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BreastScreen Australia Monitoring Report 2000–2001

**The Australian Institute of Health and Welfare
and the
Australian Government Department of Health and Ageing
for the
BreastScreen Australia Program**

Australian Institute of Health and Welfare
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Summary

This is the fifth national monitoring report for the BreastScreen Australia Program. The third and fourth reports have been combined in the *BreastScreen Australia Monitoring Report 1998–1999 and 1999–2000*, which is available as an internet-only publication on the Australian Institute of Health and Welfare's web site (<http://www.aihw.gov.au>). This fifth report presents statistics on BreastScreen Australia screening activity and outcomes for 2000–2001. A reporting interval of two years is used because it corresponds with the recommended interval between screens for asymptomatic women in the target age group of 50–69 years.

Participation

- In 2000–2001, 1,567,544 women participated in BreastScreen Australia screening. Of these women, 1,063,479 (68%) were in the screening program target age group of 50–69 years.
- Between the periods 1999–2000 and 2000–2001 the proportion of women in the target population (women aged 50 to 69 years) participating in the BreastScreen Australia Program rose from 55.9% to 56.9%.
- Although there was some variation in participation rates among different socioeconomic groups, the difference between the most and the least disadvantaged groups was only marginally significant, and all groups had participation rates above 55%. Greater variation in participation rates was observed for different cultural and linguistic groups. At 36.2%, the age-standardised participation rate for Indigenous women in the target age group was significantly lower than both the national participation rate and the participation rate for non-Indigenous women.

Detection of cancer

- In order to reduce morbidity and mortality resulting from breast cancer, BreastScreen Australia aims to maximise the early detection of small-diameter (15 mm or less) invasive breast cancers. In 2001, 65% of all invasive breast cancers detected by BreastScreen Australia were small-diameter cancers. This proportion was reduced to 56.4% for women who were attending for their first screen and increased to 66.6% for women who had previously been screened.
- For women in the target age group, the age-standardised rate of small-diameter invasive cancer detection was 29 per 10,000 women screened in 2001. This was not significantly different from the 2000 rate of 29.6 per 10,000 women screened.
- Across the states and territories the age-standardised rates of interval cancer (that is, an invasive cancer detected between two screening rounds, see glossary) for women in the target age group in the 24 months after their first screen ranged from 5.6 per 10,000 women-years in the Australian Capital Territory to 14.5 per 10,000 women-years in Tasmania.
- 'Program sensitivity' is the proportion of invasive breast cancers that are detected within the BreastScreen Australia Program out of all invasive breast cancers (interval cancers plus screen-detected cancers) diagnosed in program-screened women in the screening interval. The Program sensitivity rate for women in the target age group ranged from 68.2% in Tasmania to 81.3% in Western Australia.

- In 2001, 883 cases of ductal carcinoma in situ were detected in women participating in the BreastScreen Australia Program. The age-standardised detection rate for this condition was 11.2 per 10,000 women screened for women in the target age group and 10.4 per 10,000 women screened for all women aged 40 and over.

Recall for assessment

- The proportion of women recalled for assessment because of an abnormal mammogram result was significantly higher for women being screened for the first time in 2001 compared with women who had previously been screened. The age-standardised recall rate was 8.3% for women attending their first round of screening. For women attending for their second or subsequent screen, only 4.0% (age-standardised) were recalled for assessment because of an abnormal result.

Rescreening

- The proportion of women attending a BreastScreen Australia service in 1999 and returning for rescreening within the recommended 27-month interval increased with the number of previous screens. The age-standardised national rescreen rate for women attending a BreastScreen Australia service in 1999 for the first time was 64.7%. The rescreen rate increased to 75% for women attending for their second screen and 82.5% for women attending for a third or subsequent screen within 27 months.

Breast cancer incidence

- With some fluctuation, there was a notable increase between 1987 and 2000 in the age-standardised breast cancer incidence rates for women in the target age group. Incidence increased in the target age group from 197.1 new cancers per 100,000 women in 1987 to 296.9 per 100,000 women in 2000.
- Of the 11,316 new cases of breast cancer in 2000, 5,452 (48%) occurred in women in the target age group. Only 6% of cases were women aged under 40 years. Age-specific incidence rates in 2000 ranged from 115.2 new cancers per 100,000 women in the 40–44 age group to 337.4 new cases per 100,000 women in the 60–64 age group.

