

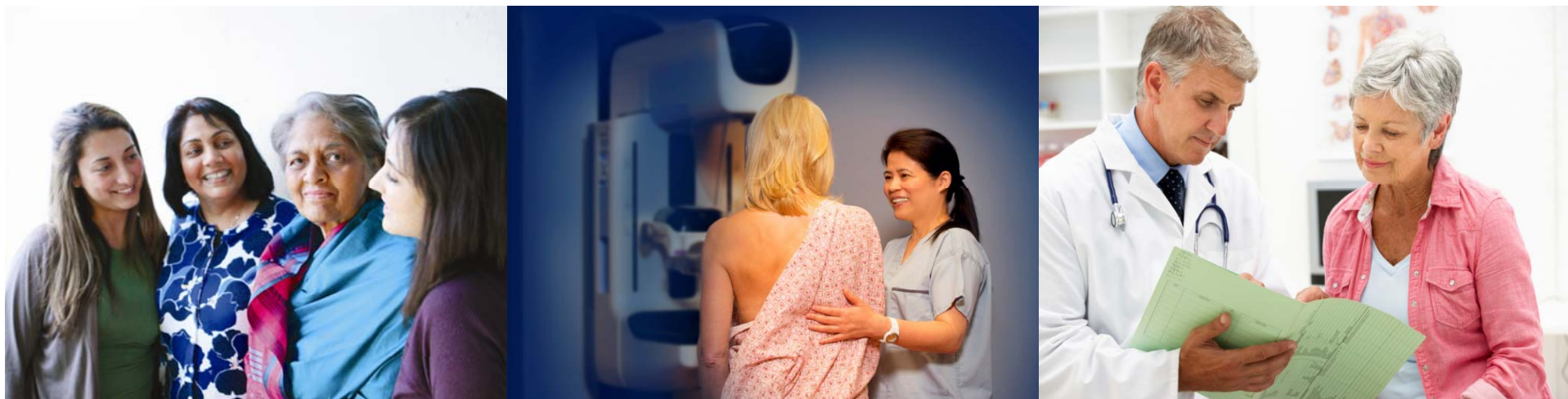


BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

Screening Mammography Program of BC



Dr. Christine M. Wilson MD FRCPC
Medical Director, Screening Mammography Program
BC Cancer Agency
March 19, 2015

Disclosure

- The presenter, Dr. Christine M. Wilson, has no relevant commercial interests to disclose.

Screening Mammography Program Overview

Target Population	Women age 50-69 years Service also available to women age 40-49 & 70-74
Screening Test	Two-view screening mammograms
Results	Screen read by a radiologist Results mailed to both patient and her health care provider
Reminder	Mailed to patient when time to rescreen

Program Statistics

- 37 fixed SMP sites across BC and 3 mobile vans for rural/remote communities
- 287,732 mammograms performed in 2013; 1,385 cancers reported as of August 2014 (4.8/1000 exams)
- Over 80% of cancers are found in women age 50 and over
- Current participation rate for ages 50-69 is about 52%

Updated Breast Screening Policy (effective Feb. 4, 2014)

AGE	POLICY FOR <u>AVERAGE RISK</u> WOMEN
40-49 UPDATED	<p>Health care providers are encouraged to discuss the benefits and limitations of screening mammography with asymptomatic women in this age group.</p> <p>If screening mammography is chosen, it is available every two years. The patient will be recalled by the program at the recommended interval.</p> <p>A health care provider's referral is not required, but is recommended.</p>
50-74	<p>Routine screening mammograms are recommended every two years for asymptomatic women at average risk of developing breast cancer. Patient will be recalled at the recommended interval.</p>
75+ UPDATED	<p>Health care providers are encouraged to discuss the benefits and limitations of screening mammography with asymptomatic women in this age group.</p> <p>Health care providers should discuss stopping screening when there are comorbidities associated with a limited life expectancy or physical limitations for mammography that prevent proper positioning.</p> <p>If screening mammography is chosen, it is available every two to three years. The patient will not be recalled by the Screening Mammography Program of BC.</p> <p>A health care provider's referral is not required, but is recommended.</p>

Updated Breast Screening Policy (effective Feb. 4, 2014)

AGE	POLICY FOR <u>HIGHER THAN AVERAGE RISK</u> WOMEN
<i>Higher than average risk is defined as having one 1st degree relative (mother, sister, daughter, father, brother) with breast cancer</i>	
40-74 UPDATED	<p>Routine screening mammograms are recommended every year. The patient will be recalled by the program at the recommended interval.</p> <p>A health care provider's referral is not required.</p>
<40	<p>SMP accepts women at high risk of developing breast cancer who are under age 40 with a physician referral, provided they do not have breast implants or an indication for a diagnostic mammogram.</p> <p>These may include women with a confirmed BRCA1 or BRCA2 mutation, prior chest wall radiation or women who have a very strong family history* of breast cancer.</p> <p><i>*A very strong family history of breast cancer may be defined as 2 cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, great-aunt) on the same side of the family, both diagnosed before age 50; or 3 or more cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, great-aunt) on the same side of the family, with at least one diagnosed before age 50.</i></p>

Other Breast Health Recommendations (effective Feb. 4, 2014)

PROCEDURE	RECOMMENDATION
Breast Self Exam (BSE)	<p>Routine breast self examinations (when used as the only method to screen for breast cancer) are not recommended for asymptomatic women at average risk of developing breast cancer.</p> <p>Women should be familiar with their breast texture and appearance and bring any concerns to their health care provider.</p>
Clinical Breast Exam (CBE)	<p>There is insufficient evidence to either support or refute routine clinical breast exams (in the absence of symptoms) alone or in conjunction with mammography. The patient and her health care provider should discuss the benefits and limitations of this procedure to determine what is best for the patient.</p> <p>This excludes women with prior breast cancer history.</p>
Magnetic Resonance Imaging (MRI)	<p>Routine screening with breast MRI of women at average risk of developing breast cancer is not recommended.</p> <p>Exceptions are made for higher than average risk groups including: BRCA1 and/or BRCA2 carriers, first degree family relatives of BRCA1 and/or BRCA2 who choose not to be tested, and those with prior Hodgkin's disease (or other lymphoproliferative diseases) at a young age (between the ages of 10-30 years old) treated with chest radiation.</p>

