

# **Information for GPs**

### About BreastScreen WA

BreastScreen WA provides free State-wide screening mammography and assessment services accredited under the BreastScreen Australia National Accreditation Standards. Our 10 metropolitan clinics, clinics in Albany and Bunbury, and regional mobile service are equipped with the latest digital mammography equipment, ensuring the highest quality mammograms with minimal radiation dose.

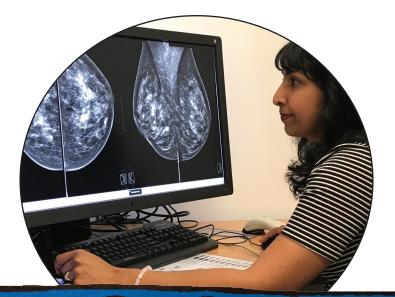
### Your role

GPs, practice nurses, nurse practitioners and Aboriginal Health Practitioners play an important role in providing support and encouragement to women participating in the BreastScreen WA program. Although a GP referral is not essential, research shows that GPs significantly influence a woman's decision to screen; being more likely to have a mammogram if advised by their GP than by anyone else.

### Who is eligible?

BreastScreen WA actively targets asymptomatic women aged **50 to 74 years** for a **free screening mammogram every 2 years**. However, women 40 years and over are also eligible to attend the service.

In general, **asymptomatic** means that a woman does not have a breast lump, nipple discharge or breast symptoms.



**Women aged 40 to 49 years** with no symptoms are eligible to attend BreastScreen WA, but there is less proven benefit for women in this age group. The risk of a "false positive" or "false negative" result is greater due to higher breast density.

Women aged **75 years and over** are eligible to attend but not re-invited. The World Health Organisation has found that there is insufficient evidence of benefit to recommend screening women 74 years and older. BreastScreen WA recommends women in this age group consult with their GP whether to continue or stop screening mammography.

BreastScreen WA is an inclusive service for <u>women</u> with disabilities, <u>women with breast implants</u>, <u>Aboriginal women</u> and <u>Culturally and Linguistically</u> <u>Diverse women</u>. Information on screening recommendations for transgender women can be found <u>here</u>.

### Why screen?

The majority of breast cancers occur in women aged over 50 years. Evidence shows that screening mammography is most effective in women aged 50 to 74 years, with significant reductions in breast cancer mortality rates in the screened population.

#### How often should women have a mammogram?

BreastScreen WA recommends that women in the target age group (50 – 74 years) have a mammogram every 2 years. Some women may be identified by BreastScreen WA as needing an annual mammogram.

### What are the limitations of a mammogram?

A mammogram is the best way of detecting breast cancer early in women over the age of 50 and may detect 70-90% of breast cancers. Not all cancers will be detected through mammographic screening. Some cancers may not be visible on a mammogram, or may develop during the interval between screening mammograms (known as interval cancers). There is also a small chance that a cancer could be missed on a mammogram, despite being read independently by at least two radiologists (false negatives).

A mammogram may also detect an abnormality in the breast tissue which may require further tests, but which may not turn out to be cancer (false positives).

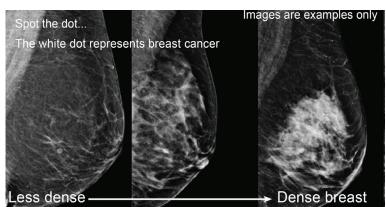
Most breast cancers found through mammographic screening would progress and become lifethreatening if left untreated. However, a very small percentage of breast cancers that are detected and treated may not have become life-threatening in a woman's lifetime. This is referred to as 'overdiagnosis'. At this time, with the evidence that is available, it is not possible to distinguish those cancers that will become clinically significant and those that will not.

BreastScreen WA participates in regular accreditation surveys, self-assessment and reporting to the National Quality Management Committee and the Australian Institute of Health and Welfare (AIHW).

#### What are dense breasts?

Breasts are comprised of glandular tissue, fibrous tissue and fatty tissue. Women with higher proportions of glandular and fibrous tissue relative to fat have greater breast density on a mammogram. It is not possible to determine breast density by clinical examination. Dense breast tissue appears white on mammography and has the potential to obscure cancers which may have a similar appearance.

In addition to mammography being less sensitive, women with dense breasts have an increased risk of breast cancer.



Interval cancers that arise following a normal mammogram result and before the next mammogram is due are more prevalent in this group of women. It is particularly important for women with dense breasts to seek medical attention for any new breast symptom.

### What should GPs do when notified that their patient has dense breasts?

GPs are recommended to assess their patient's risk for breast cancer, perform a clinical breast examination, discuss ongoing breast awareness for breast changes, address modifiable risk factors and consider the appropriateness of supplemental screening with breast ultrasound.

### Will General Practitioners be informed of results?

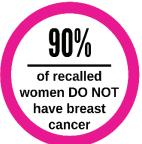
BreastScreen WA asks women when they attend for a mammogram for their current GP's contact details. With the patient's permission, a copy of the results letter is sent to the woman's GP. Women with a My Health Record can choose to have their results letters uploaded as well.

## What are the next steps following abnormal mammogram?

The woman is notified of her abnormal mammogram over the phone by a nurse or a trained clinical officer and in writing (SMS or letter). Normal results will usually be received within 2 - 3 weeks of a mammogram by SMS or letter. If the woman has provided consent, you, as her nominated GP, will receive the results as well.



About 1 in 20 women are asked to have further tests after a routine mammogram



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Further tests conducted at the Assessment Clinic may include clinical examination, additional mammography, ultrasound and image guided breast biopsy. These tests are free of charge for women eligible for a Medicare card. The Assessment Clinics are staffed by a multidisciplinary team which includes breast physicians, radiologists, surgeons, pathologists, radiographers, sonographers and nurse/ counsellors.

A few women may choose to opt out of the assessment pathway and see their nominated GP to be referred for further assessment and management outside BreastScreen WA. Copies of mammograms and reports are available for GPs on request by calling (08) 9323 6710/6726 or emailing breastscreenwa@health.wa.gov.au (the turn around time can be up to 5 working days). In order to ensure the effectiveness, it would be appreciated if the GP could provide information on the diagnosis and management of patients treated outside BreastScreen WA.

#### What about women with breast symptoms?

BreastScreen WA is for asymptomatic 'well' women with no signs of breast cancer. If a woman has a significant change in her breast such as a lump, pain or nipple discharge, a screening mammogram is not appropriate. GPs are recommended to follow the Triple Test approach as detailed in <u>Cancer Australia's</u> <u>Investigation of a new breast symptom: A Guide for</u> <u>general practitioners.</u>

### Where can I find more information?

The BreastScreen WA program has a range of brochures, posters and other printed materials that can be ordered via the online GP Resource Order form. Visit <u>https://www.breastscreen.health.wa.gov.au/Health-Professionals/Information-for-General-Practitioners</u>

### www.breastscreen.health.wa.gov.au

Telephone (08) 9323 6700 Email: <u>breastscreenwa@health.wa.gov.au</u> Bookings <u>www.breastscreen.health.wa.gov.au</u> or call 13 20 50 National Relay Service <u>www.relayservice.gov.au</u>



WA's only acc<u>redited screening</u> service



### The BreastScreen WA journey



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