Author & Year	Decision aid evaluated	Country	Study design	Participants & sample size	Did any participants have a personal history of breast or ovarian cancer?	Intervention	Comparator	Outcomes evaluated	Outcome assessment methods	Main Results
Armstrong 2005	Armstrong 2005	USA	Double-blind randomised controlled trial	Women with BRCA1/2 mutations (n = 32) Women were excluded if they did not have significant residual breast or ovarian cancer risk (ie, they had already undergone both bilateral oophorectom y and bilateral mastectomy).  women were excluded if they had ovarian cancer or metastatic breast cancer.	Yes  48% of participants had been diagnosed with breast cancer before undergoing BRCA testing	one-on-one meeting with research study coordinator that included a structured review of an educational booklet containing information about the cancer risks associated with BRCA1/2 mutations and the alternative management options  PLUS Individualised decision support system (DSS) printouts  n = 13	one-on-one meeting with research study coordinator that included a structured review of an educational booklet containing information about the cancer risks associated with BRCA1/2 mutations and the alternative management options n = 14	Primary outcome: decision satisfaction.  Secondary outcomes: perceptions of cancer risk, anxiety & depression, and behaviour & behavioural intentions.	Decision satisfaction measured with 12-item scale that combined items from the Decisional Conflict Scale with the Satisfaction With Decision Scale.  Perceptions of cancer risk measured using the same survey items as the baseline assessment.  Anxiety measured with the Intrusion Subscale of the RIES and the Hopkins Symptom Checklist  Management decisions assessed by asking participants to select the decision that best matched their current situation.	27 women completed a 6-week follow-up.  Women in the intervention arm reported significantly higher decision satisfaction at follow-up than women in the control arm (p <.0005).  The effect of the DSS was greater among women with low cancer anxiety at baseline than women with high cancer anxiety at baseline (P = .01 for interaction).  DSS did not significantly alter cancer anxiety at follow-up, perceptions of cancer risk given alternative management strategies, or management decisions.

Hooker	Kaufman 2003	USA	Randomized	Female	Yes	Usual care plus	Usual care (UC)	General distress	General distress:	
2011			controlled	BRCA1/2		decision aid	(n = 114)		12-item Brief	Of the 100 DA
			trial nested	mutation	37% were	(DA) (n = 100)	,	Cancer-specific	Symptom	participants included in
			within a	carriers (aged	affected with			distress	Inventory (BSI)	study, 36 (36%) reported
			larger	21–75 years)	breast cancer				instrument (Likert	that they did not use the
			observational	, ,	and 10% with			Genetic testing-	scale)	DA. Analyses to evaluate
			study	who had not	ovarian cancer			specific distress	,	the impact of the DA
			assessing the	had prior	(mean time			'	Cancer-specific	among individuals who
			outcomes of	bilateral	since diagnosis			Management	distress: 15-item	reported using it (n =
			BRCA1/2	mastectomy	of either			intentions &	Impact of Event	64).
			testing.	and did not	cancer = 7.7			behaviours	Scale (IES)	
				have	years)				instrument	
			Longitudinal	metastatic				at 1-, 6-, and 12-	(Likert-style)	DA users analysis:
				breast or				months post-	, , ,	27 Casers amanysis:
				ovarian				randomization.	Genetic testing	Identified different
				cancer					distress: 25-item	distress trajectories in
									scale	the DA and the UC
				n = 214					Multidimensional	groups
									Impact of Cancer	
									Risk Assessment	cancer-specific and
									Questionnaire	genetic testing-specific
									(MICRA)	distress adjusted for
										baseline levels were
									Management	greater among the DA
									decision: asked	group at 1 month post-
									participants,	randomization (P =
									"Have you made a	0.009 and 0.04,
									final decision	respectively)
									about how to	individuals in the DA
									manage your risk	group who viewed the
									for breast	DA reported significantly
									cancer?" & asked	lower genetic testing-
									participants	specific distress 12
									whether they had	months post-
									obtained a risk-	randomization than did
									reducing	the UC group (P = 0.03)
									mastectomy since	
									previous	DA use was not
									assessment	associated with general
										distress.