National Landscape

	50-69 Y/O Self Refer	40-49 Y/O Self Refer	40-49 Y/O Dr. Referral	Screening Stop Age
British Columbia	✓	✓	✗	74
Nova Scotia	✓	✓	✗	69
PEI	✓	✓	✗	75
Alberta	✓	✗	✓	69
Manitoba	✓	✗	✓	74
New Brunswick	✓	✗	✓	74
Nfld & Labrador	✓	✗	✓	69
Ontario	✓	✗	✗	74
Quebec	✓	✗	✗	69
Saskatchewan	✓	✗	✗	69
NWT	✓	✗	✗	79
Yukon	✓	✓	✗	74
Nunavut	* Nunavut has not developed an organized breast screening program			

Evidence from CTFPHC Review

AGE	RECOMMENDATION	EVIDENCE
40-49	Routine screening mammography not recommended.	Weak recommendation; moderate-quality evidence <i>This recommendation places a relatively low value on a very small absolute decrease in mortality and reflects concerns with false-positive results, the incidence of unnecessary biopsies and over diagnosis of breast cancer.</i>
50-69	Routine screening mammography recommended every two to three years.	Weak recommendation; moderate-quality evidence
70-74	Routine screening mammography recommended every two to three years.	Weak recommendation; low quality evidence

Evidence from CTFPHC Review

PROCEDURE	RECOMMENDATION	EVIDENCE
CBE	Not routinely performing clinical breast examinations alone or in conjunction with mammography to screen for breast cancer.	Weak recommendation; low-quality evidence
BSE	Not advising women to routinely practice breast self-examination.	Weak recommendation; moderate-quality evidence

Efficacy Trials from USPSTF Review

AGE	# OF TRIALS	RR FOR BREAST CA MORTALITY	NNI TO PREVENT 1 CA DEATH
39-49	8*	0.85	1904
50-59	6+	0.86	1339
60-69	2§	0.68	377
70-74	1‡	1.12	NA

Efficacy Trials from USPSTF Review

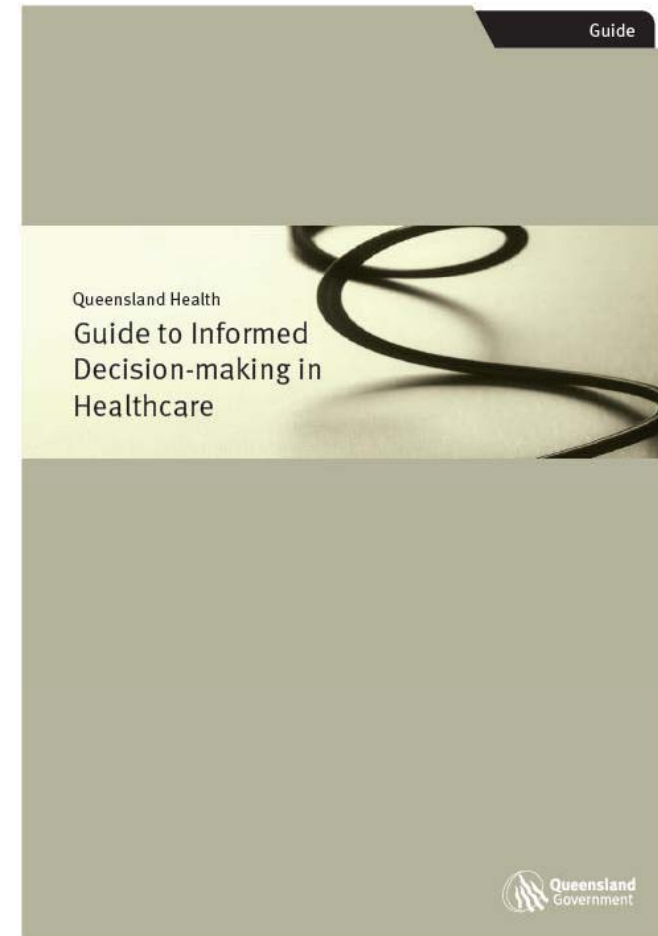
- * HIP, CNBSS – 1, Swedish 2 county trials, Gothenburg trials, UK Age trials
- + CNBSS – 1, Swedish 2 county trials, Gothenburg trials
- § Malmö and Swedish 2 county trials (Östergötland)
- ‡ Swedish 2 county trials (Östergötland)

Source: Nelson HD, Tyne K, Naik A, et al. Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*. 2009; 151: 727-737.

Informed Decision Making

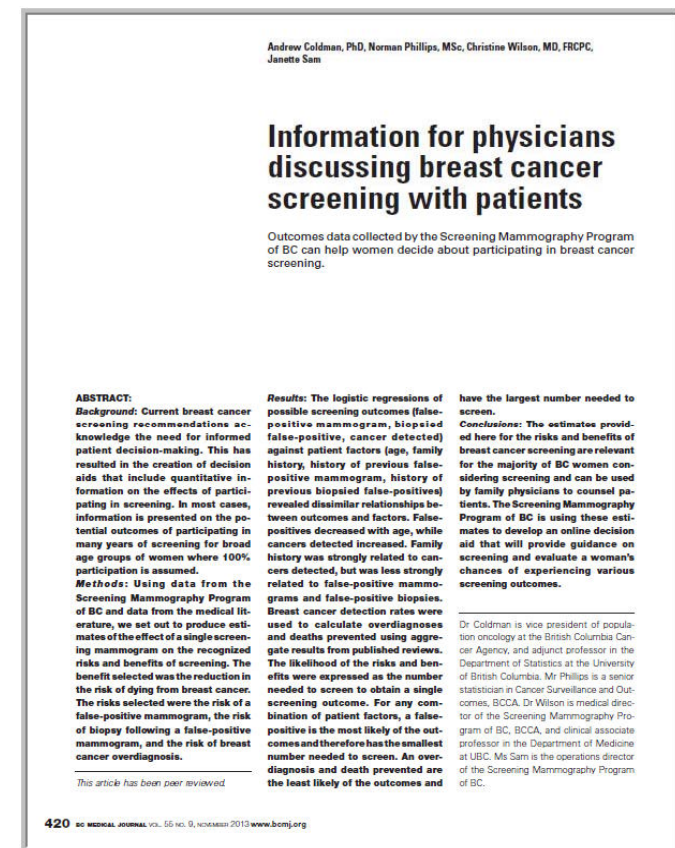
Why informed decision making?

