



Reunión Anual de la Red de Programas de Cribado de Cáncer

# Herramientas de ayuda a la toma de decisiones en cribado de cáncer de mama

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Oviedo, 11 de junio de 2010



Mujer leyendo. Picasso



XUNTA DE GALICIA  
CONSELLERÍA DE SANIDADE  
Dirección Xeral de  
Saúde Pública e Planificación

avalia-t  
Axencia de Avaliación de  
Tecnoloxías Sanitarias de Galicia



# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama

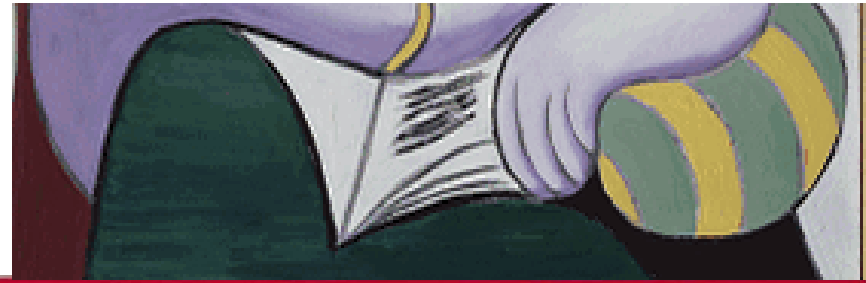


## Modelos de toma de decisión

		Modelos		
		Paternalista	Decisión compartida	Decisión informada
Intercambio información	Flujo	Una dirección	Dos direcciones	Una dirección
	Dirección	Médico ↓ Paciente	Médico ↓↑ Paciente	Médico ↓ Paciente
	Tipo	Médica	Médica y personal	Médica
	Cantidad mínima	Requisitos legales	Toda la relevante para la toma de decisión	Toda la relevante para la toma de decisión
Deliberación		Médico	Paciente y médico	Paciente
¿Quién decide el tto?		Médico	Paciente y médico	Paciente

*Traducido de Charles C et Al. What do we mean by partnership in making decisions about treatment. BMJ.2009; 319:780-2*

# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama

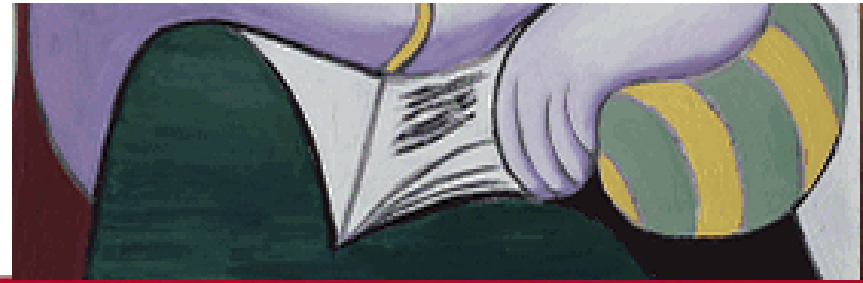


## Toma de decisión informada

- “...los pacientes tienen derecho a **conocer**, con motivo de **cualquier actuación** en el ámbito de su salud, toda la **información disponible** sobre la misma...” y que la información “...comprende, como mínimo, la **finalidad** y la **naturaleza** de cada intervención, sus **riesgos** y sus **consecuencias**” y además “...será **verdadera**, se comunicará al paciente de forma **comprensible** y **adecuada** a sus necesidades y le ayudará a **tomar decisiones** de acuerdo con su propia y libre voluntad.”

*Ley 41/2002, de 14 de noviembre, básica reguladora de la autonomía del paciente y de derechos y obligaciones en materia de información y documentación clínica (Cap. II, art. 2)*

# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama

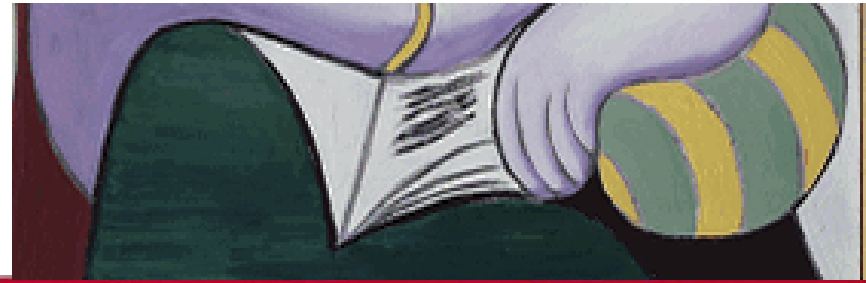


## Guías europeas de cribado de cáncer de mama (4ª ed)



- *Papel central* de las *usuarias* en el proceso de cribado
- Información debe ser
  - ✓ Accesible, adecuada, completa, comprensible, honesta y basada en la evidencia
  - ✓ *Específica* para cada fase del cribado
  - ✓ Mostrar *beneficios* y *efectos adversos*
  - ✓ *Adaptada* a las necesidades y características individuales de las mujeres (nivel educativo, diferencias lingüísticas, religiosas, raza, etnia, clase y cultura)
- Importancia de los *profesionales sanitarios* en la transmisión de la información
  - ✓ Educar, formar y motivar a los *médicos de cabecera*
- Papel relevante de las *nuevas tecnologías* como fuente de información en el futuro
- Propuesta de *indicadores* de evaluación de la calidad

# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama

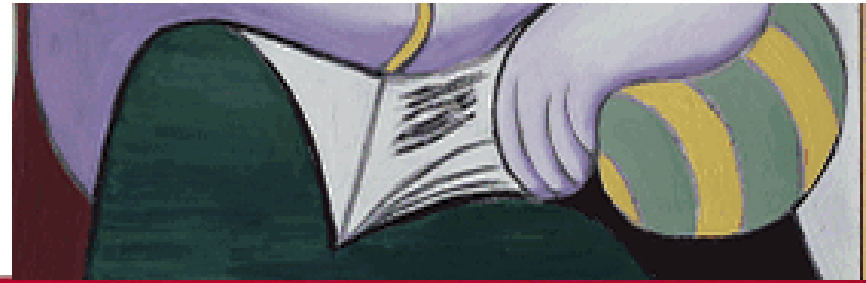


## Toma de decisión informada

¿Qué influye en la interpretación de la información?

- Factores del emisor (**credibilidad**)
- **Canal** de información (material escrito)
  - ✓ Ventaja: siempre el mismo mensaje
  - ✓ Inconveniente: no permite personalizar la información (complementar con otras formas de contacto)
- Características de los potenciales usuarios (**health literacy**): capacidad para obtener, procesar y entender la información básica para tomar decisiones apropiadas en salud
- Forma de presentar la información (**readability, framing**)

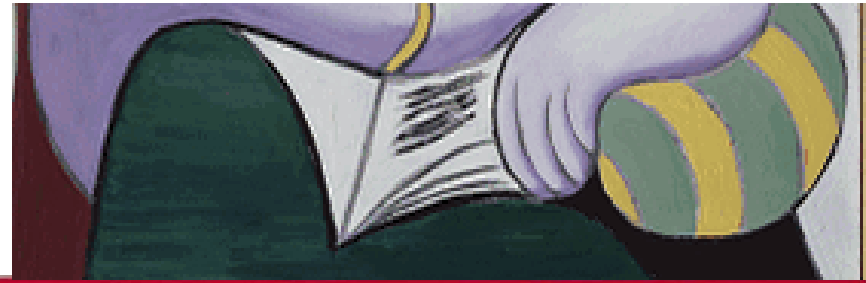
# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



