

Supplemental materials for

Fong J, Venables M, D'Souza D, Maskerine C. Patient communication preferences for prostate cancer screening discussions: a scoping review. *Ann Fam Med*. 2023;21(5):448-455.

Supplemental Appendix

Keywords and MeSH headings used in four electronic databases (Medline, Embase, PsycINFO, CINAHL). Our search strategy outlined in each database.

Keywords: prostate cancer, prostate neoplasm, prostate tumor, prostate carcinoma, prostatic cancer, prostatic neoplasm, prostatic tumor, prostatic carcinoma, risk, and communication.

MeSH headings: Prostate Neoplasms, Prostate Cancer, Risk, Risk Reduction Behavior, Risk Assessment, Risk Management, Risk Factors, Risk Perception, Risk Attitude, Risk Taking, Risk Behavior, Patient Risk, Population Risk, Health Risk Behavior, Communication, and Interpersonal Communication.

Search strategy – Medline

Ovid MEDLINE(R) ALL <1946 to March 4, 2022>

- 1 exp Prostatic Neoplasms/
- 2 ((prostate* or prostatic*) adj2 (cancer* or neoplasm* or tumor* or carcinoma*)).ti,ab,kf.
- 3 or/1-2

4	Risk Reduction Behavior/ or Risk Assessment/ or Risk Factors/ or Risk Management/ or Risk-Taking/ or Risk/
5	risk*.ti,ab,kf.
6	or/4-5
7	Communication/
8	communicat*.ti,ab,kf.
9	or/7-8
10	3 and 6 and 9

Search strategy – Embase

Embase <1974 to 2022 March 04>

1	exp prostate cancer/
2	((prostate* or prostatic*) adj2 (cancer* or neoplasm* or tumo?* or carcinoma*)).ti,ab,kw.
3	1 or 2
4	risk attitude/ or risk management/ or risk perception/ or risk/ or patient risk/ or risk reduction/ or population risk/ or risk factor/ or risk behavior/
5	risk*.ti,ab,kw.
6	4 or 5
7	interpersonal communication/
8	communicat*.ti,ab,kw.
9	7 or 8
10	3 and 6 and 9

Search strategy – PsycINFO

APA PsycInfo <1806 to March 12, 2022>

- 1 exp Prostate/
- 2 exp Neoplasms/
- 3 ((prostate* or prostatic*) adj2 (cancer* or neoplasm* or tumor* or carcinoma*)).ti,ab,id.
- 4 1 and 2
- 5 3 or 4
- 6 Health Risk Behavior/ or Risk Factors/ or Risk Assessment/ or Risk Taking/ or Risk Management/
- 7 risk*.ti,ab,id.
- 8 6 or 7
- 9 Communication/
- 10 communic*.ti,ab,id.
- 11 9 or 10
- 12 5 and 8 and 11

Search strategy – CINHAL

(MH ((prostate* or prostatic*) N2 (cancer* or neoplasm* or tumor* or carcinoma*)) OR TI ((prostate* or prostatic*) N2 (cancer* or neoplasm* or tumor* or carcinoma*)) OR AB ((prostate* or prostatic*) N2 (cancer* or neoplasm* or tumor* or carcinoma*))) AND (MH ((risk* or risk assessment or risk factors or risk management or risk reduction behavior?r)) OR TI ((risk* or risk assessment or risk factors or risk management or risk reduction behavior?r)) OR AB ((risk* or risk assessment or risk factors or risk management or risk reduction behavior?r))) AND (MH (communicat*) OR TI (communicat*) OR AB (communicat*)))

