



BreastScreen WA

2000 - 2001 Statistical Summary



KEY RESULTS FOR 2000/2001

I am very pleased to have the opportunity to present to you the BreastScreen WA 2000/2001 Statistical Report.

The 2000/2001 BreastScreen WA Annual Statistical Report presents summary outcomes of screens from 1st July 2000 to 30th June 2001. This brochure is an extract of the Report, including the key results and performance against selected National Accreditation Standards (2002). The full report is available on request, or from the BreastScreen WA website at www.breastscreen.health.wa.gov.au.

The year was a busy one for BreastScreen WA. Two clinics relocated to new sites, Cannington in August 2000, and Mirrabooka in October 2000. In the same year BreastScreen WA applied for accreditation with the National Program and was granted three-year Accreditation, the first time the service had been awarded full Accreditation. This was a great milestone for BreastScreen WA, affirming that the program had developed a client orientated service, with high reproducible standards for cancer detection and technical quality performance.

During this time of rapid growth in client attendance, there have been considerable pressures to deliver a cost-effective program. Increases of greater than 9% growth in client attendance have been achieved without a commensurate increase in staff numbers, program costs, or cost per women screened.

In March 2001, BreastScreen WA held a multidisciplinary continuing medical education meeting at Joondalup Country Club. Dr Robin Wilson from Nottingham (UK) was the program's keynote speaker. A strong local faculty supported Dr Wilson and this was an important training opportunity for program staff as well as extending this medical education opportunity to a wider audience of general practitioners, radiographers, medical specialists, nurses and allied health workers.

In summary this Statistical Report 2000/2001 reflects a period of consolidation following the restructure of the program in 1997-1998 and the commencement of dedicated assessment services at Sir Charles Gairdner Hospital and Royal Perth Hospital in 1998.

The excellent cancer and small cancer detection rates reflect a service of high professional competency and would not be possible without the ongoing commitment and dedication of screening, assessment and central co-ordinating unit support services staff.



Dr Elizabeth Wylie MBBS FRANZCR
Medical Director

Attendance

- Between July 2000 and June 2001, BreastScreen WA performed 69,707 screens. This represents a 9.5% increase from the previous year. Over 76% of screens were in women in the 50-69 years target age group.
- For the 24-month period to June 2001, the participation rate for women aged 50 to 69 years was 53%, an increase of 1% compared to the previous reporting period.
- Of the women aged 50-69 years who were screened between July 1998 and June 1999, 76% returned for rescreening within 27 months.

Demography

- Of all women screened in 2000/2001, and of the women in the target age group, 73% resided in the metropolitan area.
- Indigenous women made up less than 1% (403) of all screens.
- Women of culturally and linguistically diverse background, that is, speaking a language other than English at home, comprised 12% (8,417) of screens.
- For the 24-month period to June 2001, the metropolitan participation rate for women aged 50-69 years was 51%. The metropolitan participation rate for Indigenous women in the same age group was 16% while for women of culturally and linguistically diverse backgrounds it was 53%.

Recall to assessment

- In 2000/2001, 4,154 (6%) women were recalled to assessment. Of these 1,563 (12%) were from an initial screening round and 2,591 (5%) were from a subsequent round.
- Of those women recalled to assessment, 2,871 (5% of screens in that age group) were aged between 50 and 69, 1,065 (9%) were aged between 40 and 49 and 217 (5%) were aged from 70 onwards.

Assessment procedures

- On average, each woman recalled for assessment underwent 1.9 assessment procedures. Sixty four percent required only further mammographic views, clinical examination and/or ultrasound to confirm an outcome indicating no significant abnormality.
- Diagnostic open biopsy was recommended for 119 women, representing 3% of all women who were assessed and 0.1% of all women screened.
- The majority of women (90%) who were assessed had a benign outcome and 10% had a malignant lesion diagnosed.
- Of the 399 breast cancers detected, 174 (44%) were diagnosed by fine needle aspiration and 187 (47%) by core biopsy. Diagnosis by core biopsy histology has increased by 18%, compared with 1999/2000.
- Nine percent of all cancers were diagnosed by diagnostic open biopsy.