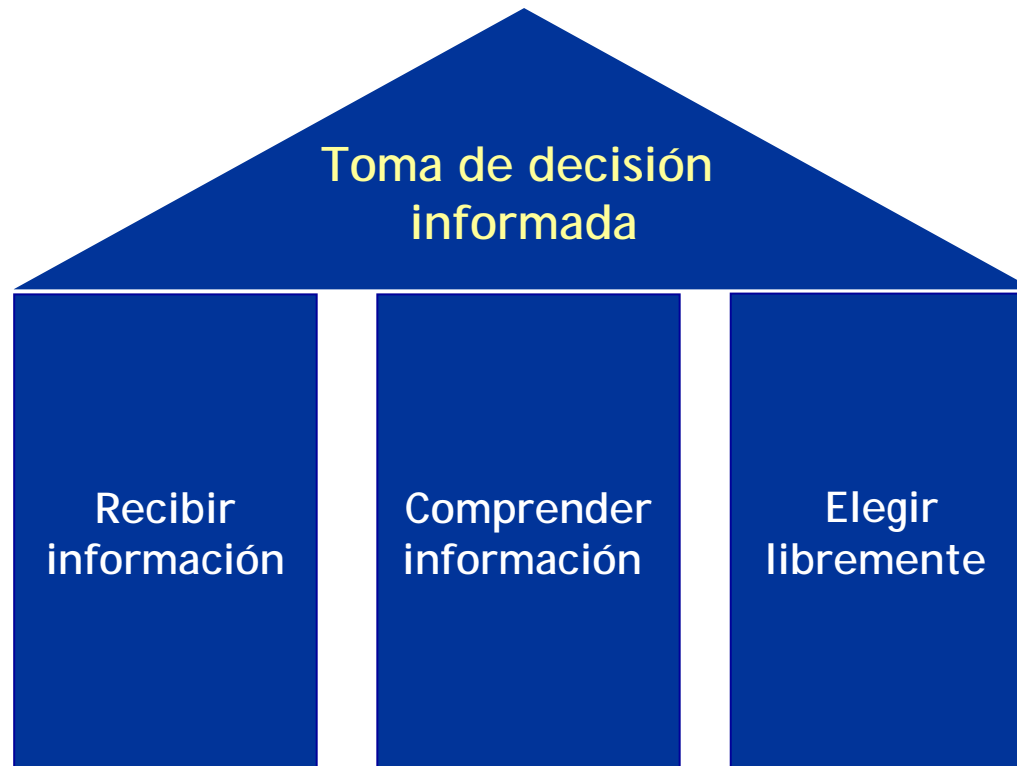
## Toma de decisión informada

- Legibilidad (*readability*)
  - ✓ Reglas de **estilo**
  - ✓ **Fórmulas** para evaluar el nivel de dificultad de la lectura (Flesch)
- Recomendación para presentar datos epidemiológicos (*framing*):
  - ✓ Porcentajes o **denominadores constantes** (4 por 1000, 15 por 1000) y no numeradores constantes (1 de 25, 1 de 200)
  - ✓ Marco de **tiempo** (en los próximos 5 años, a lo largo de la vida...)
  - ✓ Ayuda **visual** (pictogramas, gráficos de barras)
  - ✓ Representación **dual** (datos positivos/negativos, mortalidad/ supervivencia)
  - ✓ Riesgos absolutos y relativos
  - ✓ **Contextualizar** las probabilidades: comparar con ganar la lotería, tener un accidente de circulación...
  - ✓ **Rangos** o intervalo de confianza (para mostrar el grado de incertidumbre)

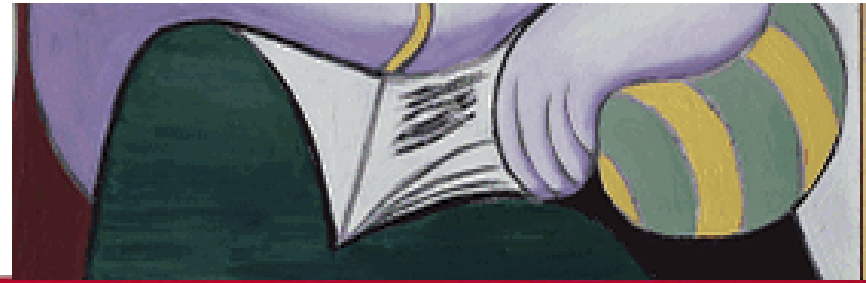
# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



## Toma de decisión informada



# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



## Herramientas de ayuda a la toma de decisión

### ¿Qué son?

- **Herramientas** diseñadas para ayudar a las personas a **participar** en la toma de decisiones sobre su salud
  - ✓ Proporcionan **información** sobre las opciones
  - ✓ Ayudan a los pacientes a **clarificar** y **comunicar** sus valores personales
  - ✓ **No** recomiendan **elegir** una opción determinada
  - ✓ **Preparan** a los pacientes para tomar decisiones (informadas y basadas en sus valores) junto con su médico

### ¿Por qué se usan?

- Ayuda para tomar **decisiones complejas** que necesitan información más detallada y un examen más cuidadoso
  - ✓ **Múltiples opciones** que se valoran de forma diferente
  - ✓ Si la evidencia científica es limitada, la mejor opción depende de la **importancia** que el paciente da a los beneficios, daños e incertidumbres
- Mejora la **calidad** de las decisiones:
  - ✓ La **influencia** de su decisión sobre su salud
  - ✓ Sus opiniones sobre la **aceptabilidad** de los procedimientos



# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



## Herramientas de ayuda a la toma de decisión

**THE UNIVERSITY OF SYDNEY**

**SYDNEY SCHOOL OF PUBLIC HEALTH**  
SYDNEY HEALTH DECISION GROUP

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Enter search terms **GO**

You are here: Home / SHDG / Decision resources / Decision aids

About us | **Decision resources** | Current projects | Completed projects | Publications & media reports | News & events | Group members | Links

### DECISION RESOURCES

- > **Decision aids**
- > Clinical practice guidelines
- > Smart Health Choices

### DECISION AIDS

A decision aid (DA) is an intervention that provides information on the clinical options and outcomes relevant to the person's health. It is designed to help people make specific choices about different options for their healthcare by providing information on the clinical options and outcomes relevant to the person's health. Decision aids are explicit about choices and encourage consumers to express their preference in clinical situations when there are different options. Decision aids are unbiased and non-directive and aim to support an informed choice consistent with healthcare values and preferences which may be acted on. They are designed to be adjuncts to the patient-physician interaction. Decision aids have received much support in the literature. A [Cochrane Review the impact of Decision Aids](#) has recently been updated and is now available (O'Connor et al 2003).

#### Cancer screening decision aids

- [A decision aid for women aged 40 thinking about starting mammography screening](#)
- [Making decisions: Should I have a screening test for bowel cancer?](#)
- [Decision Aid for women aged 70 thinking about whether to continue or stop mammography screening for breast cancer](#)

# AUSTRALIAN SCREENING MAMMOGRAPHY DECISION AID TRIAL

A decision aid for women aged 40  
thinking about starting  
mammography screening



## Should I Start Having Mammograms to Screen for Breast Cancer?

Some 40 year old women start thinking about whether they should attend mammography screening now or wait until they are 50. If you are in this situation, you might find this website helpful.

Researchers from the University of Sydney have compiled the best available evidence regarding mammography screening and created what we call a decision aid. A decision aid is intended to provide you with unbiased information so that you can make a decision after considering the evidence.

The Decision aid will take approximately 30 minutes to read and complete. None of your responses are recorded, and at no time do we ask your name or an email address.

If you are interested, click 'next' to find out more.