Supplemental table 1. Grey Literature Checklist, adapted from 'Grey matters: a practical tool for searching health-related grey literature' ¹⁶		
Sources	Action 1 – Searched; results found 2 – Searched; nothing found 3 – Not searched; not relevant 4 – Results may be of peripheral interest	# search results
Health technology assessments		
Canada		
The Alberta College of Family Physicians (ACFP). Tools for Practice	2 – Searched; nothing found	0
Alberta Health and Wellness. Decision Process provincial reviews – ongoing and complete	2 – Searched; nothing found	0
Canadian Agency for Drugs and Technologies in Health (CADTH).	4 – Results may be of peripheral interest	0
Drug Safety and Effectiveness Network (DSEN).	3 – Not searched; not relevant	0
Health Quality Council of Alberta (HQCA). Completed Reviews	2 – Searched; nothing found	0
Health Quality Ontario (HQO). Health Technology Assessment	4 – Results may be of peripheral interest	0
The Hospital for Sick Children (SickKids). Technology Assessment at SickKids (TASK)	3 – Not searched; not relevant	0
Institut national d'excellence en santé et en services sociaux (INESSS) [formerly AETMIS]. Publications	4 – Results may be of peripheral interest	0
Institute of Health Economics (IHE). Publications	2 – Searched; nothing found	0
Manitoba Centre for Health Policy (MCHP). Deliverables	2 – Searched; nothing found	0
McGill University Health Centre (MUHC). Technology Assessment Unit Reports	2 – Searched; nothing found	0
NLCAHR : Newfoundland and Labrador Centre for Applied Health Research. Contextualized Health Research Synthesis Program (CHRSP) Completed CHRSP projects	2 – Searched; nothing found	0
Ottawa Hospital Research Institute (OHRI). Knowledge Synthesis Group http://www.ohri.ca/ksgroup/publications.asp	2 – Searched; nothing found	0
Programs for Assessment of Technology in Health (Canada). Reports (PATH)	2 – Searched; nothing found	0
Therapeutics Initiative. Therapeutics Letter	3 – Not searched; not relevant	0
University of British Columbia. Centre for Health Services and Policy Research	3 – Not searched; not relevant	0
International		
INAHTA Secretariat. International Network of Agencies for Health Technology Assessment (INAHTA)	4 – Results may be of peripheral interest	0
World Health Organization Regional Office for Europe. Health Evidence Network (WHO HEN)	2 – Searched; nothing found	0
Australia		
Australian Government. Department of Health and Ageing. Australia and New Zealand Horizon Scanning Network (ANZHSN)	2 – Searched; nothing found	0
Australian Government Department of Health and Ageing. Medical Services Advisory Committee (MSAC). MSAC Applications	2 – Searched; nothing found	0
Joanna Briggs Institute (JBI). The Joanna Briggs Institute EBP Database	4 – Results may be of peripheral interest	0
Monash Health. Centre for Clinical Effectiveness (CCE). Centre for Clinical Effectiveness - Publications	2 – Searched; nothing found	0
National Prescribing Service. NPS RADAR	3 – Not searched; not relevant	0
Queensland Government (Australia). Health Technology Reference Group. Health Technologies Evaluated-Reports and Briefs (COAG Health Council)	2 – Searched; nothing found	0
Austria		
Institute of Technology Assessment (ITA). Projects	2 – Searched; nothing found	0
Ludwig Boltzmann Institut für Health Technology Assessment (LBI). Ludwig Boltzmann Institute of Health Technology Assessment	2 – Searched; nothing found	0
Belgium		
Kenniscentrum voor de Gezondheidszorg / Le Centre d'expertise des soins de santé. Belgian Health Care Knowledge Centre (KCE)	4 – Results may be of peripheral interest	0
Denmark		
Sundhedsstyrelsen. Danish Health and Medicines Authority (DHMA). Publications	3 – Not searched; not relevant	0
France		
Comité d'Evaluation de Diffusion des Innovations Technologiques (CEDIT). CEDIT Recommendations and Reports	3 – Not searched; not relevant	0
Haute Autorité de santé/ French National Authority for Health (HAS). Haute Autorité de santé	4 – Results may be of peripheral interest	0
Germany		
Deutsches Institut für Medizinische Dokumentation und Information. (DIMDI). German Institute of Medical Documentation and Information	2 – Searched; nothing found	0
Ireland		
Health Information and Quality Authority. Health Technology Assessments	2 – Searched; nothing found	0
Health Service Executive. Irish Health Repository (Lenus)	2 – Searched; nothing found	0
The Netherlands		
De Gezondheidsraad (GR). Health Council of the Netherlands	3 – Not searched; not relevant	0
Zorginstituut Nederland. National Health Care Institute Netherlands	2 – Searched; nothing found	0
Norway		
Folkehelseinstituttet. Norwegian Institute of Public Health. Publications	2 – Searched; nothing found	0

