Joint Committee on Health

Meeting
Wednesday 23rd May 2018

Opening Statement
by
Mr Damien McCallion, National Director,
National Screening Services,
Health Service Executive
and
Prof Ann O’Doherty
National Clinical Director, BreastCheck
Health Service Executive
Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by my colleagues:

- Professor Ann O’Doherty, National Clinical Lead Breastcheck
- Professor Arnie Hill, National Cancer Advisor
- A Representative from the Royal College of Surgeons the Faculty of Radiology, Professor Ristead O’Laoide.

Breastcheck is one of our four national screening programmes alongside Bowelscreen, Diabetic Retinopathy and Cervical check. Breastcheck plays an importance role in preventing breast cancer and has identified over 11,500 breast cancers since the programme commenced in 2000. It meets the highest international standards for Breast Screening and - following a detailed Audit process - the programme has been internationally recognised as one of Europe’s leading breast screening programmes.

I will now ask my colleague and the National Clinical Lead for Breastcheck, Prof Ann O’ Doherty, to provide more information to you on the success of the programme and the plans for the program going forward.

I am a practicing Clinician and the Lead Clinical Director of BreastCheck. I am pleased to have this opportunity to reassure you, the elected representatives of this country of the quality and safety of our Breast Screening Programme so in turn you can reassure women. The last four weeks have been difficult for Irish women and it is incumbent on those of us who deliver the breast screening service to provide the reassurance required.

I have devoted my professional life to the diagnosis of Breast Cancer in the screening and symptomatic setting. I established the first screening service in Belfast in 1988. I was appointed Clinical Director on the Merrion BreastCheck Unit in 1998.
BreastCheck is the National Breast Screening Programme. The screening programme aims to diagnose cancers at an early stage when there is a better outcome and hopefully may be treated less aggressively with less morbidity.

The programme was established following the publication of seminal randomised controlled trials that demonstrated a reduction in Breast Cancer mortality of 30% by screening.

BreastCheck offers screening mammograms to women every 2 years. Initially women 50-64 but for the last 2 years with age extension to the age of 69 has commenced.

It is important to note - since its establishment in 2000, the programme has performed over 1.5 million mammograms and that over eleven and a half thousand women have been diagnosed with screen detected Breast Cancer.

BreastCheck is fortunate to be well funded and to have state of the art equipment. Every mammogram is read independently in the Static Unit by two Consultant Breast Radiologists.

The Irish programme mirrors the UK programme with two important differences. Our programme screens at two yearly intervals as opposed to three. Recognising that diagnosing breast cancer does not reduce mortality unless screen detected cancers are optimally managed. Surgical management of our patients is included in our programme.

We have been fortunate to have had the opportunity to train both our Radiographic and Radiological staff to the highest standard. We have had great co-operation from our host hospitals even when pressured for beds and theatre time, they have greatly facilitated our programme.
BreastCheck has four static units, two in Dublin, on St Vincent’s Hospital campus and one on the Mater campus, one in Cork on the Cork University Hospital campus and one in Galway on the Galway University Hospital campus.

Most screening happens on mobiles as the service aims to deliver screening as near to the patients homes as possible. All patients recalled attend the Static Units.

Patients recalled to assessment have all further tests, tomod mammography, ultrasound, biopsy and clinical examination carried out at the static units. Patients who require biopsy are discussed at the MDM and return for results. There is a dedicated team of Specialist Breast Care Nurses to support patients through diagnosis and surgical treatment.

The programme was established with stringent quality assurance parameters and key performance indicators. These KPI’s pertain to every aspect of the programme and are supported by extensive standard operating procedures.

We publish an annual report. A Multidisciplinary Quality Assurance Committee comprising of - inter-alia - radiologists, radiographers, pathologists, surgeons, epidemiologists, medical physicists and nursing - oversees the quality of the programme. Approximately 2,600 cancers are diagnosed annually in Ireland. 680 women die from this disease.

In the Annual Report in 2016, it was noted that in the previous year Breastcheck had screened over 145,000 women. Of those screened, 986 cancers were diagnosed.

