



Government of Western Australia
North Metropolitan Health Service



BREASTSCREEN WA ANNUAL UPDATE 2024-2025 FY

breastscreen.health.wa.gov.au

*Providing a quality service for Western Australian
women for over 35 years.*

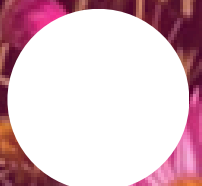


TABLE OF CONTENTS

About us	3
Our leadership	4-5
Year in review	6
Participant feedback	7
Community engagement	8
GP Liaison	9
Aboriginal and Torres Strait Island Program	10-12
Culturally and Linguistically Diverse populations	13
Key highlights	14
In the media	15
Screening numbers	16-22
Cancer detection rates	23
Cancer prevalence and incidence	24
Advisory groups	25
Research summaries	26-28
IT and digital innovations	29-31

ABOUT US



About BreastScreen WA

BreastScreen WA is a Commonwealth-State jointly funded program. As part of the National BreastScreen Australia Program, services are delivered in accordance with the features of the national program. BreastScreen WA provides over 130,000 screening mammograms each year to Western Australian women. Since its inception in 1989, the service has provided over three million screening mammograms to WA women.

A screening mammogram is a low dose X-ray of a woman's breast. Screening mammograms are performed on women with no breast symptoms, for the purpose of detecting breast cancer at an early stage before it can be felt or noticed. Currently, the program has 12 fixed clinics and 5 mobile units which visit over 100 rural and remote towns every 2 years.

Our Vision

Reduce illness and death from breast cancer through early detection of abnormalities, women aged 50 to 74 years of age are invited to have a free screening mammogram every two years.

Our Mission

The objectives of the BreastScreen Australia program are to:

- 1.Reduce the mortality and morbidity attributable to breast cancer;
- 2.Maximise early detection of breast cancer in the target population;
- 3.Maximise the proportion of women in the target population who are screened every two years;
- 4.Provide high quality services that are equitable, acceptable and appropriate to the needs of the population and equally accessible to all women in the target age group;
- 5.Provide screening services in accredited Screening and Assessment Services as part of the BreastScreen Australia program;
- 6.Provide high standards of program management, service delivery, monitoring, evaluation and accountability.

BreastScreen WA acknowledges the traditional owners and custodians throughout Western Australia of the lands on which we work and pay respect to their elders both past and present.

OUR LEADERSHIP



Director

Adj A/Professor Emmeline Lee

I commenced as Director of BreastScreen WA on 8th March 2025, on International Women's Day. It is a privilege to lead an organisation whose core values align so well with my own: that of equity, access, and compassion for all.

I would first like to acknowledge and honour Clin A/Prof Liz Wylie, who dedicated 35 years to BreastScreen WA (BSWA) and led the service as Director for 25 of those years. Her legacy of excellence and leadership is deeply appreciated.

Our vision remains unwavering: that every eligible woman in Western Australia, regardless of geography or background, can access high-quality, timely breast screening services. At the heart of BSWA is a steadfast commitment to providing peace of mind and the best chance at early breast cancer detection. Our goal is to continually expand our reach, deepen community partnerships, and embrace innovation, to ensure no woman is left behind.

BSWA saw some record achievements and milestones. We provided screening services to over 135,000 women, demonstrating strong community trust. In July 2025, we celebrated screening our three-millionth participant since the program's inception in 1991. We also expanded our reach with the introduction of our fifth mobile screening unit, "Leschenaultia," to meet rising demand in Perth's northern corridor and enhance access to remote communities.

Our staff and workforce development achievements included our Senior Aboriginal Health Program Officer, Kaylene Bowes-Smith, winning in the 'Strengthening Partnerships' category as part of the North Metropolitan Health Service's "Go the Extra Mile" Awards. Her dedication as a passionate and proud Noongar woman has contributed to Aboriginal screening rates increasing by 23% over the last five years.

BSWA relaunched the Graduate Diploma of Mammography, in partnership with Charles Sturt University, to build a sustainable workforce. This will help address the global shortage of mammographers and ensure that the future of our Screening Services team is bright.

We remain committed to reaching more women, supporting communities, and improving breast cancer outcomes. Every screen performed is an opportunity to positively change the future.

Thank you to our incredible dedicated staff, partners, and the community for their ongoing trust and support as we continue this vital work together.

OUR LEADERSHIP



Operations Manager Matthew Shand

The 2024/2025 financial year was a significant period of change and achievement for BreastScreen WA (BSWA). The program bade farewell to its highly decorated Medical Director, Dr Liz Wylie, who stepped down in March 2025 after 25 years, leaving an immense legacy from her contribution.

BSWA was fortunate to welcome her replacement, Dr Emmeline Lee, who also commenced in March 2025. Dr Lee brings 25 years' experience as a radiologist specialising in Women's Imaging, including a 17-year history as a reading Radiologist with BSWA.

BSWA also strengthened its team with the addition of Mr Matthew Rologas as the new Health Promotion & Recruitment Coordinator in August 2024. Leveraging extensive marketing experience across diverse health-sector roles, he injects a fresh, dynamic skill set into the service.

Despite staff shortages, the BSWA team successfully screened 134,866 women during the financial year. The service also reached an astounding milestone, recording its 3,000,000th screen. This achievement highlights the strength and sustainability of the program, noting that the last million screens were delivered in just eight years, a significant acceleration from previous periods.

Assessment capacity expanded with the full implementation of three days of assessment at the Joondalup Clinic, alongside a half-day assessment clinic per fortnight at Bunbury, in addition to services delivered at Sir Charles Gairdner, Royal Perth, and Fiona Stanley Hospitals.

To increase screening opportunities, BSWA commissioned a fifth mobile vehicle, named Leschenaultia, becoming operational in December 2024. This new mobile unit, capable of delivering over 5,000 mammograms annually, has been deployed to high-demand metropolitan areas.

Strategic capital works are underway for a site relocation in Bunbury, moving from St John of God to a larger facility on Spencer Street. This move, expected to be finalised by May 2026, will provide future opportunities for expansion.

Recognising the challenges of an aging workforce, BSWA has partnered with Charles Sturt University to deliver a Graduate Diploma of Mammography. This initiative provides 12 months of intensive training for six successful applicants, bolstering staff levels and ensuring the program's long-term sustainability.

The staff across all areas of BreastScreen WA are to be commended for their resilience and focus on providing a robust screening program, prioritising women's health and early cancer detection.

YEAR IN REVIEW

24/25 FY

Total screens



134,866



VS



65,406

(35%)

Phone bookings

106,111

Total incoming phone calls

109,041

(65%)

Online bookings

608,985

Total website visits



Cancers detected*

1,106

*latest data (2023)

PARTICIPANT FEEDBACK



"I will definitely be going back for my next screening. One of the best experiences I've had for a medical appointment."

First-time screener



Everyone in this clinic was amazing and very knowledgeable. They made me feel at ease and comfortable throughout the whole process. You ladies are super stars and we appreciate all that you do.



Google reviewer



I was treated with respect and dignity from very professional ladies.



First-time screener

"Extremely efficient staff, friendly. I'm relieved that I went. I have been putting off for a while. I will now attend regularly, it's great that the mobile bus comes to Denmark WA, it's easier for me to attend."

Rural screener

"Staff here are just amazing. They make you feel so safe and cared for. Cannot thank them enough."

Google reviewer



Very caring and attentive staff that are extremely knowledgeable in what they do and their passion for their work is extremely evident in the care they show their clients.



First-time screener



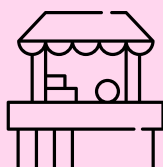
COMMUNITY ENGAGEMENT



The Health Promotion team organise and attend community engagement events throughout the year to promote the service and increase visibility of BreastScreen WA. Events range from presentations, health expos, festivals, cultural events, workplace wellness days, running social media platforms, the website and more.

