Increased for overall delivery of preventive services: 2.3% increase with interactive preventive health record vs. 1.1% increase in usual care (p<0.005)

Abbreviation:
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Table 4: Patient/clinician and Practice Outcomes Assessed for the Decision Aid (DA)
4A. Breast Cancer Mammogram Screening (n=9)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeat Screening	Cost Analysis
Kadison 1998 [14]	N/A	N/A	N/A	N/A	N/A	N/A
Street 1998 [15]	N/A	N/A	N/A	N/A	N/A	N/A
Lawrence 2000 [16]	N/A	N/A	N/A	N/A	N/A	N/A
Valdez 2001 [17]	N/A	N/A	N/A	N/A	N/A	N/A
Rimer 2001 [18], 2002 [19]	N/A	N/A	N/A	N/A	N/A	N/A
Lewis 2003 [20]	N/A	N/A	N/A	N/A	N/A	N/A
Mathieu 2007 [21]	N/A	N/A	N/A	N/A	N/A	N/A
Vernon 2008 [22]	N/A	N/A	N/A	N/A	No difference	Targeted: $1116 per additional patient screened Tailored: Not computed
Mathieu 2010 [23]	N/A	N/A	N/A	N/A	N/A	N/A

Abbreviation:
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4B. Breast Cancer Genetic Screening (n=9)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeat Screening	Cost Analysis
Lerman 1997 [24]	N/A	N/A	N/A	N/A	N/A	N/A
Green 2001 [25]	N/A	N/A	N/A	Clinicians available in some centers to answer questions and reinforce recommendations	N/A	N/A
Schwartz 2001 [26]	N/A	N/A	N/A	N/A	N/A	N/A
Green 2004 [27], 2005 [28]	No difference in high rating of effectiveness by patients (p=0.81) and counselors (p=0.45) Counselors reported shift the focus away from basic education toward personal risk and decision-making	N/A	N/A	N/A	N/A	N/A
Miller 2005 [29]	N/A	N/A	N/A	Referral made to high-risk/genetic counseling program if requested	N/A	N/A
Wang 2005 [30]	N/A	N/A	N/A	Used just before the genetic counseling session	N/A	N/A
Wakefield 2008a [31]	N/A	Agreement of decision in 94.2%	Less sharing of received materials with family: 54.4% DA vs. 76.2% control (p=0.003)	Some clinicians entered personalized information (e.g., risk estimate) into DA	N/A	N/A
Wakefield 2008b [32]		Agreement of decision in 92.7%	No difference in sharing of received materials with family: 52.6% DA vs. 54.5% control (p=0.389)	Clinicians used DA as communication aid during consultation. They became reluctant to continue usage, citing increased consultation time, “stilted” consultation, and preference for their own method	N/A	N/A
Gray 2009 [33]	N/A	N/A	N/A	N/A	N/A	N/A

Abbreviations:
DA: Decision Aid; N/A: Not Addressed.
*** Listed in ascending order of the year of publication.**

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4C. Cervical Cancer Screening (n=2)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeat Screening	Cost Analysis
Adab 2003 [12]	N/A	N/A	N/A	N/A	N/A	N/A
Park 2005 [13]	N/A	N/A	N/A	N/A	N/A	N/A

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4D. Colorectal Cancer Screening (n=21)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeat Screening	Cost Analysis
Pignone 2000 [34]	N/A	N/A	N/A	Color code attached in the patient chart to indicate stage of readiness for screening	N/A	N/A
Wolf 2000 [35]	N/A	N/A	N/A	N/A	N/A	N/A
Dolan 2002 [36]	No difference in whether the process matched the patient's preference: 42% in both groups (self-report)	N/A	N/A	N/A	N/A	N/A
Zapka 2004 [37]	N/A	N/A	N/A	N/A	N/A	N/A
Jerant 2007 [38]	N/A	N/A	N/A	N/A	N/A	N/A
Myers 2007 [39]	N/A	N/A	N/A	N/A	N/A	N/A
Ruffin 2007 [40]	N/A	Moderate agreement between preferred CRC screening test and completed test (correlations: 0.60 SBT, 0.56 FS, 0.51 COL)	N/A	N/A	N/A	N/A
Griffith 2008a [41]	N/A	N/A	N/A	Color code attached in the patient chart to indicate stage of readiness for screening	N/A	N/A
Griffith 2008b [42]	N/A	N/A	N/A	N/A	N/A	N/A
Katsumura 2008 [43]	N/A	N/A	N/A	N/A	N/A	N/A
Lewis 2008 [44]	N/A	N/A	N/A	N/A	N/A	$94 per additional patient screened
Trevena 2008 [45]	No difference in decision control preference	N/A	N/A	N/A	N/A	N/A
Makoul 2009 [46]	N/A	N/A	N/A	N/A	N/A	N/A
Manne 2009 [47]	N/A	N/A	N/A	N/A	N/A	N/A

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Lewis 2010 [48]	N/A	N/A	N/A	N/A	N/A	N/A
Smith 2010 [49]	Increased trend toward preference for SDM in DA groups (p=0.04; self-report)	N/A	N/A	N/A	N/A	N/A
Miller 2011 [50]	N/A	N/A	N/A	Color code attached in the patient chart to indicate stage of readiness for screening	N/A	N/A
Pignone 2011 [51]	N/A	N/A	N/A	Academic detailing to incorporate CRC screening into practice	N/A	N/A
Schroy 2011 [52]	Increased satisfaction with the decision-making process: 50.5 & 50.7 DA groups vs. 46.7 usual care (self-report)	59% had preferred test ordered: 79% for COL, <30% for all others No association between satisfaction with decision-making process and concordance	N/A	N/A	N/A	N/A
Steckelberg 2011 [53]	N/A	N/A	N/A	N/A	N/A	N/A
Vernon 2011 [54]	N/A	N/A	N/A	N/A	N/A	$53 per patient

