

Ontario Breast Screening Program Women's Charter

Our promise to you...



You may

- call us to make your own appointment for screening, or make an appointment through your family physician



We will

- respect your privacy, dignity, religion, race and cultural beliefs
- be sensitive to your physical and emotional needs
- provide pleasant and comfortable surroundings during your screening visit
- arrange our screening centres so that all eligible women can use our services
- try not to keep you waiting when you come for your screening appointment
- do your mammogram using high quality equipment that meets the standards of the Canadian Association of Radiologists
- provide a clinical breast examination by a specially trained nurse examiner wherever possible
- provide instruction or information on breast self-examination if you wish
- inform you of the results of your screen within 2 weeks and if you agree, we will also inform your doctor
- invite you to be re-screened every one or two years after your initial appointment until you are 75; after that, you or your physician can decide if you will continue to be screened
- treat your screening visit confidentially



1(800)668-9304

ENRICHING THE HEALTH OF WOMEN IN ONTARIO

Ontario Breast Screening Program

Annual Report 2001/2002



A Program of
Cancer Care Ontario

Annual Report
2001-2002



OBSP Mission

As part of the overall spectrum of women's health,
our Mission is to reduce mortality from breast cancer by:
Delivering high quality breast screening to Ontario women

Message from the Director – Dr. Verna Mai



In this year’s report, staff and volunteer roles are highlighted. Each of the staff members appearing in the report represents an important role that is filled by many dedicated staff across the regions of Ontario. Each region is supported by a team of regional hub staff and volunteers committed to quality screening services.

The OBSP continues to grow, with increasing screening volumes and an increasing number of affiliated sites. The new screening and assessment sites that joined during the 2001/2002 fiscal year are listed below in order of affiliation:

NEW SCREENING AFFILIATES	NEW ASSESSMENT AFFILIATES
• DiagnostiCare – Port Arthur Clinic • Campbellford Memorial Hospital • Hôpital Notre Dame, Hearst • Southlake Regional Health Centre, Newmarket • Oshawa Clinic Imaging Centre • Quinte Health Corporation – Prince Edward County Memorial • Dixie X-Ray Breast Imaging Centre, Mississauga • St. Joseph’s Healthcare Hamilton – Centre for Ambulatory Health Services • Merivale Medical Imaging, Ottawa • Montfort Hospital, Ottawa • William Osler Health Centre, Georgetown Hospital Campus	• Hôtel Dieu Hospital, Kingston • St. Joseph’s Health Care, London • Pembroke General Hospital Inc.

This has been a year of unique challenges, as the scientific evidence on breast screening and its interpretation held the spotlight in the media for much of the year. The Canadian Task Force on Preventive Health Care published two updated breast screening recommendations in 2001 on mammography screening in average risk women aged 40-49 and the teaching of breast self-examination. These resulted in an extensive review by the OBSP of its policies and messages in both areas, to ensure that screening services were provided based on the latest evidence.

In October of 2001, controversy was generated by the publication of a meta-analysis of breast screening trials by two Danish authors in the Lancet journal. The authors concluded from their analysis that mammography screening was unjustified. However, these conclusions were based on the analysis of only two of the eight published trials, which the authors considered to be adequately randomized. In the ensuing months, debate on the issue of breast cancer screening was extensive in medical journals and the media, with both support for and criticism of the latest meta-analysis.

In 2002, there has been further work done by reputable groups to review all of the scientific evidence and updated results from the Swedish trials were published. A Working Group convened by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO), consisting of 24 experts from 11 countries, met in March to complete an extensive review. It concluded that trials have provided sufficient evidence for the efficacy of mammography screening of women between 50 and 69 years. The reduction in mortality was estimated to be about 35%. In addition, the group noted that organized screening programs are more effective in reducing the rate of death from breast cancer than sporadic screening.

Thus, the latest international expert consensus is that breast screening is justified. The OBSP will continue to work with its partners to increase the number of women who have access to the Program.

VERNA MAI, MD, MHSC, FRCPC
DIRECTOR, SCREENING PROGRAMS
DIVISION OF PREVENTIVE ONCOLOGY
CANCER CARE ONTARIO

Table of Contents

Program Components	1
Provincial Overview	2
Breast Assessment	3
OBSP Regional Hubs & Affiliates	5
Map of OBSP Sites	9
Regional Statistics	
Central East	11
Central West	12
Eastern	12
Northeast	13
Northwest	13
South	14
Southeast	14
Southwest	15
Highlights of OBSP Staff Roles	16
Highlights of OBSP Volunteer Roles	25
Mobile Coach in Northwestern Ontario	27
Program Results	29
Recruitment & Compliance	
Number of Screens	29
OBSP Participation Rate in Ontario Women Aged 50 – 69	30
Compliance to Rescreening	31
Client Profile	
OBSP Participant Profile	32
Screening Results	
Screening Outcome Summary	33
Outcome Indicators	35
Diagnostic Investigation	36
Histologic Features of Screen Detected Breast Cancers	37

Appendices

APPENDIX 1

OBSP Staff Directory

39

APPENDIX 2

Regional Centres

40

APPENDIX 3

OBSP Committees

41

List of Figures

FIGURE 1

Number of Screens in OBSP, by Year, 1990 – 2001

29

FIGURE 2

OBSP Participation Rate in Ontario Women Age 50 – 69 by Cancer Care Ontario Region, 2000 & 2001

30

FIGURE 3

Compliance to Rescreening by Age Group at OBSP, 1997–1998

31

FIGURE 4

Screening Outcome Summary of OBSP Initial Screens, 2000

33

FIGURE 5

Screening Outcome Summary of OBSP Rescreens, 2000

34

List of Tables

TABLE 1

OBSP Participant Profile by Age Group, 2000

32

TABLE 2

Outcome Indicators by Age Group, OBSP, 2000

35

TABLE 3

Diagnostic Procedures Received by OBSP Participants with Abnormal Screens, by Age Group, 2000

36

TABLE 4

Histologic Features of Screen Detected Breast Cancers in OBSP, by Age Group, 2000

38

The Central West Team at the Run for the Cure



Comprehensiveness

OBSP screening is available to all women in the Province who are between the ages of 50 and 74. The OBSP will screen older women on request. Women are not eligible if they have had breast cancer or breast augmentation, or if they currently have symptoms of breast disease requiring diagnostic work-up.

SCREENING MODALITIES INCLUDE:

- 1 Two-view mammography with staff and equipment that meets the OBSP’s standards, as well as those of the Canadian Association of Radiologists (CAR) Mammography Accreditation Program.
- 2 Clinical breast examination at most locations by a specially educated nurse examiner.
- 3 Information on breast self-examination.

Continuum of service

It is important that screening be linked to a continuum of service that includes multi-disciplinary assessment. An OBSP assessment centre functions on site in Hamilton and other OBSP sites have formed linkages with assessment centres.

Flexibility

The OBSP is flexible in its program components. For example, clinical breast examination is encouraged as a program component, but is not mandatory. A site that cannot provide this service is still welcome to affiliate provided it can meet the Program’s mammography standards.

Organized delivery

RECRUITMENT, RECALL AND FOLLOW-UP.

The OBSP reaches out to all women in its target group. In order to do so, different models are used to address barriers of distance, language and other problems. For example, key materials are translated, special outreach programs promote the OBSP, shuttle buses and a mobile coach serve outlying areas and OBSP staff work with family physicians to encourage them to refer directly, or assist in generating letters of invitation.

A computer system facilitates the recall of eligible clients on an annual or biennial basis.

QUALITY ASSURANCE AND QUALITY CONTROL.

Quality standards for program delivery are carefully monitored by the OBSP. For example, the nurse examiners performing clinical breast examination are initially trained and then undergo an annual practice review. In addition, the OBSP physics consultants monitor the mammography and film processing equipment. Finally, the OBSP strives to achieve the best quality mammograms possible by meeting the Canadian Association of Radiologists (CAR) Mammography Accreditation requirements.

EVALUATION

Screening is closely linked to assessment so that the outcomes of screening can be readily monitored. Data is collected and evaluated related to demographics, health practices, risk factors, referral rates, cancer detection rates, assessment procedures, interval cancers and retention of clients in the Program.

The Ontario Breast Screening Program (OBSP) has been in operation since 1990. It compares favorably with international standards. (See Table below.) The Program has achieved high levels of patient satisfaction and is strongly supported by many family doctors. It has established screening sites that are accessible to almost all women in Ontario.

