Breast Cancer Screening

Disclaimer

Contents

Background

About breast cancer screening

- *Breast cancer is the most common cancer diagnosed in women in Australia.*
- *BreastScreen Victoria provides free 2-yearly screening mammograms for women aged > 40 years, targeting women aged 50 to 74 years who benefit the most from screening.*
- *Of women recalled by the screening programme for further assessment, 13% will be diagnosed with breast cancer.*
- *Thermography is not recommended for screening or assessment of symptoms.*
- *MRI is only indicated for some women at high risk after discussion with their specialist.*
- *Aboriginal women, and women from some language groups, experience breast screening barriers and participate in regular screening at a rate lower than the general population.*

Assessment

Practice Point

Screening not indicated if symptomatic
Breast cancer screening is not indicated If breast symptoms are present.
Follow the Breast Symptoms pathway instead.

Aboriginal and Torres Strait Islander care.

1. **Ask** and record if the patient identifies as being of Aboriginal or Torres Strait Islander origin. Consider the ***specific cultural and spiritual needs*** of each patient.

- ***Advice for communicating with Aboriginal and Torres Strait Islander people***
  - *Encourage patients to book a longer consultation, to allow sufficient time for discussion and building trust.*
  - *Only use traditional terminology such as "Aunty" and "Uncle" if invited to do so.*
  - *Consider the role of factors such as gender, kinship, family ties, language barriers and socio-economic issues.*
  - *Offer the patient:*

➢ *the option of seeing a health professional of the same gender or if this is not possible, referral to another service.*
➢ *the option to have support person present, such as a family member, a community member, or an Elder.*
➢ *access to funding assistance to overcome any identified or potential financial barriers e.g., ITC Funding. See SEMPHN Aboriginal and Torres Strait Islander health*

➢ Acknowledge and respect how cultural, spiritual and historical beliefs and experiences impact on ***decision-making***.
Respecting Aboriginal and Torres Strait Islander people's decision-making processes
- *Aboriginal and Torres Strait Islander knowledge, values, beliefs, cultural needs, and health history may strongly inform decision-making processes about treatment and ongoing care.*

- *If possible and if requested by the patient, support the inclusion of cultural practices e.g., involvement of a traditional healer, or performing ceremonies.*

- Be aware the term "survivor" may have negative connotations for historical reasons.
- Proactively explore and monitor symptoms of ***pain.***
  Considerations for assessing and managing pain in Aboriginal and Torres Strait Islander people
  Aboriginal and Torres Strait Islander patients may not actively report pain or other needs.
  - *Offer patients the option to discuss their needs with a health professional of the same gender.*
  - *If available, use a pain tool that is culturally appropriate for the local community.*
  - *Allow sufficient time to discuss and explain the options, usage, and side-effects of pain relief in full.*
  - *Be aware of:*
    - *significant cultural practices regarding which family members can assist with providing pain relief, and how pain medication is administered.*
    - *fears that pain relief medicines may accelerate the passing of the patient.*

- Understand how the concept of ***family*** is different for Aboriginal and Torres Strait Islander people.
  Considerations when discussing family with Aboriginal and Torres Strait Islander people
  For Aboriginal and Torres Strait Islander people:
  - *the concept of family is broader than being genetically related.*
  - *be sensitive when taking a family history, as discussing members of the stolen generation may be distressing*
  - *Be sensitive when referring to people who have died – check and ask permission. There may be cultural taboos in discussing Sorry Business (referring to people who have died).*

- Be supportive and understanding if ***appointments*** are missed, and facilitate follow-up or rebooking.
  Appointments for Aboriginal and Torres Strait Islander people
  - *Patients who identify as Aboriginal and Torres Strait Islander people may have complex factors e.g., family and community responsibilities, or previous experiences with mainstream medical services, that make it difficult for them to attend appointments.*
  - *The following supports may facilitate this process:*
    - *Recall and reminders*
    - *ITC funding*
    - *Referral to an Aboriginal Liaison officer, support, or health worker.*

- Aboriginal and Torres Strait Islander people are more likely to have multiple co-morbidities that can impact treatment outcomes.
- Ensure contact details are up to date.
- If available, use ***assessment tools and resources*** designed specifically for Aboriginal and Torres Strait islander people.
  Aboriginal and Torres Strait Islander assessment tools and resources
  - *See SCNAT-IP – online tool that assesses the supportive care needs of Aboriginal and Torres Strait Islander cancer patients and their families.*
- ***Ask if the patient identifies as being of Aboriginal or Torres Strait Islander origin***
  If a patient or their family want to know why you are asking this question, you may reply with:
  - We ask this question of everyone.

- It enables us to help you access extra services that are funded for Aboriginal and Torres Strait Islander peoples, such as support to buy medications and extra funded visits with some health care providers.
- This information helps our practice and the health care providers we refer you to, to provide culturally safe care.

For more information, see the RACGP's Five steps towards excellent Aboriginal and Torres Strait Islander healthcare.

