

The European Commission's science and knowledge service

Joint Research Centre



Recomendaciones de la European Commission Initiative on Breast Cancer

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European Commission • Joint Research Centre

XXII Reunión de la Red de Programas de Cribado de Cáncer

19 Junio 2019. Murcia

The Joint Research Centre (JRC)



Pertenece a la **Comisión Europea** y apoya las **políticas europeas** con **investigación científica**:

- **Al servicio** de los decisores políticos y ciudadanos
- **Independiente** de intereses económicos.

3000 trabajadores-> **75% científicos e investigadores**

El trabajo del JRC en cáncer

Coordinación de los sistemas de información sobre cáncer

- Coordinación de la European Network of Cancer Registries (ENCR)
- Desarrollo del análisis y modelos sobre datos de mortalidad e incidencia de cáncer en Europa - ECIS

Desarrollo de iniciativas sobre cáncer de mama (y colorrectal)

- Guías basadas en la evidencia y centradas en las necesidades de las mujeres/pacientes a lo largo de toda la vía clínica
- Criterios de calidad aplicables a los servicios sanitarios

ECIS: European Cancer Information System



Iniciativa de la CE, solicitada por el Consejo de la UE, avalada por el Parlamento y coordinada por el Joint Research Centre

PROPORCIONAR DATOS COMPARABLES SOBRE LA CARGA DE CANCER EN EUROPA

- Evidencia para el desarrollo y monitorización de políticas de prevención y tratamiento de cáncer
- Recurso para investigación epidemiológica



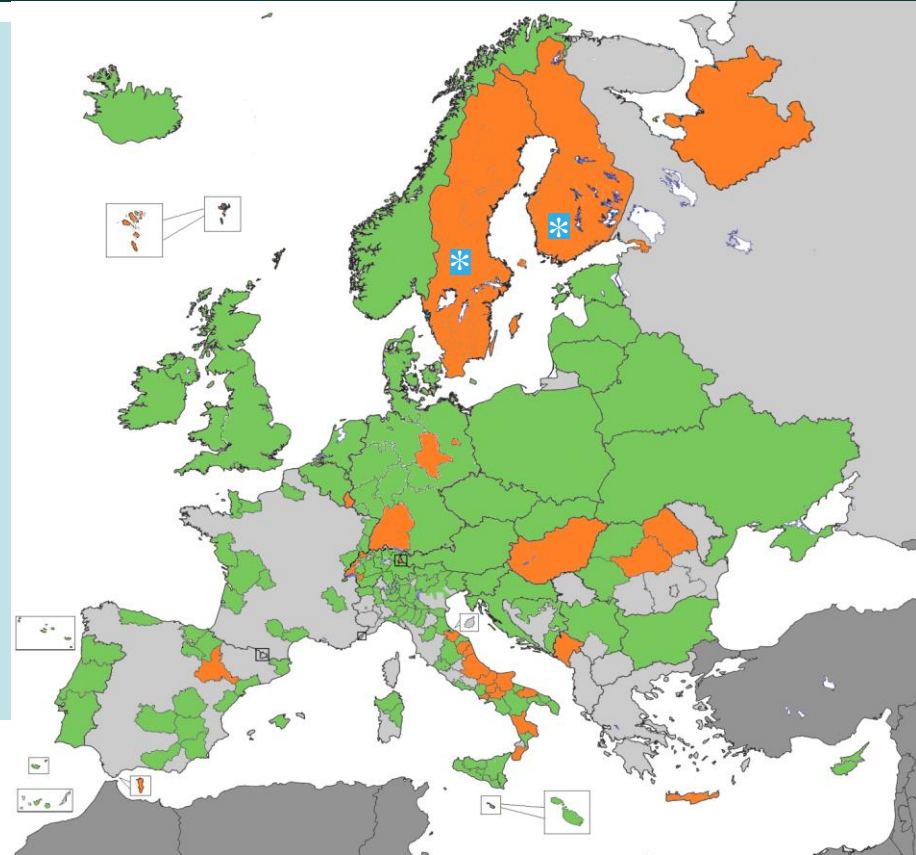
¿De dónde vienen los datos?

2015 data call, ENCR-JRC project

149 RCs de **34** países europeos

Más de **34,500,000** de registros en la base de datos

- ✓ Bases de datos para almacenar y gestionar datos
- ✓ Procedimientos comunes para la calidad de datos de cáncer
- ✓ Herramientas armonizadas de validación de datos



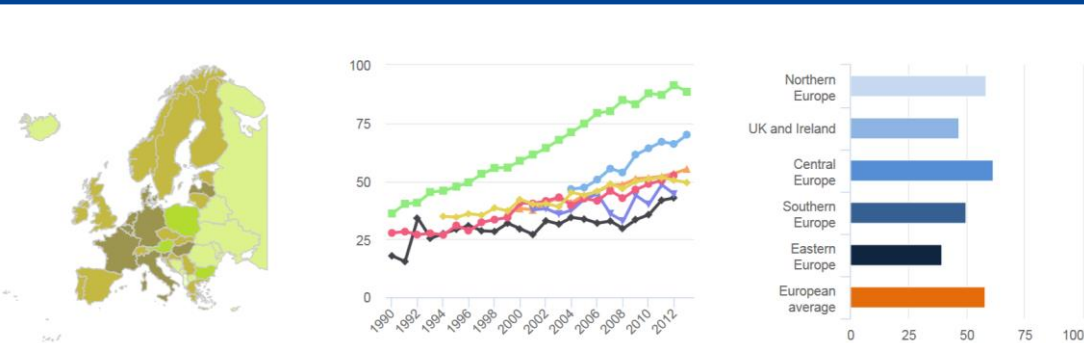
Aplicación web ECIS

Monitorizar patrones geográficos y tendencias en el tiempo para todos los tipos de cáncer por sexo – edad - periodo

