## Cribado de cáncer de mama - general


Conclusión: The ACR recommends annual mammography screening starting at age 40 for women of average risk of developing breast cancer. Our recommendation is based on maximizing proven benefits, which include a substantial reduction in breast cancer mortality afforded by regular screening and improved treatment options for those diagnosed with breast cancer. The risks associated with mammography screening are also considered to assist women in making an informed choice.


Conclusión: Addition of tomosynthesis to digital mammography increased invasive cancer detection rates for women 40-69 and decreased recall rates for all age groups with largest performance gains seen in women 40-49. The similar performance seen with tomosynthesis screening for women in their 40s compared to digital mammography for women in their 50s...
argues strongly for commencement of mammography screening at age 40 using tomosynthesis.


Conclusión: Overall, synthetic 2D mammography is comparable with digital 2D mammography in assessment of breast density, though there is some variability by reader. Practices can readily adopt synthetic 2D mammography without concern that it will affect density assessment and subsequent recommendations for supplemental screening.


Conclusión: Differences in the conclusions of systematic reviews of the evidence for mammography have persisted for 15 years. We found no strong evidence that design characteristics were associated with greater support for the benefits of mammography in routine breast cancer screening. Instead, the results suggested that the specific expertise and competing interests of the authors influenced the conclusions of systematic reviews.


Rossi PG, Giordano L. Mammography screening: please don’t be vague, tell me when I should come! Lancet Oncol. 2017; Available from: http://dx.doi.org/10.1016/S1470-2045(17)30344-3DOI:10.1016/S1470-2045(17)30344-3.


Conclusión: Different professional societies and organizations continue to disagree over the optimal time to initiate and discontinue breast cancer screening mammography and the optimal screening interval. In October 2015, the American Cancer Society (ACS) revised its guidelines, encouraging personalized screening decisions for women ages 40 to 44 years followed by annual screening starting at age 45 years and biennial screening for women 55 years or older.1 The US Preventive Services Task Force (USPSTF) reissued its recommendations in January 2016 recommending personalized screening decisions for women ages 40 to 49 years followed by biennial mammograms for women ages 50 to 74 years.2 The American Congress of Obstetricians and Gynecologists (ACOG) recommends yearly mammograms for women 40 years or older.3 With physician recommendations the most important determinant for patients obtaining screening,4 we investigated physician recommendations in light of recent guideline changes in a national sample.

Comparing attenders’ and non-attenders’ stage-specific breast cancer incidence, we have estimated that screening attendance is associated with a reduction of nearly 30% for stages II+.


The objective of this study is to estimate the causal effect of organized mammography screening programs on the proportion of women between 50 and 69 years of age who have ever used mammography. We exploit the gradual implementation of organized screening programs in nine Swiss cantons using a difference-in-difference approach. An analysis of four waves of the Swiss Health Survey shows that 3.5–5.4% points of the 87.9% utilization rate in cantons with screening programs in 2012 can be attributed to these organized programs. This effect indicates that organized programs can motivate women who have never done mammography to initiate screening.


Digital breast tomosynthesis (DBT): recommendations from the Italian College of Breast Radiologists (ICBR) by the Italian Society of Medical Radiology (SIRM) and the Italian Group for Mammography Screening (GISMa). Radiol Med. 2017;1–8. Available from: http://dx.doi.org/10.1007/s11547-017-0769-zDOI:10.1007/s11547-017-0769-z.

This position paper, issued by ICBR/SIRM and GISMa, summarizes the evidence on DBT and provides recommendations for its use. In the screening setting, DBT in adjunct to digital mammography (DM) increased detection rate by 0.5–2.7 (texttenthousand) and decreased false positives by 0.8–3.6% compared to DM alone in observational and double-testing experimental studies. The reduction in recall rate could be less prominent in those screening programs which already have low recall rates with DM. The increase in radiation exposure associated with DM/DBT protocols has been solved by the introduction of synthetic mammograms (sDM) reconstructed from DBT datasets. Thus, whenever possible, sDM/DBT should be preferred to DM/DBT. However, before introducing DBT as a routine screening tool for average-risk women, we should wait for the results of randomized controlled trials and for a statistically significant and clinically relevant reduction in the interval cancer rate, hopefully associated with a reduction in the advanced cancer rate. Otherwise, a potential for overdiagnosis and overtreatment cannot be excluded. Studies exploring this issue are ongoing. Screening of women at intermediate risk should follow the same recommendations, with particular protocols for women with previous BC history. In high-risk women, if mammography is performed as an adjunct to MRI or in the case of MRI contraindications, sDM/DBT protocols are suggested. Evidence exists in favor of DBT usage in women with clinical symptoms/signs and asymptomatic women with screen-detected findings recalled for work-up. The possibility to perform needle biopsy or localization under DBT guidance should be offered when DBT-only findings need characterization or surgery.


Conclusión: Women with screen-detected breast cancer in OBSP were more likely to have shorter wait times if they were diagnosed through organised assessment. This might be as a result of women diagnosed through a BAC having more procedures per visit, procedures scheduled in shorter intervals, and imaging or biopsy on their first visit. Given the significant improvement in timeliness to diagnosis, women with abnormal mammograms should be managed through organised assessment.


