

Breast Cancer Screening

by Hon. Katherine O'Regan

New Zealand Minister of Consumer Affairs/Associate Minister of Health
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Medical School

Tena koutou, tena koutou, tena koutou katoa!

Greetings to you all who have come to attend the first multi-disciplinary medical conference focussing on breast cancer screening. I believe this is the first time that specialists from all medical fields involved in the diagnosis and management of breast cancer have come together to learn and share knowledge. This highlights your commitment to the establishment of a co-ordinated and consistent service for the management of breast cancer for women in New Zealand. I am very pleased to be here to open this conference.

This Government, has a commitment to reducing illness and deaths from breast cancer. Which affects the lives of many New Zealanders, women, and their families. Some 1,600 women a year are registered as having been diagnosed with breast cancer, and about 600 women die from the disease each year. It is expected that the number of breast cancer registrations will increase from 8,801 in the 1991-95 period to 19,847 by the years 2016-2020.

Nevertheless we now have evidence from international studies that when screening mammograms are delivered through an organised programme, the numbers of deaths in women aged 50-64 can be reduced by up to one third. In New Zealand, this would be translated to mean that such a programme could save approximately 450 lives in the first ten years and 1,100 lives after 20 years of screening.

The two New Zealand pilot mammography screening programmes in Waikato and Otago/Southland have shown that their approach is effective in reducing illness and death from breast cancer. The evidence offers us hope that with a coordinated effort, we can do something to improve women's health.

You will be aware, that as its contribution to reducing breast cancer, the Government has decided to introduce a national breast cancer screening programme over the next three years. Breast cancer screening for 50-64 year old women is in fact very good value for money compared with other health interventions.

Setting up an effective breast cancer screening programme in New Zealand will not be easy. The health system will need appropriate information systems, quality assurance programmes, work force training and the capacity of services to support the programme. The pace of implementation will be important. It may take several

years before all eligible women have access to the breast cancer screening programme. This will depend on such facts as the availability of sufficient numbers of trained professionals. The Government has decided, therefore, that an extension of screening to women over 64 years of age should only be considered once the health system has adequately met the challenges of setting up the programme for women aged 50-64 years.

The programme will be available free of charge for women aged 50-64. Eligible women will be invited for screening at two yearly intervals. Only two view mammography will be used and mammograms will be read independently by two radiologists.

Outside the two pilot programme areas (of Otago/Southland and Waikato), New Zealand currently has an ad hoc approach to breast cancer screening. While some private providers actively promote their services, there is generally no systematic identification and invitation of women for screening outside the pilot programmes. A few General Practitioner's have established their own recall systems.

The two pilot programmes are based on an organised population-based screening model that:

- actively identifies, invites and recalls eligible women in the community
- provides a screening service at both mobile and fixed units
- educates the community about breast cancer screening
- has dedicated information and monitoring systems, and
- close links with treatment services.

The experience of the pilot programmes provides a basis from which to develop and implement New Zealand's breast cancer screening programme. The pilot programmes have provided a source of information and technical expertise on setting up and delivering breast cancer screening.

The pilot programmes have been independently evaluated on a range of performance measures to assess the effectiveness, acceptability and economic efficiency of the programmes. The recent programme review led by Professor Balmy from the United Kingdom revealed that the overall clinical standards of the two pilots was very satisfactory.

I am aware that a number of areas were identified for improvement and that the pilots have both identified ways of addressing them. This process is important if a national breast cancer screening programme is to be of the highest quality.

Regional health authorities will be responsible for purchasing the following services for the screening programme:

- promotion of screening
- education about breast cancer screening and treatment
- identification of women eligible for screening, invitation and recall of eligible women for screening at two yearly intervals
- screening mammography for eligible women
- multi-disciplinary assessment for screened women including: clinical examination, ultra sound, fine needle aspiration biopsy, core needle biopsy, open biopsy, steriotactic directed biopsy, and pathology services
- communication of the results to women from their primary health care providers
- support counselling for women undergoing assessment procedures, and
- information systems to support the screening programme

RHAs will aim for integration of screening, diagnostic and treatment services over time. The concept of the multi-disciplinary team is critical to the success of the programme. The radiologist, surgeon and pathologist all bring specialist expertise to bear on the problem of achieving the correct diagnoses for individual women and this is facilitated by weekly working meetings at which all aspects are compared and discussed. All other members of the screening team (which includes medical radiation technologists, nurses and physicists), should be encouraged to contribute to this decision process affecting the women with whom they all deal.

From the early days of breast cancer screening it became clear to the practitioners that very comprehensive quality assurance is necessary, if women are to have confidence in a breast screening programme.

The examples of breast cancer screening programmes overseas have shown that exceptional standards are required from all staff if a breast cancer screening programme is to be successful. It requires a team effort.

I would like to acknowledge the work and commitment of all the professional colleges and relevant organisations who had input to this process.

Could I, also acknowledge the debt that many New Zealander's owe to voluntary Governmental groups in this area. These include; the Cancer Society, Women's Health groups, and the recently formed Breast Cancer Foundation. I should also like to pay tribute to those women who have had the courage to share their experiences of cancer with others, and have done much to remove the taboo that used to surround the subject. Many government bodies and professional bodies around the world have published instructions or advice on the quality assurance procedures required for success in breast cancer screening. These have been reviewed and matched to New Zealands circumstances. The Ministry of Health in conjunction with the professional colleges and organisations produced interim National Quality Standards late this year

In developing the breast cancer screening programme we are now at a stage where sets of quality standards have been produced in each of six key areas:

- radiology
- medical radiation technology
- medical physics
- nursing
- pathology, and
- surgery

The interim National Quality Standards will be reviewed after they have been in place for one year. The regional health authorities will monitor providers of the New Zealand breast cancer screening programme to ensure adherence to the interim standards and other contract conditions.

There are some areas where further planning and policy development are required before the first screening units can be established. These include:

- A national monitoring and evaluation plan
- Information systems to support the programme
- Remaining national guidelines and quality standards
- Policy issues related to existing multi-disciplinary assessment and treatment services and the integration of all breast cancer services
- Information and education systems for women about breast cancer, screening and treatment services
- Preferred methods for identifying and inviting women
- Progress with purchasing strategies that are designed to integrate all breast cancer services, including screening, multi-disciplinary assessment and treatment services
- Plans for purchasing workforce training initiatives
- Strategies for addressing barriers to participation in the screening programme for Maori, Pacific Islands and new immigrant women
- Plans to ensure a nationally consistent and co-ordinated programme.

Breast cancer is an important health problem in New Zealand. It is the leading cause of total cancer deaths and registrations for non-Maori women in New Zealand, and the second leading cause for Maori women. Projections of the cancer burden revealed that breast cancer mortality and incidence are expected to increase steadily through to the year 2021 assuming the existing levels of screening. This programme will save women's lives and is another important step forward as Government seeks to improve health services and the health status of New Zealanders. It is encouraging to see you all here today. The obvious level of commitment to the continuous improvement and quality that exists within this programme is impressive. Me korero te awheawhe means there's a lot to be said for

working together. Co-operation and sharing of knowledge between medical disciplines will be critical to delivering a high quality service to New Zealand women. Thank you all for coming and demonstrating your commitment to reducing the mortality from breast cancer. I wish you all the best for your conference.