

Issues impacting the health of the women of New Brunswick

Purpose

We provide information on two critical issues that are currently preventing early detection of breast cancer in NB, as well as recommendations to solve them.

Issue 1: Women aged 40-49 in New Brunswick are not screened for breast cancer

Issue 2: Women with dense breasts face barriers in access to additional breast cancer screening

- ▶ Mortality and morbidity impact
- ▶ Practices in other provinces
- ▶ Recommendations

Issue 1:

The impact of not screening women, aged 40-49, in New Brunswick for breast cancer



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Breast Cancer in the 40s

- ▶ Breast cancer is a significant issue for women aged 40-49
- ▶ Breast cancer is the leading cause of death in Canadian women 40-55 years old
- ▶ The incidence of breast cancer increases significantly at age 40
- ▶ 80% of women who develop breast cancer don't have major risk factors, such as BRCA mutations and family history



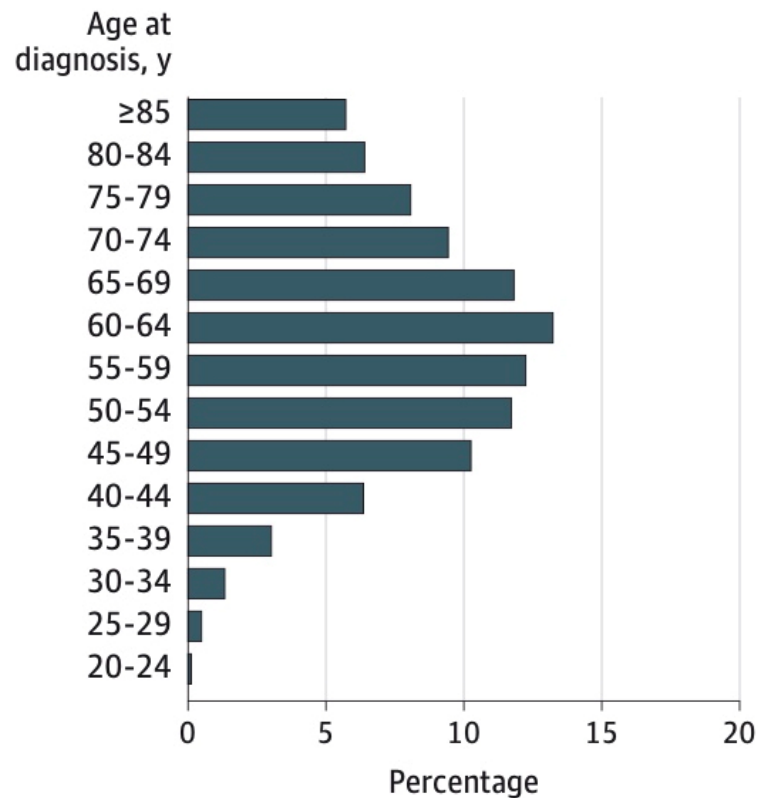
The importance of screening women in their 40s

- ▶ 17% of breast cancers are found in women in their 40s
- ▶ Less common than older decades, but grow faster
- ▶ 17.5% of breast cancer deaths come from cancers diagnosed in the 40s
- ▶ Women aged 40-49 who were screened were 44% less likely to die of breast cancer than those that did not screen (Pan Canadian study of 2.8 million women)
- ▶ Women diagnosed in their 40s account for 27% of the years of life lost to breast cancer
- ▶ Black, Asian and Hispanic women have peak of breast cancer incidence in the late 40s (compared to white women, whose breast cancer incidence peaks in the late 50s and early 60s).



Incidence of Cancer by Age

A Distribution of breast cancer cases by age at diagnosis



40-49: 17%

50-59: 25%

60-69: 26%

70-79: 17%

Earlier detection of breast cancer results in less aggressive therapy and improved quality of life

When cancer is detected early by screening, women can have less aggressive therapy

- ▶ Lumpectomy instead of mastectomy, less scarring
- ▶ Less chemotherapy or no chemotherapy
- ▶ Sentinel node biopsy rather than axillary dissection, so less lymphedema
- ▶ Treatment for more advanced cancers is much more invasive, disruptive and costly for patients.

