Shared decision making in breast cancer screening

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Disclosures

• None
Learning objectives:

• Discuss the role of values clarification in breast cancer screening
• Demonstrate an interactive shared decision making tool to be used in a primary care visit that supports the decision process in breast cancer screening for women in their 40s.
• Assess the benefits of patient engagement in the decision process.
Current recommendations

US Preventive Services Task Force
- Every other year age 50-74 (grade B recommendation).
- Not recommended for under 50, but should discuss risk and preferences with patients and decide on an individual basis (grade C recommendation).

American Cancer Society
- Every year age 45-54 then transition to biennial screening for age 55 and older.
- Continue to screen as long as patient is in good health and life expectancy is >10 years.
- Give option for annual screening for age 40-44.

American College of Radiology / American Congress of Obstetricians and Gynecologists
- Every year beginning at age 40.
- Stop when life expectancy is <5-7 years.
USPSTF Recommendation for mammography in women in their 40s

• “The decision to start screening mammography in women before age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms, may choose to begin screening every 2 years between the ages of 40 and 49 years” (C)
Mammography: the Decision

What is my risk? What are the benefits /harms?

Guideline recommendations vary

Need to consider individual risk, preferences & values!

High stakes and high anxiety
Multi-disciplinary team
Existing Efficacy Data

**Original Article**


**Mammography Decision Aid Reduces Decisional Conflict for Women in Their Forties Considering Screening**

Karen B. Eden, PhD, Paula Scariati, DO, MPH, MS, Krystal Klein, PhD, Lindsey Watson, BS, Mark Remiker MA, Michelle Hribar, PhD, Vanessa Forro, BA, LeAnn Michaels, BS, and Heidi D. Nelson, MD, MPH.


**Impact of a primary care based intervention on breast cancer knowledge, risk perception and concern: A randomized, controlled trial**

Jennifer Livaudais-Toman, Leah S. Karliner, Jeffrey A. Tice, Karla Kerlikowske, Steven Gregorich, Eliseo J. Pérez-Stable, Rena J. Pasick, Alice Chen, Jessica Quinn, Celia P. Kaplan.
MD interviews

- Interviewed 17 GIM, FM, and OB/Gyn
- Conflicting guidelines, don’t know what to do
- Want a tool that is clear, will take no longer than 3-4 minutes
Focus groups

- Women trust their doctors to tell them what to do.
- Influenced by public perception of breast cancer and personal experiences
HealthDecision™ is a platform of interactive decision aids that help providers and patients reach educated, thoughtful decisions together.
Welcome to HealthDecision

Choose a decision support tool below:

- Cardiovascular Risk
  Shows the risks/benefits of statins (and quitting smoking).
  Uses 2013 Pooled Cohort Equations & displays the AHA/AACCC recommendations.

- Atrial Fibrillation
  Shows risks/benefits of using anticoagulant medications.
  Calculates stroke and bleeding risks on or off anticoagulant medications.

- Lung Cancer Screening
  Shows risks/benefits of chest CT scans.
  Calculates mortality, benefit and false positive rates.

- Screening Mammography
  Shows risks/benefits of regular Mammograms
  Delta
  Uses BCSC Risk Estimate with Breast Density.

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Eligibility Check before using this mammogram decision tool

This tool is designed for average-risk patients. To confirm patient is eligible to use tool, answer questions below:

(Any "Yes" answers suggest patient may be higher than average-risk.)

Note: This Mammogram tool has been updated 6/15/16 with many new changes. We are pleased with the numbers and overall structure. Please use the "Send Feedback" button above right for any comments and questions.

- Do you have any current breast symptoms? No, Yes, UNK
- Have you had previous breast cancer including DCIS? No, Yes, UNK
- Did you have chest radiation for cancer at a young age? No, Yes, UNK
- Do you have known genetic markers for breast cancer? No, Yes, UNK
- Do you have a life expectancy below 10 years? No, Yes, UNK

Click here for "No" to all questions and continue -> No For All

Continue
Risk Assessment

Chance of developing breast cancer in 10 years is about: 1.8%
By comparison, average chance for a woman age 43 is: 2%
These and other comparison numbers are shown in the bar graph below.

Guideline Recommendations

U.S. Preventive Services Task Force (2016): “Women who place a higher value on the potential benefit than the potential harm may choose to begin biennial screening between the ages of 40 and 49 years. (C recommendation)

American Cancer Society (2016): Screening in age 40-69 is associated with mortality reduction. Women should have the opportunity to begin annual screening between the ages of 40 and 44 years (qualified recommendation).

American College of Radiology (2010): Annual screening mammography should start at age 40. Screening should stop when life expectancy is <5.7 years or abnormal results would not be acted on.

The Y Axis

Pt. Risk

Avg Risk

1.73%

1.67%

1.59%

2.68%

Current Patient

Age 43

Age 40

Average Risk

Age 42

Age 50

Continue
Decision: Get screening mammograms or not?

(Rock 'Yes' to see impact of screening mammograms on risk.)

For 1000 age 43 women over 10 years

18 are diagnosed with breast cancer.
- 4 die of breast cancer.
- 14 survive breast cancer.

982 are not diagnosed with breast cancer.
- 982 won't have breast cancer.

Continue
Decision: Get screening mammograms or not?

(Pick 'Yes' to see impact of screening mammograms on risk.)

For 1000 age 43 women over 10 years

21 are diagnosed with breast cancer.
- 3 die of breast cancer.
- 1 avoid breast cancer death.
- 14 survive breast cancer.
- 3 more are diagnosed by screening.

979 are not diagnosed with breast cancer.
- 370 have no br cancer, recalls or biopsies.
- 609 recalled for at least one false alarm.
- 124 undergo a biopsy that is normal.
How does shared decision making affect care?

- Increased patient satisfaction scores
- Provides the clinician with a structured way to list benefits and harms and start to elucidate values and decision making processes.
Questions?

THANK YOU FOR YOUR ATTENTION