

Evidence-based Synthesis Program (ESP)

The Effects of Shared Decision Making on Cancer Screening

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Evidence-based Synthesis Program (ESP)

VA Evidence-based Synthesis (ESP) Program Overview

- Sponsored by VA Office of R&D and Quality Enhancement Research Initiative (QUERI)
- Established to provide timely and accurate syntheses/reviews of healthcare topics identified by VA clinicians, managers and policy-makers, as they work to improve the health and healthcare of Veterans
- Builds on staff and expertise already in place at the Evidence-based Practice Centers (EPC) designated by AHRQ. Four of these EPCs are also ESP Centers:
 - Durham VA Medical Center; VA Greater Los Angeles Health Care System; Portland VA Medical Center; and Minneapolis VA Medical Center

Evidence-based Synthesis Program (ESP)

- Provides evidence syntheses on important clinical practice topics relevant to Veterans, and these reports help:
 - develop clinical policies informed by evidence,
 - the implementation of effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures, and
 - guide the direction for future research to address gaps in clinical knowledge
- Broad topic nomination process – e.g. VACO, VISNs, field – facilitated by ESP Coordinating Center (Portland) through online process:

<http://www.hsrd.research.va.gov/publications/esp/TopicNomination.cfm>

Evidence-based Synthesis Program (ESP)

- Technical Expert Panel (TEP)
 - Recruited for each topic to provide content expertise
 - Guides topic development; refines the key questions
 - Reviews data/draft report
- External Peer Reviewers & Policy Partners
 - Reviews and comments on draft report
- Final reports posted on VA HSR&D website and disseminated widely through the VA

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

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- The Effects of Shared Decision Making on Cancer Screening
 - Topic nominated by National Center for Health Promotion and Disease Prevention (NCP)
 - SDM interventions help patients understand screening harms and benefits, clarify their own values in relation to these harms and benefits, and participate in decisions based on these values
 - Will inform NCP decisions on SDM interventions that may be disseminated with cancer screening guidelines

Evidence-based Synthesis Program (ESP)

Current Report

The Effects of Shared Decision Making on Cancer Screening

A Systematic Review of the Evidence (September, 2014)

Full-length report available on ESP website:

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

Poll Question #1

- What is your primary role within the VA?
 1. Clinician
 2. Researcher
 3. Manager or policy maker
 4. Student/fellow/trainee
 5. Other/non-VA

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Disclosure

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Expert Panel/Reviewers

- Michael J. Barry, MD
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- Richard M. Hoffman, MD, MPH
- Linda S. Kinsinger, MD, MPH
- Michael Pignone, MD, MPH
- Mary C. Politi, PhD
- Marilyn M. Schapira, MD, MPH

Poll Question #2

- Which best describes your interest in this topic?
 - Improving communication with patients
 - Decision making research
 - Cancer screening research
 - Systematic review methodology
 - other

What is Shared Decision Making?

- Preference-sensitive decisions
 - Closely-balanced benefits and harms
 - Individual patient's values and preferences
- Shared Decision Making (SDM) helps patients:
 - Consider the available evidence on the benefits and harms of options, clarify personal values and preferences relevant to those options, participate in consistent decisions

Why is SDM important in Cancer Screening?

- Cancer screening decisions increasingly complex
 - Whether to get screened, how often to screen
 - Screening modality
 - When to stop screening
- Facilitated with SDM interventions
 - Describe available options
 - Elicit patient preferences and values associated with each option
 - Guide patient/physician discussion

Theoretical Framework

- Decision Quality
 - Knowledge
 - Values clarity (patients' clarity of their personal values regarding the risks and benefits of decision options)
 - Patients' participatory role in decision making
- Decision Impact
 - Decisional conflict
 - Use of services
 - Satisfaction with their decision
- Decision Action
 - Screening intention
 - Screening behavior

Key Questions

- KQ1. In adults, what are the effects of SDM interventions on:
 - Decision Quality,
 - Decision Impact, and
 - Decision Action?
- KQ2. What is the receptivity to cancer screening SDM interventions?
- KQ3. What are the resources required to implement a cancer screening SDM intervention?

