

Breast Screening Advocacy Toolkit

Getting the breast screening YOU need



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Section 1

Introduction

1.1 About Dense Breasts Canada

Dense Breasts Canada (DBC) is a non-profit founded in 2016. We are a national group made up of breast cancer survivors, dedicated individuals and healthcare professionals.

DBC has successfully advocated in six provinces that women be directly told their breast density in their mammogram result letters. Two more jurisdictions will be telling women in the near future, making eight.

Hundreds of thousands of women in Canada have now been informed that they have dense breasts and can be proactive about their breast cancer risk.

We are dedicated to do more.

DBC is calling for better screening practices across Canada, including:

- self-referral and annual mammograms for women aged 40-49
- notification for all women of their breast density and associated risk
- supplemental screening for women with dense breasts and
- revision of dangerous Canadian breast screening guidelines.

Dense Breasts Canada is committed to providing Canadian women with accurate, current information to support informed decision-making and self-advocacy for optimal screening. You are truly your own best advocate, but we're here to help.

Until there's a cure for breast cancer, let's find cancer early.

Dense Breasts Canada
October 2022

About mybreastscreening.ca

Dense Breasts Canada launched mybreastscreening.ca to educate and empower women about breast screening. Breast screening saves lives but serious gaps exist between the Canadian breast screening guidelines, provincial screening program practices, and the latest research by breast cancer experts.

[Mybreastscreening.ca](https://mybreastscreening.ca) helps women be proactive about their breast health, navigate their provincial screening programs and have informed conversations with their health care providers.

1.2 Your advocacy toolkit

To help you advocate for your own health and screening needs, we created this advocacy toolkit. It was designed to help you advocate for yourself and the rights of other women to get the screening that is needed.

Over the past six years, women across the country have shared with us their challenges in accessing optimal breast screening. From our conversations with Canadian women and our [surveys](#) of thousands more, we learned about the many gaps and inequities in access to optimal breast screening in Canada.

The guide is organized into 7 sections that cover self-advocacy and political advocacy.

In **Sections 1 to 5**, you'll find current and relevant information to help you make the best decisions for your health and advocate for screening that can help find cancer early. We've also included practical resources based on recommendations from Canadian experts.

Regardless of the improvements in breast cancer treatment, **survival depends on tumor size and stage at diagnosis.** **Survival at 5 years** of stage 1 breast cancer is 99%, while it is 23% for stage 4 cancers. Finding cancer early not only impacts survival, but it improves quality of life by **reducing the need for more aggressive treatment and surgery.**

Unfortunately in Canada, there are obstacles to early detection of breast cancer and these obstacles vary by province. In **Section 6**, we discuss how you can help advocate for improved breast screening practices in your province and in **Section 7**, we share our national advocacy campaign and suggestions on how you can help advocate for the revision of dangerous Canadian breast screening guidelines.

Together, through the use of our collective voices, we hope to affect change and eliminate policies hindering the early detection of breast cancer. With lives at stake, Canadian women need action immediately.

Disclaimer: The material in this guide is meant to provide information only. It is not a substitute for a professional medical opinion. Readers are encouraged to confirm the information in this guide with other sources, including their healthcare provider. If you have a medical problem, please contact a qualified healthcare professional. You should never ignore professional advice or delay seeking treatment based on the information contained in this booklet. The content of this guide is based on scientific research available at the time of production.

Section 2

How to advocate for
yourself if you have
dense breasts

2.1 How can I find out if I have dense breasts?

Your breast density is determined by the radiologist reviewing your mammogram. In some provinces a computer is used to measure the breast density. Breast density is NOT determined by the size or firmness of your breasts. You cannot tell density by look or feel.

Where you live in Canada affects the information you receive about your breast health and your access to optimal imaging.

If you live in British Columbia, Nova Scotia, Alberta, Manitoba, New Brunswick, Prince Edward Island, or Ontario:

Dense Breasts Canada has advocated successfully in your province for breast density notification. That means you and your healthcare provider are informed of your breast density category.

You will be told your breast density category in the mammogram results letter that is mailed to you (screening mammograms only).

The four categories of breast density are A, B, C or D. Category C and D are dense breasts. If you have dense breasts, you can learn about the risks and discuss additional screening with your provider. Suggestions and conversation tips for that important conversation can be found in Sections 2.3 and 2.7.

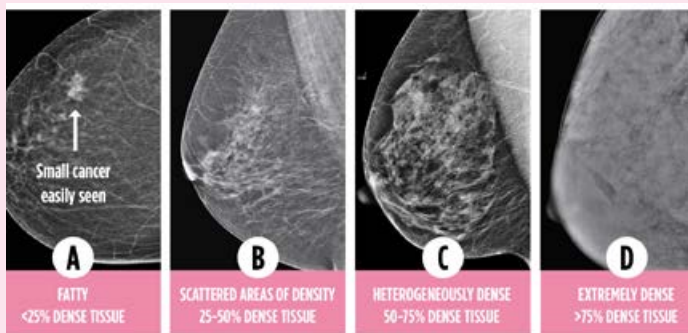
If you live in Newfoundland and Labrador, Saskatchewan or Yukon:

You will be informed in your mammogram results letter of your density category only if your density is over 75% (Category D).