European Commission > EU Science Hub > ECIS

ECIS - European Cancer Information System

Measuring cancer burden and its time trends across Europe



Incidence and mortality estimates

- 2018
- 40 European countries
- 34 cancer sites
- Collaboration IARC/IACR/JRC/ENCR

Historical incidence and mortality

- Up to 2014
- 34 European countries
- 149 Cancer Registries
- 58 cancer sites
- ENCR-JRC project

Survival estimates

- EUROCARE-5 study
- 26 European countries
- 99 Cancer Registries
- 46 cancer sites

<https://ecis.jrc.ec.europa.eu>

¿Por qué ECIBC (European Commission Initiative on Breast Cancer)?

- 2008: Parlamento y Consejo Europeo piden a la Comisión que **desarrolle nuevas guías basadas en evidencia científica** y criterios de calidad para los cuidados de cáncer
- **El cáncer de mama es el cáncer más frecuente y la primera causa de muerte por cáncer en mujeres en Europa**
- Datos de la UE indican que hay importantes diferencias en mortalidad por cáncer de mama entre los distintos países debido en parte a diferencias en la calidad de la atención recibida

¿Qué es ECIBC?

Iniciativa de la UE que pretende

- 1. MEJORAR LA CALIDAD**
- 2. REDUCIR LAS DESIGUALDADES EN EL ACCESO**

del cribado y cuidados de cáncer de mama en Europa.

Dos objetivos principales:

- Guías de cribado y diagnóstico de cáncer de mama basadas en evidencia
- Sistema de garantía de calidad para servicios de cáncer de mama



35 países (EU28+Iceland, FYROM, Montenegro, Norway, Serbia, Switzerland, Turkey)



70 expertos y pacientes en dos grupos de trabajo



113 millones de mujeres entre 45-74 años de edad potencialmente implicadas



Una plataforma de guías internacionales sobre tratamiento, seguimiento y cuidados paliativos



80 recomendaciones clínicas basadas en la evidencia sobre cribado y diagnóstico

ECIBC Gobierno

Coordinación cercana con los países.

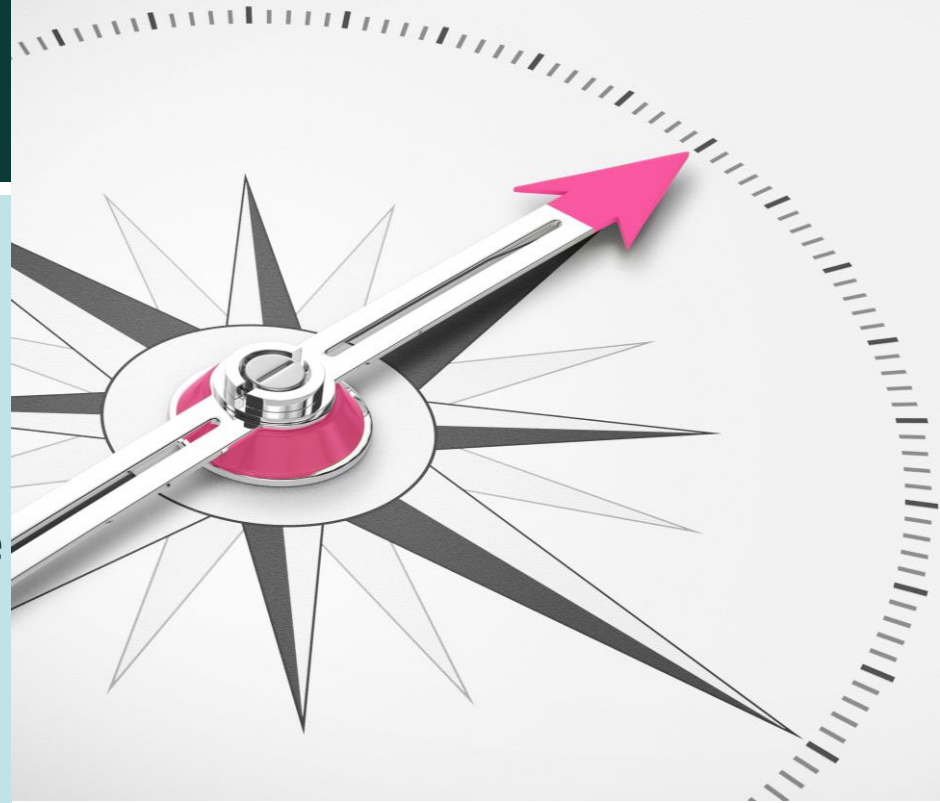
Puntos nacionales de contacto para representar a cada país.



