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Destacado

- Cribado de cáncer de mama - general


Conclusión: Conclusiones: la combinación de imagen 2D+3D en el cribado se mostró como una prueba excelente. Aunque en el diagnóstico la especificidad fue menor que en el cribado, el rendimiento global de la prueba fue muy bueno. No obstante, no se disponen de estudios que analicen el efecto que tendría añadir la tomosíntesis a la mamografía en el cribado o diagnóstico sobre los resultados en salud.

Conclusión: Based on data from 50,971 screening examinations using DBT and 129,369 screening examinations using DM, the authors conclude that DBT screening was associated with higher cancer detection rates and lower recall rates across all ages and density groups. In addition, the authors report that DBT-detected cancers were more likely to be smaller and node negative than were DM-detected cancers, particularly among women aged 40 to 49 years.


Conclusión: The three methods showed a slightly higher mammographic sensitivity and a longer mean sojourn time in the last period, after the introduction of digital mammography. Estimates were more realistic for the more sophisticated methods, non-linear regression and Markov Chain Monte Carlo simulation, while the simple closed form approximation of maximum likelihood estimation led to rather high estimates for sensitivity in the early periods.


Conclusión: Women who reported lump or retraction had about two-fold risk of breast cancer incidence, three-fold risk of breast cancer mortality and all-cause mortality respectively as compared to women without respective symptoms (p-value<0.05). We found a substantial difference (p-value<0.05) in mortality rates throughout the follow-up period between symptomatic and asymptomatic group. In absolute terms, after the follow-up period for women who reported lump, 180 died from breast cancer as compared to 70 deaths in those without lump, per 10,000 person-years of follow-up, and 315 versus 160 all-cause deaths per 10,000 person-years in women with and without lump respectively. Our study provides comprehensive evidence that women with breast symptoms remain in a higher risk of dying over a very long period. The findings indicate needs to develop improvements in the guidelines for screening and clinical services for women presenting with symptoms.


Conclusión: Systematic reviews on mammography screening, mainly from high-income countries, systematically disagree on the interpretation of the benefit-to-harm ratio. Future reviews are unlikely to clarify the discrepancies unless new original studies are published. This article is protected by copyright. All rights reserved.

Møller MH, Lousdal ML, Kristiansen IS, Støvring H. Effect of organized mammography screening on breast cancer mortality: A population-based cohort

Conclusión: Mammography screening was not associated with a larger breast cancer mortality reduction in women eligible relative to ineligible women.


Conclusión: Breast cancer screening mammography is widespread in industrialised countries within the framework of public health program or opportunistic form. Only few data exist on the comparison of effectiveness between organised and opportunistic screening. The aim of this study is to compare organised and opportunistic screening using population-based data from the Fribourg cancer registry, Switzerland.


Conclusión: VMD is associated with several breast cancer risk factors, the strongest being BMI, where the direction of the association differ for percent and absolute VMD. The inverse association with age appears modified by menopausal status and other breast cancer risk factors. Impact: Since VMD methods are becoming widely available in screening and clinical settings, the association between VMD measures and breast cancer risk factors should be investigated further in longitudinal studies.


Conclusión: In this issue of JAMA Oncology, Conant and colleagues report outcomes of breast cancer screening using DBT vs DM among 96 269 women aged 40 to 74 years across 3 research centers in the Population-Based Research Optimizing Screening Through Personalized Regimens (PROSPR) consortium. Based on data from 50 971 screening examinations using DBT and 129 369 screening examinations using DM, the authors conclude that DBT screening was associated with higher cancer detection rates and lower recall rates across all ages and density groups. In addition, the authors report that DBT-detected cancers were more likely to be smaller and node negative than were DM-detected cancers, particularly among women aged 40 to 49 years.