Literature Search Strategy

- Electronic databases
 - MEDLINE (Ovid), CINAHL, PsycINFO, Cochrane
 - Published January 1995 to July 2014, in English
- Search terms
 - Terms for cancer screening; breast, cervical, colorectal, lung, and prostate cancer screening
 - Decision making; shared decision making; decision aid; informed decision making; values clarification; patient participation; directive counseling; decision support
- Supplemental searches
 - Reference mining (included/excluded articles, Cochrane reviews, 12 key journals)
 - Suggested articles (expert panel and peer reviewers)

Study Eligibility Criteria

- Population: adults
- Intervention: SDM interventions to facilitate cancer screening decisions
- Comparators: usual care, alternative SDM approaches or a combination of both
- Outcomes: Decision Quality, Decision Impact, Decision Action
 - Must report on either Decision Quality or Decision Impact
- Setting: clinic setting
- Randomized controlled trial (RCT)

Study Exclusion Criteria

- Not RCT
- Non-clinical setting
- Not a screening intervention
- Promoted screening
- Assessed only screening intention or behavior
- Not adult population

Data Abstraction

- Abstraction by 1st reviewer independently and checked by 2nd reviewer
- Disagreements resolved by discussion and consensus

Quality Assessment

- Individual RCTs were rated as low, moderate, or high risk of bias based on:
 - Adequacy of allocation sequence generation
 - Adequacy of allocation concealment
 - Blinding of subjects and/or investigators
 - Incomplete outcome data
 - Selective outcome reporting

Data Synthesis

- Summary tables of key outcomes
 - Organized by cancer type
- Qualitative synthesis
- Quantitative meta-analysis, if feasible
 - Pooling data was largely not possible due to heterogeneity of interventions and outcome measurement

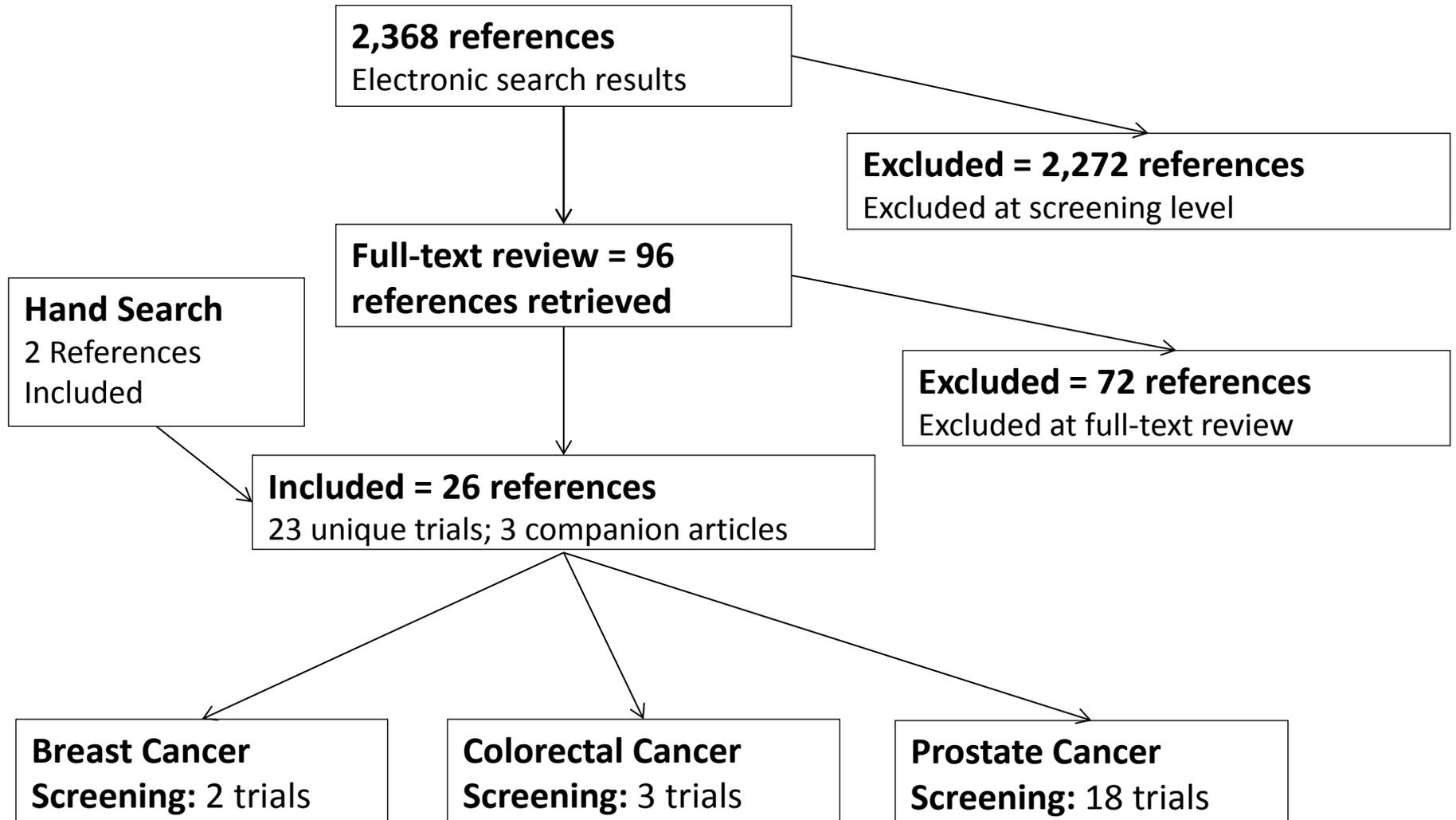
Rating the Strength of Evidence

- Assessed on four domains
 - Risk of bias; Consistency; Directness; Precision
- GRADE criteria
 - High: high confidence that evidence reflects the true effect
 - Moderate: moderate confidence that further research may change our confidence in the estimate of effect and may change the estimate
 - Low: low confidence that evidence reflects the true effect
 - Insufficient: evidence either is unavailable or does not permit a conclusion

