July 23, 2024

Subject: Urgent Concerns Regarding Misinformation on Breast Cancer Screening at Health Committee

Dear Premier Houston,

We are writing today to express our deep concerns regarding the proceedings at the July 9th Health Committee, specifically the discussion on cancer screenings. Misinformation was presented to the committee in response to questions about breast cancer screening for women with dense breasts, which we find deeply troubling.

As women with dense breasts, we have been impacted physically, financially, and psychologically due to the lack of essential supplementary screening. Unlike residents of British Columbia, Alberta, NWT, or Ontario, where access to necessary supplemental screening is available, we live in Nova Scotia, where no such access exists for women with dense breasts. Early detection through supplemental screening could have significantly altered our outcomes.

Historically, Nova Scotia has been a leader in breast cancer screening in Canada. The province commendably starts screening at age 40, continues past age 74, utilizes Densitas for data collection, and has a high-risk program. Therefore, it was especially disturbing to hear testimony at the Health Committee claiming there is no evidence supporting supplemental screening for women with dense breasts.

This letter aims to correct the record by outlining how the testimony from the Nova Scotia Breast Screening Program (NSBSP) neglected to acknowledge current Randomized Controlled Trials (RCTs) and decades of evidence demonstrating the benefits of supplemental screening.

We urge the government to review the data and ensure that the policies reflect the latest scientific evidence, ultimately improving the health outcomes for women in Nova Scotia.

BACKGROUND

Dense breasts are normal and common but carry two significant risks:

1. Increased cancer risk: Women with the densest breasts (category D) are four to six times more likely to develop breast cancer than those with fatty breasts (category A).

2. Masking: Dense breast tissue appears white on a mammogram, just like breast cancer, which can mask the presence of tumours. The denser the breast, the greater the possibility that cancer will be missed on a mammogram.

Dr. Sian Iles, the NSBSP's medical director, testified that 25% of women aged 40-74 undergoing screening mammograms in Nova Scotia have dense breasts, with 2% in

category D and 23% in category C. Dr. Iles acknowledged that while mammography is the best available test to detect breast cancer and reduce mortality, it is not perfect. In fact, mammography misses 40% of cancers in women with category D density and 30% in category C.

Cancers missed on mammograms continue to grow and are often discovered only when a lump is felt. These are known as interval cancers, diagnosed between scheduled screenings. Interval cancer rates are 13 to 18 times higher in women with dense breasts and these cancers tend to be larger and more likely to have spread to lymph nodes. Consequently, these women often need more aggressive treatments and have poorer outcomes compared to those with screen-detected cancers.

The purpose of screening is to detect cancers early to reduce deaths and suffering. Therefore, reducing interval cancers is a critical goal. The NSBSP has recognized the elevated risk for women with category D density and has implemented annual mammograms for them. However, since mammograms miss 40% of cancers in this category, additional measures are necessary.

Women with non-dense breasts who undergo mammograms are 41% less likely to die from breast cancer compared to those who do not. In contrast, women with dense breasts who have mammograms are only 13% less likely to die. This disparity represents a life-threatening inequity, as women with dense breasts in Nova Scotia are underserved if mammograms are their only screening option.

To reduce interval cancers effectively, supplemental tests like ultrasound or MRI should be offered. These modalities are proven to detect cancers missed by mammography when they are small and have not yet spread, and before they become interval cancers.

Dr. Iles' testimony, widely covered by the media, misinforms the public by stating that mammography is the only screening test proven to reduce breast cancer mortality. This claim is misleading because no other imaging modalities have completed randomized controlled trials (RCTs) yet. Today, the reduction of interval cancers is accepted as a surrogate for mortality reduction. Therefore, it is crucial to recognize that supplemental screening tests can significantly improve outcomes for women with dense breasts.

EVIDENCE NOT CONSIDERED IN TESTIMONY BY THE NOVA SCOTIA BREAST SCREENING PROGRAM

In her testimony, Dr. Iles misled the committee and the public by stating there was no evidence supporting the use of supplemental screening.

1. MRI Screening:

Dr Iles stated that breast cancer screening via MRI is "very expensive and quite resource-intensive" — and not proven to reduce breast cancer deaths. This is not correct.

MRI Supporting Studies:

- MRI has been proven to detect invasive cancers and reduce both interval cancers and late-stage disease in many studies.