Conclusión: *Women with a history of BBD have an increased risk of BC that is independent of, and multiplies, their underlying familial and genetic risk.*


Conclusión: *The findings suggest that screening with DBT is associated with increased specificity and an increased proportion of breast cancers detected with better prognosis compared with DM. In the subgroup of women aged 40 to 49 years, routine DBT screening may have a favorable risk-benefit ratio.*


Conclusión: *There was substantial variation in screening sensitivity according to breast cancer subtypes. Aggressive phenotypes showed the lowest sensitivity, an effect that was mediated by grade. Tailoring screening according to women’s subtype risk factors might eventually lead to more efficient programs.*


Conclusión: *Women value more the possibility of an earlier diagnosis over the risks of a false-positive result or overdiagnosis. Concerns remain that women may not understand the concept of overdiagnosis. Women highly value time efficient screening processes and rapid result delivery and will accept some discomfort for the peace of mind screening may provide.*


Conclusión: *The evaluated AI system achieved a cancer detection accuracy comparable to an average breast radiologist in this retrospective setting. Although promising, the performance and impact of such a system in a screening setting needs further investigation.*


Conclusión: Since 1989, between 384,000 and 614,500 breast cancer deaths have been averted through the use of mammography screening and improved treatment.


Conclusión: Individualised risk prediction models are promising tools for implementing risk-based screening policies. However, it is a challenge to recommend any of them since they need further improvement in their quality and discriminatory capacity.


Conclusión: Compared to biennial screening, annual screening improved detection for women with a family or personal history of breast and/or ovarian cancer, supporting screening that is more frequent. The benefit for annual screening for women with higher mammographic density must be weighed against possible harms of increased false positives.


Conclusión: This study indicated that digital breast tomosynthesis including synthetic 2D mammograms was not significantly different from standard digital mammography as a screening tool for the detection of breast cancer in a population-based screening programme. Economic analyses and follow-up studies on interval and consecutive round screen-detected breast cancers are needed to better understand the effect of digital breast tom.


Conclusión: In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer.


Conclusión: Mixed program structures were associated with the lowest screening and diagnostic costs per woman served and had generally favorable incremental costs relative to the other program structures.


Conclusión: Guidance Statement 1 In average-risk women aged 40 to 49 years, clinicians should discuss whether to screen for breast cancer with mammography before age 50 years. Discussion should include the potential benefits and harms and a woman’s preferences. The potential harms outweigh the benefits in most women aged 40 to 49 years. Guidance Statement 2 In average-risk women aged 50 to 74 years, clinicians should offer screening for breast cancer with biennial mammography. Guidance Statement 3 In average-risk women aged 75 years or older or in women with a life expectancy of 10 years or less, clinicians should discontinue screening for breast cancer. Guidance Statement 4 In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer.

Conclusión: Performance screening measures are negatively affected by breast density falling to a lower sensitivity and PPV, and higher interval cancer rate as breast density increases. Particularly women aged 60-69 years with >75% glandular breasts had the worst results and therefore may be candidates for screening using other technologies.


Conclusión: The overall cancer detection rate was 14% greater with digital mammography with no change in recall rates and without confounding by changes in other factors. There was a substantially higher detection of grade 1 and grade 2 invasive cancers, including both ductal and lobular cancers, but no change in the detection of grade 3 invasive cancers. © RSNA, 2018 Online supplemental material is available for this article. See also the editorial by C.I. Lee and J.M. Lee in this issue.


Conclusión: Stage I and Stage IV breast cancers represent very different populations of biologic tumor types. This may explain why the incidence of Stage IV cancer has not decreased with screening.


Conclusión: Results underscore the continued prevalence of conflicting and/or controversial information about mammography screening in the public information environment. Cumulative exposure to such messages could influence women’s decision making around screening and trust in cancer prevention recommendations. Strategies are needed to better equip all women (and particularly underserved women) to negotiate mammography controversy and weigh the benefits and risks of screening.

Cribado de cáncer de mama - equidad


MAJOR CONCLUSION: These data indicate the need to achieve effective strategies that allow improving the adherence of women to prevention campaigns, especially those for skin cancer prevention, where there is less participation when compared with breast and cervical cancer screening.


