




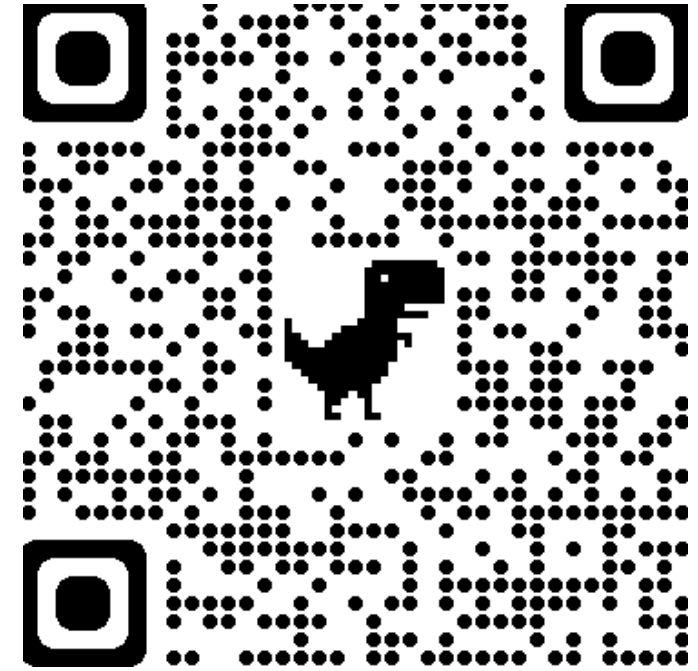
Qualité des outils d'aides à la décision développés pour les femmes éligibles au dépistage du cancer du sein par mammographie et à risque moyen de cancer du sein :

revue systématique et évaluation par l'échelle internationale IPDAS

Sandrine Hild, Marion Johanet, Anna Valenza, Maina Thabaud, Flore Laforest (CCU Lyon), Emilie Ferrat, Cédric Rat

Quality of Decision Aids Developed for Women at Average Risk of Breast Cancer Eligible for Mammographic Screening: Systematic Review and Assessment According to the International Patient Decision Aid Standards Instrument

Sandrine Hild, MD, MPH ¹; Marion Johanet, MD¹; Anna Valenza, MD¹; Maïna Thabaud, MD¹; Flore Laforest, MD, MPH²; Emilie Ferrat, MD, PhD^{3,4}; and Cédric Rat, MD, PhD¹; for the DEDICACES Group, the French National College of General Practitioners



Introduction



**DÉPISTAGE
DESCANCERS**
Centre de coordination
Auvergne-Rhône-Alpes
Centre régional de coordination du
DÉPISTAGE DES CANCERS
Site XXXXXXXX XXXXX XXXXXX
SSSSSS
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
Dépistage du cancer du SEIN
[N° de référence]



[N° référence* (code barre en C39)]
[Nom Prénom]
[Adresse 2]
[Adresse 1]
[CP] [Localité]

Concertation citoyenne de 2015-2016

Plan cancer 2014-2019



Appel à projet de l'INCa en 2018



Introduction (2)

Prise de décision partagée, concept *Shared decision making*

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OUTIL D'AIDE = intervention ayant pour but de délivrer au patient les informations concernant leurs options possibles ainsi que leurs bénéfices et inconvénients respectifs dans le but d'adapter leur décision à leur situation personnelle



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Prise de décision partagée, concept *Shared decision making*

OUTIL D'AIDE = intervention ayant pour but de délivrer au patient les informations concernant leurs options possibles ainsi que leurs bénéfices et inconvénients respectifs dans le but d'adapter leur décision à leur situation personnelle



Pas de revue récente de la littérature

Objectif principal

- ❖ Évaluer la qualité des outils d'aide à la décision
- ❖ Concernant le dépistage du cancer du sein par mammographie
- ❖ Des femmes à risque modéré
- ❖ Avec le score international IPDASi (International Patient Decision Aid Standards instrument)

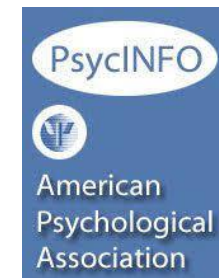


Méthode

Revue systématique de la littérature, critères PRISMA



Embase®



Plusieurs relecteurs indépendants

Méthode

La grille IPDASI

- ❖ 10 domaines explorés
- ❖ 47 items notés de 1 à 4 en fonction du respect des critères