Breast cancer mortality

- From 1993 onwards, a steady decline is evident in the age-standardised mortality rates for women in the target age group. The mortality rate for these women was 66.8 deaths per 100,000 women in 1988; in 2001, the corresponding figure was 51.8. A similar pattern of decline in mortality rates can be observed in women aged 70 and over. Mortality rates for women aged under 50 years remained the lowest and most consistent, staying below 8 deaths per 100,000 women for the period 1987 to 2001.

Introduction

This report on the performance of the BreastScreen Australia Program during 2000 and 2001 marks an important anniversary. Australia's national mammographic screening program was established in 1991, so it has now been operating for over 10 years, delivering quality breast cancer screening services to Australian women.

By the mid-1980s there was a growing body of international evidence that an organised approach to mammography screening would result in a significant decrease in breast cancer mortality. Towards the end of the 1980s a number of small private and public sector breast screening services had been established in Australia.

In November 1987, the Australian Health Ministers Advisory Council endorsed a recommendation to establish a National Breast Cancer Screening Evaluation study to assess the feasibility and cost-effectiveness of establishing a national breast cancer screening program. Specifically, the evaluation was to assess the possibility of providing high-quality services that were acceptable and accessible to women and that represented value for money. The Commonwealth committed \$3.1 million over three years to this joint initiative with the state and territory health departments; additional funding of \$2.8 million was provided for mobile screening units in 1989–90.

The National Breast Cancer Screening Evaluation was overseen by the Breast Cancer Screening Steering Committee, which provided advice on a range of pilot projects and their evaluation. The Steering Committee was supported by the Screening Evaluation Co-ordination Unit, established at the then Australian Institute of Health.

The National Breast Cancer Screening Evaluation included 11 breast cancer screening units, some of which were pre-existing and others being established as part of the evaluation. Both public and private screening units were included in the evaluation, from all states and territories except Tasmania. The aim of the evaluation was to establish whether breast cancer screening could be effectively implemented in Australia and achieve the screening participation rates and results obtained in other countries.

In 1990 the Screening Evaluation Co-ordination Unit provided its report, *Breast cancer screening in Australia: future directions*, to the Australian Health Ministers Advisory Council. The report covered the epidemiological basis for and cost-effectiveness of introducing an organised breast cancer screening program in Australia. It also examined the acceptability of screening to Australian women and whether the Australian health system had the capacity to deliver screening. Finally, it discussed and made detailed recommendations about the policy aspects of developing a national screening program. These included the parameters for eligibility for screening – in particular, identifying the target age group – and the screening interval. Other important components were providing a foundation for quality assurance across the breast cancer screening pathway, ensuring equal access, and maintaining the involvement of general practitioners. The report also stressed the importance of continued monitoring and evaluation of the screening program over time. It noted that there was sufficient evidence to support the development of a national screening program, and it provided the basis for the development of the National Program for the Early Detection of Breast Cancer.

Promoting breast cancer screening

In 1994–95, the Commonwealth committed funding over five years towards the development of a social marketing campaign, including the mass media, to inform women about the breast cancer screening program and to promote the benefits of early detection to reduce deaths and illness from breast cancer.

In 1995 Sara Henderson, the well-known Northern Territory cattle-station owner, author and motivational speaker became the figurehead of the BreastScreen Australia campaign. The Sara Henderson campaign concept and advertising materials included television and radio commercials, magazine and press advertisement, and supporting promotional material.

Campaign media activity has included a mix of metropolitan and regional television advertising and magazine and community radio advertising. Some campaign activity has specifically sought to target women from non-English speaking backgrounds via SBS Television and community radio. General practitioners have also been targeted with specific information dissemination strategies. BreastScreen Australia advertising material was included in the 1998–99 Essentials GP Patient Counselling Kit and tear-out leaflets on breast cancer screening were sponsored by BreastScreen Australia to provide patients with information about the benefits of screening.

Since the campaign began in 1995 various public relations activities have been implemented to support it. These have played an important role in building on and reinforcing messages to the target audience.

Some of the main activities have been:

- *placing editorials in newspapers and magazines;*
- *community service announcements on SBS Television and community radio;*
- *distributing posters and brochures in general practitioners' surgeries and health centres;*
- *distributing program information and bookmarks to libraries;*
- *promoting the campaign through Sara Henderson's book tour in 1995;*
- *promoting the program in the media; and*
- *developing the 13 20 50 information phone line and internet site.*

In 1990, the Commonwealth announced funding of \$64 million over three years to implement a national program for the early detection of breast cancer, based on the recommendations in the Screening Evaluation Co-ordination Unit report. The program was jointly funded by the Commonwealth and the states and territories and was to be phased in over five years.