<u>Abbreviations</u>:
COL: Colonoscopy; CRC: Colorectal Cancer; DA: Decision Aid; FS: Flexible Sigmoidoscopy; N/A: Not Addressed; SBT: Stool Blood Test; SDM: Shared Decision Making; US: United States.
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4E. Prostate Cancer Screening (n=29)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeat Screening	Cost Analysis
Flood 1996 [55]	N/A	N/A	N/A	N/A	N/A	N/A
Wolf 1996 [56], 1998 [57]	N/A	N/A	N/A	N/A	N/A	N/A
Myers 1999 [58]	N/A	N/A	N/A	N/A	N/A	N/A
Schapira 2000 [59]	N/A	N/A	N/A	N/A	N/A	N/A
Frosch 2001 [60]	Less desire for their physician to be the primary or only decision maker: 2.3-7.5% intervention groups vs. 48.8% usual care (self-report; p<0.0001)	N/A	N/A	N/A	N/A	N/A
Wilt 2001 [61]	No difference in talking with doctor: 54% for both DA and usual care (self-report; p>0.2)	N/A	N/A	N/A	N/A	N/A
Volk 1999 [62], 2003 [63]	N/A	N/A	N/A	N/A	N/A	N/A
Frosch 2003 [64]	N/A	N/A	N/A	N/A	N/A	N/A
Gattellari 2003 [65]	No difference in preference for decisional control (self-report; p=0.18-0.97)	N/A	N/A	N/A	N/A	N/A
Ruthman 2004 [66]	Less likely to have discussed PSA screening with the clinician: 83% DA did not discuss vs. 71% usual care (self-report)	N/A	N/A	N/A	N/A	N/A
Sheridan 2004 [67]	N/A	N/A	N/A	N/A	N/A	N/A
Gattellari 2005 [68]	No difference in preference for decisional control (self-report; p=0.21)	Print DA group less likely by self-report to agree to clinician recommendation for PSA screening vs. video DA and leaflet (self-report; p<0.05 for both)	N/A	N/A	N/A	N/A
Myers 2005 [69]	N/A	N/A	N/A	N/A	N/A	N/A
Partin 2004	N/A	N/A	N/A	N/A	N/A	<$2 per

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[70], 2006 [71]						intervention
Watson 2006 [72]	No difference in decision making preference (self-report)	N/A	N/A	N/A	N/A	N/A
Kripalani 2007 [73]	Increased discussion of prostate cancer screening: 50-58% education groups vs.37.3% usual care (self-report; p=0.03) Patients more likely to initiate discussion: 40-47.6% education groups vs. 9.7% usual care (self-report; p<0.01)	N/A	N/A	N/A	N/A	N/A
Krist 2007 [74]	No difference in match between patient's desired involvement in the decision-making process and the actual process (self-report)	N/A	N/A	N/A	N/A	N/A
Ellison 2008 [75]	N/A	N/A	N/A	N/A	N/A	N/A
Ilic 2008 [76]	No difference in consumer decision-making preference (self-report)	N/A	N/A	N/A	N/A	N/A
Stephens 2008 [77]	N/A	N/A	N/A	N/A	N/A	N/A
Volk 2008 [78]	No difference in assertiveness (self-report)	N/A	N/A	N/A	N/A	N/A
Weinrich 2008 [79]	N/A	N/A	N/A	N/A	N/A	N/A
Frosch 2008 [80], (Bhatnagar 2009 [81])	N/A	N/A	N/A	N/A	N/A	N/A
Allen 2009 [82]	More likely to want an active role in decision making: 77% post-test vs. 67% pre-test (self-report; p=0.03)	N/A	N/A	N/A	N/A	N/A
Allen 2010 [83]	No change in desire for active role (self-report)	N/A	N/A	N/A	N/A	N/A
Joseph-Williams 2010 [84]	N/A	N/A	N/A	N/A	N/A	N/A
Rubel 2010 [85]	N/A	N/A	N/A	N/A	N/A	N/A
Van Vugt 2010 [86]	N/A	N/A	N/A	N/A	N/A	N/A
Capik 2012 [87]	N/A	N/A	N/A	N/A	N/A	N/A

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4F. Multiple Cancer Screening (n=3)

Author & Year*	Shared Decision Making	Concordance	Inclusion of Post-Visit Factors	Incorporation of DA into Practice	Effect of DA on Repeated Screening	Cost Analysis
Frosch 2008 [88]	More likely to desire being primary or sole decision maker: DA vs. brochure (self-report) No difference in rates of screening discussion with clinician (self-report)	N/A	N/A	N/A	N/A	N/A
Brackett 2010 [89]	N/A	N/A	N/A	Clinicians were more satisfied with pre-visit distribution models: 68% post-visit vs. 19% pre-visit models	N/A	N/A
Krist 2012 [90]	N/A	N/A	N/A	DA were incorporated into a comprehensive interactive preventive health record	N/A	N/A

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