

BreastScreen

BreastScreen WA

2001/2002 Annual Statistical Report Summary

BreastScreen WA

BreastScreen WA is part of the national mammographic screening program BreastScreen Australia, aimed at reducing morbidity and mortality from breast cancer through early detection of the disease. Asymptomatic women aged 40 years and over are eligible to attend, but the program targets women aged 50 to 69 years as the benefits of screening have been most clearly demonstrated in this age group. BreastScreen WA has since 1989 provided a free breast cancer screening and assessment program for the women of Western Australia, up to and including a definitive diagnosis of breast cancer or referral for diagnostic open biopsy.

To achieve the program's aims it is critical for the service to maintain high standards of program management and service delivery. BreastScreen Australia National Accreditation Requirements were introduced in 1994 with wide-ranging standards covering recruitment, screening services, follow-up of women with abnormalities, assessment services, data management and service management. These standards were reviewed and extended with a strong quality improvement focus to become the National Accreditation Standards (2002). They describe the minimum standards and requirements developed by the National Accreditation Committee for services operating within BreastScreen Australia. BreastScreen WA aims to be compliant with the BreastScreen Australia National Accreditation Standards and in October 2003 the service achieved full four year re-accreditation.

The program aims to make the screening service available and accessible to all eligible women in Western Australia. There are seven clinics in the metropolitan area and one mobile unit covering the south-eastern outer metropolitan area. Three mobile units service the south west, south eastern and northern regions of the state within a two-year cycle, visiting towns from Kununurra to Esperance and east to Laverton for periods ranging from a few days to twelve months.

The State Coordination Unit (SCU) in Perth manages the appointment bookings, coordinating them with recruitment initiatives, clinic capacities and schedules, and is responsible for film reading, record and data handling and for mailing all invitation, reminder and result letters. The SCU also manages and reports on the financial aspects of the program, monitors and reports on program performance internally and to State and Commonwealth directorates and produces and coordinates the dissemination of all promotional materials.

BreastScreen WA also provides assessment of screen-detected abnormalities up to definitive diagnosis, including diagnostic open biopsy. The triple assessment process is utilised, involving clinical examination, imaging with special view mammography and ultrasound, and biopsy pathology. Assessment is conducted in two dedicated and accredited clinics located at Royal Perth Hospital and Sir Charles Gairdner Hospital. Breast Assessment Nurses inform women and their nominated general practitioner of the need for further assessment, organise appointments at the program assessment centres and offer support and advice to women regarding their assessment visit. Metropolitan clients are invited to attend one of the two assessment centres in Perth, whilst country clients may have their diagnostic further views done on the mobile unit. Some women choose to be assessed privately, outside the program, under the direction of their general practitioner. Information regarding the outcome of all assessments, including any treatments for cancer, is recorded on the database. Any anomalies or failures to attend for assessment are followed up by the service.

A range of recruitment strategies is developed by the SCU in consultation with consumer and health professional reference groups. Specific strategies are devised for recruitment through general practitioners and community groups, and for recruiting Indigenous women, those from culturally and linguistically diverse backgrounds and for women living in rural and remote regions of the state. Presentations are regularly made to ethnic groups and publications are available in a wide range of languages.

The service provides information and training to health professionals through educational activities such as a biennial breast cancer conference, communications workshops for general practitioners, and breast disease courses involving general practitioner attendance at 8 to 10 clinical sessions at the service's multidisciplinary breast assessment clinics. Screening-related articles are occasionally published in medical practitioner newsletters or journals and the service employs a GP Liaison Officer to assist in building partnerships with this group of health professionals.

Accreditation with BreastScreen Australia involves thorough review of all practices and outcomes in relationship to compliance with the National Accreditation Standards. Frequent auditing of processes and outcomes of both screening and assessment forms part of the program's routine quality improvement activities. Comprehensive and confidential individual performance management for radiologists is a particularly important part of the program's activities, and is conducted quarterly by the Medical Director. Ongoing staff training, quality assurance of data held by the program and equipment and IT programming improvements are also part of the process of ensuring that BreastScreen WA offers the best possible standard of care and service to all women who take part in the program.

The period covered by this Report was a time of consolidation for BreastScreen WA, following the granting of accreditation in 2000 for the first time - a great milestone for the service.