You will also be asked to return annually for a mammogram if you are over 75% density.

However, dense breasts also include those with 50% and over dense tissue (Category C), not just 75% (Category D). Women in the 50-75% category are currently not told they have dense breasts. Dense Breasts Canada has been advocating that all women be told. Until all women are told, you can ask your healthcare provider if the radiologist described your density category in your report. Some radiologists are including this information. The density category is in all Ontario reports and you can ask your doctor. Only the radiologist who views your mammogram can assess your breast density.

The four categories of breast density



The higher the density, the harder it is to detect cancer.

Image source: densebreastsCanada.ca

Breast Density - Provincial Comparison Chart

Province	All women are told density	Only Category D are told density	Women in Category D offered annual mammograms
BC	X		
NS	X		
PEI	X		X
YT		X	X
AB	X		
MB	X		
NB	X		
SK		X	X
ON	X		X
NL		X	X
QC			
NWT			X

2.2 I have dense breasts. What should I know so I can be proactive?

- Breasts that are dense have more glandular tissue than fat.
- Dense breasts are common and normal, and **over 43% of women** have them.
- Dense breast tissue increases the risk of breast cancer and increases the risk that cancer can be masked on a mammogram.
- Both cancer and dense tissue appear white, so cancer may be hard to see.
- Additional screening, such as ultrasound can find cancers hidden in dense breasts and can find them when they are small.

Cancers are much easier to see in fatty breasts

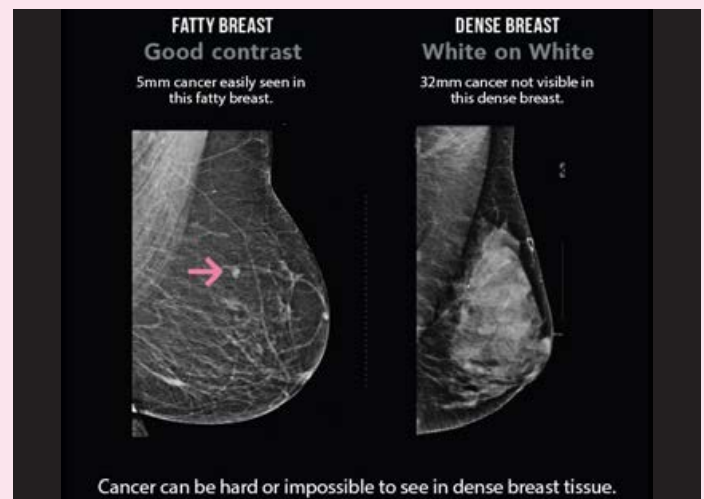


Image source: densebreastsCanada.ca

2.3 Discussing your density category and risk factors with your healthcare provider



Image source: vanguardmedgroup.com

Questions to consider for your discussion with your healthcare provider:

1. How does my density impact my breast cancer risk and what are the ways that I can address it?
2. What if I have other known risk factors, in addition to having dense breasts?
3. What are the most appropriate imaging procedures for my personal breast density category, personal history, and other medical considerations?
4. What is my overall risk? Here's how you can help you and your provider find out:

2.4 How can I calculate my overall risk of breast cancer?

A breast cancer risk calculator is a tool that can help you and your healthcare provider better understand your risk and make informed decisions. The TYRER-CUZICK 8 model includes breast density as a risk factor. It's a well-studied and widely-used model that is easy and quick. The model calculates 10 year risk and lifetime risk. **Check it out.** The tool is for women who have not had breast cancer. Please note: Click Imperial Units and if you know your density, click BIRADS. If you don't know your density, you can still use the model. You can also try it again when you find out your density.

If you have a personal history of breast cancer, your lifetime risk of another breast cancer can be calculated using a different tool called CanRisk or BOADICEA, which is usually done with the help of genetic counsellors. The lifetime risk of breast cancer for an average risk woman at 40 years and older is about 1 in 8 (12%). For the high risk category, the lifetime risk is 1 in 4 (25%). Annual mammography starting at age 30 and annual screening MRI is recommended.

2.5 Three things experts recommend for women with dense breasts

Experts recommend:

1. **Both** mammogram and screening ultrasounds for women with dense breasts. You can ask your provider for a requisition for a screening ultrasound. See our conversation tip sheet in Section 2.7
2. Breast self-exams; women with dense breasts have a greater risk of finding a cancerous lump that might be missed on their mammograms.
3. Modifying your lifestyle risk factors (alcohol, diet, exercise) to decrease your risk.



