Canadian Task Force
on Preventive Health Care
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Contents

Appendix 1: PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	10 (Modified overview and update)
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	

Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	

Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.

Appendix 2- Search Strategy (Updated Search)

Final Strategies
2017 Jan 4

EFFECTIVENESS

MEDLINE

Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>
Search Strategy:
---
1 exp Breast Neoplasms/ (287642)
2 ((breast* or mamma or mammar*) adj3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)).tw,kw. (331761)
3 exp Carcinoma, Intraductal, Noninfiltrating/ (10262)
4 intraductal carcinoma*.tw,kw. (922)
5 (ductal carcinoma in situ or DCIS).tw,kw. (7495)
6 or/1-5 [BREAST CANCER] (395424)
7 exp Breast Neoplasms/di, pc (47714)
8 exp Mass Screening/ (124871)
9 screen*.tw,kw. (660022)
10 "Early Detection of Cancer"/ (18397)
11 ((early or earlier or earliest) adj3 (detect* or diagnos* or identif* or recogni*)).tw,kw. (225345)
12 exp Self-Examination/ (2485)
13 ((self-exam* or self-detect* or self-screen*) adj5 (breast$1 or mamma or mammary or nipple$1)).tw,kw. (2050)
14 Physical Examination/ (40906)
15 (exam* adj5 (breast? or mamma or mammar* or nipple?)).tw,kw. (15055)
16 exp Breast Neoplasms/ra (16756)
17 exp Mammography/ (32349)
18 (mammograph* or mammogram*).tw,kw. (33182)
19 exp Magnetic Resonance Imaging/ (415717)
20 (fMRI or fMRIs or MRI or MRIs or NMRI or NMRIs or MR imaging or NMR imaging or magnetic resonance imag* or magnetic resonance tomograph* or MR tomograph*).tw,kw. (380636)
21 (chemical shift imaging or proton spin tomograph* or zeugmatograph*).tw,kw. (1076)
22 exp Breast Neoplasms/us (4023)
23 (ultrasound* or ultrason* or echograph* or echomammogra* or echo-mammogra* or echotomograph* or echo-tomograph* or sonograph*).tw,kw. (382288)
24 Imaging, Three-Dimensional/ (64456)
25 ((3D or "3-D") adj3 imag*).tw,kw. (17743)
26 (("3" or three) adj dimension* adj3 imag*).tw,kw. (15527)
27 tomosynthes*.tw,kw. (1236)
28 or/7-27 (1875233)

29 6 and 28 [BREAST CANCER SCREENING] (102429)
30 Male/ not (Female/ and Male/) (2788208)
31 29 not 30 [MALE-ONLY REMOVED] (100934)
32 exp Infant/ not (exp Adult/ and exp Infant/) (838449)
33 exp Child/ not (exp Adult/ and exp Child/) (1197384)
34 Adolescent/ not (exp Adult/ and Adolescent/) (595774)
35 or/32-34 (1865046)
36 31 not 35 [CHILD-ONLY REMOVED] (100454)
37 exp Animals/ not (exp Animals/ and Humans/) (4850259)
38 36 not 37 [ANIMAL-ONLY REMOVED] (98888)
39 (comment or editorial or news or newspaper article).pt. (1254980)
40 (letter not (letter and randomized controlled trial)).pt. (1008588)
41 38 not (39 or 40) [OPINION PIECES REMOVED] (91963)
42 (201410* or 201411* or 201412* or 2015* or 2016* or 2017*).dc. (3219115)
43 41 and 42 [UPDATE PERIOD] (13074)
44 (controlled clinical trial or randomized controlled trial or pragmatic clinical trial).pt. (600336)
45 clinical trials as topic.sh. (197690)
46 (randomi#ed or randomly or RCT$1 or placebo*).tw. (882744)
47 ((singl* or doubl* or trebl* or tripl*) adj (mask* or blind* or dumm*)).tw. (167447)
48 trial.ti. (201433)
49 or/44-48 (1273229)
50 43 and 49 [RCTS] (1017)
51 remove duplicates from 50 [RCTS - DUPLICATES REMOVED] (738)

****
Cochrane Library

Search Name: CTFPHC - Breast Cancer Screening - All Modalities
Date Run: 04/01/17 17:35:49.798
Description: 2017 Jan 4 (OHRI) - Oct 2014-present - FINAL

ID Search Hits
#1 [mh "Breast Neoplasms"] 9949
#2 ((breast* or mamma or mammar*) near/3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)):ti,ab,kw 22627
#3 [mh "Carcinoma, Intraductal, Noninfiltrating"] 118
#4 (intraductal next carcinoma*):ti,ab,kw 181
#5 ("ductal carcinoma in situ" or DCIS):ti,ab,kw 302
#6 {or #1-#5} 22683
#7 [mh "Breast Neoplasms"/DI,PC] 1459
#8 [mh "Mass Screening"] 5540
#9 screen*:ti,ab,kw 29461
#10 [mh "Early Detection of Cancer"] 898
#11 ((early or earlier or earliest) near/3 (detect* or diagnos* or identif* or recogni*)):ti,ab,kw 5661
#12 [mh Self-Examination] 202

#13 ((self next (exam* or detect* or screen*)) near/5 (breast* or mamma or mammary or nipple*)):ti,ab,kw 208
#14 [mh ^"Physical Examination"] 913
#15 (exam* near/5 (breast* or mamma or mammar* or nipple*)) .tw,kw. 2
#16 [mh "Breast Neoplasms"/ra] 380
#17 [mh Mammography] 1033
#18 (mammograph* or mammogram*):ti,ab,kw 1859
#19 [mh "Magnetic Resonance Imaging"] 7076
#20 (fMRI or fMRIs or MRI or MRIs or NMRI or NMRIs or "MR imaging" or "NMR imaging" or ("magnetic resonance" next imaging) or ("magnetic resonance" next tomograph*) or (MR next tomograph*)):ti,ab,kw 14833
#21 ("chemical shift imaging" or ("proton spin" next tomograph*) or zeugmatograph*):ti,ab,kw 20
#22 [mh "Breast Neoplasms"/US] 86
#23 (ultrasound* or ultrason* or echograph* or echomammogra* or echo-mammogra* or echotomograph* or echo-tomograph* or sonograph*):ti,ab,kw 21358
#24 [mh "Imaging, Three-Dimensional"] 1022
#25 ((3D or "3-D") near/3 imag*):ti,ab,kw 338
#26 (((3 or three) next dimension*) near/3 imag*):ti,ab,kw 1420
#27 tomosynthes*:ti,ab,kw 33
#28 {or #7-#27} 70238
#29 #6 and #28 Publication Year from 2014 to 2017 772

CENTRAL – 694 [RCTs]

HARMS

MEDLINE

Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>
Search Strategy:
---
1 exp Breast Neoplasms/ (287642)
2 ((breast* or mamma or mammar*) adj3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)).tw,kw. (331761)
3 exp Carcinoma, Intraductal, Noninfiltrating/ (10262)
4 intraductal carcinoma*.tw,kw. (922)
5 (ductal carcinoma in situ or DCIS).tw,kw. (7495)
6 or/1-5 [BREAST CANCER] (395424)
7 exp Breast Neoplasms/di, pc (47714)
8 exp Mass Screening/ (124871)
9 screen*.tw,kw. (660022)
10 "Early Detection of Cancer"/ (18397)
11 ((early or earlier or earliest) adj3 (detect* or diagnos* or identif* or recogni*)).tw,kw. (225345)
12 exp Self-Examination/ (2485)

13 ((self-exam* or self-detect* or self-screen*) adj5 (breast$1 or mamma or mammary or nipple$1)).tw,kw. (2050)
14 Physical Examination/ (40906)
15 (exam* adj5 (breast? or mamma or mammar* or nipple?)).tw,kw. (15055)
16 exp Breast Neoplasms/ra (16756)
17 exp Mammography/ (32349)
18 (mammograph* or mammogram*).tw,kw. (33182)
19 exp Magnetic Resonance Imaging/ (415717)
20 (fMRI or fMRIs or MRI or MRIs or NMRI or NMRIs or MR imaging or NMR imaging or magnetic resonance imag* or magnetic resonance tomograph* or MR tomograph*).tw,kw. (380636)
21 (chemical shift imaging or proton spin tomograph* or zeugmatograph*).tw,kw. (1076)
22 exp Breast Neoplasms/us (4023)
23 (ultrasound* or ultrason* or echograph* or echomammogra* or echo-mammogra* or echotomograph* or echo-tomograph* or sonograph*).tw,kw. (382288)
24 Imaging, Three-Dimensional/ (64456)
25 ((3D or "3-D") adj3 imag*).tw,kw. (17743)
26 (("3" or three) adj dimension* adj3 imag*).tw,kw. (15527)
27 tomosynthes*.tw,kw. (1236)
28 or/7-27 (1875233)
29 6 and 28 [BREAST CANCER SCREENING] (102429)
30 Male/ not (Female/ and Male/) (2788208)
31 29 not 30 [MALE-ONLY REMOVED] (100934)
32 exp Infant/ not (exp Adult/ and exp Infant/) (838449)
33 exp Child/ not (exp Adult/ and exp Child/) (1197384)
34 Adolescent/ not (exp Adult/ and Adolescent/) (595774)
35 or/32-34 (1865046)
36 31 not 35 [CHILD-ONLY REMOVED] (100454)
37 exp Animals/ not (exp Animals/ and Humans/) (4850259)
38 36 not 37 [ANIMAL-ONLY REMOVED] (98888)
39 (comment or editorial or news or newspaper article).pt. (1254980)
40 (letter not (letter and randomized controlled trial)).pt. (1008588)
41 38 not (39 or 40) [OPINION PIECES REMOVED] (91963)
42 (201410* or 201411* or 201412* or 2015* or 2016* or 2017*).dc. (3219115)
43 41 and 42 [UPDATE PERIOD] (13074)
44 (controlled clinical trial or randomized controlled trial or pragmatic clinical trial).pt. (600336)
45 clinical trials as topic.sh. (197690)
46 (randomi#ed or randomly or RCT$1 or placebo*).tw. (882744)
47 ((singl* or doubl* or trebl* or tripl*) adj (mask* or blind* or dumm*)).tw. (167447)
48 trial.ti. (201433)
49 or/44-48 (1273229)
50 43 and 49 [RCTS] (1017)
51 remove duplicates from 50 [RCTS - DUPLICATES REMOVED] (738)
52 controlled clinical trial.pt. (98123)
53 Controlled Clinical Trial/ or Controlled Clinical Trials as Topic/ (103798)
54 (control* adj2 trial*).tw. (231865)
55 Non-Randomized Controlled Trials as Topic/ (135)
56 (nonrandom* or non-random* or quasi-random* or quasi-experiment*).tw. (49091)
57 (nRCT or nRCTs or non-RCT$1).tw. (605)

58 (pre- adj3 post-).tw. (65615)
59 (pretest adj3 posttest).tw. (4480)
60 Historically Controlled Study/ (111)
61 (control* adj2 stud$3).tw. (212253)
62 Control Groups/ (1833)
63 (control$ adj2 group$1).tw. (436609)
64 trial.ti. (201433)
65 or/52-64 (1085914)
66 43 and 65 [NON-RCTS] (1128)
67 66 not 50 [OVERLAP WITH RCT SET REMOVED] (496)
68 remove duplicates from 67 [NON-RCTS - DUPLICATES REMOVED] (415)
69 exp Cohort Studies/ (1803827)
70 cohort$1.tw. (470255)
71 Retrospective Studies/ (674584)
72 (longitudinal or prospective or retrospective).tw. (1065169)
73 ((followup or follow-up) adj (study or studies)).tw. (48662)
74 Observational study.pt. (35331)
75 (observation$2 adj (study or studies)).tw. (78822)
76 ((population or population-based) adj (study or studies or analys#s)).tw. (15420)
77 ((multidimensional or multi-dimensional) adj (study or studies)).tw. (96)
78 Comparative Study.pt. (1958641)
79 ((comparative or comparison) adj (study or studies)).tw. (101181)
80 exp Case-Control Studies/ (917378)
81 ((case-control* or case-based or case-comparison) adj (study or studies)).tw. (95907)
82 (ecolog* adj (study or studies)).tw. (4768)
83 or/69-82 (4242593)
84 43 and 83 [OBSERVATIONAL STUDIES] (4241)
85 84 not (50 or 66) [OVERLAP WITH RCTS AND NON-RCTS REMOVED] (3507)
86 remove duplicates from 85 [OBSERVATIONAL STUDIES - DUPLICATES REMOVED] (2709)
87 exp Mass Screening/ae [Adverse Effects] (800)
88 "Early Detection of Cancer"/ae [Adverse Effects] (247)
89 exp Self-Examination/ae [Adverse Effects] (2)
90 exp Mammography/ae [Adverse Effects] (805)
91 exp Diagnostic Errors/ (118284)
92 misdiagnos*.tw,kw. (27228)
93 (miss$2 adj3 diagnos*).tw,kw. (4750)
94 (overdiagnos* or over diagnos*).tw,kw. (4548)
95 (false adj (negative* or positive*)).tw,kw. (73344)
96 ((error* or false$2 or wrong$2) adj3 (alarm* or detect* or diagnos*)).tw,kw. (22187)
97 exp Medical Overuse/ (5464)
98 overtreat*.tw,kw. (3916)
99 ((inappropriate* or unnecessar*) adj3 (followup or follow-up or procedur* or therap* or treatment*)).tw,kw. (11197)
100 (inappropriate* or unnecessar* or safe or adverse or adversely or undesirabl* or unintend* or unintent* or unwanted or harm* or injurious* or risk or risks or reaction* or complication*).ti. (844248)
101 ((adverse* or undesirabl* or unintend* or unintent* or unwanted or harm* or toxic or injurious* or serious* or fatal) adj5 (affect or affected or affecting or affects or consequence* or effect* or react or reacts or reacted or reacting or reaction* or event* or outcome* or incident*)).tw,kw. (547440)