When cancer is detected early by screening, women can:

- ▶ Return sooner to productive lives in the community and reduce the burden of breast cancer on society, families, and the health care system
- ▶ Women in their 40s and 50s are at the height of their professional and personal productivity and often have important responsibilities for dependent children or aging family members.



Early detection allows for improved survival



99.8%

Five-year survival rate for
Stage I breast cancer

Survival rates increase dramatically when cancer is found early.

Breast cancer has 4 stages.

Stage 1 is early stage, treatable disease and survival at 5 years is 99.8%

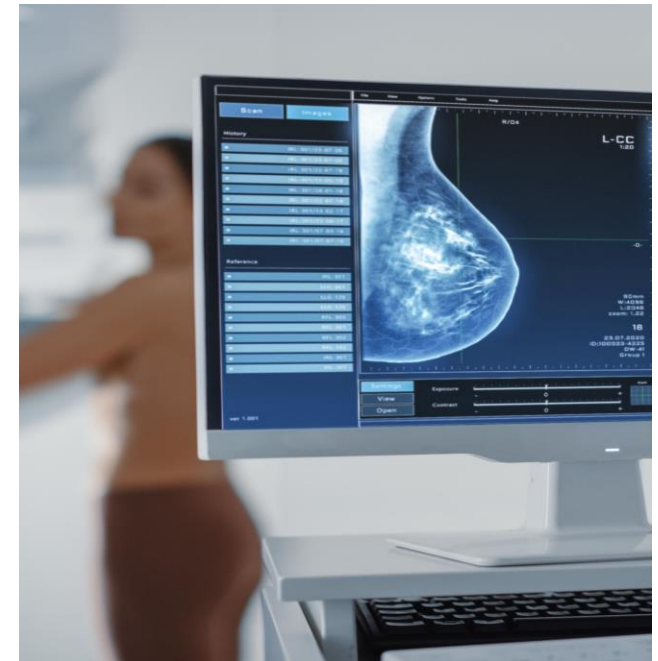
Stage 4 is incurable and survival at 5 years is 23%

Policies against screening in 40s are based on a flawed study

- ▶ Canadian Task Force on Preventive Health Care recommends against routine mammograms for “average risk” women ages 40 – 49
- ▶ Task Force uses studies from 40-60 years ago and ignores current evidence
- ▶ Recommendations for women 40-49 were largely based on a highly flawed study done in Canada in the 1980s
- ▶ Study lacks validity for multiple reasons: compromised randomization, poor image quality, etc
- ▶ Because Task Force excludes breast cancer experts (radiologists, oncologists and surgeons) they were unaware of the flaws in the Canadian study, and ignored experts when they gave input

Women in New Brunswick in their 40s face barriers in accessing breast screening

- ▶ Women aged 40-49 cannot access a screening mammogram unless they have a referral from their doctor
- ▶ A growing number of women do not have a family doctor to provide the requisition; self-referral should be permitted
- ▶ Many physicians are reluctant to provide the referral, stating that they are following recommendations from Canadian Task Force (CTF)
- ▶ If women do get a referral – it's done outside the screening program. Outcomes should be tracked



The guideline states the decision to screen is a woman's

Although the Canadian Task Force (CTF) guideline states that a woman can make the decision to have a mammogram after discussing the benefits and harms/risks of mammograms with her health care provider, many physicians are unaware that it is a woman's decision.

Many women report that their physicians refused to provide a referral, believing they were following the CTF guidelines

Harms (anxiety, false positives and over detection) have been overstated while benefits (saving life and reducing harsh treatment) have been understated

What the Breast Screening Guidelines Say for Women Ages 40-49

- *For women aged 40 to 49 years, we recommend not screening with mammography; the decision to undergo screening is conditional on the relative value a woman places on possible benefits and harms from screening. (Conditional recommendation; low-certainty evidence)*
 - Some women aged 40 to 49 years may wish to be screened based on their values and preferences; in this circumstance, care providers should engage in shared decision-making with women who express an interest in being screened.

New Brunswick lags behind other jurisdictions

Women ages 40-49 have access to screening in several other jurisdictions.

Canada

- ▶ Currently, 4 jurisdictions allow women to self-refer starting at 40: Nova Scotia, Prince Edward Island, Yukon, and BC.
- ▶ In Alberta and NWT, women require a requisition only for their first mammogram in their 40s and may self-refer thereafter.
- ▶ Alberta has recently lowered the age the screening program begins to 45
- ▶ Saskatchewan has committed to including women in the screening program at 40 beginning in 2024/2025.