2.6 I know I need additional screening. How can I advocate for it?



Image source: Philips.com

Depending on where you live, you may or may not need to advocate for yourself. Screening ultrasound is accessible in BC and AB. Elsewhere, you may need to be prepared to advocate for yourself.

As an informed patient, let your provider know you are aware of the following risks to your health:

- The cancer risks associated with dense breasts:
 1. Dense breasts are an independent risk factor and increase the risk of breast cancer.
 2. The unreliability of mammography for dense breasts because of the masking effect. Both cancer and dense tissue appear white on a mammogram, making it more difficult to see cancer. This affects both categories of dense breasts.
- The increased risk of interval cancers for women with dense breasts. Interval cancers are those detected in between mammograms and usually present as a lump after a normal mammogram.
- The proven ability of ultrasound and MRI to detect additional cancers missed by mammograms, reduce interval cancers, and reduce the incidence of advanced cancers.

Please note: Although the evidence is decades old, not all healthcare providers are aware of the risks of dense breasts. Our survey results indicated that there are significant gaps in awareness. That is why it is important that you are informed.

In the next section, 2.7 read our conversation tips for your discussion with your healthcare provider



2.7 Conversation tips for discussions with healthcare providers about additional screening



Image source: Istock

We've written these conversation tips to help you overcome potential barriers to accessing the essential screening you need. You are your own best advocate.

You can print the conversation tips listed below using this [link](#)

If your healthcare provider says: The Canadian breast cancer screening guidelines do not recommend screening ultrasounds for women with dense breasts.

You can respond: I understand that is the recommendation but since there is an increased cancer risk with dense breasts and since mammograms are not as effective because of the masking effect, I would like to schedule an ultrasound to be safe.

Additional information: Since 1995, ultrasound has been proven in multiple studies to **detect** significant numbers of additional cancers missed on mammograms. A randomized trial underway has demonstrated significant reduction in interval cancers.

If your healthcare provider says: You don't have a family history or any other risk factors and so you don't need to worry about additional screening.

You can respond: Dense breasts are actually a **more prevalent risk factor than family** history. Most women diagnosed with breast cancer have no risk factors they are aware of. I would like to go ahead and schedule an ultrasound. You can also mention a recent Canadian study of supplemental screening with ultrasound. The **study** found 7 cancers per 1000 screens. Of those, 40% had no family history and 60% were Category C.

If it applies to you, you can remind your healthcare provider that Black, Asian and Hispanic women are at an **increased risk for breast cancer at a younger age than white women.

If your healthcare provider says: Having a screening ultrasound can result in a "false positive", meaning you will be recalled for more testing. These tests can create anxiety for you.

You can respond: I understand that there's a chance that more tests will be needed if something is picked up. I'd rather be safe than sorry. I understand any anxiety I experience will be short-lived if I have a normal result. And if the result is not normal, I'd prefer to have cancer found at an early stage, rather than a later stage. I would like to go ahead and schedule an ultrasound.

2.8 Recommendations from Canadian and European experts on supplemental screening

A recently published review article by leading **Canadian experts**, states that women with dense breasts should ideally be offered supplemental screening.

What are the recommendations from The European Society of Breast Imaging (EUSOBI)



The European Society of Breast Imaging (EUSOBI) recommends MRI be used as a screening method in women with extremely dense breasts. There is compelling evidence that MRI can reduce breast cancer mortality and is cost-effective. "In light of the available evidence, in women aged 50 to 70 years with extremely dense breasts, the EUSOBI now recommends offering screening breast MRI every 2 to 4 years. The EUSOBI acknowledges that it may currently not be possible to offer breast MRI immediately but urges radiological societies and policymakers to act on this now." They also state all women should be informed of their breast density.

What do the Canadian Association of Radiologists and the Canadian Society of Breast Imaging say about supplemental screening for women with dense breasts



You can consider printing **these recommendations** from Canada's breast cancer screening experts: the Canadian Association of Radiologists and the Canadian Society of Breast Imaging on ultrasound.

The Canadian Society of Breast Imaging also came out with a report earlier this year suggesting that MRI should be considered for women with the most dense breast tissue.

Recommendations don't necessarily translate into reality but are important components when advocating for yourself. In Canada,

women with dense breasts have difficulty accessing even ultrasound, let alone MRI.

Ultrasound finds an additional 3-4 cancers per 1000 women, missed by mammogram, while **MRI finds an additional 16 per 1000 women**.

Women with dense breasts are not getting the screening they need. The evidence is there and that is why self-advocacy and collective advocacy are needed.