	<u> </u>									

Jabaley	Jabaley 2020	USA	Piliot study	Convenience	No	Prototype DA	NA	Rate DA for:	Surveys	Mean scores were 3 or
2020			using surveys	sample of					containing 11	higher on Likert scales of
			to assess DA	unaffected				Organization, clarity,	Likert scale items	1–4 (high) for each of
24 3			for	BRCA				usefulness,		the 11 items.
			organization,	mutation				comprehensiveness,		
			clarity,	carriers (n =				ease of		Most end users reported
			usefulness,	15) and				understanding		that the decision aid
			comprehensi	healthcare						increased their
			veness, ease	professionals				relevance to the		knowledge and was
			of	(n = 8)				cancer risk		useful in sharing
			understandin					management		information with family
			g, and					decision-making		members.
			relevance to					process of previvors.		
			the cancer							
			risk							
			management							
			decision-							
			making							
		<u> </u>	process							
Krassuski	Systematic	Germany	Systematic	Included	Yes	DA (see	Various (see	Decision related	Various	Female BRCA mutation
2019	review of		review	original		individual	individual	outcomes	instruments (see	carriers using a DA had
	multiple DAs			studies		studies)	studies)	tofo constant added	individual studies)	less decisional conflict,
				evaluating				Information related		were more likely to
				effectiveness				outcomes		reach a decision and
				of DA for				A street services		were more satisfied with
				known BRCA mutation				Actual preventive choice		their decision
				carriers aged				choice		
				18 to 75				Health outcomes		
				16 (0 / 3				nearth outcomes		
				Six studies						
				included:						
				meradea.						
				Armstrong						
				2005 RCT-						
				PARALLEL						
				GROUP						
				Cabusanta						
				Schwartz						
				2009 RCT-						
				PARALLEL						
		1		GROUP	L	L	<u> </u>			

Hooker 2011   RCT   PARALE1   GROUP   Metcolife 2027 RCT   PARALE1   GROUP   VonRoosmole   n 2004 - RCT   CROSS-OVER   TRIAL								1	I	
Lo et al [2016]  Lo et al [2016]  Lo et al [2016]  Australia Pilot study to assess subshility & acceptability of iPrevent DA  DA  Pilot study to assess the dispersation of the most standing as Breast and Ovarian Cancer Risk Amagement Clinic)  Clinic)  Stage 2: Patients & Clinicians were first from a mix of hospital & primary care sestings  Clinic primary care sesses and the sesses and patients to rate of the patients of th					RCT- PARALLEL					
Lo et al (2018)  Lo et al (2018)  DA  Australia  Pilot study to assess usability & acceptability of iPrevent DA  Breast and Ovarian Cancer Risk Management Clinic)  Clinic)  Stage 2: Patients & clinicians or first Patients & clinicians from a mix of hospital & primary care paper-based of the primary care paper-based for set of the settings  Australia  Pilot study to assess ustudy.  No  Stage 1: Patients set dinicians were first and over settings  Patients settings  BC worry, BC worry, BC worry, BC worry, BC worry, BC worry, BC worry: 3 item Lerman BC worry Stage 2: Clinicians were first from a mix of hospital & primary care paper-based cases and then  DA  BC worry, BC worry, BC worry: 3 item Lerman BC worry Stage 1: Anxiety: 6 item State Trait Anxiety: foitem State Trait Anxiety: foitem State Trait Anxiety foitem State Clinicians and 37% Statients or anxiety State Usability and severage (SUS) Scale (					2017 RCT- PARALLEL					