CONCLUSIONS: By focussing on Belgium, this study demonstrates that regional variations in the support of a national screening programme can result in regional variations in the pattern of diffusion for cancer screening, as well as to the development of inequalities in cancerscreening participation. Moreover, the findings demonstrate that high visibility and awareness of the screening programme, as was more the case in Flanders than it was in Wallonia, are required in order to reduce or eliminate educational inequalities in cancer screening participation over time. General practitioners and gynaecologists can play a decisive role in this regard.


CONCLUSIONS: Overall, this study demonstrates the importance of welldeveloped capacity building programs to promote breast cancer screening among health care professionals, especially those with limited educational attainment, such as CHWs.


CONCLUSIONS: Despite selecting for early-stage breast cancer, racial disparities between White and Black women in time to all forms of breast cancer treatment persist. These disparities while likely not oncologically significant do suggest institutional barriers for obtaining care faced by women of color which may not be addressed with improving access to mammography alone.

CONCLUSION: To reduce inadequate screening service utilization of breast and cervical cancer in rural areas, efforts should be made not only to target the vulnerable rural women with lower income, lower educational level, and lower health conditions but also to further improve access to female primary-care providers. Strategies are also urgently needed to focus on nulliparous and multiparous women.

Cribado de cáncer de cuello de útero - general


Conclusión: Our results confirm that HPV self-sampling has comparable performance to a physician-collected sample in detecting cervical lesions. Impact: HPV self-sampling has the potential to increase coverage in cervical cancer screening.


Conclusión: We describe the built-in false positives in current tests, and the real harm that can result when the meaning of such false positive HPV tests is misunderstood. We suggest steps that could reduce harm being done by flawed tests and excessive clinical responses to positive HPV testing. We focus the discussion by presenting an illustrative case.


Conclusión: US guidelines recommend that most women older than 65 years cease cervical screening following two consecutive negative cotests (concurrent HPV and cytology tests) in the previous 10 years, with one in the last 5 years. However, this recommendation was based on expert opinion and modelling rather than empirical data.
on cancer risk. We therefore estimated the 5-year risks of cervical precancer (cervical intraepithelial neoplasia grade 3 or adenocarcinoma in situ [?CIN3?]) following one, two, and three negative cotests among 346,760 women aged 55–64 years undergoing routine cotesting at Kaiser Permanente Northern California (2003–2015). Women with a history of excisional treatment or CIN2+ were excluded. No woman with one or more negative cotests was diagnosed with cancer during follow-up. Five-year risks of CIN3 following one, two, and three consecutive negative cotests were 0.034% (95% CI: 0.023%-0.046%), 0.041% (95% CI: 0.007%-0.076%), and 0.016% (95% CI: 0.000%-0.052%), respectively (ptrend<0.001). These risks did not appreciably differ by a positive cotest result prior to the one, two or three negative cotest(s). Since CIN3 risks following one or more negative cotests were significantly below a proposed 0.12% CIN3+ risk threshold for a 5-year screening interval, a longer screening interval in these women is justified. However, the choice of how many negative cotests provide sufficient safety against invasive cancer over a woman’s remaining life represents a value judgment based on the harms versus benefits of continued screening. Ideally, this guideline should be informed by longer-term follow-up given that exiting is a long-term decision.


Conclusión: In order to perform an appropriate harm-benefit evaluation of cervical cancer control efforts, detailed information on screening technology and background risks, including HPV vaccination status, is needed to create optimal public health policy.


