Disclosure

• The presenter, Dr. Christine M. Wilson, has no relevant commercial interests to disclose.
## Screening Mammography Program Overview

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Women age 50-69 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service also available to women age 40-49 &amp; 70-74</td>
</tr>
<tr>
<td>Screening Test</td>
<td>Two-view screening mammograms</td>
</tr>
<tr>
<td>Results</td>
<td>Screen read by a radiologist</td>
</tr>
<tr>
<td></td>
<td>Results mailed to both patient and her health care provider</td>
</tr>
<tr>
<td>Reminder</td>
<td>Mailed to patient when time to rescreen</td>
</tr>
</tbody>
</table>

### 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%

[www.screeningbc.ca](http://www.screeningbc.ca)
## Updated Breast Screening Policy
*(effective Feb 4, 2014)*

<table>
<thead>
<tr>
<th>AGE</th>
<th>POLICY FOR AVERAGE RISK WOMEN</th>
</tr>
</thead>
</table>
| **40-49**  | 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**. The patient will be recalled by the program at the recommended interval.  
A health care provider’s referral is not required, but is recommended. |
| **50-74**  | 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. |
| **75+**   | Health care providers are encouraged to discuss the benefits and limitations of screening mammography with asymptomatic women in this age group.  
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.  
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.  
A health care provider’s referral is not required, but is recommended. |

[www.screeningbc.ca](http://www.screeningbc.ca)
## AGE

## POLICY FOR HIGHER THAN AVERAGE RISK WOMEN

- **Higher than average risk** is defined as having one 1st degree relative (mother, sister, daughter, father, brother) with breast cancer

<table>
<thead>
<tr>
<th>AGE</th>
<th>POLICY FOR HIGHER THAN AVERAGE RISK WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>40-74</strong></td>
<td>Routine screening mammograms are recommended <strong>every year</strong>. The patient will be recalled by the program at the recommended interval. A health care provider’s referral is not required.</td>
</tr>
<tr>
<td><strong>&lt;40</strong></td>
<td>SMP accepts women at <strong>high risk of developing breast cancer</strong> who are under age 40 with a physician referral, provided they do not have breast implants or an indication for a diagnostic mammogram. 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.</td>
</tr>
</tbody>
</table>

*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.

---

www.screeningbc.ca
### Other Breast Health Recommendations (effective Feb. 4, 2014)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Self Exam (BSE)</strong></td>
<td>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. Women should be familiar with their breast texture and appearance and bring any concerns to their health care provider.</td>
</tr>
<tr>
<td><strong>Clinical Breast Exam (CBE)</strong></td>
<td>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. This excludes women with prior breast cancer history.</td>
</tr>
<tr>
<td><strong>Magnetic Resonance Imaging (MRI)</strong></td>
<td>Routine screening with breast MRI of women at average risk of developing breast cancer is not recommended. 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.</td>
</tr>
</tbody>
</table>
# National Landscape

<table>
<thead>
<tr>
<th>Province</th>
<th>50-69 Y/O Self Refer</th>
<th>40-49 Y/O Self Refer</th>
<th>40-49 Y/O Dr. Referral</th>
<th>Screening Stop Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>74</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>69</td>
</tr>
<tr>
<td>PEI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>75</td>
</tr>
<tr>
<td>Alberta</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>69</td>
</tr>
<tr>
<td>Manitoba</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>74</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>74</td>
</tr>
<tr>
<td>Nfld &amp; Labrador</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>69</td>
</tr>
<tr>
<td>Ontario</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>74</td>
</tr>
<tr>
<td>Quebec</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>69</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>69</td>
</tr>
<tr>
<td>Nunavut</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>79</td>
</tr>
<tr>
<td>Yukon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>74</td>
</tr>
</tbody>
</table>

* Nunavut has not developed an organized breast screening program

www.screeningbc.ca
### Evidence from CTFPHC Review

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommendation</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>Routine screening mammography not recommended.</td>
<td>Weak recommendation; moderate-quality evidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>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.</em></td>
</tr>
<tr>
<td>50-69</td>
<td>Routine screening mammography recommended every two to three years.</td>
<td>Weak recommendation; moderate-quality evidence</td>
</tr>
<tr>
<td>70-74</td>
<td>Routine screening mammography recommended every two to three years.</td>
<td>Weak recommendation; low quality evidence</td>
</tr>
</tbody>
</table>
## Evidence from CTFPHC Review