» Next

## Navigation

- [Home](#)
- [Introduction](#)
- [About this site](#)
- [The Decision Aid](#)
- [References](#)
- [Useful links](#)
- [Acknowledgements](#)
- [How to contact us](#)

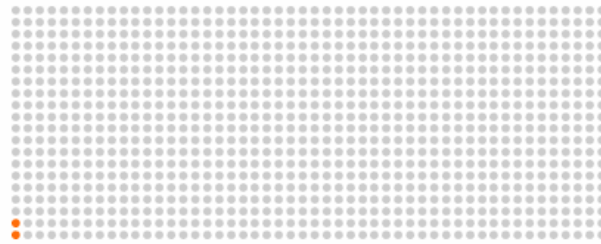
This page has been visited **14582** times since 6 June 2007

## What can I consider to make my decision?

### What happens to women aged 40 who screen or don't screen.

Below is a comparison of what happens to 1000 women who **start having** screening mammograms every 2 years for 10 years with 1000 women who **don't have** screening mammograms.<sup>3</sup>

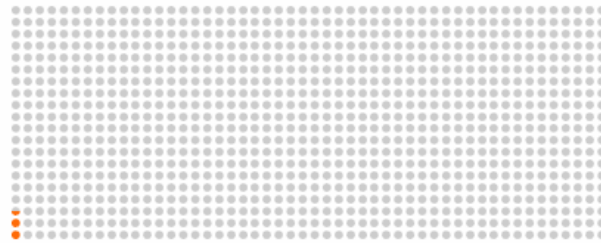
### How many women aged 40 who *start having* screening mammograms every 2 years will die from breast cancer in the next 10 years?



Out of 1000 women aged 40 who *start having* screening mammograms every 2 years for the next ten years:

- 2 women will die of breast cancer

### How many women aged 40 who *do not have* screening mammograms will die from breast cancer in the next 10 years?



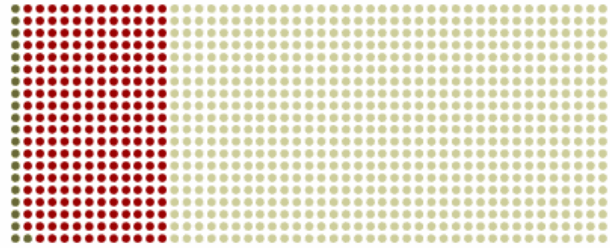
Out of 1000 women aged 40 who *do not have* screening mammograms every 2 years for the next ten years:

- 2.5 women will die of breast cancer

#### Putting it into perspective for women 40 years old

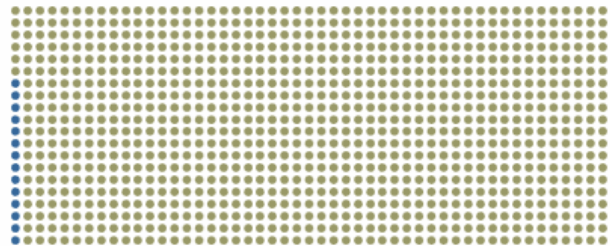
Out of 1000 women who start screening mammograms, 12.8 will die from any cause of death (including breast cancer) over the next 10 years. Out of 1000 women who do not have screening mammograms, 13.3 will die from any cause of death (including

What else happens to 1000 women aged 40 who *have* screening mammograms every two years for 10 years?



- 21 women are diagnosed with breast cancer over the next 10 years
  - 12 women will have their cancer detected by screening
  - 9 women develop symptoms and are diagnosed with breast cancer between screening mammograms
- 239 women have extra tests after an abnormal mammo. 218 women don't have breast cancer. Aside from the inconvenience, women will worry long after they have had them<sup>4</sup>
- 740 women are correctly reassured they do not have breast cancer

What else happens to 1000 women aged 40 who *do not* have screening mammograms every two years for the next 10 years?



- 14 women develop symptoms and are diagnosed with breast cancer
- 986 women continue with their daily activities without breast cancer screening for the next 10 years

**Why are there 0.5 less deaths from breast cancer?**

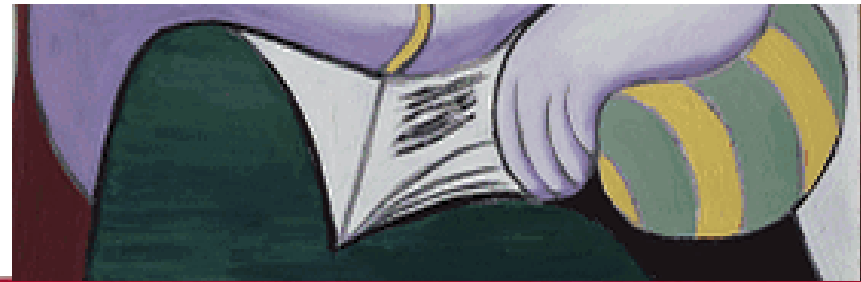
The purpose of mammography screening is to reduce death from breast cancer. By attending screening cancer may be found and treated earlier. This early detection and treatment reduces the chance of dying from breast cancer, and may result in simpler treatment.

