gis ma gruppoitalianoscreening mammografico

OSSERVATORIO NAZIONALE SCREENING

Slow Medicine
Sobria Rispettosa Giusta

Torino 25 settembre 2013

Screening mammografico: conoscenza scientifica, controversie e incertezze

La comunicazione per una decisione consapevole

Sessione III: Comunicare sulla sovradiagnosi

Moderatore:

Sandra Vernero MD
Cofondatore e segretario generale di Slow Medicine
Coordinatore del progetto “Fare di più non significa fare meglio”
Consiglio direttivo SIQuAS-VRQ

Slow Medicine

Sobria

Fare di più non vuol dire fare meglio

Rispettosa

Valori, aspettative e desideri delle persone sono diversi e inviolabili

Giusta

Cure appropriate e di buona qualità per tutti

http://choosingwisely.org/

Choosing Wisely™

An initiative of the ABIM Foundation

EMBARGOED FOR RELEASE
April 4, 2012, 12:01 a.m. ET

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U.S. PHYSICIAN GROUPS IDENTIFY COMMONLY USED TESTS OR PROCEDURES THEY SAY ARE OFTEN NOT NECESSARY

Nine Physician Organizations Each Identify Five Tests or Procedures in their Respective Fields That May Be Overused or Unnecessary

Choosing Wisely™ Campaign Led by ABIM Foundation, with Consumer Reports, to Improve Health Care Quality and Patient Safety

Washington, D.C. – Nine leading physician specialty societies have identified specific tests or procedures that they say are commonly used but not always necessary in their respective fields. Patient advocates are calling the move a significant step toward improving the quality and safety of health care.

ABIM FOUNDATION : the American Board of Internal Medicine Foundation
CONSUMER REPORTS: magazine americano pubblicato mensilmente da Consumers Union

Il progetto
“FARE DI PIÙ NON SIGNIFICA FARE MEGLIO”

Test e trattamenti ad alto rischio di inappropriatezza in Italia

SOVRAUTILIZZO di test e trattamenti

- SPRECO di RISORSE

- **ERRORE CLINICO**

-danni **diretti** da test e trattamenti inappropriati (radiazioni ionizzanti, effetti collaterali farmaci, interazioni tra farmaci)

- danni da **falsi positivi e sovradiagnosi** di test inappropriati >> ansia e stress, ulteriori test anche invasivi, trattamenti interventistici e chirurgici inappropriati

How risks of breast cancer and benefits of screening are communicated to women: analysis of 58 pamphlets

Emma K Slaytor, Jeanette E Ward

Information about risks and benefits of mammographic screening in 58 Australian pamphlets for women

Information provided	No (%) of pamphlets
Lifetime risk of developing breast cancer	35 (60)
Lifetime risk of dying from breast cancer	1 (2)
Survival from breast cancer	3 (5)
Relative risk reduction	13 (22)
Absolute risk reduction	0
Numbers needed to screen to avoid one death from breast cancer	0
Proportion of screened women who would be recalled	8 (14)
Proportion of breast cancers detected by mammography (sensitivity)	15 (26)
Proportion of women without breast cancer who would have a positive mammogram (specificity)	0
Proportion of women with a positive mammogram who would have breast cancer (positive predictive value)	0

Presentation on websites of possible benefits and harms from screening for breast cancer: cross sectional study

Karsten Juhl Jørgensen, Peter C Gøtzsche

Table 1 Presence of information items about screening for breast cancer on 27 websites (from professional advocacy groups, governmental institutions, and consumer organisations) and in a 1998 survey of 58 pamphlets[1]

Information items	No of sites mentioning information item				Occurrence (%)	
	Advocacy sites (n=13)	Governmental sites (n=11)	Consumer sites (n=3)	Total (n=27)	On websites	In 58 pamphlets[1]
Included in 1998 review of 58 pamphlets[1]						
Lifetime risk of developing breast cancer	5	6	1	12	44	60
Lifetime risk of dying from breast cancer	1	2	1	4	15	2
Survival from breast cancer	1	1	1	3	11	5
Relative risk reduction of death from breast cancer	5	7	3	15	56	22
Absolute risk reduction of death from breast cancer	1	2	2	5	19	0
Number needed to screen to avoid one death from breast cancer	0	0	2	2	7	0
Proportion of screened women who would be recalled	6	4	2	12	44	14
Proportion of breast cancers detected by mammography (sensitivity)	2	3	2	7	26	26
Proportion of women without breast cancer who would have a negative mammogram (specificity)	0	0	0	0	0	0
Proportion of women with a positive mammogram who would have breast cancer (positive predictive value)	2	1	1	4	15	0
Added in this study						
Relative risk reduction of total mortality	0	1	1	2	7	
Carcinoma in situ	4	3	3	10	37	
Overdiagnosis and overtreatment	2	2	3	7	26	
Effect of screening on number of mastectomies or lumpectomies	1	4	2	7	26	
Risks related to radiotherapy	1	2	1	4	15	
Psychological distress related to false positive results	4	3	3	10	37	
Pain at mammography	8	5	1	14	52	