The National Advisory Committee for the Early Detection of Breast Cancer was established in 1991. Its role was to provide advice relating to implementation of the National Program. The early 1990s focused on a range of activities related to implementing a national breast cancer screening program. The Commonwealth established a National Coordination Unit collaborating with the states and territories to develop and implement policies, funding formulae, quality management infrastructure, processes and organisational systems. The states and territories established State Coordination Units and developed five-year plans for the systematic implementation of breast cancer screening and assessment services tailored to the state or territory's health system and environment. The State Coordination Units also provided critical input at the national level to the policies and protocols that would guide the breast cancer screening program and provide for a consistent, truly national program. The following are among the achievements of that early period:

- the development of national minimum accreditation guidelines and an accreditation system to ensure that breast cancer Screening and Assessment Services were providing

high-quality, effective services to women. The guidelines were replaced by the National Accreditation Requirements in 1994;

- establishment of a national minimum data set;
- establishment and operation of state and territory data systems to ensure that women received appropriate follow-up and to enable monitoring and evaluation of the Program;
- a summary of the major age-related issues in breast cancer screening and an information statement about the efficacy of screening mammography for women of various age groups;
- multi-disciplinary and uni-disciplinary training packages were developed by the Commonwealth in collaboration with the state and territory Programs. Training programs were offered at the national and state and territory levels for all clinical and non-clinical staff working in the Program;
- examination of issues related to the inclusion of open biopsy in the Program;
- exploration of medico-legal considerations; and
- establishment of a national freecall number for the Program – 13 20 50 – to support appointment and information processes for women.

In 1996, the name of the Program was changed to BreastScreen Australia and the National Advisory Committee was reconstituted. To celebrate the achievements of the Program, a National Breast Cancer Conference was held in 1997. Since that time, the National Advisory Committee has been working on refining BreastScreen Australia policies and national activities. The following have been important achievements:

- collection and publication of data against agreed national performance measures;
- review of the National Accreditation Requirements and endorsement of the new BreastScreen Australia National Accreditation Standards;
- development of a transparent and consistent tool to support accreditation decision making;
- the BreastScreen Australia Evaluation Plan agreed and the first project under that plan, the, BreastScreen Australia Data Dictionary, completed;
- development of a BreastScreen Australia Monitoring Plan;
- research on the BreastScreen Australia Radiographer and Radiologist workforces;
- issuing of BreastScreen Australia National Information Statements;
- agreement on a strategy for increasing the participation of Aboriginal and Torres Strait Islander women in breast cancer screening, based on broad consultation with Indigenous women and organisations;
- agreement on a BreastScreen Australia National Data Policy; and
- adoption of the BreastScreen Australia National Policy Framework on Symptomatic Women.

However, the greatest achievement in the period from 1996 to 2001 is that the BreastScreen Australia Program has provided over 4.5 million screening mammograms. During that period, the program has also consistently maintained cancer detection rates and detection rates for small cancers at or above those set as minimum standards for services to achieve.

Providing services in rural and remote areas

The BreastScreen Australia Program has developed some innovative approaches to ensuring that women in rural and remote areas have access to screening and assessment services. A network of 46 mobile screening units currently operates in over 500 locations throughout the country.

To provide access to women living in some of the most remote regions of Australia it has been necessary to purpose-build four-wheel-drive trucks that enable the transport of mammography equipment by road and barge. To ensure that services are available to women in the Torres Strait Islands, for example, a four-wheel-drive truck requires three separate barge trips – the first from the mainland coast by landing barge to the coastal freighter (where the transfer of the truck from one vessel to the other happens at sea), the second to Thursday Island, and the third from Thursday Island to the outer islands.

The staff of BreastScreen Australia take special care to ensure that visits to rural communities are successful. Before the mobile unit arrives, the recruitment and promotional staff visit to conduct publicity drives, provide training for local health workers and general practitioners, and check the proposed screening site, power and other technical requirements as well as access for equipment, clients and staff.

For most women who attend for breast cancer screening, their result will be normal, with no cancer detected. For some women, however, abnormalities that require further assessment will be detected.

To enable rural women to attend BreastScreen Australia assessment services, the states and territories operate a travel subsidy scheme, which assists with the cost of travel and accommodation for women and, in some cases, their carers.

Many rural communities have become strong partners in providing support for visits of the BreastScreen Australia mobile units. In Queensland, for example, a team of trained volunteers from the Queensland Country Women's Association and The Older Women's Network help women fill out their forms when they arrive for their screening appointments. BreastScreen Australia recognises the value of community partnership, and activities such as these help ensure a high participation rate. In 2001–2002, 61% of eligible Queensland women living in rural, remote and regional areas participated in the Program; this compares with only 55% of urban women in the south-east corner of the state.