Information 

Statistiques 

Valeurs du patient 

Accompagnement 

Processus de développement 

Preuves scientifiques 

Transparence 

Langage clair 

Evaluation de l'outil et de son efficacité 

Test de dépistage 

IPDAS: International Patient Decision Aid Standards instrument

Dimension	Item
Information	1. The decision support technology describes the health condition or problem (intervention, procedure or investigation) for which the index decision is required
Providing information about options in sufficient detail for making a specific decision	2. The decision support technology describes the decision that needs to be considered (the index decision)
	3. The decision support technology describes the options available for the index decision
	4. The decision support technology describes the natural course of the health condition or problem, if no action is taken.
	5. The decision support technology describes the positive features (benefits or advantages) of each option
	6. The decision aid describes negative features (harms, side effects or disadvantages) of each option.
	7. The decision support technology makes it possible to compare the positive and negative features of the available options.
	8. The decision support technology shows the negative and positive features of options with equal detail (for example using similar fonts, order, and display of statistical information).
Values	1. The decision support technology describes the features of options to help patients imagine what it is like to experience the physical effects.
Clarifying and expressing values	2. The decision support technology describes the features of options to help patients imagine what it is like to experience the psychological effects.
	3. The decision support technology describes the features of options to help patients imagine what it is like to experience the social effects.
	4. The decision support technology asks patients to think about which positive and negative features of the options matter most to them.

Résultats

22 publications retenues

TOTAL: **23 outils** d'aide à la décision évalués

Pays: 20 en anglais (dont 3 bilingues) et 3 non traduits en anglais (français, allemand et espagnol)



Support:

N = 15



N = 7



N = 1



Population cible:

N = 10

40

N = 17

50

N = 3

70

Table 1: Quality of decision aids developed for women at average risk of breast cancer eligible to mammography screening, an assessment according to the International Patient Decision Aid Standards instrument.

	Dimensions assessed by the IPDAS instrument										Overall quality
	Information /32	Probabilities /32	Values /16	Decision Guidance /8	Development /24	Evidence /20	Disclosure /8	Plain language /4	DST Evaluation /8	Test /36	Total score /188
	Dimensions assessed by the IPDAS instrument										Overall quality
	Information /32	Probabilities /32	Values /16	Decision Guidance /8	Development /24	Evidence /20	Disclosure /8	Plain language /4	DST Evaluation /8	Test /36	Total score /188
Mean (SD ¹)	26,1 (4,1)	25,0 (6,0)	9,4 (3,1)	5,0 (2,4)	12,6 (5,3)	13,7 (2,2)	6,8 (1,0)	1,9 (1,2)	4,3 (2,3)	27,7 (5,2)	132,6 (23,8)
Hersch et al, 2015	31	32	11	5	24	17	8	4	8	32	172
Schonberg et al, 2014	31	31	10	8	23	16	8	4	7	30	168
Elkin et al, 2017	29	27	13	8	21	18	8	4	6	32	166
Nekhlyudov et al, 2009		27	26	13	6	14	13	4	2	28	135
Toledo-Chavarri et al, 2017		28	26	6	4	14	13	7	1	32	133
Eden et al, 2015		21	25	9	5	17	12	7	4	27	132
Bourmaud et al, 2016		27	23	11	4	12	9	7	1	30	126
Petrova et al, 2015		21	28	5	2	8	12	7	3	29	119
Rimer et al, 2001, 2002		21	18	10	6	11	13	7	1	26	118
Pasternak et al, 2011		25	14	10	3	14	13	7	1	26	117
Pace et al, 2014		26	20	5	3	6	17	7	1	23	110
Barratt et al, 2005		23	25	4	2	6	15	8	1	23	109
Marshall et al, 2005		21	23	4	2	8	13	5	2	15	95
Marshall 2003		21	23	4	2	7	13	5	2	15	94
Fuller 2015		17	8	9	2	6	12	7	1	21	85

¹ Standard Deviation

Résultats

Score sur 188: moyenne **132,6** (85 – 172)

3 domaines les mieux notés

Transparence 

Information 

Statistique 

3 domaines les moins bien notés

Langage compréhensible 

Evaluation de l'outil et de son efficacité 

Processus de développement 

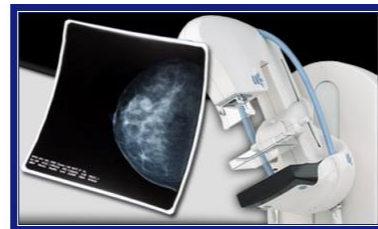
Exemples d'outils

Breast cancer screening:
It's your choice

New information to help women aged
about 50 to make a decision



Should I Continue Getting Mammograms after age 75?



