



從實證醫學

到醫病共享決策

2021/03/19

放射腫瘤部 簡茹君 醫師

實證醫學??

醫病共享決策??

醫病共享決策輔助工具??



# 醫病共享決策

Clinician



Patient



**PATERNALISTIC:**

Information and recommendations



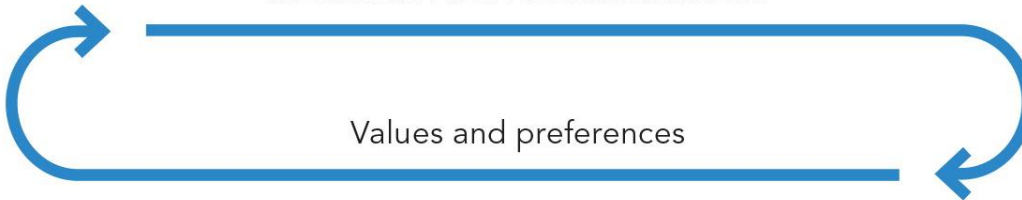
**INFORMED MEDICAL DECISION MAKING:**

Information



**SHARED DECISION MAKING:**

Information and recommendations



Values and preferences

# SHARE APPROACH



醫病共享決策輔助工具 (PDA)

# 辦門號 決策輔助工具

業者	中華電信智慧暢玩方案						
	199	299	499	699	899	999	1199
月租	199	299	499	699	899	999	1199
上網優惠(GB)	1.7 GB	3GB	7GB	22GB	33GB	上網吃到飽	上網吃到飽
額外上網優惠	X	X	x	前六個月上網吃到飽		上網吃到飽	上網吃到飽
網內免費分鐘數	0	0	0	0	0	0	0
免費網外語音(分)	0	0	0	0	0	0	0
免費市話語音(分)	0	0	0	0	0	0	0
攜碼加贈通話費	0	0	0	0	0	0	0
免費Wi-Fi	無	無	無	無	有	有	有
預繳款	\$1,500	\$2,600	\$4,300	\$6,000	\$8,000	\$8,800	\$11,500
違約金	\$3,500	\$4,000	\$6,400	\$9,000	\$12,000	\$12,800	\$15,200
網內費率	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘
網外/市話費率	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘	3元/分鐘
綁約(月)	24月(全通路)/36月(限中華直營/特約)						
促銷期間	2018/1/2~4/1						
申辦資格	無限制(中華直營/特約限搭平板或穿戴裝置)						

# 買車 決策輔助工具

車款	Honda Odyssey 2.4		Toyota Previa 2.4		VW Sharan	
	ELITE	APEX	經典版	豪華版	1.4 TSI BMT Trendline	2.0 TDI BMT Comfortline
等級	ELITE	APEX	經典版	豪華版	1.4 TSI BMT Trendline	2.0 TDI BMT Comfortline
訂價	145萬	168萬	145萬	168萬	138.8萬	149.8萬
<b>車身尺碼</b>						
車長(mm)	4,830		4,795		4,854	
車寬(mm)	1,820		1,800		1,904	
車高(mm)	1,695		1,750		1,720	
軸距(mm)	2,900		2,950		2,919	
車重(kg)	1,780		1,830		1,810	1,920
<b>動力</b>						
排氣量(c.c)	2,356		2,362		1,390	1,968
馬力	175ps/6200rpm		170ps/6000rpm		150hp/5800rpm	140hp/4200rpm
扭力(kg-m/rpm)	23.0/4000		22.8/4000		24.5/1750-400	32.7/1750-2500
平均油耗(km/L)(美規)	14.8		12.9		13.23[歐規換算]	17.59[歐規換算]
<b>標準安全配備</b>						
安全氣囊數	6		2	7	7	7
車身動態穩定系統(VSA/ESC/ESP)	●		●	●	●	●
方向盤動態修正輔助系統	●		●	●	●	●
HSA斜坡起步輔助系統	●		●	●	●	●
BOS煞車優先系統	●		●	●	●	●
BAS煞車輔助系統	●		●	●	●	●
倒車攝影系統	●		-	-	-	-
EBL智慧型緊急煞車系統	●		-	-	-	-
EBD電子煞車力道分配系統	-		●	-	-	-
TPMS胎壓異常警示系統	●		-	-	-	-
BSI 盲點偵測警示系統	-	●	-	-	-	-
CTM 倒車預警顯示輔助系統	-	●	-	-	-	-
主動式自動停車輔助系統	-	●	-	-	-	-
ACL主動輔助轉向照明系統	-	●	-	-	-	-



# 醫療 決策輔助工具

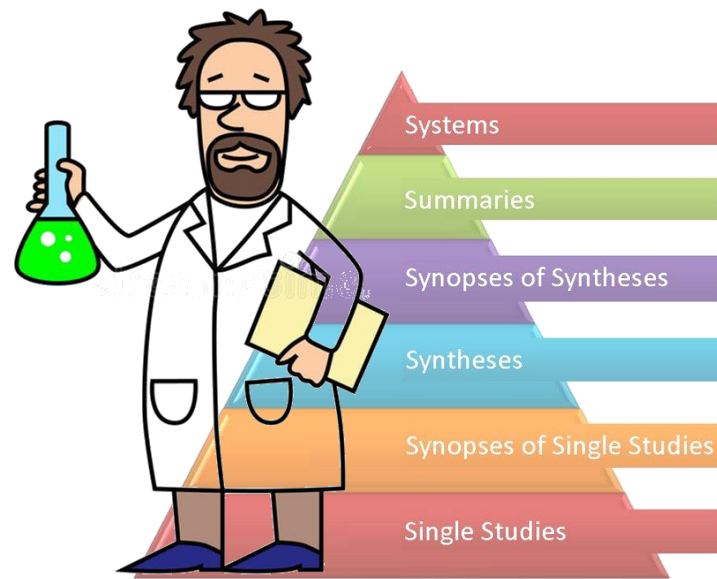


# 資訊從何而來...

上次吃黑藥丸  
的病人還活著，  
所以...



根據現有研究  
顯示，你應該...

