Breast Cancer Screening Beyond Age 74 in Ontario: Removing barriers to continued screening for healthy older women

Issue

In Ontario, routine breast cancer screening through the Ontario Breast Screening Program (OBSP) ends at age 74. Therefore, women aged 75 and older can no longer self-refer. If they wish to continue screening, they must obtain a requisition, which creates a barrier to access. Women in eight other Canadian jurisdictions (NL, NS, YT, SK, BC, AB, NWT, MB) can self-refer.

Why This Matters

Ontario's population is aging, and women are living longer and healthier lives. Statistics Canada life tables show that the average remaining life expectancy for a 75-year-old woman in Canada is approximately 13 years and for an 80-year-old woman it is approximately 10 years.

Strict age cut-offs for screening increase the likelihood that breast cancer in older Ontarians is detected at later stages, resulting in more complex treatment, higher system costs, and worse health outcomes.

Evidence

Breast cancer incidence remains high beyond age 74.

A recent Canadian study by Drs. Anna Wilkinson, Jean Seely and Statistics Canada examined breast cancer incidence trends from 1984 to 2023. The findings are particularly relevant to Ontario's screening policy: Women aged 75–79 had a breast cancer incidence rate of 368 per 100,000, compared with 360.5 per 100,000 among women aged 65–69. Women aged 80–84 had an even higher incidence rate of 382.2 per 100,000. Breast cancer incidence among women aged 80–84 has increased by 0.6% annually since 2006.

These findings demonstrate that breast cancer incidence remains high well beyond age 74 and continues to increase among women in their early 80s.

Breast cancer risk and mortality increase with age.

Screening mammography in women aged 75+ accounts for a significant portion of screen-detected cancers. Approximately 23% of breast cancers occur in women aged 70-79 and 13% in women over age 80; 15.5% of breast cancer deaths arise from cancers diagnosed between ages 75 and 84. Unlike for women aged 50 to 74, in whom breast cancer mortality has been steadily declining, the mortality for older women has not dropped since 2013, primarily because of the number of stage IV breast cancers at diagnosis. Modelling tells us that screening women over seventy-four can avert two to four deaths per thousand women screened.

Mammography performs well in older women.

Screening performance improves with age, with higher cancer detection rates, lower recall rates, and fewer false positives in women aged 70 and older compared with younger age groups.

Discontinuing screening is associated with worse outcomes.

Women aged 75+ who do not undergo screening are more likely to be diagnosed with later-stage disease when they find a lump and also experience higher breast cancer mortality. **A recent study** of 13000 women over age 70 found women who had a screening mammogram within the 5 years prior to their diagnosis

were about half as likely to have late-stage disease, and their breast cancer mortality dropped by approximately 37%.

Canadian and international guidance supports continued screening.
Clinical guidance from the Canadian Society of Breast Imaging and recommendations from the American Cancer Society emphasize that mammography should continue as long as a woman is in good health and has a life expectancy of approximately 7–10 years. Expert consensus from the American College of Radiology and the American College of Obstetricians and Gynecologists (ACOG) states that screening should not stop based on age alone, and should instead be guided by health status, life expectancy, and patient preference.

Absence of RCTs beyond age 74 does not justify denial of screening.
Randomized controlled trials proving mortality benefit largely stopped at age 74 because the life expectancy at the time for a woman was the mid-seventies, but today, life expectancy has risen to the mid-eighties. Observational studies and modeling consistently demonstrate survival benefit in older women without severe comorbidities. To deny screening solely due to the absence of RCTs in this age group is ethically problematic and inconsistent with evidence-based practice.

Recommendations

1. Enable continued self-referral for women aged 75+ who are in good health.
2. Provide clinicians with clear guidance that continued screening is a reasonable option for healthy older women.

Conclusion
Breast cancer risk does not end at age 74, and the ability to self-refer for screening should not end there either. Evidence shows that healthy older women continue to benefit from screening, with strong test performance and meaningful clinical impact. Ontario has an opportunity to strengthen breast screening policy with evidence and equity-based principles already applied in other provincial programs.