



Avoidable diagnostic breast imaging and biopsy investigations: Impact of rising abnormal screening mammography rates



**Preventing Overdiagnosis Conference** 

Quebec, August 19th 2017











### Presentation outline

Background Study objective Methods Results: Impact of abnormal call rates **Conclusions** 





# Background: Organized breast cancer screening in Canada

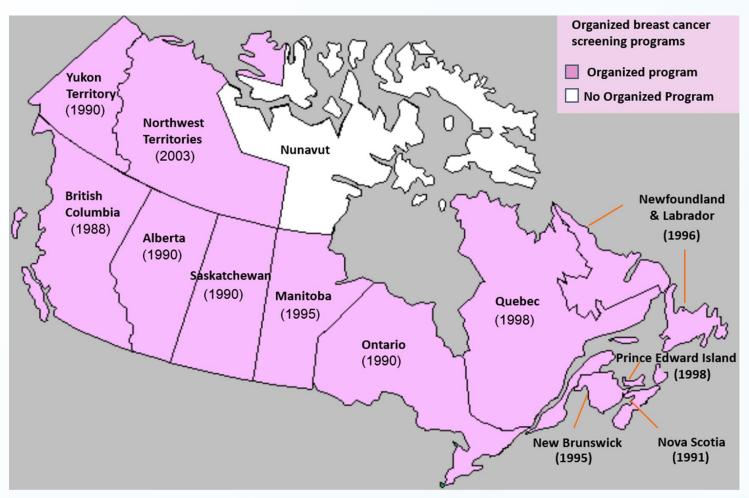


Adapted from: Breast cancer screening in Canada – environmental scan April 2016.





# Background: Organized breast cancer screening in Canada

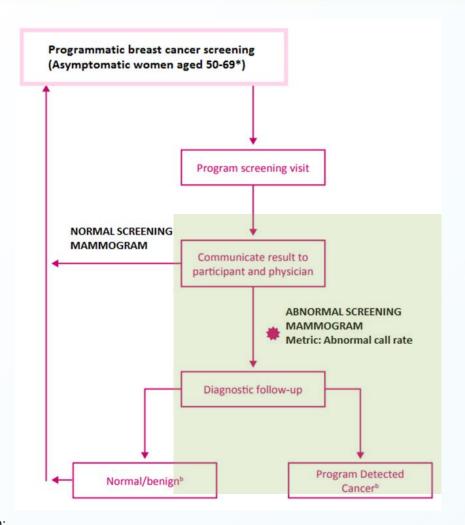


Adapted from: Breast cancer screening in Canada – environmental scan April 2016.





# Background: The challenge of rising abnormal screening mammograms



There is evidence that the rates of abnormal screening mammograms have been increasing in recent years in several Canadian jurisdictions

#### Adapted from:

https://content.cancerview.ca/download/cv/prevention\_and\_screening/screening\_and\_early\_diagnosis/documents/breast cancer screening canada monitoring evaluating report 2011 12p?attachment=0





### Study objective

To estimate the impact of rising abnormal call rates in the number of additional – and potentially avoidable – follow-up diagnostic tests.





#### Methods

#### **Canadian Breast Cancer Screening Database**

Includes data submitted by 11 breast cancer screening programs (10 provinces, 1 territory)

Retrospective data collection



Abnormal call rate Abnormal screening % abnormal screening mammograms mammograms (2003-2012)Invasive breast cancers Invasive cancer detection rate *Number of invasive cancers detected/1,000* detected screens (2003-2012)Diagnostic investigations after an Proportion of potentially abnormal mammogram (2012) avoidable diagnostic Diagnostic mammograms, investigations ultrasounds, biopsies



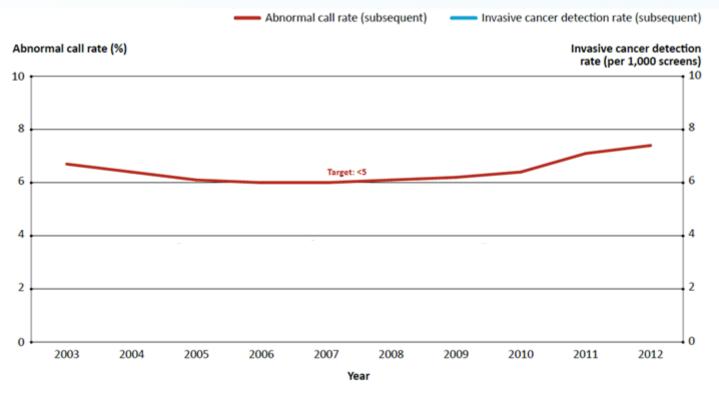


### Results

Abnormal call rates were stable at around 6.1% between 2003 and 2008 but started increasing thereafter, reaching 7.4% in 2012.



mammograms



#### Votes

AB: Excluded from data prior to 2007 as the Alberta Breast Cancer Screening Program (ABCSP) was launched in 2007.

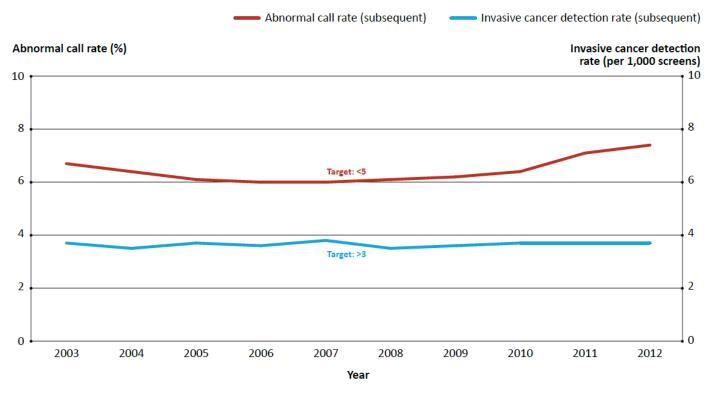
QC: Complete diagnostic/cancer information was available to September 30, 2012.

### Results

Abnormal call rates were stable at around 6.1% between 2003 and 2008 but started increasing thereafter, reaching 7.4% in 2012.

Invasive cancer detection rates, however, remained mostly unchanged at 3.7 per 1,000 screens.





#### Notes

AB: Excluded from data prior to 2007 as the Alberta Breast Cancer Screening Program (ABCSP) was launched in 2007.

QC: Complete diagnostic/cancer information was available to September 30, 2012.

# Results: Impact of abnormal call rates on diagnostic investigations.

#### **Current state**

7.4%

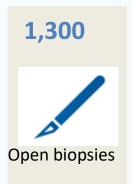
Abnormal call rate (2012)

#### er of subsequent diagnostic investigations















# Results: Impact of abnormal call rates on diagnostic investigations.

**Current state** 

7.4%

Abnormal call rate (2012)



If reduced to

6.1%

Abnormal call rate (2008)

er of subsequent diagnostic investigations











diagnostic investigations can be potentially avoided.





### Conclusions

- There was a steady increase in the rate of abnormal screening mammograms from 2008 to 2012, while the invasive cancer detection rate remained relatively unchanged over the same period.
- Abnormal screening results require calling back the patient for subsequent diagnostic tests that may increase the risk of harm to the patient and always involve additional use of system resources.
- This study suggests that 20,400 diagnostic imaging tests and 2,500 biopsies are potentially avoidable as they are associated with the incremental increase in abnormal call rates.





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