- A Canadian study demonstrated a reduction in late-stage disease due to MRI screening in women with known pathogenic variants.
- MRI screening has increased the detection of biologically significant cancers.
- A study from Memorial Sloan Kettering involving 2780 women at elevated risk screened with MRI and mammography showed no interval cancers, compared to 9 interval cancers among 4811 women screened with mammography alone.
- The DENSE trial in the Netherlands, an ongoing RCT, published results showing the interval cancer rate dropped to 0.8/1000 when MRI was added to mammography, compared to 4.9/1000 with mammography alone.

Surrogate for Mortality Reduction: Reduction of interval cancers is considered an acceptable surrogate for breast cancer mortality reduction, which typically takes over 10 years to demonstrate in an RCT. In Europe, MRI is recommended for all women aged 50-70 with category D density. MRI is effective in finding more cancers than ultrasound.

2. Ultrasound Screening:

Supporting Studies:

Research over the past three decades, including single-institution and multicenter trials, has shown that supplemental ultrasound screening benefits women with dense breasts by improving the detection of node-negative invasive cancers and reducing interval cancer rates.

Studies have shown that ultrasound detects an additional 2-3 cancers per 1000 examinations over mammography alone.

The J-Start trial in Japan, an RCT that began in 2007, has shown that adding ultrasound to mammography finds more cancers, which are smaller and have not yet spread to the lymph nodes. The trial indicated that adding ultrasound reduced interval cancers by a factor of 4, with an interval cancer rate of 0.5/1000 in the group having mammography plus ultrasound compared to 2.0/1000 in the control group.

Predictive Metrics: The decreased interval cancer rate in the study suggests a predicted reduction in mortality.

Dr. Iles expressed sympathy for women diagnosed with late-stage cancers due to the denial of supplemental screening. However, the policies of the NSBSP are leading to avoidable suffering and deaths by ignoring the reduction of interval cancers as a critical metric. It is unethical to allow women to die while waiting for RCTs in Japan and the Netherlands to mature, especially given the significant findings to date.

3. Ontario: In December 2023, Ontario Health released a comprehensive 293-page "Health Technology Assessment" on supplemental breast cancer screening. This assessment recommended supplemental screening due to its effectiveness in detecting more cases of breast cancer and reducing interval cancers in women with dense breasts (categories C and D). However, due to cost considerations, Ontario Health recommended publicly funding supplemental screening only for category D. At the time of the study, the cost analysis (Table 1) had not yet been published.

Currently, women with category D breast density in Ontario can request a requisition from their provider for an MRI every two years or an ultrasound every year, in addition to their mammogram, while the Ontario screening program works to make supplemental screening standard for category D.

Alberta has also published a recommendation for supplemental screening for women with category D breast density, a recommendation that the Northwest Territories follows as well.

4. British Columbia: Research from British Columbia highlights the significant benefits of breast ultrasound screening, revealing seven additional cancers per thousand screenings that were not detected by mammography. To put this in perspective, mammography typically finds five cancers per thousand. The additional seven cancers, missed by mammograms, would likely have progressed to interval cancers. In BC, women with category C and D breast density can access supplemental ultrasound screening, covered by the provincial medical plan.

Dr. Iles also testified that there is no population-based supplemental screening in place. However, as shown in the chart compiled by DenseBreast-info.org, several countries have made supplemental screening a standard practice.

BEYOND MORTALITY

The NSBSP's focus on mortality alone overlooks the broader benefits of early detection. Early cancer detection enhances women's quality of life significantly. It often allows for less invasive treatments, such as lumpectomies instead of full mastectomies. Additionally, women can avoid axillary dissection, which can lead to permanent swelling of the arm and hand. Early detection also reduces the need for chemotherapy, sparing women from its toxic effects and long-term side effects like neuropathy, heart issues, and brain fog.

COST SAVINGS IN EARLY CANCER DETECTION

Dr. Iles states that MRI is expensive. However, MRI as a supplemental screening tool effectively reduces interval cancers, making it cost effective. That is part of the rationale used by EUSOBI and Ontario Health to recommend breast MRI for women with category D breasts. The cost of treating advanced cancer has increased exponentially in the last several years, driven by the high cost of new, beneficial drugs. Recently published Canadian research shows that there are large reductions in treatment costs when cancers are detected earlier. Table 1 shows the cost of treatment by stage and subtype. The mean treatment cost for a Stage 1 patient is $39,000, compared to $371,000 for a Stage 4 patient. For women with Her2-positive Stage 4 cancer, treatment costs can exceed $500,000.

Table 1. Cost per treatment of case of breast cancer by subtype and stage. All costs in 2023C$.