- Informed decision making broadens the approach beyond consent
- It provides information to support a patient to make a decision about the healthcare offered e.g. should I have this test or not?
- It is the foundation of patient centered care
- It takes in to account a patient's values, beliefs and priorities



Informed Decision Making: Communicating Benefits & Limitations

- In 2013, the BC Cancer Agency published a peer reviewed article "*Information for physicians discussing breast cancer screening with Patients*" in the BC Medical Journal
- Article used data from the Screening Mammography Program of BC and data from the medical literature to produce estimates of the effect of a single screening mammogram on the recognized risks and benefits of screening



Informed Decision Making: Communicating Benefits & Limitations

- The BCMJ felt the information would be widely appreciated by physicians and developed a supporting tool doctors could use to share the information with their patients
- Reviews the benefits and harms of screening

Screening Outcome Rates (per 1000)

Screened Population	40-49	50-59	60-69	70-79
Cancers Detected	2	4	6	8
False Positive ¹	88	67	55	50
False Positive Biopsy ²	8.5	6.7	5.6	5.7

Available at www.screeningbc.ca/breast

bcmj.org
health notes

Breast cancer screening: Is it right for you?

At some time in their life, most women will make a decision about getting a mammogram. This decision is a personal one, and it's important to know the risks and benefits of this screening test before you make it. Factors such as your age, family history, and previous biopsy history may all affect your possible outcomes of having a mammogram.

Screening outcome rates (per 1000 women)*

Age group	40-49	50-59	60-69	70-79
False-positive	88	67	55	50
False-positive biopsy	8.5	6.7	5.6	5.7
Cancer detected	2	4	6	8

* BC Cancer Agency Screening Mammography Program

Two possible benefits from breast screening include:

- A reduced risk of dying from breast cancer.
- The need for less intensive treatment for breast cancer.

Two possible harms of breast screening include:

- The need for more testing, including breast biopsies to rule out cancer, which may reveal suspicious spots that turn out to be normal (called a false-positive, similar to a false alarm).
- Having a cancer detected and treated that may never have caused symptoms or affected your life expectancy (called overdiagnosis).

In general in BC, the number of false-positives decreases as women age, while the number of cancers detected increase (see the table). In addition, women with a family history of breast cancer are over 1.6 times more likely to have cancer detected by screening than women with no family history.

No one can accurately predict who will benefit from screening and who will end up having treatment that might not be necessary. If you choose to be screened you are accepting both the possibility of having your life extended as well as the possibility of being overdiagnosed or treated. If you choose not to screen, you run a slightly higher risk of dying because of having a breast cancer that wasn't found and treated early enough.

Upon reviewing the evidence available, the BC Cancer Agency recommends that by age 50 women have regular mammograms for breast screening. If you decide that breast cancer screening is right for you, call 1 800 663-9203 to make an appointment. You do not need a doctor's referral.

Further information about the screening program can be found at www.screeningbc.ca.

GLOSSARY

biopsy - Taking a small sample of tissue to help make a diagnosis

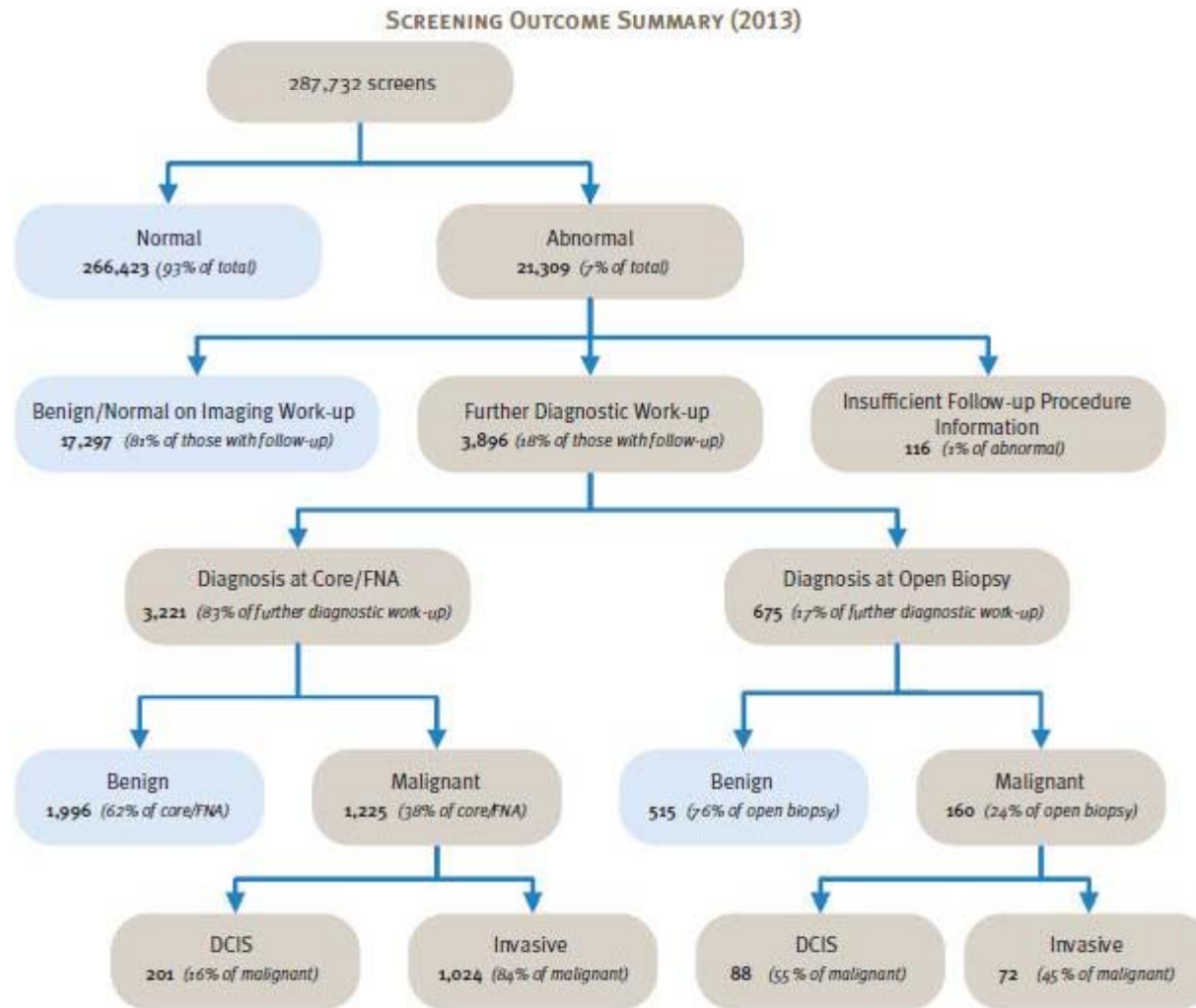
false-positive - The result of a screening test that suggests there is disease when in fact none is present

