Multimedia Appendix 5. Summary of Findings.

### Patient web-based decision aids compared with other format decision aids for adults considering prostate cancer screening decision

**Patient or population:** adults considering prostate cancer screening decision  
**Settings:** all settings  
**Intervention:** web-based decision aid  
**Comparison:** other format decision aids

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Illustrative comparative benefits* (95% CI)</th>
<th>Relative or Absolute Effect Measures (95% CI)</th>
<th>Number of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assumed Benefit</td>
<td>Corresponding benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other format decision aid</td>
<td>Web-based decision aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge: web decision aid versus printed decision aid [standardized to a 0-100 score scale] [soon after exposure to decision aid]</td>
<td>The mean knowledge score was 56.48% (ranging from 37.96% to 75.00%)</td>
<td>The mean knowledge score was 56.39% (ranging from 37.78% to 75.00%)</td>
<td>SMD 0.00 [95% CI -0.11, 0.11]</td>
<td>1185 (2 studies)</td>
<td>⊗⊗⊗⊗ high^1</td>
</tr>
<tr>
<td>Knowledge: web decision aid versus video decision aid [standardized to a 0-100 score scale] [soon after exposure to decision aid]</td>
<td>The mean knowledge score was 56.86% (ranging from 44.91% to 68.80%)</td>
<td>The mean knowledge score was 56.39% (ranging from 37.78% to 75.00%)</td>
<td>SMD -0.50 [95% CI -0.88, -0.12]</td>
<td>307 (2 studies)</td>
<td>⊗⊗⊗ low^2,3</td>
</tr>
</tbody>
</table>

^1 Post hoc interpretation, moderate weight.  
^2 Study-level heterogeneity (I²) was 100% and therefore all studies were downgraded.  
^3 Results also downgraded to low due to risk of bias.
| Decisional Conflict:  
web decision aid versus 
printed decision aid  
[Decisional Conflict 
Scale, standardized to a 
0 to 100 score]  
[soon after exposure to 
decision aid] | The mean DCS score was 23.9 (ranging from 12.2 to 35.6) | The mean DCS score was 24.85 (ranging from 12.7 to 37.0) | MD 0.68 
[95% CI -1.46, 2.83] | 1185 (2 studies) | ⭐⭐⭐⭐ 
high$^1$ |
| Participation in decision making: web decision aid versus 
printed decision aid – practitioner controlled decision making  
[soon after physician’s appointment] | 89 patients per 1000 | 74 patients per 1000 | RR 0.83 
[95% CI 0.47, 1.48] | 525 (2 studies) | ⭐⭐ ⭐ low$^{2,3}$ |
| Participation in decision making: web decision aid versus 
printed decision aid – shared decision making  
[soon after physician’s appointment] | 334 patients per 1000 | 374 patients per 1000 | RR 1.12 
[95% CI 0.78, 1.60] | 525 (2 studies) | ⭐⭐ ⭐⭐ low$^{2,4}$ |
| Screening Behaviour - PSA test uptake: 
web decision aid versus printed decision aid  
[up to 13 months after physician’s appointment] | 500 patients per 1000 | 520 patients per 1000 | RR 1.04 
[95% CI 0.97, 1.12] | 1477 (3 studies) | ⭐⭐⭐ ⭐ moderate$^2$ |

$^*$The basis for the assumed risk (e.g. the median control group risk across studies) is provided in footnotes. The corresponding risk (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: Confidence interval; SMD: Standardized Mean Difference; MD: Mean Difference; RR: Risk Ratio.
GRADE Working Group grades of evidence

**High quality:** Further research is very unlikely to change our confidence in the estimate of effect.

**Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

**Very low quality:** We are very uncertain about the estimate.

- None of the studies measuring this outcome were at high risk of bias.
- The GRADE rating was downgraded given the risk of bias.
- The GRADE rating was downgraded given the lack of precision.
- The GRADE rating was downgraded given the lack of consistency.
- The GRADE rating was downgraded given the lack of directness.