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 DIVISIÓN DE PLANIFICACIÓN SANITARIA
 DEPARTAMENTO EVALUACIÓN DE TECNOLOGÍAS SANITARIAS Y SALUD BASADA EN EVIDENCIA

RECOMENDACIÓN

INFORME DE BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica de Cáncer de mama en personas de 15 años y más - 2019

A. PREGUNTA CLÍNICA

En mujeres con cáncer de mama, axila (+) al diagnóstico, que han recibido QMT neoadyuvante con respuesta clínica y radiológica completa axilar ¿Se debe “hacer disección axilar” en comparación a “linfonodo centinela”?

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

Población: Mujeres con cáncer de mama, axila (+) al diagnóstico, que han recibido QMT neoadyuvante con respuesta clínica y radiológica completa axilar.

Intervención: Hacer disección axilar.

Comparación: Linfonodo centinela.

Desenlaces (outcomes): Exactitud diagnóstica, impacto diagnóstico.

B. MÉTODOS

Se realizó una búsqueda general de revisiones sistemáticas sobre cáncer de mama (ver Anexo 1: estrategia de búsqueda). 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 o clínico experimentado resolvió cualquier discrepancia entre los distintos revisores. Finalmente, se seleccionaron las revisiones sistemáticas (y los estudios incluidos en éstas) correspondientes a la temática y se clasificaron en función de las preguntas a las que daban respuesta.

En las preguntas que comparan tests diagnósticos, se considera necesario distinguir dos enfoques para abordarlas: *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 los resultados de un test. En caso de no encontrar

este tipo de estudios, se utilizan estudios que evalúan la *exactitud diagnóstica del test*, es decir aquellos que miden qué tan bien el test clasifica a los pacientes respecto a si tienen o no una condición.¹

Los resultados de la búsqueda se encuentran alojados en la plataforma Living Overview of the Evidence (L-OVE), sistema que permite la actualización periódica de la evidencia.

C. RESULTADOS

Resumen de la evidencia identificada

Se buscaron revisiones sistemáticas evaluando estudios en mujeres con cáncer de mama y compromiso axilar tratadas con quimioterapia neoadyuvante, en los cuales un grupo recibiera disección axilar en comparación con otro que fuese manejado con linfonodo centinela. No se identificaron revisiones de impacto diagnóstico, por lo cual se extendió la búsqueda a exactitud diagnóstica. Se identificaron 11 revisiones sistemáticas que incluyeron 98 estudios primarios, de los cuales ninguno corresponde a ensayo aleatorizado. Para más detalle ver “*Matriz de evidencia*”², en el siguiente enlace: [Linfonodo centinela después de quimioterapia neoadyuvante para cáncer de mama](#).

Tabla 1: Resumen de la evidencia identificada

Revisiones sistemáticas	11 [1-11]
Estudios primarios	98 observacionales [12-109]

Selección de la evidencia

Se realizó un análisis de la matriz de evidencia, identificándose que todos las revisiones sistemáticas y ensayos son relevantes para la pregunta, ya que abordan específicamente los componentes de la pregunta priorizada por el panel.

Estimador del efecto

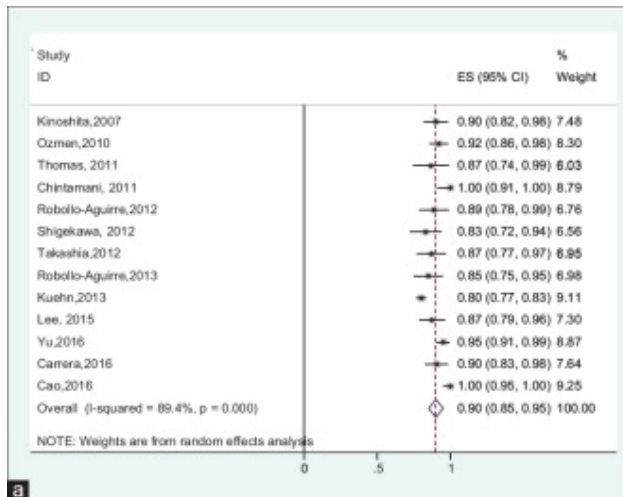
Al analizar la evidencia identificada, se concluyó que existe solo una revisión sistemática que separa el efecto por pacientes que tuvieron ganglios positivos previo a la quimioterapia, por lo cual se decidió reutilizar su información para construir la tabla de resumen de resultados.

