

## Preference-based intervention in prostate cancer

New research suggests that in localised prostate cancer an intervention based on the patient's preference—called Patient Preferences for Prostate Cancer Care (PreProCare)—could improve patients' satisfaction with care and decisions, reduce patients' regrets about decision, and better align the treatment choice with cancer risk category.

Ravishankar Jayadevappa (University of Pennsylvania, Philadelphia, PA, USA) and colleagues did a multicentre, randomised, controlled trial to evaluate the effectiveness of PreProCare (a web-based analysis tool for assessing preferences) in improving patients' satisfaction. Between January, 2014, and March, 2015, 743 patients were randomly assigned to PreProCare (n=372) or usual treatment (provided with standard information about prostate cancer treatment; n=371), and were assessed at baseline and at 3, 6, 12, and 24 months. The primary

outcome was satisfaction with care. Secondary outcomes were satisfaction with treatment decision, decision regret, and treatment choice.

Patients in the intervention group had a significant improvement in satisfaction with care at all timepoints (eg, at 24 months, mean difference in general satisfaction subscale was 0.44 [SE 0.06; p<0.001]). Between months 3 and 24, the proportion of patients who were satisfied with treatment decision and had a reduction in regret about their treatment decision was higher in the intervention group than the usual care group (mean change in score -0.142 [SE 0.03] vs -0.016 [0.03] for satisfaction with decision and -2.52 [1.27] vs -0.61 [1.23] for reduction in regret, respectively). 66% of low-risk patients in the intervention group and 54% in the usual care group underwent active surveillance (p=0.24).

Jayadevappa said, "Our preference assessment tool, PreProCare, helped patients reveal their preferences, leading to higher certainty in treatment decision, less decision conflict and improved satisfaction with care." Todd Morgan (University of Michigan, Ann Arbor, MI, USA) commented, "When we think of personalised medicine, we most often think about molecular testing and individualising treatment decisions based on the underlying disease biology. However, aligning patient values and preferences with treatment decisions is just as important and is undoubtedly an understudied area of personalised medicine." He added, "The results from this trial are compelling and suggest that decision aids like the one tested here should be offered and encouraged for men with newly diagnosed localised prostate cancer."

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Published Online  
March 22, 2019  
[http://dx.doi.org/10.1016/S1470-2045\(19\)30186-X](http://dx.doi.org/10.1016/S1470-2045(19)30186-X)  
For the study by Jayadevappa and colleagues see *J Clin Oncol* 2019; published online March 12. DOI:10.1200/JCO.18.01091