



ECIBC
the **EUROPEAN COMMISSION**
INITIATIVE
on **BREAST CANCER**

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Origin of the Initiative

Because of "substantial and persistent **inequalities** in breast cancer **incidence, mortality, prevalence and survival** existing within and between Countries"

NUMBER ONE KILLER-
CANCER
AMONG WOMEN

2008: the Council of the EU asks the **European Commission** to initiate **ECIBC**

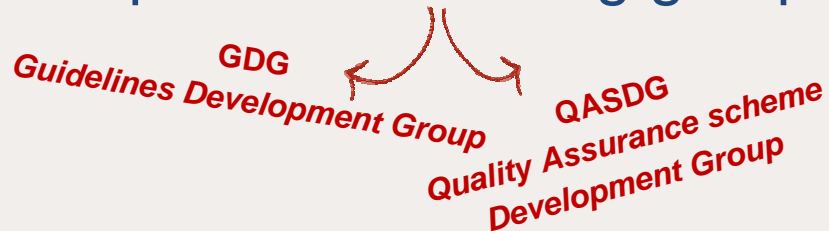


What is ECIBC?

- ✓ **The European Commission Initiative on Breast Cancer (ECIBC) is a person-centred initiative to improve and harmonise breast cancer care in Europe.**
- ✓ **ECIBC is developing the most up-to-date evidence-based recommendations on breast cancer screening and diagnosis, together with a platform of high-quality, evidence-based guidelines covering the whole care pathway.**
- ✓ **These serve as a basis for developing a quality assurance scheme applicable by breast cancer services.**

What is ECIBC?

70 experts in 2 working groups



Surveys, papers, bilaterals,
events

35 Countries (EU28+Island,
FYROM, Montenegro, Norway, Serbia,
Switzerland and Turkey)

113 million women potentially
involved

Coordinated by the **European
Commission**



The experts have been selected with an open call by DG SANTE.

The 2 groups are composed by medical doctors, researchers, patients and health authorities' representatives, who joined on a voluntary basis.

Every working group member declares annually interests and those declarations are publicly available.

Moreover a specific declaration of interests is completed before each meeting: if a potential conflict is detected, the expert may be requested to abstain from discussion and voting. They meet physically at least 1 time every 3 months.

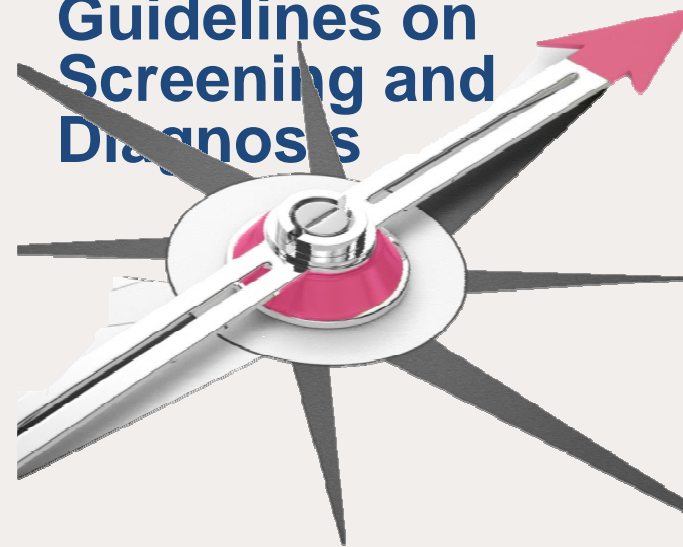
ECIBC is coordinated by the Commission's Joint Research Centre – JRC - based on an agreement with the Commission's Directorate-General for Health and Food Safety – DG SANTE - which holds the policy leadership in health related matters.