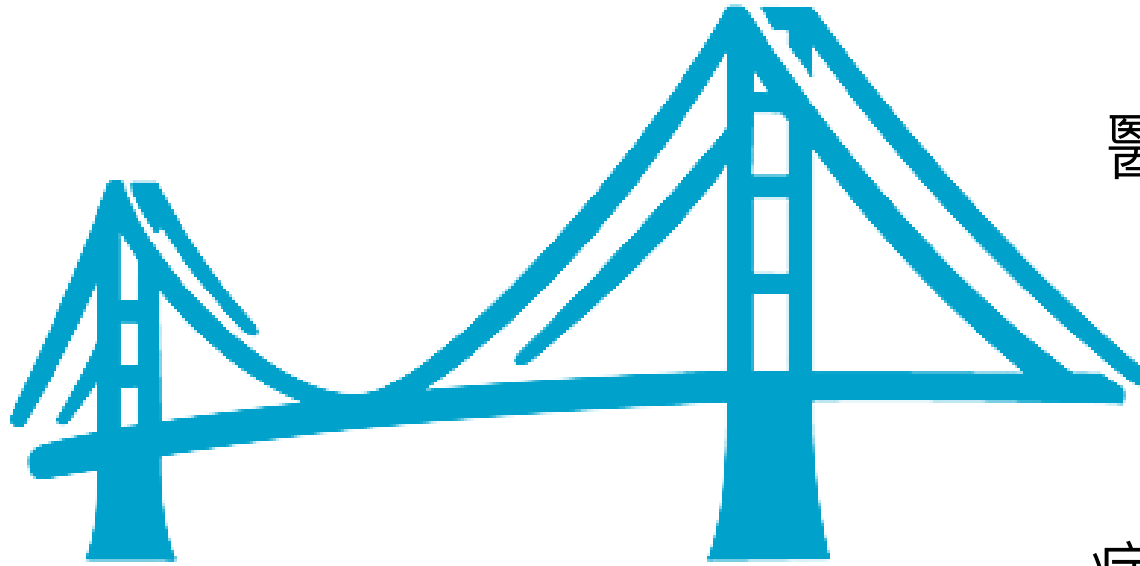


# 實證醫學

尋求嚴謹科學證據來輔助醫療照護的過程

科學證據

醫療照護



醫療人員

病人/家屬

## 醫病共享 決策輔助工具

# 神奇的肝膽排石法事件



**VS**

「我們會恭喜同事論文上了期刊，但醫療真正該影響的，是那些不讀醫學期刊的人，那些人讀的是谷歌、臉書，是從想賣東西給他們的人那兒獲得資訊。」

# 實證醫學 五步驟

**Asking**

提問/選題

**Acquire**

搜尋文獻

**Appraise**

評讀文獻

**Apply**

臨床應用

**Assess**

執行成效評估

# Asking 提問/選題

何時需要醫病共享決策  
決策樹  
PICOS的設定

# 決策必要性：適合共享決策的情境

1. 目前 **無明確實證醫學結論**，  
或 **臨床診療指引** 建議  
需要共享決策的時機。

- 選項間的優缺點接近（好處、風險、困難度或成本）：  
**病人偏好是重要決定因素**。
- 現有證據無法呈現強烈建議的選項。

2. 病人價值觀及偏好差異性大  
( **選擇不一** )

- 選項存在 **病人在意的影響或副作用**
- 如：可能有重大身心功能或形象改變、疼痛、併發症、危及生命的風險。

3. 當好處及風險的平衡，  
**取決於病人的行動**

- 如：病人 **服藥**、監測及飲食的遵從性。

**4. 嚴重疾病**

- 如：危及生命的嚴重疾病、**重大慢性疾病晚期階段、多重和虛弱的慢性疾病**

5. 當病人想要或需要  
參與自己的醫療決策時！

- 如：經濟因素、特殊生活習慣或作息、期望或考量...等

**嚴重的臨床情境**

**多種治療選項  
且(通常)無絕對優劣**

# 有替換的治療選項

代價高  
費用/危險

常耗時  
醫病討論

單位發展  
特色/目標

需順從性  
危險性高  
價格昂貴

病患/選項多  
差異複雜  
價值觀

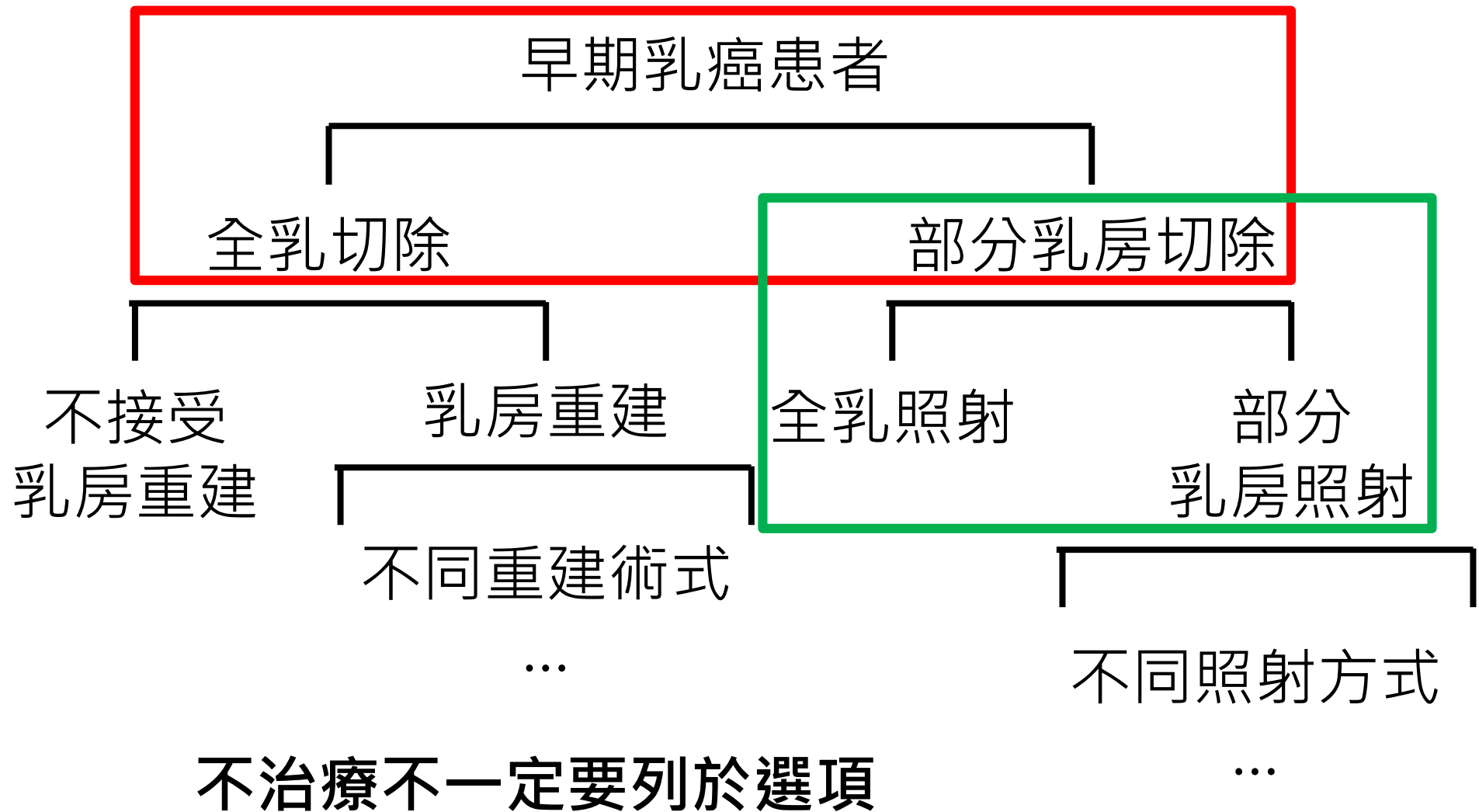
很新!!  
獨創!!  
你最了解!!