***This is a tool to help you make this decision.
You will need a pen/pencil to complete parts of this tool.***

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Breast Screening Decisions

A mammogram decision aid for women ages 40-49

For women in their 40's, mammogram decisions are not as simple as they used to be

National guidelines recommend that every woman in her 40's make an individual decision about when to start and how often to have mammograms. Not all medical groups agree with this, adding to the confusion many women feel about the mammogram decision.

What will you do?

You may want to start mammograms in your 40's or wait until you are 50.
You may want mammograms every year or you may want them every other year.
None of these choices is wrong. One of them will be right for you.

Breast Screening Decisions is a website for women ages 40-49. It is designed to give you unbiased information that can help you and your doctor decide when you should start and how often you should have screening mammograms.

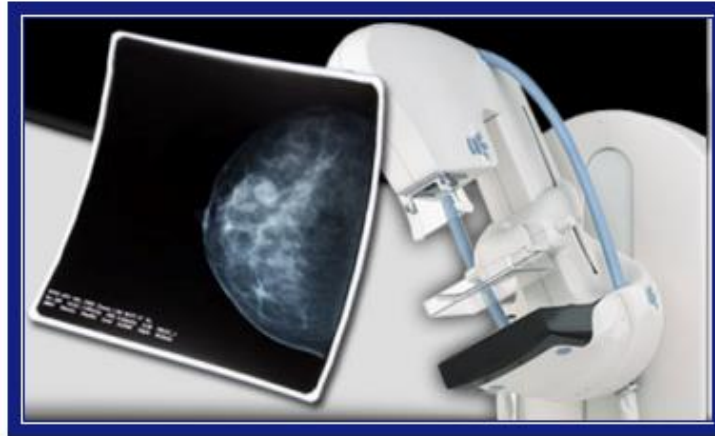
In the pages of this website you will:

- Assess your personal risk of breast cancer
- See the benefits and harms of screening mammograms for women like you
- Explore your personal values about breast cancer screening
- Create a summary to share with your doctor

Information you enter here is anonymous, and we never ask your name or email address.



Should I Continue Getting Mammograms after age 75?

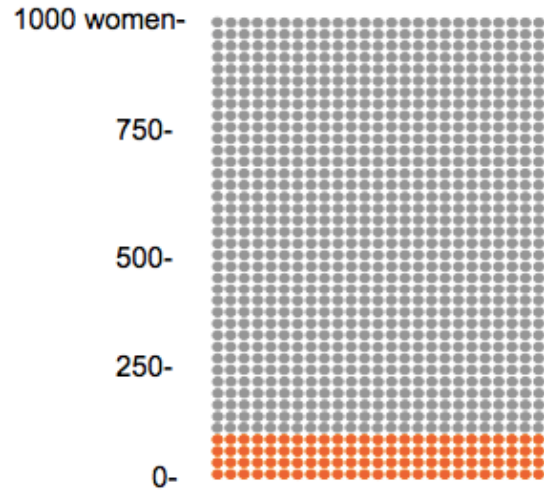


***This is a tool to help you make this decision.
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Schonberg et al.
Evaluation of a mam-
mography screening
decision aid for women
aged 75 and older:
protocol for a cluster-
randomized controlled
trial. J Clin Trials.
2014;4:191.

What happens to 1,000 women age 75 or older who **CONTINUE** or **DO NOT** get mammograms over 5 years
-Each circle represents 1 woman out of 1,000-

Women like you who **CONTINUE** to get mammograms



- **100 False Alarms** – These women have an abnormal mammogram but additional tests do not show breast cancer. Some women find this experience causes anxiety.