102 ((adverse* or inappropriat* or unnecessar* or undesirabl* or unintend* or unintent* or unwanted or injurious* or serious*) adj5 (alarm* or anxiet* or anxious* or distress* or emotion* or feeling* or psycholog* or uncertaint*)).tw,kw. (7420)
103 iatrogen*.tw,kw. (29231)
104 or/87-103 (1569802)
105 43 and 104 [HARMS OF BREAST CANCER SCREENING] (2235)
106 105 and 51 [HARMS OF BREAST CANCER SCREENING - RCTS] (206)
107 105 and 68 [HARMS OF BREAST CANCER SCREENING - NON-RCTS] (120)
108 105 and 86 [HARMS OF BREAST CANCER SCREENING - OBSERVATIONAL STUDIES] (567)
109 or/106-108 [HARMS OF BREAST CANCER SCREENING - ALL STUDY DESIGNS] (893)

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Cochrane Library

Search Name: CTFPHC - Breast Cancer Screening - All Modalities - Harms
Date Run: 04/01/17 17:41:41.934
Description: 2017 Jan 4 (OHRI) - Oct 2014-present - FINAL

ID Search Hits
#1 [mh "Breast Neoplasms"] 9949
#2 ((breast* or mamma or mammar*) near/3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)):ti,ab,kw 22627
#3 [mh "Carcinoma, Intraductal, Noninfiltrating"] 118
#4 (intraductal next carcinoma*):ti,ab,kw 181
#5 ("ductal carcinoma in situ" or DCIS):ti,ab,kw 302
#6 {or #1-#5} 22683
#7 [mh "Breast Neoplasms"/DI,PC] 1459
#8 [mh "Mass Screening"] 5540
#9 screen*:ti,ab,kw 29461
#10 [mh "Early Detection of Cancer"] 898
#11 ((early or earlier or earliest) near/3 (detect* or diagnos* or identif* or recogni*)):ti,ab,kw 5661
#12 [mh Self-Examination] 202
#13 ((self next (exam* or detect* or screen*)) near/5 (breast* or mamma or mammary or nipple*)):ti,ab,kw 208
#14 [mh ^"Physical Examination"] 913
#15 (exam* near/5 (breast* or mamma or mammar* or nipple*)) .tw,kw. 2
#16 [mh "Breast Neoplasms"/RA] 380
#17 [mh Mammography] 1033
#18 (mammograph* or mammogram*):ti,ab,kw 1859
#19 [mh "Magnetic Resonance Imaging"] 7076
#20 (fMRI or fMRIs or MRI or MRIs or NMRI or NMRIs or "MR imaging" or "NMR imaging" or ("magnetic resonance" next imaging) or ("magnetic resonance" next tomograph*) or (MR next tomograph*)):ti,ab,kw 14833
#21 ("chemical shift imaging" or ("proton spin" next tomograph*) or zeugmatograph*):ti,ab,kw 20
#22 [mh "Breast Neoplasms"/US] 86

#23 (ultrasound* or ultrason* or echograph* or echomammogra* or echo-mammogra* or echotomograph* or echo-tomograph* or sonograph*):ti,ab,kw 21358
#24 [mh "Imaging, Three-Dimensional"] 1022
#25 ((3D or "3-D") near/3 imag*):ti,ab,kw 338
#26 (((3 or three) next dimension*) near/3 imag*):ti,ab,kw 1420
#27 tomosynthes*:ti,ab,kw 33
#28 {or #7-#27} 70238
#29 #6 and #28 3794
#30 [mh "Mass Screening"/AE] 45
#31 [mh "Early Detection of Cancer"/AE] 13
#32 [mh Self-Examination/AE] 0
#33 [mh Mammography/AE] 28
#34 [mh "Diagnostic Errors"] 2916
#35 misdiagnos*:ti,ab,kw 210
#36 (miss* near/3 diagnos*):ti,ab,kw 92
#37 (overdiagnos* or (over next diagnos*)):ti,ab,kw 190
#38 (false next (negative* or positive*)):ti,ab,kw 2562
#39 ((error* or false* or wrong*) near/3 (alarm* or detect* or diagnos*)):ti,ab,kw 1187
#40 [mh "Medical Overuse"] 138
#41 overtreat*:ti,ab,kw 193
#42 ((inappropriate* or unnecessar*) near/3 (followup or "follow-up" or procedur* or therap* or treatment*)):ti,ab,kw 564
#43 (inappropriate* or unnecessar* or safe or adverse or adversely or undesirabl* or unintend* or unintent* or unwanted or harm* or injurious* or risk or risks or reaction* or complication*):ti 38637
#44 ((adverse* or undesirabl* or unintend* or unintent* or unwanted or harm* or toxic or injurious* or serious* or fatal) near/5 (affect or affected or affecting or affects or consequence* or effect* or react or reacts or reacted or reacting or reaction* or event* or outcome* or incident*)):ti,ab,kw 122393
#45 ((adverse* or inappropriat* or unnecessar* or undesirabl* or unintend* or unintent* or unwanted or injurious* or serious*) near/5 (alarm* or anxiet* or anxious* or distress* or emotion* or feeling* or psycholog* or uncertaint*)):ti,ab,kw 1201
#46 iatrogen*:ti,ab,kw 691
#47 {or #30-#46} 160469
#48 #29 and #47 Publication Year from 2014 to 2017229

CENTRAL – 216 [RCTs]

BREAST SELF-EXAM – Missed Search Period

MEDLINE

Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>
Search Strategy:
---
1 exp Breast Neoplasms/ (287642)

2 ((breast* or mamma or mammar*) adj3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)).tw,kw. (331761)
3 exp Carcinoma, Intraductal, Noninfiltrating/ (10262)
4 intraductal carcinoma*.tw,kw. (922)
5 (ductal carcinoma in situ or DCIS).tw,kw. (7495)
6 or/1-5 [BREAST CANCER] (395424)
7 exp Self-Examination/ (2485)
8 ((self-exam* or self-detect* or self-screen*) adj5 (breast$1 or mamma or mammary or nipple$1)).tw,kw. (2050)
9 or/7-8 (3569)
10 6 and 9 [BREAST SELF-EXAMINATION] (2287)
11 Male/ not (Female/ and Male/) (2788208)
12 10 not 11 (2280)
13 exp Infant/ not (exp Adult/ and exp Infant/) (838449)
14 exp Child/ not (exp Adult/ and exp Child/) (1197384)
15 Adolescent/ not (exp Adult/ and Adolescent/) (595774)
16 or/13-15 (1865046)
17 12 not 16 (2259)
18 exp Animals/ not (exp Animals/ and Humans/) (4850259)
19 17 not 18 [ANIMAL-ONLY REMOVED] (2259)
20 (comment or editorial or news or newspaper article).pt. (1254980)
21 (letter not (letter and randomized controlled trial)).pt. (1008588)
22 19 not (20 or 21) [OPINION PIECES REMOVED] (2114)
23 (201010* or 201011* or 201012* or 2011* or 2012* or 2013* or 201401* or 201402* or 201403* or 201404* or 201405* or 201406* or 201407* or 201408* or 201409*).dc. (4562092)
24 22 and 23 [UPDATE PERIOD] (297)
25 (controlled clinical trial or randomized controlled trial or pragmatic clinical trial).pt. (600336)
26 clinical trials as topic.sh. (197690)
27 (randomi#ed or randomly or RCT$1 or placebo*).tw. (882744)
28 ((singl* or doubl* or trebl* or tripl*) adj (mask* or blind* or dumm*)).tw. (167447)
29 trial.ti. (201433)
30 or/25-29 (1273229)
31 24 and 30 [RCTS] (26)
32 remove duplicates from 31 [RCTS - DUPLICATES REMOVED] (24)
33 controlled clinical trial.pt. (98123)
34 Controlled Clinical Trial/ or Controlled Clinical Trials as Topic/ (103798)
35 (control* adj2 trial*).tw. (231865)
36 Non-Randomized Controlled Trials as Topic/ (135)
37 (nonrandom* or non-random* or quasi-random* or quasi-experiment*).tw. (49091)
38 (nRCT or nRCTs or non-RCT$1).tw. (605)
39 (pre- adj3 post-).tw. (65615)
40 (pretest adj3 posttest).tw. (4480)
41 Historically Controlled Study/ (111)
42 (control* adj2 stud$3).tw. (212253)
43 Control Groups/ (1833)
44 (control$ adj2 group$1).tw. (436609)
45 trial.ti. (201433)

46 or/33-45 (1085914)
47 24 and 46 [NON-RCTS] (19)
48 47 not 31 [OVERLAP WITH RCTS REMOVED] (11)
49 remove duplicates from 48 [NON-RCTS - DUPLICATES REMOVED] (10)
50 exp Cohort Studies/ (1803827)
51 cohort$1.tw. (470255)
52 Retrospective Studies/ (674584)
53 (longitudinal or prospective or retrospective).tw. (1065169)
54 ((followup or follow-up) adj (study or studies)).tw. (48662)
55 Observational study.pt. (35331)
56 (observation$2 adj (study or studies)).tw. (78822)
57 ((population or population-based) adj (study or studies or analys#s)).tw. (15420)
58 ((multidimensional or multi-dimensional) adj (study or studies)).tw. (96)
59 Comparative Study.pt. (1958641)
60 ((comparative or comparison) adj (study or studies)).tw. (101181)
61 exp Case-Control Studies/ (917378)
62 ((case-control* or case-based or case-comparison) adj (study or studies)).tw. (95907)
63 or/50-62 [OBSERVATIONAL STUDIES] (4238905)
64 24 and 63 [OBSERVATIONAL STUDIES] (69)
65 64 not (31 or 47) [OVERLAP WITH RCTS AND NON-RCTS REMOVED] (59)
66 remove duplicates from 65 [OBSERVATIONAL STUDIES - DUPLICATES REMOVED] (53)
67 32 or 49 or 66 [ALL STUDY DESIGNS] (87)

****
Cochrane Library

Search Name: CTFPHC - Breast Cancer Screening - Self-Examination
Date Run: 04/01/17 17:44:19.792
Description: 2017 Jan 4 - 2010-2014 - FINAL

ID Search Hits
#1 [mh "Breast Neoplasms"] 9949
#2 ((breast* or mamma or mammar*) near/3 (cancer* or carcinoid* or carcinoma* or carcinogen* or adenocarcinoma* or adeno-carcinoma* or malignan* or neoplasia* or neoplasm* or sarcoma* or tumour* or tumor*)):ti,ab,kw 22627
#3 [mh "Carcinoma, Intraductal, Noninfiltrating"] 118
#4 (intraductal next carcinoma*):ti,ab,kw 181
#5 ("ductal carcinoma in situ" or DCIS):ti,ab,kw 302
#6 {or #1-#5} 22683
#7 [mh Self-Examination] 202
#8 ((self next (exam* or detect* or screen*)) near/5 (breast* or mamma or mammary or nipple*)):ti,ab,kw 208
#9 #7 or #8 303
#10 #6 and #9 Publication Year from 2010 to 2014 23

CENTRAL – 23 [RCTs]

Appendix 3- Screening Forms (Updated Search)

Level 1 – Title and abstract screening

1. Does this record focus on breast cancer screening in a population screening context?
    - ❍ **Yes/possibly**
    - ❍ No*
    - ❍ **Unclear/no abstract**

*Reasons for selecting 'no':
1) Does not focus on breast cancer screening in a population screening context (**If >20% of the population are high risk- then exclude. For now, include all studies which assess dense breasts populations**). *High Risk*: women with pre-existing or personal history of breast cancer, family history (in a first degree relative) of breast or ovarian cancer or other personal risk factors, such as abnormal breast pathology or BRCA1/BRCA2 genetic mutations, previously receivied radiation treatment to the chest (such as Hodgkin's) for cancer. 2) Animal/in vivo studies 2) It focuses on breast cancer screening but it is clearly obvious that it is one of the following: **CPG, SRs, Narrative literature review, commentary (without primary data), editorials (without primary data), protocol**

*Those answered yes/unclear will be passed through to full-text screening.

Level 2 – Full-text screening

1. Is the full-text available?
    - ❍ **Yes**
    - ❍ No
    - ❍ abstract only
    - ❍ article not required due to known foreign language

2. Is the article published in English or French?
    - ❍ **Yes**
    - ❍ No

3. Is the article any of the following study designs?

    RCTs (including cluster), or novel/extended analysis of RCT data.
    Non-RCTs
    Comparative cohort studies (including adminstrative database studies/registries)
    Ecological studies
    Example of studies to exclude:
    case-control,
    cross-sectional studies,

case-series,
controlled before-after,
diagnostic test accuracy studies
modelling studies.