2.9 I have dense breasts and breast cancer. What screening is recommended?

The American College of Radiology recommends MRI for women with dense breasts and women who have had cancer. It depends on where you live in Canada as to what might be accessible. That is why advocacy is important. At the Ottawa Hospital, women who have a personal history of breast cancer receive regular mammograms every year, and supplemental screening MRI if they were diagnosed under the age of 50. MRI is not done every year because the evidence shows that MRI detects cancers at such an early stage that every two years is adequate. Since capacity is a huge issue in Canada for MRI, supplemental ultrasound after the age of 50 is used instead.

Reminder: If you have a first degree relative with breast cancer, annual screening is recommended

If your mother, sister, daughter, father, brother, or son have had breast cancer, you are at almost double the risk to get breast cancer, and should have annual screening mammograms. This is recommended by every screening program.

Read more about dense breasts:

densebreastscanada.ca

Your Comprehensive Guide to Breast Cancer Screening in Canada



Section 3

How to advocate for a
mammogram in your 40s



Image source: Istock

3.1 How can I access a mammogram at 40 in my province?

Where you live can affect your ability to get a mammogram in your 40s

If you live in British Columbia, Nova Scotia, Prince Edward Island or Yukon:

- Women with no symptoms of breast cancer or personal history of breast cancer can self-refer for a mammogram at age 40.
- A conversation with your healthcare provider about your risk factors and the benefits and limitations of mammography is recommended. However, the decision whether or not to have a mammogram is **yours**, based on your values and preferences.
- In NS, PEI and YT, you can refer annually from ages 40-49. Experts recommend mammograms every 12 months in this age bracket because breast cancer in premenopausal patients grows faster due to hormones.

If you live Saskatchewan, Manitoba, Newfoundland, Ontario, Quebec, New Brunswick or NWT:

- Although your provincial screening program invites women aged 50 and over to have a mammogram, you can begin having mammograms at age 40 with a referral from your healthcare provider.
- It's recommended that you have a conversation with your healthcare provider about the benefits and limitations of mammograms, starting at age 40.
- The decision whether or not to have a mammogram is **yours**, based on your values and preferences, according to **Canadian breast screening guidelines**.

Screen Program Practice

Province	Can Self-Refer Age 40+	Can Self-Refer Annually Age 40s	Need a Requisition from Age 40-49
BC	X		
NS	X	X	
PEI	X	X	
YT	X	X	
AB	Age 45		1st Screen Only Age 40-45
MB			X
NB			X
SK			X
ON			X
NL			X
QC			X
NWT		After 1st screen	1st Screen Only

If you live in Alberta or NWT, you only need a requisition for your first mammogram in your 40s and after that you can self-refer

- Although your screening program invites women aged 50 and over, you can begin having mammograms at age 40.
- As long as you have no signs of breast cancer, you can access a screening mammogram between ages 40-49 with a referral from your healthcare provider. You can self refer at 45 in Alberta.
- After your first mammogram, you can book your own mammogram. You do not need another requisition. **Making a choice about breast screening over the age of 40 is your decision.**

3.2 Benefits & Limitations of Mammograms

Canadian women in their 40s are asked to participate in shared decision making by having a conversation with their healthcare providers about the benefits and limitations of mammograms. That discussion requires accurate, current information so women can make an informed decision. Unfortunately, Canadian breast screening experts have found that our healthcare providers have been provided with misinformation from the Canadian Task Force on Preventive Healthcare. The experts recently published a review article to dispel the misinformation. You can read it [here](#).

Current evidence shows that the benefits of mammograms outweigh the limitations for women aged 40-74.



Image source: Scientific American Blog

Benefits

- **Mammograms can find cancer early.**
Mammograms **can find cancers 2-3 years** before they can be felt. Finding breast cancer early can increase survival and also reduce the need for harsher treatments like chemotherapy and mastectomy.
- **A mammogram can save your life.**
Multiple studies have found that routine screening from age 40-74 substantially reduces deaths from breast cancer. Women aged 50-74 are **40% less likely to die of breast cancer**, than women who don't, and women aged 40-49 who have mammograms are **44% less likely to die of breast cancer**.
- **Having a mammogram is the only way you can find out your breast density.**
It's important to know if you have dense breasts, which can increase your risk. Your breast density can only be assessed by the radiologist after a mammogram.

Limitations

- **Mammograms may lead to more tests which can create anxiety.**
When the radiologist sees anything concerning, that might or might not be cancer, you will be recalled for additional testing, and that can be frightening. Some people call these "false positives," but this term is a misnomer. Additional images are obtained to find out if cancer is present, or not. About **10% of women are recalled and over 95%** of these women do not have cancer. Waiting for the extra tests and the results can be stressful. However, the **anxiety is short lived** and does not harm women psychologically in the long term.
- **Over detection/Over diagnosis.**
You may be told that there is a theoretical possibility that you could be diagnosed and treated for a cancer that would never threaten your life, even if it was not treated. Since it is impossible to tell the difference between harmless cancers and deadly ones, all cancers are treated. You may be told that the estimated rate of **over detection is 41 percent of breast cancers**. Experts estimate the rate is actually between **1-10%**.
- **Not all breast cancers will be detected by mammograms.**
Cancer may not be visible on the mammogram or may develop between two mammograms. The location of the cancer, and a woman's breast density can make cancers more or less difficult to see.
- **Not all women whose cancers have been found by mammograms will survive.**
Treatment does not always lead to survival, even when cancer is detected at an early stage.
- **Mammograms use low doses of radiation.**
A mammogram is a low dose X-ray. The risk of breast cancer due to **radiation emitted during a mammogram negligible after age 40**. The benefit of early diagnosis and treatment for breast cancer far outweighs the risk of the small amount of radiation received during a mammogram.