Additional tests include:

Additional Mammograms



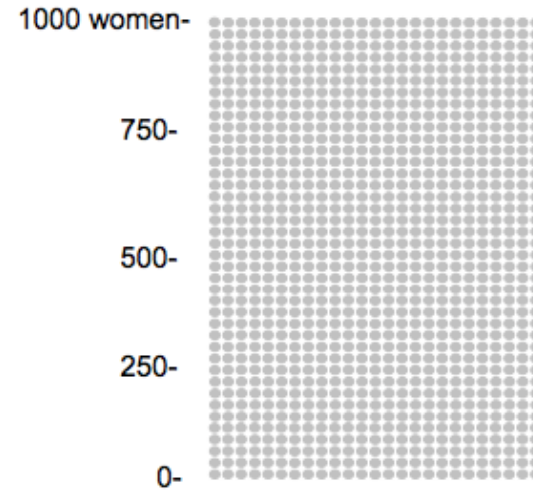
Breast Ultrasounds



Breast Biopsies



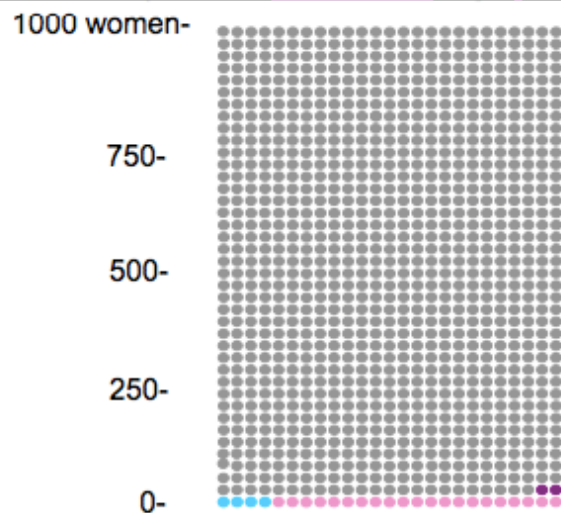
Women like you who **DO NOT** get mammograms



0 False Alarms

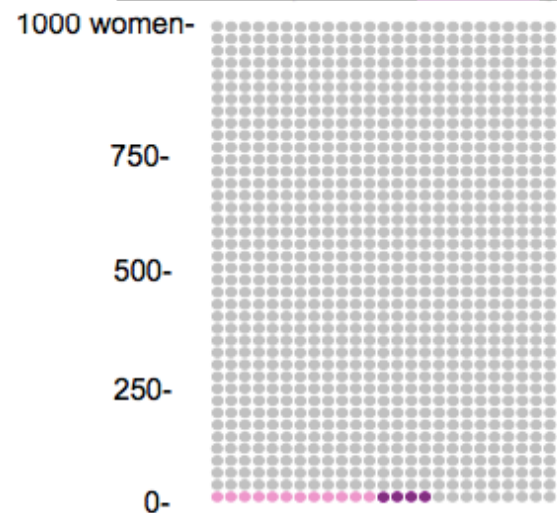
What happens to 1,000 women age 75 or older who **CONTINUE** or **DO NOT** get mammograms over 5 years

Women like you who **CONTINUE** to get mammograms



- **4** are diagnosed with a pre-cancer
- **20** are diagnosed with early stage breast cancer: cancer confined to the breast
- **2** are diagnosed with late stage breast cancer: cancer that spread outside the breast
- **974** are not diagnosed with breast cancer

Women like you who **DO NOT** get mammograms



- **0** are diagnosed with pre-cancer
- **12** are diagnosed with early stage breast cancer: cancer confined to the breast
- **4** are diagnosed with late stage breast cancer: cancer that spread outside the breast
- **984** are not diagnosed with breast cancer

- **Summary:** Women who get mammograms are more likely to be diagnosed with pre-cancers and early stage breast cancers. Some of these cancers would not have caused problems in their lifetimes.

-Two more women out of 1,000 who do not get a mammogram are diagnosed with late stage breast cancer.