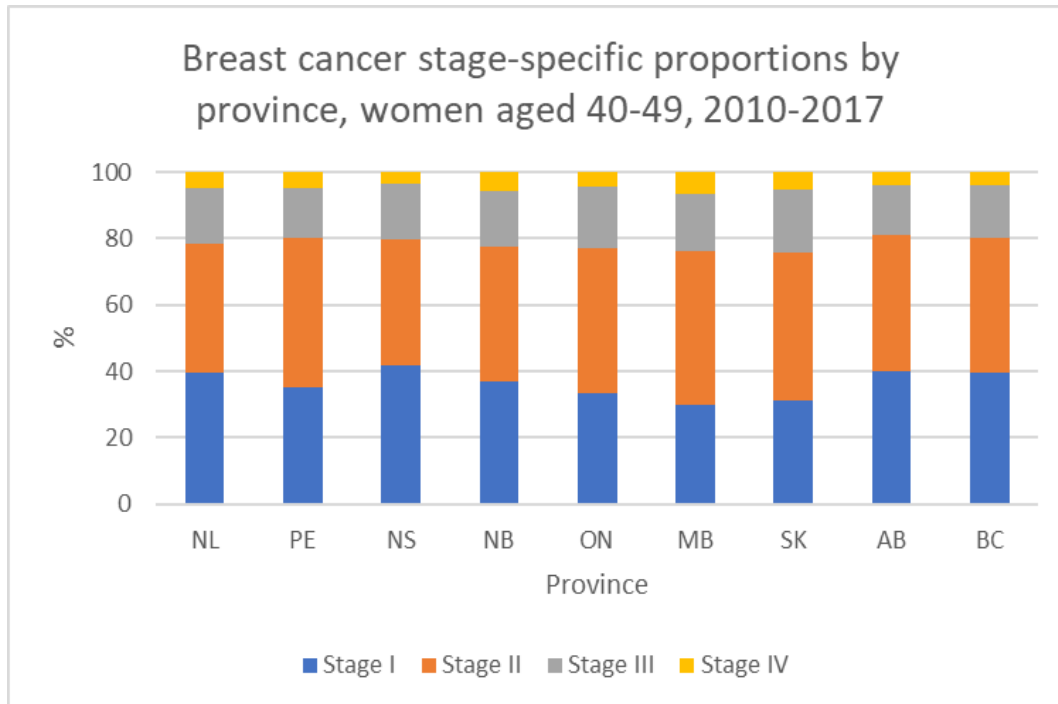
United States

- ▶ The US congress placed a moratorium on the 2009 and 2016 breast screening guidelines, which recommended against screening in the 40s. Guidelines recommending screening in the 40s are being used instead.

Europe and Asia

- ▶ National screening programs in Greece, Iceland, Turkey, Korea, Japan and Sweden start at 40.

More advanced cancers seen in provinces like New Brunswick that do not screen



Source: Canadian Cancer Registry
Programs beginning screening at 40: BC, PEI, NS. Not shown YT

- ▶ Recent study by University of Ottawa and Statistics Canada using the Canadian Cancer Registry data
- ▶ Study demonstrates that provinces, such as NB, that do not screen women in their 40s have higher rates of advanced breast cancers in women diagnosed in their 40s and 50s. (Wilkinson et al. 2022)
- ▶ There is a clear relationship between stage at diagnosis and the inclusion in screening programs

