

Unringing the bell: Is breast cancer screening a victim of its own success?

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Objectives

- To define, measure, and mitigate against uncertainty in health policy decisions regarding 4 clinical scenarios
 - What do Canadian women think about the age at which mammography should begin?
 - How do women make decisions about screening?

Approach

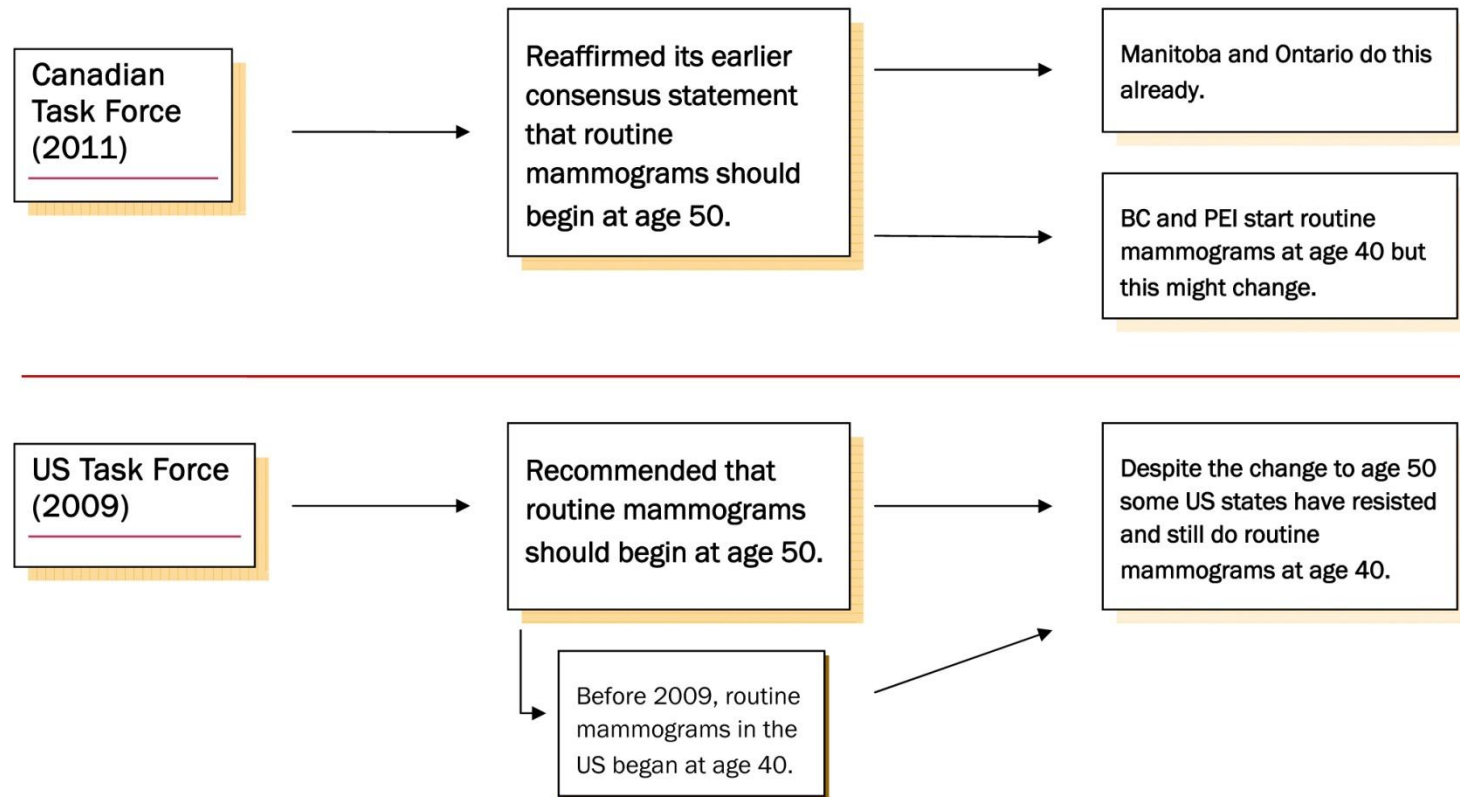
- Focus Groups (n=46)
 - Ages 35 to 49
 - Ages 45 to 59

- Variety of topics discussed
 - Breast cancer
 - Population-based screening
 - Personal health decision-making
 - Preferred age of mammogram screening

Results

- Uncertainty about
 - Breast cancer (e.g., causes, risks, treatment, survival)
 - Mammograms (e.g., accuracy, screening intervals, potential risks and harms)
 - Population-based screening

Current Breast Cancer Screening Guidelines



Sources:

The Canadian Task Force on Preventive Health Care. Recommendations on screening for breast cancer in average-risk women aged 40-74 years.