overdiagnosis - Diagnosis of a disease that will not affect your life expectancy or quality of life

screening - A test done on a healthy person to find an unsuspected disease

www.bcmj.org/health-notes BC MEDICAL JOURNAL 1 of 1

Patient Pathway



Comparison with Canadian Standards

TABLE 8.12: COMPARISON OF SMP PERFORMANCE WITH CANADIAN BREAST SCREENING STANDARDS FOR AGES 50 TO 69 YEARS

Performance Measure	National Target ⁷	SMP
Benign to Malignant Open Biopsy Ratio (3)		
First Screens	≤1:1	4.1 : 1
Subsequent Screens	≤1:1	2.8 : 1
Invasive Tumour size ≤10 mm (4)	≥25%	35%
Invasive Tumour size ≤15 mm (4)	≥50%	62%
Node Negative Rate in Cases of Invasive Cancer (4)	≥70%	78%

NOTES:

1. Screen years: (1) = July 1, 2011 - December 31, 2013, (2) = 2010-2012, (3) = 2013, (4) = 2012
2. Population data source: P.E.O.P.L.E. 2013 population projection (Sept 2013), BC Stats, Ministry of Technology, Innovation and Citizens' Services, Government of the Province of British Columbia.
3. SMP data extraction date: August 13, 2014.

⁷ Report from the Evaluation Indicators Working Group: Guidelines for Monitoring Breast Screening Program Performance third Edition. Health Canada 2013

Outcome Data 2002

- More than 50% of all breast cancer patients attended SMP
- Majority of early stage Ca (DCIS & Stage 1) attended within 30 mos.
- Most pts with stage II(54%), III(65%) or IV(73%) had not attended SMP within 30 mos. of diagnosis

Table 1: Characteristics of study population

	Stage of cancer; no. (%) of patients*						
Variable	All stages n = 2927	Stage 0 n = 424	Stage I n = 1118	Stage II n = 938	Stage III n = 233	Stage IV n = 123	Unknown n = 91
SMPBC attender							
Yes	1574 (54)	302 (71)	704 (63)	431 (46)	81 (35)	33 (27)	23 (25)
No	1353 (46)	122 (29)	414 (37)	507 (54)	152 (65)	90 (73)	68 (75)
Screen detected†							
Yes	971 (62)	238 (79)	499 (71)	189 (44)	25 (31)	11 (33)	9 (39)
No	603 (38)	64 (21)	205 (29)	242 (56)	56 (69)	22 (67)	14 (61)

Note: ER = estrogen receptor, LVI = lymphovascular invasion, SMPBC = Screening Mammography Program of British Columbia.
*Unless otherwise indicated.
†Defined as diagnosis of breast cancer within 1 year after abnormal results on screening. For patients with synchronous bilateral disease, the first diagnosis was used to define the screen-detection variable, which was then assigned to both diagnoses.

Source: Ashley Davidson MD, Stephen Chia MD, Robert Olson MD, Alan Nichol MD, Caroline Speers BA, Andy J. Coldman PhD, Chris Bajdik PhD, Ryan Woods MSc, Scott Tyldesley MD. Stage, treatment and outcomes for patients with breast cancer in British Columbia in 2002: a population-based cohort study. *CMAJ Open*. 2013; 1(4): E134-E141.

Outcome Data 2002

- 33% of all cancers that year detected by screening
- This represented 62% of all cancers in those attending SMP

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New Policy: Implementation in BC



Letter: Reminder & Recall



This information is important. Please have it translated if you cannot read it.

此信息很重要, 如果您不明白, 请找人翻译。

這些資料很重要, 如果看不懂, 請找人翻譯。

ਇਹ ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ ਹੈ ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਕਸਿ ਤੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾਉ।

Dear

It's time to book your mammogram. To make your appointment, please call one of the screening centres listed below. A doctor's referral is not needed.

I would also like to inform you of recent updates to British Columbia's Breast Screening Policy. This policy reflects the latest evidence and our commitment to reducing breast cancer deaths by finding cancer at an early stage – when there are more treatment options and better outcomes.

Key things to know for your age group (50-74 year olds) are:

- Women **without** a family history should be screened every two years.
- Women **with** a 1st degree relative (mother, sister or daughter) with breast cancer should be screened every year.

The risk of breast cancer increases as you age. Over 80 per cent of new breast cancers diagnosed each year are in women age 50 or older. Women with a family history of breast cancer have a higher risk than women of the same age who do not have a family history.

The enclosed information card provides more information on screening mammograms for your age group. I encourage you to read the card and speak with your doctor if you have any questions. You can also visit the Screening Mammography Program's website at www.screeningbc.ca/breast.