The OBSP offers eligible women two-view mammography, clinical breast examination at most locations by a specially educated nurse examiner, information on breast self-examination and automatic client recall. Both the woman and her physician are informed of screening results and when screening abnormalities are detected, suggestions for further assessment are provided to the primary care or referring physician.

Screening centres also facilitate appointments for diagnostic imaging upon physician request and obtain follow-up information on reported abnormalities. Most women are re-invited every two years, however, some women are asked to return in one year.

As of the end of March 2002, there were 88 sites across the Province. This includes 79 affiliate sites and 9 regional hubs to ensure women have access to this service Province-wide. (See list of regional hubs and affiliated sites, pages 5 - 8.) The mobile coach in Northwestern Ontario provides screening as well as diagnostic mammography and clinical breast examination to women who live in communities without mammography facilities and who would not normally be eligible for OBSP.

A well run screening program must be able to ensure that patients have access to timely and accurate diagnostic assessment when they are screen-positive. Since 1991, the OBSP has operated an integrated comprehensive assessment program at its Hamilton Centre. Evaluation shows that this clinic can deliver assessment faster than the “usual care” approach at other centres, with substantially fewer surgical biopsies in women with benign lesions. This supports the development of linkages between the OBSP and assessment facilities to serve the needs of all women with suspected breast abnormalities. In addition to the site in Hamilton, 8 assessment affiliates have been established. (See list of assessment affiliates, pages 5 - 8.)

Our Goal

TO ACHIEVE A 70% PARTICIPATION RATE IN ONTARIO WOMEN AGED 50-69 BY THE YEAR 2010.

Comparison of OBSP indicators to international standards (2000)

PROGRAM INDICATOR	OBSP ¹	INTERNATIONAL STANDARDS ^{2,3}
Cancer Detection Rate per 1,000 screens	6.1	≥ 5
Invasive Cancers (%<15mm)	56.5%	> 50%
Nodal Status (% negative)	77.7%	≥ 70%

1 Includes initial screens and rescreeens.
2 Europe Against Cancer. European Guidelines for Quality Assurance in Mammography Screening. European Commission, June 1996.
3 Tabar L, Fagerberg G, Duffy SW, Day NE, Gad A, Grontoft O. Update of the Swedish two-county program of mammographic screening for breast cancer. Radiologic Clinics of North America 1992;30:187-210.

Breast Assessment

The success of screening is very dependent on the quality of the follow-up of screen-detected abnormalities – that is, the quality and timeliness of the breast assessment process used to reach a final diagnosis. Breast assessment involves the expertise of a team of health professionals working in collaboration to perform diagnostic breast imaging, biopsies, obtain surgical consultation and pathology expertise. Targets have been developed by the Canadian Breast Cancer Screening Initiative¹ of 90% of cases resolved within 5 weeks from time of abnormal screen where there is no open biopsy, and 90% of cases resolved within 7 weeks where there is an open biopsy. The proportion of OBSP abnormal breast screens diagnosed within the recommended time intervals was 70.4% for screens without an open biopsy and 50.8% for women with an open biopsy.

¹ Report of the Working Group on the Integration of Screening and Diagnosis for the Canadian Breast Cancer Screening Initiative (2000).

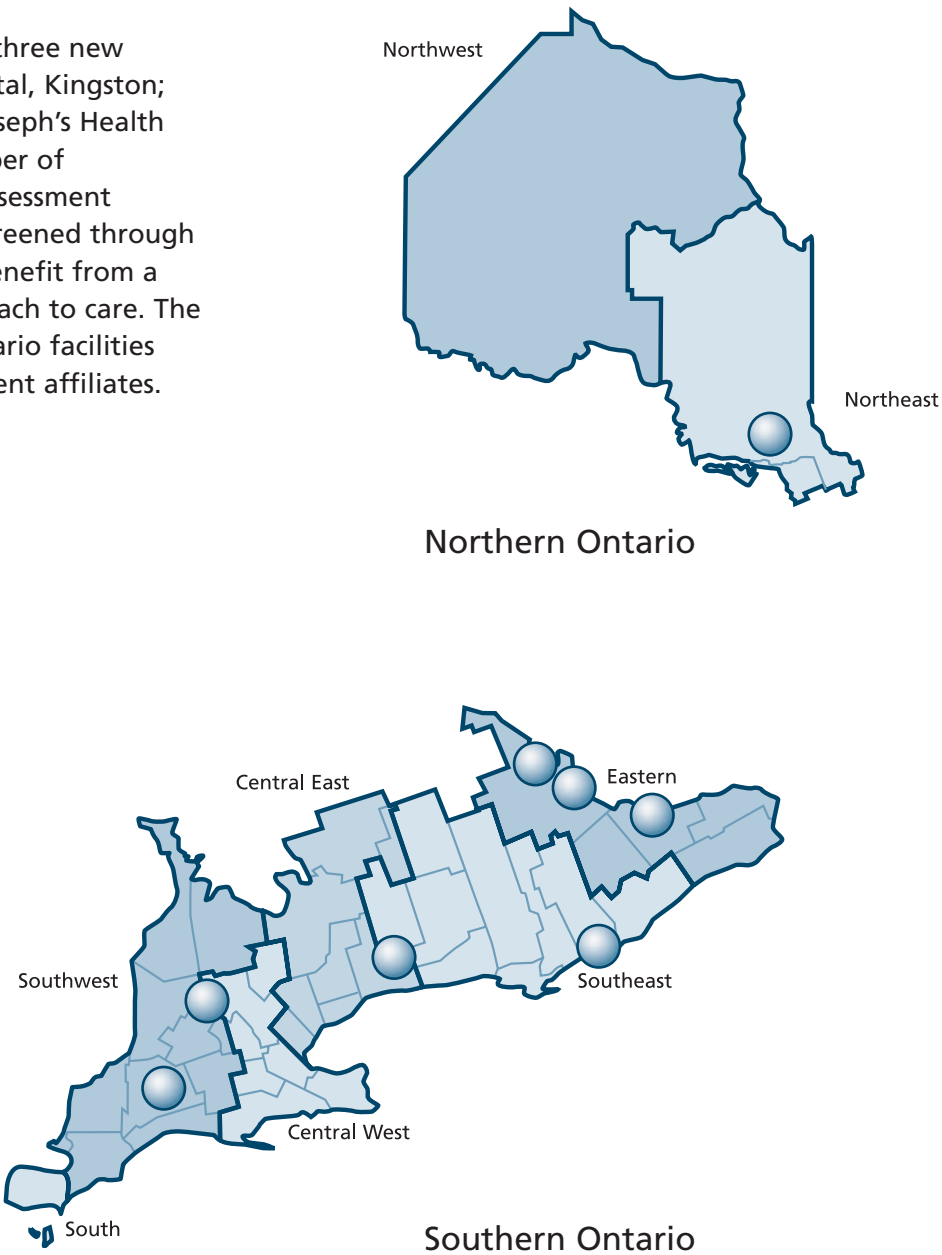
The establishment of multidisciplinary, comprehensive breast assessment affiliates to which OBSP clients can be referred has been an initiative of the OBSP over the last several years. Based on the work of the Ontario Breast Assessment Collaborative Group criteria have been established for these affiliations which include:

- The integration of family physicians into the breast assessment process
- Achievement of CAR Accreditation for mammography equipment
- The availability of radiologists with breast imaging expertise
- The availability of ultrasound facilities and core biopsies
- The availability of breast pathology expertise
- A designated patient navigator who will coordinate the investigations involved in the diagnosis of the abnormality
- A detailed care map for the coordination of services and expected timelines
- Mechanisms for ongoing evaluation and quality improvement
- Agreement to report the results of assessment according to set standards
- Agreement to achieve set timelines, such as providing the client's definitive diagnosis to her primary care provider within 2 weeks of completing the assessment process.

A breast assessment facility can either perform all the services required for breast work-up or may establish pathways with other facilities to provide the additional services necessary.

During 2001/02, the OBSP established three new assessment affiliates: Hôtel Dieu Hospital, Kingston; Pembroke General Hospital; and St. Joseph's Health Care, London; bringing the total number of assessment affiliates to 8. While the assessment initiative is directed toward women screened through the OBSP, eventually all women will benefit from a quality-driven and standardized approach to care. The OBSP is working with many other Ontario facilities interested in becoming breast assessment affiliates.