Also exclude narrative reviews, systematic reviews/meta-analysis, commentaries & Editorials (without primary data), protocols, papers on study design

- ❍ **Yes**
- ❍ No
- ❍ Diagnostic Type Accuracy Study- of the interventions themselves, exclude kappa studies on observer agreement

4. Is the article focused on breast cancer screening (must mention inclusion of some sort of screening practice)?
   Exclude: (i) studies where focus of the intervention is to randomize patients to programs to enforce/enhance screening. Ex: community health worker-led health literacy intervention; (ii) studies on treatment
   - ❍ **Yes**
   - ❍ No

5. Is it the population of interest?
   - ❍ No- women <40 years (exclusively)
   - ❍ No- women ≥ 40 years who are high –risk (based on family history and other personal risk factors- genetic mutations, abnormal pathology, previous history of cancer, etc).
   - ❍ **Yes- women ≥ 40 years who are 'not at high risk'- i.e., average risk (or at least80% of the population is not at high risk)**
   - ❍ **Yes- women ≥ 40 years who have dense breasts (>75% of population)**
   - ❍ **Unclear- mixed aged population who are 'not at high risk'(at least 80% of the population) or who have dense breasts (<75% of the population)**
   - ❍ No- mixed aged population who are at 'high risk' (>20% of population) or dense breasts (>75%)

6. Does it include the intervention of interest?
   Mammography (film, digital, tomosynthesis) with or without CBE/BSE
   MRI with or without CBE/BSE
   Ultrasound with or without CBE/BSE
   CBE
   BSE
   - ❍ **Yes**
   - ❍ No

7. Is the comparator: "no screening", "usual care"?
   - ❍ **Yes**
   - ❍ No

Typically, these questions are nested. If an answer allows us to proceed in the inclusion criteria, the next question will appear. Those bolded would be those that would pass through to the following question. If question 7 is ‘Yes’, this article would be passed through to a post-hoc evaluation, ensuring it has outcomes of interest.

Appendix 4- Data Extraction- Overview of Reviews

Publication details: year of publication, language, publication status

Search details: databases searched and years searched

Selection criteria: Number of included studies, type of study design, population, sample sizes, quality of included studies (must align with the CTFPHC PICOTs)

Results of the systematic review: summarize qualitatively body of evidence

Results of the meta-analysis: pooled estimate, heterogeneity tests

Stregnths of limitations of the review

AMSTAR quality

Appendix 5- Assessing the Methodological Quality of Systematic Reviews (AMSTAR) (Overview of Reviews)

1. Was an 'a priori' design provided?
The research question and inclusion criteria should be established before the conduct of the review.

Note: Need to refer to a protocol, ethics approval, or pre-determined/a priori published research objectives to score a "yes."

- ☐ Yes
- No
- Can't answer
- ☐ Not applicable

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2. Was there duplicate study selection and data extraction?
There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.

Note: 2 people do study selection, 2 people do data extraction, consensus process or one person checks the other's work.

- ☐ Yes
- No
- Can't answer
- ☐ Not applicable

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3. Was a comprehensive literature search performed?
At least two electronic sources should be searched. The report must include years and databases used (e.g., Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.

Note: If at least 2 sources + one supplementary strategy used, select "yes" (Cochrane register/Central counts as 2 sources; a grey literature search counts as supplementary).

- ☐ Yes
- No
- Can't answer
- ☐ Not applicable

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4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?
The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.

- ☐ Yes
- No
- ☐ Can't answer

Note: If review indicates that there was a search for "grey literature" or "unpublished literature," indicate "yes." SINGLE database, dissertations, conference proceedings, and trial registries are all considered grey for this purpose. If searching a source that contains both grey and non-grey, must specify that they were searching for grey/unpublished lit.

☐ Not applicable

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5. Was a list of studies (included and excluded) provided?
A list of included and excluded studies should be provided.

Note: Acceptable if the excluded studies are referenced. If there is an electronic link to the list but the link is dead, select "no."

Yes
No
Can't answer
☐ Not applicable

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6. Were the characteristics of the included studies provided?
In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g., age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.

Note: Acceptable if not in table format as long as they are described as above.

Yes
No
Can't answer
☐ Not applicable

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7. Was the scientific quality of the included studies assessed and documented?
'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.

Note: Can include use of a quality scoring tool or checklist, e.g., Jadad scale, risk of bias, sensitivity analysis, etc., or a description of quality items, with some kind of result for EACH study ("low" or "high" is fine, as long as it is clear which studies scored "low" and which scored "high"; a summary score/range for all studies is not acceptable).

☐ Yes
No
☐ Can't answer
☐ Not applicable

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8. Was the scientific quality of the included studies used appropriately in formulating conclusions?
The results of the methodological rigor and scientific quality should

Yes
No

be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations. *Note: Might say something such as "the results should be interpreted with caution due to poor quality of included studies." Cannot score "yes" for this question if scored "no" for question 7.*	☐ Can't answer ☐ Not applicable
9. Were the methods used to combine the findings of studies appropriate? For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e., Chi-squared test for homogeneity, I2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e., is it sensible to combine?). *Note: Indicate "yes" if they mention or describe heterogeneity, i.e., if they explain that they cannot pool because of heterogeneity/variability between interventions.*	☐ Yes No ☐ Can't answer ☐ Not applicable
10. Was the likelihood of publication bias assessed? An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test, Hedges-Olken). *Note: If no test values or funnel plot included, score "no". Score "yes" if mentions that publication bias could not be assessed because there were fewer than 10 included studies.*	☐ Yes No Can't answer ☐ Not applicable
11. Was the conflict of interest included? Potential sources of support should be clearly acknowledged in both the systematic review and the included studies. *Note: To get a "yes," must indicate source of funding or support for the systematic review AND for each of the included studies.*	Yes No Can't answer ☐ Not applicable

Appendix 6- Cochrane Risk of Bias Tool

1. **Selection bias domain**: Random sequence generation
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

2. **Selection bias domain**: Allocation concealment
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

3. **Performance bias domain**: Blinding of participants and personnel (for each outcome)
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

4. **Detection bias domain**: Blinding of outcome assessment (for each outcome)
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

5. **Attrition bias domain**: Incomplete outcome data (for each outcome)
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

6. **Reporting bias domain**: Selective reporting
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

7. **Other sources of bias**
    - ❍ Low risk
    - ❍ Unclear risk
    - ❍ High risk

    Support for judgement:

Appendix 7- Newcastle-Ottawa Scale (Cohort Studies)

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

Selection

1) Representativeness of the exposed cohort
   - a) truly representative of the average_____(describe) in the community ✸
   - b) somewhat representative of the average_____ in the community ✸
   - c) selected group of users eg nurses, volunteers
   - d) no description of the derivation of the cohort

2) Selection of the non-exposed cohort
   - a) drawn from the same community as the exposed cohort ✸
   - b) drawn from a different source
   - c) no description of the derivation of the non-exposed cohort

3) Ascertainment of exposure
   - a) secure record (eg surgical records) ✸
   - b) structured interview ✸
   - c) written self-report
   - d) no description

4) Demonstration that outcome of interest was not present at start of study
   - a) yes ✸
   - b) no

Comparability

1) Comparability of cohorts on the basis of the design or analysis
   - a) study controls for_____(select the most important factor) ✸
   - b) study controls for any additional factor ✸ (This criteria could be modified to indicate specific control for a second important factor.)
   - * Age and Hormone replacement therapy use were considered.

Outcome

1) Assessment of outcome
   - a) independent blind assessment ✸
   - b) record linkage ✸
   - c) self report
   - d) no description

2) Was follow-up long enough for outcomes to occur
   - a) yes (select an adequate follow up period for outcome of interest) ✸
   - b) no

3) Adequacy of follow up of cohorts
   - a) complete follow up - all subjects accounted for ✸
   - b) subjects lost to follow up unlikely to introduce bias - small number lost - >_____ % (select an adequate %) follow up, or description provided of those lost) ✸
   - c) follow up rate <_____% (select an adequate %) and no description of those lost
   - d) no statement

*Modified tool to add one more question under ‘outcome’

4) Did the authors adjust for lead time bias in the analysis (or was follow-up long-enough to reduce lead time bias)?

a) yes*

b) no

Appendix 9 – List of Excluded Studies (Full Text) (Updated Search)

Full Text Unavailable

RefID:2874. Boonyaleepan, Araya. Positron Emission Mammography for Breast Cancer in Rajavithi Hospital. Journal of the Medical Association of Thailand = Chotmaihet thangphaet 2016. 99 Suppl 2 () S130-S135. Full Text Unavailable

RefID:984. Luijt, P., Heijnsdijk, E. A. M., Fracheboud, J., Broeders, M. J. M., Wesseling, J., Heeten, G. J., and Koning, H. J.. DCIS distribution of grades in 5,126 screened and non-screened women and estimated risk of overdiagnosis in breast cancer screening: A model of progression. European journal of cancerConference Abstract 2014. 50 () S168-.

RefID:2703. Menes, Tehillah S., Kerlikowske, Karla, Lange, Jane, Jaffer, Shabnam, Rosenberg, Robert, and Miglioretti, Diana L.. Subsequent Breast Cancer Risk Following Diagnosis of Atypical Ductal Hyperplasia on Needle Biopsy. JAMA oncology 2017. 3 (1) 36-41.

RefID:1311. Simmons, R.. Long-term results of phase II ablation after breast lumpectomy added to extend intraoperative margins (ABLATE I) trial. Breast DiseasesNote 2015. 25 (4) 331-332.

Abstract Only

RefID:844. Autier, P., Boniol, M., Smans, M., and Boyle, P.. Randomized trials on mammography screening and the left-to-nature design. Journal of clinical oncologyConference Abstract 2014. 32 (15 Suppl 1) -.

RefID:212. Barrajon, E., Lopez, A., and Adrover, E.. Screening mammography in old women saves lives: A simulation model. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2006. 24 (18_suppl) 10561-.

RefID:101. Bonanni, B., Maisonneuve, P., Serrano, D., Varricchio, C., Cazzaniga, M., Lazzeroni, M., Santillo, B., Di Pace, R., Meneghetti, L., Tagliafico, A., Veronesi, U., and De Censi, A.. Safety and efficacy of HRT and low-dose tamoxifen in a phase II trial (HOT): Analysis of mammographic density and endometrial thickness. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2011. 29 (15_suppl) 1527-.

RefID:1191. Chan, E. K., Wilson, C., Tyldesley, S., Lai, A., Sam, J., Harry, R., and Nichol, A.. Improving screening mammography return rates in overdue women: A randomized study of signed reminder letters from family physicians. Journal of clinical oncologyConference Abstract 2014. 32 (26 Suppl 1) -.

RefID:3056. Chung, Alice, Gangi, Alexandra, Amersi, Farin, Zhang, Xiao, and Giuliano, Armando. Not Performing a Sentinel Node Biopsy for Older Patients With Early-Stage Invasive Breast Cancer. JAMA surgery 2015. 150 (7) 683-684.

RefID:1197. Cyr, A., Tucker, N., Gao, F., Margenthaler, J., Aft, R., Eberlein, T., Appleton, C., Reichert, V., and Gillanders, W.. Pilot phase study results of a prospective, randomized controlled clinical trial evaluating axillary ultrasound vs sentinel lymph node biopsy for axillary staging in early-stage breast cancer patients. Annals of surgical oncologyConference Abstract 2015. 22 (2 Suppl 1) 14-15.

RefID:2753. Dawson, S., McKinley, J., Jenkins, M., McLachlan, S., Lindeman, G., Friedlander, M., Hopper, J., and Phillips, K.. Cancer risk management practices of non-carriers within BRCA1/2 mutation positive families in the Kathleen Cunningham Consortium for Research into Familial Breast Cancer (kConFab). Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2006. 24 (18_suppl) 1020-.

RefID:1217. Diaz-Santana, M. V. and Reeves, K. W.. Breast cancer risk factors and screening practices among Hispanics subgroups in the United States. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:976. Durham, D., Robinson, W., Lee, S., Wheeler, S., Bowling, J., and Henderson, L.. Disparities in time to diagnostic follow up after screening mammography. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:935. Elshof, L. E., Tryfonidis, K., Slaets, L., Leeuwen-Stok, A. E., Dif, N., Skinner, V. P., Loo, C. E., Warnars, G., Bleiker, E., Pijnappel, R. M., Bijker, N., Rutgers, E. J. T., and Wesseling, J.. The LORD trial: A randomized, non-inferiority trial, between active surveillance versus standard treatment in patients with low risk ductal carcinoma in situ. Cancer researchConference Abstract 2015. 75 (9 Suppl 1) -.

RefID:1071. Henderson, L. M., Benefield, T., Marsh, M. W., and Nakayoshi, M.. Performance of digital diagnostic mammography by race. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:1085. Jones, B. A., Epstein, L., Genao, I., Nunez-Smith, M., Vila, H. S., Claus, E., and Nappi, S.. Perceived control over health and history of mammography screening in Hispanic/Latino women living in the Northeast United States. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:2718. Kim, H., Han, W., Moon, H., Ahn, S. K., Yom, C. K., Shin, H., and Noh, D.. The comparison of the evaluation of axillary lymph node metastasis in breast cancer among PET, chest CT, and ultrasound sonography. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2011. 29 (15_suppl) e11567-.

RefID:198. Kirstein, L. J., Keto, J. L., Sanchez, D. P., Fulop, T., Cohen, I., Cohen, J. M., Harshan, M., and Boolbol, S. K.. MRI versus breast-specific gamma imaging (BSGI) in the detection of synchronous breast cancer: A prospective head-to-head trial. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2011. 29 (27_suppl) 72-.

RefID:2726. Kojima, S., Hara, A., Kosaka, N., Matsuo, Y., Suzuki, H., Torigoe, S., Suzuki, T., Teramukai, S., Uno, K., and Fukushima, M.. Cancer screening using whole-body 18FDG-PET scan in healthy voluntary subjects. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2004. 22 (14_suppl) 6072-.

RefID:1221. Laakmann, E., Witzel, I., Fehm, T., Hesse, T., Minckwitz, G., Mobus, V., Park-Simon, T.-W., Neunhoffer, T., Schmidt, M., Loibl, S., and Muller, V.. Brain metastases in breast cancer network Germany (BMBC, GBG 79): The introduction of the multicenter register and analysis of patient data. Oncology Research and Treatment.Conference: 32.Deutscher Krebskongress, DKK 2016 Berlin Germany.Conference Start: 20160224 Conference End: 20160227.Conference Publication: (var.pagings)Conference Abstract 2016. 39 () 50-.