避免糾紛

節省時間

特色醫療

# 決策樹 分析並聚焦問題

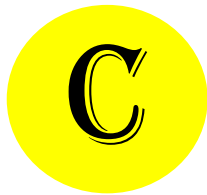
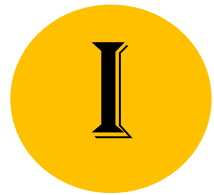


# 設定問題-PICOS



PDA適用的對象/臨床情境

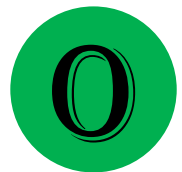
→ 影響**基礎風險**和**預後的流行病學**因子



決策樹中的選項

→ 避免過度複雜

→ 評估是否納入不作為選項



醫學的(療效/副作用)、個人價值的(倫理/照顧需求)

→ 根據臨床知識+需求者評估

→ 需包含優點和缺點



根據問題類型

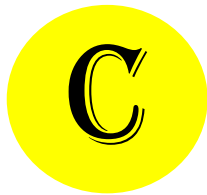
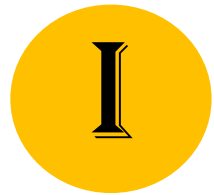
→ 治療型/介入型: 系統性回顧文獻 > 隨機對照研究

→ 診斷型: 系統性回顧文獻 > 金標準盲性對照試驗

# 設定問題-PICOS



早期乳癌患者接受部分乳房切除術後  
→45歲以上、無淋巴轉移、非三陰性乳癌



→傳統全乳房放射治療  
→部分乳房放射治療



醫學的: 復發風險、乳癌死亡率、乳房外觀改變  
個人價值的: 費用、住院天數、



→治療型/介入型: 系統性回顧文獻>隨機對照研究

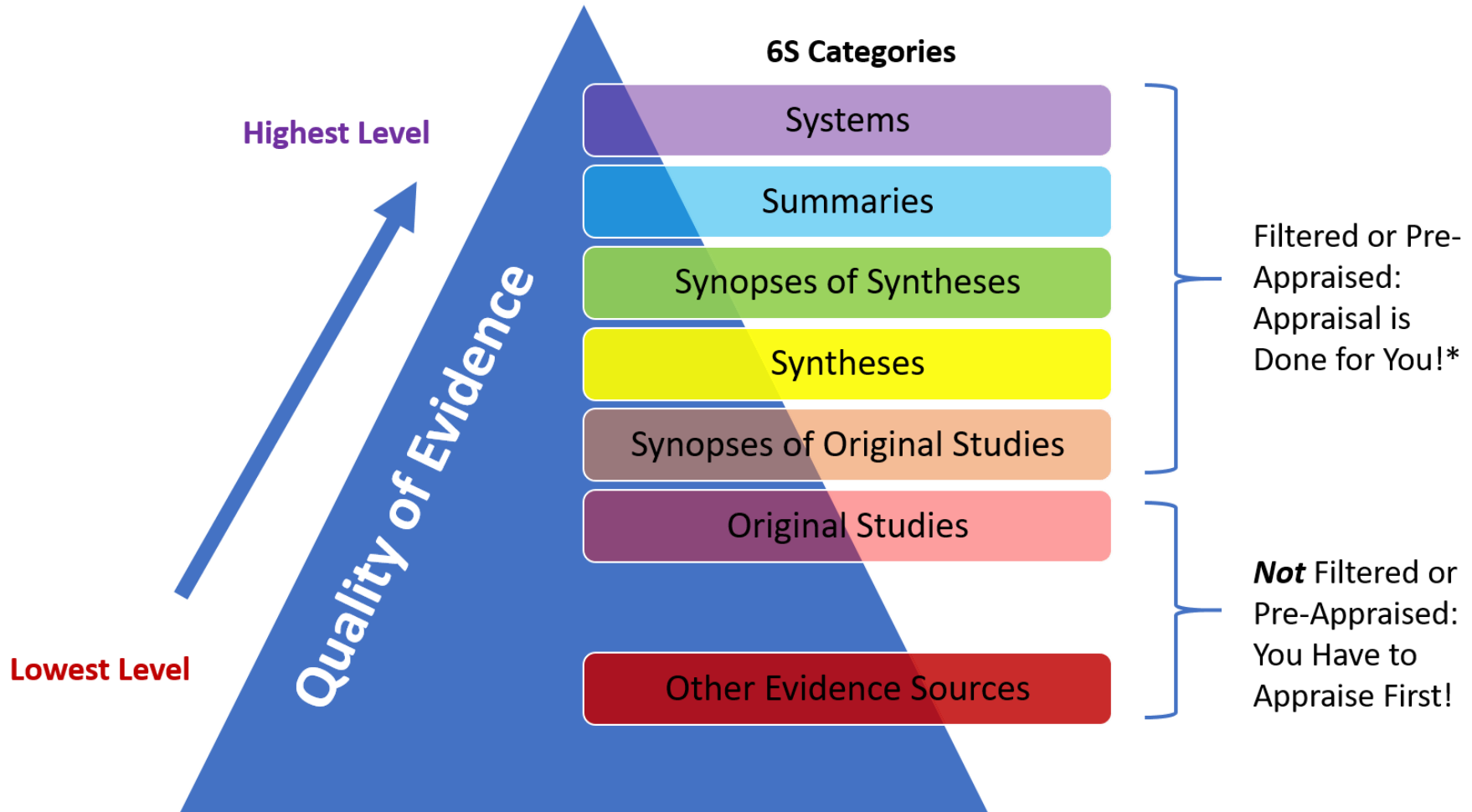
# Acquire 搜尋文獻

資料庫/6S

關鍵字設定

檢索效率: 布林邏輯/Filter設定

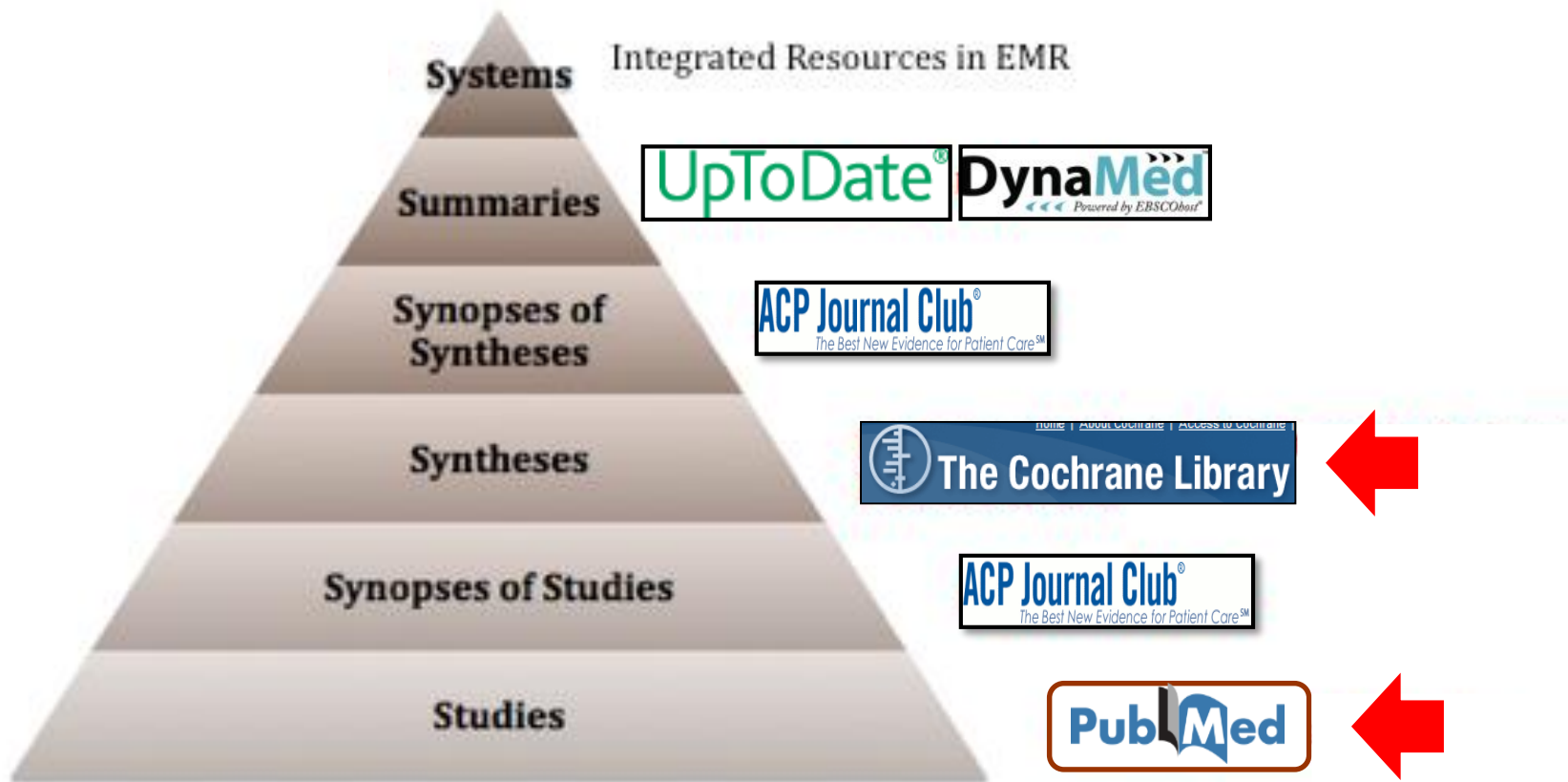
# 去哪搜尋?



Modified from DiCenso, Bayley, & Haynes, 2009  
© 2017 CJT Consulting & Education

\*You still have to vet the source!

# 去哪搜尋?



6S搜尋模式

# 關鍵字設定

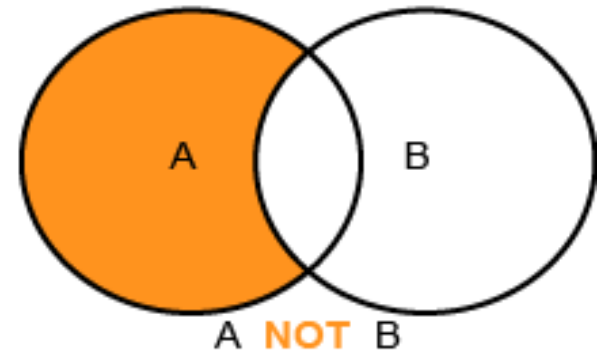
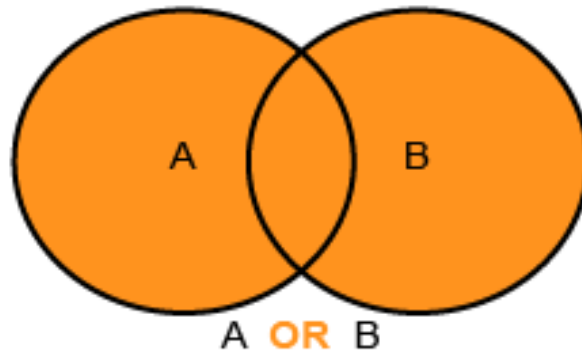
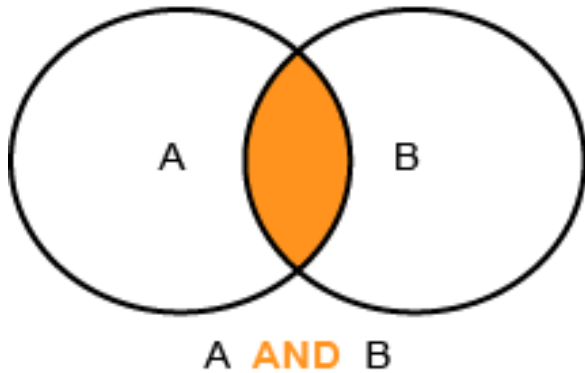
	自然語言	MeSH
Patient		
Intervention		
Comparison		
Outcome		

**精簡!! 有效率!!**

# 提升搜尋效率

## 布林邏輯

Boolean AND, OR, and NOT