OBSP Breast Assessment Affiliates



OBSP Regional Hubs & Affiliates

as of March 31, 2002

Note:
* Provides breast assessment only
** Provides both breast assessment and screening

Central East Region

HUBS	
Toronto	North York OBSP Centre Scarborough OBSP Centre
AFFILIATES	
Alliston	Stevenson Memorial Hospital
Barrie	The Royal Victoria Hospital
Brampton	William Osler Health Centre, Brampton Memorial Hospital Campus DiagnostiCare – Brampton
Georgetown	William Osler Health Centre, Georgetown Hospital Campus
Markham	Markham Mammography Clinic Inc.
Mississauga	Credit Valley Diagnostic Centre Credit Valley Imaging Associates DiagnostiCare/King X-Ray and Ultrasound Dixie X-Ray Breast Imaging Centre RDS Mississauga Diagnostic Imaging & Breast Centre
Newmarket	Southlake Regional Health Centre
Orillia	Ontario Medical Imaging
Oshawa	Oshawa Clinic Imaging Centre
Toronto	Dixie X-Ray Ltd. DiagnostiCare – Fairview DiagnostiCare – Lawrence RDS Malvern Ultrasound and Mammography Quantum Medical Imaging Services Inc. Rosedale Radiology and Ultrasound St. Michael’s Hospital Health Centre Sunnybrook and Women’s College Health Sciences Centre, Women’s College Hospital Campus Victoria Park Mammography
Unionville	DiagnostiCare – Unionville

Central West Region

HUBS	
Hamilton	Hamilton OBSP Centre**
AFFILIATES	
Burlington	Burlington Ultrasound and Radiology
Cambridge	Cambridge Memorial Hospital RDS Diagnostics Ltd.
Guelph	Baker Street X-Ray and Ultrasound
Niagara Falls	NHS – Greater Niagara General Hospital
Hamilton	St. Joseph’s Healthcare Hamilton-Centre for Ambulatory Health Services
St. Catharines	NHS – St. Catharines General Hospital
Simcoe	Norfolk General Hospital
Welland	NHS – Welland County General Hospital

Eastern Region

HUB	
Ottawa	Ottawa OBSP Centre
AFFILIATES	
Barry’s Bay	St. Francis Memorial Hospital
Hawkesbury	Hawkesbury and District General Hospital
Ottawa	Merivale Medical Imaging Montfort Hospital Ottawa Regional Women’s Breast Health Centre*
Pembroke	Pembroke General Hospital Inc.**
Renfrew	Renfrew Victoria Hospital**
Winchester	Winchester District Memorial Hospital

Note:
* Provides breast assessment only
** Provides both breast assessment and screening

Northeast Region

HUB

Sudbury Sudbury OBSP Centre

AFFILIATES

Bracebridge South Muskoka Memorial Hospital
Hearst Hôpital Notre Dame
Kapuskasing Sensenbrenner Hospital
Kirkland Lake Kirkland and District Hospital
New Liskeard Temiskaming Hospital
North Bay North Bay General Hospital
Sault Ste. Marie Group Health Centre
Sturgeon Falls West Nipissing General Hospital
Sudbury DiagnostiCare – Sudbury
Sudbury Regional Breast Health Program*
Timmins Timmins and District Hospital

Northwest Region

ADMINISTRATIVE BASE

Thunder Bay Mobile coach serves Northwest Region.

AFFILIATES

Fort Frances Riverside Breast Screening and Education Clinic
Thunder Bay Thunder Bay Medical Centre Diagnostics
DiagnostiCare – Port Arthur Clinic

South Region

HUB

Windsor Windsor OBSP Centre

AFFILIATES

Chatham The Chatham Kent Health Alliance
Leamington Leamington District Memorial Hospital
Windsor DiagnostiCare – Windsor
Windsor Regional Hospital

Southeast Region

HUB

Kingston Kingston OBSP Centre

AFFILIATES

Belleville Quinte Health Corporation – Belleville
Brockville Brockville General Hospital
Campbellford Campbellford Memorial Hospital
Kingston Hôtel Dieu Hospital*
Peterborough Peterborough Regional Health Centre, Rogers Street Site
Picton Quinte Health Corporation – Prince Edward County Memorial
Port Perry Port Perry Imaging**
Trenton Quinte Health Corporation – Trenton
Victoria County Ross Memorial Hospital (Lindsay)

Southwest Region

HUB

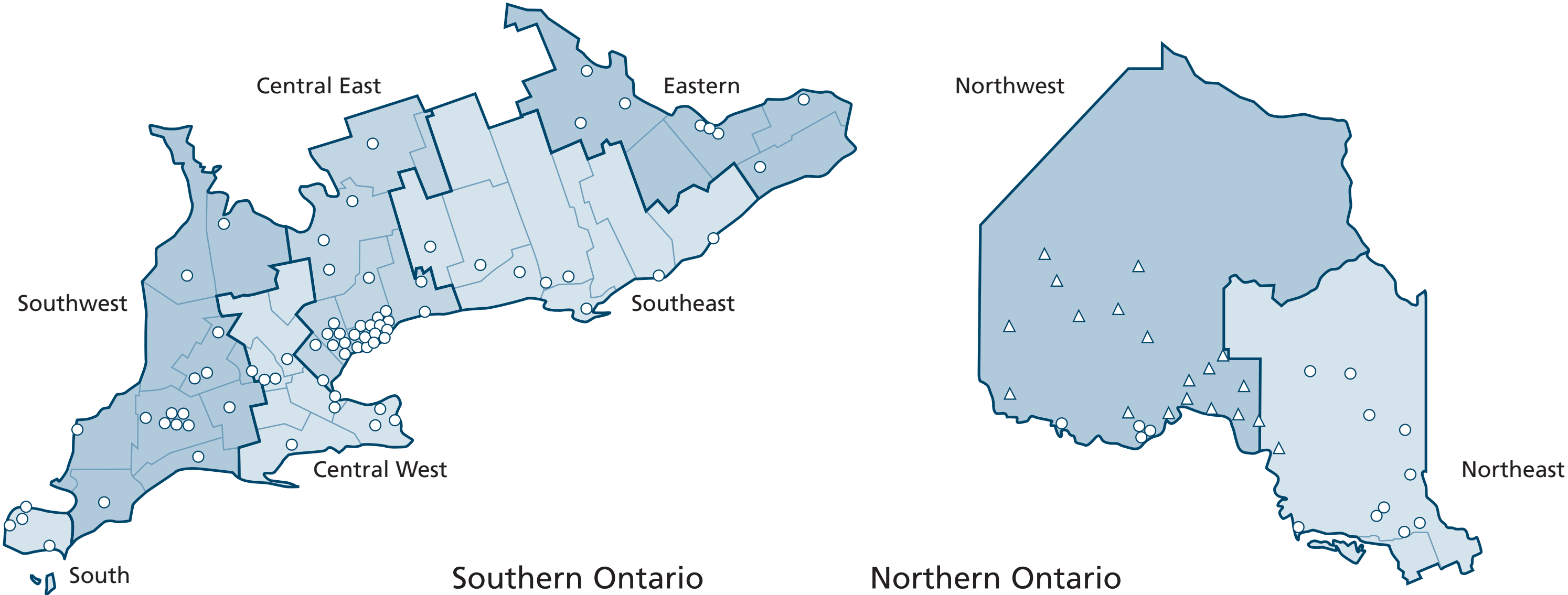
London London OBSP Centre

AFFILIATE

Kitchener RDS Victoria/Kitchener Ultrasound, Mammography & X-Ray
Listowel Listowel Memorial Hospital**
London DiagnostiCare Women’s Imaging Centre
London Health Sciences Centre
London X-Ray Associates
St. Joseph’s Health Care**
Owen Sound Grey Bruce Health Services
St. Thomas St. Thomas-Elgin General Hospital
Sarnia Lambton Hospitals Group
Stratford Jenny Trout Centre, Ultrasound and
Mammography Associates of Stratford
Stratford General Hospital
Strathroy Strathroy Middlesex General Hospital
Walkerton South Bruce Grey Health Centre
Woodstock Woodstock General Hospital