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommendation</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBE</td>
<td>Not routinely performing clinical breast examinations alone or in conjunction with mammography to screen for breast cancer.</td>
<td>Weak recommendation; low-quality evidence</td>
</tr>
<tr>
<td>BSE</td>
<td>Not advising women to routinely practice breast self-examination.</td>
<td>Weak recommendation; moderate-quality evidence</td>
</tr>
</tbody>
</table>
## Efficacy Trials from USPSTF Review

<table>
<thead>
<tr>
<th>Age</th>
<th># of Trials</th>
<th>RR for Breast Ca Mortality</th>
<th>NNI to prevent 1 Ca death</th>
</tr>
</thead>
<tbody>
<tr>
<td>39-49</td>
<td>8*</td>
<td>0.85</td>
<td>1904</td>
</tr>
<tr>
<td>50-59</td>
<td>6+</td>
<td>0.86</td>
<td>1339</td>
</tr>
<tr>
<td>60-69</td>
<td>2§</td>
<td>0.68</td>
<td>377</td>
</tr>
<tr>
<td>70-74</td>
<td>1‡</td>
<td>1.12</td>
<td>NA</td>
</tr>
</tbody>
</table>

www.screeningbc.ca

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority
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
- § Malmo and Swedish 2 county trials (Ostergotland)
- ‡ Swedish 2 county trials (Ostergotland)


www.screeningbc.ca
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 into account a patient’s values, beliefs and priorities.

www.screeningbc.ca
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)

<table>
<thead>
<tr>
<th>Screened Population</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancers Detected</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>False Positive</td>
<td>88</td>
<td>67</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>False Positive Biopsy</td>
<td>8.5</td>
<td>6.7</td>
<td>5.6</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Available at www.screeningbc.ca/breast
Patient Pathway

SCREENING OUTCOME SUMMARY (2013)

Normal
266,423 (97% of total)

Abnormal
21,309 (3% of total)

Benign/Normal on Imaging Work-up
17,297 (86% of those with follow-up)

Further Diagnostic Work-up
3,396 (18% of those with follow-up)

Insufficient Follow-up Procedure Information
116 (6% of abnormal)

Diagnosis at Core/FNA
3,221 (63% of further diagnostic work-up)

Benign
1,996 (62% of core/FNA)

Malignant
1,225 (38% of core/FNA)

DCIS
201 (16% of malignant)

Invasive
1,024 (84% of malignant)

Diagnosis at Open Biopsy
575 (57% of further diagnostic work-up)

Benign
515 (96% of open biopsy)

Malignant
60 (4% of open biopsy)

DCIS
88 (15% of malignant)

Invasive
72 (85% of malignant)
Comparison with Canadian Standards

Table 8.12: Comparison of SMP Performance with Canadian Breast Screening Standards for Ages 50 to 69 Years

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

NOTES:

1. Screen years: (1) = July 1, 2011 - December 31, 2013, (2) = 2010-2012, (3) = 2013, (4) = 2012
3. SMP data extraction date: August 13, 2014.


www.screeningbc.ca
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

Outcome Data 2002

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

<table>
<thead>
<tr>
<th>Table 1: Characteristics of study population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage of cancer; no. (%) of patients*</td>
</tr>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>SMPBC attender</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Screen detected†</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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.


www.screeningbc.ca
New Policy: Implementation in BC
This information is important. Please have it translated if you cannot read it.

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](http://www.screeningbc.ca/breast).

Sincerely,

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

Visit [www.screeningbc.ca/breast](http://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: 1-888-676-7877)

<table>
<thead>
<tr>
<th>Province</th>
<th>Locations</th>
</tr>
</thead>
</table>
| BC       | BC Women’s Health Centre | 604-675-1111
|          | Mount St. Joseph Hospital | 604-675-0044
|          | Lions Gate Hospital | 604-454-7000
|          | Royal Columbia Hospital | 604-521-4433
|          | Lions Gate | 604-525-3333
|          | St. Paul’s Hospital | 604-873-6000
|          | Sunnybrook | 604-204-3333
|          | Kelowna | 604-444-7000
|          | Langley | 604-555-5111
|          | Richmond | 604-555-5345
|          | White Rock | 604-555-5545

For all other locations please contact central booking: 1-888-676-7877

Central Booking Hours: Monday to Friday, 8:00am to 5:30pm and Saturday, 8:00am to 12:00pm.
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

www.screeningbc.ca
Know the benefits...