<p>Spain</p> <p>Agencia de Evaluación de Tecnologías Sanitarias, Instituto de Salud "Carlos III". Institute of Health Carlos III</p> <p>Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS). Agency for Health Quality and Assessment of Catalonia</p> <p>Sweden</p> <p>Sahlgrenska Universitetssjukhuset. Sahlgrenska University Hospital. Regional activity-based HTA</p> <p>Swedish Council on Health Technology Assessment (SBU).</p> <p>UK</p> <p>Healthcare Improvement Scotland. Published Resources.</p> <p>National Institute for Health and Care Excellence (NICE). NHS National Institute for Health and Care Excellence</p> <p>National Institute for Health and Care Excellence (NICE). Advice List. Published evidence summaries</p> <p>National Institute for Health Research. (NIHR). Innovation Observatory</p> <p>NHS Purchasing and Supply Agency. Centre for Evidence-based Purchasing (CEP)</p> <p>NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC). Research Project</p> <p>UK Department of Health (NHS). International Resource for Infection Control (iNRIC)</p> <p>National Health Service UK (NHS). NHS England</p> <p>US</p> <p>Agency for Healthcare Research and Quality (AHRQ).</p> <p>Centers for Medicare & Medicaid Services (CMS). Technology Assessments</p> <p>ECRI Institute.</p> <p>Institute for Clinical and Economic Review (ICER).</p> <p>Washington State Health Care Authority (HCA). Health Technology Review</p>	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	2 – Searched; nothing found	0
	3 – Not searched; not relevant	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
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	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	4 – Results may be of peripheral interest	0
	2 – Searched; nothing found	0
	3 – Not searched; not relevant	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
Health economics		
<p>Canada</p> <p>Hospital for Sick Children [Toronto]. Paediatric Economic Database Evaluation (PEDE)</p> <p>Institute of Health Economics (IHE). Publications</p> <p>McMaster University. Centre for Health Economics and Policy Analysis. Publications database (CHEPA)</p> <p>Public Health Agency of Canada (PHAC). Economic Burden of Illness in Canada</p> <p>Toronto Health Economics and Technology Assessment Collaborative (THETA). THETA Publications and Knowledge Translation to Policy (KT) Activities</p> <p>International</p> <p>Agency for Healthcare Research and Quality (AHRQ). National Quality Measures Clearinghouse</p> <p>Australian Government Department of Health. Pharmaceutical Benefits Scheme - Medicine Listing (PBS)</p> <p>Federal Reserve Bank of St. Louis. Economic Research Division. Ideas database (IDEAS)</p> <p>International Society for Pharmacoeconomics and Outcomes Research (ISPOR). Value in Health: Journal of the International Society for Pharmacoeconomics and Outcomes Research</p> <p>National Centre for Pharmacoeconomics. (NCPE) Ireland. Pharmacoeconomic Evaluations</p> <p>NHS Economic Evaluation Database (EED). economic evaluations of health care interventions</p> <p>University of Aberdeen. Health Economics Research Unit (HERU)</p>	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
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	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
	3 – Not searched; not relevant	0
Clinical practice guidelines		
<p>Canada</p> <p>Alberta Medical Association. Toward Optimized Practice (TOP)</p> <p>British Columbia Ministry of Health. BC Guidelines</p> <p>Canadian Medical Association (CMA). CMA Infobase: Clinical Practice Guidelines</p> <p>Canadian Partnership Against Cancer. Cancer Guidelines Database</p> <p>Canadian Standards Association (CSA). Occupational Health and Safety</p> <p>The College of Physicians and Surgeons of Ontario (CPSO). CPGs & Other Guidelines</p> <p>Ontario Association of Medical Laboratories (OAML)</p> <p>Public Health Agency of Canada (PHAC). Disease Prevention and Control Guidelines</p> <p>Registered Nurses' Association of Ontario (RNAO). Nursing Best Practice Guidelines</p> <p>University of Ottawa. School of Rehabilitation Science. Evidence-based Practice</p> <p>Winnipeg Regional Health Authority (WRHA). Evidence Informed Practice Tools</p> <p>International</p> <p>Academy of Medicine of Malaysia. Clinical Practice Guidelines</p> <p>Aetna, Inc. Clinical Policy Bulletins</p> <p>American Association for Clinical Chemistry (AACC). Practice Guidelines</p> <p>Best Practice Advocacy Centre New Zealand (bpacNZ). bpacNZ better medicine</p>	2 – Searched; nothing found	0
	4 – Results may be of peripheral interest	0
	2 – Searched; nothing found	0
	1 – Searched; results found	1
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	3 – Not searched; not relevant	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	2 – Searched; nothing found	0
	3 – Not searched; not relevant	0
	4 – Results may be of peripheral interest	0