Peer Review

- Draft report reviewed by content experts and clinical leadership

Literature Search Results



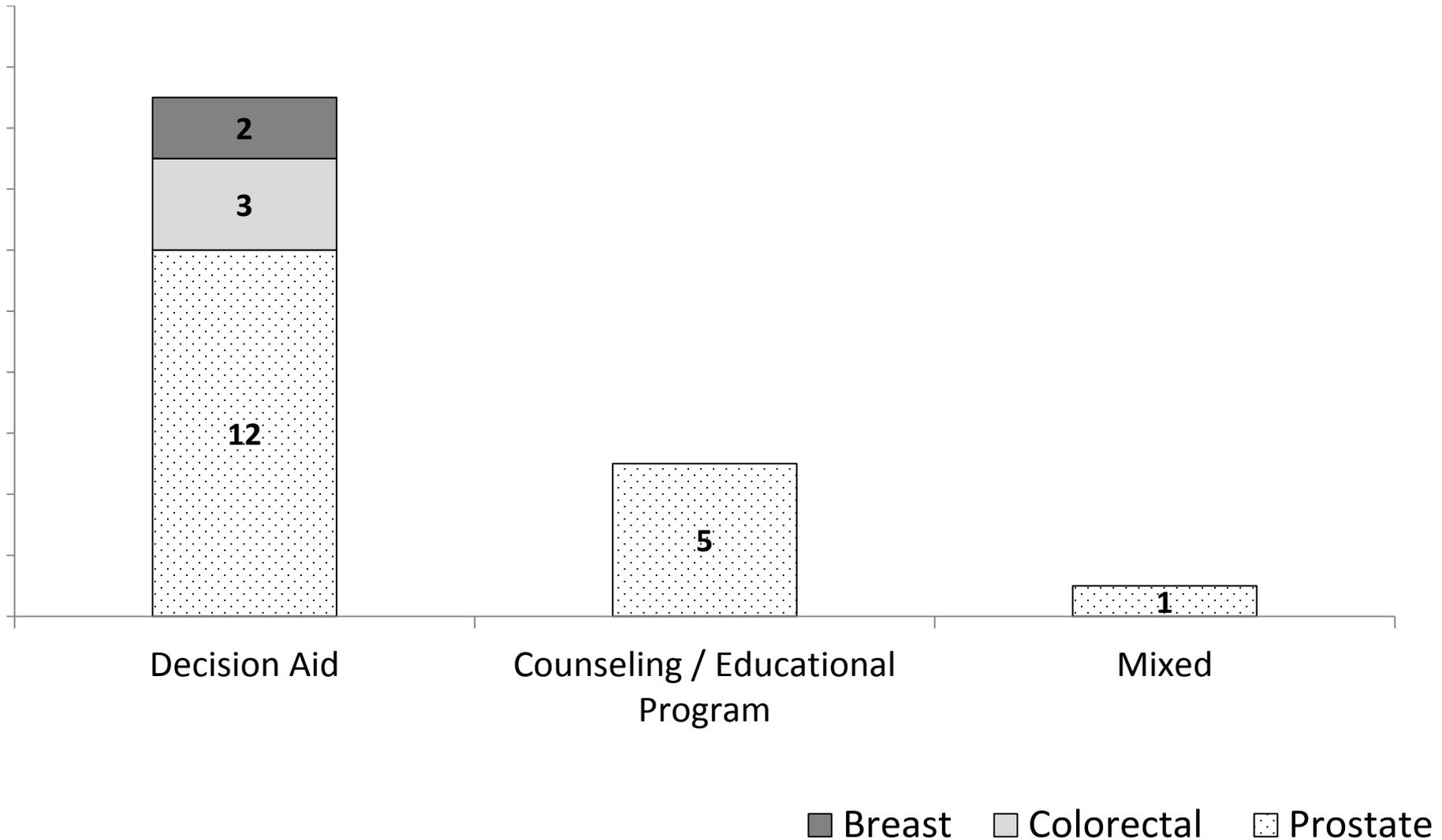
Excluded References at Full-text Review

- Not RCT: 26
- Non-clinical setting: 17
- Not screening intervention: 13
- Promoted screening: 11
- Only measured screening intention and/
or behavior: 5