Close Window

**In summary, screening 1000 women aged 40 every 2 years for next 10 years results in**

- 0.5 less deaths from breast cancer > Find out why
- 7 extra women diagnosed with breast cancer > Find out why
- 239 women having tests after an abnormal mammogram without having breast cancer found. They may worry from these "false alarms" > Find out why
- 740 women are correctly reassured they do not have breast cancer

# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



## Toma de decisión informada



International Patient Decision Aid Standards (IPDAS) Collaboration

Home	The <b>International Patient Decision Aid Standards (IPDAS)</b> Collaboration is a group of researchers, practitioners and stakeholders from around the world. The IPDAS Collaboration is lead by professors Annette O'Connor in Canada, and Glyn Elwyn in the United Kingdom.
What's New	
What are Patient Decision Aids?	
Who's Involved?	<b>What is the goal of the project?</b>
Resources	The goal of the IPDAS Collaboration is to establish an internationally approved set of criteria to determine the quality of patient decision aids. These criteria will be helpful to a wide variety of individuals and organizations that use and/or develop patient decision aids. For example:
Contact Us	

- Patients or other individuals who are making a health decision
- Practitioners guiding patients in making health decisions
- Developers of patient decision aids
- Researchers or evaluators of patient decision aids
- Policy makers or payers of patient decision aids

<http://ipdas.ohri.ca/index.html>



**Table 3. IPDAS Patient Decision Aid Checklist for Users**

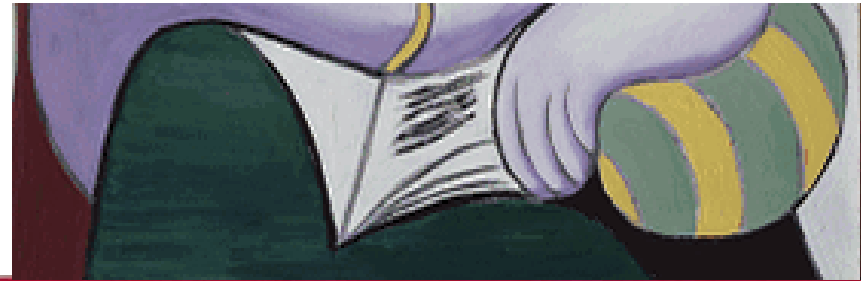
<b>I. Content: Does the patient decision aid ...</b>	
<b>Provide information about options in sufficient detail for decision making?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> describe the health condition 2.1</li> <li><input type="checkbox"/> list the options 2.2</li> <li><input type="checkbox"/> list the option of doing nothing 2.3</li> <li><input type="checkbox"/> describe the natural course without options 2.4</li> <li><input type="checkbox"/> describe procedures 2.5</li> <li><input type="checkbox"/> describe positive features [benefits] 2.6</li> <li><input type="checkbox"/> describe negative features of options [harms / side effects / disadvantages] 2.7</li> <li><input type="checkbox"/> include chances of positive / negative outcomes 2.8</li> </ul>	<p><b>Additional items for tests</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> describe what test is designed to measure 2.9</li> <li><input type="checkbox"/> include chances of true positive, true negative, false positive, false negative test results 2.10</li> <li><input type="checkbox"/> describe possible next steps based on test result</li> <li><input type="checkbox"/> include chances the disease is found with / with screening 2.12</li> <li><input type="checkbox"/> describe detection / treatment that would never caused problems if one was not screened 2.13</li> </ul>
<b>Present probabilities of outcomes in an unbiased and understandable way?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> use event rates specifying the population and time period 3.1</li> <li><input type="checkbox"/> compare outcome probabilities using the same denominator, time period, scale 3.2, 3.3, 3.6</li> <li><input type="checkbox"/> describe uncertainty around probabilities 3.4</li> <li><input type="checkbox"/> use visual diagrams 3.5</li> <li><input type="checkbox"/> use multiple methods to view probabilities [words, numbers, diagrams] 3.7</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> allows the patient to select a way of viewing probabilities [words, numbers, diagrams] 3.8</li> <li><input type="checkbox"/> allow patient to view probabilities based on their situation [e.g. age] 3.9</li> <li><input type="checkbox"/> place probabilities in context of other events 3.10</li> <li><input type="checkbox"/> use both positive and negative frames [e.g. show both survival and death rates] 3.13</li> </ul>
<b>Include methods for clarifying and expressing patients' values?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> describe the procedures and outcomes to help patients imagine what it is like to experience their physical, emotional, social effects 4.1</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ask patients to consider which positive and negative features matter most 4.2</li> <li><input type="checkbox"/> suggest ways for patients to share what matters most with others 4.3</li> </ul>
<b>Include structured guidance in deliberation and communication?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provide steps to make a decision 6.1</li> <li><input type="checkbox"/> suggest ways to talk about the decision with a health professional 6.2</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> include tools [worksheet, question list] to discuss options with others 6.3</li> </ul>
<b>II. Development Process: Does the patient decision aid ...</b>	
<b>Present information in a balanced manner?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> able to compare positive / negative features of options 9.1</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> shows negative / positive features with equal detail [fonts, order, display of statistics] 9.2</li> </ul>
<b>Have a systematic development process?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> includes developers' credentials / qualifications 1.1</li> <li><input type="checkbox"/> finds out what users [patients, practitioners] need to discuss options 1.2, 1.3</li> <li><input type="checkbox"/> has peer review by patient / professional experts not involved in development and field testing 1.8b</li> <li><input type="checkbox"/> is field tested with users [patients facing the decision; practitioners presenting options] 1.4, 1.5</li> </ul>	<p>The field tests with users [patients, practitioners] : the patient decision aid is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> acceptable 1.6, 1.7</li> <li><input type="checkbox"/> balanced for undecided patients 9.3</li> <li><input type="checkbox"/> understood by those with limited reading skills 11</li> </ul>
<b>Use up to date scientific evidence that is cited in a reference section or technical document?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> provides references to evidence used 11.1</li> <li><input type="checkbox"/> report steps to find, appraise, summarise evidence 11.2</li> <li><input type="checkbox"/> report date of last update 11.3</li> <li><input type="checkbox"/> report how often patient decision aid is updated 11.4</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> describe quality of scientific evidence [including level of evidence] 11.5b</li> <li><input type="checkbox"/> uses evidence from studies of patients similar to those of target audience 11.6</li> </ul>
<b>Disclose conflicts of interest?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> report source of funding to develop and distribute the patient decision aid 7.1, 7.2</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> report whether authors or their affiliations stand gain or lose by choices patients make after using patient decision aid 7.3, 7.4</li> </ul>
<b>Use plain language?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> is written at a level that can be understood by the majority of patients in the target group 10.3</li> <li><input type="checkbox"/> is written at a grade 8 equivalent level or less according to readability score [SMOG or FRY] 10.4</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> provides ways to help patients understand information other than reading [audio, video, in-person discussion] 10.5</li> </ul>

