

BreastScreen WA

Annual Statistical Report Summary

2002/2003

2003/2004

BreastScreen WA

BreastScreen WA is a statewide population-based breast cancer screening service which 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. The program provides free high quality screening at 2-yearly intervals and targets asymptomatic women aged 50 to 69 years. Women aged 40-49 and over 70 years are also eligible to participate. Assessment of screen-detected lesions up to and including a definitive diagnosis of breast cancer or referral for diagnostic open biopsy is also part of the program.

To achieve BreastScreen Australia's aims, it is critical for all services to maintain high standards of program management and service delivery. The National Accreditation Standards, revised in 2002, are a wide-ranging and comprehensive set of standards with a strong quality improvement focus and cover recruitment, screening services, follow-up of women with abnormalities, assessment services, data management and service management. Accreditation with BreastScreen Australia requires services to be compliant with the Standards, and in October 2003 BreastScreen WA 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 Perth 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.

Women are invited to the program from the age of 50 years. Most women are screened every 2 years and sent a reminder letter when they are due. Only those women at high risk of developing breast cancer, such as those with a significant family history of breast cancer, a history of breast or ovarian cancer or other high risk breast changes, are invited for annual screens.

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 provides assessment of screen-detected abnormalities up to definitive diagnosis at its two accredited assessment 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. The management of breast cancers detected during screening is not part of the BreastScreen WA program. However, information is collected for all cases of screen-detected cancers.

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.

Building strong alliances with the community and with health professionals is an important part of delivering a quality health service. It assists the service in providing accessible, acceptable and excellent health care, and in responding to and meeting the challenges of changing community needs and technical and medical developments.

Accreditation with BreastScreen Australia involves thorough and regular 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.

BreastScreen WA established a Quality Improvement Committee in early 2002 under the auspices of the Health Services (Quality Improvement) Act 1994. The Act grants special immunities and protections, including qualified privilege, for all activities and information gathered by the Committee. The main role of the Committee is to audit clinical and administrative practices, assess new technologies and oversee compliance with National Accreditation Standards with the aim of continually improving mammography screening services to the women of Western Australia. The Quality Improvement Committee's Annual Report to the Minister for Health reflects the service's focus on improving clinical and administrative practices.

BreastScreen WA Key Results for 2002/2003 and 2003/2004

Attendance

- BreastScreen WA performed 70,798 screens in 2002/03 and 80,315 screens in 2003/04. The percentage of women in the 50-69 years target age group was 77.6% and 77.8%, respectively.
- The participation rate for women aged 50 to 69 years was 54.9% for the 24-month period to June 2003, and increased by 1.7% to 56.6% for the 24-month period to June 2004.
- Of the women in the target age group, 58.2% of those screened in 2000/01 and 61.9% of those screened in 2001/02 returned for a rescreen within 27 months. Similarly, 73.7% and 77% subsequent screens in 2000/01 and 2001/02, respectively, returned for a rescreen within 27 months.

Demography

- Of all women screened in 2002/03 and 2003/04, 17.6% and 16.8%, respectively, were attending for their first screen.
- Metropolitan residents made up 73.5% of women aged 50-69 years in 2002/03 and 75.7% in 2003/04.
- Indigenous women made up 0.9% (645) of screens in 2002/03 and 1.2% (949) in 2003/04.
- The proportion of culturally and linguistically diverse women was 12.7% (8,984) in 2002/03 and 12.9% (10,378) in 2003/04.
- A family history of breast cancer was reported by 17.8% of all women screened in 2002/03 and 17.6% in 2003/04.

Recall to assessment

- In 2002/03, 5.2% (3,698) of women were recalled to assessment - 11.8% of initial screens and 3.8% of subsequent screens. In 2003/04, 4.8% (3,829) of all women were recalled - 11.1% of initial screens and 3.5% of subsequent.
- 4.6% of women in the target age group in 2002/03, and 4.1% in 2003/04, were recalled for assessment.

Assessment procedures

- On average, each woman recalled for assessment underwent two assessment procedures. Women requiring only further mammographic views, clinical examination and/or ultrasound to confirm an outcome of no significant abnormality comprised 61.6% of those assessed in 2002/03 and 62.2% in 2003/04.
- The majority of women assessed had a benign outcome - 86.7% in 2002/03 and 86.9% in 2003/04.
- Of the 169 diagnostic open biopsies (DOBs) performed in 2002/03, 24.3% indicated a malignant lesion. In the following year 20.4% of the 142 DOBs indicated a malignant lesion.
- Of the 469 screen-detected breast cancers in 2002/03, 37.5% were diagnosed by fine needle aspiration, 53.9% by core biopsy and 8.3% by surgical biopsy. Of the 477 screen-detected breast cancers in 2003/04, 39.4% were diagnosed by FNA, 53.0% by core biopsy and 5.9% by surgical biopsy.