Lo et al (2018)  Lo et al (2018)  Lo et al (2018)  DA  Stage 1: Pilot study to assess usubility & acceptability of iPrevent DA  Stage 3: Pilot to iPrevent under the prior risk assessment attending a Breast and Ovarian Cancer Risk Management Clinic)  Stage 2: Fliction of a sesses withing a prior risk assessment attending a Breast and Ovarian cancer Risk Management Clinic)  Stage 2: Flicting a bright of iPrevent under the prior risk assistant & were emailed report  Clinicians were first familiarized with iPrevent under the prior risk assistant & were emailed report  Clinicians were first familiarized with iPrevent under the prior risk assistant & were emailed report  Clinicians and 70 varian cancer Risk Management Clinic)  Stage 2: Clinicians were first familiarized with iPrevent under the prior risk assistant & were emailed report at the prior risk assistant & were emailed report assistant & were emailed report at familiarized with iPrevent under the prior risk as clinicians and 97% patients were first familiarized with iPrevent under the prior risk and 97% patients were mailed recommend iPrevent to others, sailer the state-Trait Anxiety inventory apatients to rate of the prior to others, sailer the state-Trait Anxiety inventory apatients to rate of the prior the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients to rate of the prior risk and 97% patients of the prior risk and 97% patients of the prior risk prior risk and 97% patients of the prior risk and 97% patients of					n 2004 -RCT CROSS-OVER					
Do et al (2018)    Do et al (2018)   Pilot study to assess usability & acceptability of iPrevent DA					2007 -One group					
De et al (2018)   Pilot study to assess usability & acceptability of iPrevent DA   DA   DA   DA   DA   DA   DA   DA					posttest					
Assess   Stage 1: Pilot   test (n=10   patients used i prevent under the supervision of a research attending a Breast and Ovarian   Cancer Risk Management Clinic)   Stage 2:   Patients & clinicians from a mix of hospital & primary care settings   Patients used i prevent under the supervision of a research assistant & were emailed resulting report   Stage 2:   Clinicians were from a mix of hospital & primary care settings   Patients used iPrevent under the were remailed resulting report   Stage 2:   Clinicians were from a mix of hospital & primary care settings   Patients used iPrevent under the perception & knowledge   System Usability anxiety   System Usability   System Usab		'B ' ' (O III'		511	study.		0. 4	 		
Sage 2: Patients & Clinicians were first with of iprevent usability & acceptability of iPrevent usability & acceptability of iPrevent of i			Australia	•	Ctogo 1, Bil-t	NO	_			Usability rated above
acceptability of iPrevent DA	(2018)	2016)								
of iPrevent DA supervision of a aresearch assessment attending a Breast and Ovarian Cancer Risk Management Clinic) Stage 2: Patients & clinicians from a mix of hospital & primary care settings of iPrevent attending a Breast and Ovarian Cancer Risk Manigreport Clinicians with iPrevent assessment attending a Breast and Ovarian Cancer Risk Management Clinic) Stage 2: Patients & clinicians contains a mix of hospital & primary care settings of incompanies and 2 weeks post-iPrevent. And 2 weeks post-iPrevent was reported as "about right" by 8 98 clinicians and 8 98 patients would right" by 8 98 clinicians and 8 99 post-iPrevent was reported as "about right" by 8 98 clinicians and 8 99 post-iPrevent was reported as "about right" by 8 98 clinicians and 8 99 post-iPrevent was reported as "about right" by 8 99 clinicians and 8 99 post-iPrevent was reported as "about right" by 8 99 clinicians and 8 99 post-iPrevent was reported as "about right" by 8 99 clinicians					•					for 68% clinicians and
DA assessment attending a Breast and Ovarian Cancer Risk Management Clinic)  Stage 2: Clinicians were Stage 2: Patients & Clinicians &									300.0 (300)	76% patients.