European Breast Cancer Guidelines

- Recomendaciones sobre cribado y diagnóstico
- Desarrolladas por un panel multidisciplinar usando GRADE y sus marcos de Evidencia a la Decisión (EtD) y constantemente actualizadas
- **Basadas en la Web** y específicamente dirigidas a tres perfiles diferentes:
 - pacientes/individuos
 - profesionales sanitarios
 - decisores políticos

GRADE



European Quality Assurance scheme for Breast Cancer Services

- Cubre todos los procesos de cuidados
- Aplicación voluntaria, modular y adaptable a contextos nacionales/locales
- Implementación garantiza que se ofrecen a los usuarios niveles de calidad esenciales en cuanto a procedimientos que se realizan, competencias del personal, y enfoque a las mujeres y sus necesidades

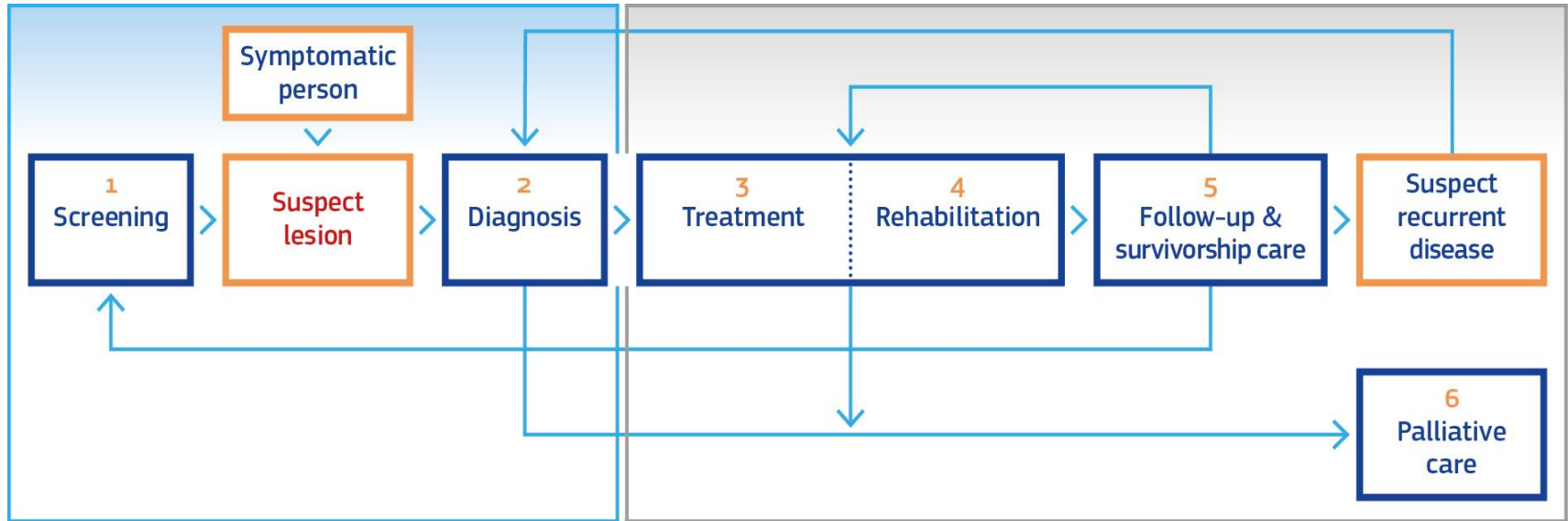


European Quality Assurance scheme for Breast Cancer Services

- Requisitos-indicadores para todos los procesos se seleccionan (literatura, guías, sistemas de calidad existentes)
- Rondas Delphi con los expertos que valoran:
 1. Comprensión
 2. Relevancia
 3. Factibilidad
- 55 sobre tratamiento, rehabilitación, cuidados paliativos y seguimiento
- Cribado y diagnóstico (imagen y patología) – Mayo 2019



