THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

BREAST CANCER SCREENING AND TREATMENT IN AUSTRALIA

REPORT OF THE SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

JUNE 1994

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LIST OF ABBREVIATIONS AND ACRONYMS

AAS	Australian Association of Surgeons
AIH	Australian Institute of Health
AIHW	Australian Institute of Health and Welfare
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIR	Australian Institute of Radiography
AMA	Australian Medical Association
ARL	Australian Radiation Laboratory
BreastScreen	Victorian Breast Screening Co-ordination Unit Inc.
DHS&H	Department of Human Services and Health
GP	General practitioner
HIC	Health Insurance Commission
Intercollegiate Committee	Royal Australasian College of Surgeons Royal Australasian College of Radiologists Royal College of Pathologists of Australasia Royal Australian College of General Practitioners
MBS	Medicare Benefits Schedule
MDS	Minimum Data Set
MWDRC	Medical Workforce Data Review Committee
NCU	National Co-ordination Unit
NHMRC	National Health and Medical Research Council
NPEDBC	National Program for the Early Detection of Breast Cancer
RACR	Royal Australasian College of Radiologists
RACS	Royal Australasian College of Surgeons

RCPA	Royal College of Pathologists of Australasia
RHW	Royal Hospital for Women, Paddington
SABXRS	South Australian Breast X-Ray Service
SAS	Screening and Assessment Service
SCU	State Co-ordination Unit
SECU	Screening Evaluation Co-ordination Unit

RECOMMENDATIONS

Chapter 1

The Committee RECOMMENDS:

1. That representations be made to the Victorian Electoral Commissioner to obtain access to the Victorian Electoral Roll for the purposes of the screening Program in Victoria.

Para 1.35

2. That the Commonwealth Government, in co-operation with the States and Territories, undertake a national education campaign promoting the National Program for the Early Detection of Breast Cancer and that the educational campaign:

   - emphasise the importance for women of the early detection of breast cancer and the services currently available;
   - clarify the limitations of the screening program, emphasising that mammographic screening is an aid to the diagnosis of breast cancer but will not prevent the disease;
   - provide information to women and the community generally as to why the Program specifically targets women aged 50 - 69 years;
   - provide information to women, the medical profession and the community generally on the difference between diagnostic and screening mammography;
   - disseminate culturally relevant information about the Program to Aboriginal and Torres Strait Islander women; and ensure that this information is widely disseminated through Aboriginal and Torres Strait Islander organisations, especially through the network of Aboriginal Health Services; and
   - disseminate information to women of non-English speaking backgrounds and women in rural and remote areas.

Para 1.45

3. That the State and Territory Co-ordination Units provide data collected relating to the screening Program to the National Breast Cancer Centre for further analysis and research.

Para 1.65

Chapter 2

4. That the supply of radiographers be regularly monitored by Commonwealth and State and Territory Governments.

Para 2.32

5. That the supply of radiologists be regularly monitored by Commonwealth and State and Territory Governments.

Para 2.37

6. That breast cancer support and counselling services be encouraged and expanded.

Para 2.50

Chapter 3

7. That strategies be implemented to improve access to the Program in rural and remote areas and that these strategies involve, where appropriate, the provision of financial assistance to encourage women to participate in the Program.

Para 3.27

8. That strategies, sensitive to Aboriginal and Torres Strait Islander cultural values, be implemented to increase the access of these women to the Program, and that these strategies involve:

   - close liaison with Aboriginal and Torres Strait Islander community-based health organisations, especially the Aboriginal Health Services; and

   - the dissemination of culturally appropriate information about the Program throughout the Aboriginal and Torres Strait Islander community.

Para 3.42

9. That strategies, sensitive to the cultural backgrounds and values of women of non-English speaking backgrounds be implemented to increase the access of women from these groups to the Program.

Para 3.49

Chapter 4

10. That the focus of the Program remain women aged 50-69 years, but that mammographic screening continue to be available to women aged 40-49 years and 70 years and over.

Para 4.22

11. That recognising that the Program is for well women, that symptomatic women inquiring or phoning for appointments be advised why the Program is not appropriate for them; and be provided with specific advice and information regarding the availability of other medical services.

Para 4.35

12. That should symptomatic women present for mammographic screening they be screened under the Program; and be provided with advice and information regarding the availability of further medical services.