OBSP Sites & Areas Served by the OBSP Mobile Coach

as of March 31, 2002



LEGEND ○ OBSP Screening Sites △ Mobile Coach Service

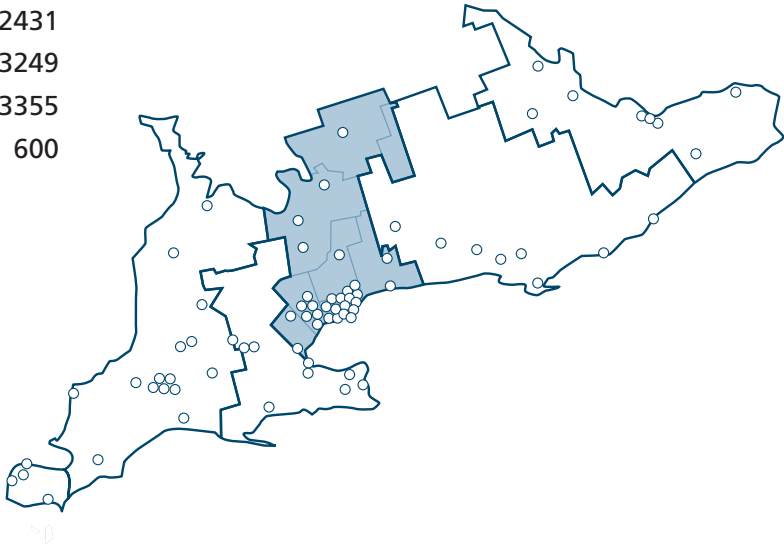
Total Screens for the Province of Ontario	169,520
Other Procedures	2,300

Regional Statistics

Central East

April 1, 2001 to March 31, 2002

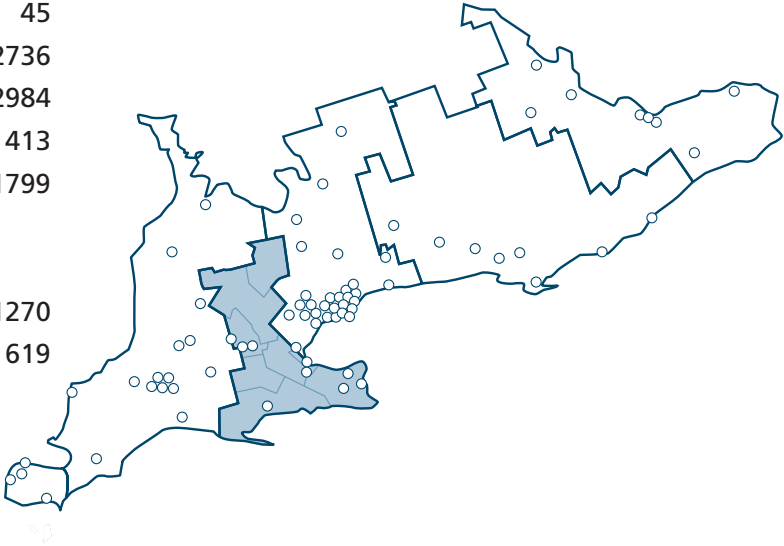
Total Screens	51624
North York Centre	5920
Scarborough Centre	5435
Alliston	1109
Barrie	6254
Brampton	4659
DC – Brampton	384
Georgetown	3
Markham	3463
Mississauga	
Credit Valley Diagnostic	327
Credit Valley Imaging	363
DC – King	575
Dixie X-Ray	340
RDS – Mississauga	26
NewMarket	1114
Orillia	1564
Oshawa	574
Toronto	
Dixie X-Ray	5148
DC – Fairview	1147
DC – Lawrence	896
Malvern – RDS	83
Quantum Medical	1954
Rosedale	651
St. Michael’s	2431
Sunnybrook/Women’s College	3249
Victoria Park	3355
Unionville	600



Central West

April 1, 2001 to March 31, 2002

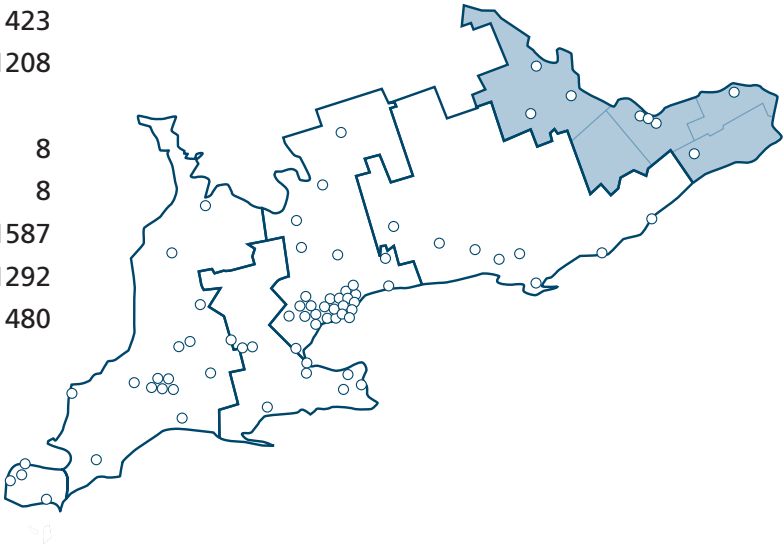
Total Screens	25699
Hamilton Centre	11989
Burlington	2201
Cambridge Memorial	2316
Cambridge – RDS	296
Guelph	920
Hamilton – St. Joseph’s	45
Niagara Falls	2736
St. Catharines	2984
Simcoe	413
Welland	1799
Hamilton Centre Assessments Recalls	1270 619



Eastern

April 1, 2001 to March 31, 2002

Total Screens	18144
Ottawa Centre	13138
Barry’s Bay	423
Hawkesbury	1208
Ottawa	
Merivale	8
Montfort	8
Pembroke	1587
Renfrew	1292
Winchester	480

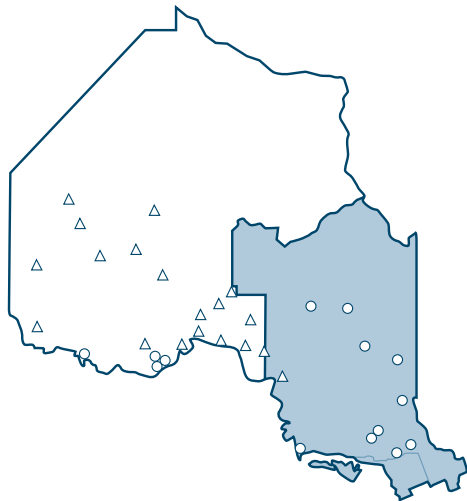


Regional Statistics

Northeast

April 1, 2001 to March 31, 2002

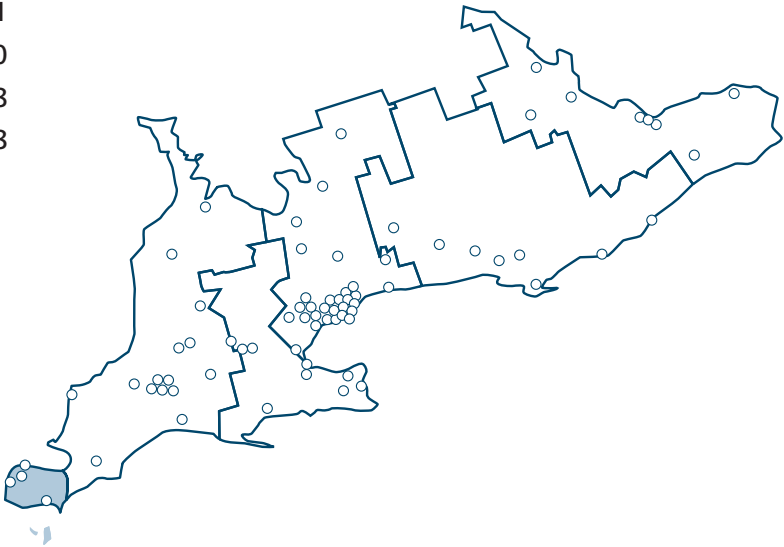
Total Screens	19093
Sudbury Centre	6954
Bracebridge	361
Hearst	199
Kapuskasing	586
Kirkland Lake	447
New Liskeard	476
North Bay	2777
Sault Ste. Marie	4850
Sturgeon Falls	491
DC – Sudbury	463
Timmins	1489