Centers for Disease Control and Prevention (CDC). Public Health Genomics Knowledge Base. Guideline Database The Regulation and Quality Improvement Authority (RQIA). Guidelines Haute Autorité de santé/ French National Authority for Health (HAS). Practice Guidelines Institute for Clinical Systems Improvement (ICSI). Guidelines ECRI Institute . ECRI Guidelines Trust (ECRI) National Health and Medical Research Council (NHMRC). Australia's Clinical Practice Guidelines Portal National Institute for Health and Care Excellence (NICE). NICE Guidelines Scottish Intercollegiate Guidelines Network (SIGN)	4 – Results may be of peripheral interest 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found	0 0 0 0 0 0 0
Drug and device regulatory approvals Canada Health Canada. Drugs Health Canada. Devices International Australian Government Department of Health. Pharmaceutical Benefits Scheme. Public Summary Documents by Product Australian Government Department of Health. Therapeutic Goods Administration. Australian Public Assessment Reports for Prescription Medicines (AusPARs) Department of Health (UK). Medicines and Healthcare Products Regulatory Agency (MHRA) European Medicines Agency (EMA). NHS Scotland. Scottish Medicines Consortium (SMC) Pharmaceutical Management Agency of New Zealand. PHARMAC US Food and Drug Administration (FDA). Devices US Food and Drug Administration (FDA). Drugs	3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant	0 0 0 0 0 0 0 0 0
Advisories and warnings Canada Canadian Pharmacists Association (CPhA). e-CPS Health Canada. International Australian Government Department of Health. Therapeutic Goods Administration (TGA). European Medicines Agency (EMA). Medicines and Healthcare Products Regulatory Agency (MHRA). Drug Safety Update NHS England. Patient Safety Domain. Patient Safety Alerts (NRLS) New Zealand Medicines and Medical Devices Safety Authority. US Food and Drug Administration (FDA).	3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant	0 0 0 0 0 0 0
Drug class reviews Department of Veterans Affairs (US). Pharmacy Benefits Management Services. Drug Class Reviews Oregon Health & Science University. Center for Evidence-based Policy. Drug Effectiveness Review Project (DERP) Saskatoon Health Region. RxFiles: Objective Comparisons for Optimal Drug Therapy	3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant	0 0 0
Clinical trial registries Biomed Central. ISRCTN Registry Canadian Partnership Against Cancer Corporation. Canadian Cancer Trials National Institute of Medical Statistics, Indian Council of Medical Research. Clinical Trials Registry - India (CTRI) Thomson CenterWatch. CenterWatch Clinical Trials Listing Service US National Institutes of Health. ClinicalTrials.gov UK Department of Health. UK Clinical Research Network Study Portfolio (UKCRN) World Health Organization. International Clinical Trials Registry Platform Search Portal (ICTRP)	2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 2 – Searched; nothing found 4 – Results may be of peripheral interest 2 – Searched; nothing found 2 – Searched; nothing found	0 0 0 0 0 0 0
Canadian drug formularies Government of Canada. Prescription Drug Insurance Coverage	3 – Not searched; not relevant	0
Canadian physician fees schedules Alberta Health. Government of Alberta. Fees Information for Health Professionals Ministry of Health Services. Province of British Columbia. Medical Services Commission Payment Schedule Manitoba Health, Seniors and Active Living. Government of Manitoba. Physician's Manual New Brunswick Department of Health. Physician's Manual Department of Health and Community Services. Government of Newfoundland and Labrador. Information for Medical Care Plan (MCP) Providers College of Physicians and Surgeons of Nova Scotia. Information and Services for Physicians Licensed in Nova Scotia Ministry of Health and Long-Term Care. Ontario Health Insurance (OHIP) Schedule of Benefits and Fees	3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant 3 – Not searched; not relevant	0 0 0 0 0 0 0