RefID:1073. Lee, H. Y., Le, C., Ghebre, R., and Yee, D.. Mobile phone multimedia messaging intervention for breast cancer screening. Cancer researchConference Abstract 2016. 76 (4 Suppl 1 no pagination) -.

RefID:177. Lin, C., Moore, D., DeMichele, A., Ollila, D., Montgomery, L., Liu, M., Krontiras, H., Gomez, R., Esserman, L., and SPY, TRIAL, I. Detection of locally advanced breast cancer in the I-SPY TRIAL (CALGB 150007/150012, ACRIN 6657) in the interval between routine screening. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2009. 27 (15_suppl) 1503-.

RefID:2712. Lowry, H., Dekhne, N., Fend, D., Lerman, R., Gregory, N., and Boura, J.. Multidisciplinary high-risk program: A community hospital's experience. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2011. 29 (15_suppl) 1562-.

RefID:176. Mullai, N., Murugesan, N., Burton, L., Goodin, V., and Stout, A.. Risk of noncompliance due to patient discomfort during screening mammogram. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2009. 27 (15_suppl) 1522-.

RefID:1113. Narasimmaraj, P. R., Stover, Fiscalini A., Kaplan, C. P., Van't Veer, L. J., Hallada, A. M., Thompson, C. K., Theiner, S., Borowsky, A., Naeim, A., Anton-Culver, H., Lacroix, A., and Esserman, L. J.. A pilot feasibility study of the WISDOM study, a preference-tolerant randomized controlled trial evaluating a risk-based breast cancer screening strategy. Cancer researchConference Abstract 2016. 76 (4 Suppl 1 no pagination) -.

RefID:1150. Nguyen, K. H., Karliner, L., and Pasick, R.. Disparities in follow up after abnormal mammogram for multiple Asian subpopulations. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:1237. Ni, Chearbhaill R., Boland, M. R., Evoy, D., Geraghty, J., Rothwell, J., Quinn, C., O'Doherty, A., McDermott, E. W., and Prichard, R. S.. Positive pre-operative axillary ultrasound guided fine needle aspiration cytology is associated with higher axillary disease burden in breast cancer patients compared with those detected by sentinel lymph node biopsy. European Journal of Surgical Oncology.Conference: Association of Breast Surgery Conference and AGM, ABS 2015 Bournemouth United Kingdom.Conference Start: 20150615 Conference End: 20150616.Conference Publication: (var.pagings)Conference Abstract 2015. 41 (6) S19-.

RefID:200. Picton, M. E., Ramirez, B., Liles, D., Sastry, T. R., and Petruzziello, M.. Barriers to screening and treatment of breast cancer: Data analysis from Edgecombe County. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2011. 29 (27_suppl) 232-.

RefID:2532. Rayson, D., Payne, J. I., Abdolell, M., Barnes, P. J., Burns, A., MacIntosh, R., Foley, T., Younis, T., and Caines, J.. Clinical-pathologic characteristics and outcomes of true interval compared to screen-detected breast cancer among participants in a Canadian breast screening program: A nested case-control study. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2009. 27 (15_suppl) 6528-.

RefID:1131. Sabaque, C., Nicometo, A. M., Vierkant, R., and Petersen, W. O.. Do generational cohort differences in social networks influence persistent and sporadic screeners' perceptions of breast cancer screening?. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:1136. Schapira, M. M., Hubbard, R., Seitz, H., Conant, E., Schnall, M., Capella, J., Harrington, T., Inge, C. A., and Armstrong, K.. A randomized controlled trial of a risk based mammography screening decision aid for women 39-48 years of age. Journal of general internal medicineConference Abstract 2016. 31 (2 Suppl 1) S105-.

RefID:1031. Selove, R., Kilbourne, B., Sanderson, M., Foster, M., Fadden, M. K., Offodile, R., and Husaini, B.. Time course from screening mammography to biopsy to treatment among black and white, non-HMO Medicare beneficiaries in 2005-2008. Cancer Epidemiology Biomarkers and Prevention.Conference: 7th AACR Conference on the Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved San Antonio, TX United States.Conference Start: 20141109 Conference End: 2014111Conference Abstract 2015. 24 (10 Suppl 1 no pagination) -.

RefID:2727. Tchiknavorian, X., Perruchio, S., Agin, P., Lachard, A., Beedassy, B., Blanc, J. M., and Cals, L.. Retrospective analysis of 561 breast magnetic resonance imaging (MRI). The largest study to dat. Journal of clinical oncology : official journal of the American Society of Clinical Oncology 2004. 22 (14_suppl) 712-.

RefID:1198. Thomas, R., Samuel, M., Bristow, G., Hacking, J., Palihawadana, D., Youssef, M., and Carr, M.. Is MRI leading to potentially unnecessary mastectomies? A nonscreening unit's experience. European Journal of Surgical Oncology.Conference: Association of Breast Surgery Conference and AGM, ABS 2015 Bournemouth United Kingdom.Conference Start: 20150615 Conference End: 20150616.Conference Publication: (var.pagings)Conference Abstract 2015. 41 (6) S30-.

RefID:1057. Thompson, C. K., Fiscalini, A. S., Donnellan, P., Kaplan, C. P., Madlensky, L., Eklund, M., Ziv, E., Van't Veer, L. J., Tice, J. A., and Esserman, L. J.. Breast cancer screening in the precision medicine era. Cancer researchConference Abstract 2016. 76 (4 Suppl 1 no pagination) -.

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RefID:837. Sharpe, R. E., Venkataraman, S., Phillips, J., Dialani, V., Fein-Zachary, V. J., Prakash, S., Slanetz, P. J., and Mehta, T. S.. Increased cancer detection rate and variations in the recall rate resulting from implementation of 3D digital breast tomosynthesis into a population-based screening program. RadiologyArticle 2016. 278 (3) 698-706.

RefID:1014. Skaane, P., Bandos, A. I., Eben, E. B., Jebsen, I. N., Krager, M., Haakenaasen, U., Ekseth, U., Izadi, M., Hofvind, S., and Gullien, R.. Two-view digital breast tomosynthesis screening with synthetically reconstructed projection images: Comparison with digital breast tomosynthesis with full-field digital mammographic images. RadiologyArticle 2014. 271 (3) 655-663.

RefID:2803. Yen, Amy Ming-Fang, Tsau, Huei Shian, Fann, Jean Ching-Yuan, Chen, Sam Li-Sheng, Chiu, Sherry Yueh-Hsia, Lee, Yi Chia, Pan, Shin Liang, Chiu, Han Mo, Kuo, Wen Horng, Chang, King Jen, Wu, Yi Ying, Chuang, Shu Lin, Hsu, Chen Yang, Chang, Dun Cheng, Koong, Shing Lang, Wu, Chien Yuan, Chia, Shu Lih, Chen, Mei Ju, Chen, Hsiu Hsi, and Chiou, Shu Ti. Population-Based Breast Cancer Screening With Risk-Based and Universal Mammography Screening Compared With Clinical Breast Examination: A Propensity Score Analysis of 1429890 Taiwanese Women. JAMA oncology 2016. 2 (7) 915-92

Appendix 10- Data Extraction Table (Updated Search)

Study Characteristics (as reported) of studies included in search update (2010 for BSE; 2014 for all other modalities)					
*Three publications identified in update, in which some address more than one RCT.					
Breast-Cancer Mortality					
Mammography vs. Usual Care/No Screening					
1) Trial Name; 2) Author; 3) Study Design; 4) Years of study; 5) End of follow-up; 6) Country	**1) Age at entry; 2) Follow-up for analysis 3) Total Randomized 4) Total Randomized (Intervention, Control)**	**1) Type of Mammography; 2) # of views; 3) # of readers; 4) screening interval; 5) # of screening rounds; 6) # of screens attended, 7) Attendance rate**	**1) Definition of Outcome; 2) Short-case or Long-case accrual**	**Results**	**Comments 1) Comments about comparator; 2)Notes to consider; 3) Other mortality outcomes not relevant for our purposes**
1) Malmo I; 2) Nystrom 2016; 3) RCT; 4) 1976-NR; 5) NR; 6) Sweden	1) 45-70; 2) Mean: 30 years; 3) 42,283; 4) INT: 21,088; CONT: 21,195	1) Film; 2) Two. Starting at round 3, single or two view according to parenchymal pattern; 3) 2 readers; 4) 18-24 months; 5) Born 1908-1917: 6; Born 1918: 7; Born 1919-1932: 8; 6) NR; 7) 73% (1st round: 74%)	1) Breast Cancer as underlying cause of death according to the Swedish Cause of Death Registry; 2) Short-Case Accrual	**45-54:** # of deaths: INT: 70/8673; CONT: 72/8311; RR: 0.94 (0.66-1.3) **50-59:** # of deaths: INT: 76/9285; CONT: 80/9322; RR: 1 (0.73-1.4) **55-64:** # of deaths: INT: 53/8194; CONT: 66/8679; RR: 0.94 (0.62-1.4) **60-70:** # of deaths: INT: 32/7816; CONT: 48/7806; RR: 0.73 (0.44-1.2) **45-70 (adjusted for age):** # of deaths: INT: 130/21088; CONT: 147/21195; RR: 0.88 (0.70-1.1) **45-70 (adjusted for age & including BC deaths not in registry):** # of deaths: INT: 146/21088; CONT: 157/21195; RR: 0.93 (0.74-1.2)	1) Usual Care & No Screening combination: women in the control group, born 1908-1922, were never invited to screening, while women born 1923-1932 were first invited to screening in 1992-19930- although since SC accrual equivalent to no screening.; 2) N/A; 3) Weighted cumulative BC mortality per 100,00 women; Numbers needed to invite to screen to

					prevent a BC death.
1) Malmo II; 2) Nystrom 2016; 3) RCT; 4) 1978-NR; 5) NR; 6) Sweden	1) 43-49; 2) Mean: 22 years; 3) 17,793; 4) INT: 9,581; CONT: 8,212	1) Film; 2) Two; 3) 2 readers; 4) 18-24 months; 5) 1-7 6) NR; 7) 73% (1st round: 75-80%)	1) Breast Cancer as underlying cause of death according to the Swedish Cause of Death Registry; 2) Short-Case Accrual	**43-49 (adjusted for age):** # of deaths: INT: 38/NR; CONT: 38/NR; RR: 0.85 (0.54-1.3) **43-49 (adjusted for age & including BC deaths not in registry):** # of deaths: INT: 40/NR; CONT: 38/NR; RR: 0.89 (0.57-1.4)	1) Usual Care- The first screening round of the control group took place between 1991 and 1994-although since SC accrual equivalent to no screening. 2) N/A; 3) Weighted cumulative BC mortality per 100,00 women; Numbers needed to invite to screen to prevent a BC death.
1) Stockholm; 2) Nystrom 2016; 3) Quasi- RCT; 4) 1981-NR; 5) NR; 6) Sweden	1) 39-65; 2) Mean: 25 years; 3) 60,117; 4) INT: 39,139; CONT: 20,978	1) NR; 2) One; 3) 1 readers; 4) 28 months; 5) 2 6) NR; 7) 81% (1st round: 82%)	1) Breast Cancer as underlying cause of death according to the Swedish Cause of Death Registry; 2) Short-Case Accrual	**40-49:** # of deaths: INT: 29/14303; CONT: 11/8021; RR: 1.5(0.76-3.0) **45-54:** # of deaths: INT: 23/14088; CONT: 14/7409; RR: 0.88(0.45-1.7) **50-59:** # of deaths: INT: 30/15946; CONT: 26/8421; RR: 0.61(0.36-1.03) **55-65:** # of deaths: INT: 47/17357; CONT: 27/8990; RR: 0.91(0.56-1.5) **40-65 (adjusted for age):** # of deaths: INT: 84/NR; CONT: 48/NR; RR: 0.94(0.66-1.3) **40-65 (adjusted for age & including BC deaths not in registry):** # of deaths: INT: 95/NR; CONT: 56/NR; RR: 0.91(0.66-1.3)	1) Usual Care- Between 2nd and 3rd round between 1985 and 1986, control invited to scree-although since SC accrual equivalent to no screening. 2) N/A; 3) Weighted cumulative BC mortality per 100,00 women; Numbers needed to invite to screen to prevent a BC death.
1) Gothenburg;	1) 39-59;	1) Film;	1) Breast Cancer	**40-49:**	1)Usual Care-

