

Breast Cancer Screening (Mammography)

Policy Position Statement

Key messages:

PHAA supports women's right to make informed choices about health care interventions. Women must have high-quality, evidence-based, accessible information about the benefits and harms of mammography screening.

Studies suggest that 10-40% of breast cancers detected through women's participation in mammography screening will not cause ill-health or death.

Key policy positions:

1. Need for continued development of an evidence-base to inform policy regarding the administration of population breast cancer screening programs.
2. Women invited to participate in population breast cancer screening should be provided with up-to-date comprehensive information to enable their informed decisions at the time of invitation.
3. Health professionals should be provided with up-to-date evidence and best practice guidelines regarding breast cancer screening for women.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Women's Health Special Interest Group

Date adopted:

September 2022

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Policy position statement

PHAA affirms the following principles:

1. Women have the right to make informed choices about health care interventions.
2. Women should have access to high-quality, evidence-based information about the benefits and harms of mammography screening.

PHAA notes the following evidence:

3. Breast cancer is the most common cancer diagnosed in Australian women (with the exception of non-melanocytic skin cancer) and the second most common cause of cancer death in women.¹
4. Breast cancer incidence differs between women from different backgrounds and locations within Australia. Incidence increases with higher socio-economic status, but decreases with remoteness, and is lower among Aboriginal and Torres Strait Islander women than among non-Indigenous women. Mortality rates however do not differ between Aboriginal and Torres Strait Islander women compared to non-Indigenous women, nor is there any clear mortality trend according to socio-economic status.²
5. There is limited evidence on the burden of breast cancer in women from culturally and linguistically diverse populations in Australia. However, studies suggest that culturally and linguistically diverse women are less familiar with cancer screening and relate more to barriers to participation in breast cancer screening programs than the general population.³
6. National population screening for breast cancer using mammography has been in place since 1991.⁴
7. Australian women aged 50-74 years who have not had a breast cancer diagnosis in the previous five years, do not have a strong family history of breast cancer, and are asymptomatic (e.g. have not noticed breast changes) are currently invited to participate in state-funded mammography screening programs every two years. Women aged 40-49 years or 75 years and over are eligible for screening free of charge, but are not invited to participate.⁴
8. There is considerable debate regarding the contribution of population screening to decreases in breast cancer mortality, with estimates of its effect ranging widely.⁵⁻⁷
9. While mammography screening is often credited for the reduction in breast cancer mortality, advances in cancer treatment, including surgery, adjuvant drug therapy, and radiotherapy have also been identified as contributing to reducing breast cancer mortality in Australia.⁸
10. Studies are inconsistent in their estimates of the extent to which mortality rates in Australia are a result of population screening, improved medical and surgical treatments, or both.^{5,8}
11. Neither mammography, nor subsequent investigations including biopsy and histology, can accurately distinguish between potentially fatal cancers and non-life-threatening lesions which will not become symptomatic, leading to overdiagnosis.⁹

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12. Some epidemiological studies and systematic reviews have questioned the benefits of population-based mammography screening, suggesting that an unacceptable proportion of women are receiving diagnoses of non-life-threatening lesions and thus being treated unnecessarily.^{5,6,10} Unnecessary treatment has the potential to cause substantial harm, ranging from adverse effects of drug therapy and radiotherapy (for example cardiovascular disease and death) through to psychological harm.⁶
13. Studies are inconsistent regarding the prevalence of and reasons for over-diagnosis and subsequent unnecessary treatment of healthy women attributable to population mammography screening.^{5,8,11} However, a recent systematic review suggested that the possibility of an earlier diagnosis far outweighed the risks of a false-positive result or overdiagnosis for some women.¹²
14. Studies suggest that Australian women demonstrate minimal awareness and confusion about the potential for, and the risks of over-diagnosis and therefore may not be able to make informed decisions about participating in screening or in decision-making following a positive screening test.¹¹
15. There has been a large increase in incidence of ductal carcinoma in-situ (“DCIS”, or ‘Stage 0 breast cancer’) since the introduction of screening.¹³ DCIS is not a danger in itself, and as not all DCIS progresses to invasive breast cancer, this has resulted in overtreatment. As such, trials are now being established to test whether low risk, screen detected DCIS can be managed by active surveillance¹⁴ or medication only.¹⁵
16. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#).

PHAA seeks the following actions:

17. Australian women should continue to receive the best available evidence-based care, including early detection, appropriate surveillance, and treatment.
18. Women should be fully informed of both benefits and harms of population breast cancer screening, particularly in relation to over diagnosis and thus the potential harms associated with unnecessary treatment¹² to enable their informed decision-making about participating in mammography screening.
19. Women should be offered an evidence-based decision aid at the time of their invitation to participate in breast cancer screening, to bring Australian policy into line with that in the UK and Germany.¹⁶
20. High quality monitoring of breast screening programs and continued improvements to data linkage with cancer registries are needed to help understand and quantify the numbers of women who may be over-diagnosed and treated unnecessarily.
21. Further research is required to more accurately estimate the numbers of women who are potentially being treated unnecessarily, and to evaluate less treatment for women with screen detected DCIS such as active monitoring and/or medical treatment.
22. Comprehensive quality assurance of the population breast screening programs is crucial in maintaining the balance between the harms and benefits of mammography.¹⁷

PHAA resolves to:

23. Advocate for the above actions based on the principles and evidence outlined in this policy position statement.

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(First adopted 2016, revised 2019)

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