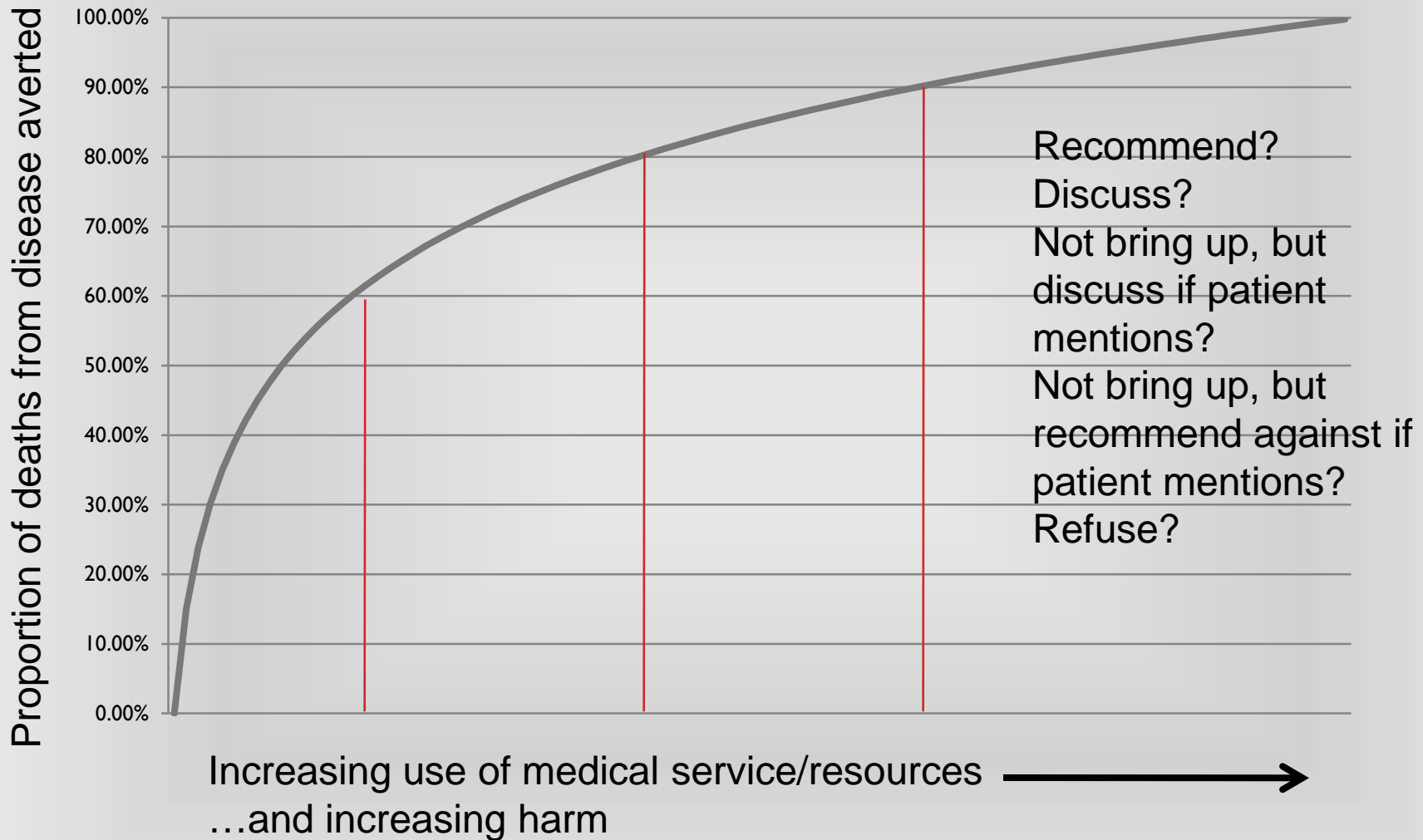


What is the role of shared decision making?



GRADES OF RECOMMENDATION

Certainty of net benefit	Magnitude of net benefit			
	Substantial	Moderate	Small	Zero/Negative
High	A	B	C	D
Moderate	B	B	C	D
Low	I - Insufficient Evidence			

COLON CANCER SCREENING

- The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy... the risks and benefits of these screening methods vary.
- 2010: approximately two thirds of the U.S. population aged 50–75 years was up-to-date - increased from just over 50% in 2002

BREAST CANCER SCREENING

- No screening
 - Lifetime risk of dying from breast cancer is 3%
- Screen biennially age 50-74 years
 - Reduce lifetime risk of dying from 3% to 2.3%
- Start at age 40 rather than age 50
 - Reduce further from 2.3% to 2.2%
 - Per 1000 women screened, 5000 additional mammograms, 500 false positives, 33 unnecessary biopsies

PSA SCREENING : PER 1,000 MEN SCREENED

- 100-120 will have at least one false positive result
 - Up to 33% will have a significant but transient complication, 1% will be hospitalized
- 110 men diagnosed with cancer; 100 men treated, at least a third unnecessarily
 - 3 will have a DVT, PE, MI or stroke
 - 29 will have erectile dysfunction due to Rx
 - 18 will have urinary incontinence due to Rx
 - 1 in 3000 screened will die due to Rx
- 1 man or fewer will avoid a prostate cancer death after 10 years