24/25 financial year highlights

82



Community
engagement events

4,000



People reached via
community engagement
events

655



Appointments made
at community
engagement events
217 (33%) of these were overdue

3.6k



Facebook
followers



GP LIAISON



General Practitioners (GPs) are the largest group of health professionals that refer women for screening mammograms, manage client's breast cancer risk, and assist with management of women with screen detected abnormalities. In order to engage meaningfully with GPs, BreastScreen WA (BSWA) employs a practising general practitioner, as a GP Liaison Officer (GPLO).

The GPLO is a medical practitioner responsible for promoting awareness of breast cancer screening issues amongst GPs, facilitating collaboration and support of the Program, and developing networks with GPs and primary care organisations.

The current GPLO has multiple roles:

- Providing advice and assistance to GPs and clients about breast disease;
- Organising educational activities on breast disease, including seminars to GPs and medical students and informative articles in local medical media;
- Supporting BSWA in GP engagement strategies;
- Advising on and assisting with preparation of resource materials for GPs and women;
- Supporting BSWA's Director in respect to individual client and GP enquiries;
- Assisting the Health Promotion team with community engagement including radio interviews and development of educational resources;
- Supporting the local breast physicians and the assessment centres with professional development; and
- Assisting BSWA teams with managing all complex enquiries from external medical practitioners and medical specialists.

BreastScreen WA's current GPLO is Dr Eric Khong, who has been in the role for over 20 years.



Dr Eric Khong, BreastScreen WA GP Liaison Officer (far left) with the Indian Doctors Foundation.



Left to right: Pip Brennan, Roger Cook, Professor Moira Sim, Prof Elizabeth Wylie, Dr Eric Khong at Pink Ribbon Breakfast

ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM

BreastScreen WA is committed to increasing screening rates and providing education on breast health among Aboriginal and Torres Strait Islander women (referred to as “Aboriginal” within this report).

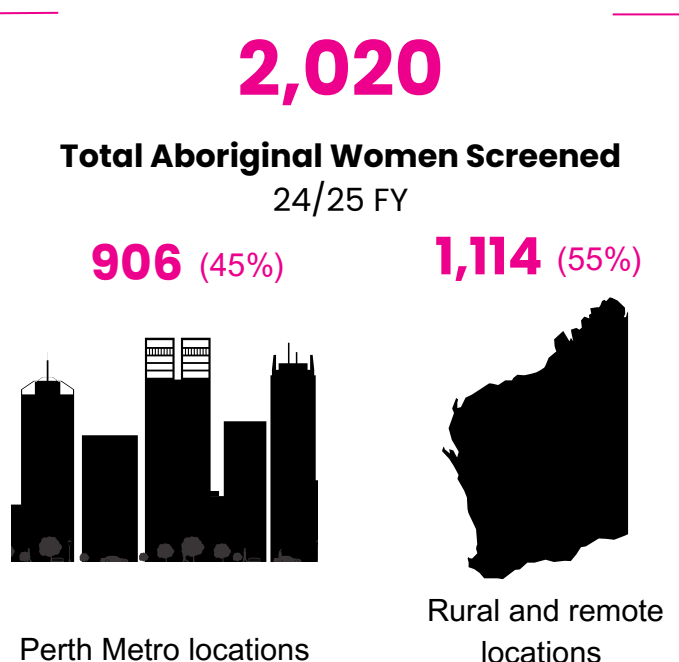
A dedicated Senior Aboriginal Health Program Officer (SAHPO) is employed by BreastScreen WA to achieve this mission among a wide range of linguistically diverse Aboriginal communities across WA. The SAHPO engages with an array of Aboriginal Health Services including the National Aboriginal Community Controlled Health Organisation and WA Aboriginal Community Controlled Health Organisations to support access to free breast screening. The SAHPO ensures a culturally safe environment for Aboriginal women, accompanied with culturally approved educative resources.

As a result of BreastScreen WA's work in this area, Aboriginal screening rates have increased by 23.2%* over the last five years. Screening rates of eligible Aboriginal women has also seen a steady but reassuring rise of 3.3%* over the last three years.

The geographical dispersion of Aboriginal communities is a colossal challenge. Some remote communities are over 1,000 kilometres away from the nearest mobile screening unit location. As such, the SAHPO liaises with local communities and health services to arrange transport for these women to and from appointments, including overnight accommodation in some instances.

Through its biennial schedule of 99 regional and remote clinics, BreastScreen WA endeavours to provide screening to as many Aboriginal women as possible including those spread over more than 200 remote Aboriginal communities in Western Australia. This is in addition to the 13 specific remote Aboriginal community immersions via the mobile unit, as well as incarcerated participants.

* Based on the latest available provisional biennial data.



ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM



24/25 FY Highlights

Block Bookings

Group screening in the form of “block bookings” is an initiative arranged by BreastScreen WA to foster a community “group attendance” approach without the need for strict individual appointment times.

The block booking strategy is employed primarily in regional and remote areas including Fitzroy Crossing, Geraldton, Halls Creek, Karratha, Kununurra, Broome, Lombadina, Newman, Roebourne, South Headland, Kalgoorlie, Laverton, Narrogin, and Carnarvon.

BreastScreen WA’s mobile screening unit also attends Derbarl Yerrigan Health Service annually with a similar block booking approach to facilitate screening among eligible metro-based Indigenous women.

1,900+



Aboriginal women screened by Block Bookings

20



Different block booking locations



A mobile screening unit at Derbarl Yerrigan Health Service, East Perth



Sarong Project

Aboriginal and Torres Strait Islander Sarong Project

The Sarong Project commenced in January 2024 and aims to increase engagement and participation of mammographic screening among Aboriginal and Torres Strait Islander populations throughout WA whilst proving a culturally appropriate screening environment and a culturally welcoming screening service.

These sarongs are gifted to address modesty barriers and as an incentive to encourage women to book for their mammogram. They also serve as a “keep-sake” reminder for participants to re-screen when next due.

Initially, 1,000 sarongs were to identified participants. The impact of this project is currently being reviewed for future Aboriginal screening uptake initiatives.

ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM



Remote Screening Highlight: Bidyadanga Aboriginal Community (15 - 17 April 2025)

The Bidyadanga Aboriginal Community (La Grange) is located on the Kimberley coast around 1,600 kilometres from Perth and 180 kilometres from Broome.

BreastScreen WA's SAHPO engaged with the local community before the mobile clinic arrived. This was extremely beneficial in providing education on breast health, and ultimately, on screening uptake among eligible women in this community.

The SAHPO worked co-operatively with Bidyadanga Clinic staff on the duration of the three screening days, reviewing the list of eligible women due and logistics for them to be picked up from their homes by the Bidyadanga Clinic bus.

Providing transport was highly effective in screening attendance due to the extreme heat and seeing that not all women have their own private transport means. A total of 47 women from this community were screened over the three days BreastScreen WA's mobile unit was at this location.



Photo credit: Bidyadanga Aboriginal Community - La Grange Inc

47



Women screened from the
Bidyadanga Community



CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS



Stall at Naari Festival event

The Health Promotion team works with Culturally and Linguistically Diverse (CaLD) stakeholders to educate on the benefits of regular breast cancer screening and reduce barriers for CaLD women accessing the service.

Women from Indian language backgrounds have been identified as a low screening population. The Health Promotion team engages in a number of identified community events and information sessions to increase awareness of and participation in regular breast cancer screening.