2) Nystrom 2016; 3) Quasi-RCT; 4) 1982-NR; 5) NR; 6) Sweden	2) Mean: 24 years; 3) 50,200; 4) INT: 21,000; CONT: 29,200	2) 1st round: two & 2nd round: one-two (depending on breast density); 3) 1st-3rd round: 1 reader; 4th-5th rounds: 2 readers; 4) 18 months; 5) Born 1923-1932: 4; Born 1933-1944: 5 6) NR; 7) 81% (1st round: 84%)	as underlying cause of death according to the Swedish Cause of Death Registry; 2) Short-Case Accrual	# of deaths: INT: 30/10888; CONT: 62/13203; RR: 0.59 (0.38-0.90) **45-54:** # of deaths: INT: 37/10039; CONT: 65/13518; RR: 0.76 (0.50-1.2) **50-59:** # of deaths: INT: 45/10112; CONT: 80/15997; RR: 0.89 (0.60-1.3) **40-59 (adjusted for age):** # of deaths: INT: 75/21000; CONT: 142/29200; RR: 0.74 (0.56-0.98) **40-59 (adjusted for age & including BC deaths not in registry):** # of deaths: INT: 77/21000; CONT: 149/29200; RR: 0.73 (0.55-0.96)	women in the control group, born from 1923 to 1932 were invited to their first screening round between 1987 and April 1988, and women in the control group born between 1933 and 1944 were invited to their first screening round between February and April 1990- although since SC accrual equivalent to no screening; 2) N/A; 3) Weighted cumulative BC mortality per 100,00 women; Numbers needed to invite to screen to prevent a BC death.
1) UK Age; 2) Moss 2015; 3) RCT; 4) 1991-2006; 5) Dec 31, 2011; 6) UK	1) 39-41 (invited for screening after 40); 2) Median: 17.7 years (IQR: 16.8-18.8); 3) 160,921; 4) INT: 53,914; CONT: 107,007	1) NR; 2) 1st round: two & Subsequent rounds: one (unless otherwise indicated); 3) NR; 4) 12 months (During NHSBSP- every 3 years); 5) NR 6) Mean # of	1) Defined as deaths with breast cancer coded as the underlying cause of death on the death certificate; 2) Short case and Long-case accrual (separate	**40+ (Short-case):** # of deaths: INT: 182/53883; CONT: 412/106953; RR: 0.88 (0.74-1.04); Absolute Risk reduction per 1000 women: 0.47 (-0.14 to 1.09) **40+ (0-10 years after randomization) (Short-case):** # of deaths: INT: 83/53883; CONT: 219/106953; RR: 0.75 (0.59-0.97); Absolute Risk reduction per 1000 women: 0.51 (0.08 to 0.94) **40+ (10+ years after randomization) (Short-**	1) Usual Care- invited for screening at age 50 yrs; 2) N/A; 3) Cumulative BC mortality over time.

		screens attended: 4.8 (SD: 3.3) 7) 81% (at least 1 routine screen)	estimates provided)	**case):** # of deaths: INT: 99/53883; CONT: 193/106953; RR: 1.02 (0.80-1.30); Absolute Risk reduction per 1000 women: -0.03 (-0.47 to 0.41) **40+ (0-4 years after randomization) (Long-case):** # of deaths: INT: 27/NR; CONT: 69/NR; RR: 0.78 (0.50-1.21); Absolute Risk reduction per 1000 women: 0.14 (-0.10 to 0.39) Absolute Risk reduction per 1000 women years: 0.03 (-0.02 to 0.08) **40+ (5-9 years after randomization) (Long-case):** # of deaths: INT: 56/NR; CONT: 152/NR; RR: 0.73 (0.54-0.99); Absolute Risk reduction per 1000 women: 0.38 (0.03 to 0.74) Absolute Risk reduction per 1000 women years: 0.08 (0.006 to 0.15) **40+ (15+ years after randomization) (Long-case):** # of deaths: INT: 61/NR; CONT: 109/NR; RR: 1.11 (0.81-1.52); Absolute Risk reduction per 1000 women: -0.12 (-0.47 to 0.24) Absolute Risk reduction per 1000 women years: -0.04 (-0.17 to 0.08) **40+ (0-17 years after randomization) (Long-case):** # of deaths: INT: 242/NR; CONT: 515/NR; RR: 0.93 (0.80-1.09); Absolute Risk reduction per 1000 women: 0.32 (-0.38 to 1.02) Absolute Risk reduction per 1000 women years: 0.02 (-0.02 to 0.06)	

All-Cause Mortality					
Mammography vs. Usual Care/No Screening					
1) UK Age; 2) Moss 2015; 3) RCT; 4) 1991-2006; 5) Dec 31, 2011; 6) UK	1) 39-41 (invited for screening after 40); 2) Median: 17.7 years (IQR: 16.8-18.8); 3) 160,921; 4) INT: 53,914; CONT: 107,007	1) NR; 2) 1st round: two & Subsequent rounds: one (unless otherwise indicated); 3) NR; 4) 12 months (During NHSBSP- every 3 years); 5) NR 6) Mean # of screens attended: 4.8 (SD: 3.3) 7) 81% (at least 1 routine screen)	1) Defined as deaths with breast cancer coded as the underlying cause of death on the death certificate (NOTE: nothing mentioned about all-cause); 2) Long-Case Accrual	**40+:** # of deaths: INT: 2127/53883; CONT: 4320/106953; RR: 0.98 (0.93-1.03)	1)Usual Care- invited for screening at age 50 yrs; 2) N/A; 3) N/A
Overdiagnosis					
Mammography + CBE vs. Usual Care					
1) CNBSS 1& 2 2) Baines 2016; 3) RCT; 4) 1980-1988; 5) Dec 31, 2005; 6) Canada	1) 40-59 (CNBSS 1: 40-49; CNBSS2: 50-59); 2) Longest follow-up: 25 years; 3) 89,835 (CNBSS1: 50,430; CNBSS2: 39,405); 4) NR	1) NR; 2) NR; 3) NR; 4) 12 months; 5) NR 6) NR 7) CNBSS 1&2- 1st screen: 100% CNBSS1: subsequent screens: INT: 89-86%; CONT: 95-93% CNBSS2: subsequent screens: INT: 90-87%; CONT: 89-85%	1) The numerator is the difference in cancers in the mammography arm compared to the control arm; and the denominator is the # screen-detected cancers in the mammography arm; 2) Short case and Long-case accrual (separate estimates	**40-49 (Invasive cancer only) (Short-Case):** Cum. # of cancer detected: INT: 284; CONT: 225; Difference: 59; Denominator: 213 Estimated Overdiagnosis: 28% **40-49- 1 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 327; CONT: 262; Difference: 65; Denominator: 213 Estimated Overdiagnosis: 31% **40-49- 2 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 379; CONT: 308; Difference: 71; Denominator: 213 Estimated Overdiagnosis: 33% **40-49- 3 yr post screening (Invasive cancer**	1) CNBSS1-CBE/Usual Care (single CBE followed by usual care. This constituted a comparison of screening to virtually no screening); CBNSS2-CBE alone; 2) Revised estimates from Miller 2014. Previous publication was confounded by subsequent screening in the

			provided)	**only) (Long-Case):** Cum. # of cancer detected: INT: 435; CONT: 363; Difference: 72; Denominator: 213 Estimated Overdiagnosis: 34% **40-49- 4 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 487; CONT: 421; Difference: 66; Denominator: 213 Estimated Overdiagnosis: 31% **40-49- 5 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 544; CONT: 476; Difference: 68; Denominator: 213 Estimated Overdiagnosis: 32% **40-49- 10 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 912; CONT: 817; Difference: 95; Denominator: 213 Estimated Overdiagnosis: 45% **40-49- 15 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 1386; CONT: 1311; Difference: 75; Denominator: 213 Estimated Overdiagnosis: 35% **40-49- 15 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 1725; CONT: 1622; Difference: 103; Denominator: 213 Estimated Overdiagnosis: 48% **40-49 (Invasive cancer & In situ) (Short-Case):** Cum. # of cancer detected: INT: 326; CONT: 234;	population after screening ceased in 1988. They re-evaluated the data by age to provide estimates of overdiagnosis at different time points after completing of screening schedules in the trial and related them to the dates at which provincial screening programs started; 3) N/A

				Difference: 92; Denominator: 249 Estimated Overdiagnosis: 37% **40-49- 1 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 371; CONT: 271; Difference: 100; Denominator: 249 Estimated Overdiagnosis: 40% **40-49- 2 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 424; CONT: 318; Difference: 106; Denominator: 249 Estimated Overdiagnosis: 43% **40-49- 3 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 480; CONT: 373; Difference: 107; Denominator: 249 Estimated Overdiagnosis: 43% **40-49- 4 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 533; CONT: 432; Difference: 101; Denominator: 249 Estimated Overdiagnosis: 41% **40-49- 5 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 590; CONT: 487; Difference: 103; Denominator: 249 Estimated Overdiagnosis: 41% **40-49- 10 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 958; CONT: 828; Difference: 130; Denominator: 249 Estimated Overdiagnosis: 52%	

				40-49- 15 yr post screening (Invasive cancer & In situ) (Long-Case): Cum. # of cancer detected: INT: 1432; CONT: 1322; Difference: 110; Denominator: 249 Estimated Overdiagnosis: 44% **40-49- 20 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 1771; CONT: 1633; Difference: 138; Denominator: 249 Estimated Overdiagnosis: 55% **50-59 (Invasive cancer only) (Short-Case):** Cum. # of cancer detected: INT: 335; CONT: 256; Difference: 79; Denominator: 271 Estimated Overdiagnosis: 29% **50-59- 1 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 381; CONT: 297; Difference: 84; Denominator: 271 Estimated Overdiagnosis: 31% **50-59- 2 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 411; CONT: 342; Difference: 69; Denominator: 271 Estimated Overdiagnosis: 25% **50-59- 3 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 456; CONT: 399; Difference: 57; Denominator: 271 Estimated Overdiagnosis: 21% **50-59- 4 yr post screening (Invasive cancer**	

				only) (Long-Case): Cum. # of cancer detected: INT: 514; CONT: 468; Difference: 46; Denominator: 282 Estimated Overdiagnosis: 17% **50-59- 5 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 572; CONT: 529; Difference: 43; Denominator: 271 Estimated Overdiagnosis: 16% **50-59- 10 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 899; CONT: 891; Difference: 8; Denominator: 271 Estimated Overdiagnosis: 3% **50-59- 15 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 1295; CONT: 1286; Difference: 9; Denominator: 271 Estimated Overdiagnosis: 3% **50-59- 15 yr post screening (Invasive cancer only) (Long-Case):** Cum. # of cancer detected: INT: 1525; CONT: 1511; Difference: 14; Denominator: 271 Estimated Overdiagnosis: 5% **50-59 (Invasive cancer & In situ) (Short-Case):** Cum. # of cancer detected: INT: 377; CONT: 262; Difference: 115; Denominator: 312 Estimated Overdiagnosis: 37% **50-59- 1 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 424; CONT:	

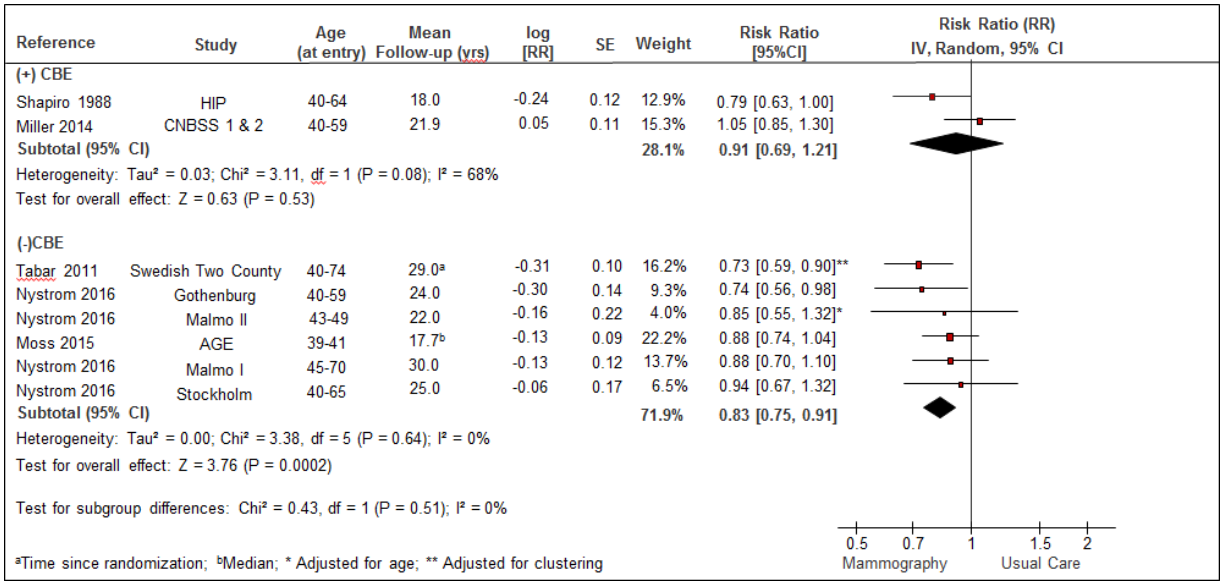
				304; Difference: 120; Denominator: 312 Estimated Overdiagnosis: 38% **50-59- 2 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 454; CONT: 349; Difference: 105; Denominator: 312 Estimated Overdiagnosis: 34% **50-59- 3 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 499; CONT: 406; Difference: 93; Denominator: 312 Estimated Overdiagnosis: 30% **50-59- 4 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 557; CONT: 475; Difference: 82; Denominator: 312 Estimated Overdiagnosis: 26% **50-59- 5 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 615; CONT: 536; Difference: 79; Denominator: 312 Estimated Overdiagnosis: 25% **50-59- 10 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 942; CONT: 898; Difference: 44; Denominator: 312 Estimated Overdiagnosis: 14% **50-59- 15 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 1338; CONT: 1293; Difference: 45; Denominator: 312	

				Estimated Overdiagnosis: 14% **50-59- 20 yr post screening (Invasive cancer & In situ) (Long-Case):** Cum. # of cancer detected: INT: 1568; CONT: 1518; Difference: 50; Denominator: 312 Estimated Overdiagnosis: 16%	

Appendix 11- Mammography +/- Clincial Breast Exam for Breast-Cancer Mortality (Short-Case Accrual) Forest Plots for Sub-Group Analyses