Conclusión: Overdiagnosis in breast cancer screening is an important issue. A recent study from Denmark concluded that one in three breast cancers diagnosed in screening areas in women aged 50?69 years were overdiagnosed. The purpose of this short communication was to disentangle the study’s methodology in order to evaluate the soundness of this conclusion. We found that both the use of absolute differences as opposed to ratios; the sole focus on non-advanced tumours and the crude allocation of tumours and person-years by screening history for women aged 70?84 years, all contributed to the very high estimate of overdiagnosis. Screening affects cohorts of screened women. Danish registers allow very accurate mapping of the fate of every woman. We should be past the phase where studies of overdiagnosis are based on the fixed age groups from routine statistics.


Conclusión: Based on the current evidence from randomised trials, extending mammography screening to younger age groups cannot be recommended. However, there were limitations including relatively low sensitivity of screening and screening attendance, insufficient power, and contamination, which may explain the nonsignificant results.


Conclusión: Single-reading of 3D-mammography (integrated 2D/3D or 2Dsynthetic/3D) detected more BC, and had lower FPR, compared to current practice of double-reading 2D-mammography alone these ndings have implications for population BC screening programs.


Conclusión: We conclude that most women diagnosed with BCIS die from causes other than
breast cancer, which highlights the need for actions not only to reduce non-breast cancer mortality but also to identify patients where extensive curative BCIS treatment is not adding to survival. This article is protected by copyright. All rights reserved.


Conclusión: Among 1,000 women invited to screening from age 50 to age 69 and followed until age 79, we estimated that 5.4 breast cancer deaths would be prevented and 2.1 cases overdiagnosed, under the observed scenario in Denmark of a breast cancer mortality reduction of 23.4% and 2.3% of the breast cancer cases being overdiagnosed. The estimated benefit-to-harm ratio was 2.6 for invited women and 2.5 for screened women. Hence, 2–3 women would be prevented from dying from breast cancer for every woman overdiagnosed with invasive breast cancer or DCIS. The difference between the previous published ratios and 2.6 for Denmark is probably more a reflection of the accuracy of the underlying estimates than of the actual screening programmes. Therefore, benefit-to-harm ratios should be used cautiously.


Conclusión: An increase in the proportion of occult interval cancers is observed during the transition from SFM to FFDM screening mammography. However, this increase seems temporary and is no longer detectable after the second round of digital screening. Tumor characteristics and type of surgery are comparable for interval cancers detected prior to, during and after the transition from SFM to FFDM screening mammography, except of a lower proportion of invasive ductal cancers after the transition.


Conclusión: Adoption of digital mammography (not film-screen or phosphor-plate computer radiography) is a priority, which also improves sensitivity in dense breasts. Radiologists qualified as screening readers should be involved in programmes. Digital breast tomosynthesis is also set to become “routine mammography” in the screening setting in the next future. Dedicated pathways for high-risk women offering breast MRI according to national or international guidelines and recommendations are encouraged.


Conclusión: These fundamental problems compromise the CNBSS and make their results, which are major outliers in the RCT’s of breast cancer screening, unreliable. Consequently, they should not be used to establish guidelines for breast cancer screening.

Moshina N, Roman M, Sebuødegård S, Waade GG, Ursin G, Hofvind S. Comparison of

Conclusión: Mean values of volumetric breast density increased with increasing density category of the subjective classifications. The agreement between BI-RADS and volumetric breast density categories was moderate.


Conclusion The French P4P program had a nonsignificant impact on breast cancer screening uptake. This result may reflect the fact that the low-powered incentives implemented in France through the CAPI might not provide sufficient leverage to generate better practices, thus inviting regulators to seek additional tools beyond P4P in the field of prevention and screening.


Conclusión: We found the Research Letter by Radhakrishnan et al1 rather dispiriting. It suggests that a large proportion of primary care physicians recommend screening mammography for women who are more likely to experience harms than benefits from the examination. Owing to the greater chance of harm, neither the American Cancer Society nor the US Preventive Services Task Force (USPSTF) recommend routine screening mammography for women ages 40 to 44 years. Despite this, 81% of the primary care physicians surveyed in this study reported that they recommend mammography to women in this age range.


Conclusión: These findings show that the implementation of mammography screening in Dutch municipalities is associated with a significant decline in breast cancer mortality in women aged 55-79, irrespective of time of implementation. This article is protected by copyright. All rights reserved.


Conclusión: A decade ago, the BCSC published performance benchmarks for screening mammography in U.S. community practice (13). These metrics informed the ACR BI-RADS to establish performance benchmarks for U.S. practice and also identified opportunities for improvements in future practice. Two key changes have occurred to improve screening mammography performance in community practice. The first is transition from screen-film mam-mography to full-field digital mammog-raphy, and the second is expansion of training programs to enhance the interpretive skills of radiologists engaged in screening mammography programs. Published online before print 10.1148/radiol.2016161174 Content codes:

Conclusión: High compression force and low compression pressure were associated with more favorable early performance measures in the screening program.


