April 8, 2024

To: Women's Caucus

Re: Urgent action needed on breast cancer screening guideline update

Why we need your help
Last June, former Health Minister Duclos committed $500K to expedite a breast cancer screening update by the Canadian Task Force on Preventive Health Care (Task Force), using the latest evidence. The "updated" guidelines will be released this spring. The guidelines will be used by approximately 48,000 family doctors. We have consistently warned officials since October that the update process is deeply flawed and lacks the necessary impartiality and consideration of current scientific data. Without immediate action, the 2024 guidelines will continue to jeopardize Canadian lives.

The current guidelines are made by non-subject matter experts
The current guidelines were created in 2018 by a panel of volunteers who are not experts in breast cancer screening. They recommend against critical screening measures such as: mammograms in the 40s, self-exams, the use of the latest technology, and additional screening for women with dense breasts. There are members of the 2018 panel still on the 2024 panel. They have not taken into consideration the demonstrated harm the 2018 guidelines caused to women aged 40-59. Moreover, the Task Force has a history of making significant errors in data interpretation. Task Force members are not licensed to practice medicine in the fields for which they create guidelines, yet they dictate these guidelines for the entire country.

The Task Force is unaccountable
The Task Force was disbanded in 2005 by the Liberal government and reinstated by the Conservative government in 2010 through the University of Calgary. It was set up to be arms length scientifically from the government but effective measures for accountability and oversight were never implemented. For years, dangerous guidelines have resulted in needless deaths and suffering but we continue to hear that the government will not interfere because the Task Force is arms length. Arm's length should not mean unaccountable. Canadian women are not acceptable losses.

Interference in the scientific process by the Task Force Working Group:
The upcoming spring update is not likely to change the breast screening guidelines given the parameters predetermined by the working group.

In October, the Task Force dictated to the Ottawa Evidence Review group they wanted 40–60-year-old outdated Randomized Control Trials (RCTs) included in the review, prompting the clinical/scientific experts on the Evidence Review to request a pause in the process, due to a lack of independence. Nothing changed after the pause.
While these RCTs were helpful in demonstrating the principle that breast cancer screening saves lives, the approaches to early detection and therapy tested in these old

studies are no longer relevant to today's healthcare practices. The US used evidence past 2016 for their review.

By prioritizing outdated studies and using an epidemiology approach called GRADE to downgrade current observational evidence, the Task Force is ignoring newer research that clearly shows the substantial benefits of early detection through mammography, starting at age 40.

The Task Force interfered with the evidence review to achieve a desired outcome of downplaying the benefits of screening. This reliance on old data not only significantly understates the benefits of mammography, but it perpetuates racial disparities and harms. The old studies fail to consider the increasing incidence of breast cancer in younger women and the earlier peak incidence in minority and Indigenous women. The Task Force overemphasizes purported “harms” associated with screening (false positives and overdiagnosis).

Systemic racism and discrimination perpetuated by Task Force
The RCTs that the Task Force insists on using were conducted on white women in Canada and Europe from the 1960s to the 1980s. During the Standing Committee on Health meeting on December 6, 2023, in which we testified, Dr. Steven Narod confirmed that 98 percent of the participants in the main study used to influence Canadian guidelines (CNBSS) were white.

This preferential inclusion of trials conducted only on white women means that crucial information about screening non-white women is overlooked. Non-white women have a 2.5-fold increase in the likelihood of being diagnosed with breast cancer in their 40s and a two to three times higher likelihood of being diagnosed at a later stage. Therefore, the guidelines will discriminate against non-white women, presenting a significant equity issue for women of non-white origin in Canada.

The U.S. Task Force, provinces and Nurse Practitioners are following the science
Provincial policy changes: Ten out of 12 provinces and territories have lost confidence in the Task Force and have implemented, or committed to implementing screening in the 40s without waiting for the Task Force update.
US guidelines: The U.S. Task Force released its draft guidelines in May 2023 and recommends screening begin at 40. The US recognized the rising incidence and racial disparities and used “new and more inclusive science.”
Withdrawal of endorsements: On March 27th, the Nurse Practitioner Association of Canada withdrew its endorsement of the breast screening guidelines. The Canadian Cancer Society withdrew their endorsement in 2022.

Anti-screening bias of Task Force
The ideology of the Task Force is analogous to anti-vaccine or anti-mask physicians, of which there is a small, but damaging faction The ideology is heavily influenced by anti-screening bias, misinformation. and lack of expertise in the subject matter.

The co-chair has publicly stated anti-screening rhetoric and ideology to the media, and in recent webinars and articles. Before the review had even begun, Dr Thériault publicly voiced her opinion to media on the US lowering the age to 40 stating, “The Canadian Task Force does not intend to update guidelines set in 2018.” She also indicated on Twitter that there was no intention to recommend supplemental screening for women with dense breasts since the US did not. Most recently, Dr. Thériault has been quoted in Chatelaine Magazine devaluing the lives of women whom screening could have saved. She lectured recently at UBC where she again shared misinformation about the harms of screening in a recorded talk titled Is Screening Misunderstood. In November, an article of which she was the lead author was published in Canadian Family Physician. This article framed evidence-based, data-driven truths about the benefits of screening as “myths” to be debunked.