3.3 Why screening at 40 is important:

- The benefits of mammograms outweigh the risks.
- The most lives are **saved by starting mammograms at age 40**.
- **17% of breast cancers occur** in women in their 40s.
- Cancers in the 40s tend to be more aggressive. Women aged 40-49 who have mammograms are **44% less likely to die** of breast cancer than women who do not have mammograms.
- When cancer is detected early, the need for chemotherapy and mastectomy, and the risk of lymphedema is reduced.
- Black, Asian and Hispanic women **have earlier onset and peak** breast cancer incidence in the late 40s (compared to white women, whose breast cancer incidence peaks in the early 60s).

3.4 Conversation tips for your discussion with your healthcare provider about screening at 40.

You can download the tips listed below at this [link](#)

If your healthcare provider says: The Canadian breast cancer screening guidelines do not recommend mammograms for women in their 40s.

You can respond: I understand that is the recommendation but it also states that the decision whether or not to have a mammogram is a woman's and that depends on the **values she places on any possible benefits and harms**. Therefore, based on my values, this is my decision and I've decided to get a mammogram.

If you need a further response: You can use this quote from Task Force vice-chair Dr. Ainsley Moore, "The new guidelines are **intended for an empowered position**, which puts the decision-making in the hands of the individual woman in terms of what she prioritizes." Based on a woman's values and preferences, the decision to undergo screening is conditional on the relative value **a woman** places on possible benefits and harms from screening.

If your healthcare provider says: You don't have a family history or other risk factors and so you don't need to start screening in your 40s.

You can respond: I'm aware that the biggest risk factor for breast cancer is being a woman and that over 80% of women diagnosed with breast cancer have no risk factors.

If it applies to you, you can remind your healthcare provider that Black, Asian and Hispanic women are at an **increased risk for breast cancer at a younger age than white women.

If your healthcare provider says: Having a mammogram can result in a "false positive", meaning you may be recalled for more testing. These tests can create anxiety for you.

You can respond: I understand there's a chance that more tests will be needed after my mammogram to make sure there is no cancer. I understand that **less than 10% of women are recalled**.

I'd rather be safe than sorry. I understand any anxiety I experience will be short-lived if I have a normal result. And if the result is not normal, I'd prefer to have cancer found at an early stage, rather than a later stage.

If your healthcare provider says: Having a mammogram can result in over-diagnosis. That means finding a cancer that if left untreated would never cause you any harm, but if detected requires treatment and surgery.

You can respond: I understand and I'm willing to accept that I may be treated for something that might never have become a problem if left untreated. Again, better safe than sorry.

If your healthcare provider says: This graphic shows that out of 1000 women who have a mammogram, only 1 life is saved.

Your response: I learned the Canadian Society of Breast Imaging states **two lives are saved**. I also know that finding cancer early means I may avoid harsh medical treatments like chemotherapy and mastectomy that can reduce the quality of my life.

As stated in the Canadian guideline, the decision to have a mammogram is yours and therefore you have a right to have a mammogram in your 40s, no matter what province you live in.

We've written these tips to help you advocate for yourself and overcome any potential barriers in your discussion with your provider about starting mammograms at 40.

Your healthcare provider may not be aware that the decision to screen at 40 is a woman's decision based on her values and preferences, as stated in the breast screening guidelines made for healthcare providers.

If you continue to be denied a mammogram, you can consider asking your healthcare provider to write in your file that you requested a mammogram but were denied.

Factsheet: To help prepare for your conversation with your healthcare provider, we've also prepared a **factsheet**



3.5 If you have a symptom of breast cancer, don't be dismissed.

Any lump or change in the breast should be investigated with imaging. Although most lumps are not cancer, they cannot be dismissed by a healthcare provider without investigative imaging. Sometimes women are told they are too young for breast cancer or that the lump is just a 'cyst'. Please make sure to always advocate for imaging if there has been a change in your breast. You can familiarize yourself with the 12 symptoms of breast cancer using the app from knowyourlemons.org

3.6 If you are in your 20s or 30s.

Canadian experts recommend that ALL women, especially Asian, Hispanic and Black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30.