Régie de l'assurance maladie du Québec. Physician's Manual – Fee for service	3 – Not searched; not relevant	0
Ministry of Health, Government of Saskatchewan. Physician Payment Schedules	3 – Not searched; not relevant	0
Government of Yukon. Yukon Health and Social Services	3 – Not searched; not relevant	0
Databases (free)		
Bandolier. Bandolier Knowledge	2 – Searched; nothing found	0
Latin-American and Caribbean Center on Health Sciences Information (LILACS)	2 – Searched; nothing found	0
McMaster University, McMaster Health Forum. Health Systems Evidence	2 – Searched; nothing found	0
National Center for Biotechnology Information (NCBI). Bookshelf	2 – Searched; nothing found	0
National Institute for Health and Care Excellence (NICE). Evidence Search: Health and Social Care	2 – Searched; nothing found	0
TRIP Database (TRIP). Trip Database - Clinical Search Engine	1 – Searched; results found	1
University of York (CRD). Centre for Reviews and Dissemination	2 – Searched; nothing found	0
University of York. PROSPERO: International prospective register of systematic reviews	2 – Searched; nothing found	0
US National Library of Medicine (NLM). PubMed.	1 – Searched; results found	2
US National Library of Medicine & National Institutes of Health (NIH). PubMed Central	1 – Searched; results found	1
Databases (subscription-based)		
Wiley InterScience. Cochrane Library	1 – Searched; results found	1
UpToDate. UpToDate.com	4 – Results may be of peripheral interest	0
Synergus. HTA Update	4 – Results may be of peripheral interest	0
Health statistics		
Canada		
Canadian Institute for Health Information (CIHI). Quick Stats	3 – Not searched; not relevant	0
Health Canada. Health Canada: Advanced Search	3 – Not searched; not relevant	0
IQVIA.	3 – Not searched; not relevant	0
Institute for Clinical Evaluative Sciences (ICES). Publications	3 – Not searched; not relevant	0
Institute of Health Economics (IHE). Database of Online Health Statistics	3 – Not searched; not relevant	0
New Brunswick Ministry of Health, Office of the Chief Medical Officer of Health. Epidemiology and Surveillance	3 – Not searched; not relevant	0
Public Health Agency of Canada (PHAC).	3 – Not searched; not relevant	0
Statistics Canada.	3 – Not searched; not relevant	0
US		
Centers for Disease Control and Prevention (CDC)	3 – Not searched; not relevant	0
National Cancer Institute. Surveillance, Epidemiology, and End Results Program (SEER)	2 – Searched; nothing found	0
International		
Organisation for Economic Co-operation and Development (OECD).	3 – Not searched; not relevant	0
World Health Organization (WHO). Global Health Observatory (GHO)	3 – Not searched; not relevant	0
Internet search engines		
Search engines		
Google	1 – Searched; results found	2
Google Scholar.	1 – Searched; results found	5
Canadian Medical Association (CMA). Affiliated, Associated Societies and Observer Organizations	2 – Searched; nothing found	0
Open access journals		
Lund University Libraries. Directory of Open Access Journals (DOAJ)	2 – Searched; nothing found	0
Miscellaneous		
Behavior change		
Canadian Agency for Drugs and Technologies in Health (CADTH). Rx for Change	2 – Searched; nothing found	0
Natural medicine and environmental health		
United States Environmental Protection Agency (EPA). Health & Environmental Research Online (HERO)	3 – Not searched; not relevant	0
Alternative Medicine Foundation. HerbMed®	3 – Not searched; not relevant	0
Memorial Sloan-Kettering Cancer Center. About Herbs	3 – Not searched; not relevant	0
Dentistry		
Aetna Inc. Aetna Dental Clinical Policy Bulletins	3 – Not searched; not relevant	0
ADA. Center for Evidence-Based Dentistry. Evidence Database	3 – Not searched; not relevant	0
Diagnostic tests		
American Association for Clinical Chemistry (AACC). Practice Guidelines	3 – Not searched; not relevant	0
Centers for Disease Control and Prevention (CDC). Public Health Genomics Knowledge Base. Guideline Database	3 – Not searched; not relevant	0
Ontario Association of Medical Laboratories (OAML). Guidelines	3 – Not searched; not relevant	0

Mental health	Substance Abuse & Mental Services Administration . Evidence-Based Practices Resource Center (NREPP)	3 – Not searched; not relevant	0
Nursing	Canadian Nurses Association (CNA) . Download/Buy	3 – Not searched; not relevant	0
	Registered Nurses' Association of Ontario (RNAO) . Publications & Resources	2 – Searched; nothing found	0
Physiotherapy/rehabilitation			
	Centre of Evidence-Based Physiotherapy (CEBP) . Physiotherapy Evidence Database: PEDro	3 – Not searched; not relevant	0
	National Rehabilitation Information Center (NARIC) . REHABDATA database	3 – Not searched; not relevant	0
	University of Ottawa. School of Rehabilitation Sciences . Evidence-based Practice	3 – Not searched; not relevant	0
	University of Queensland . OTseeker	3 – Not searched; not relevant	0

Supplemental Table 2. Codes (white highlight) were first sorted into generally positive or generally negative comments (light blue highlight), then grouped to form descriptive themes (grey highlights).

