



**DENSE BREASTS**  
C A N A D A

**CONCERNS ABOUT  
THE CANADIAN  
TASK FORCE  
ON PREVENTIVE  
HEALTH CARE  
AND ITS BREAST  
SCREENING GUIDELINES**

**June 1, 2022**

Early detection of breast cancer can make the difference between life and death. The Canadian Task Force on Preventive Health Care (Task Force), due to its lack of experts and oversight, ignores current evidence and uses flawed, outdated evidence. Provinces are deferring to the Task Force's dangerous guidelines, and healthcare providers are following them, imperiling Canadian women's lives.

1 in 8 women will be diagnosed with breast cancer in their lifetime. 1 in 5 cases occur in women aged 40-49. When breast cancer is detected early, the survival is greater and women may avoid aggressive surgery and chemotherapy; costs of treatment are also far less. At stage 1, five-year survival is 100%, but at stage 3, it is 74%, and only 23% at stage 4. Mammograms can detect cancers before they're big enough to be felt.

### What is the Task Force?

- The Task Force is an arm's length body funded by the Public Health Agency of Canada; it produces guidelines for multiple medical specialties to be used by 43,00 family physicians and 6000 nurse practitioners.

### What are the Task Force guidelines for breast cancer screening?

- The Task Force recommends against mammograms for women 40-49, against additional screening for women with dense breasts, against self-exams and clinical breast exams; it recommends mammograms only every 2-3 years from age 50-74. The latest breast screening guidelines came out in 2018, but were unchanged from 2011.

### The Task Force lacks an internal accountability structure and oversight

- The Task Force was formed in the 1970s, but disbanded in 2005 by the Liberal government. When it was resurrected in 2010, under the Harper government, the design failed to include an internal accountability structure for oversight.

### The Task Force does not include content experts

- 15-member volunteer panel members are experts in methodology, not experts in breast cancer
- The chair of the panel is a psychologist and members include: a chiropractor, occupational therapist, nephrologist, emergency room doctor, pediatrician, family doctors, and a nurse. A few breast screening experts were given the guidelines to review before they were published in 2018 but their input was ignored.

### Unsubstantiated accusations of conflict of interest

- PHAC states the deliberate exclusion of experts is to prevent bias. All experts have some kind of COI, but this can be mitigated according to well-established mechanisms.
- Specialty physicians work with career-long wait lists, so would not increase their incomes by supporting screening, and their recommendations are based on peer-reviewed science.

### Guidelines are based on 30–60-year-old discredited studies and are not consistent with current scientific evidence

- Because experts were excluded, the Task Force chose only decades-old studies to determine the benefits of screening, and ignored contemporary studies that experts would have insisted be included. The largest of these was a study of 2.8 million Canadian women which showed women 40-49 having mammograms are 44% less likely to die of breast cancer than women who do not have mammograms.
- The older Canadian study which heavily influenced the guideline not to screen women 40-49 has been proven to have been compromised, and this has been covered in recent publications.

### Specialists and specialty bodies have expressed alarm

- The various guidelines made by the Task Force have been criticized by national specialty leaders and societies in breast, prostate, colorectal and cervical cancer, liver disease, ophthalmology, and pediatrics
- Letters in CMAJ from specialties: <https://www.cmaj.ca/content/191/13/E350/tab-e-letters#cmaj-and-ctfphc-require-accountability-and-adherence-to-guidelines-for-guidelines>
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### Antiquated studies did not take into account racial disparities

- The older studies did not include diverse populations. Guidelines do not take into account that breast cancer occurs in Black and Asian women younger and more aggressively. Breast cancer diagnosis peaks in the late 50s and early 60s for white women, but peaks in the mid-40s for Black and Asian women. Black women are 30- 40% more likely to die than white women. The Liberal government has taken good steps to address systemic racial discrimination in other areas of the health care space; these overlooked statistics regarding breast cancer in Black and Asian women are contributing to avoidable inequities.

### Peer-reviewed modelling shows 1100 avoidable breast cancer deaths annually

- Many of the 5400 annual deaths in Canada from breast cancer are avoidable.
- A computer model developed by The Canadian Partnership Against Cancer and Statistics Canada showed if the Task Force recommendations are adopted, there will be 1100 avoidable breast cancer deaths each year.
- Thousands of avoidable late breast cancer diagnoses and deaths of women in Canada have occurred in the past decade and will continue if the guidelines are left in place.

### Risks of dense breasts ignored

- 43% of women over age 40 have dense breasts. Dense breasts increase the risk of breast cancer and make it harder to see cancer on a mammogram.
- The Task Force ignored the risks of dense breasts and ignored evidence to support the use of supplemental screening. Women with dense breasts are more likely to have a delayed diagnosis, larger, more aggressive cancers, and a poorer prognosis.

### Stage of cancer diagnoses in provinces that screen at 40 and those that do not

- Only 4 screening programs allow self- referral at age 40 (NS, BC, PEI, YT) while the other 8 begin at 50.
- A recent study by Dr. Seely and Dr. Wilkinson, done with Statistics Canada, found that provinces that screen women 40-49 have lower rates of advanced and metastatic breast cancers in women 40-49 at the time of diagnosis.
- Women aged 50-59 are diagnosed with later stage breast cancer if they are not screened in their 40s. After the Task Force guidelines were published in 2011, the incidence of stage 4 breast cancer increased by 10.3% over 6 years in 50-year-old women in jurisdictions where women are not screened in their 40's. Not screening women in their 40s impacts all women aged 40-60.

**Advocacy to date:** In the past 4 years, breast screening experts, along with Dense Breasts Canada patient advocates, have spoken to a past Minister of Health, senior health ministry staff, MPs, Cabinet Ministers, Senators and senior leadership at PHAC. PHAC ran a Best Brains Exchange on research gaps in breast screening but would not allow any discussion of the Task Force. However, PHAC misleadingly tells MPs that a BBE took place, and that the issue has been addressed.

During the election campaign, the Liberal party made a commitment to review the structure of the Task Force. Late last year, Health Minister Duclos responded to a question in the house from the NDP Health Critic about taking action on the Task Force. Minister Duclos stated,

*"That's a great example of something extremely important and we look forward to doing this as quickly as possible."*

**Short term recommendations:** The Health Minister should place a moratorium on the breast cancer screening guidelines. The US Congress did just that with their Task Force in 2016. The US is updating their guidelines and will also include consideration of racial disparities.

**Long term:** Create a new more collaborative Canadian guidelines body with appropriate accountability and oversight mechanisms which would include experts from specialty bodies using the best available evidence.