Sincerely,

Dr. Christine Wilson MD FRCP
Medical Director, Screening Mammography Program
BC Cancer Agency



www.screeningbc.ca

Visit www.screeningbc.ca/breast for locations. Please have your BC Services Card/CareCard and doctor's name available when you call to book your appointment.						
MOBILE SERVICE AREAS (CALL CENTRAL BOOKING: 1-800-663-9203)			OTHER LOCATIONS			
• Interior/Kootenays	• Northern BC	• Lower Mainland	Abbotsford	604-851-4750	Nanaimo	250-716-5904
• Vancouver Island	• Sea to Sky Corridor	• Haida Gwaii	Burnaby	604-436-0691	North Vancouver	604-903-3860
VANCOUVER			Comox	250-890-3020	Pentlcton	250-770-7573
BC Women's Health Centre	604-775-0022		Coquitlam	604-927-2130	Prince George	250-565-6816
Mount St. Joseph Hospital	604-877-8388		Delta	604-877-6187	Richmond	604-244-5505
5752 Victoria Drive	604-321-6770		Kamloops	250-828-4916	Surrey	604-582-4592
505 - 750 West Broadway	604-879-8700		Kelowna	250-861-7560	Vernon	250-549-5451
			Langley	604-514-6044	White Rock	604-535-4512
VICTORIA			For all other locations please contact central booking: 1-800-663-9203			
Fort Street	250-952-4232		Central booking hours: Monday to Friday, 8:00am-5:30pm and Saturday, 8:00am-4:00pm.			
Victoria General Hospital	250-727-4338					



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Postcard: Reminder & Recall (front)

**BC Cancer Agency**
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**Make an informed decision
about screening mammography**

Women ages 40-49, without a family history of breast cancer, will now be recalled every **two years** for their screening mammogram. A doctor's referral is not needed but is recommended. Research has shown that a mammogram every two years is effective for reducing breast cancer deaths.

For those with one first degree relative (mother, sister, or daughter) with breast cancer, a screening mammogram is recommended **every year**. Women with a family history of breast cancer are almost two times more likely to develop breast cancer.

Consider the benefits and limitations of screening mammography.
Learn more at www.screeningbc.ca/breast



You are encouraged to talk to your doctor
about the benefits and limitations of
screening mammography.

**BC Cancer Agency**
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**Make an informed decision
about screening mammography**

Women ages 50-74, without a family history of breast cancer, should have a mammogram every **two years**. A doctor's referral is not needed. Research has shown that a mammogram every two years is effective for reducing breast cancer deaths.

For those with one first degree relative (mother, sister, or daughter) with breast cancer, a screening mammogram is recommended **every year**. While age is the biggest risk factor for breast cancer, having a family history increases your risk further.

Consider the benefits and limitations of screening mammography.
Learn more at www.screeningbc.ca/breast



Call 1-800-663-9203 or 604-877-6187
and book your appointment today.

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**Make an informed decision
about screening mammography**

Women 75 and older should talk to their doctor about the benefits and limitations of screening mammography. Your screening decision should be based on your overall health and personal preferences.

If screening is chosen, it is available **every two to three years**. A doctor's referral is not needed.

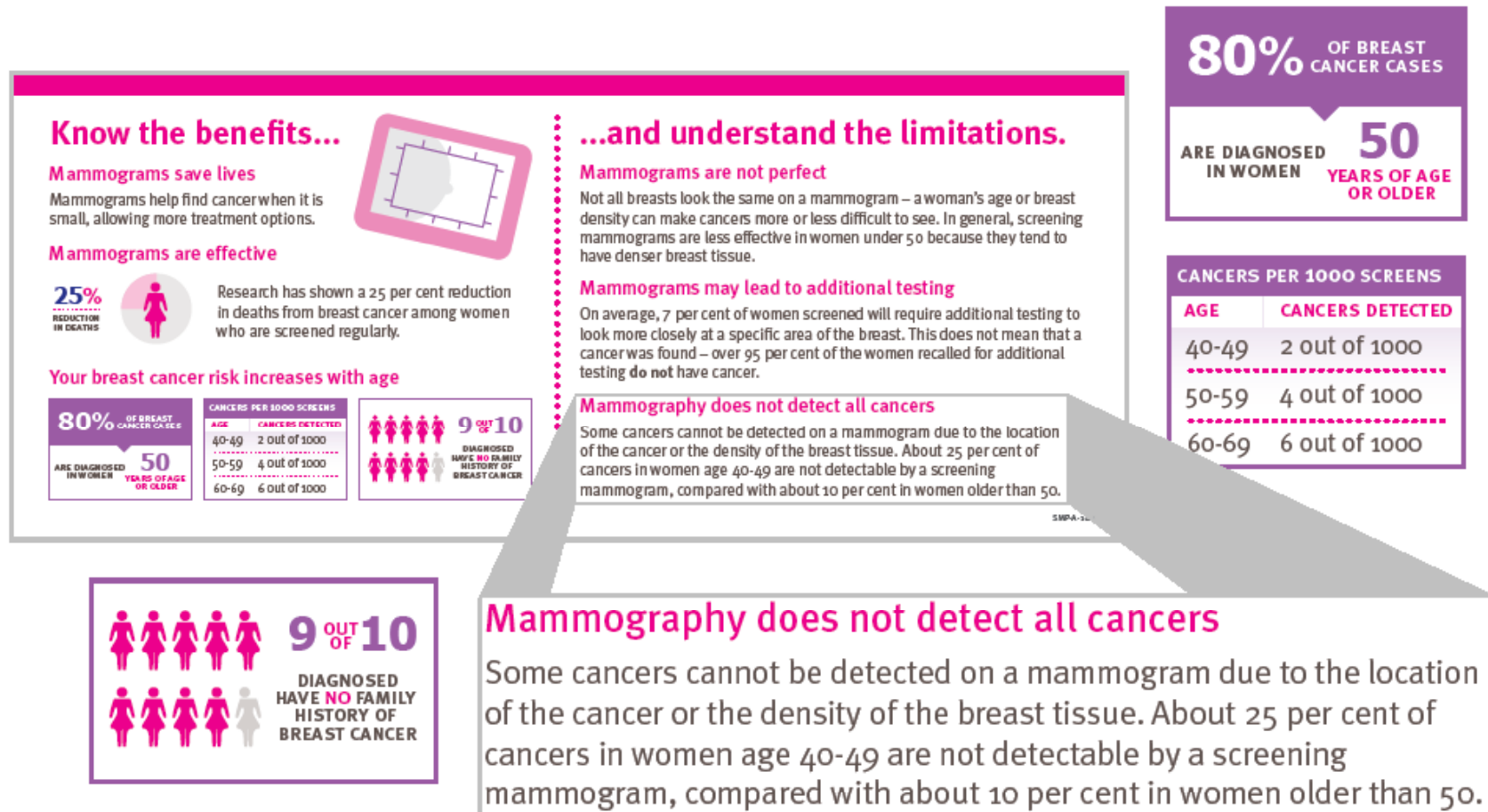
Consider the benefits and limitations of screening mammography.
Learn more at www.screeningbc.ca/breast



You are encouraged to talk to your doctor
about the benefits and limitations of
screening mammography.

