

BreastScreen

AUSTRALIA

A joint Australian, State and Territory Government Program

BREASTSCREEN AUSTRALIA REVIEW

Discussion paper

Online consultation
December 2023

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Background and context to the BreastScreen Australia Review

Breast cancer is the most common cancer diagnosed in Australian women. It is the second most common cause of cancer-related death in Australian women, behind lung cancer. Breast cancer mortality has decreased since BreastScreen Australia began—from 74 deaths per 100,000 women aged 50–74 in 1991 to around 40 deaths per 100,000 since 2014⁸.

The Department of Health and Aged Care in partnership with state and territory Governments, is undertaking a review of the BreastScreen Australia Program. The BreastScreen Australia Review (the Review) will inform the future strategic direction of BreastScreen Australia, and consider emerging evidence and research, safety and quality, funding models and maximising equity and participation.

We want to ensure the BreastScreen Australia Program is based on current evidence and meets the screening needs of women living in Australia.

The Review will consider previous evaluations and reviews, engage with breast screening experts, breast clinicians, consumers, professional colleges, our implementation partners in the states and territories, First Nations organisations and others. This will be an inclusive process to ensure we get the very best model for a contemporary, sustainable national breast cancer screening program.

The Cancer and Population Screening Committee, a subcommittee of the Health Chief Executives Forum, endorsed the commencement of a BSA National Policy and Funding Review (BSA Review) to inform the strategic direction of the Program. The Review is a joint activity of the Commonwealth and state and territory governments. It has the support of a Review Steering Committee, consisting of three jurisdictional BreastScreen Program Managers and the Commonwealth Department of Health and Aged Care. A BreastScreen Australia Review Expert Advisory Group has also been established to provide clinical, technical and consumer advice.

The Terms of Reference for the Review can be found at

<https://www.health.gov.au/resources/publications/terms-of-reference-breastscreen-australia-national-policy-and-funding-review?language=en>

Contact your state or territory BreastScreen Australia Service on 13 20 50 to book an appointment, update your contact details or to find out more information about screening for breast cancer. The phone service will connect you to your nearest services for the cost of a local call.

Women who are concerned about developing breast cancer or who notice a change in their breasts should see their GP to investigate these concerns.

If you have any feedback or complaints relating to BreastScreen Australia, please direct this to your state or territory service, and/or call 13 20 50 or email cancerscreening@health.gov.au

Purpose of this discussion paper

We want to hear what stakeholders think and acknowledge this feedback as part of the recommendations of the Review. Feedback will be looked at in conjunction with what the current evidence is telling us. Both – the important stakeholder views and the evidence – will frame the position and recommendations formed by our Expert Advisory Group.

This first stage of the Review is to gain valuable insight and information – whether you're a consumer, a health practitioner, researcher, non-government or consumer organisation or decision maker. We want to know what you think:

- about the current state of the BreastScreen Australia?
- what's working well?
- what could be done better?
- what you want BreastScreen Australia to look like in the future?

This discussion paper is a central element of the process of consultation with stakeholders. It is intended to highlight the key issues that must be considered in the Review.

Throughout the discussion paper we have provided a number of focus questions. These questions relate to issues that may be important to consider during the Review and in determining the Review outcome.

What is BreastScreen Australia?

BreastScreen Australia is a population-based breast cancer screening program. Population-based cancer screening is an organised, systematic, and integrated process of looking for signs of cancer or pre-cancerous conditions in populations without symptoms. Programs target specific populations and/or age groups where evidence shows screening to be most effective and the benefits of screening outweigh any harms¹.

BreastScreen Australia invites women aged 50-74 years old to have a free screening mammogram every two years. Women 40-49 years of age and 75 years and older are eligible but not invited for free screening mammograms.

Established in 1991, the BreastScreen Australia Program is jointly funded by Commonwealth and state and territory governments. It aims to reduce illness and death from breast cancer by detecting the disease early. The Commonwealth Government provides financial contributions through the National Health Reform Agreement, policy direction and coordination, national data collection (using data from jurisdictional based registers), monitoring and evaluation. State and territory governments are responsible for the delivery and promotion of BreastScreen Australia services in their jurisdiction.

BreastScreen Australia offers services in more than 750 locations. State and territory screening sites include fixed locations and purpose-built mobile vans or buses in some regional areas.

The opportunities for BreastScreen Australia

A number of opportunities for BreastScreen Australia have been identified below, noting this is not an exhaustive list.

Question 1: What are the biggest opportunities for breast cancer screening in Australia? What are the challenges?

Question 2: Could the Breast Screen Australia Program be more effective at reducing illness and death from breast cancer?

Question 3. If you could make one change to improve the BreastScreen Australia service, what would you suggest?