The *European Breast Guidelines*

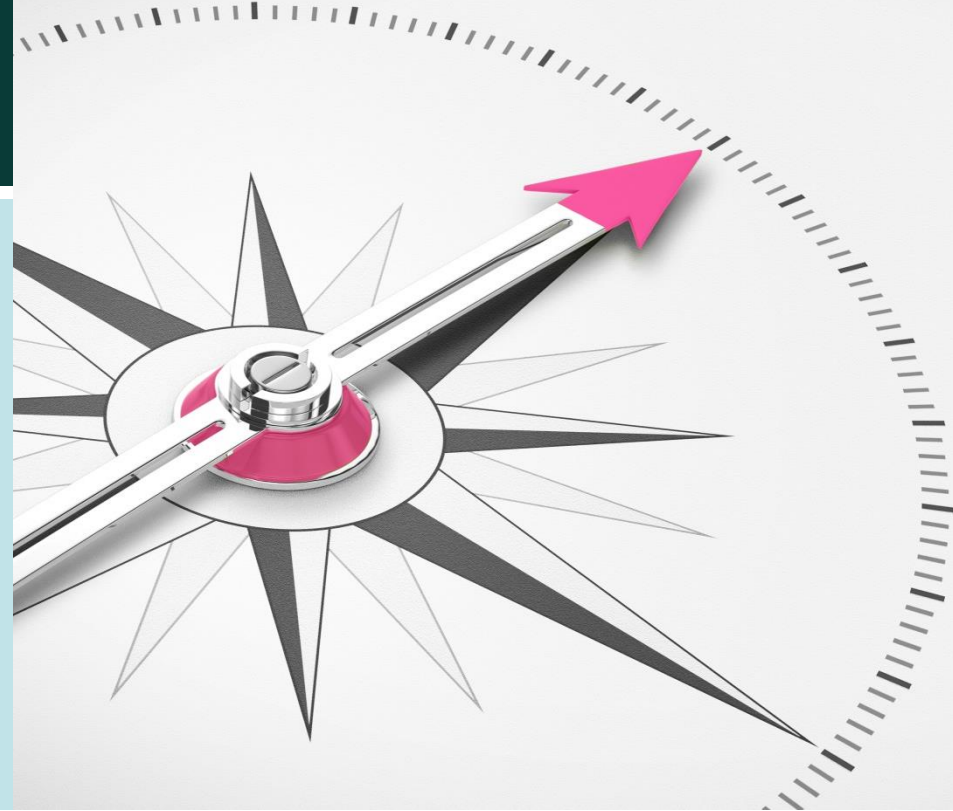


European Breast Guidelines

Guidelines Platform

European Breast Guidelines

- **Paso 1** – Priorización de preguntas
- **Paso 2** – Enmarcar la pregunta (PICO)
- **Paso 3** - Revisión de la literatura y evaluación de la calidad de la evidencia (Cochrane Iberoamerica)
- **Paso 4** – De la evidencia a la recomendación – marco EtD
- **Paso 5** – Formulación de recomendaciones
- **Paso 6** – Publicación de recomendaciones



Metodología: Marco de la evidencia a la decisión de GRADE

- **Organiza la evidencia** tanto para el panel que desarrolla la guía como para los usuarios (decisores)
- **12 factores:**
 1. Prioridad del problema
 2. Efectos deseables
 3. Efectos no deseables
 4. Certeza de evidencia de efectos
 5. Valores
 6. Balance de efectos
 7. Recursos necesarios
 8. Certeza de la evidencia de los recursos
 9. Coste-efectividad
 10. Equidad
 11. Aceptabilidad
 12. Factibilidad

Formato de cada factor del EtD

GRADEproGDT ECIBC JRC European Breast Guidelines

Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged of 50 to 69?

Factor

ASSESSMENT

1 Problem
Is the problem a priority?

JUDGEMENT

RESEARCH EVIDENCE

ADDITIONAL CONSIDERATIONS

2 Desirable Effects
How substantial are the desirable anticipated effects?

JUDGEMENT

RESEARCH EVIDENCE

Consideraciones relevantes del panel

Juicios del panel (sin COI)

Discusión de evidencia

RR of participants (GRADE)	Certainty of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects* (95% CI)								
249328 (8 RCTs) *	⊕⊕⊕⊕ MOD 1.5	RR 0.78 (0.66 to 0.92)	<table border="1"><thead><tr><th>Risk with no mammography screening</th><th>Risk difference with organised mammography screening</th></tr></thead><tbody><tr><td>Low 600 per 100,000 *</td><td>132 fewer per 100,000 (204 fewer to 48 fewer)</td></tr><tr><td>Moderate 1,000 per 100,000</td><td>220 fewer per 100,000 (340 fewer to 80 fewer)</td></tr><tr><td>High 2,100 per 100,000</td><td>462 fewer per 100,000</td></tr></tbody></table>	Risk with no mammography screening	Risk difference with organised mammography screening	Low 600 per 100,000 *	132 fewer per 100,000 (204 fewer to 48 fewer)	Moderate 1,000 per 100,000	220 fewer per 100,000 (340 fewer to 80 fewer)	High 2,100 per 100,000	462 fewer per 100,000
Risk with no mammography screening	Risk difference with organised mammography screening										
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High 2,100 per 100,000	462 fewer per 100,000										

*Analysis based on per protocol approach would lead to even larger absolute effects. Estimates from observational studies were similar to those described here (see evidence profile). Long case accrual may dilute the effect of the intervention as for some trials it will include cases diagnosed after closure of the trial when both arms are receiving the same intervention. Therefore, we performed a sensitivity analysis including only studies