SMP-C-18.2

Postcard: Reminder & Recall (back)



Higher than Average Risk – Annual Recall



BC Cancer Agency
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**Make an informed decision
about screening mammography**

Women ages 40-74, with one first degree relative (mother, sister, or daughter) with breast cancer, should have a screening mammogram **every year**. A doctor's referral is not needed.

While age is the biggest risk factor for breast cancer, research shows that women with a family history are almost two times more likely to develop breast cancer than women with no family history.

Your personal history is collected at the time of your screening mammogram, and women who inform the program of a family history of breast cancer will be recalled annually.

Consider the benefits and limitations of screening mammography.
Learn more at www.screeningbc.ca/breast



Call 1-800-663-9203 or 604-877-6187
and book your appointment today.

- Routine screening mammograms are recommended **every year**. The patient will be recalled by the program at the recommended interval.
- A health care provider's referral is not required.

New Promotional Materials

- New materials developed to reflect new policy.
- Tested with eligible women and primary care providers.
- New materials include information on the benefits and limitations of screening


Screening Mammography Program
Physician Protocol for Screening Mammograms

RISK	POLICY	RATIONALE																				
Average risk Ages 40-49 UPDATED	Health care providers are encouraged to discuss the benefits and limitations of screening mammography with asymptomatic women in this age group. If screening mammography is chosen, it is available every two years. Patients will be recalled every two years. A health care provider's referral is not required but is recommended.	Women ages 40-49 have a lesser chance of developing breast cancer and a greater chance of false positive ¹ or false positive biopsy ² results: Screening Outcome Rates (per 1000) <table border="1"> <thead> <tr> <th>Screening Population</th> <th>40-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> </tr> </thead> <tbody> <tr> <td>Cancer Detected</td> <td>1</td> <td>4</td> <td>6</td> <td>8</td> </tr> <tr> <td>False Positive¹</td> <td>48</td> <td>40</td> <td>35</td> <td>30</td> </tr> <tr> <td>False Positive Biopsy²</td> <td>8.5</td> <td>6.2</td> <td>5.4</td> <td>5.2</td> </tr> </tbody> </table>	Screening Population	40-49	50-59	60-69	70-79	Cancer Detected	1	4	6	8	False Positive ¹	48	40	35	30	False Positive Biopsy ²	8.5	6.2	5.4	5.2
Screening Population	40-49	50-59	60-69	70-79																		
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Average risk Ages 50-74	Routine screening mammograms are recommended every two years for asymptomatic women at average of developing breast cancer. Patients will be recalled every two years. A health care provider's referral is not required.																					
High risk	Health care providers are encouraged to discuss and limitations of screening mammography with asymptomatic women in this age group. Health care providers should discuss stopping when there are comorbidities associated with expectancy or physical limitations for many prevent proper positioning. If screening mammography is chosen, it is two to three years. Patients will not be recalled. A health care provider's referral is not recommended.																					
High risk	Routine screening mammograms every year. Patients will be recalled every year. A health care provider's referral is not required.																					
High risk	Ages 40-74: please refer to "High risk" women. Under age 40: The Screening Mammography Program accepts women at high risk of developing breast cancer (with a health care provider's approval) who have breast implants or a family history of breast cancer. Please refer to the program radiologist.																					

Screening Mammography Program
A BC Cancer Agency document. It provides information on the benefits and limitations of screening mammography. It includes a section on "Health care provider referral required for the following" with checkboxes for "Transfer this patient to a high risk clinic with breast cancer screening" and "Refer this patient to a high risk clinic with breast cancer screening". It also includes a section on "Health care provider referral required for the following" with checkboxes for "Transfer this patient to a high risk clinic with breast cancer screening" and "Refer this patient to a high risk clinic with breast cancer screening".

Is Screening Mammography Right For You?
A BC Cancer Agency flyer. It features a photo of four women and the text "Is Screening Mammography Right For You?". It includes the BC Cancer Agency logo and the website www.screeningbc.ca/breast.

Referral Pad: Under 40 at High Risk

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Screening Mammography Program

It is recommended that women discuss the benefits and limitations of screening mammography with their doctor. If screening is chosen:

Ages 40-49 Available every two years.
Ages 50-74 Recommended every two years.
Ages 75+ Available every two to three years.
Family History* Recommended every year.

** Ages 40-74 with a first degree relative with breast cancer*

Make an informed decision about screening mammography.
Visit www.screeningbc.ca/breast for more information.

Health care provider referral required for the following:
☐ Younger than age 40 with known BRCA1 or BRCA2 mutation, prior chest wall radiation or strong family history of breast cancer.
Doctors should discuss patient with a screening program radiologist before appointment is booked.

Patient Name: _____
Date of Birth: _____
PHN/BC Services Card/CareCard #: _____
Health Care Provider Information (or Office Stamp)
Name: _____
MSP #: _____
Signature: _____

Call to book your appointment today

Visit www.screeningbc.ca/breast for locations.
Please have your BC Services Card/CareCard and doctor's name available when you call to book your appointment.

Mobile Service Areas (Call central booking: 1-800-663-9203) • Interior/Kootenays • Vancouver Island • Northern BC • Sea to Sky Corridor • Lower Mainland • Haida Gwaii	Abbotsford 604-851-4750 Burnaby 604-436-0691 Comox 250-890-3020 Coquitlam 604-927-2130 Delta 604-877-6187 Kamloops 250-828-4916 Kelowna 250-861-7560 Langley 604-514-6044 Nanaimo 250-716-5904 North Vancouver 604-903-3860 Penticton 250-770-7573 Prince George 250-565-6816 Richmond 604-244-5505 Surrey 604-582-4592 Vernon 250-549-5451 White Rock 604-535-4512
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Vancouver
BC Women's Health Centre 604-775-0022
Mount St Joseph Hospital 604-877-8388
5752 Victoria Drive 604-321-6770
505 - 750 West Broadway 604-879-8700

Victoria
Fort Street 250-952-4232
Victoria General Hospital 250-727-4338

For all other locations, please contact central booking: 1-800-663-9203
Central booking hours: Monday to Friday, 8:00 am - 5:30 pm and Saturday, 8:00 am - 4:30 pm.

