



EUROPEAN COMMISSION
JOINT RESEARCH CENTRE

Directorate F - Health, Consumers & Reference Materials (Ispra)
Health in Society

European Commission Initiative on Breast Cancer (ECIBC): European guidelines on breast cancer screening and diagnosis

QUESTION

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

RECOMMENDATION

The ECIBC's Guidelines Development Group (GDG) suggests against using a phone call for informing women who have a negative screening result (conditional recommendation; certainty of evidence: very low).

ASSESSMENT

POPULATION	women who have a negative screening result
INTERVENTION	a phone call
COMPARISON	a letter
MAIN OUTCOMES	Satisfaction (several communication strategies)Anxiety
SETTING	Breast cancer screening programme
PERSPECTIVE	
BACKGROUND	<p>Breast cancer screening is a public health initiative that involves a system of informing and offering a defined target population to participate, administering and evaluate the invitation and screening procedure and referral for further assessment, ensuring timely results of the screening test and eventual diagnosis, staging and access to effective treatment with routine evaluation of the process. Breast cancer screening should be viewed as a continuous process encompassing all the components, from invitation to treatment and follow up. The different stages of screening should correspond to different communication modalities and information needs. Therefore, it would be appropriate to provide women with different types of information according to the different screening phases (i.e. invitation, negative results and recall). Women recalled for further assessment might need information about the procedures and on possible outcomes. At this stage it might be appropriate to provide women with additional and more detailed information using different formats. It is crucial that women diagnosed with breast cancer have the opportunity to meet health professionals and be able to discuss various options and outcomes with professionals in a supportive environment. The way and time in which this information is conveyed to women, especially if a further assessment is needed, could have a strong impact on</p>

women's anxiety, stress, quality of life and general well-being. Similarly, how negative results are conveyed to women could impact subsequent participation and on women's trust on breast screening initiatives.

Management of Conflicts of Interest (Col): Cols for all Guidelines Development Group (GDG) members were assessed and managed by the Joint Research Centre (JRC) following an established procedure in line with European Commission rules. GDG member participation in the development of the recommendations was restricted, according to Col disclosure. Consequently, for this particular question, the following GDG members were recused from voting: Edoardo Colzani, Markus Follman, Paolo Giorgi Rossi, Axel Gräwingholt and Kenneth Young; Miranda Langendam, as external expert, was also not allowed to vote, according to the ECIBC rules of procedure.. For more information please visit <http://ecibc.jrc.ec.europa.eu/gdg-documents>

JUDGEMENTS

Is the problem a priority?

- No
- Probably no
- Probably yes
- Yes
- Varies
- Don't know

Breast cancer screening is a public health initiative that includes a system of informing women about the results of the tests being performed within a timely manner. The way test results are communicated could have an impact on satisfaction, anxiety, stress, quality of life and general well-being.

Additional considerations

The GDG prioritised this question for the ECIBC.

How substantial are the desirable anticipated effects?

- Trivial
- Small
- Moderate
- Large
- Varies
- Don't know

Outcomes	? of participants (studies) Follow up	Certainty of the evidence (GRADE)	Impact
Satisfaction (several communication strategies)	655 (1 observational study) ¹	???? VERY LOW ^a	In terms of patient's preferences, the first choice of different methods of communicating mammography normal results was for the physician to call the patient with the result (p<0.001). - 65% of women who received their results by regular mail were 'pleased' or 'very pleased' with the method of telling, as were 72% of those told by their physician in person, and 94% of those called by their physician (based on a 5-point scale: 1 - very displeased; 2 - displeased; 3 - neutral; 4 - pleased; 5 - very pleased)
Anxiety	0 (0 studies)	-	-

1. Lind SE, Kopans D Good MJD. Patients' preferences for learning the results of mammographic examinations. Breast Cancer Research and Treatment; 1992.

1. Downgraded for indirectness because conducted outside Europe

Additional considerations

The GDG noted that the study was too indirect and that also no comparisons of optimal strategies were provided (study conducted outside Europe, very low quality evidence, not a real comparison of communication methods was assessed).

How substantial are the undesirable anticipated effects?

- Large
- Moderate
- Small
- Trivial
- Varies
- Don't know

Outcomes	? of participants (studies) Follow up	Certainty of the evidence (GRADE)	Impact
Satisfaction (several communication strategies)	655 (1 observational study) ¹	???? VERY LOW ^a	In terms of patient's preferences, the first choice of different methods of communicating mammography normal results was for the physician to call the patient with the result (p<0.001). - 65% of women who received their results by regular mail were 'pleased' or 'very pleased' with the method of telling, as were 72% of those told by their physician in person, and 94% of those called by their physician (based on a 5-point scale: 1 - very displeased; 2 - displeased; 3 - neutral; 4 - pleased; 5 - very pleased)
Anxiety	0 (0 studies)	-	-

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The GDG noted that the study was too indirect and that also no comparisons of optimal strategies were provided (study conducted outside Europe, very low quality evidence, not a real comparison of communication methods was assessed).

What is the overall certainty of the evidence of effects?

Very low

Low

Moderate

High

No included studies

Additional considerations

The GDG judged that the study was too indirect and that also no comparisons of optimal strategies were provided (study conducted outside Europe, very low quality evidence, not a real comparison of communication methods was assessed).

Is there important uncertainty about or variability in how much people value the main outcomes?