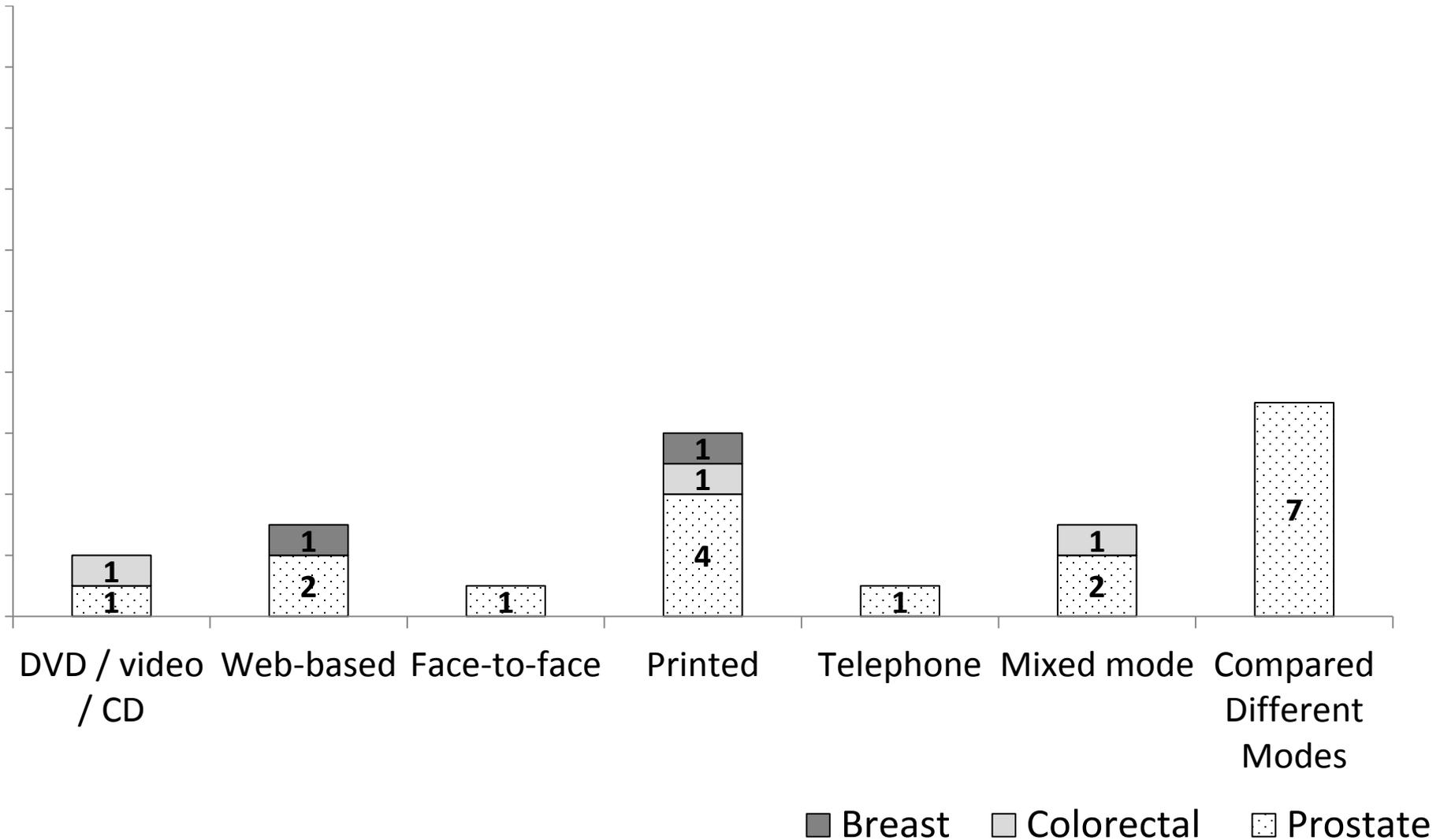
Literature Search Results

- Articles by country
 - US: 15
 - Australia: 5
 - UK: 2
 - Canada: 1
- Articles by year
 - 2009 or earlier: 15
 - 2010 – current: 8
- 21 patient-directed interventions
 - Clinician-directed: 1
 - Multi-level intervention: 1