For your appointment, please:

- Bring your BC Services Card/CareCard and photo ID.
- Wear a two-piece outfit for the procedure.
- Don't wear deodorant, powder or perfume for your screening appointment.
- Allow 45 minutes for your appointment.

Make an informed decision about screening mammography.
Visit www.screeningbc.ca/breast for more information.

Version: February 2014

Online Decision Aid

Online Breast Cancer Screening Decision Aid - <http://decisionaid.screeningbc.ca/>



Breast Cancer Screening Decision Aid

Is Screening right for you?

Answer the following questions to determine what the probable results from your screening will be.

1. How old are you?
2. When was your last screening mammogram?
3. Do you have a first degree relative (mother, sister, or daughter) with breast cancer?
4. Have you had a breast biopsy that was determined to be benign (not cancer)?
5. Have you ever been diagnosed with breast cancer?
6. Have you ever received an abnormal result (false positive) from a screening mammogram?

SUBMIT ANSWERS



Breast Cancer Screening Decision Aid

If you are between the ages of **40-49** **without a family history of breast cancer**, you are encouraged to talk to your doctor about the benefits and limitations of screening mammography. If screening is chosen, it is available every **two years**. A doctor's referral is not needed but is recommended.

A family history of breast cancer is one first degree relative (mother, sister, or daughter) with breast cancer.

Possible Outcomes of Your Next Mammogram

Based on the history information that you entered, the following statistics indicate your likelihood of various outcomes for your next screening.* We recommend taking this information to your doctor to assist you in deciding if screening is right for you.

Your likelihood of having a **breast cancer** found is

0.4%

That means **4 out of 1000** women screened with a history similar to yours would have a breast cancer detected at their next screening mammogram.

For comparison, on average every year in BC, **4 out of every 1000** women ages 50-59 screened will have a breast cancer detected.

Your likelihood of having a **false alarm** is

4.4%

That means **44 out of 1000** women screened with a history similar to yours would be called back for further testing which will turn out to be normal.

For comparison, on average in BC every year, **55 out of every 1000** women ages 50-59 screened will have a false alarm.

Your likelihood of having a **biopsy false alarm** is

0.4%

That means **4 out of 1000** women screened with a history similar to yours would need a biopsy which will turn out to be normal after testing.

For comparison, on average in BC every year, **55 out of every 1000** women ages 50-59 screened will have a biopsy which will turn out to be normal.

Digital Mammography

- Has changed from emerging clinical technology to being the standard for new equipment for both diagnostic and screening work
- Uses a computer rather than film to record x-ray images of the breasts
- Provides the same standard of care as film