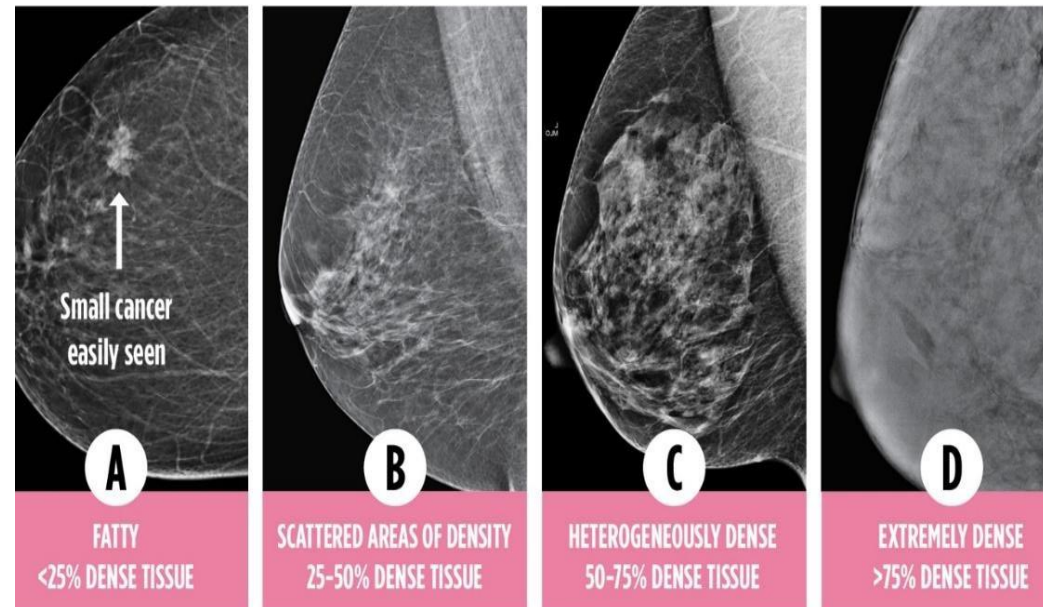
Recommendations

- ▶ Women 40-49 years of age who wish to screen should be permitted to self-refer annually and be overseen by the NB screening program
- ▶ Women should be allowed to self-refer because many women do not have family doctors
- ▶ Special attention should be given to Black, Asian, Hispanic women, who tend to have poorer breast cancer outcomes at earlier ages.
- ▶ Health care providers need updated information about earlier detection of breast cancer

The need for supplemental screening for women with dense breasts

Women with dense breasts need additional screening

- ▶ Dense breast tissue makes it harder to see cancer on a mammogram and increases the risk of getting breast cancer
- ▶ Cancer in women with dense breasts is often discovered when a woman feels a lump after a 'normal' mammogram. These are called interval cancers, and they are more aggressive cancers, later-stage and have a poorer prognosis
- ▶ Many more cancers could be detected early, and lives saved, if women with dense breasts were offered supplemental screening.



Recent Canadian study finds additional cancers using ultrasound

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- ▶ Known since 1995 that ultrasound finds significant numbers of additional cancers missed on mammograms. Many studies have followed all showing benefit of ultrasound.
- ▶ In 2022, a study in BC found 7 additional cancers per 1000 women using supplemental screening ultrasound exams.
- ▶ Cancers were small and node negative
- ▶ 40% of cancers found were in women with no family history and 60% were in women with Category C density

Randomized Control Trial in Japan showing the benefits of ultrasound

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- ▶ RCT of supplementary ultrasound screening (J-START) underway in Japan
- ▶ Preliminary findings are showing greater cancer detection of node negative cancers, and a reduction of interval cancers by half.
- ▶ Reduced interval cancers precede mortality reduction
- ▶ It would be unethical to let women die while we wait for decades for J-START to mature to show mortality reduction.

New Brunswick lags behind other jurisdictions

- ▶ Screening ultrasound for women with dense breasts is accessible in BC and Alberta, and covered by provincial health insurance
- ▶ PEI has committed to ultrasound for women with Category D
- ▶ In other provinces, access can vary depending on the physician
- ▶ Six provinces offer annual screening with mammography to women in Category D. New Brunswick does not
- ▶ Based on new RCT data from the Netherlands, the European Society of Breast Imaging now recommends MRI every 2-4 years for all women in Category D. Yet, in New Brunswick, screening ultrasound is not even easily accessible for women with dense breasts

Recommendation

- ▶ To prioritize the health of New Brunswick women, the government should offer supplemental screening for women with dense breasts.

Takeaway

Allowing women to participate in NB's organized mammography screening program by self-referral beginning at age 40 and offering screening ultrasound to women with dense breasts will:

- ▶ improve early detection of breast cancer
- ▶ reduce mortality
- ▶ reduce suffering related to breast cancer for women in New Brunswick and those who care about them

Thank you



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