ECIBC – European Commission Initiative on Breast Cancer

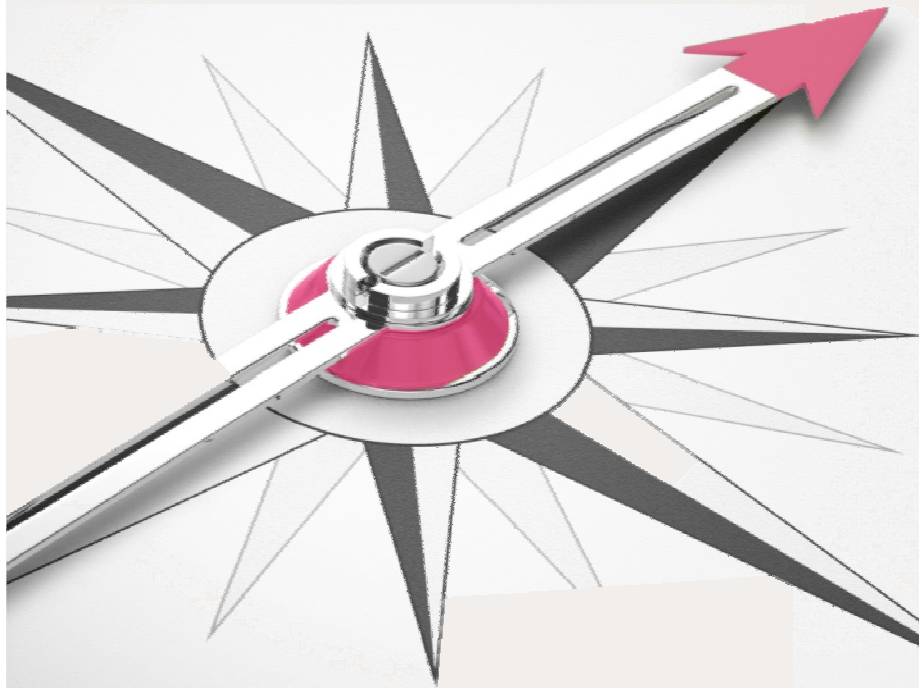
(1) European **Quality Assurance** scheme for breast cancer services



(2) Evidence-based Breast Cancer **Guidelines on Screening and Diagnosis**



European Breast Guidelines



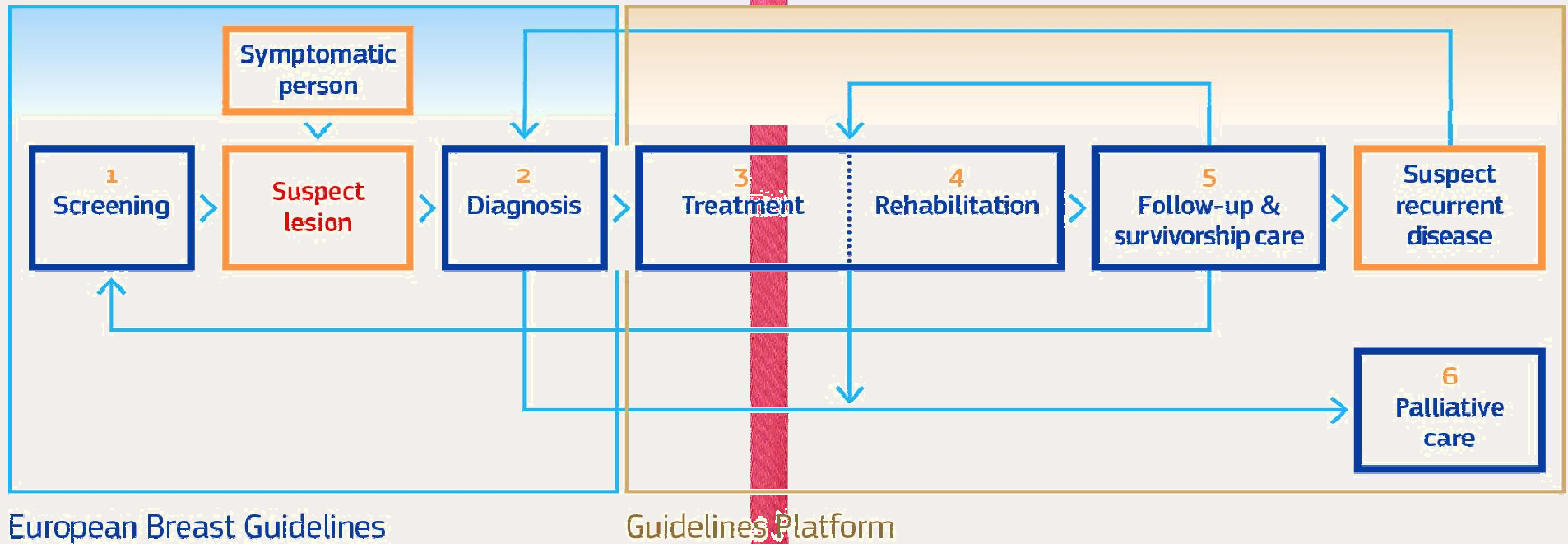
About **90 recommendations** on screening and diagnosis

