

## RECOMENDACIÓN DG.1

### BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica de Cáncer de Pulmón - 2018

#### A. PREGUNTA CLÍNICA

En personas mayores de 50 años con Índice Paquete Año (IPA)  $\geq 20$ , ¿Se debe realizar tomografía computarizada de tórax sin contraste de baja dosis” en comparación a “no realizarlo”?

#### Análisis y definición de los componentes de la pregunta en formato PICO

**Población:** Personas mayores a 50 años con índice paquete año (IPA)  $\geq 20$ .

**Intervención:** Tomografía computarizada de tórax sin contraste de baja dosis.

**Comparación:** No realizar.

**Desenlace (outcome):** Mortalidad

#### B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Lung cancer”. Las bases de datos utilizadas fueron: Cochrane database of systematic reviews (CDSR); Database of Abstracts of Reviews of Effectiveness (DARE); HTA Database; PubMed; LILACS; CINAHL; PsycINFO; EMBASE; EPPI-Centre Evidence Library; 3ie Systematic Reviews and Policy Briefs Campbell Library; Clinical Evidence; SUPPORT Summaries; WHO institutional Repository for information Sharing; NICE public health guidelines and systematic reviews; ACP Journal Club; Evidencias en Pediatría; y The JBI Database of Systematic Reviews and implementation Reports. No se aplicaron restricciones en base al idioma o estado de publicación. Dos revisores de manera independiente realizaron la selección de los títulos y los resúmenes, la evaluación del texto completo y la extracción de datos. Un investigador experimentado resolvió cualquier discrepancia entre los distintos revisores. En caso de considerarse necesario, se integraron estudios primarios.<sup>1</sup>

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Al momento de definir la pregunta la evidencia ya se encontraba previamente clasificada según intervenciones comparadas. Los resultados se encuentran alojados en la plataforma Living Overview of the Evidence (L-OVE), sistema que permite la actualización periódica de la evidencia.

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<sup>1</sup> Para revisar la metodología, las estrategias y los resultados de la búsqueda, favor revisar el informe “Búsqueda sistemática de evidencia de los efectos deseables e indeseables” en la sección de método de la Guía de Práctica Clínica respectiva.

## C. SÍNTESIS DE EVIDENCIA

### Resumen de la evidencia identificada

En las preguntas que comparan diagnósticos, el equipo metodológico consideró necesario distinguir dos enfoques para abordar su respuesta: *impacto diagnóstico* y *exactitud diagnóstica*. Se estableció priorizar estudios que evaluarán el *impacto diagnóstico del test*, es decir aquellos que comparan los resultados en salud de los pacientes diagnosticados/tratados en función a un test versus los resultados de pacientes diagnosticados/tratados en función a otro test. En caso de no encontrar este tipo de estudios, se utilizarían estudios que evaluaran la *exactitud diagnóstica del test*, es decir aquellos que evalúan qué tan bien el test clasifica a los pacientes respecto a si tienen o no una condición.<sup>2</sup>

En este caso, se identificaron 23 revisiones sistemáticas [1-23] que incluyen 76 [24-99] estudios primarios, de los cuales 12 corresponden a ensayos aleatorizados [24-34] que responden a la pregunta de *impacto diagnóstico*, por lo que se decidió omitir la exactitud diagnóstica del test. Para más detalle ver “*Matriz de evidencia*”<sup>3</sup>, en el siguiente enlace: [Tamizaje con tomografía para cáncer de pulmón](#)

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	23 [1-23]
Estudios primarios	12 ensayos aleatorizados [24-34], 64 observacionales [35-99]

### Estimador del efecto

Se realizó un análisis de la matriz de evidencia, decidiendo excluir dos ensayos ya que comparan tomografía computarizada de baja dosis contra radiografía [27, 31]. Finalmente, se observó que ninguna revisión sistemática presentó los datos suficientes para construir la tabla de resultados, por lo que se decidió extraerlos directamente de los estudios primarios, sin embargo, sólo tres ensayos [26, 32, 34] pudieron entregar datos para el metanálisis.