This isn’t just about breast screening guidelines

The lack of scientific rigor and objectivity in the work of the Task Force is not limited to breast cancer screening guidelines. It extends to many other areas (prostate, cervical, colorectal and lung cancer, ophthalmology, mental health, hepatitis, and others) where subject-matter experts, familiar with the science and clinical realities are deeply concerned by dangerous Task Force recommendations which do not align with science. The Coalition for Responsible Healthcare Guidelines has outlined specialty concerns here Attached please find an appendix re other guidelines impacting women’ health.

Implications for the Canada Health Act

The Canada Health Act requires that all Canadians be entitled to uniform health services. The variability in screening policies, resulting from a lack of confidence in the Task Force, has led to unequal access and standard of care across the country and is not in line with Canada’s Health Act. Access to screening should not be dependent on your postal code.

The high cost of breast cancer treatment

As a result of new treatments and higher survival rates, the costs of treating women with later stage breast cancer have risen significantly. Recently, Canadian researchers found that treating stage 4 breast cancer can cost over $500,000 per patient, depending on the subtype. The average costs for treating stage 4 breast cancer are at least 11x more expensive than treating stage 1. The 2023 figures can be found here. The same researchers have submitted an abstract to European Society of Medical Oncology about screening costs. Their analysis shows that breast cancer screening is not only cost effective, it results in cost savings. The high costs of treating late-stage cancer means diagnosing breast cancer early by starting screening at age 40 will save approximately 450 million dollars every year in Canada.

What you can do

Given the many issues with the Task Force, Canada will have poor quality care that is anchored in the past and not responsive to innovation and changes in science and population.

We hope that the Women's Caucus will agree that political will is ripe for the improvement of health care guidelines for Canadian women. Screening at 40 has become a North American standard. If the Canadian Task Force recommends screening starting at 50, this publicly-funded guideline will be obsolete the day it is published. Unfortunately, even in provinces where the screening age is 40, it will still have an influence on family practitioners' recommendations to their patients. Relying on national guidelines remains a standard practice for family doctors.

Your life, your sister's life, your daughter's life….so much is at stake. We can and must do better for Canadian women by placing a moratorium on the 2024 Task Force Breast Screening guidelines if they do not recommend screening initiation at 40. This was the approach taken by the US government when its 2016 US Preventive Services Task Force guidelines were released and it succeeded in reducing the avoidable loss of women's lives in the US. Please join together to speak with Minister Holland, with Prime Minister Trudeau, with your colleagues. We are all depending on you.
Thank you for your attention to this critical issue.

Appendix: Additional guideline concerns pertaining to women's health

In addition to concerns regarding the breast cancer screening guidelines, there are concerns with:

Cervical cancer screening guideline (2013)

- Task Force recommended pap test, specifically recommending against HPV screening
- Even at that time, experts were starting to recommend a change from Pap test to HPV testing. Unfortunately, experts were not permitted appropriate input.
- Australia, the Netherlands and the UK started rolling out national HPV screening programs back in 2017. The Task Force guideline still recommends against HPV screening.
- HPV screening has several significant advantages over Pap test screening:
    - It is performed at home, which increases access and equity
    - By catching changes before they become cancerous, it is associated with a decrease in development of cervical cancer by around 60%.
- Canadian women have been developing avoidable cervical cancer longer than their cohort in other counties. Australia is on track to become the first country to eliminate cervical cancer by vaccination and HPV screening.
- The Society of Obstetricians and Gynecologists of Canada (SOGC) have been working with Canadian Partnership Against Cancer (CPAC) to develop HPV screening programs in several provinces. Unfortunately, this again leads to a "postal code lottery."

Depression during pregnancy, and the postpartum period screening guideline (2022)

- Task Force recommends against using an internationally accepted screening tool for depression and pregnancy and the postpartum period.
- This will lead to more undiagnosed cases of pregnancy related and postpartum depression, along with untoward effects on women and their families.
- Objections from experts in reproductive mental health, even those that were "consulted" on the guideline.
- Suicide is a leading cause of maternal death.

Lung cancer screening guideline (2016)

- Lung cancer is the number one cause of cancer death for women in Canada (StatsCan).
- Lung cancer screening is associated with much better outcomes for lung carcinoma patients.
- The Task Force guideline provides a “weak” recommendation for screening, contrary to the understanding of experts in the field. This has had the result of very little progress in developing lung cancer screening programs across the country.
- Lives are being lost while the provinces gradually start to develop programs against the recommendations of the Task Force

Signatures were included here.