逐步疊加PICO關鍵字，精簡搜尋結果

# 提升搜尋效率

## Filter

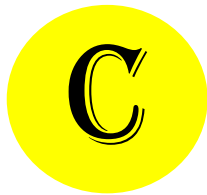
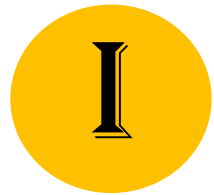
- **研究設計:** 系統性回顧文獻 > 隨機對照臨床試驗 > 世代研究
- **發表年限:** 已知近年有重大變革的臨床議題

目標是**最新且最佳**的文獻證據

# 設定問題



早期乳癌患者接受部分乳房切除術後  
→45歲以上、無淋巴轉移、非三陰性乳癌



→傳統全乳房放射治療  
→部分乳房放射治療



醫學的: 復發風險、乳癌死亡率、乳房外觀改變  
個人價值的: 費用、住院天數、



→治療型/介入型: 系統性回顧文獻>隨機對照研究

# 關鍵字設定

	自然語言	MeSH
Patient	Breast cancer	
Intervention	Radiotherapy	
Comparison	Partial breast	
Outcome		

PubMed Advanced Search Builder



User Guide

Add terms to the query box

ADD



Show Index

Query box

Enter / edit your search query here

Search

History and Search Details

 Download
  Delete

Search	Actions	Details	Query	Results	Time
#3	...	>	Search: (( <b>breast cancer</b> ) AND (radiotherapy)) AND (partial breast)	2,349	10:28:22
#2	...	>	Search: ( <b>breast cancer</b> ) AND (radiotherapy)	34,494	10:28:04
#1	...	>	Search: <b>breast cancer</b>	431,020	10:27:45

Showing 1 to 3 of 3 entries

**Partial breast** irradiation for early **breast cancer**.

2 Hickey BE, Lehman M, Francis DP, See AM.

Cite Cochrane Database Syst Rev. 2016 Jul 18;7(7):CD007077. doi: 10.1002/14651858.CD007077.pub3.