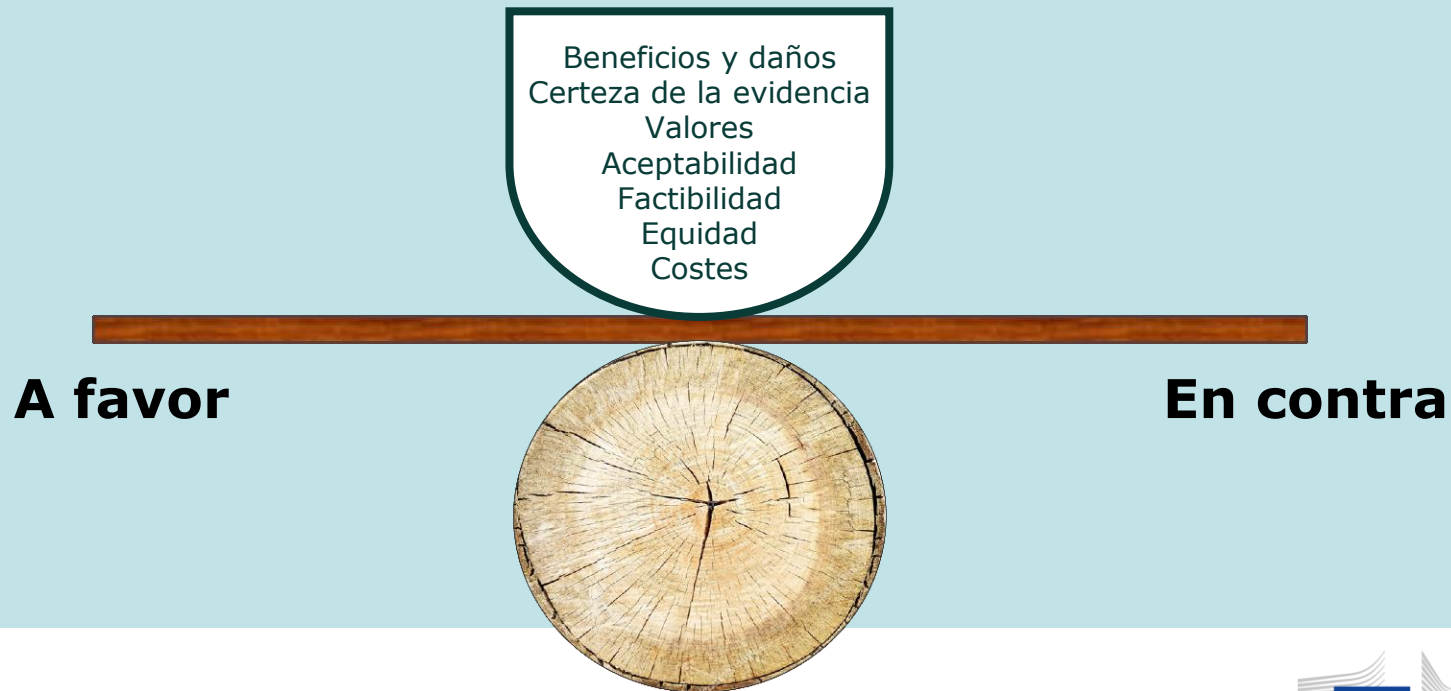
Resumen de los juicios

▼ Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged of 50 to 69?

Bottom panel [Explanation](#)

CRITERIA	SUMMARY OF JUDGEMENTS						FAVORS no mammogr...	FAVORS organised ...
	No	Probably no	Probably yes	Yes	Varies	Don't know	←←←→→→	←←←→→→
PROBLEM	No	Probably no	Probably yes	Yes	Varies	Don't know	←←←→→→	←←←→→→
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large	Varies	Don't know	←←←→→→	←←←→→→
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial	Varies	Don't know	←←←→→→	←←←→→→
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High	No included studies		←←←→→→	←←←→→→
VALUES	Important uncertainty or...	Possibly important...	Probably no important...	No important uncertainty...			←←←→→→	←←←→→→
BALANCE OF EFFECTS	Favors the comparison	Probably favors the...	Does not favor either the...	Probably favors the...	Favors the intervention	Varies	Don't know	←←←→→→
RESOURCES REQUIRED	Large costs	Moderate costs	Negligible costs and...	Moderate savings	Large savings	Varies	Don't know	←←←→→→
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	Very low	Low	Moderate	High	No included studies		←←←→→→	←←←→→→
COST EFFECTIVENESS	Favors the comparison	Probably favors the...	Does not favor either the...	Probably favors the...	Favors the intervention	Varies	No...	←←←→→→
EQUITY	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	Don't know	←←←→→→

Hacer una recomendación: Balance de todos los factores



Página web - ecibc.jrc.ec.europa.eu/recommendations/



EUROPEAN COMMISSION INITIATIVE ON BREAST CANCER

European Commission

European Commission > EU Science Hub > ECIBC > Recommendations

Home

EU Guidelines

Recommendations from Europe

Read me

I'm a patient/individual

Read me

I'm a patient/individual

I'm a professional

I'm a policy maker



General Information



General Information



At what age should you attend an organised mammography screening programme?

These recommendations are for women who do not have any symptoms of breast cancer and are not at high risk of breast cancer, and want to know when they should be screened.

If you are aged 40 to 44, should you attend an organised mammography screening programme?

If you are aged 45 to 49, should you attend an organised mammography screening programme?

If you are aged 50 to 69, should you attend an organised mammography screening programme?

If you are aged 70 to 74, should you attend an organised mammography screening programme?

What tests should be used to screen for breast cancer?

What tests should be used to screen for breast cancer in women with dense breast tissue?

What type of guidance should be used when performing a biopsy in women with calcium deposits in their breast?

At what age should women attend an organised mammography screening programme?

What tests should be used to screen for breast cancer?

What tests should be used to screen for breast cancer?

What type of guidance should be used when performing a biopsy in women with calcium deposits in their breast?

Which method should be used to obtain a sample of a breast lump?

What is the optimal strategy to invite women to organised mammography screening?

What threshold of oestrogen and/or progesterone should be used to determine the optimal time for a biopsy?

How should mammography screening be implemented?

How should screening mammographies be read?



European Commission

European Breast Guidelines

Perfiles



Recomendación en
formato pregunta-
respuesta



Fuerza de la
recomendación



Información dirigida a
cada perfil específico



Read me

General Information

I'm a patient/individual

I'm a professional

I'm a policy maker

Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged 45 to 49?