Opportunity - Breast cancer screening is evolving

Since its implementation in 1991, the BreastScreen Australia Program has based eligibility on age which is a general population level risk factor for breast cancer i.e., the risk of breast cancer increases with age. In 2023, there is the potential to consider other risks to tailor approaches to breast cancer screening (risk-based screening) in Australia. Risk-based screening has the potential to further reduce illness and death from breast cancer among a larger part of the population.

The Roadmap for Optimising Screening in Australia– Breast Project (ROSA Project) [Summary report](#) considered the evidence and options for more risk-based, personalised approaches to early detection of asymptomatic breast cancer in Australia, and put forward recommendations including how BreastScreen Australia could best prepare for the system-level changes required. In line with these recommendations, the Review will be considering broader program considerations including BreastScreen Australia’s quality and safety mechanisms and funding model.

There is increasing consumer and public health advocacy for women living in Australia to be aware of their breast density; improved tools for assessing breast cancer risk at a population level; and changes to breast imaging technologies available to higher-risk women.

To inform future policy for breast cancer screening there are several factors to consider including: the types of screening technologies available or becoming available; identifying individual and/or specific population risk; screening frequency; and current and future research.

Some states and territories have already implemented or are piloting recent advances in screening technology and research, such as reporting on breast density, using tomosynthesis in assessment and an annual screening policy for high-risk participants. These add-ons are provided in addition to BreastScreen Australia’s national policy.

New and emerging technologies to improve the early detection of breast cancer are being developed, trialled, and evaluated by researchers and developers. As the new technologies develop and the evidence becomes robust, screening tests that are comparable or better

than mammography may develop². This could include the use of Artificial Intelligence to enhance existing technologies, or exploring tools that may not involve breast imaging (such as biomarker-based testing)³.

Question 4: How could BreastScreen Australia be more effective in detecting breast cancer early and saving lives? Do you have any related research or evidence to share?

Question 5: Do you have any suggestions for how BreastScreen Australia can put evidence into practice nationally?

Opportunity - Future proofing a responsive national breast screening program

We want to enable Australia's national breast cancer screening program to apply continuous quality improvement initiatives and implement new technologies in response to new evidence. In other words, future proofing BreastScreen Australia for potential changes to scope, frequency, and eligibility. This may include strengthening governance, decision making and funding processes for considering and implementing new technologies; forecasting changes that may impact BreastScreen Australia; and developing strategies to adapt to change.

Question 6: What changes would ensure the Program is responsive to future evidence of best practice screening?

Opportunity - Equity and participation in breast cancer screening

Participation rates have remained relatively consistent since the introduction of the BreastScreen Australia Program. The participation rate of BreastScreen Australia reflects the proportion of women residing in Australia aged 50 to 74 years who use the BreastScreen Australia service every two years. It is reported every year to check BreastScreen Australia is performing against its aims.

As a member state of the World Health Organization (WHO), Australia has obligations to the WHO Global Breast Cancer Initiative in reducing cancer deaths globally⁴. Increasing cancer screening and prevention is one of the seven focus areas of the National Preventive Health Strategy 2021-2030. It includes a target to increase BreastScreen Australia participation to at least 65% by 2025.

While the participation rate of 65 per-cent has not been achieved since BreastScreen Australia was established:

- the actual number of women aged 50 to 69 years participating in BreastScreen Australia has nearly doubled from 858,303⁵ women in 1996 to 1,705,274⁶ in 2020 to 2021; and
- the program has led to a 21% reduction in population-level breast cancer mortality for the 50-74 target age group⁷.

In 2020-21, 1.7 million of the 3.6 million eligible women aged 50–74 participated in BreastScreen Australia. This equates to just under half of the eligible women aged 50–74

(48%). Prior to this, the participation remained steady between 53% and 54% between 2014–2015 and 2018–2019, however has decreased to 48% in 2020–2021 due to the impact of the COVID-19 pandemic from March 2020.

We know that some groups and individuals do not have equal access to BreastScreen Australia. In 2020-2021, BreastScreen Australia participation for women aged 50-74:

- 35% of First Nations women, compared to 47% for non-First Nation women⁷.
- 37% who spoke a language other than English at home; 49.3% of women with English as the only language spoken at home.
- 37% of women living in Very remote areas. In other areas, half or over half of the target population participated in BreastScreen Australia. 49% in Remote areas, 53.7% in Outer regional areas and 50.6% in Inner Regional areas. In Major Cities the participation rate was 45%⁶.
- There was also some difference in participation across socioeconomic areas, all areas had a participation rate between 44.8% and 48.3%⁸.

Research suggests women with disability face disparities in the receipt of preventative cancer care, including screening⁹.