Breast cancer screening: It's your choice

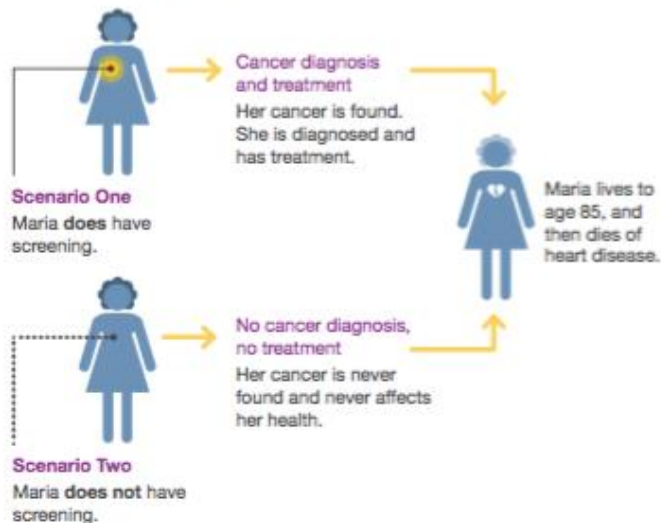
New information to help women aged
about 50 to make a decision



Hersch et al. Use of a decision aid including information on over-detection to support informed choice about breast cancer screening: a randomised controlled trial. *Lancet*. 2015;385:1642-1652.

Over-detection: an example

Imagine a woman called Maria who develops a small, slow-growing breast cancer in her 50s or 60s. The picture below shows two possible scenarios that could happen to Maria: Scenario 1 (top) is with screening, and Scenario 2 (bottom) is without screening.



Maria's life span is the same, whether or not she has screening. So if she has screening, she experiences over-detection (a diagnosis and treatment she does not need).

Putting it together

For women in Australia who have breast screening over 20 years:

4 out of 1000 women avoid dying from breast cancer, and 19 out of 1000 women experience over-detection.

So that means **more women experience over-detection than avoid dying** from breast cancer.

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Login using your username and password:

[Don't have an account?](#)

Introduction

Your Risk

Screening

Values

Summary

Your Decisions

When should you start and how often should you have mammograms to screen for breast cancer?

- Should you start in your 40's or wait until you are 50?
- Should you have a mammogram every year or every other year?

The first step in making these decisions is understanding your risk of breast cancer. Click "Assess My Risk" to continue.

[Assess My Risk »](#)

Your risk assessment

Every woman's risk of developing breast cancer is different. The questions below will help us assess your personal risk. When you have answered all the questions, click on the button at the bottom of the screen to calculate your risk.

How Old Are You?

What is your race/ethnicity? Please **select one**:

- White
- African American
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Don't Know

How old were you at your first menstrual period?

- 7-11
- 12-13
- 14 or Older
- Don't Know

Have you had any children?

- Yes
- No

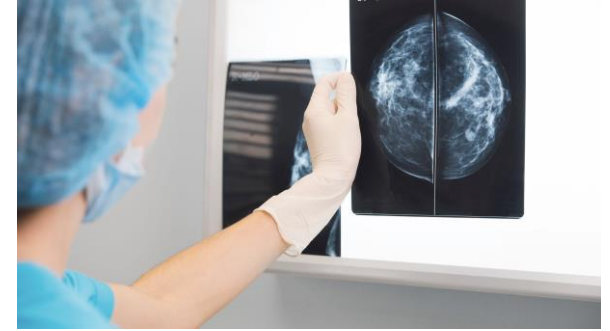
Have you ever had a **breast biopsy**?

- Yes
- No
- Don't Know

Have you ever been diagnosed with **atypical ductal hyperplasia** of the breast?

- Yes
- No
- Don't Know

Forces et limites de l'étude



Forces:

❖ Première revue de littérature sur la qualité de l'outil d'aide à la décision



❖ Première revue basée sur les recommandations PRISMA



❖ Utilisation de l'outil international IPDAS



Limites:

❖ Pas d'évaluation de la qualité de l'article en lui-même

❖ Système d'évaluation subjectif

❖ Quelques articles indisponibles

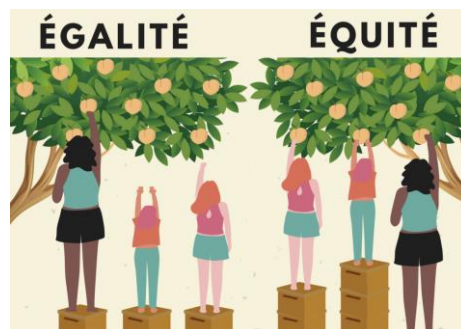


Conclusion

Type de support



Le niveau socio culturel



Adaptabilité de l'outil et soins primaires

