

Screening Unit

Screening for Breast Cancer in Younger Women

Objectives:

1. Learn to assess the validity of screening studies
2. Learn to synthesize and communicate information from disparate studies
3. Practice incorporating patient values into recommendations for screening

Assignment:

1. Read the User's Guide section on Screening
2. Read the clinical scenario and consider your recommendations before reviewing the literature
3. Review and evaluate the associated articles
4. Formulate individualized recommendations for the patient in the scenario
5. Consider the suggestions for conferring the information to clinical learners

Clinical Scenario:

Your patient, a 45 year old woman who is a nurse in Gynecology, inquires about breast cancer screening at her annual wellness checkup, her first with you. She has no family history of breast cancer and is at average risk. She has never been screened.

At work, several of her colleague nurses and physicians have vocally advocated for mammography. However, she has read about the subject and knows that there are differing guidelines. She has encountered women who have had numerous negative biopsies based on mammogram results, and would like to avoid unnecessary procedures. However, she recognizes breast cancer as a legitimate risk and would like advice on how she should proceed.

Enclosed Materials:

1. Relevant Articles:
 1. Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial. *BMJ* 2014;348:g366
 2. Swedish two-county trial: impact of mammographic screening on breast cancer mortality during 3 decades. *Radiology*. 2011 Sep;260(3):658-63.
 3. Guyatt et al. *Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, Third Edition*
2. Worksheet- Screening

Teaching Ideas

- consider presenting the clinical scenario and discussing the values of the patient prior to reading the primary literature
- Try altering the clinical scenario to demonstrate why the same evidence can produce different recommendations in similar patients (patient > 50, patient with different values and concerns, etc)
- Larger groups of learners can form subgroups, each of which gets a different patient scenario
- Role playing is often helpful for exploring values and preferences- complex roles, including having “patients” converse with each other; a provider converse with multiple patients, etc can add depth and realism if time allows
- An alternative is to provide the different references to the different groups, and have them discuss the recommendations based on their literature