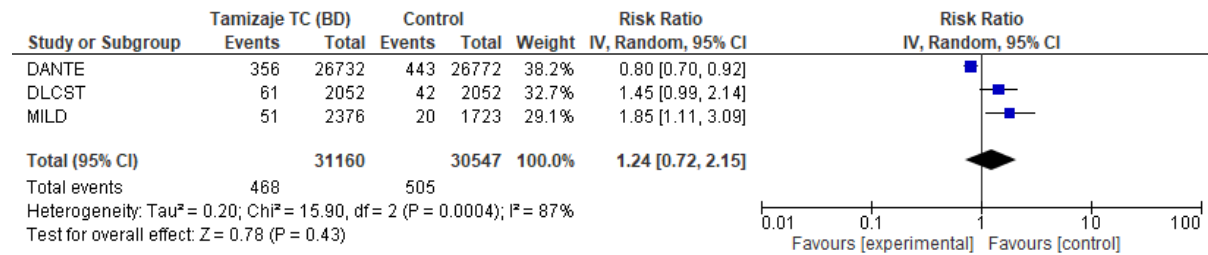
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<sup>2</sup> Schünemann HJ, Schünemann AHJ, Oxman AD, Brozek J, Glasziou P, Jaeschke R, et al. Grading quality of evidence and strength of recommendations for diagnostic tests and strategies. *BMJ* [Internet]. 2008 May 17 [cited 2018 Aug 1];336(7653):1106–10.

<sup>3</sup> **Matriz de Evidencia**, tabla dinámica que grafica el conjunto de evidencia existente para una pregunta (en este caso, la pregunta del presente informe). Las filas representan las revisiones sistemáticas y las columnas los estudios primarios que estas revisiones han identificado. Los recuadros en verde corresponden a los estudios incluidos en cada revisión. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.

## Metanálisis

### Mortalidad



### Tabla de Resumen de Resultados (Summary of Findings)

TAMIZAJE CON TOMOGRAFÍA COMPUTARIZADA DE TÓRAX SIN CONTRASTE DE BAJA DOSIS EN PERSONA CON ÍNDICE PAQUETE AÑO (IPA) ≥ 20						
Pacientes	Personas mayores a 50 años con índice paquete año (IPA) ≥ 20.					
Intervención	Tamizaje con tomografía computarizada de tórax sin contraste de baja dosis.					
Comparación	No tamizaje.					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		No tamizaje	Tamizaje con tomografía de baja dosis	Diferencia (IC 95%)		
Mortalidad	RR 1,20 (0,77 a 1,85) -- 3 ensayos / 61.707 pacientes [26, 32, 34]	17 por 1000	20 por 1000	Diferencia: 3 más por 1000 (5 menos a 19 más)	⊕⊕○○ <sup>1,2,3</sup> Baja	El uso de tamizaje con tomografía computarizada de tórax sin contraste de baja dosis, podría aumentar la mortalidad en cáncer de pulmón. Sin embargo, el efecto podría ser demasiado pequeño para ser considerado importante por los pacientes.

IC 95%: Intervalo de confianza del 95%.  
 RR: Riesgo relativo.  
 GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.  
 \* El **riesgo SIN tomografía computarizada de baja dosis** está basado en el riesgo del grupo control en los estudios. El **riesgo CON tomografía computarizada de baja dosis** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).  
<sup>1</sup> A pesar que la evidencia identificada proviene de una población que no es directamente la abordada por la pregunta de este informe (no proviene exclusivamente de mayores de 50 años con IPA ≥ 20), se decidió no disminuir la certeza de evidencia por este factor, ya que la mayoría de los pacientes incluidos en los diferentes ensayos eran fumadores activos.  
<sup>2</sup> Se disminuyó un nivel de certeza por imprecisión, ya que el intervalo de confianza incluye la posibilidad de beneficio, sin embargo, éste podría ser de baja magnitud.  
<sup>3</sup> Se disminuyó un nivel de certeza por inconsistencia entre los resultados (12 87%).  
**Fecha de elaboración de la tabla:** Agosto, 2018

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