**Table 3. IPDAS Patient Decision Aid Checklist for Users**

<p>Meet additional criteria if the patient decision aid is Internet based</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> provide a step-by-step way to move through the web pages 8.1</li> <li><input type="checkbox"/> allow patients to search for key words 8.2</li> <li><input type="checkbox"/> provide feedback on personal health information that is entered into the patient decision aid 8.3</li> </ul> <p>Meet additional criteria if stories are used in the patient decision aid</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> use stories that represent a range of positive and negative experiences 5.2</li> <li><input type="checkbox"/> reports if there was a financial or other reason why patients decided to share their story 7.5</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> provides security for personal health information entered into the decision aid 8.4</li> <li><input type="checkbox"/> make it easy for patients to return to the decision aid after linking to other web pages 8.5</li> <li><input type="checkbox"/> permit printing as a single document 8.6</li> </ul> <p>state in an accessible document that the patient gave informed consent to use their stories 5.5</p>
<b>III. Effectiveness: Does the patient decision aid ensure decision making is informed and values based?</b>	
<b>Decision processes leading to decision quality. The patient decision aid helps patients to ...</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> recognise a decision needs to be made 12.1</li> <li><input type="checkbox"/> know options and their features 12.2, 12.3</li> <li><input type="checkbox"/> understand that values affect decision 12.4</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> be clear about option features that matter most 12.5</li> <li><input type="checkbox"/> discuss values with their practitioner 12.6</li> <li><input type="checkbox"/> become involved in preferred ways 12.7</li> </ul>
<b>Decision quality. The patient decision aid ...</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> improves the match between the chosen option and the features that matter most to the informed patient 12.8</li> </ul>	

Note: numbers behind items correspond to endorsed criteria in the [IPDAS second round voting document](#).

# Herramientas de ayuda a la toma de decisión en cribado de cáncer de mama



## Toma de decisión informada

**OHRI IRHO**

**Patient Decision Aids**

[Français](#)

**Patient Decision Aids**

- For specific conditions
- For any decision

**Development Toolkit**

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**Welcome**

**What are patient decision aids?**  
Patient decision aids are tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.

**How can I find decision aids and learn about their quality?**  
[A to Z Inventory](#): allows you to search for decision aids on particular health topics.  
[Ottawa Personal Decision Guide](#): a general decision guide that can be used for any health or social decision.

**Would you like to participate in a research project?**  
A University of Ottawa study is looking for women aged 40-55 who are willing to discuss making decisions to attain a healthy body weight and who live in the following Ottawa neighbourhoods: Orleans, Hintonburg-Mechanicsville, or Glebe-Dows Lake. [More information here.](#)

**How do I develop a decision aid?**  
[Development Toolkit](#): provides information for developers and researchers interested in producing decision aids.

**Decision Aid Library Inventory (DALI)**  
Developers can login to the [DALI system](#) to enter and manage the information about their decision aids for inclusion in our [A to Z Inventory](#).

[http://decisionaid.ohri.ca/.](http://decisionaid.ohri.ca/)

### Guía de Ottawa para Apoyo Decisional

Fecha: \_\_\_\_\_

**Decisión:** ¿Qué decisión está tomando usted? \_\_\_\_\_  
 ¿Para cuándo tiene que estar tomada la decisión? \_\_\_\_\_  
 ¿En qué etapa está, respecto a esa decisión?

