

Doplňující US v nových doporučeních Evropské komise

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Datový audit, 2018

Ustanovení § 4 odst. 5 zákona č. 372/2011 Sb., o zdravotních službách, zní takto:

„Náležitou odbornou úrovní se rozumí poskytování zdravotních služeb podle pravidel vědy a uznávaných medicínských postupů, při respektování individuality pacienta, s ohledem na konkrétní podmínky a objektivní možnosti“.



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.

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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.

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US u denzních prsů (BIRADS C a D) + MMG vers. MMG

Recommendations from European Breast Guidelines

Read me

 General Information

I'm a patient/individual



I'm a professional



I'm a policy maker



Should tailored screening with hand-held ultrasound (HHUS) based on high mammographic breast density, in addition to mammography, vs. mammography alone be used for early detection of breast cancer in asymptomatic women?

Recommendation

Justification

Considerations






Assessment

Bibliography

Recommendation

For asymptomatic women, with high mammographic breast density and a negative mammography, in the context of an organised screening programme, 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 recommendation, low certainty of the evidence).

Recommendation strength

-  *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*

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Subgroup

The only subgroup assessed in this recommendation were women with high mammographic breast density.

DBT ver. digitální mamografie ve screeningu

Recommendations from European Breast Guidelines

Read me



I'm a patient/individual



I'm a professional



I'm a policy maker



Should screening using tomosynthesis (including synthesised 2D images) vs. digital mammography be used for early detection of breast cancer in asymptomatic women?

Recommendation Justification Considerations Assessment Bibliography

Recommendation

For asymptomatic women with an average risk of breast cancer, the ECIBC's Guidelines Development Group (GDG) suggests screening with either DBT (Digital Breast Tomosynthesis) or DM alone, in the context of an organised screening programme (conditional recommendation, very low certainty in the evidence). Since the GDG made a strong recommendation for screening at ages 50-69, this applies specifically to this age group. In settings and where the increased costs are not a barrier to implementation, the GDG felt that the increased breast cancer detection rate associated with DBT compared to DM is likely to be clinically important.

Recommendation strength

- 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

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Subgroup

Women with high mammographic breast density are likely to benefit most from the increased detection capability of DBT. However, this group was not specifically considered in this question.

Implementation

- Evidence will be emerging from ongoing and newly starting screening trials on tomosynthesis that may influence the current recommendations.
- In general, the GDG believed it is important to educate women and health professionals on the risk of radiation, and the very small increase in dose with DBT, in the context of possible benefits of screening.
- The GDG identified variability in the quality of DBT machines currently available and their methods of capturing images. The MBTST study used a machine that has a wide-angle form of DBT image capture and may result in different breast cancer detection rates. The Malmö study used a single view DBT format.
- The GDG notes that new quality assurance standards of technologies and screening programmes must be considered in choosing DBT over DM. The GDG emphasised that specific standards for synthesised 2D imaging, and their use in comparison to previously captured DM screening images will be necessary in order to implement this recommendation.
- There will be significantly increased data storage needs for screening programmes using DBT as compared to DM.
- The GDG noted that health equity in access to screening should be considered for countries choosing DBT-based screening programmes, due to different resource settings and the capacity for different countries to be able to pay for DBT over DM which may lead to increased health inequities.



Děkuji vám za pozornost!