Published in final edited form as:

Semin Oncol. 2017 February ; 44(1): 73. doi:10.1053/j.seminoncol.2017.02.006.

Editorial to accompany Peairs et al

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This issue of Seminars in Oncology includes a review article by Peairs *et al* entitled “Screening for breast cancer”. As expected, the primary focus of the article is breast cancer screening; the authors report on the harms and benefits of screening, use of different modalities and screening intervals, professional guidelines, and screening in high-risk groups. The review article places this in the context of providing personalized recommendations for a 48-year-old African American woman. The authors provide a detailed discussion on breast cancer risk factors relevant to the final part of the article, which covers the approach the authors would use to provide personalized recommendations for and undergo shared decision making with a hypothetical average-risk patient.

The authors end the article with their approach for personalized recommendations and shared decision making for the hypothetical patient. The list of topics to be discussed is long and involves numerous difficult concepts, and also includes patient input and preference. Regarding their approach, Peairs *et al* state that “ensuring the patient understands these competing benefits and harms may be challenging”. We agree and would emphasize the importance of personalized recommendations and shared decision-making. One of today’s most pressing needs in breast cancer screening is the development of effective ways to convey information about the complexities of breast cancer screening to the patient. A clinician can provide personalized recommendations, but unless the nuances and complexities of breast cancer screening can be relayed to the patient in such a manner that they are understood, the patient cannot assess whether that recommendation is the best one for her. Nor can she truly partake in making a shared decision.

Options for breast cancer screening will continue to change. Our knowledge base will evolve, but it is unlikely that the day will come when evidence-based decisions regarding screening for average-risk individuals will be anything but complex. Uncertainty is here to

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stay. We must prioritize development of approaches that foster true shared decision making so that patients are empowered.

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