

# Program Results –

## April 1, 2006 to March 31, 2008

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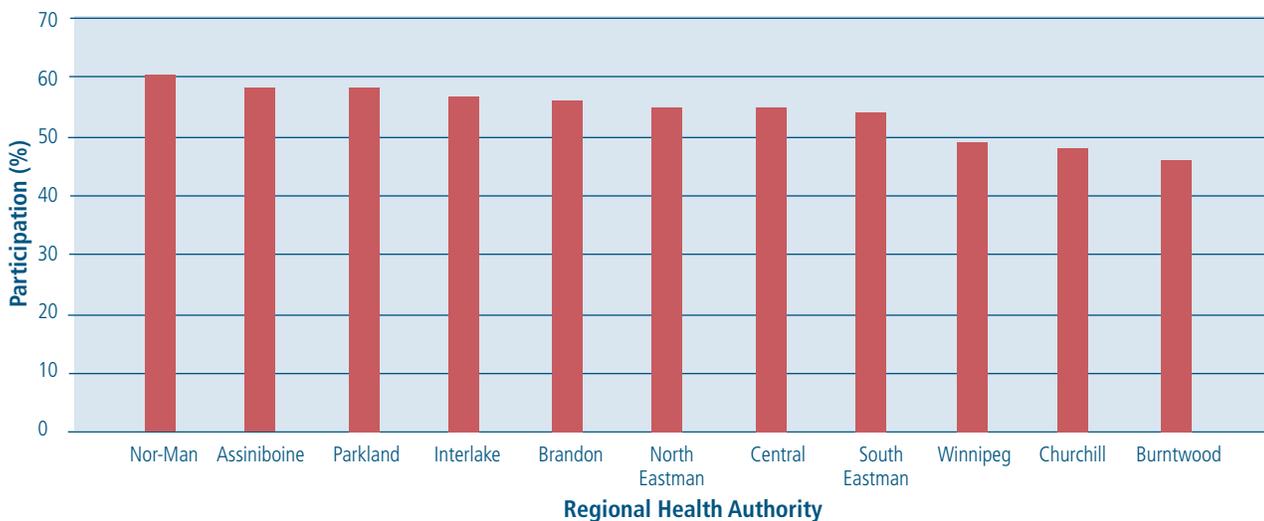
### How many women were screened?

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The goal of the MBSP is to screen 70% of Manitoba women 50 to 69 years of age every two years and to have at least 75% of these women return. From April 1, 2006 to March 31, 2008, the MBSP screened 68,138 women. The overall program participation for the province was 52%. Of women screened in 2005/06, 76% returned in the next 30 months.

Figure 1 shows participation by Regional Health Authority (RHA). Participation ranged from 60% in the RHA of Nor-Man to 46% in the RHA of Burntwood.

*Figure 1. Participation rate by Regional Health Authority from April 2006 to March 2008*



### How many women needed further tests?

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From April 2006 to March 2008, 9.3% of women who had a first screen (n=1326) and 4.5% of women who had a return screen (n=2550) were referred for further diagnostic tests. Most of the tests performed as part of further diagnostic investigations were diagnostic mammograms (56%) followed by ultrasound (23%), core biopsy (15%), open biopsy (3%), surgical consultation (2%), fine needle aspiration (1%), and MRI (0.3%).

### How many cases of breast cancer were found?

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From January 2006 to December 2007, a total of 271 women 50 to 69 years of age were diagnosed with invasive

breast cancer. The cancer detection rate was 3.8 per 1000 women screened (4.6 per 1000 women screened for first screens and 3.6 per 1000 women screened for re-screens (50-69 years of age). Seventy-seven women were diagnosed with in situ breast cancer.

### How long did it take?

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An abnormal screening result can cause anxiety even if the final outcome is negative. Therefore, it is essential to minimize the amount of time from screening to final diagnosis. The average time from screening to final diagnosis was 4.3 weeks (median time of 3 weeks) for women who did not have a tissue biopsy and 10 weeks (median time of 9 weeks) for women who did have a tissue biopsy (a core or open biopsy)

## How are we doing?

The most important measure of the success of a screening program is its impact on the number of deaths from breast cancer. We found that for Manitoba women 50-69 years of age who were screened, the mortality rate from breast cancer was reduced by 23%.

Several interim measures of program effectiveness are also regularly compared to national targets<sup>1</sup>. Table 1 shows the performance measure, target, and MBSP outcome for women 50 to 69 years of age. More detail is available from the MBSP biennial report.

**Table 3. Comparison of MBSP outcomes from April 2004 to March 2006 with Canadian Standards (50-69 years of age)**

Performance Measure	Target	MBSP
Participation rate	≥ 70% of the eligible population	52%
Retention rate	≥ 75% re-screened within 30 months	76% (2005/06)
Abnormal call rate	< 10% first screen;	9.3%
	< 5% re-screen	4.5%
Invasive cancer detection rate <sup>4</sup>	> 5 per 1000 first screen;	4.6
	> 3 per 1000 re-screen	3.6
In situ cancer detection rate <sup>4</sup>	Monitoring purposes only (per 1000 women screened)	1.1
Diagnostic interval	≥ 90% within 5 weeks – no tissue biopsy;	76%
	≥ 90% within 7 weeks – tissue biopsy	41%
Positive predictive value <sup>4</sup>	≥ 5% first screen;	5%
	≥ 6% re-screen	8%
Benign to malignant open biopsy ratio <sup>4</sup>	≤ 2:1 first and re-screens	3:1
Invasive tumour size <sup>4</sup>	> 25% ≤ 10mm;	34%
	> 50% ≤ 15mm	58%
Negative lymph nodes in cases of invasive cancer <sup>4</sup>	> 70% node negative	78%
Post-screen detected invasive cancer rate <sup>5</sup>	< 6 per 10,000 person years (0-12 months);	5.1
	< 12 per 10,000 person years (0-24 months)	6.4

<sup>1</sup> Evaluation Indicators Working Group. Guidelines for Monitoring Breast Screening Program Performance. Ottawa, ON: Public Works and Government Services, 2002.



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