National participation data for LGBTIQ+ people is not available, although research indicates that this population group participates at a lower rate. While BreastScreen Australia has no guidelines or eligibility policy for screening trans or gender diverse people, there is variation at a state and territory level. The Australian Department of Health and Aged Care provides consumer advice that trans and gender diverse people consult with their health practitioner on individual screening needs to ensure that optimum care is provided.

Question 7: Thinking about diverse communities and population groups in Australia, what are the enablers of participation in BreastScreen Australia? What are the barriers? Do you have any case studies to support your comments?

Question 8: How could the BreastScreen Australia improve the user experience?

Opportunity - Funding, workforce and quality and safety

We have heard that the ageing and increasing population, advances in technology and changes in clinical practice, have impacted BreastScreen Australia. As Governments collectively consider the BreastScreen Australia Program, it is important to consider the cost effectiveness and efficiency of BreastScreen Australia in line with the criteria of the [Population-based Screening Framework](#). In addition to this, each jurisdiction is challenged by the environment in which they operate, while continuing to meet the needs of their consumers and workforce. This Review will examine the current and future funding needs to maintain an effective service and increase participation.

We know the workforce is under pressure to meet Australia's healthcare demands¹⁰, including the BreastScreen Australia workforce. From healthcare workers to administrative staff – the BreastScreen Australia workforce is critical to its success and continuation in the future.

All BreastScreen Australia Services across Australia are accredited (independently reviewed) in line with standards under the BreastScreen Australia Accreditation Program.

BreastScreen Australia's accreditation system is comprehensive and robust. It is designed to drive continuous quality improvement in the delivery of breast screening services to ensure women receive safe, effective, appropriate, accessible, and acceptable care¹¹. This system also needs to adapt to change as clinical practice evolves and new technologies are introduced.

Opportunity - Screening outside of the BreastScreen Australia Program

We know some women choose to screen outside of the BreastScreen Australia Program.

It is unknown how many women currently screen for breast cancer in the private sector. The most recent data available is from 2006, when it was estimated that 57,017 women over the age of 40 years had a Medicare Benefits Schedule (MBS) funded mammogram for non-diagnostic purposes. Non-diagnostic mammography refers to mammograms that were categorised as not meeting the MBS item description for a mammogram of both breasts (MBS item 59300) and were therefore, inadvertently, 'screening' mammograms¹².

We want to understand why and how women are being screened for breast cancer outside of the Program. Reasons could be lack of awareness of the BreastScreen Australia; wanting faster results; geographic location; or preference for private health system screening. There are many advantages to the BreastScreen Australia Program— no GP referral required; free for the consumer; comprehensive quality and safety mechanisms; and run by specialist experts in screening mammograms.

Question 9: What are the drivers for some women seeking breast cancer screening (i.e., not diagnostic) outside of the BreastScreen Australia? Do you have any evidence or case studies to share?

Opportunity - Mammographic screening and overdiagnosis

BreastScreen Australia is a population screening program, offered within a policy framework that carefully considers the target population that stands to benefit from screening¹³.

Estimating overdiagnosis from population-based mammographic screening for breast cancer has been a topic of interest over the years, specifically regarding the potential harms.

Overdiagnosis in breast screening refers to a small number of cancers and/or abnormalities detected through a mammogram, which would not become life-threatening if left untreated.

In 2018, the AIHW released a report that found women whose breast cancer was detected through BreastScreen Australia had a 69% lower risk of dying from breast cancer than women who had never attended BreastScreen Australia¹⁴

Mammographic screening reduces numbers of breast cancer deaths through detection of breast cancer at earlier stages when treatment is, on average, more effective, to improve outcomes and reduce mortality. However, some breast cancers detected through screening might never have progressed to become symptomatic or life threatening during a woman's

lifetime a consequence of which would be overdiagnosis and potentially overtreatment¹⁵. A central principle of the success of BreastScreen Australia is the maximisation of the benefits of early breast cancer detection while minimising potential harm to women¹⁶.

Question 10: What are your views on the balance between the benefits of early cancer detection and the potential risk of overdiagnosis and unnecessary investigation for women participating in breast screening, and what factors influence your views?

What's next for the Review?

We have presented information about BreastScreen Australia and identified a number of opportunities above that will generate thinking about the BreastScreen Australia Program and assist you in answering the questions throughout this paper.

We will collate and consider all responses to the discussion paper. There will also be more opportunities to be involved and have your say as the Review progresses. Keep your eye on the [BreastScreen Australia Review website](#) and join the Partner Reference Group to receive email updates.

Your de-identified feedback will be considered as part of the Review, along with the available evidence and further consultations that will be undertaken later in the process. The Review will deliver to the Commonwealth, state and territory governments a final report in late 2024.

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