Subtype	Stage				
	DCIS	I	II	III	IV
HR+	14,505	28,201	60,289	117,269	256,693
HR+/HER2+		C$ 56,401	76,547	86,653	516,415
HER2+		47,201	67,136	75,954	514,992
TN		25,247	101,811	C110,798	193,490
Mean	14,505	39,263	76,446	97,668	370,398

Abbreviations: DCIS = ductal carcinoma in situ, HR = hormone receptor, HER2 = her2 neu, TN = triple negative.

RECOMMENDATIONS

The benefits of supplemental ultrasound or MRI for early detection in women with dense breasts are indisputable. Notably, these screenings significantly reduce interval cancer rates, as confirmed by robust research. Jurisdictions including Ontario, BC, Alberta, many states in the US and many countries in Europe, have already updated their practices and guidelines based on this compelling evidence.

In correspondence, Stacy Burgess of the Department of Health and Welfare emphasized that Nova Scotia's guidelines are evidence-based and regularly updated according to the latest research. Given the clear evidence supporting enhanced screening for women with dense breasts, it's time for Nova Scotia to align with leading practices and ensure equitable access to early detection methods. By adopting these measures, the government not only promotes health equity but also reduces healthcare costs and the burden of late-stage cancer treatment.

We urge the government to prioritize the well-being of Nova Scotian women by following the latest scientific evidence and implementing comprehensive breast screening practices. A commitment to evidence-based policy will undoubtedly save lives and improve health outcomes across the province.

Thank you.

Please see below the signatures of 121 concerned Nova Scotians.

1.Gaynor Hart, Wellington, NS Stage 3 Interval lobular cancer, which had spread to lymph nodes, diagnosis at age 48. Not informed of breast density (category C) or offered supplemental screening. Breast Cancer was missed despite having annual mammograms since age 45. Ended up having a bilateral mastectomy, removing my healthy breast as I lost confidence that if it returned in the remaining breast it would be found. 6 treatments of FEC-D chemotherapy causing horrendous side effects, vein damage leading to phlebitis, a frozen shoulder and months of physiotherapy. 3 weeks of daily radiation. Ovaries and fallopian

tubes were removed to force menopause so I could take Letrozole for 10 years. Now classed as high risk for recurrence.

2.Elizabeth Shein, Halifax Stage 2 interval breast cancer, 2016. Had a mastectomy while undergoing treatments for bladder cancer. Learned I had Cat. C dense breasts 3 years after diagnosis. Unable to get supplemental screening (ultrasound or MRI) in NS, despite having breast cancer. Fly to Toronto six months after my yearly mammogram, to get an ultrasound at a private medical clinic.

3.Dr. Jodi Lazare, Dartmouth, NS I am a 41-year-old breast cancer survivor living in constant fear and anxiety that a recurrence or second cancer (the likelihood of which is elevated compared to the general population) will go undetected until it is advanced because I am not eligible for supplement screening, despite my history and increased risk of recurrence, and having dense breasts. Mortality rates are an offensive (and honestly infuriating) measure of the efficacy of current screening practices. The costs to the healthcare system (financial and otherwise), the time, stress, *suffering, and anguish* for patients and their families should be incentive enough to do everything possible to detect cancer earlier and avoid costly and miserable treatments. My treatment for Stage II triple-positive cancer cost taxpayers ~$76,000; an MRI costs ~$1,000. Considering that the chemo centre at the VG Hospital is a non-stop flow of patients (and that is just one site), these numbers should make Nova Scotians angry, whether or not they've been affected by cancer.

It is a slap in the face that supplemental screening is not available to those who need it, despite the evidence. If I get breast cancer again, and it is not detected early because Nova Scotia will not give me access to the screening I need, I risk losing both my breasts because radiation is not an option once you've already had it. As well as my hair, again, which, for many women, is worse than losing their breasts because it is so public. (And the idea that the province would fund wigs, but not the screening that would help prevent the need for wigs is, frankly, a joke.) I would also, again, lose my independence and my ability to work and contribute to social life. All because my government, who promised to "fix healthcare," will not act based on the evidence, and based on humanity and compassion. This is a no-brainer. Quality of life matters. Please do what is right.