In 2001 BreastScreen Australia was finalizing the new National Accreditation Standards (NAS). BreastScreen WA was required to undertake considerable changes in policy and procedures to meet the new NAS, particularly in the area of performance audit and reporting. BreastScreen Australia had placed considerable emphasis on staff training in cultural awareness and client's rights, and cultural awareness training was undertaken by all staff in 2001/2002. BreastScreen WA provided funding to ensure that consumer representatives of the BreastScreen WA Consumer Reference Group could attend the Breast Cancer Network Australia meetings and undertake consumer advocacy training.

A number of structural changes and strategic decisions were made in this period. Plans were made to relocate the Fremantle Clinic to a site that would accommodate two mammography machines; this was aimed at increasing capacity challenged by rapid population growth in the south metropolitan region. The screening service's organisational structure was changed to include an extra position, Senior Radiographer (Tutor and Quality Assurance). Recognizing that participation rates for Aboriginal women are less than the participation rates for other women, an Aboriginal and Torres Strait Islander (ATSI) Senior Project Officer was appointed to liaise with ATSI women and ATSI health organisations to develop and implement strategies aimed at increasing the participation of ATSI women in breast cancer screening.

Dr Roslyn Adamson retired from BreastScreen WA in June 2002. Dr Adamson had been actively campaigning for a screening service in the 1980's, had worked tirelessly on ministerial task forces to plan the service and had been instrumental in its implementation, firstly as a trial screening service in 1989 and as part of the national program in 1992. Dr Adamson had been active in screen reading as a senior radiologist since its inception. Responsible for teaching mammography to whole generation of registrars, Dr Adamson left an effective legacy of radiologists with a high level of professional competency and an eye for attention to detail. BreastScreen WA was lucky enough to persuade Dr Adamson to chair the State Accreditation Committee following her retirement from BreastScreen WA.

The continuing overall high cancer detection rates described in this Report reflect the ongoing striving for excellence and the dedication of screening, assessment and central coordinating unit support staff.



Dr Elizabeth J. Wylie MBBS FRANZCR
1 June 2006

BreastScreen WA Key Results for 2001/2002

Attendance

- Between July 2001 and June 2002, BreastScreen WA performed 71,405 screens. Over 76% of screens were in women in the 50-69 years target age group.
- For the 24-month period to June 2002, the participation rate for women aged 50 to 69 years was 54%, compared with 53% for the 24-month period to June 2001.
- Of the women aged 50-69 years who were screened between July 1999 and June 2000, 59% of first screens and 77% of second or subsequent screens returned for rescreening within 27 months.
- Diagnostic open biopsy was performed in 4% (146) of assessments, of which 22% (31) indicated a malignant lesion.
- The majority of women (88%) who were assessed had a benign outcome.
- Of the 443 screen detected breast cancers, 168 (38%) were diagnosed by fine needle aspiration, 244 (55%) by core biopsy and 31 (7%) by surgical biopsy.

Demography

- Of all women screened in 2001/2002 19% were having their first screen
- Of all the women in the target age group, 73% resided in the metropolitan area.
- Indigenous women made up 1% (957) of all screens.
- Women of culturally and linguistically diverse background comprised 13% (8,910) of screens.
- 17% of all women screened had a family history of breast cancer.

Recall to assessment

- In 2001/2002, 5% (3,851) of women were recalled to assessment; 11% (1,536) of women having an initial screening round and 4% (2,315) having a rescreen were recalled.
- Of the women screened, 5% of those aged between 50 and 69 years, 8% of those aged 40 to 49 and 4% aged 70 onwards, were called to assessment.

Assessment procedures

- On average, each woman recalled for assessment underwent 2 assessment procedures. Sixty one percent required only further mammographic views, clinical examination and/or ultrasound to confirm an outcome indicating no significant abnormality.

Breast cancer detection

- Of the 442 screen-detected breast cancers of known pathology, 75% were invasive and 25% were DCIS (ductal carcinoma in situ).
- The invasive cancer detection rate for women in the target age group was 63 per 10,000 women at their first screen and 47 per 10,000 for women having subsequent screens.
- Interval cancer rates for screens in 2000 for women in the target age group were 5.7 and 6.6 per 10,000 for first and subsequent screens, respectively, for the 12 months following a normal mammogram. The combined rate for all screens for this age group was 6.5 per 10,000 screens.