Mammograms save lives
Mammograms help find cancer when it is small, allowing more treatment options.

Mammograms are effective
Research has shown a 25% reduction in deaths from breast cancer among women who are screened regularly.

Your breast cancer risk increases with age

...and understand the limitations.

Mammograms are not perfect
Not all breasts look the same on a mammogram—some women’s age or breast density can make cancers more or less difficult to see. In general, screening mammograms are less effective in women under 50 because they tend to have denser breast tissue.

Mammograms may lead to additional testing
On average, 7% of women screened will require additional testing to look more closely at a specific area of the breast. This does not mean that a cancer was found—only 5% of the women recalled for additional testing do not have cancer.

Mammography does not detect all cancers
Some cancers cannot be detected on a mammogram due to the location of the cancer or the density of the breast tissue. About 25% of cancers in women age 40-49 are not detectable by a screening mammogram, compared with about 10% in women older than 50.

Mammography does not detect all cancers
Some cancers cannot be detected on a mammogram due to the location of the cancer or the density of the breast tissue. About 25% of cancers in women age 40-49 are not detectable by a screening mammogram, compared with about 10% in women older than 50.

80% of breast cancer cases are diagnosed in women 50 years of age or older.

Cancers per 1000 screens:

<table>
<thead>
<tr>
<th>Age</th>
<th>Cancers Detected</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>2 out of 1000</td>
</tr>
<tr>
<td>50-59</td>
<td>4 out of 1000</td>
</tr>
<tr>
<td>60-69</td>
<td>6 out of 1000</td>
</tr>
</tbody>
</table>

www.screeningbc.ca
• 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.

www.screeningbc.ca
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

www.screeningbc.ca
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.

*Age 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.

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
- Vancouver
  - BC Women's Health Centre: 604-775-0022
  - Mount St Joseph Hospital: 604-877-8388
  - 5252 Victoria Drive: 604-321-6770
  - 505-750 West Broadway: 604-879-8700
- Abbotsford: 604-851-4750
- Burnaby: 604-956-0055
- Comox: 250-895-0032
- Coquitlam: 604-927-2135
- Delta: 604-977-6187
- Kamloops: 250-826-4936
- Kelowna: 250-861-7560
- Langley: 604-514-6044
- Nanaimo: 250-716-5904
- North Vancouver: 604-903-3860
- Penticton: 250-772-7573
- Prince George: 250-565-6816
- Richmond: 604-273-5505
- Surrey: 604-582-4592
- Vernon: 250-549-5453
- White Rock: 604-535-4512

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.
Online Decision Aid

Online Breast Cancer Screening Decision Aid - [http://decisionaid.screeningbc.ca/](http://decisionaid.screeningbc.ca/)

**Is Screening right for you?**

Answer the following questions to determine what the possible 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 that caused?
5. Have you ever been diagnosed with breast cancer?
6. Have you ever received an abnormal result (false positive) from a screening mammogram?

**Possible Outcomes of Your Next Mammogram**

- **Your likelihood of having a breast cancer found is 0.4%**
  - That means 40 out of 10,000 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, 4,000 out of every 100,000 women ages 50-69 screened will have a breast cancer detected.

- **Your likelihood of having a false alarm is 4.4%**
  - That means 440 out of 10,000 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, 4,400 out of every 100,000 women ages 50-69 screened will have a false alarm.

- **Your likelihood of having a biopsy false alarm is 0.4%**
  - That means 40 out of 10,000 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 100,000 women ages 50-69 screened will have a biopsy which will turn out to be normal.

www.screeningbc.ca
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

www.screeningbc.ca
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

www.screeningbc.ca
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

www.screeningbc.ca
Questions?

Dr. Christine M. Wilson MD FRCPC
Medical Director, Screening Mammography Program
BC Cancer Agency
Email: cwilson4@bccancer.bc.ca

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