Themes
Factors facilitating men having successful risk communication
How information is presented
Collects information from multiple sources
Receives enough information
Understands physician
Interpersonal factors
Feels respected
Relates to physician
Spends time with physician
Trusts physician
Factors inhibiting men from having successful risk communication
How information is presented
Doesn't understand physician
Not receiving enough information
Screening never brought up by physician
Interpersonal factors
Distrusts physician
Feels depersonalized
Feels rushed
Perceived racism
Passivity
Apathy
Credulity
Fears diagnosis of cancer
Submissive tendency
Preconceived opinion and cognitive bias
Already decided to have PSA test
Availability heuristic
Belief that screening is the right thing to do
Distrusts science or statistics

Themes

Threats to masculinity

Supplemental Table 3. Analytical themes (grey highlight) adapted from codes and descriptive themes in Supplemental Table 2 to address the research question.

Themes

Other factors precluding risk discussions

- Already decided to pursue screening
- Being passive during interactions with physicians
- Perceived threats to well being

What men dislike when having risk discussions

- Doesn't trust medical professionals
- Being treated poorly
- Little or no information is provided
- The physician uses jargon or is vague

What men prefer when having risk discussions

- A trusting and respectful relationship exists with the physician
- Balanced and thorough information is provided
- Spending enough time with the physician
- The physician uses plain language

Note: Themes under “what men dislike when having risk discussions” were juxtaposed with themes under “What men prefer when having risk discussions” in the result, for a total of 4 main themes. Themes under “other factors precluding risk discussions” were considered ‘emergent’ as resulted unexpectedly from the initial coding phase. We consider these themes as supplementary answers to the research question and were of interest to report.

Supplemental Table 4. Characteristics of included studies.

Study	Country	Information sources	Sample size	Age range	Ethnicities represented	Education	SES
Allen et al., 2007	U.S.A.	Focus groups; Interviews	17	30 – 79	Black	College or University; Secondary school	<u>Annual household income.</u> <\$45k: 66% >\$45k: 33%
Archer & Kayter, 2006	U.K	Interviews	7	50 – 69	Not reported	Not reported	Not reported
Biddle et al., 2017	U.S.A.	Interviews	13	50 – 79	Black; White or Caucasian	Not reported	Not reported
Blocker et al., 2006	U.S.A.	Focus groups	14	30 – 69	Black	College or University; Secondary school	Not reported
Chapple et al., 2008	U.K.	Interviews	20	40 – 79	Black; White or Caucasian	Not reported	Not reported
Conde et al., 2011	U.S.A.	Focus groups	20	40 – 69	Asian or Pacific Islander	College or University; Secondary school; Primary school	Not reported
Danan et al., 2021	U.S.A.	Focus groups	44	50 – 79	Black; White or Caucasian	Not reported	Not reported
Dube et al., 2005	U.S.A.	Focus groups	53	20 – 79	Black; Latine; White or Caucasian	College or University; Secondary school; Primary school	<u>Annual household income.</u> <\$10k: 28% \$10-50k: 49% >\$50k: 15% Non-responders: 8%
Evans et al., 2007	U.K.	Interviews	24	40 – 79	White or Caucasian	Not reported	Not reported
Farrell et al., 2002	U.S.A.	Interviews	40	40 – 69	Black; White or Caucasian; Other: Not mentioned what “other” races/ethnicities were.	College or University; Secondary school	<u>Annual household income.</u> <\$30k: 20% \$30-80k: 55% >\$80k: 25%
Ferrante et al., 2011	U.S.A.	Interviews	64	50 – 79	Black; Latine; Asian or Pacific Islander; White or Caucasian	College or University; Secondary school	<u>Employment status.</u> Employed: 56.2% Retired: 37.5% Unemployed: 4.7% Non-responders: 1.6%
Ford et al., 2006	U.S.A.	Focus groups	12	50 – 79	Black	Not reported	Not reported