attending a Breast and Ovarian Cancer Risk Management Clinic) Stage 2: Patients & familiarized Clinicians from a mix of hospital & primary care primary care settings  assistant & were emailed resulting resulting resulting report  BC worry: 3 item Lerman BC worry scale provided by iPrevent was reported as "about right" by 89% clinicians and 89% patients  Posticians and 97% patients would recommend iPrevent to others, Anxiety: 6 item State-Trait Anxiety Inventory  Single item asks patients found it too long.					•				Acceptability: 9	A
Breast and Ovarian resulting report BC worry: 3 item Lerman BC worry Clinic) Stage 2: Clinicans were first Patients & Clinicians with iPrevent from a mix of hospital & primary care settings primary care settings were emailed resulting resulting resulting report BC worry: 3 item Lerman BC worry: 3 item Lerman BC worry scale PSW clinicians and 89% patients would recommend iPrevent to Stage 2: Clinicians with iPrevent wising Patients with iPrevent single item asks patients to rate Patients to rate Patients to cases and then primary care settings were emailed resulting was reported as "about right" by 89% clinicians and 89% patients was reported as "about right" by 89% clinicians and 89% patients PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent to others, PSW clinicians and 97% patients would recommend iPrevent in the patients woul					attending a		assistant &			
Ovarian Cancer Risk Management Clinic)  Stage 2: Clinicians were Stage 2: Patients & clinicians from a mix of hospital & primary care settings  Povarian Cancer Risk Management Clinic)  Stage 2: Clinicians were first familiarized with iPrevent using hypothetical paper-based cases and then  Pace worry: 3 item Lerman BC worry scale  95% clinicians and 97% patients would recommend iPrevent to others, State-Trait Anxiety Inventory  53% clinicians and 27% patients found it too long.					Breast and		were emailed			
Cancer Risk Management Clinic)  Stage 2: Clinicians were Stage 2: Patients & clinicians from a mix of hospital & primary care settings  Patients & cases and then  Clinicians  report  Stage 2: Clinicians were first Anxiety: 6 item State-Trait Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item Lerman BC worry: 3 item Lerman BC worry and 89% patients  95% clinicians and 97% patients would recommend iPrevent to others,  State-Trait Anxiety Inventory  Same December 3 item Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item Anxiety: 6 item State-Trait Anxiety Inventory  Same December 3 item State-Trait Anxiety: 6 item State-Trait A					Ovarian		resulting			
Management Clinic)  Stage 2: Clinicians were first Patients & clinicians described with iPrevent using from a mix of hospital & primary care settings  Anxiety: 6 item State-Trait others, Anxiety Inventory  Stage 2: Anxiety: 6 item State-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety Inventory  Stage 7: Anxiety: 6 item of state-Trait others, Anxiety: 6 item							report		,	= -
Clinicians were first patients & clinicians (clinicians) from a mix of hospital & primary care settings  Clinicians were first from a mix of hospital & primary care settings  Clinicians were first first familiarized with iPrevent using hypothetical paper-based cases and then patients would recommend iPrevent to others, anxiety Inventory 53% clinicians and 27% patients found it too long.										•
Stage 2: first familiarized sclinicians from a mix of hospital & primary care settings first patients & cases and then for the patients of the patients of first first familiarized state. Trait state of them state of them state of them secommend iPrevent to others, anxiety Inventory state. The patients of them state of them state of them state. The patients of them secommend iPrevent to others, state. The patients of them state of them state. The patients of them secommend iPrevent to others, state. The patients of them state of them state. The patients of them secommend iPrevent to others, state. The patients of th					Clínic)				scale	
Patients & clinicians with iPrevent using hypothetical paper-based settings familiarized with iPrevent using hypothetical paper-based cases and then familiarized with iPrevent using hypothetical paper-based cases and then state of thers, others,					Stage 2:				Anviety: 6 item	•
clinicians from a mix of hospital & primary care settings  clinicians with iPrevent using hypothetical paper-based cases and then  with iPrevent using hypothetical paper-based cases and then  Anxiety Inventory 53% clinicians and 27% patients found it too long.  long.					-				· ·	
from a mix of hospital & hypothetical paper-based cases and then settings using hypothetical paper-based cases and then single item asks patients to rate 53% clinicians and 27% Risk perception: patients found it too long. 53% clinicians and 27% patients found it too long.										outers,
hospital & hypothetical paper-based single item asks settings cases and then Risk perception: patients found it too patients found it too single item asks patients to rate									,	53% clinicians and 27%
settings cases and then patients to rate					hospital &		-		Risk perception:	patients found it too
		I			primary care		paper-based		single item asks	long.