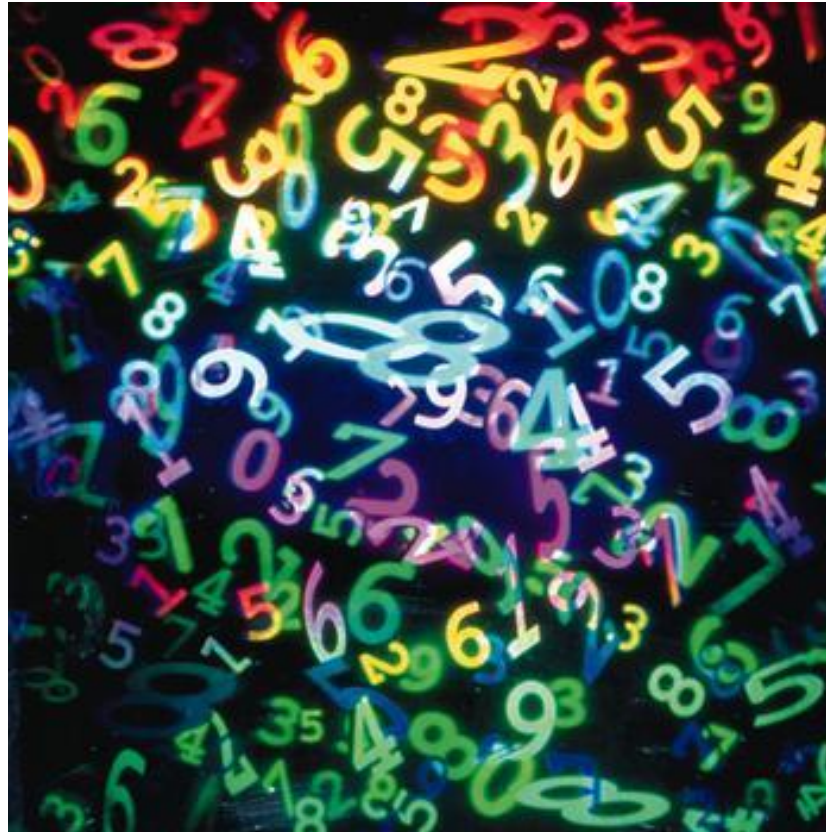
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Nelson, H.D., Tyne K., Naik, A., Bougatsos, C., Chan, B., Nygren, P., and Humphrey, L. Screening for breast cancer: systematic evidence review update for the US preventive services task force. Rockville, MD: Agency for Healthcare Research and Quality: 2009. Report No. 10-05142-EF-1

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2972726/>

What's in a number?

Differing perspectives of ideal screening age



Differing perspectives of ideal screening age

- The earlier the better (all ages)
 - “I think maybe forty...because I mean **cancer could hit anybody.**” – participant aged 35-49
 - “I think it should be forty. **The earlier you do it the better to detect it.**” – participant aged 45-59

Differing perspectives of ideal screening age

- Fine with 50 but option for earlier (all ages)
 - **“I don't see anything wrong with starting at fifty... but I do think that women should have the option that if your mother, your grandmother, or somebody in your family has had breast cancer....”** – participant aged 45-59

Differing perspectives of ideal screening age

- Fine with 50 but option for earlier (younger ages)
 - “I think screening doesn’t hurt. **Waiting until you're 40 or 50 isn't really necessarily a good idea** because of everything that you're exposed to in your environment and your food.... **I'm okay with the 50 as long as there's leeway** because the doctor would be more privy to certain markers in their patient....”
– participant aged 35-49
 - **The study shows that obviously having it 50 and above looks like the way to go. But it should be between the individual and their doctor**, that if they need to get it done prior to that age, they should have that option, and it should be covered.” –
participant aged 35-49

