



Response to Kraut

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We thank Dr Kraut for her letter (1) and her interest in the findings from our breast screening decision aid trial. The focus of our research was communicating overdiagnosis (or overdetected), a problem which—as Dr Kraut points out—has far-reaching implications beyond the individual diagnosed (2). In our study, decision aids were posted to women's homes; this is consistent with the setup of the Australian breast screening program, which is directly accessible by women without referral. No provider consultation, training, or counseling was incorporated.

We were interested to read about Dr Kraut's experience as a family physician in Canada, informing women about the harm vs benefit trade-off in breast cancer screening and the reduction in screening rates she reports observing among low-risk women in her practice. We agree that direct conversations with trusted health-care professionals are likely to influence women's perceptions of screening and their subsequent behavior. Evidence from randomized controlled trials assessing the effects of such patient-provider discussions would certainly be valuable (3). It is important for health-care services worldwide to better support and educate health-care professionals to provide high-quality information about screening, including routine use of evidence-based decision aids, to facilitate women making well-informed screening decisions that are sensitive to their preferences (4,5).

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Data availability

There were no new data generated or used in this response.

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