**OUR APP SHOWS YOU
WHAT BREAST CANCER
CAN LOOK + FEEL LIKE:**

thick area dimple nipple crust red or hot new fluid skin sores

bump growing vein sunken nipple new shape/size "orange peel" skin

hard lump

knowyourlemons.org

KNOW YOUR LEMONS APP

Image source: Know Your Lemons

Section 4

How to advocate for a
mammogram after age 74



Image source: shurkin_son

The risk of breast cancer continues to increase with age, so it is recommended to continue screening if you are in good health, have a life expectancy of at least 10 years. Figures from Statistics Canada indicate the average life expectancy for a 75-year-old woman is 13 years. At age 80, it's 10 years.

4.1 How can I access a mammogram after age 74 in my province?

If you live in British Columbia, Manitoba, Nova Scotia, Saskatchewan, Newfoundland/Labrador, Yukon or NWT:

- Women over the age of 74 can continue to book their own mammograms every 2 years (1 year if there is a first degree relative with breast cancer).
- Making a choice about breast screening over the age of 74 is **your decision**.
- It is recommended that you have a conversation with your healthcare provider about the benefits and limitations of mammography to decide if continuing mammography is right for you.
- A reminder letter will no longer be sent.

If you live in Ontario, Alberta, Quebec, Prince Edward Island or New Brunswick:

- Women over the age of 75+ can continue to have mammograms but a requisition from the healthcare provider is needed.
- Making a choice about breast screening over the age of 75 is **your decision**.
- A reminder letter will no longer be sent.
- It is recommended that you have a conversation with your healthcare provider about the benefits and limitations of mammography to decide if continuing mammography is right for you.

Provincial Comparison Chart

Province	Screening Program Practices for Women Age 75+	
	75+ need a requisition	75+ can self-refer
BC		X
NS		X
PEI	X	
YT		X
AB	X	
MB		X
NB	X	
SK		X
ON	X	
NL		X
QC	70+	
NWT		X

Section 5

Advocating in your province for better screening

Over the past few years, Dense Breasts Canada's advocates have engaged in conversations with Health Ministers, MLAs, MPPs and the leadership of provincial screening programs. Each province has its own practices and clearly there are differences in what is offered. We believe that a woman's postal code should not influence whether a cancer is found early, but it does.

Ways to advocate:

- Reach out through email to your MLA/MPP and your Health Minister by simply sending in our template letter below. You can take it a step further by asking for a call as well. We are happy to join you on the call.
- Write your own letter to describe your situation and how you've been impacted.

- Join our group of dedicated advocates to learn about more ways to help get change in your province. Email Info@densebreastscanada.ca
- Ask your political representative to arrange a meeting with all the women caucus members and you and Dense Breasts Canada.
- Speak to your contacts about issues in your province impacting women's health.
- Reach out to media with a half page summary of your story, the issue and why it matters.

Here is a summary of our advocacy in each province and information on how you can help advocate to improve screening practices in your province.

Contacting your political representatives	Update on advocacy: where your province stands on optimal screening
<p>BRITISH COLUMBIA</p> <p>How can I find my provincial political representative?</p> <p>Member (leg.bc.ca)</p> <p>What is the contact information for the Health Minister of BC?</p> <p>HLTH.Minister@gov.bc.ca</p>	<p>Women in BC can self-refer at age 40.</p> <p>Women in BC are told their density after a screening mammogram. Women with Category C and D density can have an ultrasound paid for by MSP as long as they have a requisition from their provider.</p> <p>Advocacy in BC continues as there are not enough locations providing screening ultrasound for women with dense breasts.</p> <p>Link to advocacy letter: https://bit.ly/3erHL6r</p>
<p>ALBERTA</p> <p>How can I find my provincial political representative?</p> <p>Who's My MLA - Search Elections Alberta</p> <p>What is the contact information for the Health Minister of Alberta?</p> <p>Health.minister@gov.ab.ca</p>	<p>Advocacy continues for screening at 40. Currently women need a requisition for their first screen in the 40s. Thereafter, they can self-refer.</p> <p>All women are told their breast density after a screening mammogram. Screening ultrasound is easily accessible in Alberta.</p> <p>Link to advocacy letter: https://bit.ly/3B1M1RT</p>
<p>SASKATCHEWAN</p> <p>How can I find my provincial political representative?</p> <p>MLAs (legassembly.sk.ca)</p> <p>What is the contact information for the Health Minister of Saskatchewan?</p> <p>He.minister@gov.sk.ca</p>	<p>A system upgrade is underway and there is a commitment from the government to tell ALL women their breast density in 2023. Currently, only women in Category D are told.</p> <p>As well, the government has committed to implementing self-referral for mammograms at 40, starting in 2024-2025.</p> <p>Currently, women in Saskatchewan with dense breasts have difficulty accessing screening ultrasound and advocacy is needed. If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3qwQWoQ</p>