No ha pensado acerca de las opciones      Está considerando las opciones      Muy cerca de tomar la decisión      Ya tomó la decisión



**Certidumbre:** ¿Se inclina hacia una opción? no sí, cuál?  
**Información:** ¿Tiene claridad acerca de cuál es la mejor opción para usted? no sí  
 ¿Usted sabe cuáles son las opciones? no sí  
 ¿Conoce los pros (lo positivo) y los contras (lo negativo) de las opciones? no sí  
**Valoración:** ¿Tiene claridad acerca de cuáles pros y contras son los más importantes para usted? no sí

- A. En la balanza de abajo, haga una lista de las opciones y para cada una escriba las mayores ventajas y los mayores riesgos que usted conoce  
 B. Subraye los beneficios y los riesgos que usted cree es más probable que ocurran  
 C. ¿Cuáles pros y contras son los más importantes para usted? Póngales asteriscos [\*\*\*\*] para mostrar el grado de importancia que tiene para usted cada beneficio y cada riesgo: 5 asteriscos significa "mucho", ningún asterisco significa que eso no es tan importante para usted.

	Proes (razones para elegir esta opción)	Póngale asteriscos a cada una para mostrar su grado de importancia (*)	Contras (razones para no elegir esa opción)	Póngale asteriscos a cada una para mostrar su grado de importancia (*)
Opción #1				
Opción #2				
Opción #3				



**Apoyo:** ¿Qué papel prefiere desempeñar al tomar la decisión?  Prefiere compartir la decisión con: \_\_\_\_\_  
 Prefiere decidir después de considerar la opinión de: \_\_\_\_\_  
 Prefiere que otros decidan. ¿Quién o quiénes? \_\_\_\_\_  
 ¿Tiene suficiente apoyo para tomar la decisión? no sí  
 ¿Esta decidiendo sin que otros la presionen? no sí

¿Quién, además de usted, participa en la decisión?				
¿Opción preferida por esa persona?				
¿La/o presiona?	no	sí	no	sí
¿La/o apoya?			no	sí

**Plan de acción:**

Esta sección le sugiere algunos pasos a seguir de acuerdo a sus necesidades. Marque cualquier ítem que desee realizar.

**Información**

(si usted siente que no tiene suficiente información):  
 Haga una lista de preguntas  
 Considere donde encontrar las respuestas (ejemplo: biblioteca, profesionales de salud, consejeros)  
 Infórmese sobre cuán posibles son los beneficios y los riesgos

**Apoyo**

(si usted siente que no tiene suficiente apoyo):  
 Converse sus opciones con una persona que para usted sea confiable (por ejemplo: profesionales de salud, consejeros, familiares, amigos)  
 Averigüe qué tipo de ayuda está disponible para usted para apoyarlo en su elección (por ejemplo: dinero, transporte, cuidado de niños)

**Valoración**

(si no está seguro sobre qué es lo más importante para usted)  
 Revise la cantidad de estrellas que puso en la balanza para ver lo que es más importante para usted  
 Encuentre personas que sepan lo que significa haber experimentado los beneficios y riesgos  
 Converse con otras personas que hayan tomado la decisión  
 Lea historias sobre lo que es más importante para otros  
 Converse con otros sobre lo que es más importante para usted.

(si usted siente que otras personas la/o presionan)

Focalícese en las opiniones de aquellas personas que le importan más  
 Comparta su guía con otras personas  
 Pregunte a otros para completar esta guía  
 Encuentre áreas de acuerdo  
 Cuando los hechos muestren desacuerdo, decida obtener más información  
 Cuando usted no esté de acuerdo con lo que es más importante, respete la opinión de los otros  
 Tómese con la otra persona para escuchar y luego devolverle, como en espejo, lo que ha dicho sobre lo que es más importante para ella  
 Encuentre una persona neutral que les ayude a usted y a las otras personas involucradas

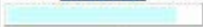


**Otros planes**

Describa





## Decision Aid Summary

<b>Title</b>	Should I Start Having Mammograms to Screen for Breast Cancer?
<b>Health Condition</b>	Breast Cancer
<b>Type of Decision Aid</b>	Screening
<b>Options Included</b>	Start breast cancer screening in your 40s. Wait until 50 years of age and re-consider breast cancer screening.
<b>Audience</b>	Women in the 40s with no family history of breast cancer, no breast symptoms and who are considering screening before 50 years of age.
<b>Developer</b>	University of Sydney
<b>Where was it developed?</b>	alex@health.usyd.edu.au University of Sydney Australia
<b>Year of last update or review</b>	2005
<b>Format</b>	Web
<b>Language(s)</b>	english
<b>How to obtain the decision aid</b>	Internet Web site <a href="#">Available here.</a>
<b>The <a href="#">IPDAS</a> assessment of this decision aid indicates that it meets:</b>	
	<a href="#">16 out of 19 of the content criteria</a>
	<a href="#">5 out of 9 of the development process criteria</a>
	<a href="#">1 out of 2 of the effectiveness criteria</a>