Direct involvement in engaging Indian women include:

- Naari – International Women’s Day Festival hosted by the Indian Society of Western Australia
- Diwali Mela Festival – a 2-day event hosted by the Indian Society of Western Australia
- Information sessions with CaLD community groups and organisations including the Ethnic Community Council of WA, Indian Society of WA – Women’s Wing, St Joseph’s women’s group in Armadale
- Health and Wellness Day at the Sikh Temple, Swan Valley

Events and activities to engage the whole CaLD community include:

- Participation in the South East Multicultural Network for regular engagement with CaLD stakeholders to promote the BreastScreen WA program
- The co-design and development of the Modesty Screening Shawls project – a partnership between BreastScreen WA, East Metropolitan Health Service and Ishar Multicultural Women’s Health Service
- Pink Hijab Day event – organised in partnership with the Muslim Women’s Support Group
- Ishar Multicultural Women’s Health Service – International Women’s Day event
- Screening Saves Lives campaign – involvement in IDAHOBIT Day and Pride Fair Day
- Attendance at the annual Perth Disability Connect Expo
- Culture Care WA – Wellness Carnival



Pink Hijab Day, 2024

KEY HIGHLIGHTS



Key external awareness activities from the 24-25 FY year include:

- **Pink Ribbon Breakfast** (21 October 2024) - an annual stakeholder event at Fraser's Restaurant with 140 in attendance
- **Matagarup Bridge lighting up in pink** (23 October 2024) - along with a number of other Perth landmarks to raise awareness during Breast Cancer Awareness Month
- **New mobile unit launch** (December 2025) - the 5th mobile unit joined the fleet to provide screening in much needed metropolitan areas
- **Mother's Day Classic** (12 May 2025) - a 20-plus contingent of BreastScreen WA staff and supporters participating running and walking activities to raise awareness and funds for breast and ovarian cancer research
- **Celebrating 3 Million Screens** (July 2025) - BreastScreen WA performed its three-millionth mammogram at its Cockburn clinic.



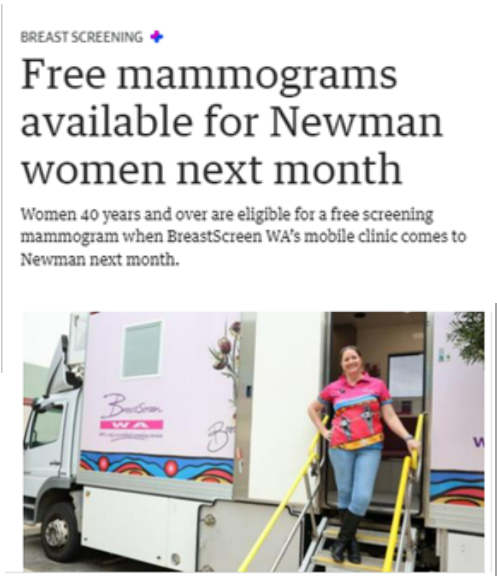
IN THE MEDIA



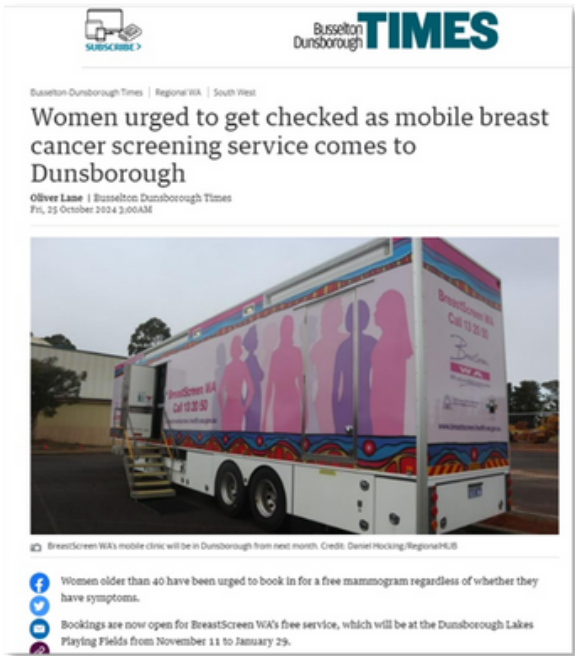
October 2024



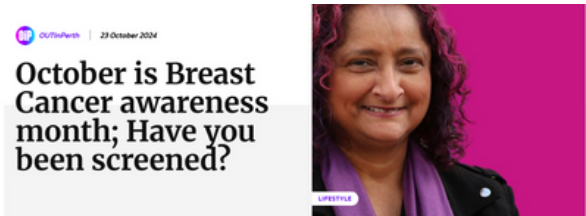
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February 2025



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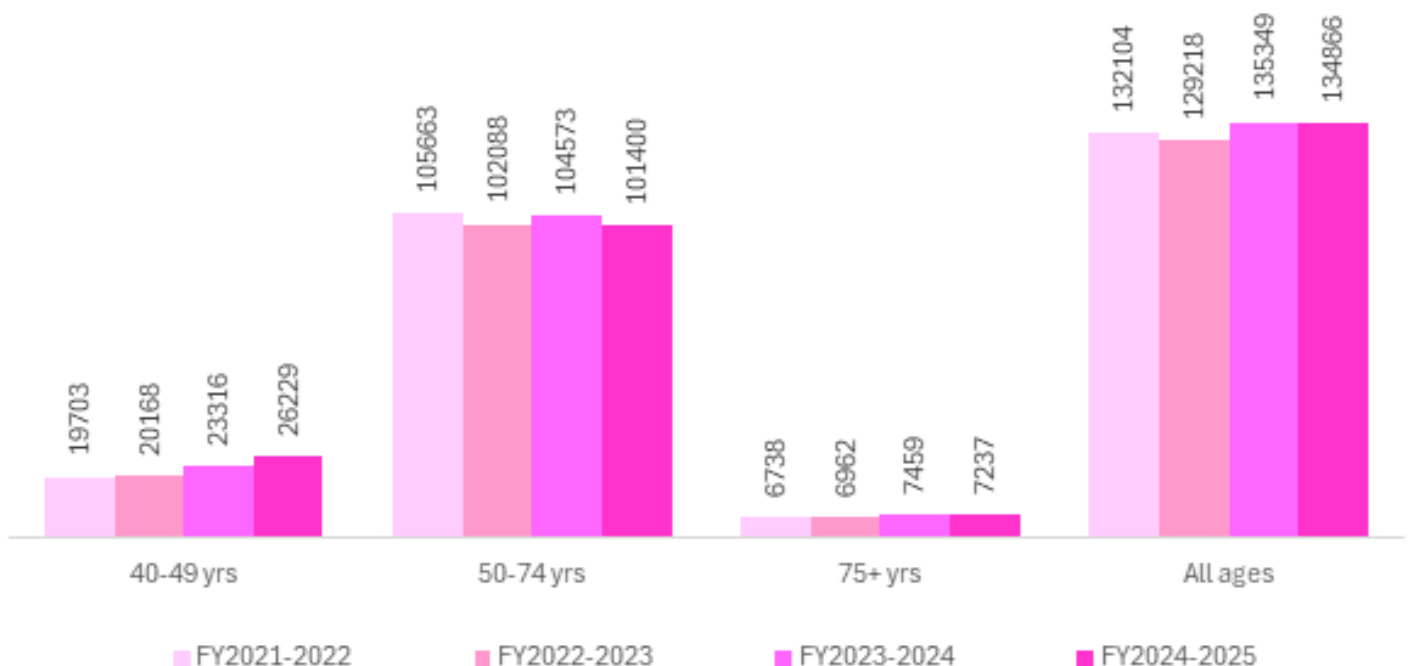
October 2024

SCREENING NUMBERS



Screening numbers by age group

	FY21-22	FY22-23	FY23-24	FY24-25
40-49 yrs	19,703	20,168	23,316	26,229
50-74 yrs	105,663	102,088	104,573	101,400
75+ yrs	6,738	6,962	7,459	7,237
All ages	132,104	129,218	135,349	134,866



