Breast Cancer Screening (Mammography) Participation

Our target is for 90% of screen-eligible women (ages 50-69) to have a screening mammogram for breast cancer by 2020. Close to 60% of eligible Ontario women are currently being screened. This rate has remained unchanged since 2000-2001. More needs to be done to improve access to breast cancer screening for all women.

<table>
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<tr>
<th>Goal</th>
<th>As of this report</th>
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<tbody>
<tr>
<td>Percentage of women screened</td>
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**What's new this year?**
This report presents new data for 2005.

*See table next page.*
Breast Cancer Screening - mammography

Percent of screen-eligible women (ages 50-69) receiving a screening mammogram in the past 2 years by type of screening (OBSP vs. outside OBSP), Ontario 2004-2005

Sources: Ontario Health Insurance Plan database; Cancer Care Ontario, Ontario Breast Screening Program; Registered Persons Database (RPDB) of the Ontario Ministry of Heath and Long-Term Care
Analysis conducted by scientists in the Cancer Program at the Institute for Clinical Evaluative Sciences (ICES) in Toronto
What do the results show?

- In Ontario, 60% of screen-eligible women had a screening mammogram in the 2004-2005 period. *Figure 1.* Participation rates have reached a plateau since 2000 (59% in 2000-2001; 58.5% in 2003-2004).

- Participation of the screen-eligible population varies by LHIN. The highest rates of screening within the OBSP are in the Northeast and Northwest LHINs (53% and 46% respectively). The highest rate of screening outside the OBSP is in the Mississauga Halton LHIN (41%). *Figure 1.*

- Between 2004 and 2005, an almost equal proportion of screen-eligible women were screened in the OBSP and outside of OBSP.

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**Breast Cancer Screening - mammography**

Percent of screen-eligible women (ages 50-69) receiving a mammogram in the past 2 years by type of screening (OBSP vs. outside OBSP), Ontario, 2000-2005

<table>
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<tr>
<th>Two Year Period</th>
<th>OBSP</th>
<th>Outside OBSP</th>
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<tr>
<td>2000-01</td>
<td>20.5%</td>
<td>38.5%</td>
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<td>2002-03</td>
<td>24.9%</td>
<td>33.6%</td>
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<td>2004-05</td>
<td>30.3%</td>
<td>29.7%</td>
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Target: Increase to 90% by 2020 *

Sources: Ontario Health Insurance Plan database; Cancer Care Ontario, Ontario Breast Screening Program; Registered Persons Database (RPDB) of the Ontario Ministry of Health and Long-Term Care

Analysis conducted by scientists in the Cancer Program at the Institute for Clinical Evaluative Sciences (ICES) in Toronto

Notes
1. Women screened are counted only once (i.e. excludes re-screens);
2. *Target is 90% for organized screening.*
(approximately 30% in each). This report’s data show that, although there has been a steady increase in the number of women screened through the OBSP, the number of women screened outside of the OBSP has decreased. Figure 2. As a result, the overall breast screening participation rate of 60% in Ontario has not changed.

Why is this important to patient care?

• Breast screening can detect cancer in its early stages, before symptoms are present, leading to more effective treatment and increased survival.1

• While breast cancer screening by any provider is beneficial and effective, breast screening offered within an organized program has important quality advantages, including recruitment of eligible women with an emphasis on hard-to-reach groups, re-invitation, coordinated follow-up with women with an abnormal screen, ongoing quality assurance and control and evaluation of outcomes. Accordingly, the Ontario Government’s 2007-08 Budget includes a commitment to increase support to the OBSP so that the program can complete 600,000 screens or more, per year, by 2010-11.

• Breast screening by mammography has been recommended, for women aged 50-69, by the Canadian Task Force on Preventive Health Care. Cancer Care Ontario has endorsed this recommendation. CCO’s Cancer 2020 target is for 90% screen-eligible women (ages 50-69) to be screened every two years in the OBSP.2

• National experts have recommended organized breast screening programs for Canada since 1988.

How does Ontario compare?

• Participation in organized breast screening is low in Ontario compared to several other provinces that already have close to, or greater than, half of their eligible population participating in organized screening programs (British Columbia, Manitoba, Saskatchewan, and New Brunswick). Self-reported measures, which include both organized and other methods of screening, were higher at 61% overall in Canada in 20032

• More recent comparison data are not available.

• Ontario’s rate of organized breast screening was also lower than those of other countries. For example, between 1997 and 2002, in Finland, the UK, and Australia, 88%, 76%, and 57% of eligible women are screened every two years3

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What is being done?

- The OBSP works to:
  - Operate, monitor, evaluate, fund and continuously improve a coordinated breast screening program across Ontario
  - Increase participation in the program through education and recruitment initiatives
  - Increase the number of affiliated, accredited mammography facilities with the program
- Cancer Care Ontario is promoting and recruiting additional breast screening affiliates in Ontario. As of March 31, 2007, 120 mammography facilities in Ontario were affiliated with the OBSP.
- All 120 affiliates are accredited by the Canadian Association of Radiology. In 2006/7, 9 new screening sites joined the OBSP.
- In 2005, OBSP sites provided breast screening to 240,703 women between the ages of 50 and 69. Of these, 1,081 cases of cancer were detected.
- In its 2007-08 Budget, the Ontario Government has committed to increasing support for the OBSP to complete 600,000 screens or more, per year, by 2010-11.
- The OBSP is partnering with the Canadian Breast Cancer Foundation (Ontario) on a public education and social marketing campaign to raise overall screening rates.

Technical Information
Definition

- **Organized Screening** has important quality advantages over “unorganized” screening: predictable and thorough recruitment, patient recall and follow-up by way of a central registry, ongoing quality assurance, and quality control and evaluation.
- **Ad hoc screening**, also called opportunistic screening, is screening that is not part of an organized program, and can take place during a visit to a family doctor or stand-alone clinic.
- This strategy relies on the patient regularly visiting a family physician. When patients are visiting their doctors for unrelated problems, the doctor applies or refers a patient for a screening test e.g. a blood pressure check for all adults patients coming into the office, regardless of why they are seeing the doctor, or carrying out a Pap test on a woman who has come in for an ear infection and has not had a Pap test for several years, or referring a woman to have a screening...
mammogram.
• It does not include all of the supports and quality assurance features of an organized program, such as reminding patients who have not seen the doctor for a long time to have a screening test because it is overdue.
• This indicator is defined as the percentage of screen-eligible women (ages 50-69) receiving a mammogram within the past two years by type of screening, whether through the OBSP or outside the program, in Ontario (2000-2001, 2002-2003, and 2004-2005).
• Women receiving a mammogram are counted only once, re-screens are excluded.
• "Screen-eligible women" excludes women with a previous diagnosis of breast cancer.

Data Sources
• Ontario Health Insurance Plan database
• Cancer Care Ontario, Ontario Breast Screening Program
• Registered Persons Database (RPDB) of the Ontario Ministry of Health and Long-Term

Data Quality

Accuracy
• Screening outside the OBSP may include a small number of mammograms done for diagnostic purposes as there is no distinct billing code for screening mammography.

Notes