South

April 1, 2001 to March 31, 2002

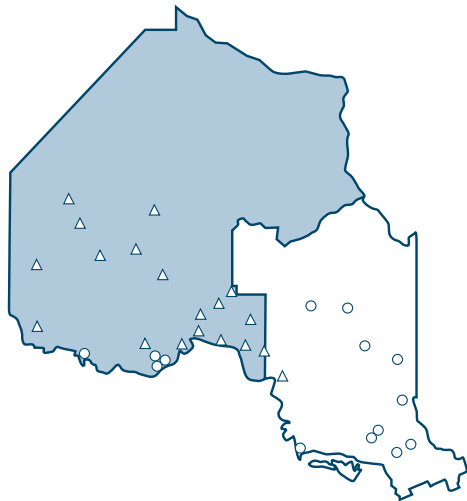
Total Screens	8730
Windsor Centre	4863
Chatham	2771
Leamington	460
DC – Windsor	298
Windsor RH	338



Northwest

April 1, 2001 to March 31, 2002

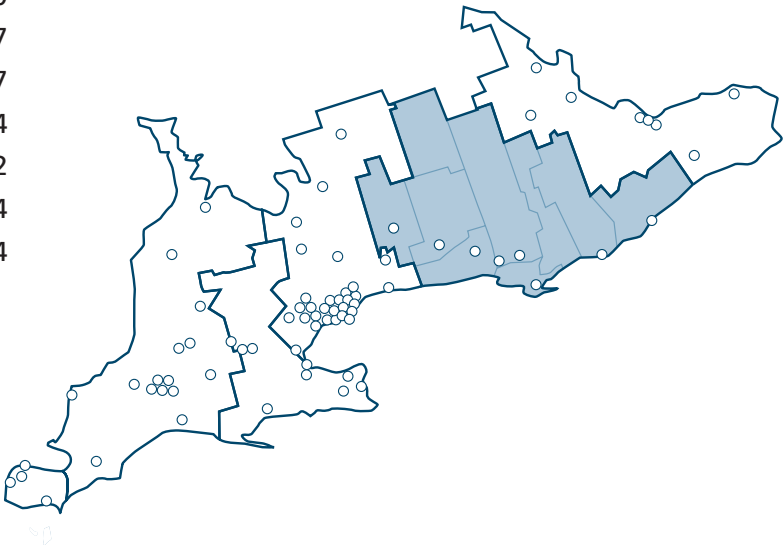
Total Screens	6626
Mobile Coach	5434
Thunder Bay Medical	215
DC – Port Arthur	514
Fort Frances	463
Mobile Coach Diagnostic Procedures	411



Southeast

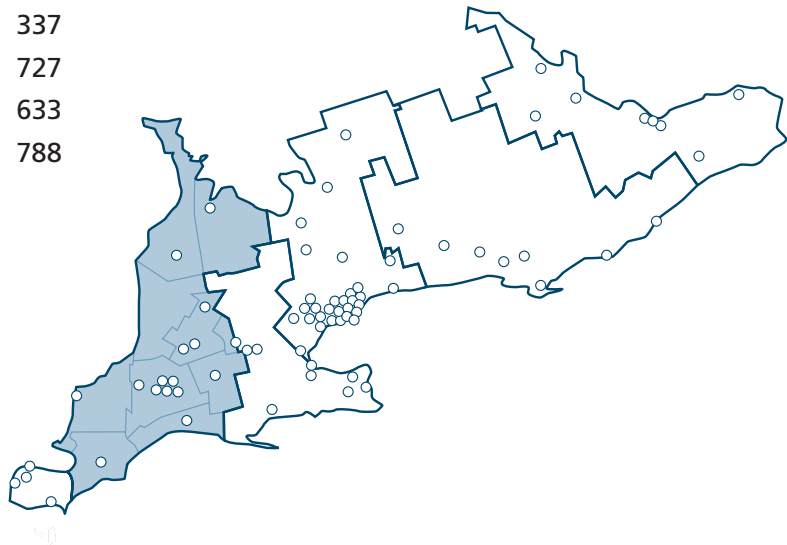
April 1, 2001 to March 31, 2002

Total Screens	17149
Kingston Centre	7478
Belleville	1683
Brockville	1020
Campbellford	457
Peterborough	2367
Picton	34
Port Perry	1382
Trenton	1324
Victoria County	1404



April 1, 2001 to March 31, 2002

Total Screens	22455
London Centre	7753
Kitchener	751
Listowel	1114
London - DiagnostiCare	603
London HSC	431
London X-Ray	755
London - St. Joseph's	675
Owen Sound	3755
St. Thomas	1050
Sarnia	2443
Jenny Trout Centre, Stratford	640
Stratford General	337
Strathroy	727
Walkerton	633
Woodstock	788



Dr. Diane Pross

MEDICAL COORDINATOR – SOUTHEAST REGION

“Making Connections”

Establishing linkages at all levels is a very important part of Dr. Diane Pross’ job as Medical Coordinator with the Ontario Breast Screening Program in the Southeast Region. Her main function is to act as a liaison with family doctors in her region, helping them to understand the importance of organized breast screening and encouraging them to refer their patients to the Program. She travels around the region frequently, providing presentations in different communities about the OBSP and often visits outlying areas to help open new affiliate sites.

When she is back home in her office in Kingston, Dr. Pross continues to make linkages by reviewing all abnormal results from the OBSP and by examining assessment information and diagnostic work up in order to make recommendations. Sometimes she will even assume the role of family physician if a woman does not have one of her own.

One of Dr. Pross’ most significant achievements was to organize a mailing system to Ontario women that would invite them to attend breast screening. She worked with OHIP and Canada Post to ensure that the mailing lists remained anonymous. Although the system is no longer used, it paved the way for future mail based health information programs.

Dr. Pross takes her role in quality assurance very seriously. Recently, she studied all cases that had been referred for further assessment because of dimpling of the skin on the breast. By carefully examining patterns of referral, she was able to develop a new protocol related to dimpling which significantly reduced unnecessary referrals.

As Medical Coordinator, Dr. Pross is responsible for staying on top of current medical issues related to breast screening. She must keep up to date with the literature and make recommendations for changes and enhancements to the program that will keep it current. In addition she often participates in research related to breast screening such as a recent study carried out at Queen’s University on a project that examined the distance that women will travel for routine appointments.



Highlights of OBSP Staff Roles

Suzie Joannis

REGIONAL ADMINISTRATOR – EASTERN REGION

“I work with an incredible team!”

As a Regional Administrator, Suzie Joannis feels very strongly about the importance of team work as she brings her own personal dedication, determination and vision to her work in the Eastern Region of Ontario. She is grateful for the excellent collaboration among the various partners in her region and among the staff and volunteers who work hard to provide top quality breast screening and breast assessment for all women.

Every day on the job for Suzie is different and she depends on many different staff to ensure that the program runs smoothly. She is in constant communication with colleagues and partners by e-mail, phone and through meetings and teleconferences. She also travels frequently, working to establish new partnerships in a region which varies in its rural and urban make up as well as in language and culture.

One of her fondest memories was a special event that involved President Bill Clinton’s mother Virginia Kelly as well as breast cancer survivor Mary Bowring as special guest speakers. This event lead to a special dinner hosted by Mrs. Gerda Hnatyshyn for the Breast Screening Coalition at the Governor General of Canada’s home.

The position of Regional Administrator is key to coordination within the OBSP. She helps ensure that all staff work in tandem to provide the type of support and information the region needs to function at an optimal level. She keeps channels of communication open and keeps up to date on all functions and how they relate to each other. Recently, during an absence due to a personal injury, Suzie learned first hand how important her team was as they all pitched in to work together to keep the program on track.

Overseeing and monitoring quality is also an important part of Suzie’s role. She is responsible for ensuring that the same quality and level of service is provided to all women in the Region and that each woman’s experience with the OBSP is the best it can be. She has worked with the University of Ottawa to measure the knowledge and attitudes of women in the Region towards breast screening.



Dr. Rene Shumak

RADIOLOGIST-IN-CHIEF AND
CENTRAL EAST REGION RADIOLOGY COORDINATOR

“Raising the bar.”

Dr. Rene Shumak, Radiologist-in-Chief for the OBSP is dedicated to developing and implementing the highest quality standards for mammography in Ontario. She works with radiologists, technologists and suppliers across the Province to ensure that these high standards are met. Her day-to-day work is widely varied and may involve a number of different activities. She organizes educational days, participates in research, reviews program materials and works with physicists. Dr. Shumak is also the Radiology Coordinator for the Central East Region.

Dr. Shumak’s goal is to ensure that the highest quality mammography is available to all women in Ontario. During her career, she has witnessed a huge growth in mammography services in Ontario, but unfortunately, not all mammography is of the same quality and women are not always aware of that. She is proud of the fact that the OBSP has now 88 sites across Ontario where high quality mammography is provided.