Friedman et al., 2009	U.S.A.	Focus groups; Interviews	25	40 – 69	Black	College or University; Secondary school	Not reported
Friedman et al., 2009	U.S.A.	Focus groups; Interviews	25	40 – 59	Black	College or University; Secondary school; Primary school	Not reported
Friedman et al., 2012	U.S.A.	Focus groups	43	20 – 79	Black	College or University; Secondary school; Primary school	<u>Employment status.</u> Full-time: 46.5% Part-time: 11.6% Retired: 16.3% Unemployed: 25.6% <u>Annual household income.</u> <\$20k: 38.1% \$20-100k: 54.8% >\$100k: 7.1%
Gwede et al., 2015	U.S.A.	Interviews	20	40 – 69	Black; White or Caucasian	College or University; Secondary school	<u>Employment status.</u> Employed: 55% Retired or other: 45% <u>Annual household income.</u> \$20-60k: 25% >\$60k: 75%
Hill, 2012	U.S.A.	Interviews	14	40 – 79	Black	Not reported	Not reported
Hooper et al., 2018	U.S.A.	Interviews	43	40 – 79	Black	College or University; Secondary school; Primary school	<u>Income adequacy.</u> Not at all difficult: 23.3% Not very difficult: 25.6% Somewhat difficult: 44.2% Very difficult: 7%
Ilic et al., 2005	Australia	Focus groups	33	40 – 79	Not reported	College or University; Secondary school; Primary school	Not reported
Jernigan et al., 2001	U.S.A.	Focus groups	26	50 – 79	Black	Not reported	Not reported
Kaninjing, 2017	Africa	Focus groups	25	40 – 79	Black	College or University; Secondary school; Primary school	<u>Employment status.</u> Employed: 48% Retired: 40% Unemployed: 12% <u>Annual household income.</u>

							<50K CFA: 60% 50-150k CFA: 24% >150k CFA: 8% Non-responder: 8%
McFall et al., 2006	U.S.A.	Focus groups	48	40 – 79	Black; Latine; White or Caucasian	Not reported	Not reported
Odedina et al., 2004	U.S.A.	Focus groups	49	40 – 79	Black	College or University; Secondary school; Primary school	Not reported
Oliver, 2007	U.S.A.	Interviews	9	40 – 79	Black	College or University; Secondary school; Primary school	<u>Employment status.</u> Employed: 67% Retired: 22% Disabled: 11% <u>Annual household income.</u> <\$30K: 33% >\$30k: 67%
Rai et al., 2007	U.K.	Interviews	20	40 – 79	White or Caucasian	Not reported	Not reported
Shungu & Sterba, 2021	U.S.A.	Focus groups	21	50 – 69	Black	College or University; Secondary school; Primary school	Not reported
Sutkowi-Hemstreet et al., 2015	U.S.A.	Interviews	13	50 – 69	Black; White or Caucasian	College or University	Not reported
Taitt, 2015	U.S.A	Interviews	13	40 – 79	Black	College or University; Secondary school	Not reported
Woods et al., 2004	U.S.A.	Focus groups; Key informants	37	30 – 79	Black	College or University; Secondary school; Primary school	<u>Employment status.</u> Employed: 46.6% Retired: 18.9% Unemployed: 11.5% Other: 23% <u>Annual household income.</u> <\$10K: 27.9% \$10-70k: 56.6% >\$70k: 15.5%

SES = socioeconomic status.

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Supplemental Table 5. Illustrative quotes from included studies.

Theme	Illustrative quotes
<i>Men's communication preferences when discussing prostate cancer screening</i>	
Using everyday language	<i>When done well</i> <p>"... he was very professional, and he had a way about him of explaining things in medical terms that was understandable to the average lay person."²²</p>
	<i>Where improvement is required</i> <p>"Talking to the patient in the language the patient can understand ...that's the key ... if the patient doesn't understand what that means, he's going to get frightened."²⁴</p>
Quantity of information	<i>When done well</i> <p>"... we talked it through, the pros, the cons, the complications, what would happen if the PSA test proved to be positive, how would I feel, how would I react ... the doctor discussed possible treatment ... and the subsequent consequences of the treatment, incontinence.." ²⁷</p> <p>"... trying to find out just how much information and ... making sure the patient is getting the information they want ... Sometimes you're not even sure what the question is that you want to ask ... but there's something you're trying to get at."²⁴</p> <p>"... he was very clear on the pros and cons and [it was] very clear that it was my decision"²³</p>
	<i>Where improvement is required</i> <p>"I know I've had it done, but there's never been much of an explanation."²⁸</p> <p>"The comments were just 'great'. Well, I don't know what 'great' is ... Does 'great' mean normal or ... super normal?"²⁴</p> <p>"... I don't recall them[doctors] saying 'oh when was the last time you were checked for prostate cancer?'"³³</p>