Conclusión: Adding DBT to FFDM enabled detection of early invasive breast cancer that might have been missed with FFDM alone. Knowing which cancer characteristic DBT detects may allow it to play a complementary role in predicting long-term patient outcomes and facilitate treatment planning.


Conclusión: After adjustment, MM invitation was associated with a significant increase in individual participation (odds ratio=2.9). MM can target underserved and remote communities, allowing greater participation and decreasing social and geographic inequalities in the general population. Proportionate universalism is an effective principle for public health policy in reducing health inequalities.


Conclusión: In women at average risk for breast cancer, MR imaging screening improves early diagnosis of prognostically relevant breast cancer. (©) RSNA, 2017 Online supplemental material is available for this article.


Conclusión: Despite subjective differences in the appearance of s2D and digital mammograms, early outcomes of screening using s2D mammography and DBT are not inferior to those achieved with digital mammography and DBT. Understanding these variations may aid in implementing this technique and improving patient outcomes.

Conclusión: While there is early evidence that digital breast tomosynthesis may have modestly better cancer detection and lower rates of false-positive exams than digital mammography (8,9), this rapidly emerging technology is unlikely to resolve the plethora of issues around screening such as the ages when breast cancer screening should start and stop, how often women should be screened, and whether screening modalities should differ based on cancer risk or breast density.


Conclusión: Further research is needed to understand how to optimise the organisation and delivery of DAP services. Measures reflecting individual, team and patient-reported outcomes should be used to assess the effectiveness and impact of DAPs in addition to more traditional measures such as wait times.


Conclusión: Among 479 untreated breast cancers detected on screening mammography, none spontaneously disappeared or regressed. An unknown percentage of these cancers represent overdiagnosis, but because all untreated screen-detected cancers were visible and suspicious for malignancy at next mammographic examination, delaying the onset of screening or increasing the interval between screenings should not reduce the frequency of overdiagnosis.


Conclusión: Women 40-49 years old had 18.8% of all screen-detected breast cancers. The two cohorts (40-44 and 45-49 years old) had similar incidences of screen-detected breast cancer (8.9%, 9.8%) and cancer detection rates within performance benchmark standards, supporting a similar recommendation for both cohorts and the American College of Radiology recommendation of annual screening mammography starting at age 40.


Conclusión: Our results are in agreement with other case-referent studies worldwide, supporting the contribution of screening practices towards the decreasing breast cancer mortality in Portugal.

Conclusión: **These findings show that a policy of second appointments with fixed date and time for non-attenders of breast screening is effective in improving participation. This strategy can be easily implemented by the screening sites and, if combined with simple interventions, could further increase participation and ensure an upward shift in the participation trend nationally. Whether the policy should vary by time since last attended screen will have to be considered.**

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Conclusión: **We will extend our model in future studies to account for local, regional, and distant disease recurrences.**


Conclusión: **Birthday letters are less effective than mammogram-specific reminder letters at prompting women to undergo timely breast cancer screening, particularly among women up-to-date with screening. Birthday letters may be effective at increasing overall preventive care; however, supplemental outreach may be needed around the due date to increase timely preventive services receipt.**

### Cribado de cáncer de mama - equidad


It will present recommendations for using a framework of shared decision making to assist women in balancing their personal values regarding benefits and harms of screening at various ages and intervals to make personal screening choices from within a range of reasonable options. Recommendations for women at elevated risk and discussion of new technologies, such as tomosynthesis, are beyond the scope of this document and are addressed in other publications of the American College of Obstetricians and Gynecologists (ACOG) (5-7).

Based on these findings, duration mandates in immigration policy may indirectly influence future pathways to preventive health care and cancer disparities disproportionately affecting immigrant women. We suggest that limits of duration mandates be reevaluated, as they may offer pathways to preventive health care for this vulnerable population, and prevent future cancer disparities.


In conclusion, later stage diagnoses of stomach, colon, and female breast cancer are still associated with SES in Korea in the era of the NCSP for the lower SES population.


We used a new approach to investigate adherence to USPSTF recommendations, accounting for both full and partial adherence. This approach identified disparities in mammography and Pap testing for women with VI. The findings of this study should facilitate the development of effective interventions to increase screening among women with VI.

Cribado de cáncer de cuello de útero - general


Conclusión: Population-level decreases in CIN among cohorts partially vaccinated for HPV may be considered when clinical practice guidelines for cervical cancer screening are reassessed. Evidence is rapidly growing to suggest that further increases in raising the age to start screening are imminent, one step toward integrating screening and vaccination.