Conclusión: New analyses show substantial cross protection and herd immunity. It was initially believed that prophylactic human papillomavirus (HPV) vaccines were probably type specific and provided protection only against infection with, and disease due to, the types of HPV the vaccines were targeted against. Given the predominance of the two most oncogenic HPV types (16 and 18) across all HPV related cancers, the two first generation vaccines (a bivalent vaccine targeting types 16 and 18 and a quadrivalent vaccine targeting types 6, 11, 16, and 18) offered important potential for meaningful cancer prevention even with no cross protection. Initial findings from the bivalent HPV vaccine trial, suggesting substantial cross protection against HPV types related to 16 and 18, were therefore met with some scepticism. In a linked paper, Palmer and colleagues (doi:10.1136/bmj.l1161) report findings from Scotland, where the combination of high coverage with bivalent HPV vaccine, young age of screening initiation, and high quality individual level data across the population, unequivocally show high vaccine effectiveness ...

Conclusión: These data support initiating cervical screening at an older age or changing the management of a low-grade cytology result in women aged 21–24 years who were vaccinated against HPV younger than age of 18 years.


Conclusión: Routine vaccination of girls aged 12-13 years with the bivalent HPV vaccine in Scotland has led to a dramatic reduction in preinvasive cervical disease. Evidence of clinically relevant herd protection is apparent in unvaccinated women. These data are consistent with the reduced prevalence of high risk HPV in Scotland. The bivalent vaccine is confirmed as being highly effective vaccine and should greatly reduce the incidence of cervical cancer. The findings will need to be considered by cervical cancer prevention programmes worldwide.


Cribado de cáncer de cuello de útero - equidad


CONCLUSION: This study revealed few variations in the participation of women in cervical cancer screening and treatment explained only by religious affiliations and usage of health facilities. Strengthening of health education in communities including churches and universal healthcare coverage are recommended strategies to improve uptake of screening and treatment of cervical cancer.

MAJOR CONCLUSION: These data indicate the need to achieve effective strategies that allow improving the adherence of women to prevention campaigns, especially those for skin cancer prevention, where there is less participation when compared with breast and cervical cancer screening.


CONCLUSIONS: Differences in the perceived susceptibility to cervical cancer exist between African American women in the Delta. Understanding these variations can help in developing strategies to promote screening among this population with a high burden of disease.


CONCLUSION: Screening can effectively prevent cervical cancer. In urban Chinese areas with insufficient socioeconomic resources, LBC every 5 years from 35 years old strategy is recommended. In relatively more affluent areas, LBC every 5 years from 30 years old strategy, LBC every 3 years from 30 years old strategy, HPV DNA genotyping every 3 years from 30 years old strategy, and LBC every year from 30 years old strategy are recommended successively.


CONCLUSIONS: The Kurdistan Region of Iraq health system faced several challenges in delivering a cervical cancer prevention program. These challenges must be addressed to improve the coverage of cervical cancer screening, diagnosis, and treatment.


CONCLUSION: To reduce inadequate screening service utilization of breast and cervical cancer in rural areas, efforts should be made not only to target the vulnerable rural women with lower income, lower educational level, and lower health conditions but also to further improve access to female primary-care providers. Strategies are also urgently needed to focus on nulliparous and multiparous women.


CONCLUSIONS: Previous kidney transplant, autoimmune disease, and age ≤ 50 years were associated with abnormalities on cervical cancer screening in our female group of patients. Patients with these characteristics may benefit more from routine cervical cancer screening than other patients evaluated for kidney transplant.

Thompson B, Barrington WE, Briant KJ, Kupay E2, Carosso E, Gonzalez NE, Gonzalez VJ. Educating Latinas about cervical cancer and HPV: a pilot randomized study. PMID: 30830494 PMCID:. Int J Cancer. 2019 Mar 15;144(6):1460-1473. doi: 10.1002/ijc.31940. Epub 2018 Dec 20. CONCLUSIONS: This study supported the use of small media interventions in narrative education form as effective in increasing knowledge and intention to be screened for cervical cancer. The three culturally relevant interventions, built on qualitative data, were all successful in increasing knowledge.


CONCLUSIONS: Although women of childrearing age tended to undergo cervical cancer screening with advancing age, the increase tended to be restrained among mothers.

