Information for Primary Care Providers on the Ontario Breast Screening Program (OBSP)

The OBSP assists primary care providers with:
- Inviting eligible patients to breast screening
- Booking mammography
- Arranging follow-up
- Informing patients of screening results
- Automatically recalling patients
- Statistical reporting of patients referred

Women eligible for OBSP:
- Ontario residents
- 50 years of age or older
- No acute breast symptoms
- No personal history of breast cancer
- No current breast implants
- No bilateral mammogram within past 11 months

Early detected cancer
What is the Ontario Breast Screening Program (OBSP)?

The OBSP is a province-wide organized breast screening program that ensures Ontario women aged 50 and over receive the benefits of regular mammography screening. The program, in operation since 1990, is designed to increase the number of women who have regular breast screening so that cancers are diagnosed early when treatment is often easier and more successful.

Over half of the mammography facilities across the province are affiliated with the OBSP and more are added each year. Breast screening is provided through dedicated centres, affiliate sites in hospitals and independent radiology facilities, as well as a mobile breast screening coach in the Northwest. Since 1990, more than 2.6 million screens have been performed for over 900,000 women and over 13,000 cancers have been detected, the majority in early cancer stages.

Breast screening complements existing services and the program maintains and supports the role of the primary health care provider. The OBSP does not replace the services of primary care providers or the benefit of a periodic health examination. The primary care provider retains the responsibility for management of women throughout the assessment process.

What the OBSP offers

- High-quality two-view screening mammography.
- The primary care provider receives a report outlining the findings.
- Each client is notified of her normal or abnormal screening results.
- The primary care provider is notified of abnormal results prior to the client receiving her results.
- Automatic booking of diagnostic tests recommended by the screening radiologist may be arranged by the OBSP if authorized by the primary care provider.
- Assistance with access to a multi-disciplinary approach to breast assessment where available.
- Risk assessment of the client to determine if annual or biennial screening is appropriate.
- Automatic recall of the client for screening at appropriate interval.
- High quality assurance standards for all components of the program.
- Clinical breast examination (CBE) at some locations by a Nurse Examiner (optional). Sites that do not offer CBE encourage clients to have a CBE with their primary care provider as part of their regular health check-up.
Why screen for breast cancer?

- Every woman is at risk for developing breast cancer. As she gets older her risk increases. It is estimated in 2008, 8500 Ontario women will develop breast cancer and 2000 will die from it.¹
- Meta-analysis of published randomized controlled trials concluded that screening women age 50-69 every two years reduces breast cancer mortality by about 35%.²
- The death rate for breast cancer in Ontario has decreased 33% between 1989 and 2004.³ This decline is due to both screening and improved treatments.⁴
- Breast cancers detected on screening mammography are smaller, are less likely to metastasize to the lymph nodes, and are more likely to be treated with breast conserving surgery. As well, chemotherapy and/or hormonal therapy may not be necessary.⁵

Role of the primary care provider in recruitment to breast screening.

Studies have shown that physician recommendation for screening is a strong predictor of adherence to mammography.⁶,⁷,⁸ As part of Cancer Care Ontario’s (CCO) Ontario Cancer Plan, CCO is working to improve the engagement and integration of family physicians and primary care providers in cancer screening.

How do I enroll my patients in the OBSP?

- Inform eligible patients about the benefits and limitations of mammography and encourage their participation in the OBSP. Patients can be referred to OBSP or can self-refer.
- Provide patient education resources. Requisition pads with the necessary information are available from OBSP. Posters and brochures in a variety of languages are available from OBSP free of charge for waiting rooms.
- Mammography facilities may offer women both OBSP and OHIP bookings. Booking through the OBSP stream provides a self-referral option, result letters to clients and automatic recall at an appropriate interval, either annually or biennially.

Family practice recruitment model

- Some regions of the province offer a family practice model that can assist you with sending personalized letters of invitation to eligible women in your practice to enroll in the program, a proven strategy to increase breast screening participation. OBSP is available to help in a variety of administrative capacities, including preparing and mailing the letters on your behalf.
- Costs associated with this recruitment model are covered by the OBSP.
- If you are interested in participating in this recruitment model, call your nearest OBSP regional centre to see if they offer this model.

How often should I screen my patients for breast cancer?

