MEDICAL DECISION MAKING

CRITICIZING CURRENT SURGICAL POLICIES IN TESTICULAR CANCER USING THE JUDGEMENT OF THE CLINICIANS THEMSELVES

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Malignant testicular cancer can be cured in the majority of patients by chemotherapy. After chemotherapy, residual masses of the initial metastases may remain, which may effectively be removed by a surgical resection. The potential outcome of such a resection has to be determined. With resection rates between 25% and 80% this variation is largely explained by differences in management of patients with small residual masses (0-20 mm).

A decision analysis model was constructed for the strategies 'resection' and 'follow-up'. The outcome considered was the 5-year survival rate. With each strategy, one of three histologies may be present in the residual mass: well differentiated, fully benign tissue (benign), the same as the primary tumor (mature), or a high grade tumor (malignant).

The selection of patients varies widely for this procedure, with resected or not. Second, mature teratoma is potentially malignant and may grow, causing a poor outcome. Whether resected or not, a 5-year survival rate varied over their plausible ranges. The minimum benefits according to the individual clinicians' estimates were 2.2% and 0.8% respectively.

In conclusion, the clinicians' own judgement indicates a substantial benefit of resection, even in very small residual masses. Current surgical policies for residual masses therefore need to be reconsidered.

MEASURING STAKEHOLDER PREFERENCES FOR SCHIZOPHRENIA OUTCOMES

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Understanding stakeholder preferences is essential for identification of effective treatments for schizophrenia, a severe and chronic psychiatric disorder with multiple, conflicting outcomes. However, measuring preferences for schizophrenia outcomes poses practical challenges. First, several stakeholder groups are involved in schizophrenia treatment, including patients, patient's families, clinicians, and members of the general public. Second, patients--whose preferences are most central--often have severe cognitive impairments, limiting their ability to express their preferences.

Three studies examined the suitability of 4 preference assessment methods (Category Rating, Time Trade-off, Paired Comparison and Direct Importance Rating) for evaluating schizophrenia outcomes. In the first study, 21 clinicians evaluated all 4 methods in focus groups. All methods were more difficult to use than anticipated.

Time Trade-off was significantly more difficult than other methods. The methods yielded different rankings of 7 key outcomes. The second study examined the effects of 2 presentation formats and 2 time frames on clinician's Time Trade-off ratings of schizophrenia health states. Format and time frame did affect ratings, but did not affect task comprehension or ease of use. In the third study, 20 persons with schizophrenia evaluated the Category Rating, Paired Comparison and Direct Importance Rating methods in individual interviews. The results again showed that direct importance method which took the least time, however the Category Rating and Paired Comparison methods were incomplete and incomprehensible and acceptable.

These studies suggest that standard preference assessment methods are suitable for measuring stakeholder preferences for schizophrenia outcomes. However, both clinicians and patients found the current methods very difficult, making it difficult to evaluate a large number of health states. The Time Trade-off method appears less suitable than other methods, possibly due to the chronic, but highly variable, course of schizophrenic illness.