The aim of our Programme is to reduce mortality in this country by 20%. In order to achieve this goal we need 70% of women to accept their invitation. This is why it is important for us to enlist the support of our Public Representatives to maintain acceptance rates (74% 2015/16).
Over the last 5 years survival rates from breast cancer have increased from 75% to 83%. I have no doubt that Breast Screening has contributed to this together with better symptomatic services. This programme detects 7 cancers per thousand women screened.

It is important to keep recall rates to less than 7% as every woman recalled to assessment experiences the terror of a potential Breast Cancer Diagnosis. It takes women 2 years to get back to baseline anxiety following a recall.

The balance between keeping recall rates low and cancer detection rates high is a constant challenge in every country that conducts screening. There is a women’s Charter in place to ensure the service is delivered in a timely manner in line with promises made to women at the outset of the programme.

Since the outset of the Programme we have understood the need to produce and publish this data. We have also understood that external accreditation was essential. We have 3 external reviews of our programme.

The most recent inspection was by European Reference Organisation for Quality Assured Breast Screening and Diagnostic Services. Following this detailed inspection we were awarded reference status last year indicating that Policy and Practises are an example for other National Programmes to follow. EUREF awarded accreditation to only six screening programmes since 2009 only two got the highest which is category 4 accreditation, one of which was BreastCheck.

While mammography is the best screening test available for early detection of breast cancer it is neither 100% sensitive or specific. Not all cancers are detected by screening mammography. It is important to understand that this is a screening test not a diagnostic test and has inherent false negative rates as publicised in International literature.
Women attending the programme are informed of this in all documentation provided by BreastCheck and in fact sign a consent for screening that includes the statement that not all cancers will be detected. Women are advised in the normal screening result letter to attend their GP if they develop any symptoms and should be referred to one of the eight symptomatic breast cancer centres.

If Breast cancer is detected during the interval between screenings it is deemed an Interval cancer. There is an International Standard for interval cancer rates in Breast Screening Programmes. The expected rate is 2 per 1000. This is a very important determinant in the quality of a Programme. BreastCheck Interval cancer rates were published in the Journal of Medical Screening in April 2015 and are well within internationally accepted rates. Interval cancers rates are important as they unlike cancer detection rates are independent of Background Incidence rate.

BreastCheck is informed of all Breast cancers by the National Cancer Registry. BreastCheck then determines if the women had attended for screening and validates if it was within 2 years and if it was invasive cancer. If it is deemed to be an interval cancer, it is then included in the rates. This formal review has been happening since the establishment of the programme 20 years ago. It is by necessity a retrospective and complex process. Currently validated data is available up to 2011.

The practise is performed in exactly the same way as other European and UK programmes. In conjunction with this any woman or her clinician diagnosed with an interval cancer who requests a review of her screening mammogram has the review performed at the earliest possible convenience by two Consultant Radiologists not involved in the initial reading. This information is communicated back to the patient.

While screening aims to reduce mortality by 20% there are downsides to screening

1. Interval cancers
2. Anxiety associated with recall

3. Over diagnosis

The issue of over diagnosis was very prominent in screening literature 5 years ago. Over diagnosis includes surgical intervention for benign disease. Treatment for screen detected cancers that may not affect women during their lifetime in other words these women would die with rather than from cancer and they live years with a diagnosis of cancer that may not kill them. This is termed lead time bias.

It is appropriate to outline our plans for open Disclosure. The HSE policy of open disclosure has been in place since 2013.

The only country to have rolled out open disclosure in Breast Screening is England. That jurisdiction - having introduced Duty of candour legislation in 2014- and following a detailed planning process on foot of that legislation - introduced open disclosure for Breast Screening 2017. Scotland or Northern Ireland have not yet commenced open disclosure.

The English programme has shared their methodology and training videos. We look forward to implementing open disclosure in early 2019. It is a complex process involving many stake holders; the symptomatic service, the State Claims Agency, counseling services for women, the HSE and advice from patient representatives. We may need the help of legislators to navigate the legal aspects.

**Conclusion**

The Irish Breast Screening programme operates to the highest International standards, there are challenges.

1. Recruitment and retention of staff

2. Maintain acceptance rates
3. Introduction of open disclosure

4. Litigation

I hope I have given the committee reassurance on the quality and safety of our programme.

This concludes the Opening Statement and we will endeavor to answer any questions you may have.