Conclusión: **The landscape of cervical cancer prevention is changing in many countries thanks to the introduction of vaccination against high-risk types of human papillomavirus (HPV) and the incorporation of HPV DNA testing into cervical screening algorithms. In addition to this, uptake of screening is falling year on year in the UK and elsewhere. These factors present challenges and opportunities for health professionals working in primary care—in terms of communicating programmatic changes to women; responding to questions about the meaning and implications of HPV test results; and delivering interventions to increase screening uptake.**


Conclusión: **The participation in CC screening in women offered self-sampling was not higher than among those offered specimen collection by a clinician. Compliance with further follow-up for women with a positive HPV test on the self-sample requires further attention.**


Conclusión: **Human papillomaviruses (HPVs) are the necessary cause of most cervical cancers, a large proportion of other anogenital cancers, and a subset of oropharyngeal cancers. The knowledge about HPV has led to development of novel HPV-based prevention strategies with important impact on clinical and public health practice. Two complementary reviews have been prepared following the 2015 Eurogin Conference to evaluate how knowledge about HPV is changing practice in HPV infection and disease control through vaccination and screening. This review focuses on screening for cervical and anal cancers in increasingly vaccinated populations. The introduction of HPV vaccines a decade ago has led to reductions in HPV infections and early cancer precursors in countries with wide vaccination coverage. Despite the high efficacy of HPV vaccines, cervical cancer screening will remain important for many decades. Many healthcare systems are considering switching to primary HPV screening, which has higher sensitivity for cervical precancers and allows extending screening intervals. We describe different approaches to implementing HPV-based screening efforts in different healthcare systems with a focus in high-income countries. While the population prevalence for other anogenital cancers is too low for population-based screening, anal cancer incidence is very high in HIV-infected men who have sex with men, warranting consideration of early detection approaches. We summarize the current evidence on HPV-based prevention of anal cancers and highlight important evidence gaps.**


Conclusión: **Unrequested self-sampling and timed appointments are likely to be cost-effective interventions. Further research is required on the duration of effects and on implementing combinations of interventions.**

Conclusión: Human papillomavirus testing led to faster and more complete diagnosis of cervical disease, but 55.8% more biopsies and 20.0% more loop electrosurgical excision procedures were performed. In those tested, virtually all high-grade disease occurred in the 43.1% of women who were HPV positive, allowing clinical resources to be focused on women who need them most. These data provide essential information for cervical screening guidelines and public health policy.


Conclusión: Amongst non-attenders, self-sample kits sent and timed appointments achieved an uplift in screening over the short term; longer term impact is less certain. Prior human papillomavirus vaccination was associated with increased screening uptake.


Conclusión: Interventions that increase screening uptake may also increase subsequent engagement with information. Future research could investigate how to improve engagement at initial invitations. There may also be scope to reduce barriers to accessing non-English information and alternative communication strategies may benefit participants who are less inclined to weigh up advantages and disadvantages as part of their decision-making.


Conclusión: The aim of cervical cancer screening is to prevent mortality and incidence of cervical cancer. Population-based cervical cancer screening by quality-assured cytology has led to a significant decrease in mortality and incidence of cervical cancer by early detection and treatment of cervical cancer precursor lesions and low stages of cancer. Histologically, precursor lesions of cervical cancer are classified as cervical intraepithelial neoplasia (CIN), graded from CIN1 to CIN3 according to the severity of the lesion, defined as the width of the cervical epithelium (one-third to full thickness) consisting of morphologically abnormal cells. The reproducibility of grading CIN lesions by pathologists is at best 70%.


Conclusión: More cervical lesions were identified using LBC compared to conventional cytology. HRHPV infection was correlated with the severity of intraepithelial lesions. The current findings provide important information to evaluate the prevention of cervical cancer in Luxembourg and for monitoring the future impact of HPV vaccination.

Conclusión: *Most of the determinants of visiting a GP and cervical cancer screening examination differ from each other and a GP visit enhances the uptake of a smear test.*


Conclusión: *The majority of cervical cancer screening non-participants are not making an active decision not to attend but rather are either unaware or unable to act. There are clear sociodemographic differences between non-participant types, which could be used to identify where tailored interventions may be best targeted.*


Conclusión: *Cervical cancer screening in the United States has accompanied profound decreases in cancer incidence and mortality over the last half century. Two screening strategies are currently endorsed by US-based guideline groups: (1) triennial cytology for women aged 21 to 65 years, and (2) triennial cytology for women aged 21 to 29 years followed by cytology plus testing for high-risk human papillomavirus types every 5 years for women aged 30 years and older. Providing women with affordable, easily accessible screening, follow-up of abnormal tests, and timely treatment will result in the greatest impact of screening on cervical cancer incidence and mortality.*


Conclusión: *Overall, we estimate that 23.9% (95% CI: 19.3?27.6%) of current cases in women invited for screening could be prevented. Based on 2013 cancer incidence statistics, absolute numbers could be reduced by 487 (95% CI 394 to 563) or 3.4 (95% CI 2.8 to 4.0) per 100,000 women per year.*

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**Cribado de cáncer de cuello de útero - equidad**

Miranda PY, Yao N, Snipes SA, BeLue R, Lengerich E, Hillemeier MM. **Citizenship, length of stay, and screening for breast, cervical, and colorectal cancer in women, 2000-2010.** Cancer
Based on these findings, duration mandates in immigration policy may indirectly influence future pathways to preventive health care and cancer disparities disproportionately affecting immigrant women. We suggest that limits of duration mandates be reevaluated, as they may offer pathways to preventive health care for this vulnerable population, and prevent future cancer disparities.