- Cribado de cáncer colorrectal - general


Conclusión: The United States Multi-Society Taskforce on CRC (US-MSTF) base surveillance intervals on serrated polyp subtype (traditional serrated adenoma, sessile serrated polyp, hyperplastic polyps), while the European Society of Gastrointestinal Endoscopy (ESGE) guidelines do not take serrated polyp subtype into account. We evaluated the implications of this difference in a primary colonoscopy screening cohort.


Conclusión: Within a well-organised colorectal cancer screening programme, changing the test from gFOBT to FIT markedly increased participation, especially among men,
and in the younger age group. With a lower cut-off in women than men, the positivity rate was similar.


Conclusión: Compared with screen-detected cancers, interval cancers tended to be sited in the proximal colon or rectum, to be of non-adenocarcinoma morphology, and to be of higher stage. This article is protected by copyright. All rights reserved.


Conclusión: FIT screening reduces the incidence of metastatic cancers by about 70% after the first round.


Conclusión: 1: We recommend post-surgery endoscopic surveillance for CRC patients after intent-to-cure surgery and appropriate oncological treatment for both local and distant disease. Strong recommendation, low quality evidence. 2: We recommend a high quality perioperative colonoscopy before surgery for CRC or within 6 months following surgery. Strong recommendation, low quality evidence. 3: We recommend performing surveillance colonoscopy 1 year after CRC surgery. Strong recommendation, moderate quality evidence. 4: We do not recommend an intensive endoscopic surveillance strategy, e.g. annual colonoscopy, because of a lack of proven benefit. Strong recommendation, moderate quality evidence. 5: After the first surveillance colonoscopy following CRC surgery, we suggest the second colonoscopy should be performed 3 years later, and the third 5 years after the second. If additional high risk neoplastic lesions are detected, subsequent surveillance examinations at shorter intervals may be considered. Weak recommendation, low quality evidence. 6: After the initial surveillance colonoscopy, we suggest halting post-surgery endoscopic surveillance at the age of 80 years, or earlier if life-expectancy is thought to be limited by comorbidities. Weak recommendation, low quality evidence. 7: In patients with a low risk pT1 CRC treated by endoscopy with an R0 resection, we suggest the same endoscopic surveillance schedule as for any CRC. Weak recommendation, low quality evidence.

Conclusión: Both FIT and blood-based markers of DNA hypermethylation have low sensitivity for detection of SSP. Further development of sensitive screening tests is warranted.


Conclusión: RAID‐CRC test allows a substantial reduction in the faecal immunochemical test false-positive results (50%) in a symptomatic population. Further validation is indicated in a colorectal cancer-screening scenario. The


Conclusión: Major recommendations Screening should begin at age 50 years in average-risk persons (those without a high-risk family history) (strong recommendation; moderate-quality evidence), except in African American persons, in whom limited evidence supports screening starting at age 45 years (weak recommendation; very low-quality evidence). Persons with a family history of CRC or a documented advanced adenoma in a first-degree relative younger than 60 years or 2 first-degree relatives at any age are at higher risk and should undergo colonoscopy every 5 years, starting 10 years before the age at diagnosis of the youngest affected relative or at age 40 years, whichever is earlier (weak recommendation; low-quality evidence). (An advanced adenoma is ≥1 cm or with high-grade dysplasia or villous elements.) Persons with a single first-degree relative diagnosed at age 60 years or older should be screened starting at age 40 years (weak recommendation; very low-quality evidence). Colonoscopy every 10 years or annual fecal immunochemical test (FIT) are the preferred (first-tier) methods of screening (strong recommendation; moderate-quality evidence). Computed tomography (CT) colonography every 5 years, FIT–fecal DNA test every 3 years (strong recommendation; low-quality evidence), and flexible sigmoidoscopy every 5 to 10 years (strong recommendation; high-quality evidence) are appropriate screening tests but are second tier because of disadvantages vs tier 1 methods. Discontinuation of screening may be considered when a person with prior negative screenings reaches age 75 years or has less than 10 years of life expectancy (weak recommendation; low-quality evidence).