4. Sam Madore, Truro, NS. I am 43 years old and have had regular mammograms since I was 39 due to my family history. My mother, Jocelyn Rioux, was first diagnosed with breast cancer when she was 42 years old. She had a lumpectomy and received radiation treatments as well as annual mammograms each year following. In 2017, after years of "clear mammograms," she found a lump on her own and, after visiting her doctor, discovered she had breast cancer once again. She had a mastectomy, followed by chemotherapy and radiation treatments only to discover in 2019 that the cancer had spread to her brain. My mum died in March, 2020 — a week before her 60th birthday — because, though she received regular mammograms after her initial cancer diagnosis, the density of her breasts caused her second round of cancer to go unnoticed. My breast density is Category C and despite this and the fact that I have clear family history — where the results of a mammogram were clearly insufficient — I am still not able to be approved for further screening (though my doctor, thankfully, has tried). I still receive annual mammograms, but I can't help but wonder about the what ifs… What if it's not enough? What if we had known at the time that mum's breast density was affecting the accuracy of her mammogram results? What if mum had been given preferential treatment for regular MRIs based on a combination of her health history and her breast density? What if we had caught her second

breast cancer diagnosis sooner? What if we hadn't given her cancer time to spread? … I am positive that she would still be here with us.

5.. Karen Colter, **Dartmouth, HRM.** Stage 4, Interval Breast Cancer, in 2011 at age 51. (Also Stage 1 breast cancer in 2005 in the opposite breast). Mammograms failed to detect cancer in both instances because I had dense breast tissue. With the second cancer, I was given an ultrasound 10 MONTHS after the mammogram, but the surgeon I was referred to only authorized it to "ease my mind". The ultrasound was also inconclusive. It was a referral to an ENT (Ear/Noses/Throat) doctor who did a biopsy on a swollen lymph node in my neck that confirmed breast cancer. By then, I was told it was too late for surgery. I was referred (after a seven-week wait while I could feel and see the cancer rapidly growing) to an oncologist who said I had a one-percent chance of survival. I was given the option of chemotherapy. I took that option. After a gruelling six rounds of heavy chemotherapy and six weeks of radiation, the cancer had reduced enough for surgery. I opted for a double mastectomy – which I had to argue to get. That was 13 years ago. I am a lucky one-percenter – so far. But my cancer experiences have changed my life, physically and emotionally. It robbed me of my confidence and security. And of my faith in our health system. I strongly feel that if I had had access to an MRI after the inconclusive mammogram in 2011, I would not have had to have such harsh treatment. And the taxpayers would have saved hundreds of thousands of tax money. I am deeply grateful that I did not have to pay for my treatment, but it need not have been so costly.

6.Tanja Harrison, Dartmouth, NS. Stage 4, interval breast cancer, dense breasts C, diagnosed age 51. Regular mammograms in NS since age 40. Mammogram in 2021 was 'clear' but it missed my tumour. Report outlined breast density C. I took this to my doctor concerned; he ignored the report, my request for additional screening, and subsequent visits with bone pain. I found my own tumour, diagnosed with incurable metastatic breast cancer (extensive bone metastases). I've had radiation for pain and will take drugs/ have CT / bone scans for the rest of my life. Mammograms alone missed my cancer. I sign this letter for my daughter, friends, colleagues, all women in NS who have or could fall victim to our outdated practices. Breast health leadership must change. Listen to the national experts and research evidence. You have the power to save the lives of so many women.

7. Cheryl Coffin, Timberlea, NS. Dense Breasts Cat C - Feb 2022 diagnosed with Stage 2B breast cancer - 3.5cm tumour with isolated tumour cell clusters found in 2 lymph nodes. Nov 2019 I was sent a letter explaining that I have high breast density and that it increases my risk of developing BC and additional risk because density may hide a tumour on the screening mammogram I just had. They told me I would benefit from further testing. When I asked my family doctor to order further testing, she told me NS does not provide further testing. I was so confused!!! How could this be?? Little did I know…I probably had a tumour growing in my breast at that time. Before I had my next mammogram, I found a lump that turned out to be cancer. Going through BC treatment was a challenge I hope to never face again. I have been through it and I survived it. Now I live with Lymphedema (for life), and live with difficult side effects from medication I have to take for 5-10 years. I have been unable to return to work full time and am being forced into retirement early.
Having cancer has created a fear in me that it will come back. It is a fear I have every day. **The health care system of NS failed me.** Now that I am 2 years post diagnosis, I feel I am in the same boat as all other NS women with dense breasts. I had the interval cancer, I still

have 2 dense breasts, and I cannot get supplemental screening unless I pay out of pocket to go to Ontario. **The health care system of NS continues to fail me.**

8. Dr. M. Lynn Aylward, **Wolfville, NS**. I was just sent information this year with my mammogram results that I have dense breasts C category and am well aware of the implications of that and the misdiagnosis that can, and does, occur. And yet I have no access in Nova Scotia to further appropriate screening or primary health care. Why does NS ignore the science?