In conclusion, later stage diagnoses of stomach, colon, and female breast cancer are still associated with SES in Korea in the era of the NCSP for the lower SES population.


We used a new approach to investigate adherence to USPSTF recommendations, accounting for both full and partial adherence. This approach identified disparities in mammography and Pap testing for women with VI. The findings of this study should facilitate the development of effective interventions to increase screening among women with VI.
Cribado de cáncer colorrectal - general


Conclusión: The use of the fecal occult blood test (FOBT) for colorectal cancer (CRC) screening is supported by randomized trials demonstrating effectiveness in cancer prevention and widely recommended by guidelines for this purpose. The fecal immunochemical test (FIT), as a direct measure of human hemoglobin in stool has a number of advantages relative to conventional FOBT and is increasingly used relative to that test. This review summarizes current evidence for FIT in colorectal neoplasia detection and the comparative effectiveness of FIT relative to other commonly used CRC screening modalities. Based on evidence, guidance statements on FIT application were developed and quality metrics for program implementation proposed.


Conclusión: More AN were both detected and missed in men compared to women at all cut-offs. Gender-tailored cut-offs could either level sensitivity in men and women (i.e., lower cut-off in women) or level the amount of missed lesions (i.e., lower cut-off in men).


Conclusión: The Basque Country CRC Programme results are aligned to its strategy and comparable to other programmes. MISCAN model was found to be a useful tool to predict the benefits of the programme in the future. The effectiveness of the Programme has not been formally established as case control studies are required to determine long term benefits from the screening strategy.


Conclusión: Since FOBT screen positive persons in our study remained at average risk of CRC despite of a negative index colonoscopy, we question the safety of suspending FOBT screening for this group. It needs to be monitored whether recent efforts to improve colonoscopy quality have been successful in ensuring low CRC risk after negative colonoscopy also in FOBT positive persons.


Conclusión: Our study illustrates delineation of a range of meaningful cut-offs (here: 9-25 μg Hb/g feces) according to expected diagnostic yield in a true screening setting. Selecting a cut-off within or beyond this range should consider characteristics of the specific target population, such as AN prevalence or available colonoscopy capacity.


Conclusión: Risk factor modification, screening, and treatment all have considerable potential to reduce CRC mortality by 2030, with the largest potential reduction observed for improved treatment and risk factor modification. IMPACT The estimation of these health impact measures provides useful information that can be applied in public health decision-making.


Conclusión: In the VHA, blacks are more likely to receive colonoscopy follow-up for positive FOBT/FIT results than whites, and follow-up rates markedly decline with advancing age and comorbidity burden. Patient and physician behaviors explain race variation in follow-up rates and contribute to variation by age and comorbidity burden. Cancer 2017. Published 2017. This article is a US Government work and is in the public domain in the USA.


Conclusión: Although text-message reminders did not significantly increase uptake of the overall population, the improvement among first-time invitees is encouraging.

Conclusión: *Improvement in CRC-tection performance is not sufficient to improve screening outcomes. Special attention must be directed to detecting precancerous adenomas.*


Conclusión: *Prediction models for colorectal cancer (CRC) detection in symptomatic patients, based on easily obtainable variables such as fecal haemoglobin concentration (f-Hb), age and sex, may simplify CRC diagnosis. We developed, and then externally validated, a multivariable prediction model, the FAST Score, with data from five diagnostic test accuracy studies that evaluated quantitative fecal immunochemical tests in symptomatic patients referred for colonoscopy. The diagnostic accuracy of the Score in derivation and validation cohorts was compared statistically with the area under the curve (AUC) and the Chi-square test. 1,572 and 3,976 patients were examined in these cohorts, respectively. For CRC, the odds ratio (OR) of the variables included in the Score were: age (years): 1.03 (95% confidence intervals (CI): 1.02–1.05), male sex: 1.6 (95% CI: 1.1–2.3) and f-Hb (0–<20 µg Hb/g feces): 2.0 (95% CI: 0.7–5.5), (20–<200 µg Hb/g): 16.8 (95% CI: 6.6–42.0), ≥200 µg Hb/g: 65.7 (95% CI: 26.3–164.1). The AUC for CRC detection was 0.88 (95% CI: 0.85–0.90) in the derivation and 0.91 (95% CI: 0.90–0.93; p = 0.005) in the validation cohort. At the two Score thresholds with 90% (4.50) and 99% (2.12) sensitivity for CRC, the Score had equivalent sensitivity, although the specificity was higher in the validation cohort (p < 0.001). Accordingly, the validation cohort was divided into three groups: high (21.4% of the cohort, positive predictive value—PPV: 21.7%), intermediate (59.8%, PPV: 0.9%) and low (18.8%, PPV: 0.0%) risk for CRC. The FAST Score is an easy to calculate prediction tool, highly accurate for CRC detection in symptomatic patients.*


Conclusión: *Among patients with a positive fecal immunochemical test result, compared with follow-up colonoscopy at 8 to 30 days, follow-up after 10 months was associated with a higher risk of colorectal cancer and more advanced-stage disease at the time of diagnosis. Further research is needed to assess whether this relationship is causal.*


Conclusión: *key finding is that risk stratified screening can reduce harms at all levels of compliance. Therefore, selection of screening scenarios should include comprehensive comparisons of mortality, harms from screening, and cost. This study provides guidance for*
evaluating risk stratified cancer screening and further research is required to identify optimal implementation approaches in the real-world setting.