Evidence based, updated as new evidence and priorities emerge

Developed by the **GDG** using **GRADE Evidence to Decision Framework**

Web based and specifically **tailored** for each of three profiles: citizens and patients, health professionals, and policy makers

Breast Cancer Guidelines



The *European Breast Guidelines* will be web-based. Moreover, they will have a modular approach, which will allow updating each module of the guidelines as the new evidence emerges.

The GDG prepares a list of about 90 well-built questions using the PICO structure (Population, Intervention, Comparison, Outcomes). A PICO question compares the effects (Outcomes) of an action (Intervention), for example, a specific medical examination, as compared to other action (Comparison), such as doing nothing, on a determined group of people (Population), for example, women above a certain age.

For each question, the Iberoamerican Cochrane Centre reviews all the relevant scientific literature. Based on the evidence retrieved, the GDG uses **GRADE Evidence to Decision Framework** to formulate the final recommendations.

The *European Breast Guidelines* develop the recommendations with **GRADE** (*Grading of Recommendations Assessment, Development and Evaluation*) approach.

GRADE classifies the recommendations as **“strong” or “conditional”** according to factors such as the certainty of the evidence, or the values and preferences of patients.

Each recommendation is specifically tailored to the needs of citizens and patients, health professionals, and policy makers. All recommendations are based on the female population at 'average' and 'below average' risk of developing breast cancer.

European Breast Guidelines at:

ecibc.jrc.ec.europa.eu/recommendations/

Profiles

Recommendations on Breast Cancer Screening

Read me



I'm a patient/individual



I'm a professional



I'm a policy maker



If you are aged 45 to 49, should you attend an organised mammography screening programme?

Recommendation Justification Considerations Assessment Bibliography

Recommendation

The ECIBC's Guidelines Development Group suggests that women between 45 and 49 years old who are not at high risk of breast cancer and do not have symptoms have mammography screening for breast cancer.

Recommendation strength

Conditional recommendation for the intervention*

What it means for you:

It will be important to speak with your doctor to determine if you are at average risk of breast cancer and if you do not have symptoms of breast cancer. If you are at high risk then see your doctor.

[Read more](#)

Who is this for:

Recommendation in question/answer format

Rec. Strength

Recommendations from European Breast Guidelines

I'm a patient/individual



I'm a professional



I'm a policy maker



Guidelines Platform

Evidence based
recommendations covering the
whole care pathway

Inclusive and comprehensive
with only high-quality and
"trustworthy" guidelines

Systematic review
(Iberoamerican Cochrane
Centre), search for
guidelines, reviewed and
assessed with AGREE II

**Treatment, rehabilitation,
survivorship, and palliative
care**



I'm a professional

Question	Recommendation	Recommendation strength
Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged 40 to 44 ?	For asymptomatic women aged 40 to 44 with an average risk of breast cancer, the ECIBC's Guidelines Development Group (GDG) suggests not implementing mammography screening (conditional recommendation, moderate certainty in the evidence).	Conditional recommendation against the intervention*
Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged 45 to 49 ?	For asymptomatic women aged 45 to 49 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) suggests mammography screening over no mammography screening, in the context of an organised screening programme (conditional recommendation, moderate certainty in the evidence).	Conditional recommendation for the intervention*
Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged 50 to 69 ?	The ECIBC's Guidelines Development Group recommends that women between 50 and 69 years old who are not at high risk of breast cancer and do not have symptoms have mammography screening for breast cancer.	Strong recommendation for the intervention*
Should organised mammography screening compared to no mammography screening be used for early detection of breast cancer in women aged 70 to 74 ?	For asymptomatic women aged 70 to 74 with an average risk of breast cancer, the ECIBC's Guideline Development Group (GDG) suggests mammography screening over no mammography screening, in the context of an organised screening programme (conditional recommendation, moderate certainty in the evidence).	Conditional recommendation for the intervention*