<p>Spending enough time</p>	<p><i>When done well</i></p> <p>"They gave me pictorials, all kinds of bar graphs, pie charts, with all statistical data ... it must have took them about two hours to go through all of this ..." ³⁵</p> <p>"I find that a woman doctor takes more time with you than a man doctor. She will sit down with you ... and visit with you longer and be more tuned in ..." ²⁴</p> <p>"When you find a doctor who takes the time to explain stuff, I have more respect for him ... Just the fact that he's explaining to me puts me at ease ..." ²⁶</p> <p><i>Where improvement is required</i></p> <p>"... when I go to the doctor's office, he only has about 10 minutes, so if you don't put your thing on the table, he's not going to be thinking about it ..." ³¹</p>
<p>A respectful and trust relationship</p>	<p><i>When done well</i></p> <p>"We voiced our concerns and he addressed the concerns, he didn't shoot them down or make us sound like we were stupid in asking those questions." ²²</p> <p>"It would be interfering with a sacred relationship between a man and his doc ... I want to know that my doctor is thinking about me, not some other 100,000 guys." ³⁸</p> <p><i>Where improvement is required</i></p> <p>"It's a male part that a woman doesn't have. So it's better male ..." ³⁷</p> <p>"... get more doctors out there talking to their older Black male patients about what their options are and delivering the information they need so that they can make a choice ... And I think that, in turn, would bring down the death pattern from the mere fact that you offered intelligent Black men, which most of us are, damn it, a choice in choosing what they do for their health." ⁴⁰</p> <p>"... a lot of Afro-American people are thinking that when you go to the doctor, they are thinking about sometimes they experiment on you. You know, from back in the days ... so they kinda cautious about that." ⁴⁰</p> <p>"... if you got a 30-year-old doctor, what is he gonna to know? He's only gonna know what you tell him. Or whatever he reads." ²⁸</p>

<i>Intrinsic factors hindering successful shared decision making</i>	
Already deciding to pursue screening	<p>"I honestly believe the knowing, and having the option of prevention, outweighs all the other risks ... risk doesn't matter, you gotta do the proper things for health ..."³⁸</p> <p>"I've also heard that prostate cancer ... it's one of the more curable cancers, so that's something that you might want to know ... to save your life ... I want to be here for other people, my grandchildren and my children ..."⁴⁰</p> <p>"my friends who had raised PSA levels ... all three of them ... had prostate cancer ... and so I wanted to get this out of the way ..."²⁷</p> <p>"... I like to do the analysis thing [prostate cancer risk calculation] ... I like to see results. But if I get a positive result, I'm not sure I'll do anything."³⁸</p>
Being passive during clinical interactions	<p>"I know my doctor very well. He's been treating me now since I left the army. He suggested a blood test, and I said fine. He didn't have to go into the details"³²</p> <p>"As long as they come back and say 'that a boy,' I feel pretty good about it"²⁸</p> <p>"I never talked to the doctor about it [decision]. I usually just do what he tells me to do. He's smarter than I am."³⁰</p> <p>"Most people don't question doctors, just culturally we don't. Especially blacks. And we weren't really allowed to question a white male ..."³⁵</p>
Threats to wellbeing	<p>"You can have a perfectly good prostate and then for some reason you go have the test done, and then you end up not ... being able to free willy anymore. That's no good."²⁸</p> <p>"... men have been taught all their lives, especially African American, that you are strong. You do not whine or complain. You do not need to talk to anybody ..."⁴⁴</p> <p>"I've always been a great believer and I think most men are...if it ain't broke don't fix it."³³</p> <p>"For anyone said to have cancer, you know that he is a dead living corpse. That illness, they say no medication can cure. Whether it is prostate or any other type of cancer."⁴⁶</p>

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