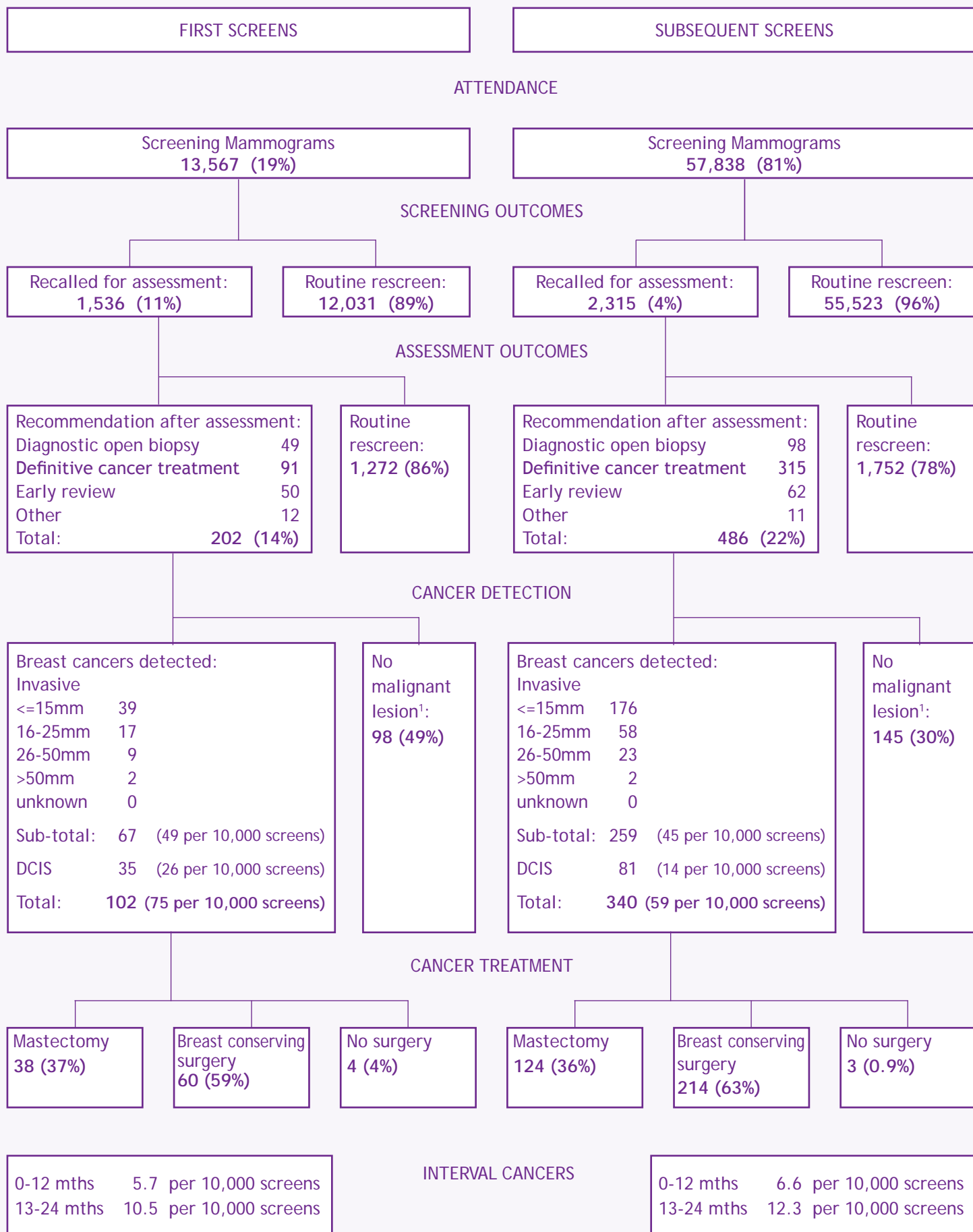
Small invasive cancer detection

- Of the 325 invasive cancers of known size, 66% were 15mm or less. The small invasive cancer detection rate for cancers <=15mm was 30 per 10,000 women screened in the 50-69 year age group.
- Of those invasive cancers <=15mm, 30% were classified as Grade 1, 47% as Grade 2 and 21% as Grade 3.

Treatment

- Sixty two percent of all women with breast cancer chose breast-conserving surgery while 37% had a mastectomy for the treatment of their breast cancer, regardless of whether it was an invasive or in situ type. Mastectomy was chosen more often by country women than those living in the metropolitan area (37% compared to 34%).

The flowchart below summarises the outcomes of screening and assessment for women who attended for a screen from July 2001 to June 2002. It displays the information in two streams according to screening round - first screens or subsequent screens.



¹Benign outcome after diagnostic open biopsy, early review or other