					. ,					
					settings		cases and then		•	

				clinicians & n = 33 patients) Patients and clinicians were not selected according to their level of BC risk or prior experience with BC risk assessment. Only 16% (n = 7) of included patients were at high risk of BC		scenarios; subsequently, they used iPrevent with their patients Patients provided a printout of their iPrevent output via email.			category: "average," "somewhat increased," or "substantially increased"  Knowledge: 16 item survey assessing knowledge regarding BC (11 items), risk- reducing medication (3 items), and risk- reducing mastectomy (2 items)	Exploratory analyses suggested that iPrevent could improve risk perception, decrease frequency of BC worry, and enhance BC prevention knowledge without changing state anxiety.
Metcalfe 2007	Metcalfe 2007	Canada	Pre- test/post-test pilot study	BRCA 1/2 mutation carriers who had not yet made their BC prevention decision  n =21 women completed pre-test questionnair e and n = 20 completed post-test questionnair e.	No	Decision aid	Outcomes Pre- test versus post- test	Primary outcome: decisional conflict  Other outcomes: knowledge of BC prevention options, psychological distress, choice predisposition & acceptability.  Outcomes measured at two time points (prior to using DA & within 4 weeks after using DA).	Decisional conflict: 16 item Decisional Conflict Scale  Knowledge: bespoke knowledge questionnaire  Choice predisposition: choice predisposition tool  Cancer-specific distress: 15 item Impact of Event Scale (IES)	Use of the decision aid decreased decisional conflict to levels suggestive of implementation of a decision. In addition, knowledge levels increased and choice predisposition changed with fewer women being uncertain about each option.

Metcalfe 2017	Metcalfe 2007	Canada	Randomised controlled trial	BRCA 1/2 mutation carries age 25-60 years with no previous cancer diagnosis or risk -reducing surgery or tamoxifen use.  150 participants recruited (intervention group n = 76, control group n = 74)	No	Decision aid + usual care	Usual care	Primary outcome: decisional conflict  Secondary outcomes: cancer-related distress, knowledge & choice disposition.	Acceptability: questionnaire using open- and closed-ended questions  Decisional conflict: 16 item Decisional Conflict Scale  Cancer-specific distress: 15 item Impact of Event Scale (IES)  Knowledge: 13 item bespoke knowledge questionnaire  Choice predisposition: choice predisposition tool	Cancer-related distress scores significantly lower in intervention group compared with the control group at 6 months (P = 0.01) and at 12 months postrandomization (P = 0.05).  Decisional conflict (primary outcome) scores declined over time for both groups and at no time were there statistical differences between the two groups.
Schackman n 2013	Kurian 2012	USA	Feasibility & usability pilot study	BRCA1/2 mutation carriers (n = 40) & clinicians involved in their care (n = 16)  Women with BRCA1/2 had not undergone PM, but	Not reported	Decision aid	None	Usability of DA Satisfaction with DA Clinical relevance	Usability: 10-item System Usability Scale (SUS)  Satisfaction & contribution to clinical care: 8 item Center for Healthcare Evaluation Provider Satisfaction Questionnaire (CHCE-PSQ).	Most patients and clinicians rated the decision tool highly on usability scale (82.5 & 85 respectively out of a possible 100 points),  Most patients and clinicians stated that the tool could improve patient—physician encounters,  Most patients and clinicians expressed high

				those with prior PO were eligible.					Modified CHCE- PSQ used for patients.	overall satisfaction (4.28 & 4.38 respectively out of a possible 100 points, on a scale of 1–5).