PMID: 27425375 [Free PMC article](#). [Review](#).

Share

BACKGROUND: **Breast**-conserving therapy for women with **breast cancer** consists of local excision of the tumour (achieving clear margins) followed by **radiotherapy** (RT). ...Most true recurrences occur in the same quadrant as the original tumour. Whole **br** ...

Toxicity and clinical outcomes of **partial breast** irradiation compared to whole **breast** irradiation for early-stage **breast cancer**: a systematic review and meta-analysis.

3

Cite

Korzets Y, Fyles A, Shepshelovich D, Amir E, Goldvaser H.

Share

Breast Cancer Res Treat. 2019 Jun;175(3):531-545. doi: 10.1007/s10549-019-05209-9. Epub 2019 Mar 30.

PMID: 30929116 [Review](#).

PURPOSE: There is uncertainty about outcomes differences between **partial breast** irradiation (PBI) and whole **breast** irradiation (WBI) for early-stage **breast cancer**. ...Nodal involvement was associated with higher local recurrence risk, while larg ...

**Partial-breast** irradiation versus whole-**breast radiotherapy** for early **breast cancer**: A systematic review and update meta-analysis.

4

Cite

Viani GA, Arruda CV, Faustino AC, De Fendi LI.

Share

Brachytherapy. 2020 Jul-Aug;19(4):491-498. doi: 10.1016/j.brachy.2020.03.003. Epub 2020 Apr 24.

PMID: 32340902

PURPOSE: The purpose of this study was to compare the treatment outcomes of **partial-breast** irradiation (PBI) versus whole-**breast radiotherapy** (WBRT) in early **breast cancer**. ...A meta-analysis for local recurrence (LR), overall mortality ( ...

→三篇系統性回顧文章; 2016, 2019, 2020 (2019, Dec)

**Partial breast** irradiation for early **breast cancer**.

2 Hickey BE, Lehman M, Francis DP, See AM.

Cite Cochrane Database Syst Rev. 2016 Jul 18;7(7):CD007077. doi: 10.1002/14651858.CD007077.pub3.

PMID: 27425375 [Free PMC article.](#) [Review.](#)

**Long-term primary results of accelerated partial breast** irradiation after **breast-conserving surgery** for early-stage **breast cancer**: a randomised, phase 3, equivalence trial.

1

Cite

Share

Vicini FA, Cecchini RS, White JR, Arthur DW, Julian TB, Rabinovitch RA, Kuske RR, Ganz PA, Parda DS, Scheier MF, Winter KA, Paik S, Kuerer HM, Vallow LA, Pierce LJ, Mamounas EP, McCormick B, Costantino JP, Bear HD, Germain I, Gustafson G, Grossheim L, Petersen IA, Hudes RS, Curran WJ Jr, Bryant JL, Wolmark N.

Lancet. 2019 Dec 14;394(10215):2155-2164. doi: 10.1016/S0140-6736(19)32514-0. Epub 2019 Dec 5.

PMID: 31813636 [Free PMC article.](#) [Clinical Trial.](#)


BACKGROUND: Whole-**breast** irradiation after **breast**-conserving surgery for patients with early-stage **breast cancer** decreases ipsilateral **breast**-tumour recurrence (IBTR), yielding comparable results to mastectomy. ...Adult women (>18 years) with ...

Cite [Vicini FA, Cecchini RS, White JR, Arthur DW, Julian TB, Rabinovitch RA, Kuske RR, Ganz PA, Parda DS, Scheier MF, Winter KA, Paik S, Kuerer HM, Vallow LA, Pierce LJ, Mamounas EP, McCormick B, Costantino JP, Bear HD, Germain I, Gustafson G, Grossheim L, Petersen IA, Hudes RS, Curran WJ Jr, Bryant JL, Wolmark N. Lancet. 2019 Dec 14;394\(10215\):2155-2164. doi: 10.1016/S0140-6736\(19\)32514-0. Epub 2019 Dec 5. PMID: 31813636 Free PMC article. Clinical Trial.](#)

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→一篇隨機分配對照臨床試驗; 2019, Dec

→三篇系統性回顧文章; 2016, 2019, 2020 (2019, Dec)


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You can select your preferred language at the top of any page, and you will see translated Cochrane Review sections in this language. Change to **Traditional Chinese.** ✕

## Advanced Search

Search **Search manager** Medical terms (MeSH) PICO search<sup>BETA</sup>

 Save this search ▾  View saved searches  Search help

					 Print
		#1	(breast cancer):kw	S ▾	Limits 14185
		#2	MeSH descriptor: [Breast Neoplasms] this term only	MeSH ▾	13202
		#3	MeSH descriptor: [Radiotherapy] this term only	MeSH ▾	1193
		#4	partial breast	Limits	2743
		#5	#2 and #3 and #4	Limits	8
		#6	Type a search term or use the S or MeSH buttons to compose	S ▾ MeSH ▾	Limits N/A

 Clear all

Highlight orphan lines

 Save this search ▾  View saved searches  Search help

<b>Cochrane Reviews</b> 1	Cochrane Protocols 0	Trials 7	Editorials 0	Special Collections 0	Clinical Answers 0	More ▼
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**1 Cochrane Review matching "#5 - #2 and #3 and #4"**

Cochrane Database of Systematic Reviews  
Issue 3 of 12, March 2021

**Select all (1)**    Export selected citation(s)    [Show all previews](#)

Order by     Results per page

1  **Partial breast irradiation for early breast cancer**  
Brigid E Hickey, Margot Lehman, Daniel P Francis, Adrienne M See  
[Intervention](#) [Review](#) 18 July 2016 [New search](#) [Free access](#)  
[Show PICOs BETA](#) [Show preview](#)

→ 一篇系統性回顧文章; 同pubmed 2016

# Partial-breast irradiation versus whole-breast radiotherapy for early breast cancer: A systematic review and update meta-analysis

Gustavo Arruda Viani<sup>1,\*</sup>, Caio Viani Arruda<sup>2</sup>, Alexandre Ciufi Faustino<sup>3</sup>, Ligia Issa De Fendi<sup>3</sup>

<sup>1</sup>*Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo (FMRP-USP), Ribeirão Preto, São Paulo, Brazil*

<sup>2</sup>*Bioscience Institute of University of State from Sao Paulo (UNESP), Botucatu, São Paulo, Brazil*

<sup>3</sup>*Faculdade de Medicina de Ribeirão Preto, Ribeirão Preto, São Paulo, Brazil*

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## ABSTRACT

**PURPOSE:** The purpose of this study was to compare the treatment outcomes of partial-breast irradiation (PBI) versus whole-breast radiotherapy (WBRT) in early breast cancer.

