

The European Commission's science and knowledge service

Joint Research Centre



The European Breast Guidelines from the ECIBC: translating the evidence to enable informed healthcare decisions across settings

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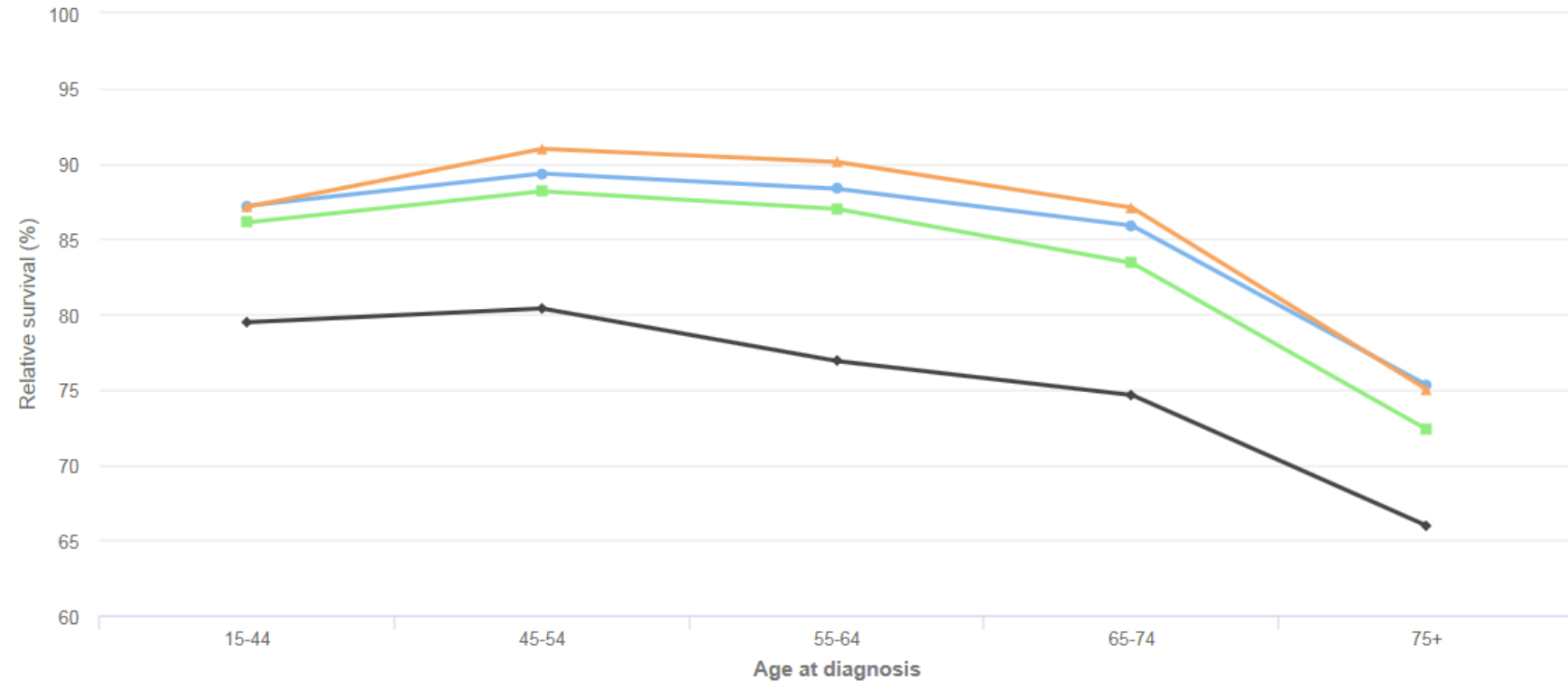
- Background
- Aims
- Methods
- Results and limits
- Bottom line

Background

- Breast cancer: The **most common** cancer in European women and the first cause of death from cancer
- Variations in incidence, mortality and survival suggest disparities across European countries

Female breast cancer 5 year relative survival – 2000-2007

(source: ECIS – European Cancer Information System, <https://ecis.jrc.ec.europa.eu/>)



Country	Sex	Cancer Site	▲
Central Europe	Female	Breast	—
Eastern Europe	Female	Breast	—
European average	Female	Breast	—
Northern Europe	Female	Breast	—