What is already known on this topic

A 1998 survey showed that the information material in pamphlets presented to Australian women invited for breast cancer screening was biased and insufficient, and did not allow fully informed consent

What this study adds

In 2001 the quality of the randomised trials of mammographic screening was criticised in a comprehensive systematic review, which questioned the benefit of screening and documented important harms

Despite these findings, the information presented to women on websites by professional advocacy groups and governmental organisations was selective and biased and failed to mention major harms

Websites from consumer groups were more balanced and comprehensive than sites by professional advocacy groups and governmental organisations

4 Raffle AE, informed
5 Davey HM, women's informatio
6 Olsen O, *Database S*
7 Olsen O, mammogr
8 Olsen O, mammogr (accessed 8
9 *Screening—*
10 Elmore JG, positive sc 1998;338:
11 Early Brea effects on b randomise
12 General M General M Jan 2004).
13 Wolf AM, M interest in
14 Ransohoff we improv
15 Naylor D. perception
16 Nyström L, screening 1993;341:9
17 *Tidlig opsp* 1997.
18 Early Brea in early b

◆ Donne senza il collo dell'utero che continuano a fare il Pap-Test. (Fonte: Sirovich, Welch. JAMA 2004)	USA	50 %
◆ Proporzione di adulti che preferiscono sottoporsi ad un "Total-body scanner" piuttosto che ricevere un regalo di 1000$ in contanti.	USA	73 %
◆ Proporzione di adulti che sono disposti a sottoporsi ad un test di diagnosi precoce anche per un tumore per il quale non esiste una cura. (Fonte: Schwartz et al. JAMA 2004)	USA	66 %
◆ Proporzione di donne che credono che lo screening mammografico eviti o riduca il rischio di ammalarsi in futuro di tumore al seno. (Fonte: Domenighetti et al. Iut.J. Epidem.2004)	Italia USA UK CH	81 % 57 % 69 % 65 %

“le donne invitate allo screening, infatti, non sono malate e solo alcune di esse svilupperanno un tumore alla mammella nel corso della loro vita. Per tali motivi **è vitale informare queste donne in modo corretto ed esaustivo sui benefici ma anche sugli eventuali rischi e limiti** delle procedure di screening affinché possano compiere una scelta consapevole nell’effettuare o meno il test di screening” (da linee guida europee).

VIEWPOINT

Overdiagnosis and Overtreatment in Cancer
An Opportunity for Improvement

Laura J. Esserman, MD, MBA
University of California, San Francisco.

Ian M. Thompson Jr, MD
University of Texas Health Science Center at San Antonio.

Brian Reid, MD, PhD
Fred Hutchinson Cancer Research Center, Seattle, Washington.

Over the past 30 years, awareness and screening have led to an emphasis on early diagnosis of cancer. Alerally leads to overtreatment. This Viewpoint summarizes the recommendations from a working group

CONCLUSION

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Physicians and patients should engage in open discussion about these complex issues. The media should better understand and communicate the message so that as a community the approach to screening can be improved.

Does provision of an evidence-based information change public willingness to accept screening tests?

Gianfranco Domenighetti,*† Roberto Grilli‡ and Jenny Rose Maggi§

*Visiting Professor of Health Economics, Universities of Lausanne and Geneva, Switzerland, †Director of Sezione Sanitaria, Dipartimento delle Opere Sociali, 6500 Bellinzona, Switzerland, ‡Unity of Clinical Policy Analysis, Laboratory of Health Service Research, Istituto Mario Negri, Milano, Italy, §Institute of Social Psychology, University of Geneva, Switzerland