Conclusión: Main Recommendations ESGE recommends that individuals with hereditary gastrointestinal polyposis syndromes should be surveilled in dedicated units
that provide monitoring of compliance and endoscopic performance measures. Strong recommendation, moderate quality of evidence, level of agreement 90%. ESGE recommends performing esophagogastrroduodenoscopy, small-bowel examination, and/or colonoscopy earlier than the planned surveillance procedure if a patient is symptomatic. Strong recommendation, low quality of evidence, level of agreement 100%.


Conclusión: CRC incidence rises among young adults in Europe. The cause for this trend needs to be elucidated. Clinicians should be aware of this trend. If the trend continues, screening guidelines may need to be reconsidered.


Conclusión: PCPs may not adequately counsel FOBT+ persons who believe the FOBT+ is a false positive and/or fear colonoscopy. PCPs may lack fail-safe systems to communicate FOBT+ results and colonoscopy appointments. Using navigators may help address these barriers and increase follow-up rates.


Conclusión: Single-application FITs have moderate to high sensitivity and specificity for CRC, depending on the positivity threshold. Sensitivity of 1-time testing for advanced adenomas is low, regardless of the threshold.


Conclusión:
Conclusión: Annual low-threshold FIT with colonoscopy in positive cases achieved high sensitivity for CRC and would be cost saving compared with 3-yearly colonoscopy. However, at higher thresholds, this strategy could miss 15–30% of CRCs and 40–70% of AAs. Most participants preferred annual FITs plus 3-yearly colonoscopy. Further research is needed to define a clear role for FITs in surveillance.


Conclusión: Frequency of FOBT has increased in recent years. Performing FOBT is associated with age, nationality, marital status, higher education level, and social class.


Conclusión: Biennial faecal immunochemical test screening is better than colonoscopy as it is cost-effective, allows more individuals to get screened, and provides a more rational use of the endoscopic capacity available. Copyright © Author(s) 2018.


Conclusión: Although FOB-Gold was significantly but marginally considered easier to use than OC-Sensor, the number of analyzable tests and the participation rates in organized CRC screening are not affected when either of the FITs is implemented as a primary screening test.

Conclusión: Colorectal cancer screening programs incur costs in addition to the clinical cost of the screening procedures to support planning and management, contracting with providers, and tracking patients. Because programs can achieve potential economies of scale, partnerships among smaller programs for screening delivery could decrease overall costs.


Conclusión: EAC increases ADR compared to CC, especially for endoscopists with lower ADR. On the other hand, no significant effect on AADR and MAC was detected.


**Cribado de cáncer colorrectal - equidad**

Zerhouni YA1,2, Trinh QD1,3, Lipsitz S1, Goldberg J1,4, Irani J4, Bleday R4, Haider AH1, Melnitchouk N1,4. **Effect of Medicaid Expansion on Colorectal Cancer Screening Rates.** Dis Colon Rectum. 2019 Jan;62(1):97-103. doi: 10.1097/DCR.0000000000001260. PMID: 30407931 DOI: 10.1097/DCR.0000000000001260

CONCLUSIONS: The colorectal cancer screening rate has increased in all settings, but expansion accelerated the increases in early expansion states and among low-income and black respondents; however, there was no similar increase for Hispanic respondents. It will be important to continue to monitor the effects of Medicaid expansion on colorectal cancer care, especially the incidence by stage and mortality. See Video Abstract at http://links.lww.com/DCR/A792.


CONCLUSION: In average-risk 60-year-olds, FIT was higher in participants with AN and correlated with adenoma size. FIT screening with one sample at low cut-off detected more CRC than two samples at higher cut-off. Applying lower cut-off in women to equalize gender differences in AN would result in considerable increase in colonoscopy workload.

**Conclusión:** Our results support that many, but not all, screen-negatives might reasonably lengthen their CT screening interval.