9.Atera Shehab Aldeen, Halifax HRM. Diagnosed with breast cancer- lobular invasive carcinoma in 2022, a very large mass 3.8cm.
Was missed for three years since 2020 while just being screened annually with mammograms …. for that I had to go through mastectomy with very strong chemo for 8 sessions with only 2 weeks apart. This could have been prevented if MRI was recommended during the screening since I had very dense breasts.

10.Suzanne Jacques, **Halifax (HRM).** Currently no symptoms of any breast cancer, but am very concerned as I fall into the C category and am well aware of the implications of that and the misdiagnosis that can, and does, occur. I have been having regular mammograms yearly. This needs to be addressed desperately!

11.Stephanie Burris, Bridgewater. Currently no symptoms of breast cancer, but I started having mammograms before age 40 as my mother did. My maternal grandmother died of breast cancer at the age of 62. I am a category C and I am well aware of what late diagnosis can do. For my family, we lost someone we love who held our family together. Reading the stories of others who have also had a diagnosis of breast cancer, I live fearful that I will go through the physical and mental anguish they have faced. Those who passed suffered. Those who live on suffer. I've devoted my career to Novaextends Scotia Health, working with Mental Health and Addictions proudly. I see, every day, the mental health implications of illness. It doesn't stop at physical torture. It goes beyond that to mental well-being. We aren't asking for the moon and stars. We are asking for what we need and deserve.

12.Lisa LeLacheur, Dartmouth, NS. After I found a large lump in my breast at age 49, I was diagnosed with stage 3 breast cancer involving the lymph nodes. This despite me having had annual mammograms since age 40 as part of regular health screening. The mammograms revealed absolutely nothing all those years. Despite no one in my family ever having had breast cancer, I found out later that my dense breasts put me at higher risk. The treatment was very aggressive and although I survived, I have been left with chronic health issues arising from the treatment that impact and limit my life every day. Extra screening (ultrasound and MRI) in NS is needed for women. Our health and lives do matter.

13. Lisa Speigel, Wolfville Dense breasts, stage 3 triple negative breast cancer. My treatment lasted almost a year and a half. I had 6 rounds of chemotherapy and immunotherapy, followed by a mastectomy. I had surgical complications and was hospitalized with a hematoma for 5 days. I then had a radical lymph node dissection of 13 additional nodes. I had additional immunotherapy and chemotherapy post-surgery. This was

both delayed and subsequently ended because of treatment induced colitis. I have had a colonoscopy and a sigmoidoscopy. I had 3 weeks of daily radiation. I am awaiting a second mastectomy.

14..Bronwen Trim-MacDonald, Dartmouth, NS. I have been diagnosed with dense breasts. I want regular follow up testing to protect my own health, and to have the best chance to remain healthy for my daughter and husband, as well as the rest of my family who rely on me.

15.Gayle MacDonald, Halifax, NS. Age 67. Survivor of two separate breast cancers at age 48 and 52. I had radiation the first time, a mastectomy the second. There was absolutely no one in my maternal or paternal line with breast cancer, so I was quite surprised to get it. I consider the fact that it did not metastasize to be simply a positive roll of the dice. However, despite the fact that I have not had dense breast cancer, I have had far, far too many friends die of it. This request is a simple test which can save many women's lives. Women with dense breasts DO need it. PLEASE act on this letter. Or make sure that all decision makers on this file are women. Thank you.

16. Brenda Armstrong, Garlands Crossing, NS. Diagnosed at age 55. Infiltrating, ER/PR positive, HER2 negative ductal carcinoma. Single mastectomy, 6 chemo with FEC-D and 15 radiation treatments. I was not aware that I had C density breasts. I found a lump in July of 2020, after a cancelled mammogram in June, due to Covid. The NS Breast Screening clinic told me to keep calling back to see if they were open. Not aware that my doctor should have sent a referral, as this was no longer a routine mammogram. I faithfully had mammograms every year since I was 40. Biopsy in 2014 and cancer in the same location in 2020. Missed on a mammogram in 2019? We need more follow up. Our Lives Matter!

17. Katrina Collier, Lower Sackville, NS. Diagnosed at age 38 with Stage 2-3 Invasive Lobular Carcinoma triple positive. Found a lump and had to fight for a few months to get a mammogram based on my age. From mammogram to biopsy, it was almost 2 full months and my tumour had doubled in size. I had chemo, Herceptin, lumpectomy, radiation and then due to a rare side effect of radiation, I had a single mastectomy which again due to the radiation I'm not able to have reconstructive. I live every day in pain due to my cancer treatments. Even after all this I have to fight for follow up mammograms. Please help other women not have to go through all this.