Intervention Characteristics: Intervention Format



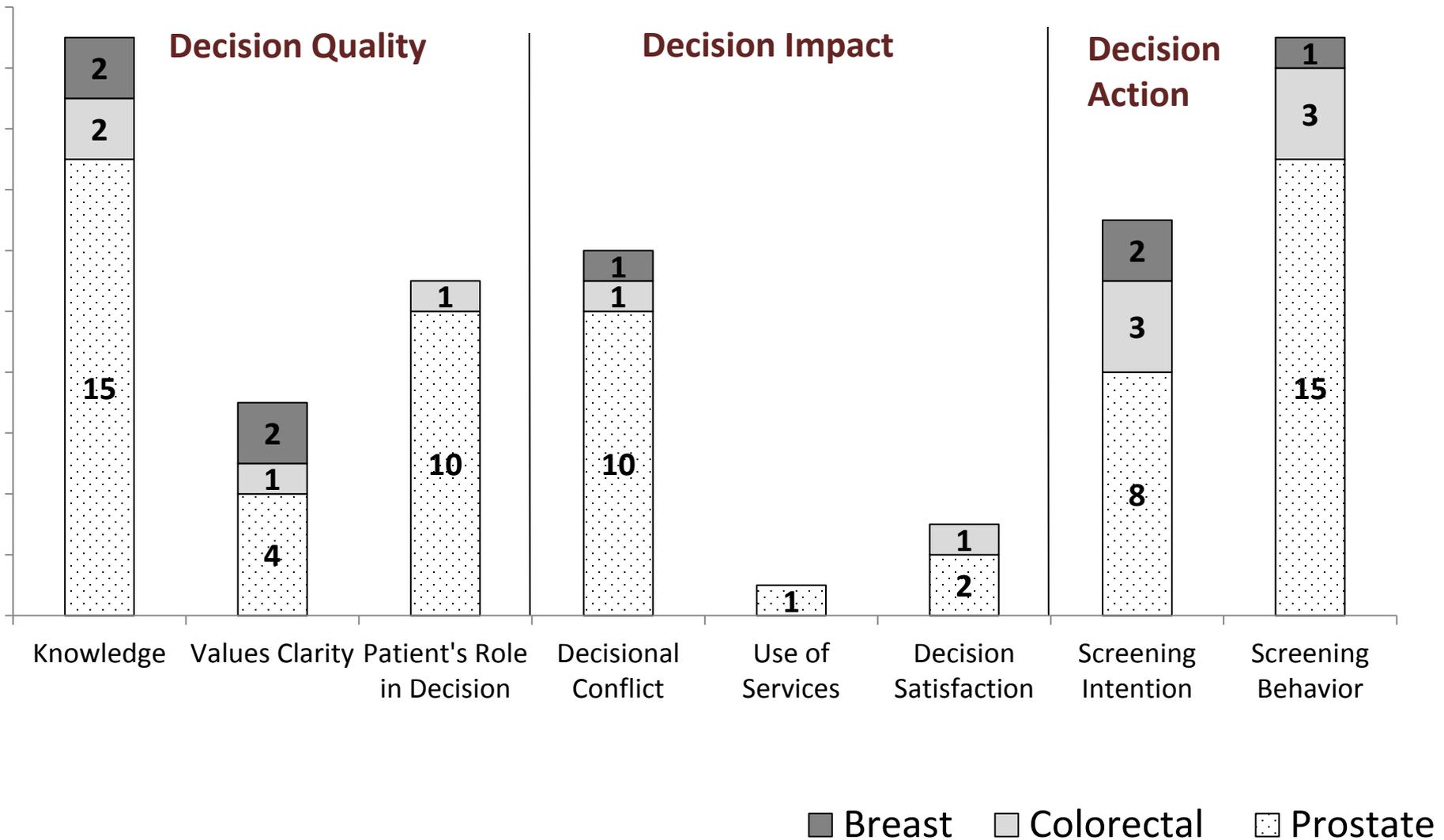
Intervention Characteristics: Intervention Delivery



Results

- Key Question 1. In adults, what are the effects of SDM interventions on:
 - Decision Quality,
 - Decision Impact, and
 - Decision Action?

Outcomes Reported



Results

↑ = SDM intervention group had higher outcome measure

↓ = SDM intervention group had lower outcome measure

↔ = No intervention effect (IE) of SDM intervention on outcome

	Decision Quality			Decision Impact			Decision Action	
	Know- ledge	Values Clarity	Patient's Role in Decision	Decisional Conflict	Use of Services	Decision Satisfaction	Screening Intention	Screening Behavior
Breast Cancer (k=2)	↑ 2	↓ 1 ^a ↓ 2 ^b ↔ 1		↔ 1			↓ 1 ↔ 1	↔ 1
CRC (k=3)	↑ 2	↔ 1	↔ 1	↓ 1		↑ 1	↑ 1 ↔ 2	↑ 1 ↔ 2
Prostate Cancer (k=18)	↑ 14 ↔ 1	↑ 3 ↔ 1	↑ 6 ↔ 4	↓ 8 ^c ↔ 3 ^c	↔ 1	↑ 1 ^d ↔ 2 ^d	↓ 5 ↔ 3	↓ 7 ↑ 1 ↔ 7

Results

- Key Question 2. What is the receptivity to cancer screening SDM interventions?

