

Ontario Breast Screening Program

Information for Healthcare Providers

April 2013

THE OBSP ASSISTS HEALTHCARE PROVIDERS WITH:

- Booking mammography and breast MRI (if appropriate)
- Arranging for genetic assessment (if appropriate)
- Informing clients of screening results
- Arranging follow-up of abnormal screening results
- Automatically recalling and reminding clients

Screen for Life

Cancer screening sees what you can't

- ✓ Breast
- ✓ Cervical
- ✓ Colorectal



Ontario

Cancer Care Ontario
Action Cancer Ontario

What is the Ontario Breast Screening Program (OBSP)?

- The OBSP is a province-wide organized breast cancer screening program managed by Cancer Care Ontario (CCO) that offers eligible Ontario women the benefits of regular screening.
- In operation since 1990, the program aims to decrease mortality from breast cancer by increasing the number of women getting screened regularly and receiving appropriate follow-up so that cancers are diagnosed early when treatment is more successful.
 - The OBSP provides routine high-quality screening mammography every two years for women age 50 to 74 years.
 - As of July 2011, the OBSP expanded to include annual screening mammography and breast MRI for women age 30 to 69 years who are at high risk for breast cancer.
- Over half of the mammography facilities across the province are affiliated with the OBSP and more are added each year.
- Breast cancer screening is provided through affiliate sites in hospitals, independent health facilities and a mobile breast cancer screening coach, which is a bus that provides services to more than 30 communities in Northwestern Ontario.
- As of July 2012, the OBSP has provided more than 4.6 million screens to over 1.3 million women age 50 and older, and has detected more than 24,000 breast cancers, the majority in early stages!
- OBSP screening sites ensure that abnormal cases are followed up to diagnosis to determine the final result and screening recall recommendation.
- The OBSP does not replace the services of primary care providers or the benefit of a periodic health examination.
- The OBSP facilitates services; however, primary care providers retain the responsibility for managing women throughout the screening and assessment processes.

What does the OBSP offer?

- High-quality mammography screening.
- Coordination of genetic assessment for potential high risk clients (if appropriate).
- High-quality MRI screening (if appropriate).
- A report of the screening results to the primary care provider.
- Client notification of screening results.
- Booking of follow-up tests for abnormal screens.

- Navigation and tracking of all women with abnormal screens to definitive diagnosis.
- Assistance with access to a multi-disciplinary approach to breast assessment where available.
- Risk assessment of clients in routine screening to determine whether annual or biennial screening is appropriate.
- Automatic recall of clients and reminders for screening at appropriate intervals.

Why screen for breast cancer?

- Breast cancer is the most common cancer in Canadian women. Every year in Ontario, about 9,200 women will develop breast cancer and 2,000 will die from it.²
- Screening saves lives.
 - A recent summary of evidence associated with using mammography to screen for breast cancer found a 21% reduction in breast cancer mortality in women age 50 to 69 years.³
 - Between 1990 and 2008, the breast cancer mortality rate in Ontario women age 50 to 74 years decreased by 37%.⁴ This reduction may be the result of increased screening with mammography, better treatments and a recent decline in breast cancer incidence.^{2,5}
 - Breast cancers can be detected through screening mammography when they are smaller, less likely to metastasize to the lymph nodes and more likely to be successfully treated with breast-conserving surgery and without chemotherapy.⁶
- There are still many women who would benefit from regular breast cancer screening. Sixty-one percent of Ontario women age 50 to 74 years were screened for breast cancer with mammography between 2010 and 2011.⁷

What is your role in recruiting women for breast cancer screening?

Research demonstrates that physician recommendation for screening is a strong predictor of adherence to mammography.⁸ As part of its Ontario Cancer Plan, CCO is working to improve the engagement and integration of primary care providers in cancer screening.

Screening Women at Average Risk for Breast Cancer

SCREENING POPULATION

Women 50 to 74 years of age.

SCREENING RECOMMENDATION

Mammogram every two years for most women.

The OBSP automatically invites women to be screened annually who have:

- Documented pathology of high-risk lesions, such as atypical ductal or lobular hyperplasia or lobular carcinoma in situ.
- A personal history of ovarian cancer.
- Two or more first-degree female relatives with breast cancer at any age.
- One first-degree female relative with breast cancer under age 50.
- One first-degree relative with ovarian cancer at any age.
- Breast density greater than 75%, as seen on a mammogram (reassessed annually by a screening radiologist).

OUTSIDE THE SCREENING POPULATION

Screening **starts at age 50** for **average risk women**.

Based on a review of the evidence, clinical guidelines published by the Canadian Task Force on Preventive Health Care in 2011³ do not recommend inviting women age 40 to 49 years to be screened with mammography in an organized screening program (such as the OBSP) because:

- The risk of false-positives from screening mammography is higher among women age 40 to 49 years than for women age 50 and older.⁹
- There is a less favourable balance of harms and benefits when screening this group of women.