Schwartz 2009	Kaufman 2003	USA	Randomised controlled trial nested within observational study evaluating outcomes of BRCA1/2 testing	Female BRCA1/ BRCA2 mutation carriers aged 21–75 (n =214) Who had not had prior bilateral mastectomy, and did not have metastatic BC or OC randomised to Usual Care (UC; n=114) or Usual Care plus Decision Aid (DA; n=100) arms.	Yes  37% affected with BC and 10% with OC (mean time since diagnosis = 7.7 years)	DA + usual care	Usual care	Decisional conflict  Decisional satisfaction  Final management decision  Receipt of risk reducing mastectomy at 1-, 6-, and 12- months post randomisation.	Decisional Conflict: 16 item Decisional- Conflict Scale (DCS)  Decision Satisfaction: 6- item Satisfaction With Decision Scale (SWD)  Management Decision: Participants asked 'Have you made a final decision about how to manage your risk for breast cancer?' Y/N  Participants also asked whether they had obtained an RRM since the previous assessment.	DA effective among carriers who were initially undecided about BC risk management Within this group, DA led to an increased likelihood of reaching a management decision (OR=3.09, 95% CI=1.62, 5.90; p< .001), decreased decisional conflict (B=46, z=-3.1, p<.002), and increased satisfaction (B=.27, z=3.1, p=0.002) compared to UC.  Among carriers who had already made a management decision by time of randomization, DA had no benefit relative to UC.
Stalmeier 1999	Unic 1998	The Netherlands	one-group pretest- posttest study	Women with a family hx of BC (mixture of known BRCA mutation carriers, non- carriers & untested)	No	DA (Shared Decision Making Program (SDMP)).	Outcomes compared in participants pre & post intervention	Decision uncertainty, decision burden, subjective knowledge, risk comprehension breast cancer concern, desire to participate in the program,	Decision uncertainty: single item bespoke survey  Decision burden: single item bespoke survey	Decision uncertainty (effect size d = 0.37) and decision burden (d= 0.41) were reduced by the SDMP. Subjective knowledge and risk comprehension were improved. The women were satisfied with the SDMP and

				n = 54					Subjective	found its rationale
				11 = 34				satisfaction,	knowledge: 2 item	acceptable. Women who
								satisfaction,	bespoke survey	had strong emotional
								program	bespoke survey	reactions to the
								acceptability,	Risk	information benefited
								acceptability,	comprehension: 4	less from the SDMP,
								Intention to act upon	item bespoke	whereas women with
								SDMP	survey	strong desires to
								SDIVII	Sui ve y	participate in the
								emotional reaction to	Breast cancer	decision benefited more.
								program information	concern: 4 item	decision benefited more.
								pi ogi am mormation	bespoke survey	
									bespone survey	
									Desire to	
									participate in the	
									program: 4 item	
									bespoke survey	
									,	
									Satisfaction: 7	
									item bespoke	
									survey	
									<b>,</b>	
									Program	
									acceptability: 4	
									item bespoke	
									survey	
									•	
									Emotional	
									reaction to	
									program	
									information: 4	
									item bespoke	
									survey	
Stalmeier	van Roosmalen	The	Study to	Participants	Yes	Two decision	Compared	Responsiveness	Effect sizes	Three factors were
2009	2004 a&b	Netherlands	compare the	from Van		aids:	responsiveness	(effect sizes) of	calculated	identified related to
			responsivene	Roosmalen		DA1: (reported	of various DA	various instruments	according to	Information, Well-being
			ss of several	2004 a & b		in Van	evaluation		equation reported	and Decision Making.
			instruments	(see above)		Roosmalen	measures in 2		on p106 of article	
			used to			2004 a)	DAs			Within each factor,
			evaluate DA's							single item measures
						DA2: (SDMI)				were as responsive as
						reported in				multi-item measures.