2. Ask about ***breast symptoms***. If present, follow the Breast Symptoms pathway.
   - ***Breast symptoms***
     - *Pain*
     - *Lump*
     - *Skin changes*
     - *Nipple discharge or changes*
3. Assess and discuss risk factors:
   - ***Modifiable risk factors***
     - *Obesity – research attributes 5% of risk to obesity.*
     - *Diet – research attributes about 9% of breast cancer to diet. Early results indicate Mediterranean diet may significantly reduce relapse.*
     - *Alcohol consumption*
       - *Regularly drinking, even small amounts of alcohol, can increase the risk of breast cancer.*
       - *Having 1 drink a day is associated with increase in risk of 5%, increasing by about 7 to 12% for every extra 10 g of alcohol per day.*

   - ***Non-modifiable risk factors***
     - *Personal or family history of breast or ovarian cancer*
     - *Dense breasts*
     - *High-dose ionising irradiation, especially before age 30 years*
     - *Age*

   - Determine if ***high*** or ***moderate*** risk.
     - ***Moderate-risk criteria***
       - *1 first-degree relative with breast cancer at age ≤ 50 years.*
       - *2 second-degree relatives with breast cancer at age ≥ 50 years on the same side of family.*
       - *2 first- or second-degree relatives with breast cancer at age ≥ 50 years on each side of the family.*
     - ***High-risk criteria***
       - *2 first-degree or second-degree relatives with breast or ovarian cancer and:*
         - *an additional affected relative, or*
         - *a relative with both breast and ovarian cancer, or*
         - *breast cancer in male relative, or*
         - *relative with breast cancer before age of 40.*
       - *Family member with breast cancer gene mutation.*
       - *BRCA1 or BRCA2.*
       - *Chest irradiation before age 30 years.*

   Use the Cancer Australia – Calculate Your Risk online calculator for detailed risk assessment. If appropriate, direct patients aged 40 to 49 years to an mammogram decision aid tool to help decide whether to undertake screening mammography.

See also Cancer Australia – Calculate Your Risk online calculator.

4. Examine breasts and armpits. Promote awareness of self-examination and reporting of any new breast changes.

Management

1. Explain options for ***screening investigations.***
   Options for screening investigations
   - *Mammography – standard screening procedure.*
   - *High resolution ultrasound – useful for women with dense breast tissue, but false positive results are possible.*
   - *MRI – considered for high-risk patients after discussion with a specialist.*

2. Manage according to situation. For advice, phone BreastScreen Victoria on **13-20-50**.

   Women at high or moderate risk of breast cancer
   1. If high risk, refer to a:
      - genetic counselling service.
      - specialist breast service or private breast surgeon to discuss an individualised screening regimen and the role of MRI screening.
   2. If moderate risk, consider referral to a genetic counselling service.

   General population screening

   Patients aged 50 to 74 years
   1. Be aware of ***uncertainties in benefits and risks*** of screening.
      - ***Uncertainties in benefits and risks of screening***
        - Several uncertainties exist about the benefits and risks of mammogram screening.
        - Research and best practice are changing over time:
          - More effective treatments for breast cancer have become available. Their outcomes include improved survival time and mortality.
          - Disease patterns in the last 27 years:
            - Incidence rate in women aged < 40 years has remained stable (11 to 13 per 100,000)
            - Incidence in women aged 40 to 49 years has increased (from 119 in 1982 to 156 per 100,000 in 2008)
          - Study biases limit certainty of conclusions e.g., lead time, length time, and self-selection biases.
          - Complication rates from treatment for over-detected lesions may offset any mortality benefits.

   2. Discuss risks and benefits of screening.
      - **Potential benefits of screening:**
        - Reduced ***disease specific mortality***
          - ***Disease specific mortality***
            For every 1000 screened women for > 20 years:
            - *3 to 5 breast cancer deaths are prevented.*
            - *about 70 cancers are detected, 50 due to screening and 20 interval cancers.*

        - *there are 15 deaths as opposed to 20 deaths in similar unscreened women, representing a 20 to 30% reduction in mortality.*

    - ***Increased or relieved anxiety***
        - *There is an emotional benefit to early detection of cancer in some women, especially those who have had a loved one affected by the illness.*
        - *Over-detection and false positives can cause a burden of anxiety for up to 3 years in others.*

- ***Morbidity from over-diagnosis***
    - ***Morbidity from over-diagnosis***

      For every 1,000 women who attend for breast screening every 2 years:
        - *8 deaths from breast cancer will be prevented.*
        - *955 women will get an all clear result.*
        - *45 women will be recalled for further testing.*
        - *6 will be diagnosed with cancer, 39 will be investigated further and then given an all clear result.*
        - *8 women will be treated for a cancer that may not have been life threatening.*
        - *173 women will have a mastectomy compared to 309 women out of 1,000 who find breast cancer outside of screening.*

3. If patient wishes, refer for 2-yearly screening at a local BreastScreen clinic.

Follow up

BreastScreen Victoria will notify the general practitioner about results and recall patients directly if indicated.

1. If positive screening results:
    - inform and assist patient with information and support.
    - advise that 90% of women recalled for further tests do not have breast cancer.
2. If a diagnosis of breast cancer is made, ensure patient is provided with appropriate specialist care.

   See also Breast Symptoms pathway.

Referral

1. If high risk, refer to genetic counselling service and breast surgeon for routine assessment.
2. If moderate risk, consider referring to genetic counselling service.
3. If other patients aged 50 to 74 years wish to be screened, refer for 2-yearly screening at a local BreastScreen clinic.
4. For advice, phone BreastScreen Victoria on **13-20-50**.

Information

For health professionals

- BreastScreen Victoria – Information for Health Professionals
- Cochrane Summaries – Screening for Breast Cancer with Mammography

- The NNT – Screening Mammography for Reducing Deaths (and Specifically, Breast Cancer Deaths)

For patients

- BreastScreen Victoria
  - Aboriginal and Torres Strait Islander people
  - What Happens at Your Screening?
- Cancer Australia – Calculate Your Risk (online calculator)
- Cancer Council – Checking for Cancer: What to Expect
- Cancer Council Victoria – Take the Lead: Be Breast Aware
- Mayo Clinic – Breast Cancer Prevention: How to Reduce Your Risk

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