18. Mary Stevens, Wellington, NS. BRCA2 bilateral breast cancer 2013. 10-year survivor after bilateral mastectomy and chemotherapy. My cancer was detected at age 52 through additional screening. I strongly support additional screening for these at-risk individuals. Without additional screening I would not be here today to sign this petition.

19.Cathy Mellett, Halifax, NS. Alternative breast screening of dense breast tissue and extended breast screening is now proven to save lives and reduce the load on healthcare. You have the power to solve this issue. Introduce MRI and ultrasound screening to breast screening clinics in Nova Scotia. Invest in women's lives!

20.Tracey Barkhouse, Dartmouth, NS. Diagnosed with triple negative breast cancer in February 2022. Many treatments including chemo and double mastectomy and this cancer is fast growing and they don't know what feeds it so my battle may not be over. My prayer is that it is over. More women need to be given the tools to screen their breasts and if they are dense breasts they need to have an alternative to the normal mammogram testing. Please put yourself in these women's places. They are mothers, sisters, aunts, friends and they need your help. All women deserve to have this technology available to them, they deserve to survive cancer and Nova Scotia needs to step up and support the women in this province.

21.Kathy Redmond I was shocked to hear the response of the Minister of Health in the CBC news interview - when she stated that it was too expensive to send someone with a mass showing on a mammogram for further investigation - I would hope that this Government agrees that our Health comes first and putting these individuals on the back burner is definitely not putting their Health care first. If someone could have had it prevented in the early stages it would be far less expensive than a later diagnosis and treatment, and possible death.

22. Jennifer Weeks, New Glasgow, N.S. I was diagnosed with Stage 2b lobular carcinoma in 2021 at age 50. It is known that lobular carcinoma is missing a protein called E-cadherin and without this protein instead of a lump the BC can present itself in a straight line making it especially hard to detect on mammogram. I had no lump to be felt and was a category C density. I have been having mammograms since the age of 40 and I felt that I was doing everything I could do to protect myself. We deserve to have more imaging available so women can feel confident that they are being proactive with their health, that BC's can be detected earlier and therefore sparing many women the gruelling treatments and their side effects which I myself and so many others have to endure.

23. Joan Critchley-Fiset Dartmouth, NS. (60) Category B, - I found my own cancerous tumour at age 37. Mastectomy, chemotherapy and radiation. I am in support of additional screening. Mammograms are NOT enough.

24. Joanne **Naugler, Pine Grove, NS.** I was diagnosed in 2023 with breast cancer which was detected by my routine mammogram. Even though the tumour was pea sized the cancer had spread to some lymph nodes which made my treatment more extensive. I am all for extra screening. The earlier the detection can be the difference between life and death.

25. Laura Steeves, **Truro**, **NS**. Currently no symptoms of breast cancer but I am very concerned being a category C and with the misdiagnosis that can and does occur. I have had 2 benign breast tumours removed to date and have been having regular mammograms since the age of 40. Strongly in support!

26. Donna Bourne, Tyson, **Halifax.** Category C density, concerned for the many women in NS who are category C and D who deserve supplemental screening.

27. Tanya MacPhee, **Dartmouth, NS,** 45. Category C density. Waiting for biopsy results. Refused ultrasound on many occasions. Concern for women who will needlessly endure aggressive treatment and risk losing their lives due to cancer screening practices in Nova Scotia.

28. Amanda Dominey, Halifax, NS. Living with stage IV breast cancer, diagnosed at an early stage at age 27 in 2022 (not through regular screening). Was never notified of my breast density, as I never had mammograms and have now had a total mastectomy. If additional screening can help even one woman avoid a late-stage diagnosis, it is worth the cost.

29. Beverley Sullivan, Dartmouth, NS. Breast Cancer survivor; I strongly support this! Hearing some of my sister survivors tell their stories about how an earlier intervention with supplemental testing, could have made their journey with breast cancer less devastating, breaks my heart. Anything that the Health Department and Science can offer should be considered. I urge you to listen to the voices of these amazingly strong women. They will not be silenced!

30. Cate de Vreede, Bridgewater, NS. I stand behind the cost/benefit analysis provided in this letter. I will have my first mammogram this year and am grateful for the awareness raising these citizens are doing.