Conclusión: Background Removal of adenomas reduces colorectal cancer incidence and mortality; however, the benefit of surveillance colonoscopy on colorectal cancer risk remains unclear. We examined heterogeneity in colorectal cancer incidence in intermediate-risk patients and the effect of surveillance on colorectal cancer incidence.


Conclusión: A quarter of the colorectal cancers diagnosed in our study were interval cancers. Patients with right-sided interval cancers had the highest proportion of Dukes C and D tumours coupled with the shortest survival time after diagnosis compared with the other groups.


Conclusión: These findings in a Population Based CRC Screening Programme indicate the need of population-based studies that continue analyzing related factors to improve their detection and reducing harm.


Conclusión: A large body of research demonstrates that colorectal cancer screening is an effective method for reducing colorectal cancer mortality. 1 Screening can detect cancer at an earlier stage, before it becomes symptomatic, and the detection and removal of adenomas can prevent cancer. Rates of colorectal cancer screening had increased until 2010, at which time approximately 60% of eligible US adults participated in colorectal cancer screening; however, screening has not increased since that time. 2 Colonoscopy is the most commonly used colorectal cancer screening test, but it is an invasive procedure and can be both costly and inconvenient for patients. Many patients prefer less-invasive tests. 3 Increased use of the fecal immunochemical test (FIT) has the potential to expand the use of colorectal cancer screening to a broader range of patients. However, the effectiveness of FIT depends on several layers of adherence including the initial screening test, repeated annual screening among those with negative test results, and follow-up colonoscopy among patients with positive test results.


Conclusión: The findings identify those at risk of non- or inconsistent participation in
rescreening. They should aid targeting of interventions for demographic groups at risk and ensuring screening experiences are not perceived as unpleasant or difficult.


Conclusión: A higher proportion of participants with faecal haemoglobin concentrations of $\geq 20\mu$g Hb/g faeces had advanced neoplasia detected at the next round than participants with lower faecal haemoglobin concentrations. Although most relevant when using high faecal haemoglobin concentrations cut-offs, studies of faecal haemoglobin concentrations and outcomes over screening rounds may provide strategies to direct available colonoscopy towards those at highest risk.


Conclusión: From 24 included RCTs, the following interventions increase uptake of faecal tests: advance notification letter (OR 1.20–1.51), postal mailing (OR 1.31–7.70), telephone contacts with an advisor (OR 1.36–7.72). Three interventions showed positive effects of GP involvement such as a GP-signed invitation letter [odds ratio (OR)=1.26], GP communication training (OR=1.22) or mailing reminders to GPs (OR=14.8). Inconclusive results were found for studies comparing different types of faecal tests and those testing the effectiveness of providing various types of written information. Advance notification letters, postal mailing of the faecal tests, written reminders and telephone contacts with an advisor increase patient uptake of faecal tests. There was only limited evidence on the effect of GP involvement on screening test uptake and a lack of studies focusing on nonresponders or disadvantaged groups.


Conclusión: Social inequality in screening uptake was evident among both men and women in the Danish CRC screening program, even though the program is free of charge and the screening kit is based on FIT and mailed directly to the individuals. Interventions are needed to bridge this gap if CRC screening is to avoid aggravating existing inequalities in CRC-related morbidity and mortality.


Conclusión: The incidence of interval cancers in the two years after a negative faecal immunochemical test in routine population-based colorectal cancer screening was less than one-fifth of the expected incidence. This is direct evidence that the faecal immunochemical test-based screening programme protocol has high sensitivity for cancers that will become symptomatic.

Conclusión: *Pls of key RCTs (2012-2015) derived a CRCS taxonomy useful in detailed examination of CRCS promotion and design of future RCTs.*


Conclusión: *Biennial FIT screening of subjects 55-75 years old provided 84.9 LYG, at a cost of €122,000 ($137,000) per 1000 participants. Considering a unit cost of €7 ($8) for FIT (including kit and analysis only, excluding organizational costs), a biomarker test that detects CRC with higher levels of specificity and sensitivity (100%) and advanced adenomas at a proportionally higher level of sensitivity (53%) should never exceed a cost of €51 ($57). The threshold cost could increase to more than €200 ($224) for high-performing biomarker tests in cases of limited colonoscopy capacity or higher uptake of this test. CONCLUSION Using the MISCAN-colon microsimulation model to estimate effects of CRC screening tests, we found that in order for a biomarker test with increased overall performance to be cost-effective, it should not exceed 7-fold the unit cost of FIT. This maximum would increase substantially if colonoscopy becomes more expensive or scarce, or if the new test has higher screening uptake. These values could be used to estimate the added value of new biomarkers compared to current FIT screening.*


Conclusión: *Future CRC screening programs should be designed to minimize these barriers and maximize facilitators to improve long-term screening adherence.*


Conclusión: *The diagnosis of colorectal cancer via the screening program is associated with a lower rate of postoperative minor complications and a shorter hospital stay.*


Conclusión: *Variation in CRC prevalence profoundly affects expected PPVs of screening tests, and PPVs should be carefully considered when decisions on screening tests and strategies are made for specific populations and health care systems. Here, we provide estimates of*
preclinical CRC and expected PPVs and NPVs of noninvasive screening tests, which may enhance the empirical basis for planning of population-based CRC screening strategies.