**METHODS AND MATERIALS:** Eligible randomized clinical trials were identified on Medline, Embase, the Cochrane Library, and the proceedings of annual meetings through December 2019. A meta-analysis for local recurrence (LR), overall mortality (OM), and non-breast cancer mortality (NBCM) was conducted. When possible, the outcomes were calculated for 5, 7, and 10 years of followup. A subgroup analysis by PBI technique (brachytherapy [BT], external beam radiotherapy [EBRT], intraoperative radiotherapy [IORT], and mixed) was performed. A  $p$  value  $< 0.05$  was considered significant.

**RESULTS:** Eleven randomized clinical trials with a total of 14,436 patients (7186 PBI vs. 7250 WBRT) were included in the meta-analysis. The odds ratio (OR) for LR in 5 y was 1.46 (95%

## 選擇原因:

-PICO符合臨床問題

-年代最新: 2020. July

-最佳研究設計: 系統性回顧文獻 > 隨機對照臨床試驗 > 世代研究

# Appraise 評讀文獻

證據等級  
評讀工具  
證據整合

# 證據等級：如果只用一篇




Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
<b>How common is the problem?</b>	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
<b>Is this diagnostic or monitoring test accurate?</b> (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
<b>What will happen if we do not add a therapy?</b> (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case-control studies, or poor quality prognostic cohort study**	n/a
<b>Does this intervention help?</b> (Treatment Benefits)	Systematic review of randomized trials or <i>n</i> -of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
<b>What are the COMMON harms?</b> (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, <i>n</i> -of-1 trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
<b>What are the RARE harms?</b> (Treatment Harms)	Systematic review of randomized trials or <i>n</i> -of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
<b>Is this (early detection) test worthwhile?</b> (Screening)	Systematic review of randomized trials	Randomized trial	Non-randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

\* Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.

\*\* As always, a systematic review is generally better than an individual study.

# 評讀工具

		 	Others
<b>SR/MA</b>	V	V	PRISMA
<b>RCT</b>	V	V	Rob, Jadad
<b>Cohort study</b>	V		NOS
<b>Case control</b>	V		NOS
<b>Diagnostic test</b>	V	V	
<b>Prognosis</b>		V	

CASP: <https://casp-uk.net/casp-tools-checklists/>

Oxford CEBM: <https://www.cebm.net/>

# 如果需要很多篇...

## 數值整合

兩組間比較 → meta-analysis

多組間比較 → network meta-analysis

## 相關軟體

Review Manager (RevMan)



Comprehensive Meta-analysis (CMA)



STATA 

# 如果需要很多篇...

證據等級: **GRADE** (The Grading of Recommendations Assessment, Development and Evaluation)

→ 主要用於 guideline, SR 作者

high	← 根據RCTs統整而來	
moderate	三升	五降
low	效果非常顯著 (large effect)	研究的限制 (Risk of bias)
very low	劑量效應(dose response)	結果不一致(Inconsistency)
	干擾因素妥善處理，且不致影響結論	研究的不直接性(Indirectness)
		研究的不精確性(Imprecision)
		發表偏誤(Publication bias)

證據等級

# 如果需要很多篇...

- **證據品質** (quality of evidence) 代表證據的不確定性 (uncertainty)。

證據品質	代表意義 (對真實效果與研究結果)*	建議用詞
高 ●●●●	非常有信心	肯定的
中 ●●●●	中度信心	或許的
低 ●●●●	信心不大	可能的
非常低 ●●●●	信心很低	不確定的

\*根據新版GRADE指引建議

資料來源: J Clin Epidemiol. 2015;68:182-90. J Clin Epidemiol. 2011;64:401-6

\*資料來自 劉人瑋副主任於醫策會教學資源內容

# Apply PDA應用

PDA呈現內容

- 正反面內容都要呈現
- 實際數值要呈現
- 數值的不確定性

# 重大負面資訊要揭露!

可以避免不必要糾紛...



會痛，我不要!

肋骨會斷，我不要!

可能變植物人，我不要!

不做會死，你知道嗎?

DNR

# 實際數值很重要!!



花480萬台幣

，有20%機會多活半年



# 數據呈現

## 相對容易理解的呈現方式

事件率(%)

頻率(/1000)

\*要標準化統一呈現

## 較不容易理解的呈現方式

絕對風險差異(ARR)

相對風險差異(RRR)

勝算比(OR)

相對風險(RR)

風險比率(HR)

NNT

## 數據的不確定性

最佳情況下:

最差情況下:

→有or 無明顯差異

# PICOT

G.A. Viani et al. / Brachytherapy 19 (2020) 491–498

Studies	Estimate (95% C.I.)	Ev/Trt	Ev/Ctrl
Ribeiro	1.693 (1.099, 2.608)	61/353	39/355
Rodriguez	1.000 (0.019, 51.363)	0/51	0/51
Cole	0.333 (0.090, 1.235)	3/669	9/674
Whelan	1.335 (0.720, 2.474)	24/1070	18/1065
Meatini	2.024 (0.501, 8.179)	6/260	3/260
<b>Subgroup EBRT (I<sup>2</sup>=2922 % , P=0.227)</b>	<b>1.321 (0.820, 2.127)</b>	<b>94/2403</b>	<b>69/2405</b>
Dodwell	0.439 (0.110, 1.757)	3/84	7/90
Vicini	1.309 (0.863, 1.985)	52/2107	40/2109
<b>Subgroup MIXED (I<sup>2</sup>=5424 % , P=0.139)</b>	<b>0.934 (0.347, 2.511)</b>	<b>55/2191</b>	<b>47/2199</b>
Vaidya	2.125 (1.031, 4.381)	23/1113	11/1119
Veronesi	5.417 (1.849, 15.868)	21/651	4/654
<b>Subgroup IORT (I<sup>2</sup>=5007 % , P=0.157)</b>	<b>3.107 (1.263, 7.646)</b>	<b>44/1764</b>	<b>15/1773</b>
Polgar	1.016 (0.249, 4.153)	4/128	4/130
Strnad	1.575 (0.525, 4.728)	9/633	5/551
<b>Subgroup BT (I<sup>2</sup>=0 % , P=0.631)</b>	<b>1.334 (0.561, 3.173)</b>	<b>13/761</b>	<b>9/681</b>
<b>Overall (I<sup>2</sup>=3676 % , P=0.105)</b>	<b>1.461 (1.050, 2.031)</b>	<b>206/7119</b>	<b>140/7058</b>