31. Julie Fillmore, **Halifax, NS.** Age 47. I found my own tumour at age 46 and was diagnosed with Stage 2, Grade 3 Ductal Carcinoma. Category B breast density level provided post-surgery.

32. Cynthia OReilly, Halifax, HRM, NS. Stage C Breast Density. Mammograms every two years for 30 plus years involving excruciating pain. Breast cancer in the family on both sides.

33. Patti Greenlaw, Dartmouth NS. In support of all of those affected. Your stories touch my heart and infuriate me at the same time. We have to do better.

34. Margaret MacDonald, East Lawrencetown, NS. I have a ductal lump in my breast which has previously been biopsied- as the lump has undergone changes. I went for a mammogram. Upon doing my latest mammogram, it was noted that I have dense breast tissue and the lump was not visible in the scan. When I asked for an MRI, my doctor referred me and received a refusal letter from the health authority. No other options were available and I had to advocate for ultrasound, which was hard come by but I succeeded in getting an appointment. If I were not able to advocate and push for investigation, I would not have gotten any other type of scan. Prevention costs less in the long run and saves lives.

35. Kathleen Naylor, Chester Basin, NS. When the evidence is clear that additional screening has significantly positive outcomes for women's health and reduces future medical intervention (at a time of stretched human and financial resources), it simply makes sense to offer this additional screening.

36. Julie Martel, Dartmouth, NS. 5-year Breast Cancer Survivor. Over the past few years, I have been shocked by the number of women who have shared with me their personal stories of mammograms not detecting tumours, only to find out they in fact had cancer, in some cases late stage. If the technology is there to enhance the detection of tumours with ultrasound for women with dense breasts…. why would we NOT?! What message does this give to women not getting access to earlier detection? Imagine their heartbreak to eventually get a diagnosis, when their advocacy for themselves was dismissed. There are reason other provinces are on board with this. I strongly support those behind this movement for change.

37. Richard Elliott, Halifax, NS. Health and human rights lawyer, with family members who have had breast cancer, some of whom died, some of whom survived. I support.

38. Jodi Crowell, Halifax, NS. Density A, IDC Stage 1, lumpectomy, chemo and radiation all in 2022. In addition to higher treatment costs, late-stage cancers also require more hospital resources such as beds, linens, printed information pamphlets, needles, IV bags, gauze, bandages, gowns/robes etc. They require more staff time: phlebotomists, lab techs, radiology techs, nurses, doctors, admin staff…this government promised to improve the healthcare system, so why not do additional scanning that could save money, time, supplies, resources; LIVES and QUALITY OF LIVES. Cancer treatment is horrific. Do better.

39. Rob Champagne, Halifax, NS. With a sister who died from breast cancer, I am in full support of supplemental screening in Nova Scotia.

40. Anne MacCulloch, Eastern Passage, NS. In support of this. There is no way in 2024 that anyone should be misdiagnosed with breast cancer. I have 3 daughters. Their breast health is VERY important to me. My grandmother died from breast cancer. NS is falling behind and letting people down. Shame on this government for allowing Nova Scotians to be misled by information that is not true.

41. Janet Smyth- Lower Sackville, NS. in full support of this. As a province with the highest cancer rates in all of Canada and the third highest rates of breast cancer, this shouldn't even need to be petitioned for. This government needs to finally put the health of residents first.

42. Denise Lough Dartmouth, NS. Many of my good friends have been diagnosed with various stages of breast cancer. Too many people are dying needlessly. Time for change.

43. Stacey Harrison, Shortts Lake, NS. I am 52 years old and have had regularly scheduled mammograms as both maternal and paternal grandmothers were diagnosed with breast cancer, currently supporting an aunt going through chemotherapy for breast cancer and myself being identified having a Category "C" breast density. I fully support this letter and sincerely hope that the need for change is both acknowledged and action taken to help prevent further stories, like those shared in this letter, from happening to more Nova Scotians and their families.

44.Pam Farnell, Trenton, NS. 4-year survivor. Early detection is key!