Conclusión: In practice, while individual PCP strategies have little effect, the use of multiple strategies to enhance screening appears to improve CRC screening uptake in patients.

Cribado de cáncer colorrectal - equidad


The budget impact mainly derived from colonoscopy-related costs incurred for the high-risk group. The effectiveness of FIT to detect CRC was critically dependent on follow-up after positive FIT. Community cancer prevention programs need reliable estimates of the cost of CRC screening promotion and the added budget impact of screening with colonoscopy.


Conclusion: Among elderly Medicare enrollees, the risk for interval CRC was higher in black persons than in white persons; the difference was more pronounced for cancer of the distal colon and rectum and for physicians with higher PDRs.


Based on these findings, duration mandates in immigration policy may indirectly influence future pathways to preventive health care and cancer disparities disproportionately affecting immigrant women. We suggest that limits of duration mandates be reevaluated, as they may offer pathways to preventive health care for this vulnerable population, and prevent future cancer disparities.

Kweon SS, Kim MG, Kang MR, Shin MH, Choi JS. Difference of stage at cancer diagnosis by socioeconomic status for four target cancers of the National Cancer Screening Program in Korea: Results from the Gwangju and Jeonnam cancer registries. J Epidemiol. 2017
In conclusion, later stage diagnoses of stomach, colon, and female breast cancer are still associated with SES in Korea in the era of the NCSP for the lower SES population.


For CRC, the odds ratio (OR) of the variables included in the Score were: age (years): 1.03 (95% confidence intervals (CI): 1.02-1.05), male sex: 1.6 (95% CI: 1.1-2.3) and f-Hb (0-<20 µg Hb/g feces): 2.0 (95% CI: 0.7-5.5), (20-<200 µg Hb/g): 16.8 (95% CI: 6.6-42.0), ≥200 µg Hb/g: 65.7 (95% CI: 26.3-164.1). The AUC for CRC detection was 0.88 (95% CI: 0.85-0.90) in the derivation and 0.91 (95% CI: 0.90-0.93; p = 0.005) in the validation cohort. At the two Score thresholds with 90% (4.50) and 99% (2.12) sensitivity for CRC, the Score had equivalent sensitivity, although the specificity was higher in the validation cohort (p < 0.001). Accordingly, the validation cohort was divided into three groups: high (21.4% of the cohort, positive predictive value-PPV: 21.7%), intermediate (59.8%, PPV: 0.9%) and low (18.8%, PPV: 0.0%) risk for CRC. The FAST Score is an easy to calculate prediction tool, highly accurate for CRC detection in symptomatic patients.

Cribado de cáncer de pulmón - general


No socio-economic inequalities in the patient interval or in time from diagnosis to treatment were found. Socio-economic inequalities in stage at diagnosis are thought to be an important explanatory factor for survival inequalities in cancer. However, socio-economic inequalities in stage at diagnosis were not found in a meta-analysis for lung cancer.
Cribado de cáncer de próstata - general


Conclusión: We can conclude that the performance of the ERSPC-RC in the present cohort shows a high similitude between the 2 PSA levels; however, the RC variability value is associated with a decreased risk of significant PCa. The use of the ERSPC in our cohort detects a high number of unnecessary biopsies. Thus, the incorporation of ERSPC-RC could help the clinical decision to carry out a prostate biopsy.


Conclusión: In the absence of evidence to guide screening recommendation for African American men and men with a family history of prostate cancer, the C recommendation applies to the general population and these high-risk groups. For men 70 years and older, the draft recommends against PSA-based screening for prostate cancer (D recommendation). The evidence shows that prostate cancer is slow growing, and the 10-year survival rate is quite high. Rates of overdiagnosis are higher in older men, raising the concern that screening may result in more harm than benefit in this age group.


Conclusión: These findings raise concern for a reversal of the observed improvement in prostate cancer-specific mortality over preceding decades. Alternative screening strategies would a) incorporate the patient’s preferences by engaging in shared decision making; b) preserve the survival benefits associated with screening; c) improve on the specificity of screening to reduce unnecessary biopsies and detection of low-risk disease; and d) promote the use of Active Surveillance for low-risk cancers if they are detected.


Conclusión: A significant proportion of biopsy complications, hospital admissions and costs could be reduced if biopsy decisions were based on ERSPC risk calculators instead of PSA only.
This effect was most prominent in more recent biopsies and in men with repeated biopsies or screening.