Breast cancer detection

- Of the 468 screen-detected breast cancers of known pathology in 2002/03, 344 (73.5%) were invasive and 124 (26.5%) were ductal carcinoma *in situ* (DCIS). In 2003/04, of 475 cancers, 367 (77.3%) were invasive and 108 (22.7%) were DCIS.
- The invasive cancer detection rate was 72 per 10,000 women aged 50-69 years who were having their first screen in both 2002/03 and 2003/04. For women in the target age group having subsequent screens, the rates were 48 per 10,000 and 44 per 10,000, respectively.
- In 2002/03 and 2003/04, interval cancer rates for women in the target age group were 7.5 and 4.5 per 10,000, respectively, for the 12 months following a normal mammogram.

Small invasive cancer detection

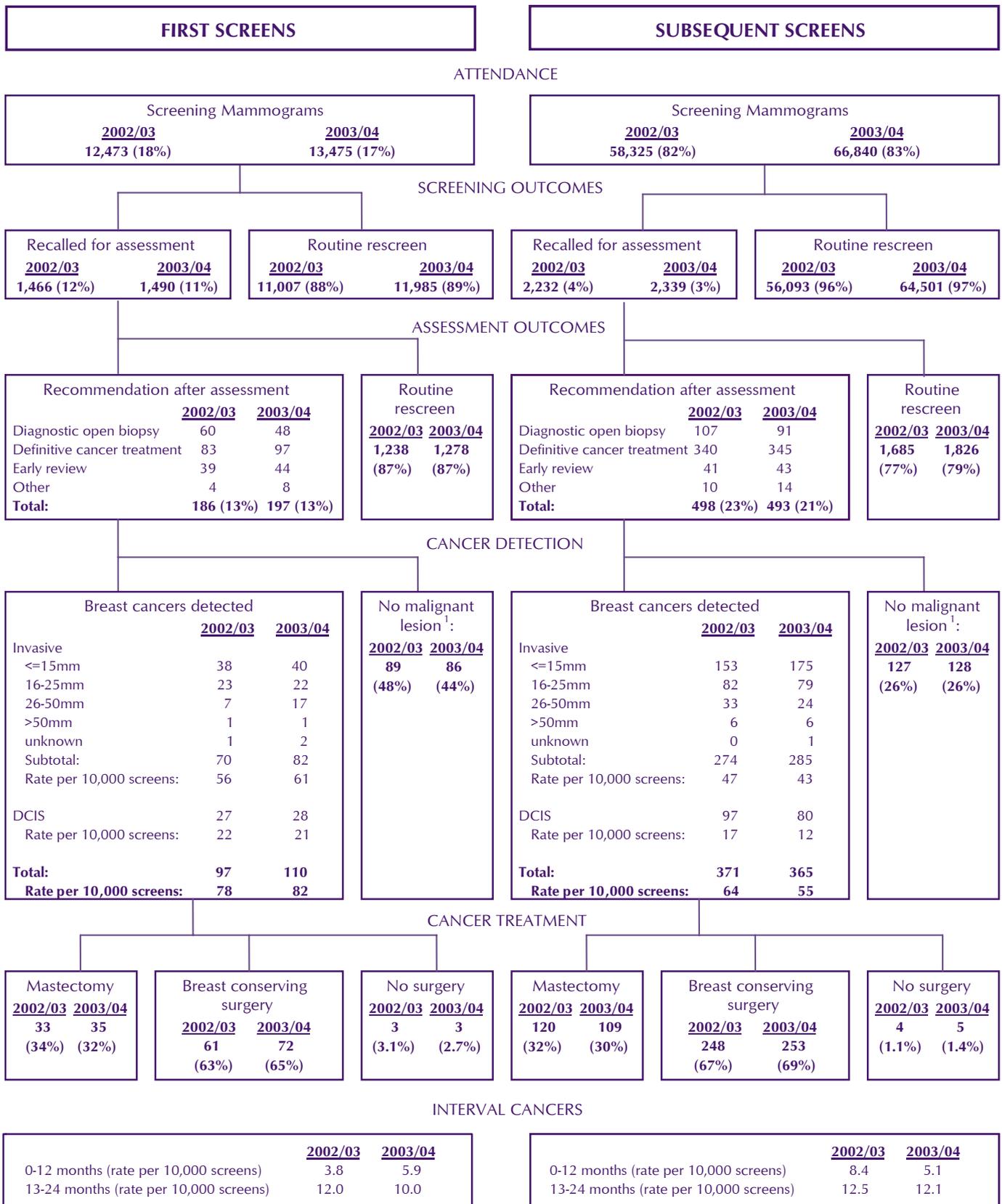
- Where the size of the invasive cancer was known in 2002/03, 55.7% were 15mm or less. The small invasive cancer detection rate was 29 per 10,000 women screened in the 50-69 year age group. Of the 364 invasive cancers of known size in 2003/04, 59.1% were ≤ 15 mm with a rate of 28 per 10,000 women in the target age group.

Treatment

- Most women chose breast-conserving surgery - 65.8% in 2002/03 and 68.1% in 2003/04. In 2002/03, 34% of women with invasive cancer, and 29% with *in situ* cancer, had a mastectomy. In 2003/04 the figures were 30.2% and 30.6%, respectively.

BreastScreen WA Key Results for 2002/2003 and 2003/2004

The flowchart below summarises the outcomes of screening and assessment for women who attended for a screen from July 2002 to June 2004. It displays the information in two streams according to screening round - first screens or subsequent screens, for each 12 month financial year period from July to June.



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