*Subgroup: This recommendation does not apply to high-risk women (see recommendations for women with high breast density).

Should organised mammography screening vs. no mammography screening be used for early detection of breast cancer in women aged 50 to 69?

Recommendation

Justification

Considerations


Assessment

Bibliography

Recommendation

The ECIBC's Guidelines Development Group recommends that women between 50 and 69 years old who are not at high risk of breast cancer and do not have symptoms have mammography screening for breast cancer.

Recommendation strength

 Strong recommendation for the intervention*

Subgroup

This recommendation does not apply to high-risk women (see recommendations for women with high breast density).

I'm a professional

Question	Recommendation	Recommendation strength	Subgroup
Should screening using tomosynthesis (including synthesised 2D images) vs. digital mammography be used for early detection of breast cancer in asymptomatic women?	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 may warrant its implementation.	Conditional recommendation for either the intervention or the comparison	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.
Should screening using tomosynthesis (including synthesised 2D images) in addition to digital mammography vs. digital mammography be used for early detection of breast cancer in asymptomatic women?	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) in addition to DM (Digital Mammography) or DM alone, in the context of an organised screening programme (conditional recommendation, very low certainty in the evidence).	Conditional recommendation for either the intervention or the comparison	Women with high mammographic breast density are likely to benefit most from the increased detection capability of DBT plus DM. However, this group was not specifically considered in this question.
Should tailored screening with automated breast ultrasound system (ABUS) based on high mammographic breast density, in addition to mammography, vs. mammography alone be used for early detection of breast cancer in asymptomatic women?	For asymptomatic women, with high mammographic breast density and negative mammography, in the context of an organised screening programme, the ECIBC's Guidelines Development Group suggests not implementing tailored screening with automated breast ultrasound system (ABUS) over mammography screening alone (conditional recommendation, very low certainty of the evidence).	Conditional recommendation against the intervention	Women with high mammographic breast density were the subgroup assessed for this recommendation. The GDG members felt that it may be of interest to study the benefit of this technology for women with other risk factors (apart from mammographic breast density).

I'm a professional

Question	Recommendation	Recommendation strength	Subgroup
Should tailored screening with digital breast tomosynthesis based on high mammographic breast density, in addition to mammography, vs. mammography alone be used for early detection of breast cancer in asymptomatic women?	For asymptomatic women, with high mammographic breast density and negative mammography, in the context of an organised screening programme, the ECIBC's Guidelines Development Group suggests additional screening with digital breast tomosynthesis or mammography screening alone, (conditional recommendation, low certainty in the evidence).	Conditional recommendation for either the intervention or the comparison*	The only subgroup assessed in this recommendation were women with high mammographic breast density.
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?	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).	Conditional recommendation against the intervention*	The only subgroup assessed in this recommendation were women with high mammographic breast density.
Should tailored screening with magnetic resonance imaging (MRI) based on high mammographic breast density, in addition to mammography, vs. mammography alone be used for early detection of breast cancer in asymptomatic women?	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 magnetic resonance imaging (MRI) over mammography screening alone (conditional recommendation, very low certainty of the evidence).	Conditional recommendation against the intervention*	The GDG used indirect evidence from women in whom MRI is recommended. This recommendation is for the women specified in the question. In very high risk women (BRCA genes) the balance of desirable and undesirable health effects is different.

Guidelines Development Group



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<http://ecibc.jrc.ec.europa.eu/recommendations/>

Thank you and keep in touch!

ecibc.jrc.ec.europa.eu



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