USER EXPERIENCES IN DEVELOPING A TEST-TREATMENT PATHWAY FOR FOCUSED DIAGNOSTIC QUESTIONS

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Why a pathway?

• Accuracy of a test depends on patient features

• Accuracy in itself is not very informative – interpretation must be supported

• Impact of test depends on consequences

“That’s usually when it kind of ticks off in their brain.... helps them to kind of see the bigger picture"
The Evaluation of Genomic Applications in Practice and Prevention (EGAPP) initiative: methods of the EGAPP Working Group

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Fig. 1. Analytic framework and key questions for evaluating one application of a genetic test in a specific clinical
Figure 2–1. Application of USPSTF analytic framework to test evaluation

1. Diagnosis/making
2. Change in clinical decisions
3. Treatment/other tests
4. Intermediate outcome
5. Association
6. Reduced morbidity and/or mortality
7. Other patient consequences
8. Adverse events of test procedure

Target population clinical uncertainty → Testing

Other consequences
Clinical pathway [fixed, level 2 heading]

In this section, review authors should detail the existing clinical pathway of patients. It should outline how patients might present, the point in the pathway at which participants would be considered for testing with the index test (or tests), and the role of each index test. A diagram may be helpful, particularly if the pathway is complex.
Aim of our user testing

... practical outline to develop a pathway is missing.

Our aim was:

• To develop a guide for building a test-treatment pathway
• To identify the practical issues and challenges users currently face
• To identify areas that need further development
Development of guidance

Patients – Intervention – Comparison – Outcome

Discussion among co-authors:
development of trigger questions
Additional elements / questions

User testing

Guide
Naive high risk women, below the age of 50

Through GP

Setting: Hospital (not all hospitals have MRI)

Mammography or MRI
Naive high risk women, below the age of 50

Through GP

Setting: Hospital (not all hospitals have MRI)

Mammography or MRI

Breast cancer

No Breast cancer

Therapeutic path (radiotherapy, chemotherapy)

Prognosis varies: death, recurrence, recovery

Prognosis very much depends on risk-category and treatment options
Naive high risk women, below the age of 50

Setting: Hospital (not all hospitals have MRI)

Through GP

Mammography or MRI

Lesion on mammography/MRI

Further investigation
Biopsy (=gold standard)

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Breast cancer

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No lesion on mammo/MRI

Re-test year later

there might be an in-between monitoring step, e.g. after six months

FP on mammo/MRI

High risk:
* Family history of women died young of breast ca
* BRCA gene

Outcomes:
* take away fear
* increase survival

Prognosis varies: death, recurrence, recovery

Prognosis very much depends on risk-category and treatment options

Some may choose for preventive operation -> they are not included in this screening system
User testing feedback

- During DECIDE conference
- Plenary interview plus drawing of pathway
- Structured questionnaire
- About 20 participants gave feedback
User testing feedback (2)

- All found the pathway useful

- Perceived challenges:
  - Complicated pathways / varying pathways
  - Deviation from path... sideways...
  - Interview training may be needed

- Some disappointment
  - No clear directions as to how derive relevant questions / evidence
  - Some expected online tool

- Training and guidance still needed
  - Some more examples in hands-on workshop or webinar
  - Checklists, semi-structured tool, open approach
Conclusions

Our paper will provide the guidance needed

Still:
- More training and awareness needed
- Online tool would be helpful
- More guidance for how to select relevant question and evidence needed
Thank you!

Gowri Gopalakrishna
Miranda Langendam
Rob Scholten
Mariska Tuut
Patrick Bossuyt

... and everyone who participated in the user testing sessions!