**Conclusión:** This review summarizes the latest evidence of European lung cancer screening trials and gives an overview of the essence of recommendations from the different European medical societies and countries.


**Conclusión:** The MILD trial provides additional evidence that prolonged screening beyond 5 years can enhance the benefit of early detection and achieve a greater overall and LC mortality reduction compared with NLST trial.


**Conclusión:** According to this analysis, some individuals with elevated risk scores who have negative initial screens remain at elevated risks, warranting annual screening. Positive screens seem to increase baseline risk scores and may identify high-risk individuals for continued screening and enrollment into clinical trials.

Conclusión: This commentary presents an overview of the landscape of the data resources currently available to evaluate the uptake, outcomes, and costs of LDCT screening in the United States. We describe the strengths and limitations of existing data sources, including administrative databases, surveys, and registries. Thereafter, we provide recommendations for improving the data infrastructure pertaining to three overarching research areas: receipt of guideline-consistent screening and follow-up, weighing benefits and harms of screening, and costs of screening.


Conclusión The number of adults inappropriately screened for lung cancer greatly exceeds the number screened according to USPSTF recommendations, the prevalence of appropriate lung cancer screening is low, and the population meeting USPSTF criteria is shrinking. To realize the potential benefits of screening, better processes to appropriately triage eligible individuals to screening, plus screening with a USPSTF-recommended test, would be beneficial.


Conclusión: Findings from LUSI are in line with those from other trials, including NLST, that suggest a stronger reduction of lung cancer mortality after LDCT screening among women as compared to men. This heterogeneity could be the result of different relative counts of lung tumor sub-types occurring in men and women.


Conclusión: Full-scale implementation of lung cancer screening causes a major increase in surgical demand, with a peak within the first 5 years. A gradual buildup of adherence can spread this peak over time. Careful surgical capacity planning is essential for successfully implementing screening.

Conclusión: False-positive rates in lung cancer screening programs continue to decline with improved radiologic expertise. Additionally, false-positive reporting overestimates the risk of unintended harm from further investigative procedures as only a percentage of positive findings are generally considered for tissue diagnosis (i.e., Lung-RADS category 4).


Conclusión: A validated self-help smoking-cessation intervention was modified for smokers receiving LDCT screening for lung based on formative research guided by the teachable moment concept. The new intervention is ready for testing in a randomized controlled trial.


Conclusión: Patients with localized TCC have a higher incidence of LC than the general population. The risk is significantly increased among women compared with men. Considering this increased risk, patients with early stage TCC might stand to benefit from LC screening. Additional differences were noted between male and female TCC patients, which bear further study.


Conclusión: A telephone-based smoking cessation counseling intervention incorporating lung cancer screening results did not result in increased 12-month cessation rates versus written information alone in unselected smokers undergoing lung cancer screening. Routine referral of all current smokers to counseling-based cessation programs may not improve long-term cessation in this patient cohort. Future studies should specifically focus on this subgroup of older long-term smokers to determine the optimal method of integrating smoking cessation with lung cancer screening (clinicaltrials.gov NCT02431962).

Conclusión: *Extended follow-up of the NLST showed an NNS similar to that of the original analysis. There was no overall increase in lung cancer incidence in the LDCT arm versus in the CXR arm.*


Conclusión: *According to this analysis, some individuals with elevated risk scores who have negative initial screens remain at elevated risks, warranting annual screening. Positive screens seem to increase baseline risk scores and may identify high-risk individuals for continued screening and enrollment into clinical trials.*


Conclusión: *Lung cancer screening with low-dose CT (LDCT) is already available in certain parts of the world, such as the United States, but not yet in Europe. The recently published European position statement on lung cancer screening has recommended planning for implementation of screening to start within 18-months [1]. Pilot European programmes are already underway, primarily in the United Kingdom (UK), delivering lung cancer screening to their local populations. This review article acknowledges the evidence base for LDCT screening and will discuss the challenges that still need to be overcome in an attempt to answer the question: are we ready to implement in Europe?*
Cribado de cáncer de pulmón - equidad


CONCLUSION: African American smokers were less likely to meet established lung cancer screening eligibility criteria compared to Whites. Current lung cancer screening criteria may not adequately capture African Americans at risk and may widen the health disparities in African Americans. Further longitudinal studies are needed to evaluate the efficacy of current lung cancer screening guideline.

