

well as the uptake of mammography screening in the Netherlands was modelled using micro-simulation. With the model, the effects of 1) adjuvant therapy, 2) biennial screening between age 50 and 74 (current screening age) in the presence of adjuvant therapy, and 3) extending the current screening programme with 1–10 extra examinations between age 40 and 50 were assessed, by comparing breast cancer mortality in women aged 0–100 years in scenarios with and without these interventions.

Results: In 2008, adjuvant treatment was estimated to have reduced the breast cancer mortality rate in the simulated population from 67.4/100,000 woman-years to 57.9/100,000 woman-years: a decrease of 13.9% compared to a situation without treatment. Biennial screening between age 50 and 74 further reduced the mortality rate by 15.7%, to 48.8/100,000 woman-years. Extending screening to age 48 would lower the mortality rate by 1.0% compared to screening from age 50; 10 additional screening rounds between age 40 and 49 would reduce this rate by 5.1%.

Conclusions: Adjuvant systemic therapy reduced breast cancer mortality by 13.7%; mammography screening additionally decreased mortality by 15.7%. Expanding the lower age limit of screening would slightly further reduce breast cancer mortality.

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Proffered paper oral

Digitization of the Dutch National Screening Programme Completed: Results of 1.3 Million Digital Mammographies

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Background: The Dutch population-based breast cancer screening programme (BCSP) provides biennially a mammography screening examination to all women aged 50–75. The examination consists of a two-view mammography in initial screens, and usually one-view in subsequent screens, but in 30–50% also two-view mammography is performed according to a list of indications. From 2004 to 2010, all 65 film screen mammography (FSM) units within the BCSP have been replaced by digital full field mammography (DM) units. We assessed the screening performance of both, FSM and DM, during this period.

Material and Methods: From the annual monitoring of the BCSP in the period 2004–2010, we used regional aggregated data on invitations, screening examinations and follow-up of referred women. Analyses to compare referral and breast cancer detection rates were performed at the level of radiologists' groups (reading units, RU) for a) RU reading FSM only (FSM-only) and b) RU reading simultaneously FSM and DM (Mixed).

Results: In 2004–2010, 80% of the invited women attended the programme, resulting in 6.1 million screening examinations, of which 1.3 million DM (22.0%). Overall, 104,819 women (1.7%) got a referral recommendation for clinical assessment leading to a breast cancer diagnosis in 33,022 women (0.54%), of which 5,303 (16.1%) had a DCIS diagnosis. The referral recommendation rate was 16.9 (95% C.I. 16.7; 17.0) per 1000 women screened for FS-only, and 16.1 (95% C.I. 15.9; 16.3) for FS and 21.3 (95% C.I. 20.9; 21.7) per 1000 for DM in the mixed group. The total breast cancer detection rate was 4.8 (95% C.I. 4.7; 4.9) per 1000 women screened, 5.2 (95% C.I. 5.1; 5.3) and 5.8 (95% C.I. 5.7; 6.0) per 1000, respectively. In DM, we found a higher but non-significant invasive cancer detection (4.5 per 1000, 95% C.I. 4.3; 4.7) and a significantly higher DCIS detection (1.2 per 1000; 95% C.I. 1.1; 1.3). Overall referral and detection rates both increased during the study period, except for a decline of the initial referral peak in DM.

Conclusions: The increasing referral recommendation rate is not due to the introduction of and transition to DM, but the result of a general trend to more referrals. DM, however, led to a significantly higher cancer detection rate due to a significantly higher detection of DCIS. We conclude that the transition to DM did not negatively affect the performance of the BCSP.

Wednesday, 21 March 2012

12:00–13:15

POSTER SESSION

Advocacy, Education and Nursing

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Poster

Breast Cancer Early Detection in Armenia

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Background: The overall aims of the project is to improve women health and to contribute to save lives of the women; to aim target women to

understand the importance of early diagnosis of Breast Cancer (BC) and in case of early diagnosis the life of woman will be saved; to increase awareness of women aged 30–55 on importance of regular medical check-ups on BC prevention in 10 villages of Lori and 10 villages of Vayots Dzor rural regions in Armenia.

Materials and Methods: To achieve the objectives of the project the following methods were identified:

A. *Qualitative research tools such as Focus Group Discussions (FGD) and Key Informant interviews* were used to access the knowledge of community members. Thirty-nine key informants altogether were interviewed and 21 FGD were conducted in target regions.

B. *Training of women/peer to peer education at the target regions.* Totally 40 women have participated in the project as peer educators, 20 women from each region. The participants were presented the methods of peer to peer education, breast cancer risk factors, prevention and early detection information, etc. Also 5,000 copies of information and educational 'Breast Self Examination Manual for all Women' booklet were developed and distributed to the participants during the training sessions.

Results: A lack of appropriate services at the Primary Health Care (PHC) at villages and knowledge barriers were identified as the main barriers to early detection and preventions of BC. As a result of the training 40 peer educators have raised their knowledge on the issue of BC early detection and prevention methods by 68 %. Peer educators disseminated information on BC early detection methods totally in 8 educational and health institutions of target regions. The number of visits to the health ambulatories has been increased up to 23% as well as increased awareness of women population on BC early detection prevention ways/methods in targeted regions of Armenia by 21%. 279 women from the targeted villages have undergone mammography in Yerevan clinics and 21 women have been diagnosed benign tumors.

Conclusions: Primary Health Care is a stated government priority and this has led to recent increases in the budget allocation for PHC. The following recommendations should be tailored to address deficits in government provision such as:

1. Increasing delivery of the PHC system in rural regions of Armenia.
2. Identifying the health information system requirements for scaling up PHC system as well as indicators that could be regularly monitored at community/village level.
3. A strategy for scaling up PHC system should be developed jointly with the different local organizations already active in this area, seeking to bring the government as well. It should include an advocacy strategy as well, provision of specific services that are currently lacking including chronic disease control and management, reproductive health, pre and antenatal care as well as screening and preventative services.

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Poster

Strategies for Increasing Early Detection of Breast Cancer Through Community Outreach and Training

B. Wiafe Addai¹. ¹Breast Care International, President, Kumasi, Ghana

Introduction: Worldwide Cancer incidence including Breast Cancer is on the rise. Late presentation of breast cancer has been our major problem in Ghana. Early Detection and prompt treatment has been our Focus at Breast Care International and the Peace and Love Hospitals, located in Kumasi and Accra – Ghana.

Lack of awareness on the disease, myths and misconceptions are among the key factors that account for the late presentation of Breast Cancer in Ghana. Breast Care International initiated various strategies to solve this problem in Ghana, since 2002.

Background – Breast Care International (BCI): Breast Care International (BCI) is a Non-Governmental Organization officially registered in Ghana in 2002 with the aim of establishing Breast Cancer Awareness Centers throughout the Country, to create Breast Cancer awareness among Ghanaian women, especially the rural women since they form the majority; Educate them on the existence of Breast Cancer, Undertake Clinical Screening Exercises, Diagnosis, Counseling, Treatment, Rehabilitation as well as Research into the various breast pathologies especially Breast Cancer.

Our outreach visits in 2010 alone covered fifty groups and communities. Mode of selection of visits to a group or community was either at the instance of the opinion leaders, leadership of organized institutions in the communities, prompting of patients from such communities who had visited our facility for breast examination and treatment and other interested individuals.

Objectives: To promote breast cancer awareness; to reduce the number of patients presenting late, to increase the number of breast cancer survivors, to improve the quality of life of women living with breast cancer through the provision of quality treatment, diagnosis, counseling; education, advocacy, advice and support.