Contacting your political representatives	Update on advocacy: where your province stands on optimal screening
<p>MANITOBA</p> <p>How can I find my provincial political representative?</p> <p>WHERE DO I VOTE? (electionsmanitoba.ca)</p> <p>What is the contact information for the Health Minister of Manitoba?</p> <p>minhsal@leg.gov.mb.ca</p>	<p>All women are told their breast density after a screening mammogram.</p> <p>Advocacy is needed for:</p> <ol style="list-style-type: none"> 1. Supplemental screening for women with dense breasts 2. The ability to self-refer for a mammogram at age 40. <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3cZ9N9h</p>
<p>QUEBEC</p> <p>How can I find my provincial political representative?</p> <p>Members - National Assembly of Québec (assnat.qc.ca)</p> <p>What is the contact information for the Health Minister of Quebec?</p> <p>ministre@msss.gouv.qc.ca</p>	<p>Advocacy continues on two issues:</p> <ol style="list-style-type: none"> 1. Density notification. All women need to be told their density category. 2. The ability to self-refer for a mammogram at 40 <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3RyjJXL</p>
<p>ONTARIO</p> <p>How can I find my provincial political representative?</p> <p>Search - Elections Ontario</p> <p>What is the contact information for the Health Minister of Ontario?</p> <p>The Honourable Sylvia Jones: sylvia.jones@ontario.ca</p>	<p>Advocacy continues on two issues:</p> <ol style="list-style-type: none"> 1. Density notification for women in all categories. Currently, only women in Category D are informed. 2. The ability to self-refer for a mammogram at 40. <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3TT174V</p>
<p>NEWFOUNDLAND AND LABRADOR</p> <p>How can I find my provincial political representative?</p> <p>Current Members of Parliament - Members of Parliament - House of Commons of Canada (ourcommons.ca)</p> <p>What is the contact information for the Health Minister of Newfoundland & Labrador?</p> <p>hcsminister@gov.nl.ca</p>	<p>Advocacy continues on two issues:</p> <ol style="list-style-type: none"> 1. Density notification for women in all categories. Currently, only women in Category D are informed. 2. The ability to self-refer for a mammogram at 40. <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3Dd20iF</p>
<p>NEW BRUNSWICK</p> <p>How can I find my provincial political representative?</p> <p>Elections NB - Search your provincial election information (gnb.ca)</p> <p>What is the contact information for the Health Minister of New Brunswick?</p> <p>The Honourable Bruce Fitch: bruce.fitch@gnb.ca</p>	<p>All women are told their breast density after a screening mammogram.</p> <p>Advocacy is needed for:</p> <ol style="list-style-type: none"> 1. Supplemental screening for women with dense breasts. 2. The ability to self-refer for a mammogram at age 40. <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3QqypoY</p>

Contacting your political representatives	Update on advocacy: where your province stands on optimal screening
<p>NOVA SCOTIA</p> <p>How can I find my provincial political representative?</p> <p>Who's My MLA (electionsnovascotia.ca)</p> <p>What is the contact information for the Health Minister of Nova Scotia?</p> <p>Health.minister@novascotia.ca</p>	<p>Women in NS can self-refer at age 40.</p> <p>Women in NS are told their density after a screening mammogram.</p> <p>Advocacy continues for supplemental screening for women with dense breasts.</p> <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3RUATNE</p>
<p>PRINCE EDWARD ISLAND</p> <p>How can I find my provincial political representative?</p> <p>Current Members of Parliament - Members of Parliament - House of Commons of Canada (ourcommons.ca)</p> <p>What is the contact information for the Health Minister of PEI?</p> <p>MinisterHW@gov.pe.ca</p>	<p>Women in PEI can self-refer at age 40.</p> <p>Women in PEI are told their density after a screening mammogram.</p> <p>Advocacy continues for supplemental screening for women with dense breasts.</p> <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3xbDbjq</p>
<p>YUKON</p> <p>How can I find my provincial political representative?</p> <p>Current Members of Parliament - Members of Parliament - House of Commons of Canada (ourcommons.ca)</p> <p>What is the contact information for the Health Minister of the Yukon?</p> <p>The Honourable Tracy McPhee: Tracy.mcphee@yukon.ca</p>	<p>Women in Yukon can self-refer at age 40.</p> <p>Women in PEI will be told their density after a screening mammogram, starting Fall 2022.</p> <p>Advocacy continues for supplemental screening for women with dense breasts.</p>
<p>NORTHWEST TERRITORIES</p> <p>How can I find my provincial political representative?</p> <p>Members of the Northwest Territories Legislative Assembly Legislative Assembly of The Northwest Territories (ntassembly.ca)</p> <p>What is the contact information for the Health Minister of the Northwest Territories?</p> <p>The Honourable Julie Green: Julie_green@gov.nt.ca</p>	<p>Advocacy continues on two issues:</p> <ol style="list-style-type: none"> 1. Density notification for women in all categories. Currently, only women in Category D are informed. 2. The ability to self-refer for a mammogram at 40. <p>If you would like to help, please contact us.</p> <p>Link to advocacy letter: https://bit.ly/3QCbR4t</p>

Section 6

Advocating federally

Dense Breasts Canada has been advocating federally for the past 4 years, asking the Canadian federal government to:

- suspend Canadian breast screening guidelines immediately, as the US has done.
- convene a credible panel of breast cancer specialists and patients to produce guidelines based on current evidence.