Results

- Intervention use (6 studies)
 - High use overall
 - Interventions either higher (1) or same degree of (2) use as control
- Ratings of intervention content (9 studies)
 - Respondents indicated that intervention content was balanced, clear, helpful and of appropriate length and detail
 - Overall, participants rated materials as balanced and fair

Results

- Key Question 3. What are the resources required to implement a cancer screening SDM intervention?

Results

- Human Resources
 - Counseling sessions, face-to-face or by telephone
 - Provider-level, multi-level interventions
- Technological Resources
 - Web-based interventions
 - Intervention delivery - laptop computers, viewing rooms
- Financial Resources
 - 1 study directly outlined cost: a low-cost (\$2) intervention to facilitate PSA decisions either performed equally or outperformed the moderate-cost (\$37) intervention

Summary

- SDM interventions to facilitate breast, colorectal and prostate cancer screening decisions:
 - Improve knowledge
 - May improve decisional conflict
 - Varied effects on other outcomes
- Patient receptivity generally positive but not often assessed
- Information on resources required is rarely outlined in published articles

Strengths of this Study

- Systematic literature review
 - Structured around theoretical constructs
- Review limited to evidence gleaned from published, peer-reviewed, RCTs
- Contributes to current landscape of SDM reviews
- VA SDM interventions to facilitate prostate cancer screening decisions
 - Comparative effectiveness trial comparing a low-cost pamphlet DA, a moderate-cost video DA, and UC
 - Effectiveness trial comparing a pamphlet DA to a basic prostate cancer screening brochure

Limitations of this Study

- Quantity and breadth of literature
- Prostate cancer screening studies largely before new clinical guidelines
- Outcome measures varied across studies

Implications for the Future

- Address gaps in SDM research
 - SDM interventions for cervical and lung cancer screening
 - PSA SDM interventions incorporating newest evidence
 - Clinician- and multi-level interventions
- Identify best practices for SDM interventions
 - Ideal intervention strategies
 - Outcome measurement for consistent evaluation

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Questions?

If you have further questions,
feel free to contact:

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The full report and cyberseminar presentation is available on the ESP website:

<http://www.hsrd.research.va.gov/publications/esp/>

Included Articles

- Mathieu E, Barratt AL, Davey HM, McGeechan K, Howard K, Houssami N. Informed choice in mammography screening: A randomized trial of a decision aid for 70-year-old women. *Arch Intern Med.* 2007;167(19):2039-46.
- Mathieu E, Barratt AL, McGeechan K, Davey HM, Howard K, Houssami N. Helping women makes choices about mammography screening: A randomized trial of a decision aid for 40-year-old women. *Patient Educ Couns.* 2010;81:63-72.
- Dolan JG, Frisina S. Randomized controlled trial of a patient decision aid for colorectal cancer screening. *Med Decis Making.* 2002;22(2):125-39.
- Schroy PC, Emmons K, Peters E, et al. The impact of a novel computer-based decision aid on shared decision making for colorectal cancer screening: a randomized trial. *Med Decis Making.* 2011;31(1):93-107.
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- Davison BJ, Kirk P, Degner LF, Hassard TH. Information and patient participation in screening for prostate cancer. *Patient Educ Couns.* 1999;37(3):255-63.
- Evans R, Joseph-Williams N, Edwards A, et al. Supporting informed decision making for prostate specific antigen (PSA) testing on the web: an online randomized controlled trial. *J Med Internet Res.* 2010;12(3):e27.
- Frosch DL, Kaplan RM, Felitti VJ. A randomized controlled trial comparing internet and video to facilitate patient education for men considering the prostate specific antigen test. *J Gen Intern Med.* 2003;18(10):781-7.
- Frosch DL, Bhatnagar V, Tally S, Hamori CJ, Kaplan RM. Internet patient decision support: a randomized controlled trial comparing alternative approaches for men considering prostate cancer screening. *Arch Intern Med.* 2008;168(4):363-9.
- Gattellari M, Ward JE. Does evidence-based information about screening for prostate cancer enhance consumer decision-making? A randomised controlled trial. *J Med Screen.* 2003;10(1):7-39.
- Gattellari M, Donnelly N, Taylor N, Meerkin M, Hirst G, Ward JE. Does 'peer coaching' increase GP capacity to promote informed decision making about PSA screening? A cluster randomised trial. *Fam Pract.* 2005. 22(3): p. 253-65.
- Kripalani S, Sharma J, Justice E, et al. Low-literacy interventions to promote discussion of prostate cancer: a randomized controlled trial. *Am J Prev Med.* 2007;33(2):83-90.

