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The programme of Breast Cancer Screening in Barcelona: begin and evolution. Where are we now?

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Background: In Barcelona starts the pilot phase of the current breast cancer screening program in late 1995. The purpose of this study is to describe, the evolution and perspectives for the future.

Material and Methods: cross sectional descriptive study. Women aged 50 to 69 are summand every two years (180,000 women); depending on where they live they are assigned one hospital or another, all of which are the most important in the city. Four mammograns and double reading radiation are carried out. Annually half the target population is summond and the following indicators are developed: participation, coverage, recall, invasive testing, advanced controls, detection of cancer and invasive cancers compared with non-invasive diagnosis. Also other aspects of program quality are evaluated: impact and satisfaction of women.

Results: Overall participation in the program is 50% ranging from 35% in the initial screened women and 80% in successive screening. The coverage reaches 70−80%. Participation in the program in the districts of Barcelona is very different depending on the social level, reaching 80% in areas of lower socioeconomic status, whereas in areas of higher social status it reaches 30−40%. The annual detection of tumors is 4 per 1000, with the advanced controls, the recall and invasive tests have declined. After 10 years of beginning we studied the impact of the program, finding that of the observed decrease in mortality from cancer, the program had contributed 17%. Systematic communication activities are carried out in all areas of the city in order to rise awareness among the population and primary care (PHP). Radiologists have developed a consensus protocol he readings. Protocols have also been made on communication in coordination with gynecologists and midwives in PHC.

We assessed the satisfaction of the public and professional staff through a survey, finding a 90% satisfaction among women and identifying some points to improve coordination with the professionals of AP.

Conclusions: It is necessary to improve participation by raising awareness not only on benefits but also on risks, taking into account cultural diversity appeared in the city during the past 10 years.

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Return to the breast screening programme after breast cancer diagnosis in the Northern Netherlands

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Background: In the Northern Netherlands a population based breast cancer screening programme, covering 2.1 million inhabitants, operates since 1991. Women aged 50−70 (50−74 since 1999) are invited biannually. After diagnosis with breast cancer (screen-detected or otherwise detected) women are followed clinically until 5 or 10 years after diagnosis, according to the prevailing guideline at time of diagnosis. After that, women between 50−74 years old can re-enter the screening programme. However, the relation between the clinical follow-up visits and the screening programme is not clear. This study evaluates the amount of women re-entering the regular screening programme after breast cancer.

Methods: In this retrospective study women diagnosed with breast cancer between January 1991 and January 2005 were selected from the Regional Cancer Registry of the Comprehensive Cancer Centre North East (all breast cancer cases). Date were linked with the Breast Screening Programme North Netherlands to select women who attended the screening programme before breast cancer diagnosis. Both screen detected and non-screen detected breast cancers were included. Women over 70 years at breast cancer diagnosis were excluded.

Results: In total 7,732 women who attended the screening programme first and were diagnosed with breast cancer afterwards (before age 70) were included. In 4,042 (52%) women the cancer was diagnosed through the screening programme. Eleven percent (n = 854) attended the screening programme after breast cancer. In 337 (39%) of these women the interval between diagnosis and succeeding screening was less than 5 years, the minimal period of clinical follow-up. In 40% (n = 340) the women returned to the screening programme between 5−10 years, and 177 (21%) women returned $\geqslant$10 years after diagnosis.

Conclusion: This study shows that 11% of women who attended the screening programme return to the programme after breast cancer diagnosis. In 337 cases attending the screening programme overlapped with clinical follow-up. Because women over 70 years were excluded and the screening programme invites women <74 years, this number is expected to be slightly higher. This remarkable result indicates overuse of health care expenses. Better patient information and communication between clinics and the screening programme could limit the overlap. Further research is necessary to identify the extent of the overlap and the possibility of cost reduction.