A recent personal highlight was an educational day that she helped organize last year with Dr. László Tabár, world-renowned expert in breast screening. The “Day with László Tabár” offered radiologists and other health care professionals from across the Province an opportunity to learn more about mammography screening.

Dr. Shumak works with radiologists and physicists as well as other staff at the provincial level. Quality assurance is a major part of her work. She has worked hard to raise the standards of accreditation for affiliates and monitors their progress on a regular basis.

Research is an important part of Dr. Shumak’s work. She is a member of the Canadian Breast Cancer Screening Initiative and has participated in a number of research projects provincially and nationally. This includes a recent paper published in ‘Cancer’ on the impact that delay to diagnosis has on the prognosis for women with breast cancer.



Highlights of OBSP Staff Roles

Valerie St. Pierre

SUPERVISOR: ADMINISTRATIVE SERVICES – SOUTH REGION

“Everyone is treated equally.”

Valerie St. Pierre loves her job as Supervisor, Administrative Services. As part of the Regional OBSP team, Valerie has the satisfaction of knowing that she is making a real difference in women’s lives. Her key functions include supervising the other administrative staff, collecting and coding assessment data, working with the OBSP database, and providing support to the Regional affiliates.

Every day, Valerie spends time on the phone calling doctors and health facilities to get information and receiving calls from other staff and women who call about the Program. She plans the schedule for the hub and affiliates, fields questions from staff and keeps the office and its equipment running smoothly. She feels her most significant contribution to the Program is her knowledge of the OBSP database and the support she provides throughout the Region. (The OBSP has a specialized database that is shared with screening sites when they become affiliates.) She is also proud of her contribution to a booklet on breast assessment for women in Southern Ontario.

Valerie believes the client is the centre of the OBSP and she is totally committed to helping ensure that women have a positive experience when they come

for breast screening and that they are as comfortable as possible throughout the process. She remembers a woman who called in tears because her screen showed an abnormality and she had been referred for an assessment. Valerie herself had gone through a similar experience and was able to sympathize with the woman to help reduce her anxiety. “When it’s you, you feel that you may be the one in ten,” she says sympathetically.

As Supervisor of Administrative Services, Valerie relates to all members of the OBSP Regional team. She must keep up to date on OBSP policies as well as those of the Regional Cancer Centre. She ensures that these policies are followed by monitoring inquiries, working with the Regional Administrator and trouble shooting problems as they arise. Valerie’s caring and concern is reflected throughout her work. For example, she checks the timing of abnormal result letters to women so that a woman will not receive her letter on a Friday which will leave her to worry all weekend until she can speak to her doctor on Monday.



Sharon Bowes

HEALTH PROMOTION COORDINATOR – NORTHEAST REGION

“Health promotion is a team effort.”

Recruiting women to the Ontario Breast Screening Program is the fundamental goal of Northeast Region’s Health Promotion Coordinator, Sharon Bowes. But in reality her job is much more than that. In order to convince women to come for a screening mammogram, she must first ensure that they hear, understand and agree with the important message that early detection saves lives. Delivering that message is a team effort. While Sharon holds the title of Health Promotion Coordinator, every member of the OBSP staff plays a critical role in creating a greater awareness about the benefits of breast screening.

Sharon has worked for the OBSP since its inception in 1991 and each day presents an exciting new challenge. She is involved in several innovative initiatives including media blitzes, special events and the organization of education days in collaboration with medical professionals. All these activities are designed to demonstrate the benefits of breast screening and the early detection of breast cancer.

Some of her most rewarding activities have included the development of a transportation program for women in rural communities, publishing two eight page newspaper supplements highlighting the roles of the various OBSP staff and assisting with the

expansion of the Program across the Northeast. The Region has also played a role in the establishment of a breast cancer support group and the publishing of an informative breast health guide.

Sharon’s greatest satisfaction comes from the OBSP’s many success stories. She remembers the kindergarten teacher who is back in class after successful treatment, the woman who got on the shuttle bus at the last minute to accompany a nervous friend and was found to have breast cancer as well as countless others who now have a good chance to beat breast cancer because it was detected early.

Although the role of health promotion in quality assurance may not seem readily apparent, Sharon points out that it is an integral part of her job. As Health Promotion Coordinator, it is her responsibility to ensure that women understand they have a choice when it comes to accessing high quality mammography. She explains the importance of CAR Accreditation and stresses to women that all mammograms are not subject to the same careful scrutiny and high standards as they are in the OBSP. The Northeast Region also works with epidemiologists to help understand trends in behaviour and patterns of breast cancer screening in the north.



Highlights of OBSP Staff Roles

Marg Opie

NURSE NAVIGATOR – CENTRAL WEST REGION

“Staying on the Right Track”

As a Nurse Navigator, Marg Opie performs a wide variety of functions. She provides clinical breast exams to women who come for routine breast screening and she also sets up and runs a special breast assessment clinic that is held at the OBSP Centre in Hamilton every Wednesday for women who have screen detected abnormalities. On Monday and Tuesday, she contacts women to set up their appointments and to answer questions about the process of assessment. On Wednesday the clinic is held, and the rest of the week is spent on follow up. She feels her personal contact with clients is extremely beneficial for women. “It makes it easier on them when there are fewer surprises”.

Another important function is to act as an advocate for clients by helping to direct them through the complete screening and assessment process. Over a three-month period, Marg will develop a complete file on clients who have been assessed, including those that have been diagnosed with cancer. She collects all pathology and surgical information as well as test results, and she reviews all results to confirm that the appropriate surgery has been performed and that it correlates with pathology results.

Marg is the key contact person for all nurses in the nine affiliates of Central West Region. Over the course of her day, she may speak to several nurses, answering queries about the information they need to send to the provincial office and about other nursing issues that may arise. She also may field calls from surgeons, radiologists and family physicians.

Quality assurance is an important part of Marg’s job. Four times each year, she works with the Regional Administrator to pull all clinical recall data for a one-month period. She checks the documentation and follows up with each nurse if there are any questions or concerns.

Keeping current with the literature and helping her colleagues do the same is a personal and professional goal for Marg. She organizes a “Lunch and Learn” each week where she and other staff look at current medical articles that are relevant to breast screening. In addition, she has participated in a recent research project related to improving the cancer detection accuracy of nurse examiners at the Hamilton Centre. She is currently involved in work related to quality of life and survivorship as well as Aboriginal health issues.



Brenda Irvine

PROVINCIAL COORDINATOR, NURSING

“Everything I do is related to quality assurance.”

As the Provincial Coordinator, Nursing for the Ontario Breast Screening Program, Brenda Irvine is devoted to the implementation and evaluation of the Program’s nursing component. Her main function is to work with nursing staff to ensure a high level of clinical practice and competency in a number of areas. It is an expectation that all OBSP nurses will engage in reflective practice and participate in ongoing, relevant learning to ensure that both the level of their practice and their continuing competence provide the best possible outcomes for OBSP clients. Brenda provides nurses with constructive and positive feedback that helps them understand how they fit into the overall breast screening picture.

Brenda is often on the road, travelling to Hub Centres and affiliate screening sites across the Province. She reviews data on referral rates and cancer detection rates and contributes to the development of overall Provincial standards of practice. She writes up practice reviews for individual nurses and examines historical reports to determine if there are areas that continue to require improvement.

Brenda believes in the value of an interactive peer oriented approach and she works hard to provide staff with positive and supportive feedback. She also goes out of her way to invite and encourage input from OBSP nursing staff that can be used to develop improved and clearer standards of practice. One of the highlights of Brenda’s work with the OBSP was the development of a preceptor program where nurses work together to evaluate each other’s work against a clearly articulated standard of practice. This peer review process has enhanced the role of the nurses and also helps them meet some of their professional requirements for the College of Nurses’ Quality Assurance Program. “There is a lot of wonderful expertise among the nurses and it would be a waste not to take advantage of that,” she says. Brenda believes in the importance of teamwork and enjoys working with all OBSP staff at the provincial office as well as with staff across the Province. She is dedicated to quality control and there can be no doubt that one hundred percent of her work is related to quality assurance and to ensuring that the OBSP has the best standards of practice possible for the nursing component.



Highlights of OBSP Staff Roles

Erin Jones

**PROVINCIAL MAMMOGRAPHY TECHNOLOGIST COORDINATOR AND
MAMMOGRAPHY TECHNOLOGIST – SOUTHWEST REGION**

“We want women to return.”

