



Personalised risk communication may have a small effect on increasing uptake of screening tests

| Clinical question | Does personalised risk communication increase consumers' uptake of screening tests? |
|---|---|
| Bottom line | Personalised risk information may lead to a small increase in the rate of participation in screening tests such as mammography, but there is not enough evidence to show whether people given personalised risk information are making more informed decisions. |
| Caveat | Providing risk information in ways that better inform people may sometimes lead to participation rates in screening, eg. PSA testing in men (these studies largely involved white American men attending single clinics). ¹ |
| Context | People considering participation in screening may receive information about the general risk of having the disease or condition, or information that is tailored to their personal risk status (personalised risk information). |
| | Personalised risk information involves calculating an individual's risk factors using formulae derived from epidemiological data, and presented as an absolute or relative risk score, or categorising them into high, medium or low risk groups. |
| Cochrane Systematic Review | Edwards AGK et al. Personalised risk communication for informed decision making about taking screening tests. Cochrane Reviews, 2006, Issue 4. Art. No.: CD001865. DOI:10.1002/14651858. CD001865. pub2. |
| | Note: This review contains 22 studies with sizes ranging from 200 to 3152 participants. |
| Pearls No. 37, November 2007, written by Brian R McAvoy | |
| <u> </u> | |

^{1.} Barry MJ. Ann Intern Med 2002;136:127-135.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.