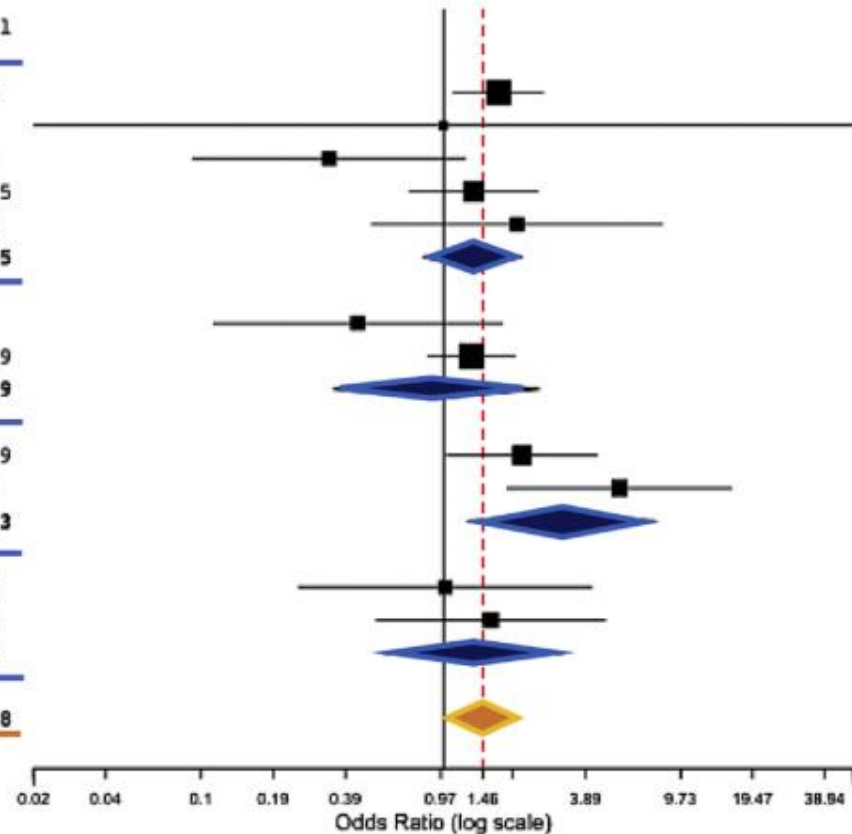


Fig. 1. Local recurrence at 5 years.

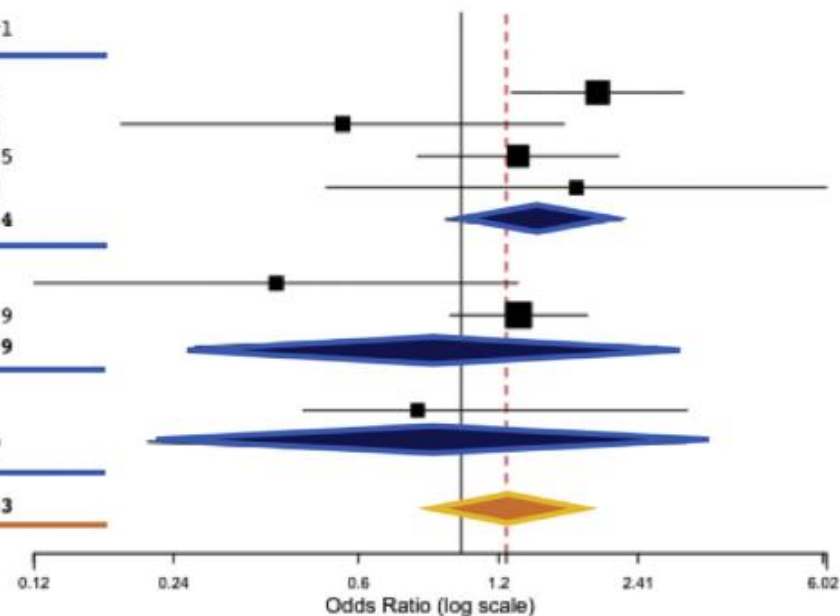
五年夠嗎？

# PICOT

G.A. Viani et al. / Brachytherapy 19 (2020) 491–498

**a**

Studies	Estimate (95% C.I.)	Ev/Trt	Ev/Ctrl
Ribeiro	1.969 (1.288, 3.008)	69/353	39/355
Cole	0.556 (0.185, 1.669)	5/669	9/674
Whelan	1.327 (0.806, 2.184)	37/1070	28/1065
Meatini	1.771 (0.512, 6.123)	7/260	4/260
<b>Subgroup EBRT (<math>I^2=3976\%</math>, <math>P=0.173</math>)</b>	<b>1.436 (0.925, 2.231)</b>	<b>118/2352</b>	<b>80/2354</b>
Dodwell	0.400 (0.120, 1.328)	4/84	10/90
Vicini	1.330 (0.946, 1.871)	79/2107	60/2109
<b>Subgroup MIXED (<math>I^2=7193\%</math>, <math>P=0.059</math>)</b>	<b>0.842 (0.268, 2.642)</b>	<b>83/2191</b>	<b>70/2199</b>
Polgar	0.806		
<b>Subgroup BT (<math>I^2=NA</math>, <math>P=NA</math>)</b>	<b>0.806 (0.212, 3.074)</b>	<b>4/128</b>	<b>5/130</b>
<b>Overall (<math>I^2=4142\%</math>, <math>P=0.115</math>)</b>	<b>1.254 (0.896, 1.755)</b>	<b>205/4671</b>	<b>155/4683</b>



**b**

Studies	Estimate (95% C.I.)	Ev/Trt	Ev/Ctrl
Vicini 2019	1.281 (0.933, 1.759)	90/2107	71/2109
Meatini 2019	1.518 (0.532, 4.327)	9/260	6/260
<b>Overall (<math>I^2=0\%</math>, <math>P=0.761</math>)</b>	<b>1.299 (0.959, 1.760)</b>	<b>99/2367</b>	<b>77/2369</b>

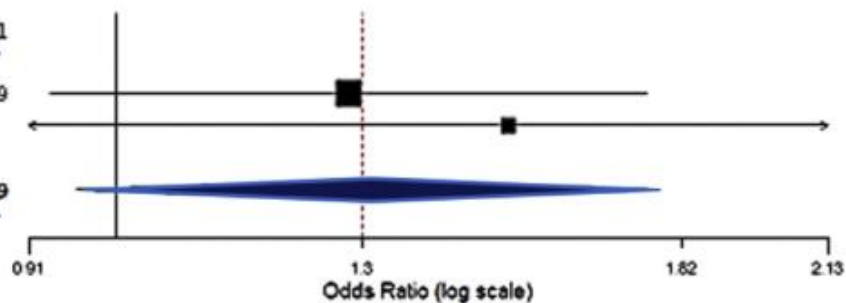


Fig. 2. (a) and (b) Local recurrence at 7 and 10 years.