Differing perspectives of ideal screening age

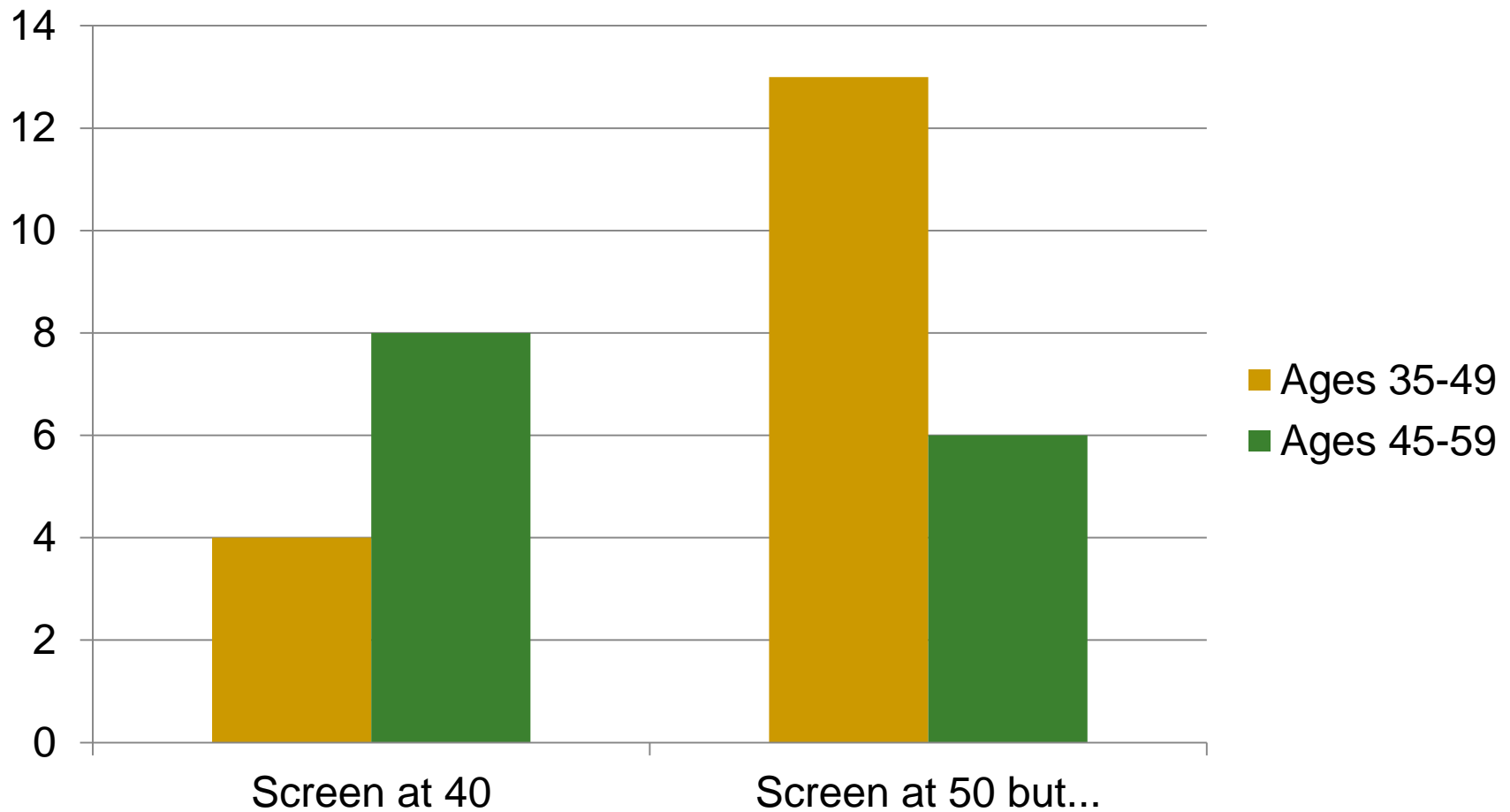
- 50 is too late (older ages)
 - **“If I need to advocate for funding for screening from age 40 it becomes an ethical issue. Women between 40 and 49 are important too.... Saving one person is worth it and it should not be about the money when it comes to people’s lives. If we can save someone’s life by starting at 40, we should be starting at 40.”** – participant aged 45-59
 - **“I have a girlfriend too who passed who was only 34 when she had breast cancer.... I think they should lower the screening rate.”** – participant aged 45-59

Differing perspectives of ideal screening age

■ Not enough is known (younger ages)

- “If I were the woman who got the false positive, and because of the false positive had to go through an unnecessary biopsy, but the death by preventive was my mother’s or my best friend’s death, I’m okay with that.... **it just seems clear to me the testing is wrong. What they’re using isn’t working for women aged 40 to 49. They should be doing ultrasounds.**” – participant aged 35-49
- “I know it’s just for one person, but sacrifices for the other women just for that one is, it’s too much.... **Something has to be done with the screening process, it’s more accurate, before you can put more faith into it.**” – participant aged 35-49

Differing perspectives of ideal screening age



Conclusions

- Better strategies needed to cope with uncertainty
- More focused communications strategies required



Next Steps

- Integrated review complete
- Doing key informant interviews
- Preparing scenarios for each cancer control case and developing items to represent different domains related to uncertainty with aim to develop a tool to help mitigate/manage uncertainty in health policy contexts

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