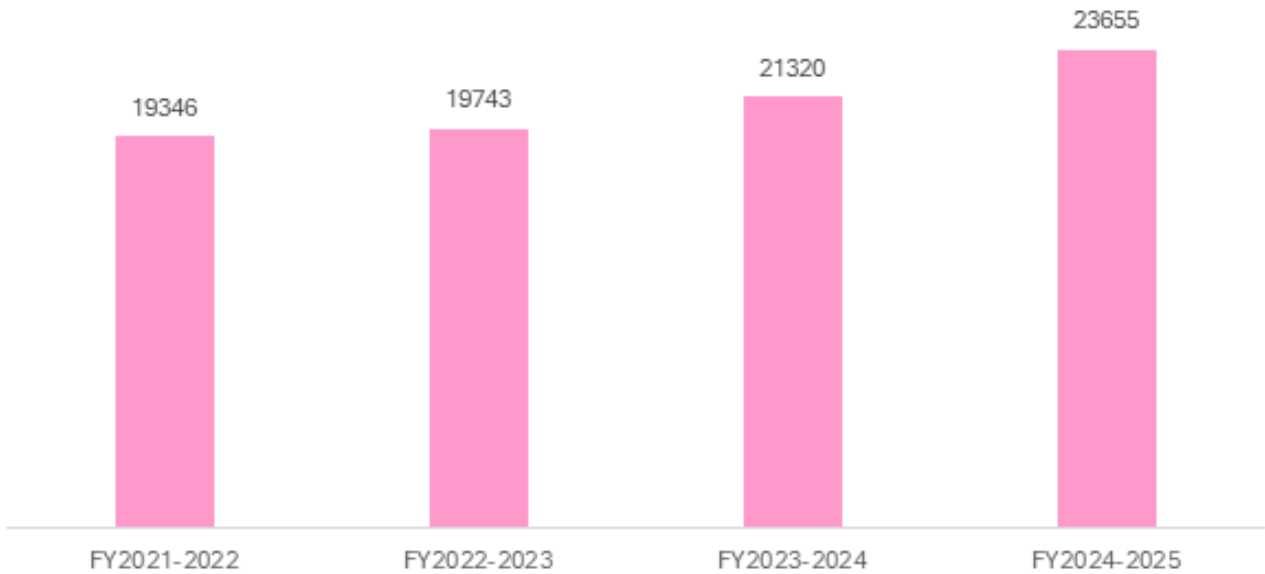
SCREENING NUMBERS



Screening numbers of first-time screeners

First-time screeners increased substantially between the 2022-2023 and 2024-2025 financial years (up 19.8%) after increasing by 10.2% between the 2021-2022 and 2023-2024 financial years.

	FY21-22	FY22-23	FY23-24	FY24-25
First Time Screeners	19,346	19,743	21,320	23,655



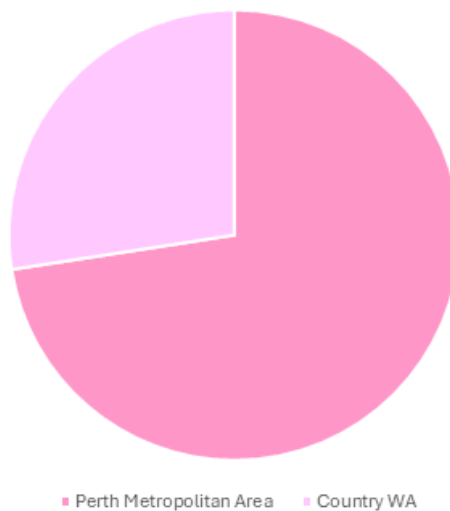
SCREENING NUMBERS



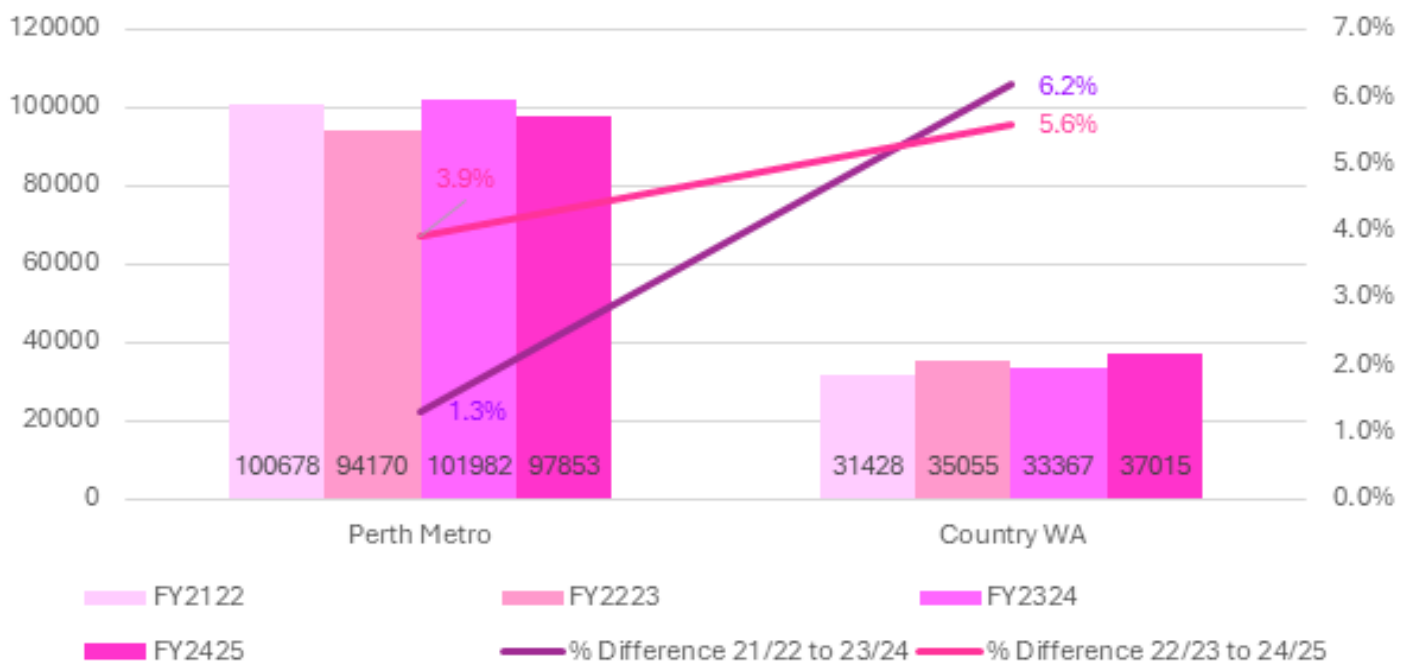
Screening numbers by location

Screens in country WA increased by 5.6% between the 2022-2023 and 2024-2025 financial years while screens in the Perth metropolitan area increased by 3.9% in the same time period.

% Screens by Perth Metro and Country WA (FY2425)