Biennial screening is adequate for most patients. However OBSP provides annual screening for women at high risk of breast cancer. The OBSP automatically invites women to be screened annually who have:

- Documented pathology of atypical ductal or lobular hyperplasia or lobular carcinoma in situ
- A personal history of ovarian cancer
- Two or more first degree female relatives with breast cancer at any age
- One first degree female relative with breast cancer under age 50
- One first degree relative with ovarian cancer at any age
- One first degree male relative with breast cancer at any age
- Breast density greater than 75% as seen on the mammogram

Film-screen versus digital mammography

- Screening mammography (either film-screen or digital) refers to two view mammography used to identify abnormalities in asymptomatic women. Results of breast screening will identify those women who need further examination or assessment.
- Both film-screen and digital mammography are effective in screening women for the early detection of breast cancer. However, digital mammography has been found to be better for screening women under the age of 50 or women of any age with dense breasts.⁹

What can I expect if my patient has a positive screening result?

- For every 200 women screened at the OBSP, 16 will need further assessment and 1 of these women will have breast cancer.
- The primary care provider is notified of abnormal results prior to the client receiving her results.
- Automatic booking of diagnostic tests recommended by the screening radiologist may be arranged by the OBSP if authorized by the primary care provider. Results are then sent directly to the primary care provider.
- Most women (84%) needing follow-up tests have non-invasive procedures, such as a doctor visit, more mammographic views and/or ultrasound.
- A comprehensive patient education resource ‘A woman’s guide to breast assessment’ is available and can be ordered through your regional OBSP centre.
What about screening women outside the OBSP’s target age range of 50-69?

• OBSP screening will be provided for women aged 69-74, however these women are not routinely recruited to participate in the program. They will be automatically recalled until the age of 75.

• Clients aged 75 and older are encouraged to consult with their primary care provider about continued screening. Appointments may be booked through the OBSP.

• The OBSP does not currently screen women under the age of 50. There is evidence that there may be a benefit to screening women in their forties (17% reduction in mortality is estimated[9]) however it is not as great as for women aged 50-69 (35% reduction in mortality is estimated for regular attenders[10]). Women under 50 can be referred by their primary care provider to mammography facilities (local diagnostic sites) on a case by case basis. These referrals are not included in the OBSP program or data tracking.

What type of statistical reporting is available for my practice?

At your request, a report can be produced that includes:

• The women in your practice currently participating in the OBSP.

• The women in your practice who have been screened at OBSP in the past but have not returned for screening at the time of their recall.

• The number of screens each woman has received at OBSP, her last screening date, final results and the recommended recall timeframe.

These reports can assist your practice to claim bonuses, incentives and reminder management fees (if eligible).

Quality assurance and evaluation

• The OBSP tracks all women who have abnormal screens.

• The OBSP reviews all post-screen cancers diagnosed in the interval between screens.

• The OBSP maintains high quality assurance standards for all components of the program.

• Image quality control is monitored through semi-annual physics inspections. Evidence shows that image quality is increased and variability is decreased in facilities participating in a province-wide screening program.12

Canadian Association of Radiologists (CAR) Accreditation

• Although it is not mandatory for mammography facilities in Ontario, all OBSP sites are required to have Canadian Association of Radiologists – Mammography Accreditation Program (CAR-MAP) accreditation.

• The CAR sets the standards for the equipment, image quality, and skill level for the staff.

• The CAR accreditation process evaluates equipment and personnel every 3 years. In addition to this, OBSP evaluates equipment and image quality in the interim so that quality is consistently maintained.

Comparison of OBSP mammography indicators to Canadian standards (2006, Age 50-69)

<table>
<thead>
<tr>
<th>Program Indicator (invasive cancers)</th>
<th>OBSP</th>
<th>Canadian Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Screens</td>
<td>273,869</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Cancers (invasive and in-situ)</td>
<td>1,231</td>
<td>N/A</td>
</tr>
<tr>
<td>Cancer Detection Rate (per1000)</td>
<td></td>
<td></td>
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<tr>
<td>Initial Mammogram**</td>
<td>5.8</td>
<td>&gt; 5</td>
</tr>
<tr>
<td>Rescreens</td>
<td>3.6</td>
<td>&gt;3</td>
</tr>
<tr>
<td>Tumour Size (%≤10mm)</td>
<td>34.2</td>
<td>&gt;25%</td>
</tr>
<tr>
<td>Nodal Status (% negative)</td>
<td>73.1</td>
<td>&gt;70%</td>
</tr>
</tbody>
</table>

*includes initials and rescres. **initial screens without previous image comparison.

References


For further information or patient education materials, please contact us at:

www.cancercare.on.ca