# 重要結論要呈現

Studies	Estimate (95% C.I.)	Ev/Trt	Ev/Ctrl
Ribeiro	0.964 (0.642, 1.448)	54/353	56/355
Rodriguez	1.000 (0.019, 51.363)	0/51	0/51
Cole	0.928 (0.586, 1.471)	37/669	40/674
Whelan	0.920 (0.530, 1.595)	25/1070	27/1065
Meatini	0.618 (0.199, 1.914)	5/260	8/260
<b>Subgroup EBRT (I<sup>2</sup>=0 %, P=0.970)</b>	<b>0.921 (0.711, 1.193)</b>	<b>121/2403</b>	<b>131/2405</b>
Dodwell	0.804 (0.402, 1.607)	19/84	24/90
Vicini	1.221 (0.904, 1.650)	98/2107	81/2109
<b>Subgroup MIXED (I<sup>2</sup>=1519 %, P=0.278)</b>	<b>1.118 (0.801, 1.562)</b>	<b>117/2191</b>	<b>105/2199</b>
Vaidya	0.784 (0.493, 1.246)	33/1113	42/1119
Veronesi	1.107 (0.672, 1.825)	34/651	31/654
<b>Subgroup IORT (I<sup>2</sup>=0 %, P=0.320)</b>	<b>0.920 (0.655, 1.292)</b>	<b>67/1764</b>	<b>73/1773</b>
Strnad	0.723 (0.427, 1.222)	27/633	32/551
<b>Subgroup BT (I<sup>2</sup>=NA, P=NA)</b>	<b>0.723 (0.427, 1.222)</b>	<b>27/633</b>	<b>32/551</b>
<b>Overall (I<sup>2</sup>=0 %, P=0.788)</b>	<b>0.967 (0.826, 1.131)</b>	<b>332/6991</b>	<b>341/6928</b>

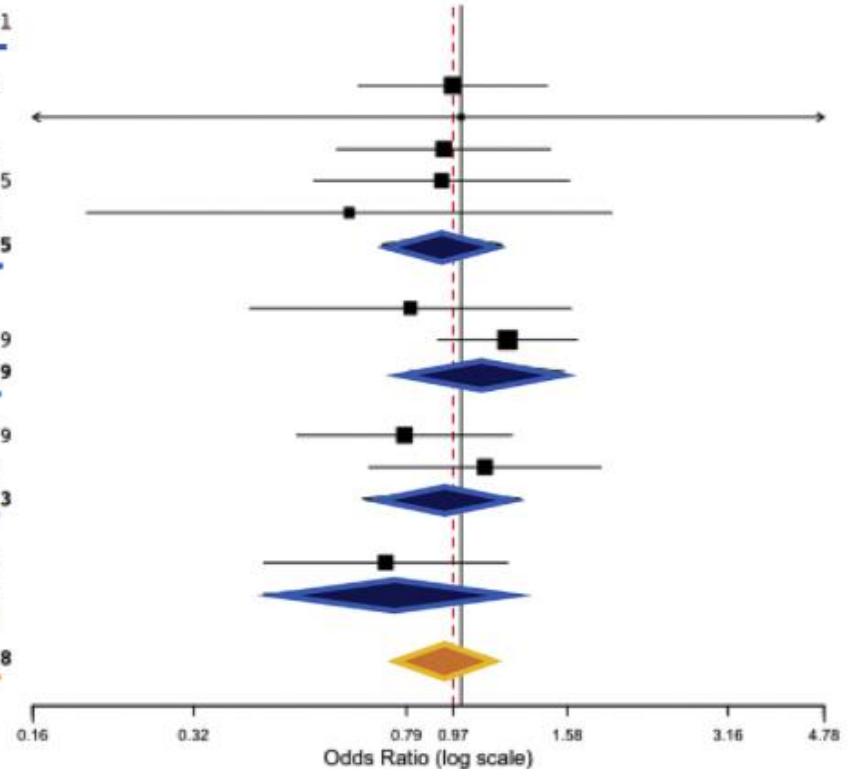


Fig. 3. Overall mortality.

→ 就算沒有顯著差異，病人在意的變因均需呈現。

# 好處壞處都要有

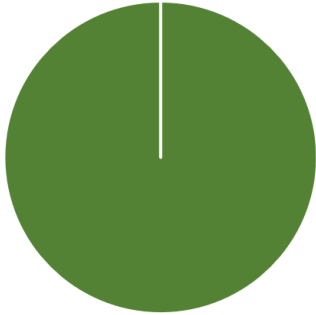
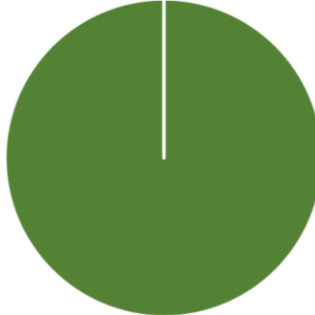
Table 2  
Secondary endpoints comparing PBI with WBRT

Outcomes	Number of studies	Events/total PBI	Events/total WBRT	OR (95% CI) <i>p</i> value	Heterogeneity
Second tumor	5 RCTs 7521 patients	278/3797 patients	281/3724 patients	0.98 (0.79–1.21) <i>p</i> = 0.98	$I^2 = 11\%$ <i>p</i> = 0.35
Contralateral breast cancer	5 RCTs 7521 patients	89/3797 patients	104/3724 patients	0.85 (0.64–1.14) <i>p</i> = 0.30	$I^2 = 0\%$ <i>p</i> = 0.58
Cardiac death	2 RCTs 2478 patients	8/1739 patients	14/1739 patients	0.57 (0.23–1.37) <i>p</i> = 0.30	$I^2 = 0\%$ <i>p</i> = 0.61

PBI = partial-breast irradiation; RCT = randomized clinical trial; WBRT = whole-breast radiotherapy.

→可能的副作用均需列出。

# 數據呈現

		部分乳房照射	全乳房照射	統計學顯著差異
局部復發率	5年	2.9% 	2.0% 	無
	7年	4.4%	3.3%	無
	10年	4.2%	3.3%	無
整體死亡率		4.7%	4.9%	無
心因性死亡率		0.5%	0.8%	無

\*標準化統一呈現: 同期間，相同尺規呈現

# 重要結論

根據現有最佳證據，低風險之早期乳癌患者於部分乳房切除術後，後續放射治療無論採用全乳房照射或部分乳房照射，其五年、七年、十年之局部控制率並無顯著差異；整體死亡率和心因性死亡率亦相同。

# 實證醫學 五步驟

Asking

提問/選題

Acquire

搜尋文獻

Appraise

評讀文獻

Apply

臨床應用

Assess

執行成效評估

**Just Do It!!!!**

# 好用電子資源分享

醫策會教學資源 劉人瑋 副主任

<https://sdm.patientsafety.mohw.gov.tw/Public/MediaInfo?sn=12&id=1382>

Cochrane Search

<https://www.youtube.com/watch?v=9yXhVZDXmEw>

Pubmed Search

<https://www.youtube.com/watch?v=xGYFDrORpza>



**Thanks For your Attention!!**