45. Genny Humphries, Wellington, NS. In support.
46. Wendy Coley, Halifax, NS. In support.
47. Indy MacLeod, Wellington, NS. Mother, daughter, sister, aunt, wife, neighbour…Signing in support of all Nova Scotians.
48. Janet Campbell, Halifax, NS. In support.
49. Sherri Biddiscombe, Dartmouth, NS. Breast Cancer survivor, I strongly support this.
50. Michelle MacDonald, Halifax, **NS**. In support
51. Judi MacDonald, Bedford, **NS**. In support
52. Angela Smith, **Arisaig, NS.** In support
53. Doris Harrison, Dartmouth, NS. In support
54. Dianna Fortnum, Truro, NS. In support

55. Charlotte Keen Halifax, NS. In support.
56. Monica Warriner, Dartmouth, **NS**. As a Breast Cancer Survivor, very strongly support
57. Christine Higdon, **Lunenburg and Halifax**, NS. in support of women with dense breasts.
58. Lisa Tremblay, Halifax, NS. In support.
59. Jacqueline Dumas, **Dartmouth**, **NS**. Strongly in support.
60. Lynn Fraser, Musquoidoboit Harbour, NS. In support
61. Julie Banks, Dartmouth, NS. Breast cancer survivor. I'm in strong support.
62. Nancy McKinnell, Halifax, NS. In support.
63.Beverley Johnson, Halifax, NS. In support.
64.Holly Ross Falmouth, NS. In support.
65. Mary Mullins, **Dartmouth**, **NS**. Strongly in support
66. Carole MacLeod, Cape Breton, NS. Strongly in support
67. Stephanie Evans, Goffs, NS. In support.
68. Marilyn Monette, Fall River, NS. In support.
69. Margie Meechan Sydney Nova Scotia In Support
70. Pam MacDonald, Halifax, NS. In support.
71. Phyllis Larsen, Halifax, NS. In support
72. Jo-Anne Brown-Shimeld, Halifax, N.S. Strongly in support.
73. Tiffany Coolen-Jewers, Middle Sackville, NS. In support.
74. Crystal Evong, Fall River, NS. In support.
75. Sonia Rideout, Dartmouth, NS. In support.
76. Maggie Howatt, Scotsburn, Pictou County. In support
77. Marylin Hergett - **Halifax NS** Supporting screening changes to save lives and to protect families from the life disruption a breast cancer diagnosis brings.
78. Ann Fitzgerald, **Halifax, N.S.** Breast cancer survivor; I support this.
79. Jenna Smith, Bridgeville, NS, in support
80. Susan van Dyk, Bridgeville, NS
81. Jeanette A Auger, **Halifax. NS,** in support
82. Andrea D'Sylva, Halifax, NS, in full support
83. Rocky Beals, Dartmouth, NS
84. Janet Reno, **Middleton NS**
85. Judy Boyd, Dartmouth, NS, In support 100%
86. Heather Kearns, Dartmouth NS
87. Edie Kerr, Dartmouth NS, living with metastatic breast cancer in support.
88. Jane Harnish, Bedford NS
89. Lynn Greatorex, Enfield, NS
90. Sarah Wile, Hubley NS. In support
91.Laura Leigh Hubley, Seabright NS. In support
92.**Mary Lou Conrad, Wolfville, NS.** in support
93.**Tracy Dearing, Dartmouth, NS.** In support
94.**Jacqui Moore, Dartmouth, NS**. In support
95.Jeff Dixon, Lake Echo, NS. In support
96Melissa Harvey, Halifax, NS. In support
97Allison Cahoon, Bridgewater NS. In support
98Nicole Selig, Bridgewater, NS, In support
99. Amanda Gallagher, Dartmouth, NS, Family history of breast cancer, In support
100. Doreen Streatch, **Truro, N.S.** Strongly support & is needed

101. Carmen Bartlett, Hammonds Plains NS Breast Cancer Survivor of Grade II Stage II invasive lobular carcinoma
102. Phil Power, **Dartmouth NS** - strongly support
103. Prily MacPhee, Bedford, NS
104. Shan Cunningham, Lake Loon, NS
105. Sali Sabean, Lake Loon, NS
106. Allison Currie, Dartmouth, NS
107. Alicia Brand, Beaverbank, NS
108. Candace Oakley, Beaver Bank, NS
109. Danielle Silver, Halifax, NS
110. Amanda Joudrey, Bridgewater, NS
111. Julie McCurdy, Brookfield, NS - 44-year-old with dense breast tissue. Required to go for yearly mammograms even though I have been told MRI and ultrasound would be best for detecting breast cancer in dense breast tissue.
112. Jennifer Oudemans, Truro, NS
113. Angela Hume, Sackville NS
114. Shaun Cloran, Cole Harbour
115. Pearly Senarillos, Halifax, NS
116. Debra Donovan, Hants Co, NS
117. Cordelia Perry, Yarmouth NS
118. Sabrina Crowell, Truro, NS
119. Ann Hudson, Truro, NS
120. Janice Mccurdy, Truro NS
121. Liz MacBeth, Halifax, NS