Recommendation Justification Considerations Assessment Bibliography

Recommendation

For asymptomatic women aged 45 to 49 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) suggests mammography screening over no mammography screening, in the context of an organised screening programme (conditional recommendation, moderate certainty in the evidence).

Recommendation strength

Conditional recommendation for the intervention*

[Read more](#)

Subgroup

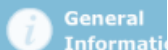
This recommendation does not apply to high-risk women (see recommendations for women with high breast density).

Implementation

GDG members agreed on the need for additional imaging techniques in this age group, together with the need for shared decision making. Implementation in this age group should be done in such a way to allow further quantification of benefits and harms.

Recommendation

Read me



Should organised mammography screening be used for early detection of breast cancer in women aged of 50 to 69?

Recommendation Justification Considerations

Overall justification

The strong recommendation context of an organised screening of moderate certainty in the agreement within the GDG in the following: 15 members and 1 member abstained.

Detailed justification

Desirable Effects:
Mammography screening, (evidence). The absolute effect considered. The GDG examined breast cancer deaths per 100 000 (with a range from found in the annex with the available (167 fewer breast

Read me



Should organised mammography screening be used for early detection of breast cancer in women aged of 50 to 69?

Recommendation Justification Considerations

Considerations

Implementation

Despite being a strong recommendation

Monitoring and Evaluation

Future monitoring and evaluation management protocols.

Monitoring and evaluation criteria

Research Priorities

1. Further research on age-specific
2. Better information/evidence
3. A better understanding of (evidence). The absolute effect
4. Stratification possibilities.
5. Use of monitoring data to
6. Role of breast density in stratification

Evidence

[Download the evidence profile](#)

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General Information

I'm a patient/individual

I'm a professional

I'm a policy maker

Read me



Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged of 50 to 69?

Recommendation Justification Considerations Assessment Bibliography

Evidence of effects

- Alexander FE, Anderson TJ, Brown HK, Forrest AP, Hepburn W, Kirkpatrick AE, Muir BB, Prescott RJ, Smith A. 14 years of follow-up from the Edinburgh randomised trial of breast-cancer screening. *Lancet.* 1999;353(9168):1903-8.
- Andersson I, Aspegren K, Janzon L, Landberg T, Lindholm K, Linell F, et al. Mammographic screening and mortality from breast cancer: the Malmo mammographic screening trial. *BMJ* 1988;297(6654):943-8.
- Armaroli P, Villain P, Suonio E, Almonte M, Anttila A, Atkin WS, et al. European Code against Cancer, 4th Edition: Cancer screening. *Cancer epidemiology.* 2015;39 Suppl 1:S139-52.
- Autier P, Héry C, Haukka J, Boniol M, Byrnes G. Advanced breast cancer and breast cancer mortality in randomized controlled trials on mammography screening. *J Clin Oncol.* 2009 Dec 10;27(35):5919-23.
- Baena-Canada JM, Rosado-Varela P, Exposito-Alvarez I, Gonzalez-Guerrero M, Nieto-Vera J, Benitez-Rodriguez E: Women's perceptions of breast cancer screening. *Spanish screening programme survey. Breast (Edinburgh, Scotland)* 2014, 23(6):883-888.
- Benjamin DJ. The efficacy of surgical treatment of breast cancer. *Medical Hypotheses* 1996;47(5):389-97.
- Bjurstam N, Bjørnelid L, Duffy SW, et al. The Gothenburg breast screening trial: first results on mortality, incidence, and mode of detection for women ages 39-49 years at randomization. *Cancer.* 1997;80(11): 2091-9.
- Bjurstam N, Bjørnelid L, Warwick J, et al. The Gothenburg Breast Screening Trial. *Cancer.* 2003;97(10): 2387-96.
- Bjurstam NG, Bjørnelid LM, Duffy SW. Updated results of the Gothenburg Trial of Mammographic Screening. *Cancer.* 2016 Apr 8. doi: 10.1002/cncr.29975. [Epub ahead of print]
- Blue Cross Blue Shield Association; Kaiser Permanente. Special report: screening asymptomatic women with dense breasts and normal mammograms for breast cancer. *Technol Eval Cent Assess Program Exec Summ.* 2014 Apr;28(15):1-2.
- Bolejko A, Hagell P, Wann-Hansson C, Zackrisson S: Prevalence, Long-term Development, and Predictors of Psychosocial Consequences of False-Positive Mammography among Women Attending Population-Based Screening. *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology* 2015, 24(9):1388-1397.



Print

Background

Although mammography screening has both poor or older. A reassessment of the evidence for stratification of breast cancer.

Management of Conflicts of Interests (CoI): Got the Joint Research Centre (JRC) following an early development of the recommendations was following GDG members were recused from voting. Elisa Pérez Gómez, Ruben van Engen, Cary van. For more information please visit: <http://ecibccj>

Is the problem a priority?

Yes *

[Read more](#)

How substantial are the desirable anticipated effects?

Large *

[Read more](#)

How substantial are the undesirable anticipated effects?

Moderate *

[Read more](#)

What is the overall certainty of the evidence?

Moderate *

[Read more](#)

Is there important uncertainty about our results?

Possibly Important uncertainty or variability *

[Read more](#)

Does the balance between desirable and undesirable effects favour the intervention?