Screens in Perth and Country WA



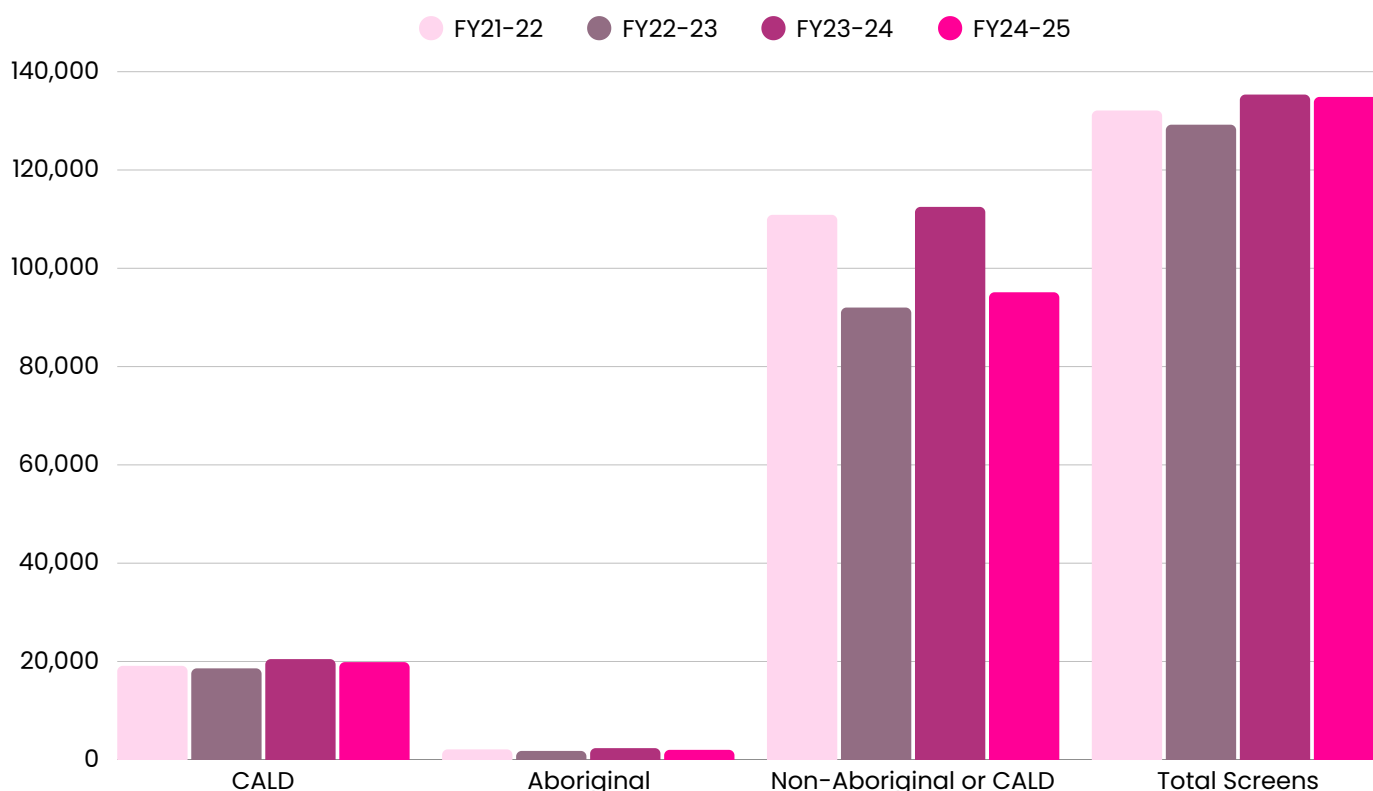
SCREENING NUMBERS



Culturally and linguistically diverse (CALD) screening numbers

CALD identity is categorised by participants who have indicated they speak a language other than English at home. Screens of CALD participants increased by 6.8% between the 2022-2023 and 2024-2025 financial years.

	FY21-22	FY22-23	FY23-24	FY24-25
CALD	19,112	18,602	20,486	19,872
Aboriginal	2,116	1,801	2,370	2,020
Non-Aboriginal or CALD	110,876	92,014	112,493	95,122
Total Screens	132,104	129,218	135,349	134,866



SCREENING NUMBERS

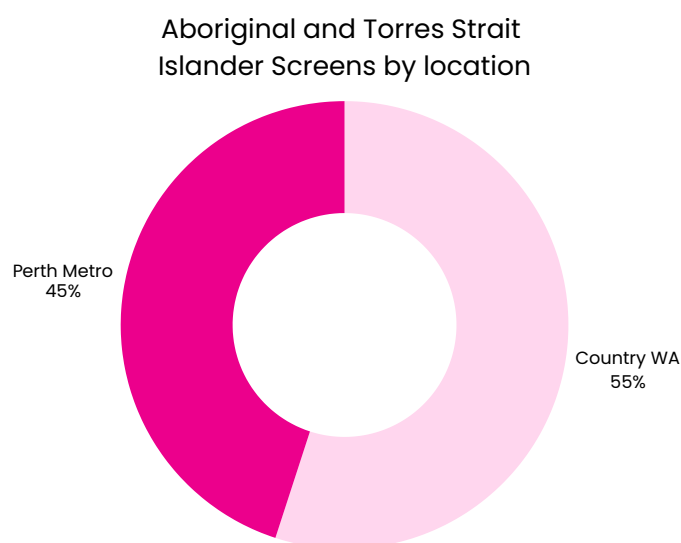
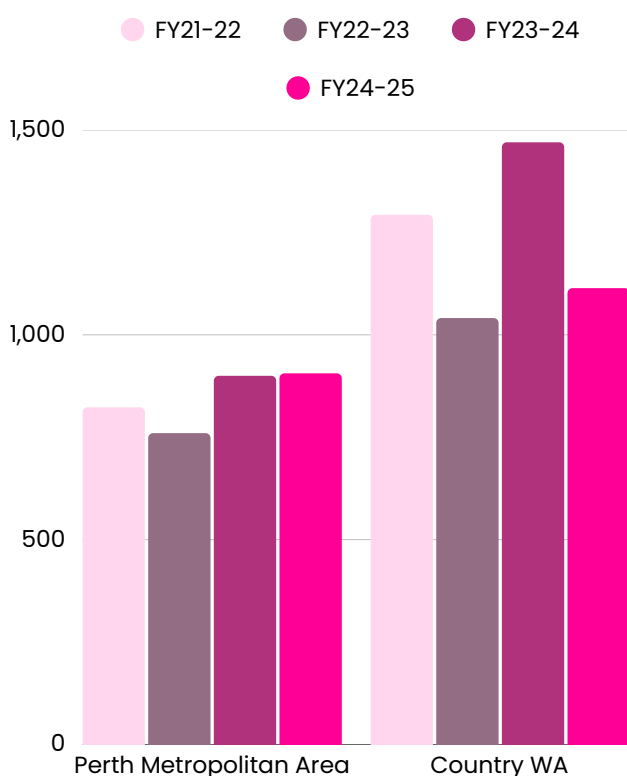


Aboriginal and Torres Strait Islander screening

Screens of Aboriginal and Torres Strait Islander participants increased by 12.2% between the 2022-2023 and 2024-2025 financial years, most notably in the Perth Metropolitan area (up 19.2%).

Participants are screened every two years. While the below data may show drops in screening rates in some years, this should be read considering this two-yearly pattern. As such, FY21-22 compared to FY23-24 shows a 12.0% increase. FY22-23 compared to FY24-25 shows a 12.2% increase.

	FY21-22	FY22-23	FY23-24	FY24-25
Perth Metropolitan Area	823	760	900	906
Country WA	1,293	1,041	1,470	1,114
Total screens	2,116	1,801	2,370	2,020



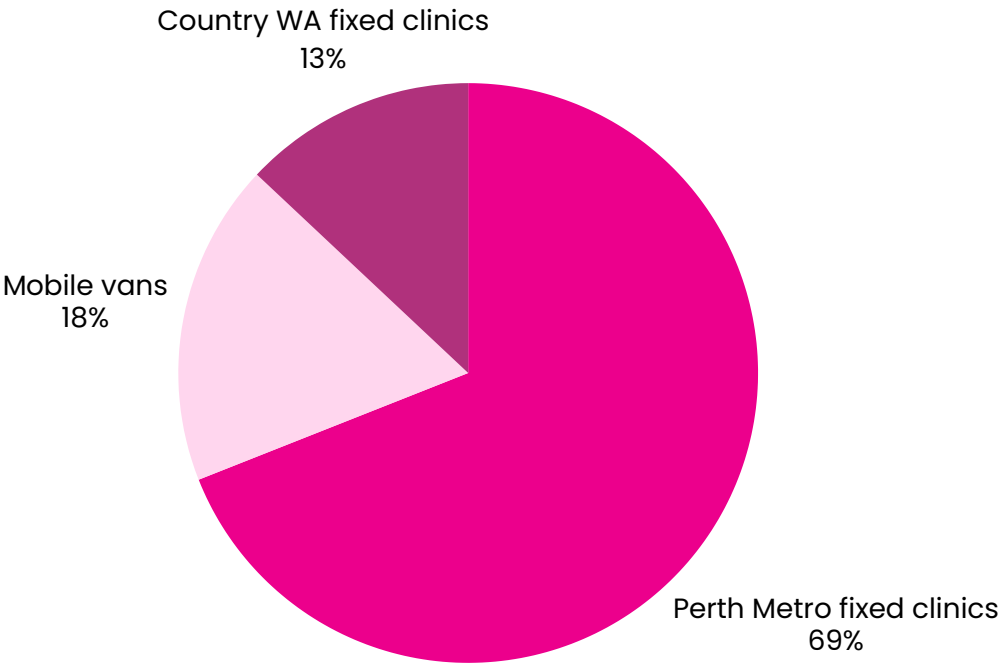
SCREENING NUMBERS



Mobile locations

Screens at mobile vans increased by 14.8% between the 2022-2023 and 2024-2025 financial years, most notably in the Perth metropolitan area (up 65.0%) and the North-West region of WA (up 9.1%).