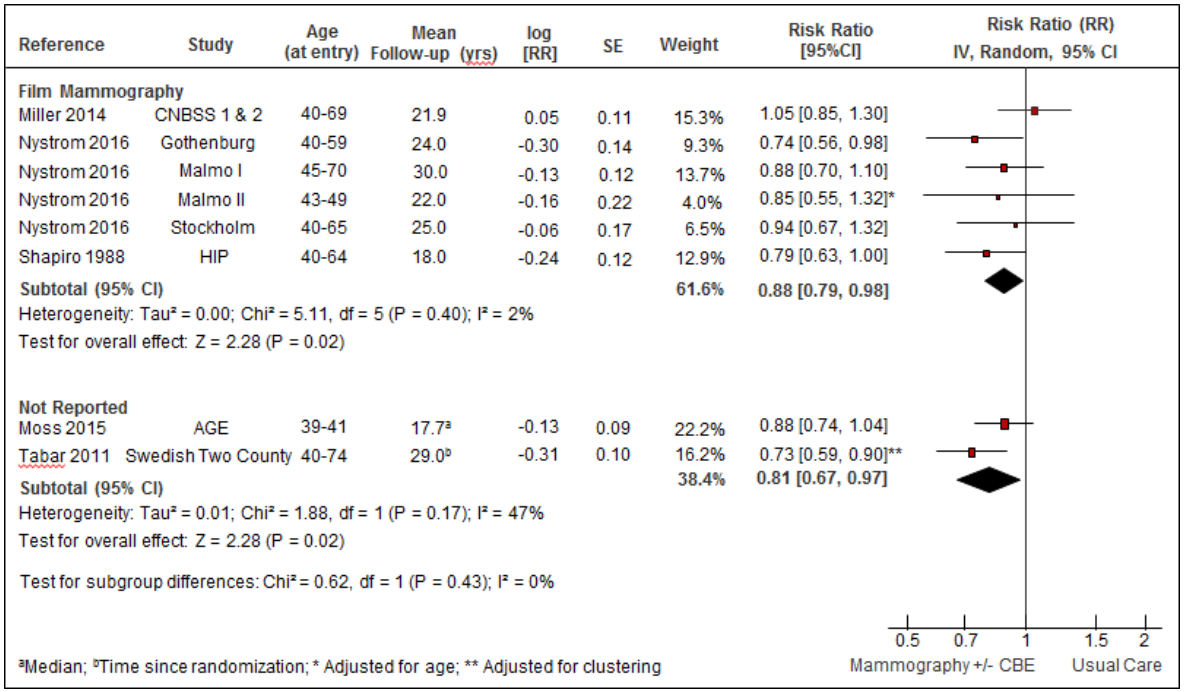
EVIDENCE SET 1b

Part A- Forest Plot – Breast Cancer Mortality (Short-Case Accrual) (Stratified by CBE use)



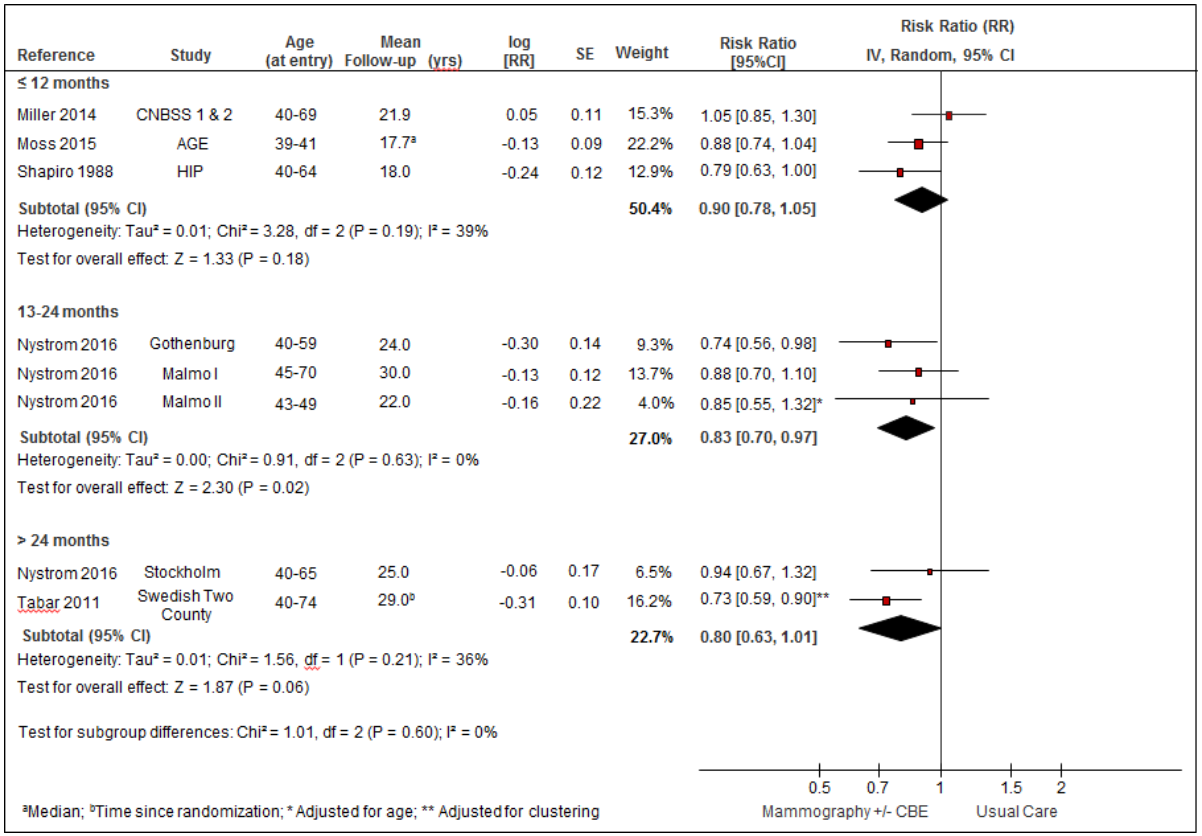
EVIDENCE SET 1c

Part A- Forest Plot – Breast Cancer Mortality (Short-Case Accrual) (Stratified by Screening Modality)



EVIDENCE SET 1d

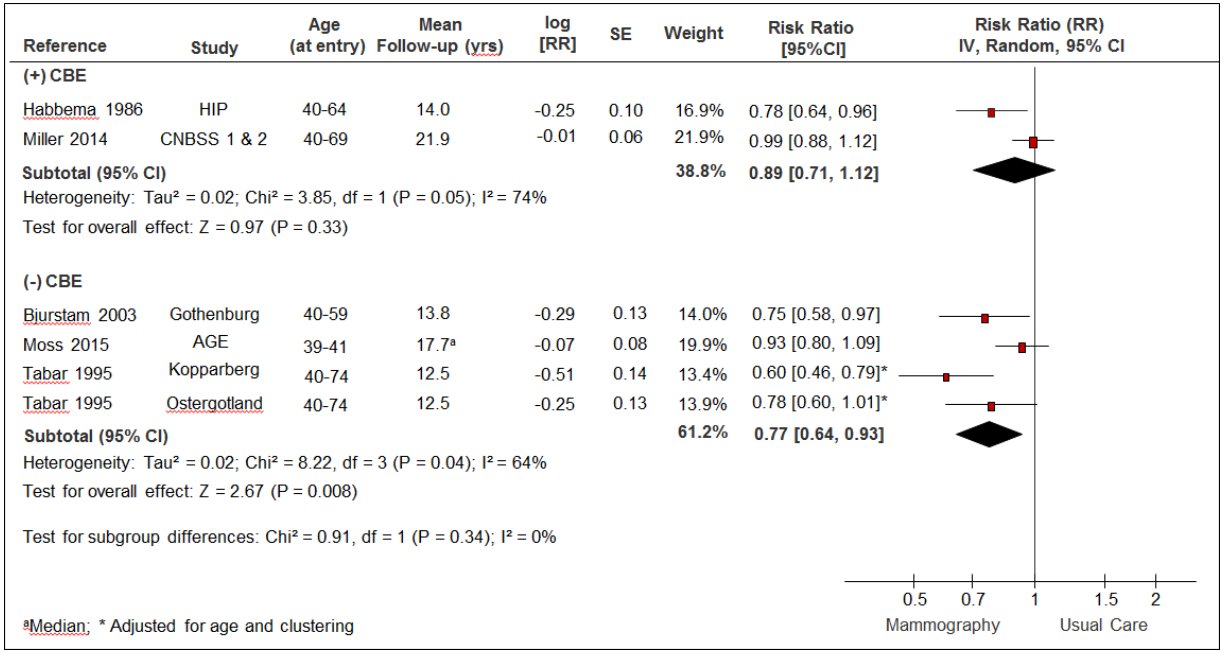
Part A- Forest Plot– Breast Cancer Mortality (Short-Case Accrual) (Stratified by Screening Interval)



Appendix 12- Mammography +/- Clincial Breast Exam for Breast-Cancer Mortality (Long-Case Accrual) Forest Plots for Sub-Group Analyses

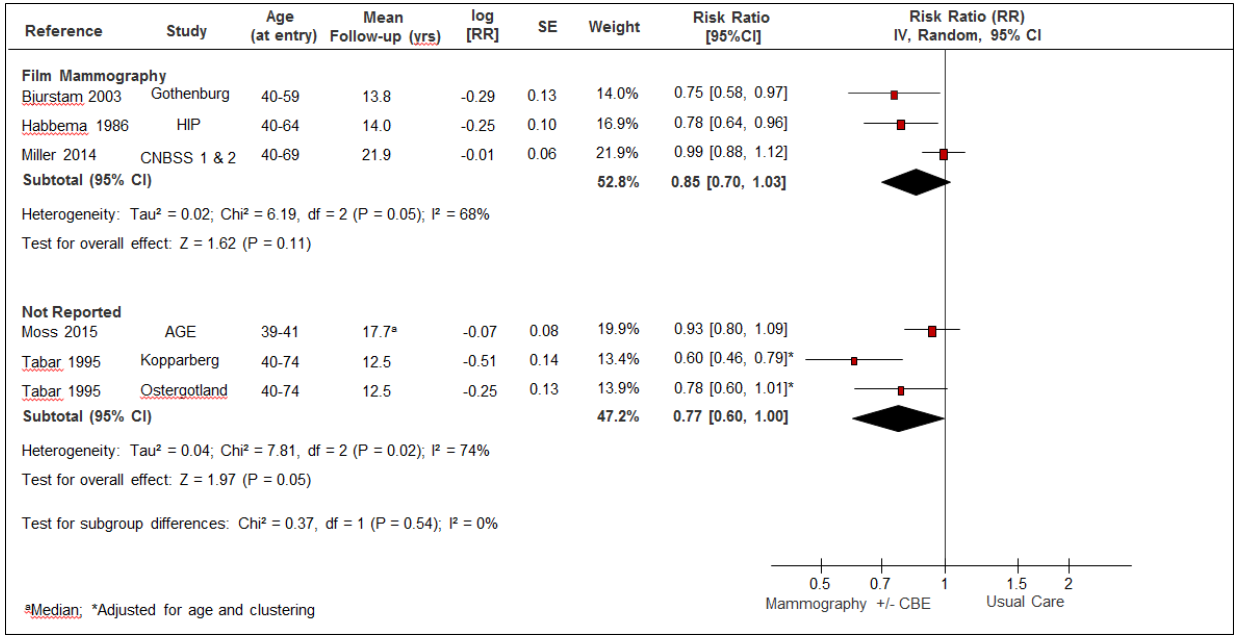
EVIDENCE SET 2b

Part A- Forest Plot– Breast Cancer Mortality (Long-Case Accrual) (Stratified by use of CBE)



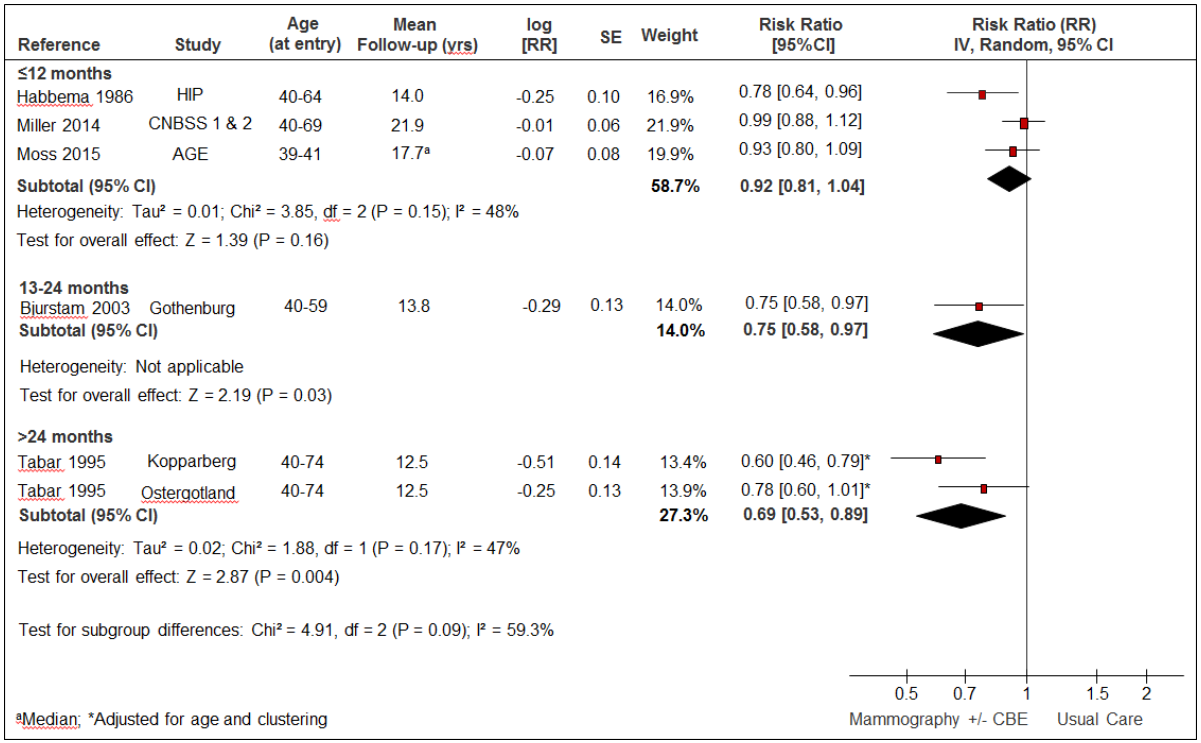
EVIDENCE SET 2c

Part A- Forest Plot – Breast Cancer Mortality (Long-Case Accrual) (Stratified by Screening Modality)