¹ 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.

² **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

Tasa de detección



Tasa de falsos negativos

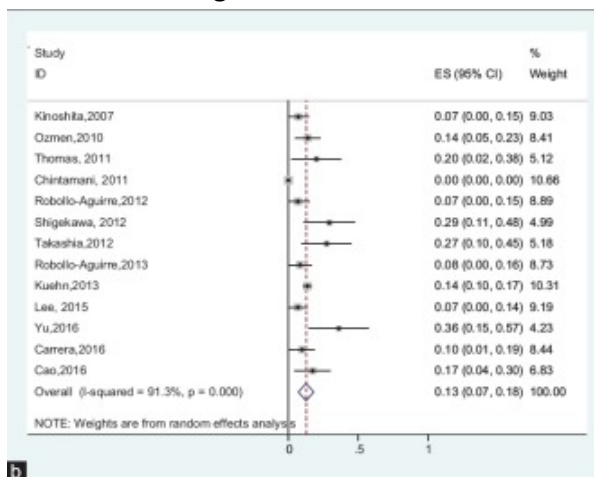


Tabla de Resumen de Resultados (Summary of Findings)

LINFONODO CENTINELA COMPARADO CON DISECCIÓN AXILAR EN CÁNCER DE MAMA.			
Pacientes	Mujeres con cáncer de mama, axila (+) al diagnóstico, que han recibido QMT neoadyuvante con respuesta clínica y radiológica completa axilar.		
Test	Linfonodo centinela.		
Gold standard	Disección axilar.		
Desenlaces	Efecto	Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
Impacto clínico*	<p>No se identificaron estudios que evalúen el impacto clínico de realizar linfonodo centinela en mujeres con cáncer de mama, axila (+) al diagnóstico, que han recibido QMT neoadyuvante con respuesta clínica y radiológica completa axilar. Sin embargo, se identificó evidencia indirecta:</p> <p>Una revisión sistemática [4] reportó que la tasa de detección de ganglio positivo es de un 90% (IR 90%; IC 95% 85 a 95%). A su vez, la tasa de falsos negativos es de un 13% (FNR 13%; IC 95% 7 a 18%) en pacientes que previo a la quimioterapia presentaban ganglios positivos.</p>	<p>⊕○○○^{1,2} Muy baja</p>	<p>No es posible establecer con claridad si realizar linfonodo centinela comparado con disección axilar tiene impacto clínico, debido a que la certeza de la evidencia existente ha sido evaluada como muy baja.</p>

GRADE: Grados de evidencia *Grading of Recommendations Assessment, Development and Evaluation*.

*Impacto clínico se refiere a cualquier desenlace que tenga impacto directo o indirecto en el manejo de los pacientes (tales como mortalidad, movilidad de la extremidad, calidad de vida, efectos adversos serios, dolor).

¹Se disminuyó dos niveles de certeza de evidencia por tratarse de evidencia indirecta, ya que son estimaciones del efecto a partir de la exactitud.

²Se disminuyó un nivel de certeza de la evidencia por inconsistencia, debido a que se observó heterogeneidad significativa entre los estudios (I²>90%)

Fecha de elaboración de la tabla: Octubre, 2019.

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ANEXO 1: ESTRATEGIA DE BÚSQUEDA

- #1 (breast* OR mammary* OR mammography OR mastectomy)
- #2 (cancer* OR neoplas* OR tumor* OR tumour* OR carcinoma* OR maligna* OR adenocar* OR metasta* OR mass OR masses OR nodul* OR oncolog*)
- #3 (sentinel* OR slnb OR sln OR snb OR "sn biopsy")
- #4 (preoperat* OR "pre-operative" OR "pre-operatively" OR presurg* OR "pre-surgical" OR "pre-surgery" OR "before surgery" OR neoadjuvant* OR "neo-adjuvant")
- #5 (chemo* OR cytotoxic* OR polychemother* OR antineoplastic*)
- #6 #1 AND #2 AND #3 AND #4 AND #5