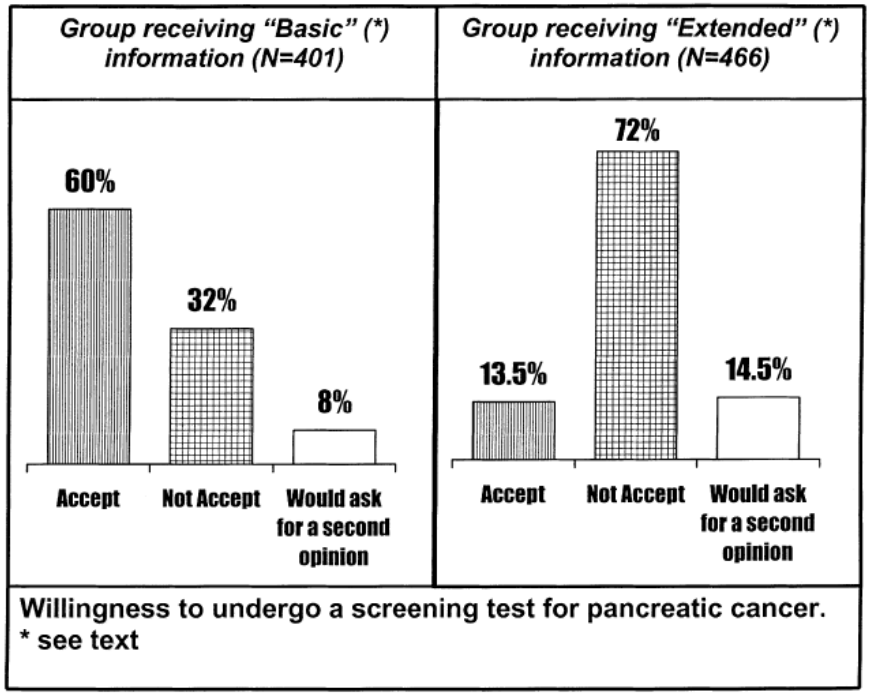


Figure 1 Willingness to undergo a screening test for pancreatic cancer.

BMJ 2013;346:f158 doi: 10.1136/bmj.f158 (Published 23 January 2013)

Sydney- Australia

RESEARCH

Women's views on overdiagnosis in breast cancer screening: a qualitative study

Jolyn Hersch *PhD candidate*[1 2], Jesse Jansen *research fellow*[1 2], Alexandra Barratt *professor of*

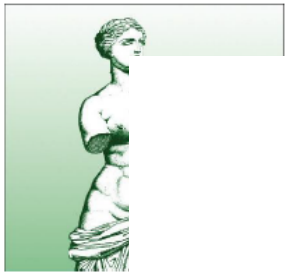
Open Access Research

London- UK

BMJ open accessible medical research

Women's responses to information about overdiagnosis in the UK breast cancer screening programme: a qualitative study

Jo Waller, Elaine Douglas, Katriina L Whitaker, Jane Wardle



Tutto quello che hai se screening de
Pubblicato dal Nordic

Danni

Eccesso di diagnosi e di cura – Alcuni tumori, e alcuni cambiamenti precoci nelle cellule (carcinoma in situ) rilevati dallo screening, si evolvono così lentamente che non si sarebbero mai trasformati in un vero e proprio tumore. Molti di questi "pseudo-tumori" rilevati dallo screening avrebbero potuto persino scomparire spontaneamente se non fossero stati curati.

Poiché non è possibile distinguere tra i cambiamenti pericolosi o innocui delle cellule e quelli dei tumori, si preferisce intervenire in tutti i casi. Di conseguenza, lo screening comporta che molte donne vengano sottoposte a cure per una malattia tumorale che non hanno e che non avranno mai. I *trial* randomizzati, riferiscono che:

> *Se 2000 donne si sottopongono regolarmente allo screening mammografico per 10 anni, lo screening riporterà che10 donne sane risulteranno affette da tumore, dovendo quindi sottoporsi inutilmente alle terapie. Queste donne subiranno una parziale o totale asportazione del seno e spesso si dovranno sottoporre a radioterapia e in alcuni casi a chemioterapia. Le cura a cui saranno sottoposte queste donne sane aumenta il loro rischio di morte, per esempio per malattie cardiache e tumore.*
>
> *Purtroppo, alcune delle trasformazioni precoci delle cellule, i cosiddetti carcinomi in situ, vengono spesso trovate in diversi punti della mammella. Uno su quattro di questi casi ha come conseguenza l'asportazione totale del seno, sebbene solo in una minoranza di casi si sarebbe sviluppato un tumore.*

BMJ

BMJ 2012;345:e8047 doi: 10.1136/bmj.e8047 (Published 26 November 2012)

NEWS

"Citizens' jury" disagrees over whether screening leaflet should put reassurance before accuracy

Nigel Hawkes

London

A "citizens' jury" of 25 women, assembled this week to provide advice for the drafting of a new leaflet on breast cancer screening, has reached consensus on some of the tricky issues.

The leaflet is being rewritten after criticism that it conveyed a falsely optimistic message and in the light of the Marmot review for reassurance as the first priority and seven for accuracy. The drafters, led by Amanda Ramirez of King's Health Partners, may not have found this advice quite so helpful. Joanne Rule, the former chief executive of the charity Cancerbackup, who chaired the discussions, acknowledged that on this point the

NHS

NHS breast screening
Helping you decide

It is your choice whether to have breast screening or not. This leaflet aims to help you decide.