						(reported in				
			•							

Steenbeek 2021	Harmsen 2018	The Netherlands	Non- randomised controlled trial	Premenopau sal BRCA 1/2 mutation carriers (n= 585) taking part in a dutch preference trial (the TUBA study)	Yes 14% had history of breast cancer None affected by ovarian cancer.	Van Roosmalen 2004 a)  Usual care + DA (n = 282)	Usual care (UC) (n = 283)	Actual choice, Feasibility Knowledge, cancer worry, Decisional conflict, Decisional regret Self-estimated influence on decision	Validated questionnaires including: Self-estimated ovarian cancer risk, Cancer Worry Scale & a Decisional Conflict Scale Decisional regret scale DA arm received additional questions on feasibility & self-estimated influence of the DA.	Four single items, 'the amount of information received for decision making,' 'strength of preference,' 'I weighed the pros and cons,' and 'General Health,' were adequately responsive to the decision aids.  Users of the decision aid reported increased knowledge about the options and increased insight in personal values.  Knowledge on cancer risk, decisional conflict, decisional regret and cancer worry were similar in both arms.  Significantly more women in DA arm chose novel surgical strategy.
Tiller 2003	Tiller 2003	Australia	Pilot testing of DA	Women at increased risk of ovarian cancer attending a familial cancer clinic	Not reported	DA	Not reported	Not reported	Not reported	Women reported that the decision aid had increased their knowledge, led to more accurate expectations of benefits and risks, assisted them in arriving at a decision, and reduced their decisional conflict and uncertainty

Tiller 2006	Tiller 2003	Australia	Randomised Controlled Trial	Women (age ≥ 30 years) with a family history of breast and/or ovarian cancer or of hereditary nonpolyposis colorectal cancer (n = 131)  With no hx of OC or BSO.	OC = No BC = Yes	DA	General educational pamphlet	Decisional conflict knowledge about ovarian cancer risk management options Psychological adjustment At baseline, 2 weeks & 6 months post intervention	Knowledge of Ovarian Cancer Risk Management Options: 10 item true-false questionnaire  Decisional conflict: modified Decisional Conflict Scale (DCS)  Psychological adjustment: 7 item intrusion subscale Impact of Event Scale (IES) 6 item short form State-Trait Anxiety Inventory (STAI)  Hospital Anxiety and Depression Scale (HADS)	Two weeks postintervention, the intervention group demonstrated a significant decrease in decisional conflict compared to the control group (t = 2.4, P < 0.025) and a trend for a greater increase in knowledge about risk management options (t = 2.1, P = 0.037).  No significant differences were found 6 months post-intervention. No significant differences between groups were observed for any of the psychological outcomes.
Van Roosmalen BJC 2004a	VAN ROOSMALEN BJC 2004a	The Netherlands	Randomised controlled trial	Women undergoing testing for a BRCA1/2 mutation n= 368 DA group (n = 184), Control	Yes	DA+ usual care	Usual care	Strength of treatment preference  Decision uncertainty  Preference for decision-making  Subjective knowledge	Strength of treatment preference: 4-point Likert scale questionnaire  Decision uncertainty: 3 items related to	DA had no impact on decision uncertainty,  Women randomised to the DA more frequently considered prophylactic surgery,

		/ .			I	the second state	
		group (n =				the uncertainty	DA group felt better
		184)			Amount of received	subscale of the	
					information	Decisional Conflict	informed & showed
						Scale	more accurate risk
		Women			Satisfaction with		perceptions.
		excluded if:			quality of information	Preference for	
		diagnosed			quanty of information	decision-making:	
		with distant			Bid		
		metastases,			Risk perception	2 decision-making	Timing of the DA (before
						items from the	versus after genetic test
		had				Problem-Solving	result) had no effect on
		undergone				Decision-Making	any of the outcomes
		both BM &				Scale (PSDM)	•
		BSO, or had					
		been treated				Subjective	
		with				knowledge:	
		chemotherap				Questionnaire,	
		у,				items rated on 10	
		radiotherapy,					
		or surgery for				point scale.	