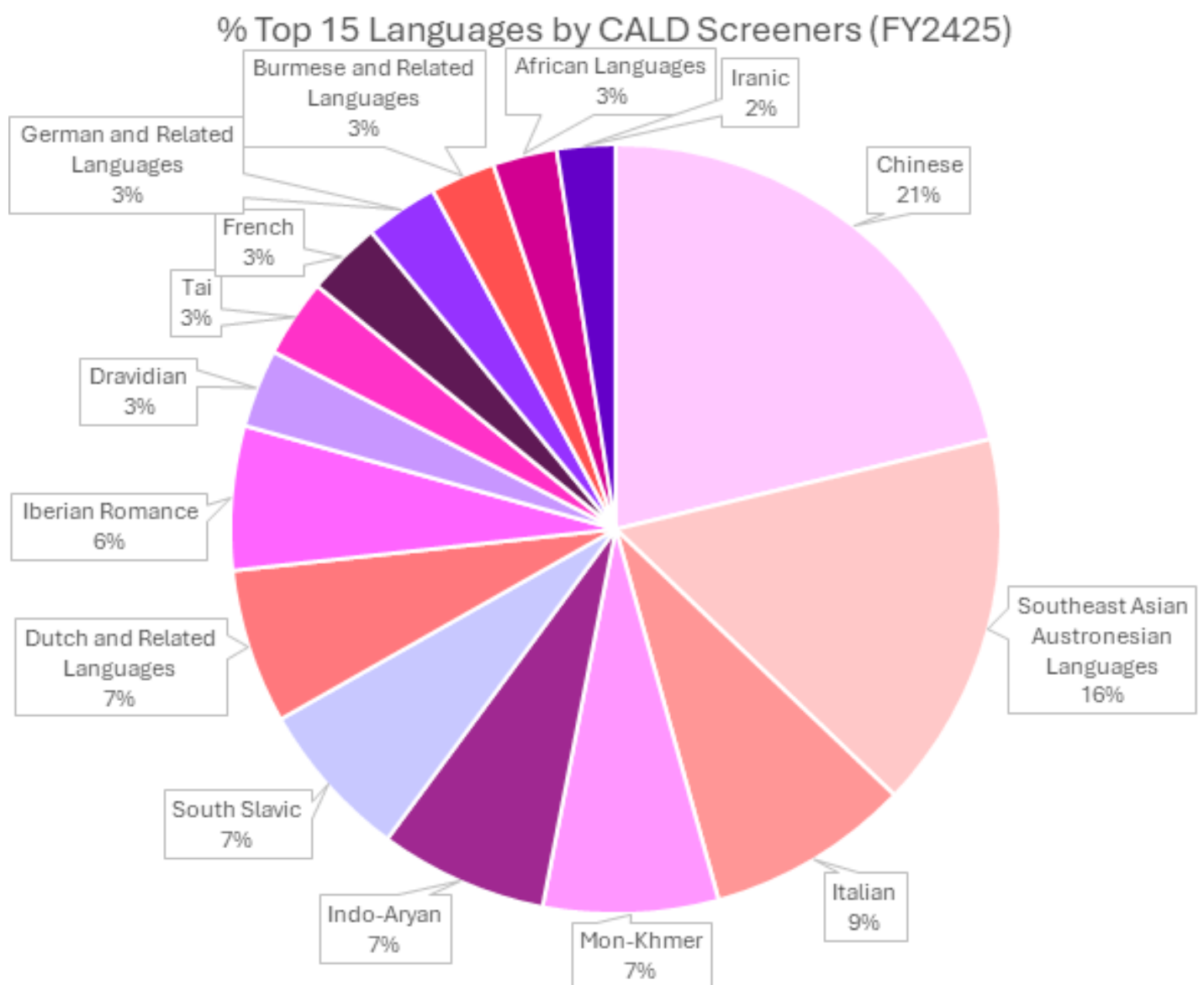
	FY21-22	FY22-23	FY23-24	FY24-25
Other Metropolitan mobile screens	4,985	3,029	3,885	4,997
South-West mobile screens	3,836	6,706	3,599	6,951
Great Southern mobile screens	5,720	5,047	5,765	5,415
North-West mobile screens	6,035	6,683	6,968	7,288
Island Territories mobile screens	288	0	293	0
All mobile screens	20,864	21,465	20,510	24,651



SCREENING NUMBERS



Culturally and linguistically diverse (CaLD) screening rates by language spoken



CANCER DETECTION RATES



Assessments

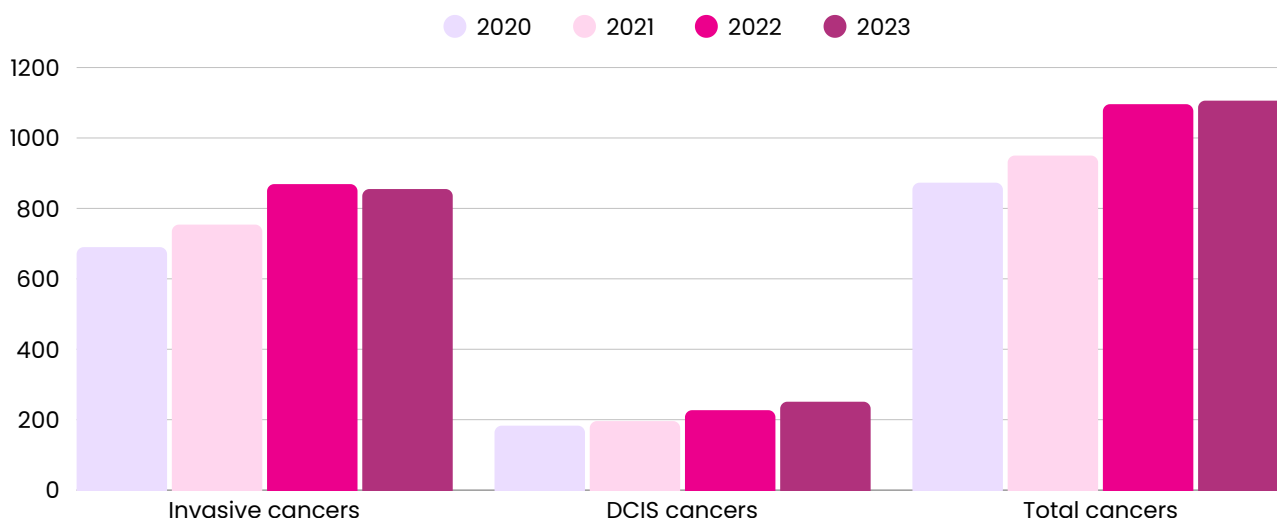
The number of assessments carried out increased substantially in 2023 (up 797 compared to 2022, an increase of 22.4%) and again in 2024 (up 869 compared to 2023, an increase of 20.0%).

	2020	2021	2022	2023	2024
Assessments	3,478	3,912	3,550	4,347	5,216

Cancers detected

The number of invasive cancers detected increased in 2022 compared to 2021 (up 115) and declined slightly in 2023 compared to 2022 (down 14). The number of DCIS cancers detected increased in both 2022 (up 31 compared to 2021) and in 2023 (up 24 compared to 2022).