Favors the Intervention *

[Read more](#)



What is the optimal strategy to inform women who have a negative result in a breast cancer screening programme?

Recommendations

The ECIBC's Guidelines Development Group suggests using letters to inform women who have negative screening result (conditional recommendation, very low certainty in the evidence)

- *Should a letter vs. nothing be used for informing women who have a negative screening result?*

The ECIBC's Guidelines Development Group (GDG) suggests against using a phone call to inform women who have a negative result in a breast cancer screening round (conditional recommendation, certainty of the evidence: very low quality in the evidence).

- *Should a phone call vs. a letter be used for informing women who have a negative screening result?*

The ECIBC's Guidelines Development Group (GDG) suggests against using a face-to-face interview to inform women who have a negative result in a breast cancer screening round (conditional recommendation, certainty of the evidence: very low quality).

- *Should a face to face interview vs. a letter be used for informing women who have a negative screening result?*

Summary of Judgements

	a letter vs. nothing	a phone call vs. a letter	a face to face interview vs. a letter
Certainty of evidence	Very low	Very low	Very low
Balance of effects	Probably favors the intervention	Don't know	Don't know
Resources required	Moderate costs	Large costs	Large costs
Cost effectiveness	No included studies	No included studies	No included studies
Equity	Probably increased	Probably no impact	Probably reduced
Acceptability	Probably yes	Probably no	Probably no
Feasibility	Yes	Probably no	Probably no

European Breast Guidelines

- ✓ Desarrolladas utilizando el software GRADEpro (permite una adaptación fácil al contexto específico de cada país)
- ✓ Los marcos de evidencia a la decisión (Etds), se publican completos y proporcionan un proceso sistemático y transparente de la evidencia a la decisión sanitaria

ecibc.jrc.ec.europa.eu/recommendations/

European guidelines on screening and diagnosis

- Cada recomendación **explica de una manera transparente los beneficios y daños de las intervenciones**
- **Los pacientes conocen** la vía completa de atención y pueden formular mejor las preguntas a su médico
- Los profesionales sanitarios pueden acceder fácilmente a las recomendaciones y el **proceso completo de evaluación de la evidencia**
- Los decisores políticos pueden acceder a la información y **consideraciones de implementación para ayudarles en la toma de decisiones**

50 recomendaciones ya publicadas. Principales temas cubiertos por ahora:

- A qué edad y con qué frecuencia se debe participar en programas de cribado (para mujeres sin síntomas y no de alto riesgo)
- Tests utilizados en el cribado
- Manera óptima de invitar a mujeres al cribado e informarlas de beneficios/daños
- Estrategias para comunicarse con grupos de población vulnerables
- Comunicación de resultados del cribado
- Necesidad de tests adicionales para cribar a mujeres con mama densa
- Tipo de examen para lesiones sospechosas descubiertas durante el cribado
- Técnica para ayudar en la planificación quirúrgica

Recommendation	Strength	Search date	Certainty of evidence
For asymptomatic women aged 40 to 44 with an average risk of breast cancer, the ECIBC's Guidelines Development Group (GDG) suggests not implementing mammography screening	conditional	Apr-16	moderate
For asymptomatic women aged 45 to 49 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) suggests mammography screening over no mammography screening, in the context of an organised screening programme (OSP)	conditional	Apr-16	moderate
The ECIBC's Guidelines Development Group recommends that women between 50 and 69 years old who are not at high risk of breast cancer and do not have symptoms have mammography screening for breast cancer	strong	Apr-16	moderate
For asymptomatic women aged 70 to 74 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) suggests mammography screening over no mammography screening, in the context of an OSP	conditional	Apr-16	moderate
For asymptomatic women aged 45 to 49 with an average risk of breast cancer, the ECIBC's GDG suggests either biennial or triennial mammography over annual screening in the context of an OSP	conditional	Sep-16	very low
For asymptomatic women aged 50 to 69 with an average risk of breast cancer, the ECIBC's GDG recommends against annual mammography screening	strong	Sep-16	very low
For asymptomatic women aged 50 to 69 with an average risk of breast cancer, the ECIBC's GDG suggests biennial mammography screening over triennial mammography screening in the context of an OSP	conditional	Sep-16	very low
For asymptomatic women aged 70 to 74 with an average risk of breast cancer, the ECIBC's GDG recommends against annual mammography screening	strong	Sep-16	very low
For asymptomatic women aged 70 to 74 with an average risk of breast cancer, the ECIBC's GDG suggests triennial mammography screening over biennial mammography screening in the context of an OSP	conditional	Sep-16	very low

Recommendation	Strength	Search date	Certainty of evidence
For asymptomatic women, with high mammographic breast density and negative mammography , in the context of an OSP, the ECIBC's Guidelines Development Group suggests not implementing tailored screening with automated breast ultrasound system (ABUS) over mammography screening alone	conditional	Apr-16	very low
For asymptomatic women, with high mammographic breast density and a negative mammography, in the context of an OSP, the ECIBC's Guidelines Development Group suggests not implementing tailored screening with hand-held ultrasound (HHUS) over mammography screening alone, where such is not already the practice	conditional	Apr-16	low
For asymptomatic women, with high mammographic breast density and a negative mammography, in the context of an OSP, the ECIBC's Guidelines Development Group suggests not implementing tailored screening with magnetic resonance imaging (MRI) over mammography screening alone	conditional	Apr-16	very low
For asymptomatic women, with high mammographic breast density and negative mammography, in the context of an OSP, the ECIBC's Guidelines Development Group suggests additional screening with digital breast tomosynthesis or mammography screening alone	conditional for either	Apr-16	low
For asymptomatic women with an average risk of breast cancer, the ECIBC's Guidelines Development Group (GDG) suggests against screening with DBT (Digital Breast Tomosynthesis) in addition to DM (Digital Mammography) over DM alone, in the context of an OSP	conditional	Jun-18	very low
For asymptomatic women with an average risk of breast cancer, the ECIBC's Guidelines Development Group (GDG) suggests against screening with DBT (Digital Breast Tomosynthesis) over DM , in the context of an OSP	conditional	Jun-18	very low