EVIDENCE SET 2d

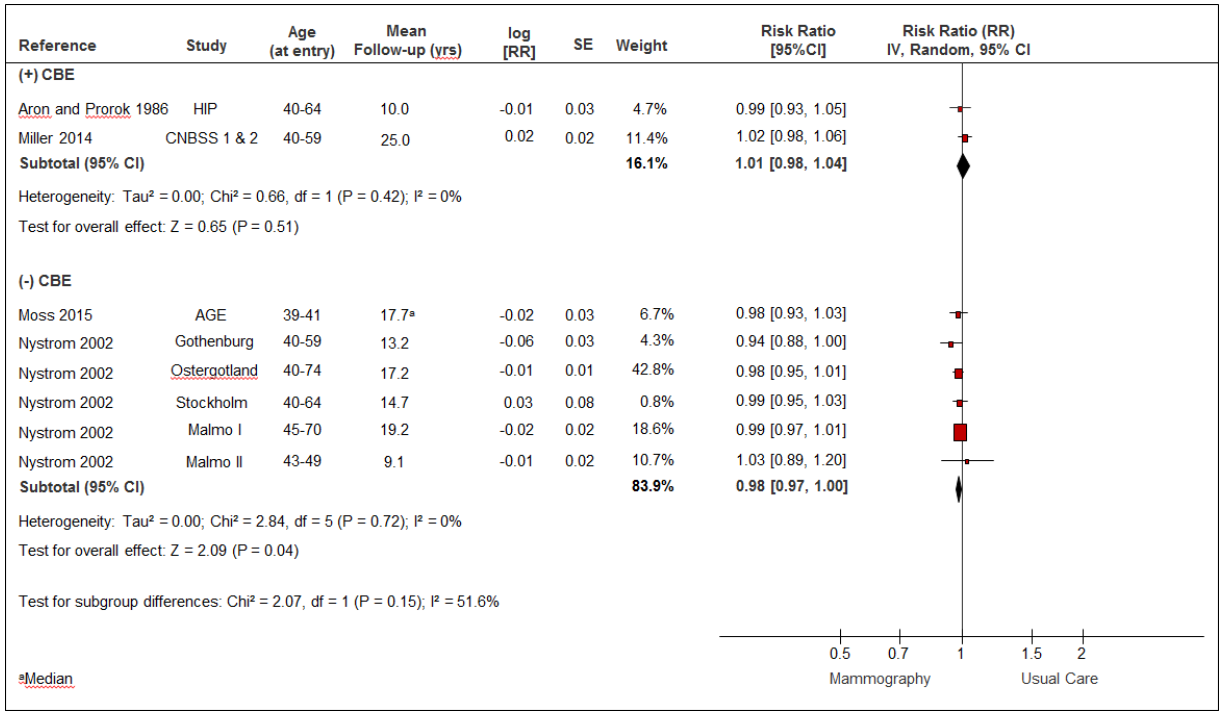
Part A- Forest Plot – Breast Cancer Mortality (Long-Case Accrual) (Stratified by Screening Interval)



Appendix 13- Mammography +/- Clincial Breast Exam for All-Cause Mortality - Forest Plots for Sub-Group Analyses

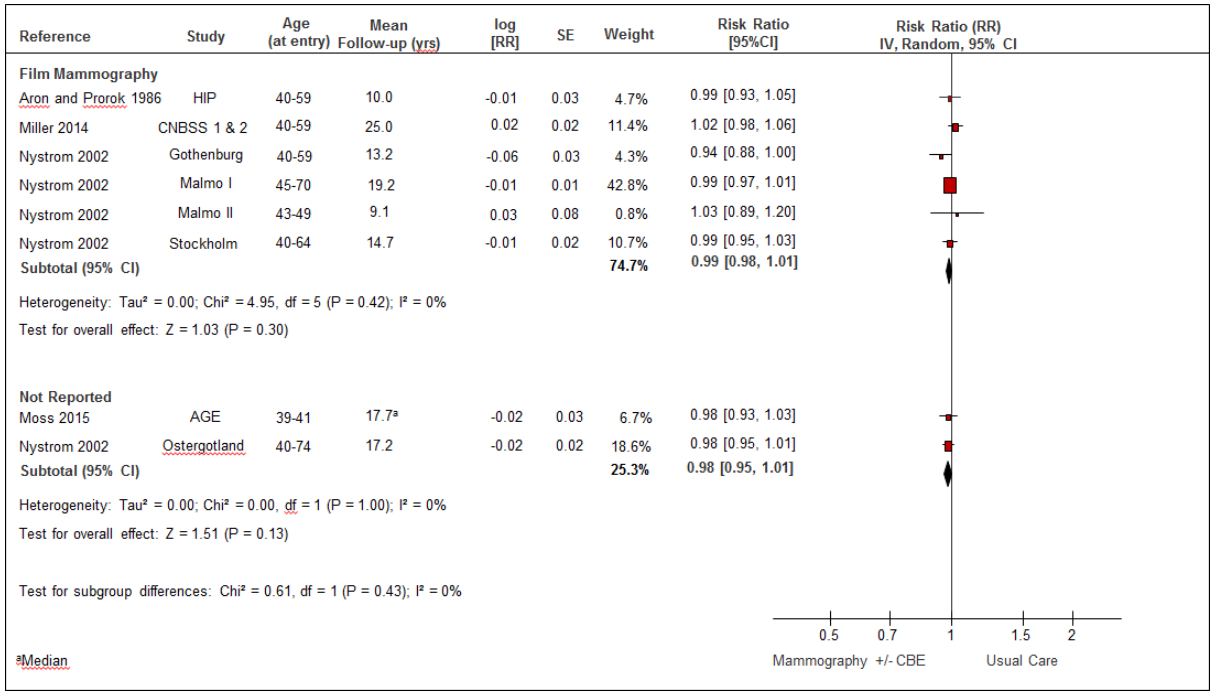
EVIDENCE SET 3b

Part A- Forest Plot – All-Cause Mortality (Stratified by CBE)



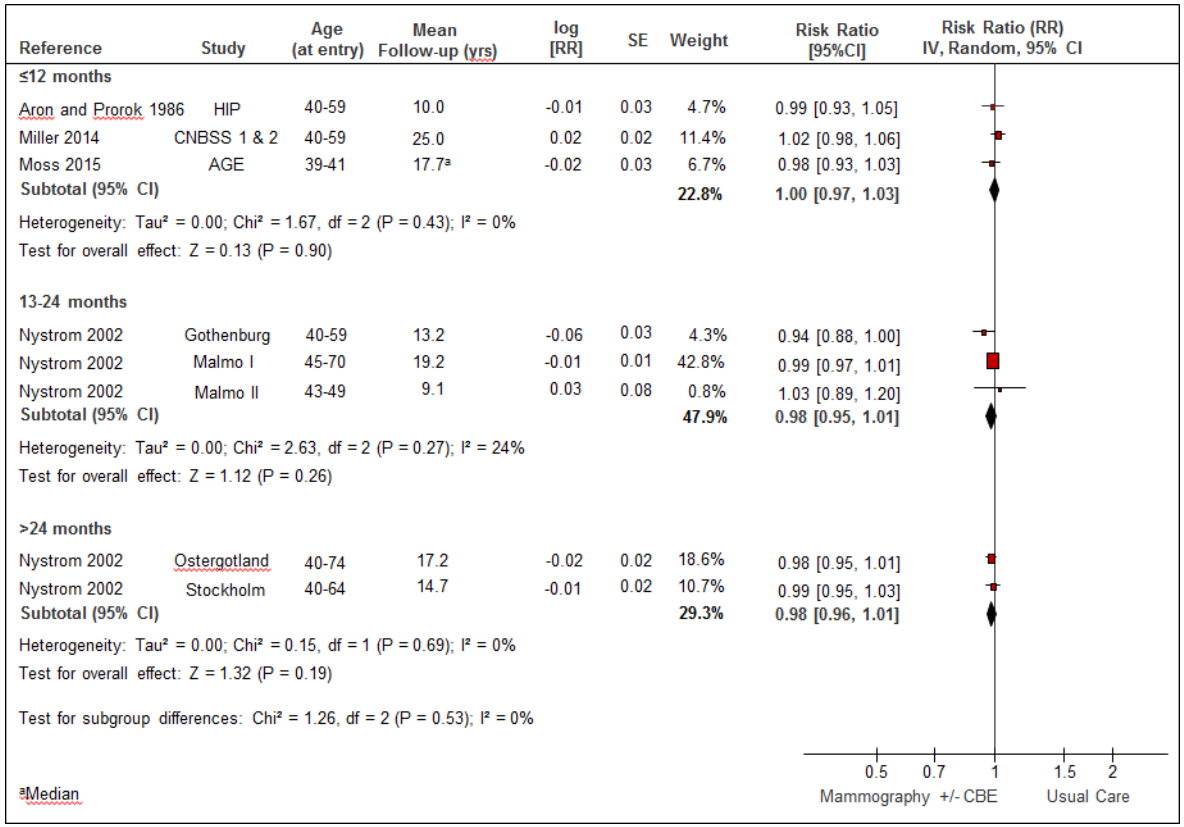
EVIDENCE SET 3c

Part A- Forest Plot – All-Cause Mortality (Stratified by Screening Modality)



EVIDENCE SET 3d

Part A- Forest Plot – All-Cause Mortality (Stratified by Screening Interval)



Appendix 14- Extracted False Positive Studies (Overview of Reviews)

False Positive Recalls and False Positive Biopsies – Mammography vs Usual Care

Study (Review)	Country; Source of data	Details	False Positive Recalls	False Positive Biopsies
Hubbard (40) (USPSTF 2016)	US; Breast Cancer Surveillance Consortium (BSCS)	Data from 7 BCSC centres from 1994-2006	**Cumulative FP recall rate after 10 years** (%, 95%CI) for annual and biennial screening, respectively: • Ages 40-49: 61.3% (59.4-63.1%) and 41.6% (40.6-42.5%) • Ages 50-59: 61.3% (58.0-64.75%) and 42.05 (40.4-43.7%)	**Cumulative probability of FP biopsies after 10 years** (% and 95% CI), for annual and biennial rates, respectively: • Ages 40-49: 7.0% (6.1-7.8%) and 4.8% (4.4-5.2%) • Ages 50-59, 9.4% (7.4-11.5%) and 6.4% (5.6-7.2)
Kerlikowske et al., 2013 (41) (USPSTF 2016 [recall]; USPSTF 2016 and ACS 2014 [biopsies])	US; BCSC	Data 7 BCSC centres from 1994-2008	**Cumulative probability of FP mammogram,** women aged 40-74, first stratified by age, then by frequency of screening, then by breast density category: Ages 40-49 • Generally, highest for annual screening interval, followed by biennial, with triennial having the lowest FP rate • Fatty and scattered breast density had lower FP rates compared to heterogeneous and extreme Ages 50-74 • Above patterns are also observed Women aged 40-49 generally had higher rates of FP compared to 50-74.	**FP biopsy rate** data stratified by age, then by screening interval, and then by breast density: • Similar overall patterns as was seen in FP recall • For ages 40-49, the screening interval with the highest FP biopsy rate was annual, followed by biennial, then triennial • Heterogeneous and extreme breast density had higher rates of FP biopsies compared to fatty and scattered. • Higher FP biopsy rates were observed for 40-49 compared to 50-74
Unpublished data (USPSTF 2016)	US; BCSC	6 BCSC centres from 2003-2011	**FP rate per 1,000 women screened** (95%CI) • Ages 40-49: 121.2 (105.6-138.7) • Ages 50-59: 93.2 (82.8-104.7) • Ages 60-69: 80.8 (72.9-89.4) • Ages 70-79: 69.6 (62.6-77.3) • Ages 80-89: 65.2 (58.8-72.2) p-value (compared all groups) <0.001 By screening interval, 9-18 mo vs 19-30 mo: • Generally ages 40-49, 50-59, and 80-89 had	Unclear whether the data provided for biopsies were specific to patients who had FP results