	2020	2021	2022	2023
Invasive cancers	690	754	869	855
DCIS cancers	183	196	227	251
Total cancers	873	950	1,096	1,106

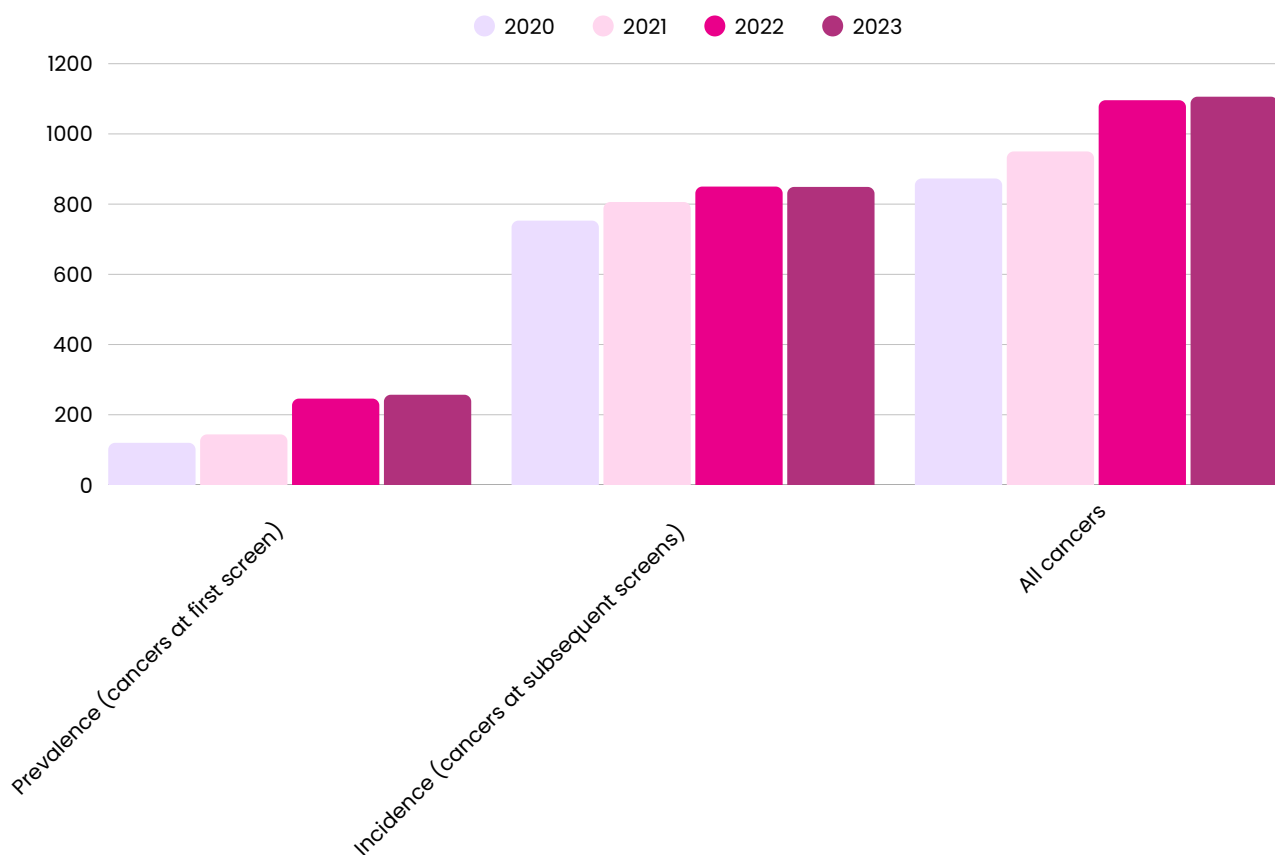


CANCER PREVALENCE AND INCIDENCE



The prevalence of cancers (cancers at first screen) increased in 2023 compared to 2022 (up 11) while the incidence of cancers (cancers at subsequent screens) was relatively stable between 2022 and 2023.

	2020	2021	2022	2023
Prevalence (cancers at first screen)	120	144	246	257
Incidence (cancers at subsequent screens)	753	806	850	849
All cancers	873	950	1,096	1,106



ADVISORY GROUPS



State Quality Committee

The independent State Quality Committee was established in 2011 in order to ensure the continued development of the Quality Culture at BreastScreen WA (BSWA) with an emphasis on continuous improvement, best practice and management of risks; Oversee compliance with the National Accreditation Standards developed by the National Quality Management Committee for BreastScreen Australia; and oversee all quality activities at BSWA as directed by the North Metropolitan Health Service Board and Women and Newborn Health Service.

GP Advisory Group

The members of BSWA's GP Advisory Group have provided invaluable primary care representation by providing advice and assistance to promote the BSWA Program to GPs, encouraging GPs to refer eligible women to BSWA, advising on strategies for working with GPs, advising on and assisting with preparation of resource materials for GPs, and advising on how to respond to difficult or contentious issues raised by GPs.

Consumer Reference Group

The Consumer Reference Group (CRG) consists of members of the community and representatives of agencies and organisations that have an interest in breast cancer and breast screening. The CRG provides a community and stakeholder perspective on the activities of the BSWA program that impact service delivery to participants. Members provide feedback and input into new projects and resources, and advice on communication strategies to promote equitable access of screening mammography to all eligible participants.

The CRG is chaired by BSWA Coordinator Health Promotion and Recruitment and consists of representatives from various organisations. The group aims to have representation from the Aboriginal and Torres Strait Islander community, Culturally and Linguistically Diverse people, the Disability sector, and the LGBTIQ+ community. A current focus for the CRG is recruitment of more consumer representatives to reflect the diversity of our screening population.

Resource Committee

The purpose of the BSWA Resource Committee is to oversee and review BSWA documents, publications, collateral, and other resources as necessary to ensure compliance, efficacy, clinical accuracy, version control and consistency in message. The Committee consists of senior staff across the organisation representing their respective program areas.



Generalisability and fine-tuning of deep learning-based image classification models for mammographic cancer detection across state-based breast cancer screening populations

While the use of artificial intelligence to accurately and efficiently interpret mammographic images is highly promising, further evidence of real-world efficacy is needed before AI models can be fully integrated into screening programs. BreastScreen WA data for a 12 month period will be used to independently test the performance and accuracy of an image classification model system known as BRAIx Reader (a system developed and trained using retrospective validated data from BreastScreen Victoria).

The study will compare the number of cancers identified by the BRAIx Reader to the number of observed cancers to measure the sensitivity (or true positive rate), an important KPI as early detection leads to more effective treatment. The study will also compare the number of identified non-cancer episodes to the observed non-cancer episodes to measure the specificity (or true negative rate), another important KPI as recalling a client when cancer is absent can be costly, potentially invasive and stressful for clients and their families. It is expected that the study will further validate BRAIx Reader's deep learning classification model and enhance the model's performance.

Dr Emmeline Lee, Dr Jennifer Stone, Dr Helen Frazer, Michael Elliot, Marcela Orellana

Client satisfaction in first time screeners

In 2022, BSWA launched an innovative first screeners survey via email to capture valuable feedback on women's screening experiences and their likelihood to rescreen. Between January 2023 and June 2024, 19,107 survey links were distributed, resulting in 6,255 responses, reflecting a commendable 32.7% response rate.

Notably, 66.18% of respondents were very satisfied with their appointment times, while 28.02% expressed satisfaction. Furthermore, the survey included six questions focusing on interactions with staff and radiographers, covering aspects such as courtesy, compassion, procedural clarity, concern for comfort, professionalism, and the opportunity to ask questions. Satisfaction levels in these areas were remarkably high, ranging from 96.2% to 97.5%. These results underscore a profound level of satisfaction with BSWA's services, highlighting the organization's commitment to excellence while also pinpointing areas for continuous improvement.

Women were also surveyed upon their result process and likelihood of returning to the program.

- Result Process: 97% of respondents were satisfied or very satisfied with their understanding of how they would receive their results. However, 2.76% (173 women) were either very dissatisfied or unsure.
- Awareness of Screening Importance: 98.2% of respondents were aware of the importance of returning for a screening mammogram every 2 years, while 1.69% (106 women) were not.
- Likelihood to Return: 96.8% of respondents were likely or very likely to return for their next screening mammogram when invited, whereas 2.96% (185 women) were very unlikely or unsure.

These results underscore a profound level of satisfaction with BSWA's services, highlighting the organization's commitment to excellence while also pinpointing some areas for continuous improvement. These results indicate a high level of satisfaction and awareness among the respondents.

RESEARCH SUMMARIES



The impact of height and weight on rescreening rates within a population

Studies show that obese women are less likely to participate in breast cancer screening. Studies also show that obese women are at increased risk of post-menopausal breast cancer, and may develop more aggressive cancer types and have poorer rates of breast cancer survival. An analysis was conducted to compare the rescreen rates of women who chose to give their height and weight at the time of screening mammography to those who did not, as well as to measure the impact of body mass index (BMI) on rescreening rates.