Included Articles

- Krist AH, Woolf SH, Johnson RE, Kerns JW. Patient education on prostate cancer screening and involvement in decision making. *Ann Fam Med*. 2007;5(2):112-9.
- Lepore SJ, Wolf RL, Basch CE, et al. Informed decision making about prostate cancer testing in predominantly immigrant black men: a randomized controlled trial. *Ann Behav Med*. 2012;44(3):320-30.
- Myers RE, Daskalakis C, Kunkel EJS, et al. Mediated decision support in prostate cancer screening: a randomized controlled trial of decision counseling. *Patient Educ Couns*. 2011;83(2):240-6.
- Partin MR, Nelson D, Radosevich D, et al. Randomized trial examining the effect of two prostate cancer screening educational interventions on patient knowledge, preferences, and behaviors. *J Gen Intern Med*. 2004;19(8):835-42.
- Partin MR, Nelson D, Flood AB, Friedemann-Sánchez G, Wilt TJ. Who uses decision aids? Subgroup analyses from a randomized controlled effectiveness trial of two prostate cancer screening decision support interventions. *Health Expect*. 2006;9(3):285-95.
- Schapira MM, VanRuiswyk J. The effect of an illustrated pamphlet decision-aid on the use of prostate cancer screening tests. *J Fam Pract*. 2000;49(5):418-24.
- Sheridan SL, Golin C, Bunton A, et al. Shared decision making for prostate cancer screening: the results of a combined analysis of two practice-based randomized controlled trials. *BMC Med Inform Decis Mak*. 2012;12:130.
- Taylor KL, Williams RM, Davis K, et al. Decision making in prostate cancer screening using decision aids vs usual care: a randomized clinical trial. *JAMA Intern Med*. 2013;173(18):1704-12.
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- Volk RJ, Jibaja-Weiss ML, Hawley ST, et al. Entertainment education for prostate cancer screening: a randomized trial among primary care patients with low health literacy. *Patient Educ Couns*. 2008;73(3):482-9.
- Watson E, Hewitson P, Brett J, et al. Informed decision making and prostate specific antigen (PSA) testing for prostate cancer: a randomised controlled trial exploring the impact of a brief patient decision aid on men's knowledge, attitudes and intention to be tested. *Patient Educ Couns*. 2006;63(3):367-79.
- Wilkes MS, Day FC, Srinivasan M, et al. Pairing physician education with patient activation to improve shared decisions in prostate cancer screening: a cluster randomized controlled trial. *Ann Fam Med*. 2013;11(4):324-34.

Resources

Ottawa Decision Support Framework. Available at <https://decisionaid.ohri.ca/odsf.html>

Upcoming Cyberseminar: The Basics of Shared Decision Making, 1/27/2015 3:00pm, led by Dr. Fagerlin

Strength of Evidence Summary

Outcome Category	Outcome (# of studies)	Risk of Bias	Consistency	Directness	Precision	Strength of Evidence	
Breast Cancer (k=2)							
Decision Quality	Knowledge (2)	Moderate	Consistent	Direct	Precise	Moderate	Low
	Values Clarity (2)	Moderate	Inconsistent	Direct	Imprecise	Low	
	Patient's Role in Decision (0)					Insufficient	
Decision Impact	Decisional Conflict (1)	Moderate	NA	Direct	Unclear	Low	Insufficient
	Use of Services (0)					Insufficient	
	Decision Satisfaction (0)					Insufficient	
Decision Action	Screening Intention (2)	Moderate	Inconsistent	Direct	Imprecise	Low	Low
	Screening Behavior (1)	Moderate	NA	Direct	Unclear	Low	
Colorectal Cancer (k=3)							
Decision Quality	Knowledge (2)	Moderate	Consistent	Direct	Precise	Moderate	Low
	Values Clarity (1)	Moderate	NA	Direct	Unclear	Low	
	Patient's Role in Decision (1)	Moderate	NA	Direct	Imprecise	Low	
Decision Impact	Decisional Conflict (1)	Moderate	NA	Direct	Imprecise	Low	Low
	Use of Services (0)					Insufficient	
	Decision Satisfaction (1)	Moderate	NA	Direct	Precise	Low	
Decision Action	Screening Intention (3)	Moderate	Inconsistent	Direct	Imprecise	Low	Low
	Screening Behavior (3)	Moderate	Inconsistent	Direct	Imprecise	Low	
Prostate Cancer (k=18)							
Decision Quality	Knowledge (12)	Moderate (11); Low (1)	Generally consistent	Direct	Generally precise	Moderate	Moderate
	Values Clarity (4)	Moderate	Inconsistent	Direct	Imprecise	Low	
	Patient's Role in Decision (7)	Moderate (6); Low (1)	Inconsistent	Direct	Imprecise	Low	
Decision Impact	Decisional Conflict (8)	Moderate (7); Low (1)	Inconsistent	Direct	Imprecise	Low	Low
	Use of Services (1)	Moderate	NA	Direct	Precise	Low	
	Decision Satisfaction (2)	Moderate (1); Low (1)	Consistent	Direct	Precise	Low	
Decision Action	Screening Intention (7)	Moderate	Inconsistent	Direct	Generally precise	Low	Low
	Screening Behavior (10)	Moderate (8); Low (2)	Inconsistent	Direct	Generally precise	Low	