## IPDAS Checklist

Content	Answer
1. The decision aid describes the condition (health or other) related to the decision.	Yes
2. The decision aid describes the decision that needs to be considered (the index decision).	Yes
3. The decision aid lists the options (health care or other).	Yes
4. The decision aid describes what happens in the natural course of the condition (health or other) if no action is taken.	Yes
5. The decision aid has information about the procedures involved (e.g. what is done before, during, and after the health care option).	No
6. The decision aid has information about the positive features of the options (e.g. benefits, advantages).	Yes
7. The decision aid has information about negative features of the options (e.g. harms, side effects, disadvantages).	Yes
8. The information about outcomes of options (positive and negative) includes the chances they may happen.	Yes
9. The decision aid has information about what the test is designed to measure.	No
10. The decision aid describes possible next steps based on the test results.	Yes
11. The decision aid has information about the chances of disease being found with and without screening.	Yes
12. The decision aid has information about detection and treatment of disease that would never have caused problems if screening had not been done.	No
13. The decision aid presents probabilities using event rates in a defined group of people for a specified time.	Yes
14. The decision aid compares probabilities (e.g. chance of a disease, benefit, harm, or side effect) of options using the same denominator.	Yes
15. The decision aid compares probabilities of options over the same period of time.	Yes
16. The decision aid uses the same scales in diagrams comparing options.	Yes
17. The decision aid asks people to think about which positive and negative features of the options matter most to them.	Yes
18. The decision aid makes it possible to compare the positive and negative features of the available options.	Yes
19. The decision aid shows the negative and positive features of the options with equal detail.	Yes

Development Process	Answer
20. Users (people who previously faced the decision) were asked what they need to prepare them to discuss a specific decision.	Yes
21. The decision aid was reviewed by people who previously faced the decision who were not involved in its development and field testing.	Yes
22. People who were facing the decision field tested the decision aid.	Yes
23. Field testing showed that the decision aid was acceptable to users (the general public & practitioners).	Yes
24. Field testing showed that people who were undecided felt that the information was presented in a balanced way.	Unknown
25. The decision aid provides references to scientific evidence used.	Yes
26. The decision aid reports the date when it was last updated.	No
27. The decision aid reports whether authors of the decision aid or their affiliations stand to gain or lose by choices people make after using the decision aid.	No
28. The decision aid (or available technical document) reports readability levels.	No
Effectiveness	Answer
29. There is evidence that the decision aid (or one based on the same template) helps people know about the available options and their features.	Yes
30. There is evidence that the decision aid (or one based on the same template) improves the match between the features that matter most to the informed person and the option that is chosen.	Unknown

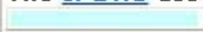
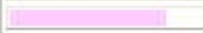

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## Decision Aid Summary

<b>Title</b>	Information on Mammography for Women Aged 40 and Older: A Decision Aid for Breast Cancer Screening in Canada
<b>Health Condition</b>	Breast Cancer
<b>Type of Decision Aid</b>	Screening
<b>Options Included</b>	start or continue having mammograms do not start or continue having mammograms
<b>Audience</b>	Women 40 years and older Provincial/territorial breast cancer screening programs Health Care providers including technologists, health promotion specialists etc. Medical/nursing/radiation technology students Health care planners/decision makers
<b>Developer</b>	Canadian Breast Cancer Screening Initiative
<b>Where was it developed?</b>	<a href="http://www.publichealth.gc.ca/decisionaids">http://www .publichealth.gc.ca/decisionaids</a> Public Health Agency of Canada Canada
<b>Year of last update or review</b>	2009
<b>Format</b>	Web, paper, PDF
<b>Language(s)</b>	english, french
<b>How to obtain the decision aid</b>	Distribution through the provincial and territorial screening programs as well as through NGOs. The DA is also available on PHAC website. <a href="#">Available here.</a>
<b>The <u>IPDAS</u> assessment of this decision aid indicates that it meets:</b>	<p> <a href="#">19 out of 19 of the content criteria</a></p> <p> <a href="#">7 out of 9 of the development process criteria</a></p> <p> <a href="#">0 out of 2 of the effectiveness criteria</a></p>

**Diseases & Conditions**

Infectious Diseases

Chronic Diseases

**Health & Safety**

Travel Health

Food Safety

Immunization &amp; Vaccines

Emergency Preparedness &amp; Response

Health Promotion

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## Information on Mammography for Women Aged 40 and Older

### A Decision Aid for Breast Cancer Screening in Canada

For readers interested in the full version of this booklet, the document is available for downloading or viewing:

PDF Version   
(766 KB, 32 pages)

#### Table of Content

- **Introduction:**
  - What is a Decision Aid
- **Breast Cancer Facts:**
  - How common is breast cancer in Canada?
  - What are the risk factors?
  - What protects you against breast cancer?
- **Breast Cancer Screening**
  - What is breast cancer screening?
  - What is a mammogram?
  - Are mammograms safe?
  - What might happen if you participate in breast cancer screening mammography?
  - What are the possible benefits and harms of screening mammograms?
- **Having a regular screening mammogram**
  - Women aged 40-49 years
  - Women aged 50-69 years
  - Women aged 70-79 years
- **Help with your decision**
  - Personal Worksheet
  - Where else can you get help with your decision?





*Mujer leyendo. Picasso*

# Gracias

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