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David Ritchie, Guido Van Hal

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Stephan Van den Broucke

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The authors respond to "*Informed decision-making and breast cancer screening: an oxymoron?"*

David Ritchie[a,*] david.ritchie@student.uantwerpen.be , Guido Van Hal[a] and Stephan Van den Broucke[b]

[a]Universiteit Antwerpen, Campus Drie Eiken, Universiteitsplein 1, D.R.230, 2610, Wilrijk, België

[b]Université catholique de Louvain, Faculté de Psychologie et des Sciences de l'Education, Place Cardinal Mercier 10/L3.05.01, 1348 Louvain-la-Neuve, Belgique

[*]Address for correspondence: David Ritchie

University of Antwerp, Faculty of Medicine and Health Sciences, Campus Drie Eiken, Universiteitsplein 1, 2610 Wilrijk, Belgium

Tel. +32 (0) 326 525 20

We welcome the comments (1) in response to our study "*How is informed decision-making about breast cancer screening addressed in Europe? An international survey of 28 countries*" (2).

With this study we aimed to gain some appreciation of how the general commitment to support informed choice is being implemented. As referenced in the letter to the editor, one of the key highlights is that widely accepted measurements of informed decision-making, which are feasible to implement in practice, are lacking at this moment. Encouragingly, research in this direction is a current topic (3) (4), which will need to be addressed by policymakers in the near term.

Regarding the response rate for experts contacted for the purpose of this study, whilst it was not high, enough responses were received to cover 28 different countries in Europe. Therefore, we are more optimistic in the sense that non-response from experts we contacted for this study does not necessarily imply disinterest about informed decision-making. Rather, it reflects the fact that our survey was quite detailed and lengthy, requiring completion by the appropriate data provider. Thus, for a number of countries, this required contacting several experts, which thereby inflated the contact rate.

Concerning the European Commission Initiative on Breast Cancer, although the initiative has not produced a specific leaflet, similar in vein to the example referenced from Belgian Health Care Knowledge Centre referenced in the letter to the editor (5), the guidelines development group of the initiative has recently published guidance on inviting and informing women about organised screening programmes (6). Therefore, such guidance can be used to help decision-makers provide evidence-based communication tools.

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We acknowledge the point raised regarding the participation rate reported in table 2 of the study. With this study, we followed the protocol and definitions of the second implementation report on the Council recommendation for Cancer Screening (2003), as the most comprehensive source of comparable data available on cancer screening programmes in Europe (7). However, accounting for the heterogenous context at national and regional level in Europe poses a pragmatic challenge for the reporting of comparable data, which future research should address.

Nevertheless, we fulsomely agree that breast screening is best 'offered' to women in the context of a well organised programme, which commits to continuous monitoring and evaluation for quality improvement. Countries with widespread spontaneous screening must consider how to ensure women receive the same quality of clear, appropriate, and evidence-based information to support informed choice as they would in an organised population-based programme.

Whilst universal consensus about the appropriate data and methods to communicate to women may still be lacking, recent research to quantify the benefits and harms of cancer screening programmes (8) coupled with development of new literature to encourage women to weigh up the offer of screening (9), provides a great deal of encouragement.

Conflict of interest

NB. No conflict of interest, financial or otherwise, are to be declared by all authors.

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