severity differed between attributes, marginal rates of substitution between attributes should be compared with caution. The most important marginal rates of substitution were for physical energy.

**Discussion**

Men with prostate cancer are willing to participate in the relatively complex exercise of discrete choice experimentation to weigh up the benefits and risks of various conservative treatments, irrespective of the stage of cancer or whether they had received such treatment. To our knowledge, our study is the first to elicit preferences from patients with prostate cancer using discrete choice experimentation, and provides further evidence that this approach can be applied successfully in health care. A novel feature of our study was the use of two groups of attributes. This allowed the choices to be kept relatively simple (maximum of six attributes), and the inclusion of a common core of two attributes (cost and life expectancy) ensured trade-offs across all attributes.

The men were willing to trade off some life expectancy to be relieved of side effects, assuming a life expectancy of five years (the average in the group) as a starting point. The size of the trade-offs, however, should be treated with caution because men may have indicated different preferences if their actual life expectancy had been presented to them.

The results are averaged across the sample and so there is inevitable variation between the men. Therefore careful assessment of individual patient preferences in a clinical setting is needed.

Our findings could be used by clinicians to help patients choose between conservative treatments; knowing about the preferences of other men with prostate cancer might help patients to clarify their own thoughts. A common therapeutic dilemma is the timing of androgen suppression. Should a patient start therapy early, once progression of prostate cancer has been identified? Benefits might include a slowing down of disease progression and perhaps a reduced likelihood of death related to the cancer. Alternatively, treatment could be deferred for an agreed time. This would avoid the immediate side effects of treatment and possibly reduce the medium to long term adverse effects. This type of trade-off is made by many patients everyday, and discrete choice experimentation could gain some insight into the way patients make this difficult choice.

We thank Rob Sheldon (Accent Marketing and Research) for help with the design and analysis of the study, Wendy Coucill for her work on the pilot study, and the patients.