Breast cancer detection

- A total of 397 screen-detected breast cancers of confirmed histopathology were diagnosed in 2000/2001. Of these, 74% were invasive and 26% were DCIS (Ductal Carcinoma *in situ*).
- The cancer detection rate was 71 per 10,000 women at their first screen and 54 per 10,000 for women at subsequent screens.
- Interval cancer rates for screens in 1999 were 6.7 and 6.8 per 10,000 for first and subsequent screens, respectively, for the 12 months following a normal mammogram. The combined rate for all screens was 6.8 per 10,000 screens.

Small invasive cancer detection

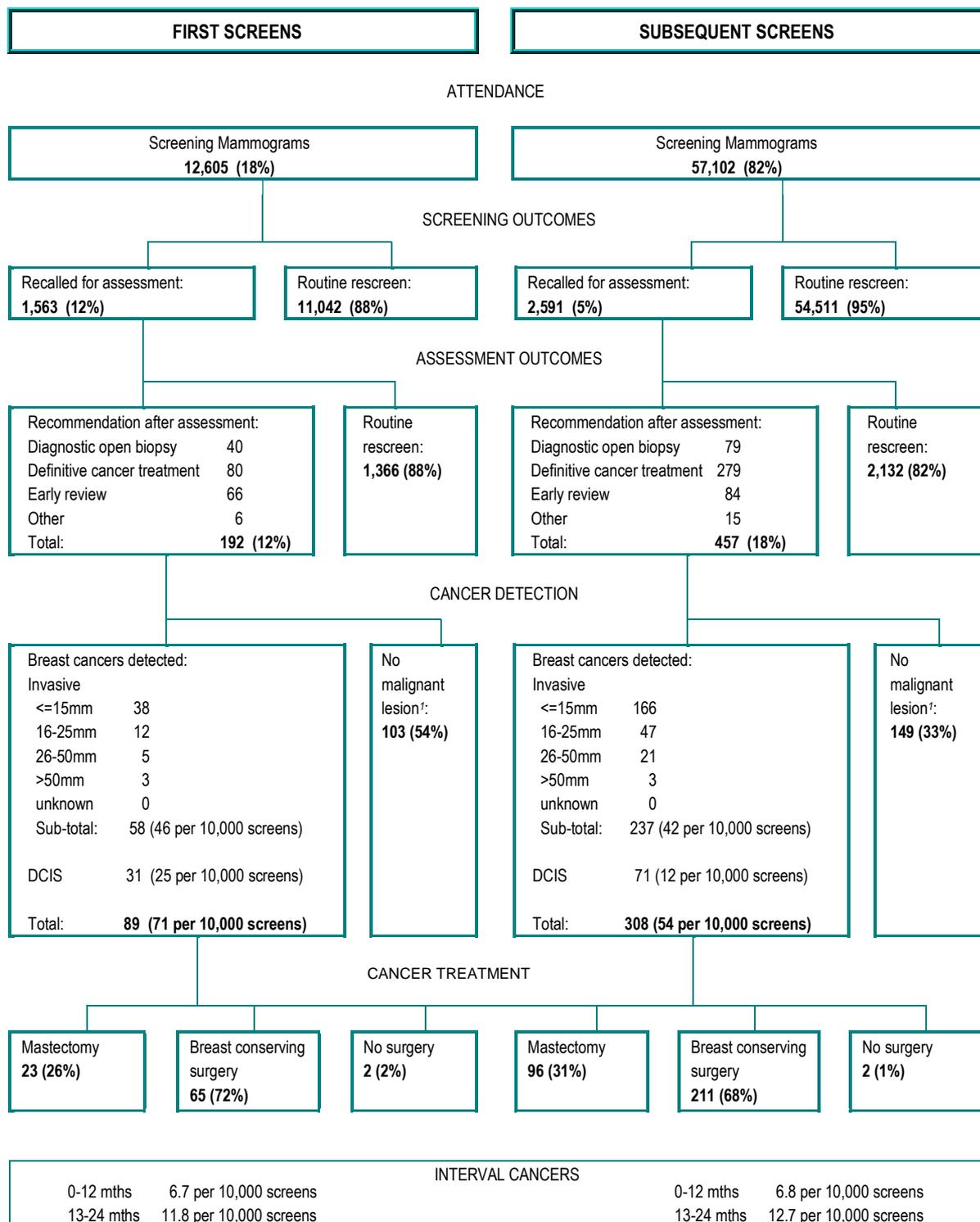
- A key performance measure for breast cancer screening is the proportion of small invasive cancers detected. Of the 295 invasive cancers detected, 38% were 10mm or less in size and 69% were 15mm or less. The small invasive cancer detection rate for cancers \leq 15mm was 31 per 10,000 women screened in the 50-69 year age group.