Cribado de cáncer de próstata - general


Conclusión: Among practices randomized to a single PSA screening intervention vs standard practice without screening, there was no significant difference in prostate cancer mortality after a median follow-up of 10 years but the detection of low-risk prostate cancer cases increased. Although longer-term follow-up is under way, the findings do not support single PSA testing for population-based screening.


Conclusión: Conclusions: Findings corroborate earlier results that PSA screening significantly reduces PCa mortality, showing larger absolute benefit with longer follow-up and a reduction in excess incidence. Repeated screening may be important to reduce PCa mortality on a population level.


Conclusión: After correcting for non-compliance and contamination, PSA screening led to 32.4 (95% CI 26.4, 38.6) more PC diagnoses per 1,000 men after 15 years and 1.4 (95% CI 0.0, 2.8) fewer PC deaths compared to the control arm. The corresponding
results of an intention-to-screen analysis were 16.5 (95% CI 12.3, 20.7) and 0.8 (95% CI 0.5, 2.0), respectively. These results can be used for patient counselling in informed decision-making about PC screening. A limitation of the study was the lack of comprehensive data on contamination.

**Cribado de cáncer de próstata - equidad**

**Cribado de otros cánceres y general sobre cribado - general**


Conclusión: Due to the anatomical continuity of the uterine cavity with the cervix, genomic exploitation of material from routine Pap smears and other non-invasive sampling methods represent a unique opportunity to detect signs of disease using biological material shed from the upper genital tract. Recent research findings offer a promising perspective in the detection of endometrial cancer, but certain questions need to be addressed in order to accelerate the implementation of novel technologies in a routine screening or clinical setting. We discuss here new perspectives on detection of endometrial cancer using genomic and other biomarkers in minimally invasive sampling methods with a special focus on public health classic screening criteria, highlighting current gaps in knowledge. This article is protected by copyright. All rights reserved.

**GENERAL**


Conclusión: Novel diagnostic triage and testing strategies to support early detection of cancer could improve clinical outcomes. Most apparently promising diagnostic tests ultimately fail because of inadequate performance in real-world, low prevalence populations such as primary care or general community populations. They should therefore be systematically evaluated before implementation to determine whether they lead to earlier detection, are cost-effective, and improve patient safety and quality of care, while minimising over-investigation and over-diagnosis.


Conclusión: In this Opinion article, we focus on the contribution of screening in general and high-risk populations to overdiagnosis, the effects of overdiagnosis on patients and
emerging strategies to reduce overdiagnosis of indolent cancers through an understanding of tumour heterogeneity, the biology of how cancers evolve and progress, the molecular and cellular features of early neoplasia and the dynamics of the interactions of early lesions with their surrounding tissue microenvironment.


Conclusión: use of the D/I ratio is inappropriate in predicting effect, and we recommend that the D/I ratio be used as a component in the estimation of overdiagnosis in screening for invasive cancer.


Conclusión: The implication of our priority ranking is twofold: it serves as an initial guidance for countries that have not yet established a system to collect data, and as a checklist for those where data collection is already established, to assess the comprehensiveness of their system.
NOTA BIBLIOGRÁFICA
RED DE PROGRAMAS DE CRIBADO DE CÁNCER

Esta Nota es una recopilación de publicaciones (artículos, informes, libros) sobre cribado de cáncer resultado de una revisión no sistemática de la literatura. Podeís encontrar todas las Notas Bibliográficas en: http://www.cribadocancer.es

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