In December 2021, Health Minister Duclos responded to NDP Health Critic Don Davies' question about taking action on the CTF. Minister Duclos stated, "That's a great example of something extremely important and we look forward to doing this as quickly as possible." Link to video clip [here](#). There has been no action.

The current Canadian guidelines, published in 2011, recommend that screening for average-risk women begin only at age 50. They recommend against additional screening for women with dense breasts and against breast self-exams. They differ in every way from the recommendations of experts.

There are no experts in breast cancer on the panel that developed the guidelines (rather a group that included a chiropractor, an occupational therapist, a nurse, a psychologist and a kidney specialist).

How do the Task Force recommendations for average risk women differ from the recommendations of experts?

NON-EXPERTS: Canadian Task Force Recommendations

EXPERTS: Canadian Association of Radiologists/Canadian Society of Breast Imaging

Screening for women aged 40-49 is not recommended.

Women aged 40-49 should screen annually with mammography.

Women aged 50-74 should screen every 2-3 years with mammography

Women aged 50-74 should screen every 1-2 years with mammography.

There are no recommendations for screening women over age 74

Women over aged 74 should screen every 1-2 years with mammography as long as they are in good health with life expectancy of ~7+ years.

Supplemental screening is not recommended for women with dense breasts

Women with dense breasts can benefit from supplemental screening.

Risk assessment not recommended

Risk should be assessed by age 25-30 to determine if early screening is appropriate.

Clinical breast exam is not recommended

Mammography may miss breast cancers and clinical breast exam is complementary to mammography

Breast self-exam is not recommended.

Breast self-awareness is recommended



Join us in demanding immediate action to stop the needless deaths of the women in our lives.

Canada has breast-screening guidelines that family doctors use to keep women safe. The problem is that those guidelines are flawed, outdated, and put women aged 40-74 at risk for later-stage breast cancer diagnoses.

Later-stage diagnoses mean more goodbyes, and we won't let that stand.

In the United States, the same guidelines were deemed too dangerous. Yet, in Canada we continue to use them, putting women's lives at risk.

A panel of non-breast cancer experts created these guidelines, including a chiropractor, psychologist, and kidney specialist. They did not consider current scientific evidence and their recommendations differ in every way from those of breast cancer specialists.

Canadian breast screening guidelines are dangerous:

- 17% of breast cancers occur in the 40s and are more aggressive. Yet, the guidelines do not recommend mammograms until age 50.
- Women 50 and over should ideally be screened annually or at the least every 2 years. Yet, the guidelines recommend every 2-3 years.
- Black, Asian, and Hispanic women are at higher risk of aggressive breast cancer in their 40s. Yet, the guidelines do not consider racial differences.
- Mammograms miss up to 40% of cancers in women with dense breasts. Yet, the guidelines do not recommend extra screening for women with dense breasts.
- Self-examination finds many breast cancers. Yet, the guidelines do not recommend self-exams.
- These guidelines put Canadian women at risk for later-stage cancer diagnoses, harsher treatments and death.

Sign this form to tell Canada's Health Minister Jean-Yves Duclos to:

- Immediately suspend the use of the current breast screening guidelines.
- Create a credible and accountable panel with breast cancer specialists to produce safer guidelines.

No more senseless goodbyes. Add your voice.

Section 7

Resources

Read our report: [Concerns about the Canadian Task Force on Preventive Healthcare](#)

Find MP: [Find Members of Parliament - Members of Parliament - House of Commons of Canada \(ourcommons.ca\)](#)

[Your Comprehensive Guide to Breast Cancer Screening in Canada](#)

[Brochure](#)

[Factsheet](#)

Conversation Tips [Advocating for a mammogram at 40](#)

Conversation Tips [Advocating for screening ultrasound](#)

Dense Breasts Canada Survey Report: [Failing Canadian Women: The Impact of Outdated and Inconsistent Breast Screening Practices](#)

Dense Breasts Canada Journal Article: [Marrying Story with Science: The Impact of Outdated and Inconsistent Breast Cancer Screening Practices.](#)

[A review and options for supplemental screening](#)

[How to examine your breasts by Dr Liz O’Riordan](#)

[Join our team - Volunteer roles](#)



**For more information, visit:
densebreastscanada.ca and
mybreastscreening.ca**

You are your own best advocate!