Treatment

- Sixty nine percent of all women with breast cancer chose breast conserving surgery while 30% had a mastectomy for the treatment of their breast cancer. The proportion of women choosing mastectomy is higher for women living in country areas (33%) compared to those women resident in the Perth metropolitan area (29%).

SUMMARY OF OUTCOMES OF SCREENING IN 2000/2001

The table below summarises the outcomes of screening and assessment for women who attended for a screen from July 2000 to June 2001. It displays the information in two streams according to screening round - first screens or all subsequent screens.



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

MINIMUM PERFORMANCE STANDARDS

Minimum standards and requirements are in place for accredited services operating within BreastScreen Australia. The table below summarises the performance of BreastScreen WA against selected National Accreditation Standards (2002).

Standard	Performance Objective	Standard	BreastScreen WA Performance
1.1	The service maximises the proportion of women aged 50-69 who are screened every two years.	≥ 70% of women aged 50-69 participate in screening in the most recent 24-month period.	Participation to June 2001 was 53%.
2.6.1	The service minimises recalls for assessment.	< 10% of women who attend for their first screen are recalled for assessment.	12% of first screens were recalled for assessment.
2.6.2	The service minimises recalls for assessment.	<5% of women who attend for their second or subsequent screen are recalled for assessment.	5% of second or subsequent screens were recalled for assessment.
2.7.1	The service maximises the preoperative diagnosis of invasive cancer or DCIS.	≥75% of invasive cancers or DCIS are diagnosed without the need for diagnostic open biopsy.	The pre-operative diagnosis rate was 91% of all breast cancers.
2.1.1	The service maximises the detection of invasive breast cancers.	≥ 50 per 10,000 women aged 50-69 years who attend for their first screen are diagnosed with invasive breast cancer.	The invasive breast cancer detection rate for women aged 50-69 years who attended for their first screens was 47 per 10,000 screens.
2.1.2	The service maximises the detection of invasive breast cancers.	≥ 35 per 10,000 women aged 50-69 years who attend for their second or subsequent screen are diagnosed with invasive breast cancer.	The invasive breast cancer detection rate for women aged 50-69 years who attended for their second or subsequent screens was 44 per 10,000 screens.
2.2.1	The service maximises the detection of small invasive breast cancers.	≥25 per 10,000 women aged 50-69 who attend for screening are diagnosed with small (<15mm) invasive breast cancer.	31 invasive breast cancers ≤15mm were detected per 10,000 screens in women aged 50-69 years.
2.3.1	The service maximises the detection of DCIS.	≥ 12 per 10,000 women aged 50-69 years who attend for their first screen are diagnosed with DCIS.	The DCIS detection rate for women aged 50-69 years who attended for their first screens was 31 per 10,000 screens.
2.3.2	The service maximises the detection of DCIS.	≥ 7 per 10,000 women aged 50-69 years who attend for their second or subsequent screen are diagnosed with DCIS.	The DCIS detection rate for women aged 50-69 years who attended for their second or subsequent screens was 13 per 10,000 screens.
2.4.2	The service minimises the number of invasive interval cancers.	≤6.5 per 10,000 women aged 50-69 who attend for screening are diagnosed with an invasive cancer between 0 and 12 months following a negative screening episode.	In the period 0-12 months following a screen, the interval cancer rate was 5.7 for women aged 50-69 years.

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