Para 4.35

Chapter 5

13. That information about the screening Program be more widely disseminated to the medical profession, and in particular to GPs; and that the further education of GPs in relation to all aspects of the Program be given priority.

Para 5.29

14. That the role of GPs in their recruitment and support roles be recognised and encouraged under the Program.

Para 5.29

15. That Fellows of the Australian Society of Breast Physicians may be employed as second film readers under the Program, on condition that indemnity is provided by the employing authority.

Para 5.45

Chapter 6

16. That the Program avoid any duplication in the provision of screening services, but that it utilise both the private and public sectors in the provision of screening services subject to all services meeting the guidelines for accreditation established by the National Program.

Para 6.34

17. That the funding of screening mammography under the Program continue to be independent of Medicare fee-for-service schedules.

Para 6.52

Chapter 7

18. That open biopsy not be included as part of the screening Program.

Para 7.10

19. That action to implement the above recommendation await any recommendations that the House of Representatives Standing Committee on Community Affairs, which is currently inquiring into the management and treatment of breast cancer in Australia, may propose in this area.

Para 7.10

20. That more information be provided to women diagnosed with breast cancer on the various treatment options available to them; and that women be encouraged to participate in decisions regarding appropriate courses of treatment.

Para 7.28

21. That the supply of radiotherapy services be regularly monitored by the National Breast Cancer Centre.

Para 7.54

22. That the geographical distribution of radiotherapy facilities be improved so that women living in areas outside the major metropolitan centres can obtain equitable access to these services.

Para 7.54

23. That the Commonwealth Government, in co-operation with the State/Territory Governments, improve the level of travel and accommodation assistance available to women living in areas outside the major metropolitan centres requiring radiotherapy treatment.

Para 7.54

24. That hospital-based cancer registries be established as a matter of priority.

Para 7.65

25. That statistics collected by State and Territory cancer registries be collected

on a more uniform and consistent basis and that data on cancers generally be provided to the Commonwealth Government on a timely and regular basis to ensure that current national statistics on the incidence of cancers are readily available.

Para 7.69

26. That recognising the fundamental importance of research into the diagnosis and treatment of breast cancer, that the Commonwealth Government provide a specific allocation for research into breast cancer in future Commonwealth Budgets.

Para 7.82

27. That the Commonwealth Government provide additional funding for the conduct of clinical trials into breast cancer to assess existing management protocols and to develop new treatment schedules.

Para 7.87

FOREWORD

The issue was referred to the Committee on 27 May 1993, and was to be reported on by 1 March 1994. The Committee sought extensions to this reporting date and reported on 9 June 1994.

The terms of reference of the inquiry are to examine:

Breast cancer screening and treatment in Australia with particular reference to:

(a) the current state of the National Program for the Early Detection of Breast Cancer;

(b) cost efficiency of the screening program;

(c) Commonwealth/State funding;

(d) organisation of screening and treatment services;

(e) the availability of screening; and

(f) Medicare rebate;

with the aim of determining the optimum service for Australia.

The reference was advertised in the national press on 5-6 June 1993. The closing date for submissions was originally 17 August 1993; however, given the high level of interest expressed, this deadline was extended. One hundred and thirty-five submissions and a large amount of supporting evidence were received. A list of submissions is at Appendix 1.

The Committee held eight public hearings, a list of which appears at Appendix 2; a list of witnesses who gave evidence at these public hearings is at Appendix 3.

The Committee expresses its appreciation to those who made written submissions to the inquiry and who co-operated with the Committee by giving public evidence.

The Committee also notes that the House of Representatives Standing Committee on Community Affairs is currently conducting an inquiry into the management and treatment of breast cancer in Australia and is expected to report later this year.

PREFACE

Cancer of the breast is the most common cause of death from cancer among Australian women.[1] Neither the cause of breast cancer nor the means of preventing the disease are known. At present, the only way to reduce the number of deaths from the disease is to detect it before the patient presents with symptoms. In the case of breast cancer, the early detection of the disease through mammographic screening is the most effective method of reducing mortality from the disease. Other screening methods such as clinical examination (that is, a physical examination by trained medical or nursing personnel) or breast self-examination (that is, the regular examination of the breast by the woman herself) have not been shown to be effective in reducing breast cancer mortality, however, these methods may have some value when used in combination with mammography.[2]

Overseas studies have shown mammography to be an effective screening technique for the early detection of breast cancer in women over 50 years of age, in that significant reductions in breast cancer mortality have been achieved.[3] The Australian program, the National Program for the Early Detection of Breast Cancer (NPEDBC), which was announced in 1990, is modelled on these successful overseas programs.