Since the introduction of the national breast cancer screening program, there has been a 23.7% reduction in female deaths from breast cancer¹ in the target age range of 50–69 years. The survival rate five years after diagnosis of breast cancer increased from 72.3% during 1982 to 1986 to 84.0% between 1992 and 1997. These encouraging results can be attributed to early detection through screening combined with improvements in treatment and drug therapies. Nevertheless, breast cancer remains a major health concern for Australian women. More women die from it than from any other form of cancer: in 2001 it caused the death of 2,585 Australian women. The lifetime risk of an Australian woman developing breast cancer is one in eleven.

¹ Based on data for the years 1993 to 2001.

There are still challenges for BreastScreen Australia to redevelop and target recruitment strategies to better meet the needs of women and encourage them to participate in the Program. In addition, to achieve the desired level of participation, the Program needs to provide more flexible access to services, in particular to meet the needs of the cohort of baby boomers, who are aging into the target age group and are more likely to be in the paid workforce and might therefore have difficulty accessing BreastScreen Australia services. Maintenance of high standards and development of the workforce and service capacity to achieve the target participation rate of 70% with the increase in the eligible population will also be important challenges for the Program in the next five years. The Program does, however, have a strong base to build on and a structure and ethos that supports continuous quality improvement. The results of the Program to date and the input and efforts of all those working in the Program attest to that.

Key features of BreastScreen Australia

- A doctor's referral is not required.
- Services are free to eligible women.
- Services are located throughout each Australian state and territory, using fixed or mobile services to ensure that the Program is accessible to all women.
- Recruitment and reminder systems aim to ensure that women in the target group are screened and rescreened in accordance with Program policy. The target group for screening is women aged 50–69 years, but women aged 40–49 years and over 70 years are also eligible to attend.
- Comprehensive, multi-disciplinary follow-up assessment services ensure that all women with a screen-detected breast abnormality have appropriate specialist clinical assessment to the point of diagnosis and referral to treatment services.
- A comprehensive system of accreditation ensures that all BreastScreen Australia services operate under a common set of standards. Each service is regularly assessed by an independent multi-disciplinary team to ensure that the service provided complies with national standards.

Aims and Objectives of the BreastScreen Australia Program

Aims

- To ensure that the Program is implemented in such a way that significant reductions can be achieved in morbidity and mortality attributable to breast cancer.
- To maximise the early detection of breast cancer in the target population.
- To ensure that screening for breast cancer in Australia is provided in dedicated accredited screening and assessment services as part of the BreastScreen Australia Program.
- To ensure equitable access to the Program for women aged 50-69 years.

- To ensure that services are acceptable and appropriate to the needs of the eligible population.
- To achieve high standards of program management, service delivery, monitoring and evaluation, and accountability.

Objectives

- To achieve a 70% participation rate in the BreastScreen Australia Program by women in the target age group and access to the Program for women aged 40–49 years and 70 years and over.
- To rescreen all women in the Program at two-yearly intervals.
- To achieve agreed performance outcomes that minimise recall rates, retake films, invasive procedures, ‘false negatives’, and ‘false positives’, and to maximise the number of cancers detected, particularly the number of small cancers.
- To refer to appropriate treatment services and collect information about the outcome of treatment.
- To fund through State Coordination Units Screening and Assessment Services that are accredited according to agreed National Accreditation Standards and to ensure that those Standards are monitored and reviewed by appropriate State and Territory Accreditation Committees.
- To recognise the real costs to women of participation in the Program and to minimise those costs. This includes the provision of services at minimal or no charge and free to eligible women who would not attend if there was a charge.
- To make information about mammographic screening and the BreastScreen Australia Program available in easily comprehensible and appropriate forms in a variety of forums and to women and health-care providers in particular.
- To achieve patterns of participation in the Program that are representative of the socioeconomic, ethnic and cultural profiles of the target population.
- To provide services in accessible, non-threatening and comfortable environments, using staff with appropriate expertise, experience and training.
- To provide appropriate service, in that the provision of counselling, education and information is an integral part of the Program; sensitive procedures for notification of recall are in place; and the time between the initial screen and assessment is minimised.
- To achieve high levels of participation in the development and management of the Program by members of significant professional and client groups.
- To collect and analyse data sufficient to monitor the implementation of the Program, to evaluate its effectiveness and efficiency, and to provide the basis for future policy and program development decisions.