Motivos principales para recomendación condicional en contra de tomosíntesis en cribado poblacional (muy baja certeza)

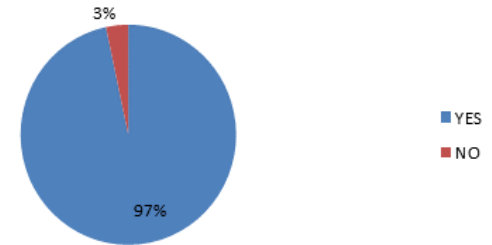
- Desconocimiento de beneficios, aunque hay mayor detección, no hay resultados sobre mortalidad por cáncer de mama, mortalidad por otras causas y calidad de vida. Dosis de radiación mayor.
- Costes de la tecnología son moderados (no sólo equipo sino rrhh- tiempo necesario por radiólogos para lectura se duplicaría*, aunque coste del personal varía según país).
- Datos adicionales de más rondas de cribados son necesarios.
- Consideraciones de implementación: variabilidad en la calidad de equipos y métodos de captura de imágenes, aumento en necesidades de almacenamiento de imágenes

*Wallis MG, Moa E, Zanca F, Leifland K, Danielsson M. Two-view and single-view tomosynthesis versus full-field digital mammography: high-resolution X-ray imaging observer study. Radiology. 2012 Mar;262(3):788-96.

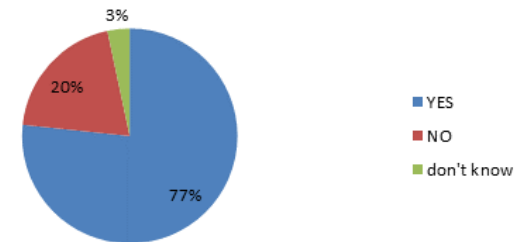
Esfuerzos adicionales para favorecer la implementación en los distintos países

- Alcance de las guías sometida a comentarios públicos
- Mesas por países (Autoridades sanitarias nacionales, Cuerpos de acreditación nacionales, pacientes, profesionales de 29 países) organizado en 2016 ECIBC Plenary para favorecer la discusión sobre barreras y facilitadores para la implementación de las primeras recomendaciones sobre cribado

Question 1. Is there a population-based breast cancer screening programme in your country?



Question 1.1. If YES, do any of the recommendations impact on the actual design of the screening programme?



Adaptación-Adopción en distintos países

- Traducidas en Bulgaria
- Adaptadas en Túnez
- Estonia, Italia, Eslovaquia, República Checa, Alemania, Noruega, Dinamarca y Chile interesados



Adaption of the European Guidelines on Breast Cancer Screening and Diagnosis to the Tunisian setting using the GRADE-adolopment

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Category: Other (clinical practice guideline)



EUROPEAN COMMISSION INITIATIVE ON BREAST CANCER

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European Commission Initiative on Breast Cancer (ECIBC)

ECIBC is a person-centred initiative to improve breast cancer care. The JRC, with ECIBC, is developing the most up-to-date evidence-based recommendations on screening and diagnosis, with a platform of trustworthy guidelines for the whole care pathway.



European Quality Assurance Scheme



The *European QA scheme* is a collection of requirements and indicators. Its implementation guarantees that breast cancer services can offer to users top quality and most updated procedures for breast cancer screening and care.

European Breast Guidelines



The *European Breast Guidelines* include evidence-based recommendations for screening and diagnosis of breast cancer. The *European Breast Guidelines* are web-based and offer a modular approach and the language and visualisation are tailored to the needs of the different users.

Contiene todos los objetivos del ECIBC, su ciclo de vida en el futuro incluirá el listado con los servicios de cáncer de mama certificados.

Línea temporal

2015



GDG QASDG
appointment
Launch of ECIBC
web hub

2016 2017 2018



Continuous publication of
European Breast Guidelines'
recommendations

2019



Completion of
*European Breast
Guidelines*

*Guidelines
Platform* release

2020



*European Breast
Quality
Assurance
scheme*
available to all

Conclusiones

1. Involucrar a los stakeholders (y países) desde el principio y durante todo el desarrollo de las guías
2. Reducir sesgos – Convocatoria pública para expertos, evaluación y gestión de CoI, equipo externo de revisión sistemática
3. Centrarse en resultados importantes para los pacientes e involucrarles durante todo el proceso, desde el desarrollo hasta la publicación
4. Proceso sistemático que permite una fácil adaptación y actualización
5. Reportar todo de manera transparente
6. Modelo mejorado para cáncer colorrectal

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¡Gracias!

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