Search Terms

DATABASE: OVID MEDLINE(R)

- 1 decision making/ or patient participation/ or directive counseling/
- 2 decision support technique/
- 3 (decision making or decision-making or decision support or decis\$ aid\$ or shared decis\$ or shared decision making or informed decision making or valu\$ or valu\$ clarific\$).mp.
- 4 or/1-3 [decision making search terms]
- 5 limit 4 to (english language and humans and yr="1995 -Current")
- 6 limit 5 to ("all adult (19 plus years)" or "young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)")
- 7 limit 5 to ("newborn infant (birth to 1 month)" or "infant (1 to 23 months)" or "preschool child (2 to 5 years)" or "child (6 to 12 years)" or "adolescent (13 to 18 years)")
- 8 5 not 7
- 9 6 or 8 [decision making limited to English, humans, 1995-Current, adult]
- 10 Randomized controlled trials as topic/
- 11 Randomized controlled trial/
- 12 Random allocation/
- 13 Double blind method/
- 14 Single blind method/
- 15 Clinical trial, phase iii.pt.
- 16 Clinical trial, phase iv.pt.
- 17 Controlled clinical trial.pt.
- 18 Randomized controlled trial.pt.
- 19 ((singl\$ or doubl\$ or treb\$ or trip\$) adj (blind\$3 or mask\$3)).mp.

20 Random\$ allocat\$.mp.
21 (allocat\$ adj2 random\$).mp.
22 or/10-21 [RCT terms]
23 Meta analysis/
24 Meta analys\$.mp.
25 (systematic adj (review or overview)).mp.
26 meta analysis.pt.
27 or/23-26 [SR/MA terms]
28 (neoplasm\$ or cancer\$).mp. or exp Neoplasms/ [cancer terms]
29 screen\$.mp. or screening/ or cancer screen\$.mp. or "Early Detection of Cancer"/
30 colonoscopy/ or sigmoidoscopy/ or colonography, computed tomographic/ or barium sulfate/ or Occult Blood/
31 (fobt or fecal occult or colonoscop\$ or sigmoidoscop\$ or ct colonograph\$ or virtual colonoscop\$ or barium enema or lower GI
series or lower gastrointestinal series or lower gastrointestinal exam\$ or FIT or fecal immunochemical test).mp.
32 vaginal smears/ or DNA Probes, HPV/ or Papillomavirus Infections/ or Human Papillomavirus DNA tests/ or CA-125 Antigen/
33 (pap test\$ or pap smear\$ or hpv or human papillomavirus or TVUS or (transvag\$ adj ultraso\$) or CA-125).mp.
34 mammography/ or (mammography/ and Magnetic Resonance Imaging/) or (MRI mammogra\$ or mammogra\$).tw. or
ultrasonography, mammary/
35 prostate-specific antigen/ or (PSA or prostate specific antigen).tw.
36 Tomography, X-Ray Computed/ or Tomography, Emission-Computed, Single-Photon/ or (computed tomography or
tomography).tw.
37 or/29-36 (1087048) [screening terms]
38 9 and 28 and 37
39 38 and 22 [RCTs]
40 38 and 27 [SRs/MAs]

DATABASE: CINAHL

- 1 (MM "Decision Making") OR (MM "Decision Making, Clinical") OR (MM "Decision Making, Patient")
- 2 (MM "Cancer Screening")
- 3 TX directive counseling OR TX decision support OR TX shared decision OR TX shared OR TX informed OR TX patient participation
- 4 TX screen* AND TX cancer
- 5 1 OR 3
- 6 2 OR 4
- 7 5 AND 6
- 8 Narrow by SubjectAge (all adult) AND SubjectMajor (cancer screening)

DATABASE: PSYCINFO

- 1 TX Shared OR TX Shared Decision OR TX Decision Support OR TX Informed OR TX Directive Counseling OR TX Decision OR TX Preference OR TX Choice
- 2 MJ "Cancer Screening"
- 3 TX PSA OR TX Colonoscopy OR TX Sigmoidoscopy OR TX Colonography OR TX Fecal Occult OR TX FOBT OR TX Pap OR TX cervical OR TX mammography OR TX prostate OR TX tomography
- 4 1 AND 2 AND 3
- 5 Narrow by Methodology (treatment outcome/clinical trial), Narrow by Methodology (quantitative study), Narrow by SubjectAge (adulthood [18 yrs & older])
- 6 (MJ "Decision Making") AND (MJ "Cancer Screening")
- 7 5 OR 6