Asking women their height and weight was not found to deter them from returning to screening. Increasing BMI was found to be associated with a decreased likelihood of returning to breast screening, however, highlighting the need for targeted interventions to improve screening barriers for women living with obesity.

Dr Jennifer Stone, Dr Emmeline Lee and Marcela Orellana

Mixed methods development of an intervention framework to improve breast screening participation among women with obesity and/or a physical disability

Breast cancer screening and re-screening rates are lower among clients with obesity and/or a physical disability. As part of the BreastScreenPlus Project, a mixed methods approach was used to develop a novel intervention framework for these clients, to target related barriers to screening. A systematic review was conducted to gather recommendations for delivering an intervention to improve screening rates.

Participants were then interviewed, and an inductive coding approach was used to analyse their responses and use the results in conjunction with the findings of the review to develop an intervention framework. The study found tailored messaging and education of breast screening staff may help improve the breast screening experience of women with obesity and/or physical disability, which is then likely to increase rates of rescreening.

A/Prof Kate McBride

Overcoming barriers to cancer screening for LGBTIQ+ communities in WA

Studies show that LGBTIQ+ community members have higher rates of cancer risk behaviours and are less likely to participate in cancer screening, due to barriers such as limited eligibility awareness and fear of discrimination. This in turn leads to later stage diagnoses and treatment and poorer health outcomes. BreastScreen WA, in conjunction with WA's bowel and cervical cancer screening programs, developed strategies and resources tailored to the needs of WA's LGBTIQ+ community including using members' images and quotes to create resources highlighting eligibility and key messages of the screening programs.

Resources and information were made available via BreastScreen WA's website. Campaign material has also been made available via relevant magazines and health networks and disseminated to engage GPs. An evaluation of the campaign by Curtin University was undertaken and published.

Sonya Schultz

RESEARCH SUMMARIES



The clinical utility of using contrast enhanced mammography in the assessment of screen-detected architectural distortion

Architectural distortion (AD) is the third most common abnormality detected via mammography. While architectural distortions can be benign, they are malignant in up to two-thirds of cases. AD is also one of the most challenging imaging features to identify due to its subtle appearance. Due to these factors, clinical management of screen detected AD often requires an invasive procedure (biopsy and/or excision). Accordingly, there is a strong clinical need for a non-invasive adjunct to mammography for assessment of AD.

This study involved the use of contrast enhanced mammography (CEM), an emerging imaging technique that utilises intravenous contrast media and the principle of dual energy subtraction to evaluate the enhancement of breast lesions. Lesion level analyses of AD in 32 patients were performed using CEM. The high sensitivity and negative predictive value of CEM in the assessment of mammographically detected AD indicated that CEM is a promising imaging modality for diagnosing malignancy. Furthermore, results suggested a negative adjunct CEM result for the evaluation of AD lesions may potentially allow patients to have imaging and clinical follow-up rather than an image-guided biopsy or surgical excision.

Dr Virjen Patel, Dr Liz Wylie, Dr Sally Burrows and Dr Donna Taylor

The impact of breast density notification on interval cancer detection rates

Increased breast density is associated with an increased risk of breast cancer, particularly interval cancer (cancer detected within a year or two of a normal screening mammogram). The effect of breast density notification on how often and how quickly interval cancers are detected remains largely unclear, however.

A study is being conducted to determine interval cancer rates of approximately 215,000 BreastScreen WA clients screened over a four-year period, comparing the rates of those given a dense breast notification to those not flagged as having dense breasts.

The study will also compare interval cancer rates of the clients in the first and second year following a normal screen, to determine if clients with a dense breast notification have higher rates in the first or second year after a normal screen. This is an important measure as interval cancer rates are usually higher in the second year, when outcomes may be less favourable.

Dr Jennifer Stone, Ross Marriott, Marcela Orellana, Dr Emmeline Lee and Dr Gareth Porter

IT AND DIGITAL INNOVATIONS



Improving client records for those with additional personal considerations

Situation: Labelling of client records pertaining to clients with additional personal considerations (disability, communication needs) required improvement.

Solution: Better mechanisms were required to accurately and adequately describe the additional needs of clients to minimise confusion/mistakes along their screening journey from the call to the results. A new flag was added for client documents and the RIS capturing their communication and disability needs are presented in a clear manner for the end users/consumers.

Result: A reduction in mistakes made around the booking process and the appointments around these additional needs was reduced.

Improving medical guardianship records throughout screening process

Situation: Medical guardianship was tracked with a paper ledger requiring constant upkeep and lead to mistakes being made with confirming that the client's medical guardian needs were addressed through the screening process.

Solution: Create a system in the RIS to track clients' current medical guardianship and ensure that the UI responds to medical guardianship to avoid medicolegal complications. The IT department created an interface wherein medical guardians can be registered and related to existing clients, allowing the guardians to have guardianship over multiple clients, and for a single client to have multiple registered guardians. Guardianship creates a flag on the client record to ensure visibility of the relationship and to minimise risk of issue. When a client with guardianship creates an appointment, the end user will be asked to confirm if the guardian will attend, or to capture the contact and identifying information of an appropriate proxy for the guardian.

Result: Clients are beginning to be attributed with medical guardianship. The uptake has been successful and further data is pending to prove the desired improvement to the client care has occurred. End users who have seen the flags showing medical guardianship have stated that it is easy to understand. Users have had success in adding in new medical guardians for the client. It's anticipated that the work on this will lead to great visibility and quality of care improvements to vulnerable clients.

IT AND DIGITAL INNOVATIONS



Improving tracking system for interval cancer records

Situation: Our interval cancer tracking system had previously been designed in such a way that the end users could only put one resource into the workload at a time. This was a major issue for productivity in this space, as work conducted by other users would actively cause detriment to one another. BSWA undertook an initiative to true up many years of information in this system, and this was a major roadblock in this project. This is because the changes to information were being collated in the application and were infrequently updating the information in the database. This led to users overwriting each other's work.

Solution: Recreate the interval cancer system in a way that allowed users to work in tandem without any detriment. We changed the system to perform regular database transactions, rather than intermittent transactions. This meant that every interaction with the system lead to a correct update of the underlying information, without the risk of undoing the work of another employee in that space.

Result: The project to improve the underlying data quality has completed, and future maintenance of the information will be considerably faster, as more staff members can undertake the required work.

Increasing appointment availability for yearly screeners at a higher risk of breast cancer

Situation: With online bookings increasing, the service's ability to provide appointments to annual clients has diminished. A way to reserve appointments for clients with a higher risk of breast cancer was needed.

Solution: Create a tool in the booking system that will allow users to call clients at high risk and reserve them an appointment not showing as available online. The IT department created a "call list", which will feed end users appropriate clients one at a time prompting them to call the clients and help them make an appointment. The appointments can be reserved for this activity to be undertaken and then consumed by the call centre agent. Any unused reserved appointments will be released to the public for online bookings.

Result: The call centre's ability to proactively provide appointments to high-risk clients has greatly improved. The change has been well received by both the call centre and the clients.

IT AND DIGITAL INNOVATIONS



Developing report tracking of Aboriginal and Torres Strait Islander client attendance at screening appointment for delivery of sarong project

Situation: BreastScreen WA's Senior Aboriginal Health Program Officer (SAHPO) is running a project where Aboriginal and Torres Strait Islander participants who attend appointments could be given a sarong to address modesty concerns and to use at future appointments. The SAHPO required information on the report to assist with not only presenting the clients that had completed their appointments, but also those that had missed their appointments.

Solution: The IT team were asked to produce a report to the requirements specified by the SAHPO. This report would detail:

- Appointments that had been attended by these clients
- Appointments that the clients had missed and no subsequent appointment had been rebooked
- Appointments that had been missed and had a rebooking attributed to them
- Appointments in the future

The report was created by the IT team, meeting the specifications laid out by the SAHPO.

This report can be run ad-hoc from our RIS, ensuring the information is always available for the officer to liaise with the participants.

Result: The SAHPO has been using this report to provide communications with the members of these communities, creating stronger relationships with our clientele and the organisation.



BreastScreen



WA's only accredited screening service

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Produced and published by BreastScreen WA
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