Women **over age 74** can be screened within the OBSP; however, they are encouraged to make a personal decision about breast cancer screening in consultation with their healthcare provider. The OBSP will not recall women over age 74 to participate in the program.

ELIGIBILITY

Ontario resident.
No acute breast symptoms.
No personal history of breast cancer.
No current breast implants.
Has not had a mammogram within the last 11 months.

HOW DO I ENROL A PATIENT?

You can refer your patients to the OBSP or they can self-refer by contacting their local OBSP site. For a list of OBSP locations and their contact information, visit www.cancercare.on.ca/obsplocations.

Mammography facilities may also offer women non-OBSP bookings. However, booking through the OBSP stream provides a self-referral option, result letters to clients and automatic recalls and reminders at an appropriate interval, either yearly or every two years.

Screening Women at High Risk for Breast Cancer

SCREENING POPULATION

Women 30 to 69 years of age identified as high risk.

SCREENING RECOMMENDATION

Mammogram and breast MRI every year (screening breast ultrasound, when MRI is contraindicated).

OUTSIDE THE SCREENING POPULATION

Screening **starts at age 30** for **high risk women**.

Women **70 to 74 years of age** identified as high risk should be screened with mammography only.¹⁰

Women over age 74 can be screened within the OBSP; however, they are encouraged to make a personal decision about breast cancer screening in consultation with their healthcare provider.

ELIGIBILITY

Ontario resident.
No acute breast symptoms.
Physician referral.
Fall into one of the following risk categories:

- They have a genetic mutation that puts them at high risk for breast cancer.
- They have a parent, sibling or child who has a genetic mutation that puts them at high risk for breast cancer and have declined genetic testing.
- They have a family history that indicates a lifetime risk of breast cancer that is greater or equal to 25% confirmed through genetic assessment.
- They received radiation therapy to the chest before 30 years of age and at least eight years ago as treatment for another cancer or condition (e.g., Hodgkin's disease).

HOW DO I ENROL A PATIENT?

Refer women who may be at high risk for breast cancer to the OBSP by completing the OBSP Requisition for High Risk Screening form and faxing it to the OBSP High Risk Screening Centre in your area.

For the requisition form and up-to-date list of OBSP High Risk Screening Referral Contacts, visit <http://www.cancercare.on.ca/obsresources>.

The form will serve as a referral for women who require genetic assessment to determine their program eligibility. A physician needs to sign the form because it also serves as an MRI requisition (if MRI is appropriate).

What are the limitations of screening?

- Mammography is not a perfect test.
 - For every 200 women screened at the OBSP, about 17 are referred for further tests and one will have breast cancer.¹¹
 - It may miss some breast cancers. Also, some cancers develop in the time between screens. These are among the reasons that regular screening is important.
 - Some breast cancers that appear on a mammogram may never progress to the point where a woman has symptoms during her lifetime. Therefore, some women may have surgery or treatment for a breast cancer that would never have been life-threatening.
- Not all cancers found at screening can be cured.
- The limitations of MRI for women at high risk for breast cancer include a higher false-positive rate and biopsy rate compared to mammography alone.¹⁰

What can I expect if my patient has a positive screening result?

- Clients are notified of their screening results and a report of the results is sent directly to the primary care provider.
- Booking of follow-up tests recommended by the screening radiologist following an abnormal screen may be arranged by the OBSP.
- Most women (85%) needing follow-up tests have non-invasive procedures, such as a doctor's visit, special mammographic views and/or ultrasound.¹¹

What type of reporting is available for my practice?

Although the program used to provide reporting upon request regarding patient OBSP activity, this type of reporting is no longer available. In the future, all Patient Enrolment Model physicians will have the opportunity to receive their patients' screening information through the Screening Activity Report (SAR). The SAR will provide information on the screening status of enrolled patients, identify patients requiring follow-up and present your screening rates in comparison to your peers.

What about quality assurance and evaluation?

- Evidence shows that image quality is increased and variability is decreased in facilities participating in a province-wide screening program.¹²
- There is a rigorous quality assurance program involving all aspects of the OBSP to ensure the highest standards for both screen-film and digital mammography:
 - All sites required to have Canadian Association of Radiologists Mammography Accreditation Program (CAR-MAP) accreditation.
 - Regular inspection of mammography equipment by medical physicists.
 - Mammography Quality Control Program.
 - Technologist image reviews.
 - Radiologist performance monitoring.

FOR MORE INFORMATION:

PROVINCIAL CONTACT:

Visit: www.cancercare.on.ca/pcresources

Call: 1-866-662-9233

Email: breastscreen@cancercare.on.ca

To view references for this document, visit:

www.cancercare.on.ca/pcresources

For key OBSP Performance Metrics, visit the Cancer Quality Council of Ontario website:

<http://www.cqco.ca/>