Erin Jones is a mammography technologist for the Southwest Region and is also the Provincial Mammography Technologist Coordinator for the Ontario Breast Screening Program. Although the functions differ, to Erin, the bottom line is the same: to produce high quality mammograms while at the same time ensuring a pleasant experience for women. She feels very strongly that unless women feel at ease, technologists cannot obtain the highest quality mammogram.

As a mammography technologist, Erin’s day involves checking and monitoring equipment regularly, screening approximately 21 women, explaining the procedure to them and answering any questions they may have. She also takes calls from women who have questions or concerns of a technical nature. Her work as the Provincial Coordinator includes participating in an annual film review of all hub technologists, developing policies and procedures and acting as a resource for the OBSP team, including technologists across the Province. Frequent travel is also a part of both positions.

Quality control is an extremely important part of both of Erin’s jobs. She performs daily tests and checks on equipment and must maintain a constant critical eye on the mammography she performs. As a Provincial Coordinator she is responsible for maintaining the high quality of mammography performed province wide through her participation in the OBSP’s annual provincial film review of hub technologists.

Although her work is largely technical, Erin feels her most significant contribution is to reduce women’s fear of mammography. She remembers one woman in particular who had heard that mammograms were very painful and was terrified when she came to the Program. Erin worked carefully to allay her fears, assuring her and explaining the process. To Erin, it was all worth while at the end of the mammogram when the woman said “It wasn’t that bad after all!” At that point she knew that not only would the woman return but that she would also act as an ambassador for the Program.



Dr. Anna Chiarelli

SCIENTIST, SCREENING UNIT

“Bringing an evidence based approach
to breast screening.”

Dr. Anna Chiarelli’s contribution to the OBSP is focused on the development and implementation of methods for measuring performance as well as in designing and conducting breast screening evaluation and epidemiological research studies. She has examined factors associated with re-attendance at screening programs, looked at whether a family history of breast cancer is associated with cancer detection rates and has studied waiting times for breast cancer diagnosis.

Dr. Chiarelli’s work day is widely varied. It may include working with statistics to determine screening effectiveness, conducting research studies, reviewing literature on screening, or supervision of graduate students. She provides support to the field by interpreting regional data and providing the results to them. She presents information at scientific meetings and to OBSP Committees.

As the Chair of a national screening working group, Dr. Chiarelli has played a major role in the development of guidelines for the monitoring of breast screening programs across the country. She has recently been awarded a large grant from the Canadian Breast Cancer Research Initiative for a two year study to improve the understanding of the effect of risk factors such as breast density and use of hormones for menopause on the early detection of breast cancer.

Bringing an evidence based approach to breast screening is one of Dr. Chiarelli’s most significant contributions to the Program. During a time of increased competition for health care dollars it is extremely important that we are able to measure and justify the importance of breast screening. In order to do so, we must have standardized measurements that are used consistently across the Province and ensure that all data collected is complete and accurate for each woman screened.



Highlights of OBSP Volunteer Roles

Volunteers

Volunteers play an essential role in the operation of the OBSP across Ontario. They are a tremendous asset in the day-to-day operations of the centres and also provide planning expertise and assistance with the promotion of the program in many different ways.

Volunteers sit on regional Community Advisory Committees and represent the regions on Provincial OBSP Committees such as the Strategic Management Committee which meets in Toronto. Volunteers also serve on regional ad hoc planning committees that may be involved in specific tasks such as planning an opening celebration for a new affiliate screening centre.

Volunteers often present information to community groups about breast screening and provide displays in local communities. They put a real life face on the Program by speaking out about their own personal and/or family experiences with breast cancer and demonstrating why screening is so essential.

Volunteers also play an important role in the day-to-day operations of the centres. They greet and assist clients on screening days and work hard on office tasks such as preparing large mailings and assisting with client surveys.

In two regions of Ontario, dedicated volunteers drive an OBSP Van, picking up clients who otherwise wouldn't have transportation to breast screening. These vans are on the road five days per week, rain or shine, through snow and sleet and all weather conditions in between! Volunteers usually drive one day per week with one individual working as a "spare" covering vacations, etc.

Wilma McNeill

Wilma is a volunteer on the Community Advisory Committee for the OBSP-Sarnia Centre. The committee meets monthly and Wilma has been an active member since the opening of the Centre. She has provided 'hands on' assistance with a number of projects raising awareness in the community about the benefits of early detection. She strongly believes everyone in the community has an obligation to give back. "If we all did a little bit more, more women would be encouraged to go for screening and more lives would be saved."



Roger Lalonde

Roger Lalonde has been a driver with the OBSP Northeast Region since the program began in 1992. In the northern part of Ontario, transportation is a significant barrier and can prevent many women from accessing health services such as breast screening. Roger has made a real difference in helping to solve the problem as he logs thousands of miles and hundreds of hours transporting women to and from the clinic. According to Roger "life's been good to my family and now that I've retired, it's time to give something back."



Ensuring equal access to high quality breast screening and diagnostic services in northern Ontario.

When you live in a small town on the shores of Lake Superior you don't expect to be on the forefront of medical technology. Life is usually pretty simple in a town with long summer days spent near the water and short winter days where the cold wind blows off the lake in gusts that might knock you off your feet if you aren't standing still and holding on for dear life!

For Elizabeth (not her real name), the choice to raise her four children in a small northern community meant accepting the fact that some services might not be readily available. Doctors are few and far between in the north and if you are lucky enough to have one, you can wait six to eight weeks to get an appointment. For that reason, last Spring, when Elizabeth found a lump in her breast that "just jumped right out at her", she was relieved to hear that the OBSP mobile breast screening coach was stopping in a nearby community. The Northwestern Ontario Breast Screening Program offers a diagnostic program so women with symptoms and a doctor's referral can be seen on the coach.

Visiting the coach took a lot of courage. Elizabeth was nervous and worried about what the lump might mean. But once she climbed the steps and entered the coach, she felt a huge sense of relief. She knew that no matter what the outcome was, she was going to be given the best possible service.

Elizabeth went to the coach in mid June and it was clear from both a physical examination and her mammogram that there was a highly suspicious mass in her breast. The radiologist suggested a surgical consultation. Her doctor was notified of the abnormal result and the request for a surgical consultation. Elizabeth's doctor had authorized OBSP to automatically book follow-up tests, so she was able to have an ultrasound right away and was scheduled to see a surgeon within a few days. During the first week of July, she had surgery in Thunder Bay. Her surgery confirmed that she had breast cancer, but it had not spread beyond one lymph node and her prognosis is good.

The mobile coach is an integral part of providing the best possible breast screening services in the Northwest Region. The coach, which was bought in October 2000 to replace the old breast screening van, screened over 5,600 women during the last year. It plays a huge role in ensuring that women receive the same high quality and timely breast screening services as women in more populated areas of the province. Elizabeth was very fortunate because the coach also provides diagnostic services to women in Northwestern Ontario who would not be eligible for screening because they already have symptoms of breast disease. Over 400 such services were provided in 2001/02.



Program Results 1990-2000

Recruitment & Compliance

Program results are presented by calendar years. Outcome statistics have not been included for 2001 as not all women referred for assessment in 2001 have completed follow up.

NUMBER OF SCREENS

From the time of its first screen in July 1990 until December 2001, the Ontario Breast Screening Program has provided 878,406 screens to 388,494 Ontario women. Just under half (44.2%) of all client visits were initial screens (that is, women having their first screen at OBSP) and the remainder (55.8%) were women returning for a subsequent program screen. Since its first complete year in 1990/91, the annual number of screens has increased substantially from 15,970 in 1990 to 163,927 in 2001 (Figure 1).

During the early years of the Program, as each of the nine regional hubs and the mobile van began operation across the Province, the number of initial screens increased from 15,970 in 1990/91 to 39,733 in 1992. Starting in 1993, the initial screens declined continuously to 23,269 in 1996 and then began to increase again to 61,100 in 2001 with the opening of affiliate centres. In contrast, the number of rescreens has increased consistently from 561 in 1992 to 102,827 in 2001.

OBSP PARTICIPATION RATE IN ONTARIO WOMEN AGED 50-69

The goal of the Ontario Breast Screening Program is to screen 70% of women aged 50 to 69. Figure 2 shows the participation rates for women 50 to 69 years of age by Cancer Care Ontario Region. Between 2000 and 2001, 229,195 women aged 50 to 69 were screened by the OBSP, yielding a participation rate of 19.6% of all women 50 to 69 years of age in Ontario.