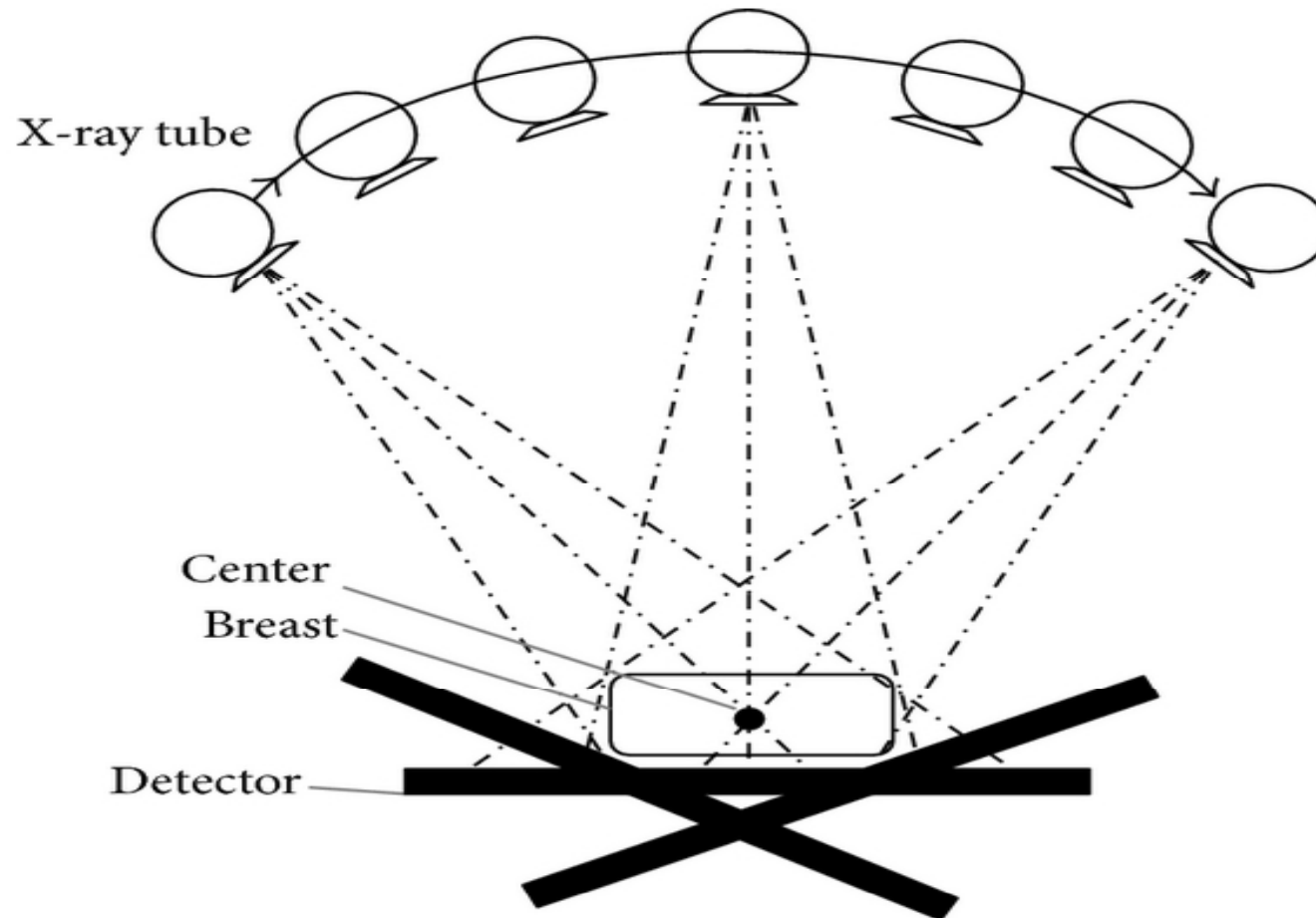
The Benefits of Digital Mammography

- Lower radiation levels
 - Roughly 1/3 less radiation used in digital than film
- Filmless & paperless
- Eliminates the use of chemicals needed to develop x-ray film
 - Uses a computer rather than film to record x-ray images of the breasts
- Exam remains the same from a patient perspective
 - Breasts still need to be compressed to ensure a clear image of the breast tissue is obtained
 - Image can now be displayed on a high-resolution computer screen for optimum viewing
- Enables distributed reading
 - Facilitates the sharing of digital images across SMP clinics and diagnostic clinics as mammogram results are easier to transfer electronically than shipping film
 - Location of image acquisition no longer poses a sharing constraint
- Can increase daily examination capacity

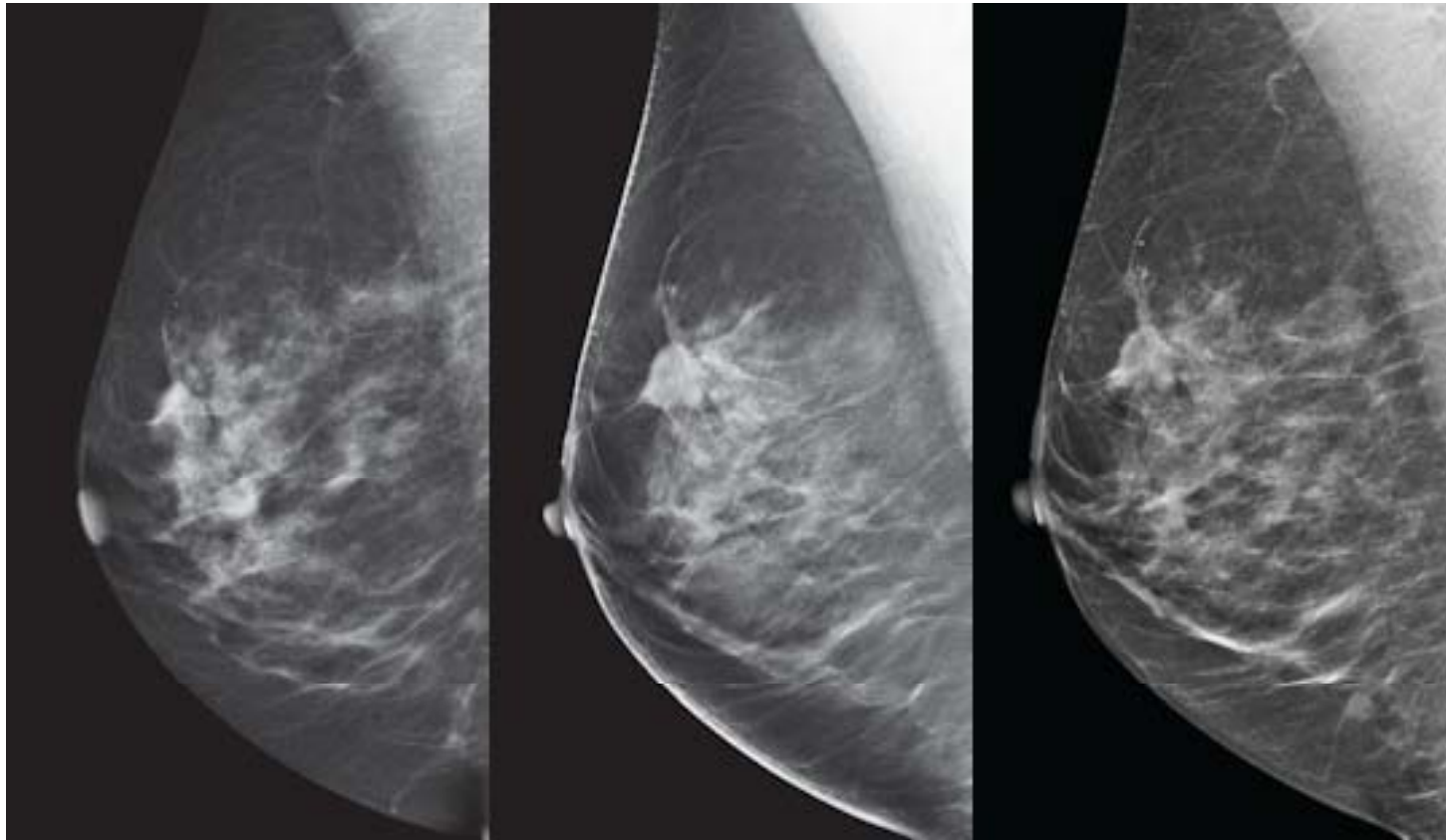
The Benefits of Digital Mammography

- New technologies:
 - Tomosynthesis trial involving women attending SMP will begin in two centres on the Lower Mainland this Spring/Summer
 - RCT with women randomized to FFD or Tomosynthesis plus a synthetic 2D mammogram
 - Will help with defining small cancers in dense breast tissue
 - Breast Density measurements – new software allows more precise volumetric estimation of breast density

Breast Tomosynthesis



Breast Tomosynthesis



2D

3D or Tomo

Synth 2D

Mobile Conversion to Digital

- The Vancouver Island Coastal mobile will be the first of three Screening Mammography Program mobiles to transition to digital mammography in 2015
- New mobile units will allow patients to walk onboard for screening mammograms and provide a consistent, state of the art experience for patients wherever they have a screening mammogram



Questions?

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For more information on cancer screening...
Visit the BC Cancer Agency Screening
Programs website: www.screeningbc.ca or
email screening@bccancer.bc.ca