Aims: European Commission Initiative on Breast Cancer (ECIBC)

- To improve the quality of Breast Cancer (BC) care services across EU while reducing health inequalities therein.
- Objectives:
 - Evidence-based Breast Cancer Guidelines
 - Quality Assurance scheme for breast cancer services

Aims of European Breast Guidelines

- Recommendations on screening and diagnosis
- **Web-based** and specifically tailored to
 - women
 - health professionals



Methods

- JRC coordinates GDG and SRT to develop guidelines.
- Developed by the multidisciplinary GDG using Evidence to Decision Frameworks and constantly updated.
- **Organises the evidence** for decision-makers and for users using **12 criteria**.
- Systematic reviews carried out by Cochrane Iberoamerica



Methods: Making recommendations - balance of all factors



Página web –

healthcare-quality.jrc.ec.europa.eu/european-breast-cancer-guidelines/

European guidelines on breast cancer diagnosis

The recommendations included in the guidelines are developed starting from relevant "healthcare questions" that below are grouped into main topics. Each topic includes one or more recommendations presented in a question and answer format.

Breast cancer screening

Screening ages and frequencies

Tomosynthesis use in screening

Additional tests for dense breast screening

How to invite and inform women about screening **NEW**

How to organise breast cancer screening programmes

Breast cancer

How to inform women

Further assessment

Staging of breast cancer

Towards the treatment of breast cancer

More about the European guidelines

For whom are these guidelines >

How the guidelines were developed and updated

PAGE CONTENTS

Women between 40-44

Women between 45-49

Women between 50-69

Women between 70-74

Women between 50-69: screening every 2 or 3 years

In the context of an organised screening programme, for:

- asymptomatic women
- aged 50 to 69
- with an average risk of breast cancer

the ECIBC's Guideline Development Group (GDG):

- **recommends mammography screening**
(strong recommendation, moderate certainty of the evidence)
- **recommends against annual mammography screening**
(strong recommendation, very low certainty of the evidence)
- **suggests biennial mammography screening**
(conditional recommendation, very low certainty of the evidence)

MORE INFORMATION

Details for professionals: Screening at 50-69

Screening vs. no screening at 50-69

Details for professionals: Comparison of frequencies

Annual screening vs. triennial at 50-69

Triennial screening vs. biennial at 50-69

Summary of the comparisons [↓](#)

Summary information for women

What you need to know

Screening for women between 50-69

PAGE CONTENTS

Question

Recommendation

Recommendation strength

Considerations for implementation and policy making

Additional considerations

Supporting documents

Question

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

Recommendation

For asymptomatic women aged 50 to 69 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) recommends mammography screening over no mammography screening, in the context of an organised screening programme.

Recommendation strength

- ✓ Strong recommendation for the intervention
- ✓ Moderate certainty of the evidence

Recommendation in question/answer format

Recommendation strength and certainty of the evidence

PAGE CONTENTS

Question

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Considerations for implementation of policies

Despite being a strong recommendation, women should be provided with the information regarding benefits and harms of screening.

Additional considerations

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

Supporting documents



"Evidence to Decision": recommendation justification, considerations and assessment

English (1.2 MB - PDF - 19 pages)

Download



"Evidence profile": quality assessment of the evidence from literature review and summary of findings

English (786 kB - PDF - 6 pages)

Download



Bibliography

English (760 kB - PDF - 20 pages)

Download



Considerations for implementation and other (ie. research priorities, etc.)



Complete EtDs, evidence profiles, and bibliography

Results: Summary and Limits

- **Approximately 80 final recommendations will be published by end 2019 – 65 already on web**
- **Updating strategy developed and piloted** in 2018, so far 2 recommendations updated
- **Limits:** The official language for the publication of the guidelines on the web is English which may somewhat limit their use in countries where this language is not commonly used.

Bottom line

- Multidisciplinary, transparent & robust development process and online publication of complete EtDs enhances implementation of the guidelines across countries.
- **National guidelines developers** looking at ECIBC recommendations:
 - **Published:** Bahrein, Bulgaria and Tunisia
 - **Ongoing:** Italy, Czech Republic, Estonia and Slovakia
 - **Manifested interest:** Germany, Norway, Denmark, China, Spain, Chile



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