The Program, to be effective in reducing mortality, needs to achieve a high participation rate in the age groups most at risk. The Report of the Screening Evaluation Co-ordination Unit (SECU), which has formed the basis for the development of the Program in Australia, estimated that if 70 per cent of women aged 40 to 69 years participated in the Program, a 16 per cent reduction in mortality among all Australian women (including those not offered screening and those who do not participate) could be achieved.[4]

Based on overseas studies, individual women participating regularly in high quality mammographic screening, can anticipate approximately 60 per cent reduction in the risk of death from breast cancer while they are participating in the Program.[5] Other factors contributing to a reduction in mortality include regular (that is, every 2 years) attendance for screening mammography, provision of high quality screening and assessment services by a multidisciplinary specialist team and effective

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1. Submission No.114, p.2.1 (DHS&H).

2. Australian Health Ministers' Advisory Council, *Breast Cancer Screening in Australia: Future Directions*, Australian Institute of Health, Canberra, 1990 (hereafter referred to as the SECU Report), pp.17-18,22; Sir Patrick Forrest, *Breast Cancer Screening: Report to the Health Ministers of England, Wales, Scotland and Northern Ireland*, HMSO, London, 1986, pp.21-25.

3. See Chapter 4.

4. SECU Report, *op. cit.*, p.26.

5. *ibid.*, p.16.

treatment for women in whom breast cancer is detected.

The screening 'pathway' involves a number of different processes. These involve:

- the initial mammographic screen to detect an abnormality which may or may not be cancer;
- the assessment of the abnormality to determine whether a surgical biopsy is required;
- biopsy and histological examination of the removed tissue; and
- treatment of the screen-detected cancers.

Mammographic screening is an X-ray technique which has been specially developed for taking images of the breast. Mammography can detect tumours that cannot be detected by a clinical examination. Radiographers, using specially designed equipment, take one or more X-rays of each breast. The women is positioned so that the entire breast tissue is included on the film (mammogram). The films, which must be of high quality, are usually read in batches after the screening session by radiologists (in most cases).[6]

Reading of mammograms will separate women into three groups – those with negative findings, which indicate that no evidence of cancer has been found; those with positive findings requiring treatment; and those with inadequate films for making a decision. The first group will be recalled for another routine screening in two years' time; the second group will need assessment; and the third group will need to be recalled to the screening unit for further mammograms to clarify the situation.

As noted above, a woman found to have an abnormality will be recalled for assessment to determine whether malignancy is present. Treatment of screen-detected cancers is the last stage in the process. In view of the complex nature of the treatment methods, treatment is increasingly being undertaken by a team of medical specialists with a special interest in breast cancer, supported by suitably trained nurses and other health professionals.[7]

Screening mammography, even when conducted in highly specialised units, is not 100 per cent effective in that some cancers may be missed and there will be some false positives, that is, some women will be recalled for further investigation and will subsequently be found not to have cancer.[8] Cancers may also develop in the time period between mammographic screenings. Regular screenings every two years do

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6. Forrest Report, *op. cit.*, p.17.

7. *ibid.*, pp.17-19.

8. NPEDBC, *Program Information Statement*, 1992, p.5.

not prevent a malignancy from developing. Nevertheless, screening mammography remains the most satisfactory method presently available for the early detection of breast cancer, and, in a well organised program, will save women's lives and reduce the extent of surgery for the treatment of cancer.

An important distinction needs to be drawn between the use of mammography for screening, and its use for diagnostic purposes. Screening mammography is performed in an organised and systematic manner on asymptomatic women (that is, 'well' women – women without any symptoms of breast cancer) for the purpose of detecting unsuspected cancers at an early stage so that early treatment can affect outcome. It has been shown to be highly effective in decreasing mortality of breast cancer in women who regularly attend for screening mammography. Diagnostic mammography is for women who have clinical breast symptoms which require investigation. Women with symptoms or a family history of breast cancer may be referred for diagnostic investigation by their doctor – the screening Program is not designed for these women.[9]

9. *ibid.*, p.4.