Study (Review)	Country; Source of data	Details	False Positive Recalls	False Positive Biopsies
			higher rates of FP for the 9-18 mo • In contrast, ages 60-69 and 70-79 had higher rates of FP in the 19-30 months. The p-values for all comparisons were not statistically significant(1). By screening interval, 11-14 mo vs 23-26 mo: • All age categories had higher rates of FP for 11-14 mo except for 60-69. p-values for all comparisons not statistically significant For breast density: • all age categories generally had higher FP rates for heterogeneous and extreme breast density compared to fatty-scattered, • Except 70-79, where extreme breast density had a lower FP rate compared to fatty-scattered. p-values for all comparisons were statistically significant. For race: • General pattern: for all categories higher FP rate for Whites, followed by Hispanics, Blacks, and then Asians. • The 'Other' category generally had a high FP rate comparable to the 'Whites' category. All comparisons were statistically significant except 60-69	
Elmore et al., 1998 (42) (USPSTF 2016, CTFPHC 2011 [recall]; USPSTF 2016 [biopsies])	US; Not specified	Data from 11 breast cancer screening centres from 1983-1995	Overall **cumulative risk of a FP** (% and 95%CI) **after 10 screening mammograms:** • 49% (40.3-64.1%). • Ages 40-49: 56% (39.5-75.8%) • Ages 50-59: 47% (37.8-63.0%)	**Overall rate** was 19% (9.8-41.2%) for at least one FP biopsy.
Hofvind et al., 2004 (43) (CTFPHC 2011	Norway; Norwegian Breast Cancer Screening	No additional information reported	For women aged 50-51 who participated in 3 biennial screening rounds, the **FP recall rate during period of 20 years** was 20.8%	**20 year cumulative FP biopsy rate** (% and 95% CI) • Ages 50-59: 4.1% (3.9-4.3%)

Study (Review)	Country; Source of data	Details	False Positive Recalls	False Positive Biopsies
as reported in USPSTF 2009; not reported in USPSTF 2016) – recall Roman et al., 2013 (47) (ACS 2014) - biopsies	Program			
Malmo (ACS 2014)	Sweden; Mammography RCT		**FP rate** of 1.26% in the mammography group	
Stockholm (ACS 2014)	Sweden; Mammography RCT		355 FPs **out of 100,000 woman-years** for the mammography group	NR
Schonberg et al., 2009 (46) (ACS 2014)	US; Not specified	Cohort study	Women 80 years and older **FP rate** in the screened group was 10.64%	**FP biopsy rate** of 1.84%

False Positive Recalls and False Positive Biopsies – Clinical Breast Exam vs Usual Care

Study (Review)	Country; Source of data	Details	False Positive Recalls	False Positive Biopsies
Abuidris et al., 2013 (56) (ACS 2014)	Sudan; RCT	No additional information	**FP rate** of 0.9% for receiving CBE once compared to no screening.	NR
Sankarana-Rayanan et al., 2011 (57) (ACS 2014)	India; RCT	No additional information	**FP rate** of 5.7% for receiving CBE (every 3 years) compared to no screening (5.5-5.9%)	NR
Pisani et al., 2006 (CTPFHC 2011 as reported in USPSTF 2009 [but not USPSTF 2016])	Unknown; RCT	No additional information	No results reported in systematic review	NR

False Positive Biopsies (Unnecessary Biopsies) – Breast Self Exam vs No Screening

Study (Review)	Country; Source of data	Details	False Positive Recalls	False Positive Biopsies
Semiglazov et al., 2003 (CTFPHC 2011)	Russia; Cluster RCT	No additional information	NR	**Benign biopsy rate** of RR 2.05 (1.80-2.33)
Thomas et al., 2002 (CTFPHC 2011)	China; Cluster RCT	No additional information	NR	**Benign biopsy rate** of RR 1.57 (1.48-1.68)

Appendix 15. List of potentially relevant, unpublished RCTs

Trial Identifier	Study Title	Estimated Study Completion Date
NCT02324894	Initial Evaluation of Ultra FAST Breast Magnetic Resonance in Breast Cancer Screening: Comparative Study With Mammography and Ultrasound.	February 2017 (not available)
NCT02306265	Assessment of Diagnostic Accuracy and Performance of Digital Breast Tomosynthesis Compared to Mammography (ADAPT)	July 2017
NCT02777164	Evaluation of a Three Dimensional Functional Metabolic Imaging and Risk Assessment System for Classifying Women at High Risk of Breast Cancer	August 2017
NCT02155075	Evaluation of REAL IMAGING'S 3D Functional Metabolic Imaging and Risk Assessment ("3D MIRA") System in Women at High Risk for Breast Cancer	August 2017
NCT02386176	The Assessment of the Role of Automated Breast Ultrasound (ABUS) in Screening Women With Dense Breasts for Early Detection of Breast Cancer	November 2017
NCT01091545	Malmö Breast Tomosynthesis Screening Trial (MBTST)	December 2017
NCT02066142	Tomosynthesis (TS) Versus Ultrasonography (US) in Women With Dense Breast (ASTOUND)	July 2018
NCT02698202	Screening for Breast Cancer With Digital Breast Tomosynthesis	December 2018
NCT02033486	Digital Breast Tomosynthesis Guided Tomographic Optical Breast Imaging (TOBI)	January 2019
NCT02616432	Tomosynthesis Mammography Imaging Screening Trial (TMISTLead-in)	November 2019
NCT02933489	Abbreviated Breast MRI and Digital Tomosynthesis Mammography in Screening Women With Dense Breasts	December 2019
NCT01315015	Breast Cancer Screening With MRI in Women Aged 50-75 Years With Extremely Dense Breast Tissue: the DENSE Trial	December 2019
NCT02590315	Tomosynthesis Versus Digital Mammography in a Population-based Screening Program (ProteusDonna)	December 2019
NCT02835625	The Tomosynthesis Trial in Bergen (TOBE)	January 2022
NCT02643966	Assessment of Periodic Screening of Women With Denser Breast Using WBUS and DBT (DBTUST)	December 2022
ISRCTN33292440	Nationwide cluster-randomised trial of extending the NHS breast screening age range in England	December 2026
NCT02210546	Contrast-enhanced MR Imaging as a Breast Cancer Screening in Women at Intermediate Risk (MRIB)	Unknown

NCT00971087	Multicenter Hologic Tomosynthesis Study	Unknown
ACTRN12616000533493	Efficacy of contrast enhanced spectral mammography versus standard of care imaging tests (tomosynthesis and ultrasound) in women with mammographically dense breast tissue recalled for investigation of abnormalities detected on routine screening mammograms	Unknown
CTRI/2016/04/006865	Early detection of breast cancer by self examination, clinical examination and fine needle aspiration cytology in rural women -a population based study	Unknown

Appendix 16: Evaluation of Subgroup analyses (GRADE Criteria)

Based on GRADE criteria (BMJ 2010; JAMA 2014)

Subgroup variables:

- Age, ethnicity, SES, geographic location, breast density, screening interval, advancements in screening technology (film, digital, etc), type of control (no screening vs usual care)

Additional guiding points: should be skeptical when evidence at very high risk of bias; subgroup effects exist along a continuum, not a 'accept or reject' situation.

Criteria	**Explanation**	**Assessment**
1. Is the subgroup variable a characteristic specified at baseline?	More credible when variables defined at time of randomization. The credibility of subgroup hypotheses based on post-randomization characteristics is severely compromised, and can be rejected simply on this criterion.	Yes. All based on assessments at baseline (or prespecified, such as screening interval).
2. Is the subgroup difference suggested by comparisons within rather than between studies.	Between-study comparisons are limited because a number of competing explanations can explain the results. Within-trial subgroup differences are stronger. Most subgroup analyses from systematic reviews are limited by between-study comparisons.	No (all except age- The AGE trial only contributed 39-41 age group data 'between', whereas other studies provided data for multiple age groups- 'within'). 'Yes' answer based on a mix of between and within study comparisons and results are consistent across studies

3. Does statistical analysis suggest that chance is an unlikely explanation for the subgroup difference?	Need to look at degree of overlap of confidence intervals between subgroups. Would also apply if confidence intervals are substantially overlapping when point estimates differ. Check test of interaction.	No. Substantial overlap of subgroups. Test for subgroup differences are not statistically significant.
4. Did the hypothesis precede rather than follow the analysis and include a hypothesized direction that was subsequently confirmed?	Credibility of post hoc hypotheses is questionable. Multiple comparisons issue. Specification of direction of effect a priori. Failure to correctly identify the direction of subgroup effect will weaken the inference.	Yes, but direction was not prespecified.
5. Was the subgroup hypothesis one of a small number tested?	Strength of inference for confirmation of any hypothesis will decrease in a large number of hypotheses are tested.	No, a moderate number of subgroup hypotheses were pre-specified.
6. Is the subgroup difference consistent across studies?	Replication in other studies increases credibility.	No subgroup difference; consistent results across studies.
7. Does external evidence (biological or sociological rationale) support the hypothesized subgroup difference?	Does additional, external evidence exist to support the subgroup claim? Would need to be strong. Are the subgroup differences challenged by current biological (or other) understanding?	Is there other, relevant evidence that would lead one to believe that there might be subgroup differences for age? All others – no evidence exists (unknown)

Appendix 17: False Positive Calculations

40-49												
	CTFPHC 2011 (Using 2005-2006) [Initial+ 3(Subsequent)]	A (SC) (2011-2012) Used method from CTFPHC 2011 [initial + 7(subsequent)]	B (LC) (2011-2012) Used method from CTFPHC 2011 [initial + 4(subsequent)]	C (2005-2006) Treated data as cross-sectional. **Initial screen** data	D (2005-2006) Treated data as cross-sectional. **Subsequent screen** data	E (SC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	F (SC) (2011-2012) Treated data as cross-sectional. **Subsequent screen** data.	G (LC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	H (LC) Treated data as cross-sectional. **Subsequent screen** data	I (2005-2006) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	J (SC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	K (LC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**
Per 1,000 women screened												
FP Mam.	327	660	442	134	64	148	73	148	73	86	92	92
Un. biopsies	36	90	64	19	6	28	9	28	9	10	14	14
Per one breast cancer death prevented												
NNS	2,108	2,000	3,704									
FP Mam.	690	1,320	1,639									
Un. biopsies	75	180	242									

50-59												
	CTFPHC 2011 (Using 2005-2006) [Initial+ 3(Subsequent)]	A (SC) (2011-2012) Used method from CTFPHC 2011 [initial + 7(subsequent)]	B (LC) (2011-2012) Used method from CTFPHC 2011 [initial + 4(subsequent)]	C (2005-2006) Treated data as cross-sectional. **Initial screen** data	D (2005-2006) Treated data as cross-sectional. **Subsequent screen** data	E (SC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	F (SC) (2011-2012) Treated data as cross-sectional. **Subsequent screen** data	G (LC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	H (LC) Treated data as cross-sectional. **Subsequent screen** data	I (2005-2006) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	I (SC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	J (LC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**
Per 1,000 women screened												
FP Mam.	NR	652	437	122	58	151	73	151	73	77	90	90
Un. biopsies	NR	80	55	17	7	21	9	21	9	10	12	12
Per one breast cancer death prevented												
NNS	NR	1,136	962									
FP Mam.	NR	741	420									
Un. biopsies	NR	91	53									

60-69												
	CTFPHC 2011 (Using 2005-2006) [Initial+ 3(Subsequent)]	A (SC) (2011-2012) Used method from CTFPHC 2011 [initial + 7(subsequent)]	B (LC) (2011-2012) Used method from CTFPHC 2011 [initial + 4(subsequent)]	C (2005-2006) Treated data as cross-sectional. **Initial screen** data	D (2005-2006) Treated data as cross-sectional. **Subsequent screen** data	E (SC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	F (SC) (2011-2012) Treated data as cross-sectional. **Subsequent screen** data	G (LC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	H (LC) Treated data as cross-sectional. **Subsequent screen** data	I (2005-2006) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	J (SC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	K (LC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**
Per 1,000 women screened												
FP Mam.	NR	578	385	95	51	128	64	128	64	56	69	69
Un. biopsies	NR	76	51	13	7	18	8	18	8	8	9	9
Per one breast cancer death prevented												
NNS	NR	541	452									
FP Mam.	NR	312	174									
Un. biopsies	NR	41	23									

70-74												
	CTFPHC 2011 (Using 2005-2006)	A (SC) (2011-2012) Used method from CTFPHC 2011 [initial + 3(subsequent)]	B (LC) (2011-2012) Used method from CTFPHC 2011 [initial + 3(subsequent)]	C (2005-2006) Treated data as cross-sectional. **Initial screen** data	D (2005-2006) Treated data as cross-sectional. **Subsequent screen** data	E (SC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	F (SC) (2011-2012) Treated data as cross-sectional. **Subsequent screen** data	G (LC) (2011-2012) Treated data as cross-sectional. **Initial screen** data	H (LC) Treated data as cross-sectional. **Subsequent screen** data	I (2005-2006) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	J (SC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**	K (LC) (2011-2012) Treated data as cross-sectional. **Initial + Subsequent (weighted average)**
Per 1,000 women screened												
FP Mam.	212	274	274	80	44	109	55	109	55	47	58	58
Un. biopsies	26	68	38	10	5	15	8	15	8	6	7	7
Per one breast cancer death prevented												
NNS	451	885	699									
FP Mam.	96	438	230									
Un. biopsies	11	60	31									

Appendix 18: Organized Breast Cancer Screening Programs

Commencement of Organized Screening Programs				
	Canada	**UK**	**USA**	**Sweden**
Trial	CNBSS 1&2	AGE	HIP	Malmo I, Malmo II, Stockholm, Gothenburg, Swedish Two Counties
Start Year	1980	1991	1963	1976-1982
Age at Entry	40-59	39-41	40-64	39-74
Screening Duration	5 years	8 years	3 years	4-12 years
Longest Follow-up	21.9 yrs (mean)	17.7 yrs (median)	18 yrs (mean)	22-30 yrs (mean)
Start Year (organized screening)	1988	1988	1991	1986
Age	50-69	50-70	NR	40-74
Technology surveyed in 2007-2008	Film, digital, CBE	Film, digital	NR	NR
% of population covered in 1995	(50-69): <25% In 2014 (50-69): 54.1% In 2013 (50-69): 53.9% In 2010 (50-69): 53.2% In 2009 (50-69): 52.1% *Reported as 47.3% in previous iteration of report. In 2008 (50-69): 45.9%	100%	25-50%	100%

NR: not reported.

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