Important uncertainty or variability

Possibly important uncertainty or variability

Probably no important uncertainty or variability

No important uncertainty or variability

No known undesirable outcomes

No systematic review was conducted.

Additional considerations

The GDG judged that there may be possibly important uncertainty or variability in how women value the main outcomes.

Does the balance between desirable and undesirable effects favor the intervention or the comparison?

Favors the comparison

Additional considerations

Probably favors the comparison

Does not favor either the intervention or the comparison

The GDG judged that the study was too indirect and that also no comparisons of optimal strategies were provided, so it doesn't know if the balance between desirable and undesirable effects favour the intervention or the comparison.

Probably favors the intervention

Favors the intervention

Varies

Don't know

How large are the resource requirements (costs)?

- Large costs
- Moderate costs
- Negligible costs and savings
- Moderate savings
- Large savings
- Varies
- Don't know

No systematic review was conducted.

Additional considerations

Physician to call the patient: The phone call alone does not have a significant cost. However, human resource of addressing questions adds a significant cost. If the phone call is made by a health professional there may be more questions and increased time required for phone calls than if it is an administrator who does not have content expertise to answer questions.

Regular mail: An Italian Technical Report, based on data from four healthcare organisations, reported a median cost of 4.6 Euros per one invited woman (including a letter with the appointment date and the call centre service that manages the appointment dates) (2007 value) (Mantellini P, 2012).

The GDG noted that sending a letter appeared to be "cheap", and that digital letters may be less expensive.

The GDG judged that the intervention requires large costs compared to the letter.

What is the certainty of the evidence of resource requirements (costs)?

Very low

Additional considerations

Low

Moderate

Very low certainty due to the serious indirectness of the evidence.

High

No included studies

Does the cost-effectiveness of the intervention favor the intervention or the comparison?

Favors the comparison

Probably favors the comparison

No systematic review was conducted.

Does not favor either the intervention or the comparison

Probably favors the intervention

Favors the intervention

Varies

No included studies

What would be the impact on health equity?

- Reduced
- Probably reduced
- Probably no impact
- Probably increased
- Increased
- Varies
- Don't know

No systematic review was conducted.

Additional considerations

The GDG judged that the intervention would probably have no impact on equity.

Is the intervention acceptable to key stakeholders?

- No
- Probably no
- Probably yes
- Yes
- Varies
- Don't know

No systematic review of research evidence was conducted.

Additional considerations

The GDG judged that the intervention is probably not acceptable to key stakeholders in most settings.

Is the intervention feasible to implement?

- No
- Probably no
- Probably yes
- Yes
- Varies
- Don't know

No systematic review of research evidence was conducted.

- Survey data (unpublished) from 21 European breast cancer screening programmes from 18 countries (Belgium, Austria, Croatia, Finland, Germany, Latvia, Lithuania, Netherlands, Slovenia, Denmark, Cyprus, Italy, Spain, Norway, Malta, England, Ireland, and Wales) showed that the majority use letters to inform women of a negative result. Only one uses a phone call but together with a letter and a specific website (a total of 28 European countries were reached).

These are the findings regarding the content of the letters used by 12 programmes participating in the survey:

Logistic information:

1. providing information for future screening appointments

All programmes reported information about future appointments. 83% of programmes will send invitation letters again in two years. 17% of programmes will send invitation letters again in three years

Background information:

2. Info on what to expect after the screening appointment

75% of programmes advised women to always check their breasts and to contact their doctor if they notice any anomaly.

Suggestive opening/closing sentences:

3. Suggestive headlines

Two countries (17%) (Norway, Wales) had suggestive headlines (“Your screening mammogram did not show signs of breast cancer”).

Consequences of screening:

4. Benefits of screening reported

25% of programmes mentioned that screening is one way to detect breast cancer early

5. Harms of screening reported/screening limitations

67% of programmes mentioned that mammography cannot detect all breast cancer.

Additional considerations

The GDG judged that the intervention is probably not feasible to implement. Among European breast cancer screening programmes surveyed only one is using it.

CONCLUSIONS

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

TYPE OF RECOMMENDATION	Strong recommendation against the intervention	Conditional recommendation against the intervention	Conditional recommendation for either the intervention or the comparison	Conditional recommendation for the intervention	Strong recommendation for the intervention
	○	⊗	○	○	○
RECOMMENDATION	The ECIBC's Guidelines Development Group (GDG) suggests against using a phone call for informing women who have a negative screening result (conditional recommendation; certainty of evidence: very low).				
JUSTIFICATION	<p>Overall justification</p> <p>The GDG made a conditional recommendation against the intervention, because of the too indirect evidence on desirable and undesirable effects, the large costs, and the judgement that the intervention was probably not acceptable to key stakeholders and not feasible to implement.</p> <p>Detailed justification</p> <p>Desirable Effects:</p> <p>The GDG noted that the studies were too indirect and that also no comparisons of optimal strategies were provided (study conducted outside Europe, very low quality evidence, not a real comparison of communication methods was assessed).</p>				

Acceptability:

The GDG judged that the intervention is probably not acceptable to key stakeholders in most settings.

Feasibility:

The GDG judged that the intervention is probably not feasible to implement. Among European breast cancer screening programmes surveyed only one is using it.

SUBGROUP CONSIDERATIONS None identified.

IMPLEMENTATION CONSIDERATIONS None identified.

MONITORING AND EVALUATION None identified.

RESEARCH PRIORITIES GDG suggested that other type of intervention may be explored i.e. SMS and encrypted digital communications.