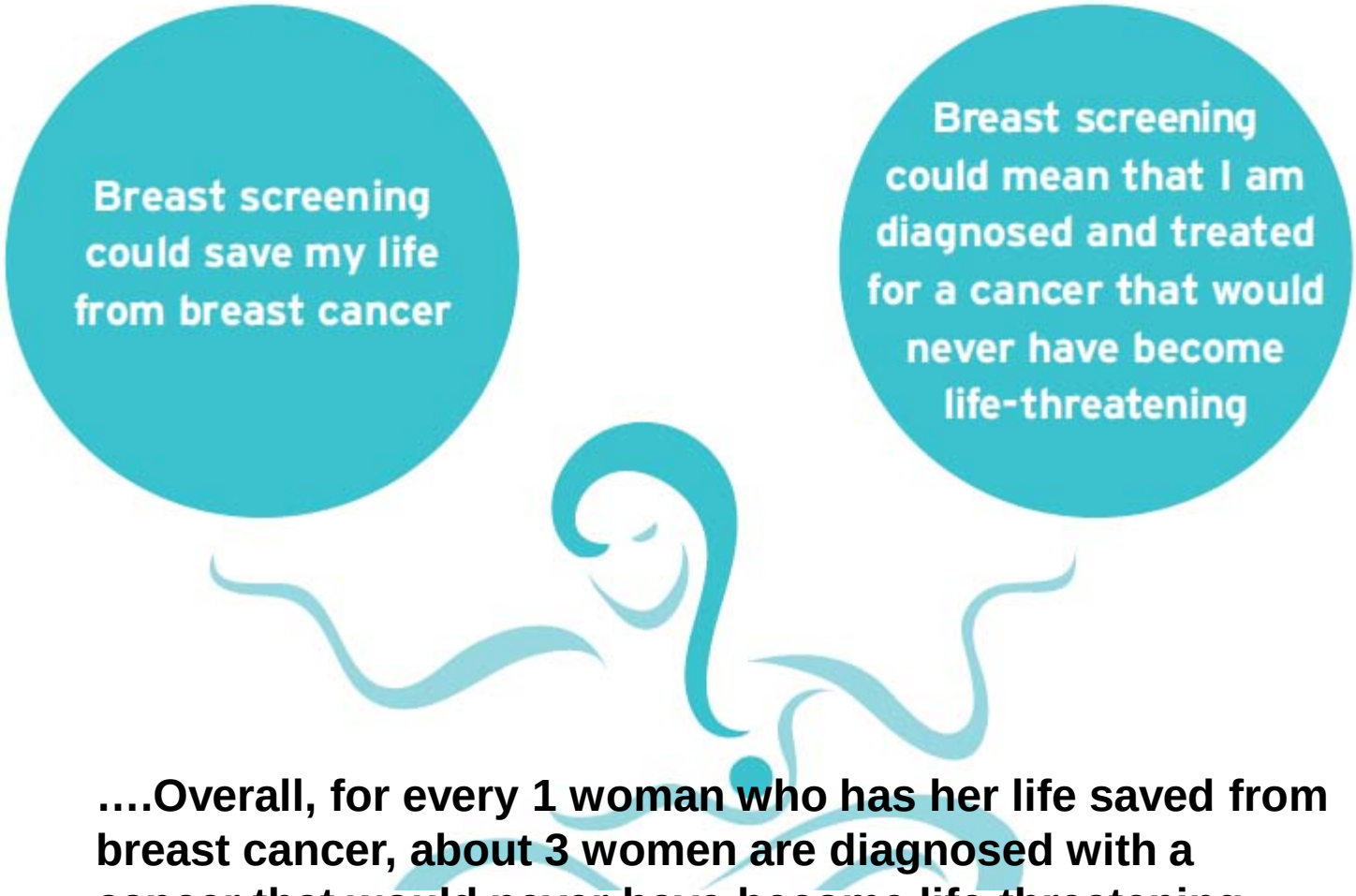
Why does the NHS offer breast screening?

The NHS offers screening to save lives from breast cancer. Screening does this by finding breast cancers at an early stage when they are too small to see or feel. Screening does not prevent you from getting breast cancer.

Breast screening does have some risks. Some women who have screening will be diagnosed and treated for breast cancer that would never otherwise have been found, or caused them harm.

NHS breast screening
Helping you decide

Weighing up the possible benefits and risks of breast screening



….Overall, for every 1 woman who has her life saved from breast cancer, about 3 women are diagnosed with a cancer that would never have become life-threatening

COMUNICARE SULLA SOVRADIAGNOSI
nello screening mammografico

- **Comunicare a chi ?**
- **Chi deve comunicare ?**
- **Vanno coinvolti i cittadini ?**
- **Come comunicare ?**
  - definizione
  - dati (numeri)
  - come spiegare il fenomeno