		BC OR OC < 1				Amount of	
		month				received	
		before blood				information: rated	
		sampling.				on 7 point scale	
						,	
		Sub group:				Satisfaction with	
		T				quality of	
		To evaluate					
		the impact of				information: 13-	
		timing,				item	
		mutation				questionnaire.	
		carriers who				Items rated on on	
		had received				a 6-point scale	
		the DA					
		before the				Risk perception: 8	
		test result (n				cancer risk items	
		= 47) were				rated from 0-	
		compared to				100%	
						200/0	
		mutation					
		carriers who					
		received the					
		DA after the					
		test result (n					
		= 42)					
	•		,	•	•		

VanRoosm	VANROOSMALE	The	Randomised	Female BRCA	Yes	Shared	Usual care	Strength of	Strength of	In the short term, 3
alen JCO	N JCO 2004b	Netherlands	controlled	1/2 mutation		Decision		treatment	treatment	months after the test
2004b			trial	carriers (n =		Making		preference,	preference:	result, the SDMI had no
				88)		Intervention			survey,	effect.
						(SDMI) + usual		Decision uncertainty,	preference for	
				Intervention		care			options rated on 4	In the long term, 9
				group (n =				Perceived	point likert scale	months after the test
				44)		All participants	All participants	participation in		result, the SDMI group
				Control		had previously	had previously	decision making,	Decision	reported less intrusive
				group (n =		received DA	received DA		uncertainty: 3	thoughts about cancer in
				44)		described in	described in	Weighing treatment	items related to	the family & better
						VAN	VAN	choice	the uncertainty	general health.
				Women		ROOSMALEN	ROOSMALEN		subscale of the	
				excluded if:		BJC 2004a	BJC 2004a	Perceived preference	Decisional Conflict	SDMI group reported a
				diagnosed				of the specialists,	Scale	stronger treatment
				with distant						preference and more
				metastases, had				Support and advice	Perceived	strongly agreed to
								from specialists.	participation in	having weighed the pros
				undergone both BM &					decision making:	and cons for the breast
				BSO, or had				Well-being	2 decision-making	treatment.
				been treated					items from the	
				with				Treatment choice	Problem-Solving	Beneficial effects of
				chemotherap					Decision-Making	SDMI found only in
									scale, rated on 5	cancer unaffected
				y, radiotherapy,					point scale	participants.
				or surgery for						
				BC OR OC < 1					Weighing	
				month					treatment choice:	
				before blood					single item survey	
				sampling.					rated on 5 point	
				samping.					scale.	
									Perceived	
									preference of the	
									specialists:	
									Women were	
									asked whether	
									they felt that the	
									specialists held a	
									treatment	
									preference (Y/N)	
					1				and, if so, its	

strength	
(strong/weak)	
Support and	
Support una	
advice from	
specialists:	
Women asked	
whether they had	
wanted more	
support & advice	
from their	
specialists	
regarding their	
treatment choice,	
rated on 7 point	
scale	
Well-being:	
anxiety (state	
anxiety subscale	
of the Spielberger	
State-Trait	
Anxiety	
Inventory),	
Depression	
(Center for	
Epidemiologic Epidemiologic	
Studies	
Depression Scale)	
intrusive and	
avoidance	
thoughts about	
cancer in the	
Cancer in the	
family (intrusion	
and avoidance	
subscale from the	
Impact of Event	
Scale).	
women rated	
their general their general	
health during the	

				last week on an	
				11-point scale	
				11-point scale	
				Treatment choice:	
				Survey, women	
				indicated their	
				intended	
				treatment choice	
				for the breasts	
				and/or ovaries	
				,	
				Women answered	
				the question,	
				"How suitable do	
				you find	
				prophylactic	
				mastectomy for	
				yourself?" by	
				rating on a 10-	
				point scale	
				Data on the	
				actually	
				performed	
				treatment also	
				collected by	
				questionnaire.	