Conclusión: Assumptions about PCa risk and screen-detectable prevalence significantly affect the benefit-harm balance of screening. Based on the assumptions of our model, PCa screening should focus on candidates with familial predisposition with consideration of individual QoL preferences and age. Active surveillance may require treatment initiation before Gleason score progression to 7. Alternative active surveillance strategies should be evaluated in further modeling studies.


Conclusión: The knowledge in the field of diagnosis, staging, and treatment of localised PCa is evolving rapidly. The 2016 EAU-ESTRO-SIOG Guidelines on PCa summarise the most recent findings and advice for the use in clinical practice. These are the first PCa guidelines endorsed by the European Society for Radiotherapy and Oncology and the International Society of Geriatric Oncology and reflect the multidisciplinary nature of PCa management. A full version is available from the EAU office and online (http://uroweb.org/guideline/prostate-cancer/)


Conclusión: After four repeated screens and ≥1 previous biopsies in half of men, a significant proportion of men aged ≥70 yr still harbor high-grade PCa. Upfront risk stratification and the combination of MRI and TRUS-Bx would have avoided two-thirds of biopsies and low-grade PCa diagnoses in our cohort, while maintaining the high-grade PCa detection of a TRUS-Bx all men approach. Further studies are needed to verify these results.

Conclusión: The US Preventive Services Task Force has issued a new draft guideline, with a “C” recommendation that men aged 55-69 yr should be informed about the benefits and harms of screening for prostate cancer, and offered prostate-specific antigen testing if they choose it. For men aged ≥70 yr, the recommendation remains “D”, or “do not screen.” This draft represents substantial progress in the right direction towards offering men a fair opportunity to discuss the risks and benefits of screening with their primary care providers. However, the evidence review underlying the draft remains fundamentally inadequate, leading to biased presentations of both benefits and harms of screening. The final guideline and future revisions should reflect formal engagement with subject matter experts to optimize the advise given to men and their physicians.

### Cribado de cáncer de próstata - equidad

### Cribado de otros cánceres y general sobre cribado - general


Conclusión: At the end of World War II, there was an alarming publication by a group of Chicago surgeons reporting that 17% of nontoxic thyroid nodules harbored thyroid cancer. The surgeons concluded that this finding makes “surgical therapy quite urgent in this seemingly harmless lesion.”2(p883) A few months later, New York surgeons reported that apparently benign thyroid nodules and innocent-appearing breast lumps had a similar prevalence of cancer.3 They concluded that it is as justifiable to perform a thyroidectomy for a thyroid nodule as a biopsy for a breast mass.


Conclusión: Detection of thyroid carcinoma includes recognition of a nodule by the patient, palpation of a nodule by the physician, or incidental detection of a thyroid nodule during imaging procedures, such as carotid ultrasonography or chest computed tomography. Individual nodules carry a risk of 7% to 9% of harboring a thyroid carcinoma.1 Thyroid carcinomas are usually contained within the thyroid gland and have excellent prognosis, with less than 2% mortality at 5 years.2 These data might suggest a public health benefit of screening—cancer is detected at an early enough stage to have an excellent prognosis. Why not broaden the scope of detection by palpation or as an incidental finding to include routine screening, and detect more of these carcinomas while they are asymptomatic?

Conclusión: La adición de imágenes dermoscópicas mejora significativamente los resultados de un sistema de cribado de cáncer de piel basado en Internet, comparado con sistemas basados en imágenes clínicas solamente.


Conclusión: Dentro del Programa Nacional de cribado de cáncer en Corea, los pacientes que recibieron una endoscopia superior fueron menos propensos a morir de cáncer gástrico; no se encontraron asociaciones con las series UGI.


Conclusión: El US Preventive Services Task Force (USPSTF) recomienda contra el cribado de cáncer de tiroides en adultos asintomáticos, dándole a la práctica un grado D.1 El Task Force desaconseja el uso de cribado con palpación o ultrasonografía con un nivel moderado de certeza de que el cribado no tiene beneficio neto o que el daño supera los beneficios. La recomendación está basada en una revisión sistemática de la evidencia que es una actualización de una recomendación previa del USPSTF de 1996,3 que llegó a un mismo resultado.


Conclusión: El US Preventive Services Task Force (USPSTF) ha revisado la evidencia para cribado de cáncer de tiroides1 y otorgado la práctica un grado D recomendación.2 ¿Qué significa esto? ¿Podemos relajarnos o estar indignados? Después de todo, no es información más buena? ¿No deberíamos intentar “coger el cáncer temprano” a través del cribado?


Conclusión: Nuestras conclusiones sugieren que aunque la conciencia del propósito de la detección temprana del cáncer es alta, la conciencia de que el cribado puede prevenir el cáncer es baja en todos los grupos demográficos. Entender el propósito del cribado es un aspecto importante de la elección informada, pero a pesar de las estrategias de comunicación actuales que resaltan estas diferencias, las personas no parecen tener un entendimiento más profundo de estos diferentes fines. Nuestras conclusiones podrían ser indicativas de un mayor escéptico público sobre la prevención del cáncer.

Conclusión: There are reasons to wonder whether people with higher incomes receive too much medical care. Cancer screening is one area where overutilization can cause harm, resulting in overdiagnosis and potentially unnecessary treatment.