Participation rates range from a high of 42.7% in the Northeast region to a low of 12.9% in the Central East region. It is anticipated that continued program expansion will improve overall recruitment as well as increased coverage across the Province.

FIGURE 1 Number of Screens in OBSP, by Year, 1990 – 2001

NUMBER OF SCREENS

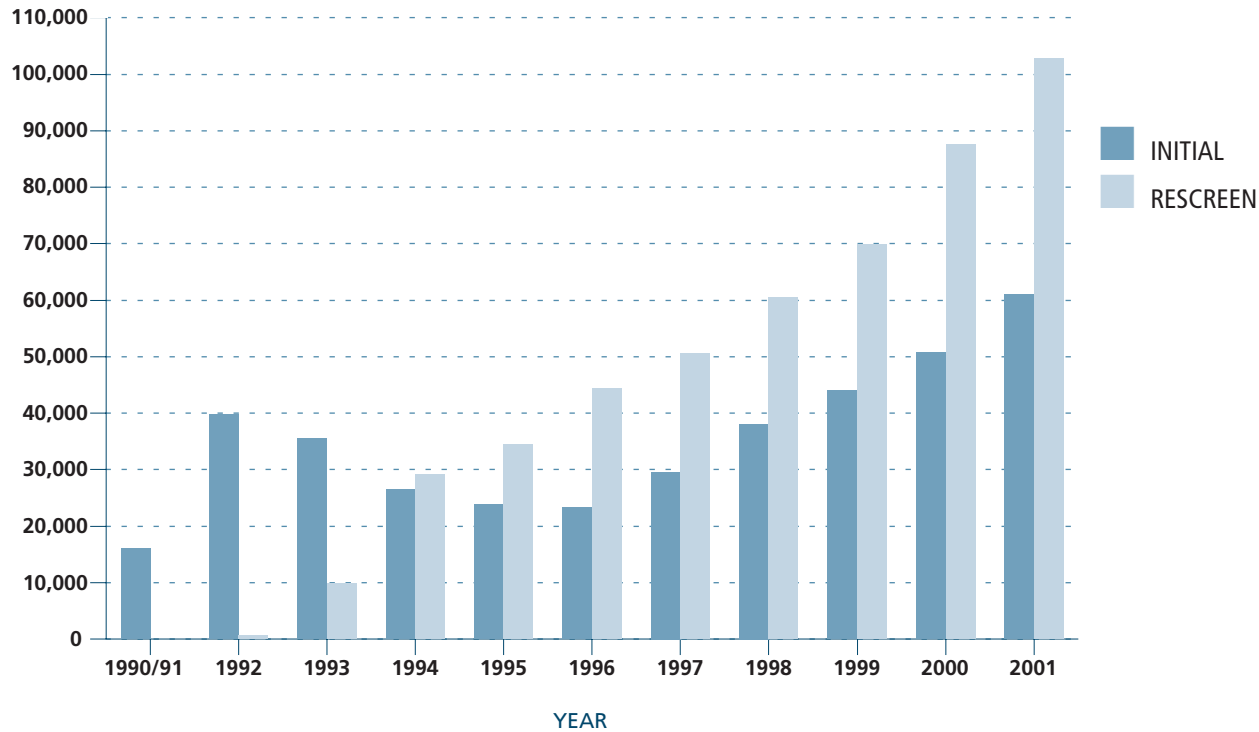
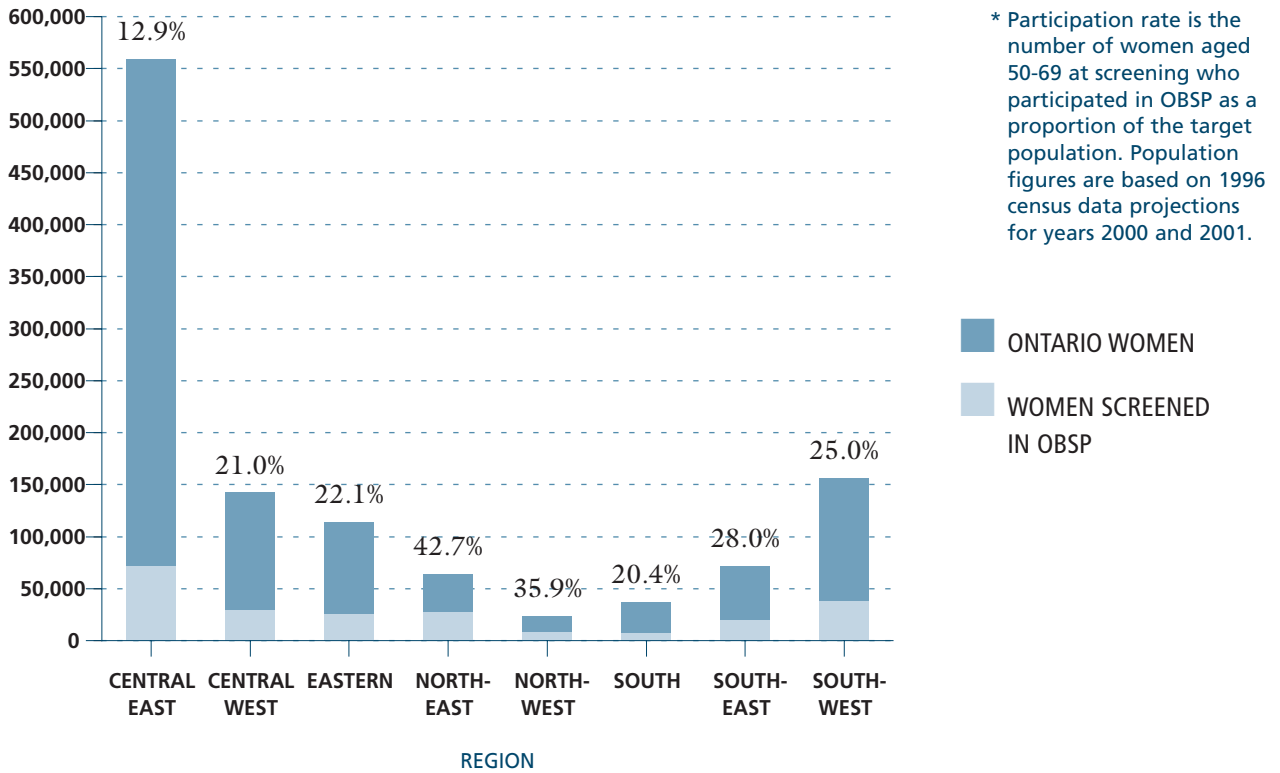


FIGURE 2 OBSP Participation Rate* in Ontario Women Aged 50-69 by Cancer Care Ontario Region, 2000 & 2001

NUMBER OF WOMEN



* Participation rate is the number of women aged 50-69 at screening who participated in OBSP as a proportion of the target population. Population figures are based on 1996 census data projections for years 2000 and 2001.

ONTARIO WOMEN
WOMEN SCREENED IN OBSP

COMPLIANCE TO RESCREENING

Figure 3 shows the percentage of women who returned for rescreening by age group for women aged 50-74 who last attended the OBSP between 1997 and 1998 and who had a rescreening recommendation of 2 years. Recall letters were sent to targeted women two months before their next screening visit to remind them to return for screening.

Overall, 83.0% of women returned for at least one rescreen at OBSP and 78.1% returned within 6 months of their recommended screening date. These percentages were highest for women 50 to 69 years of age (85.7% for ever returned; 80.6% return within 6 months) and lowest for women 70-74 years of age (67.1% for ever returned; 63.0% return within 6 months).

OBSP PARTICIPANT PROFILE

During the screening visit, some risk factor and clinical information is obtained during a personal interview with the nurse examiner or technologist. Mammographic breast density is indicated by the radiologist when recording their findings from the mammogram. Some of the results of the information collected for women aged 50-74 are shown in Table 1. Having a first degree relative with breast cancer and having high mammographic breast density are important risk factors for developing breast cancer.

Being 30 years of age or older at first full-term pregnancy and never having had children (nulliparity) are associated with modest elevations in risk. Estrogen replacement therapy slightly increases the risk. Of the OBSP women screened in 2000, 15.6% had a family history of breast cancer, 8.8% had high mammographic breast density, 9.7% had their first birth at 30 years of age or older, 10.8% were nulliparous, and 40.9% were currently on estrogen replacement therapy.

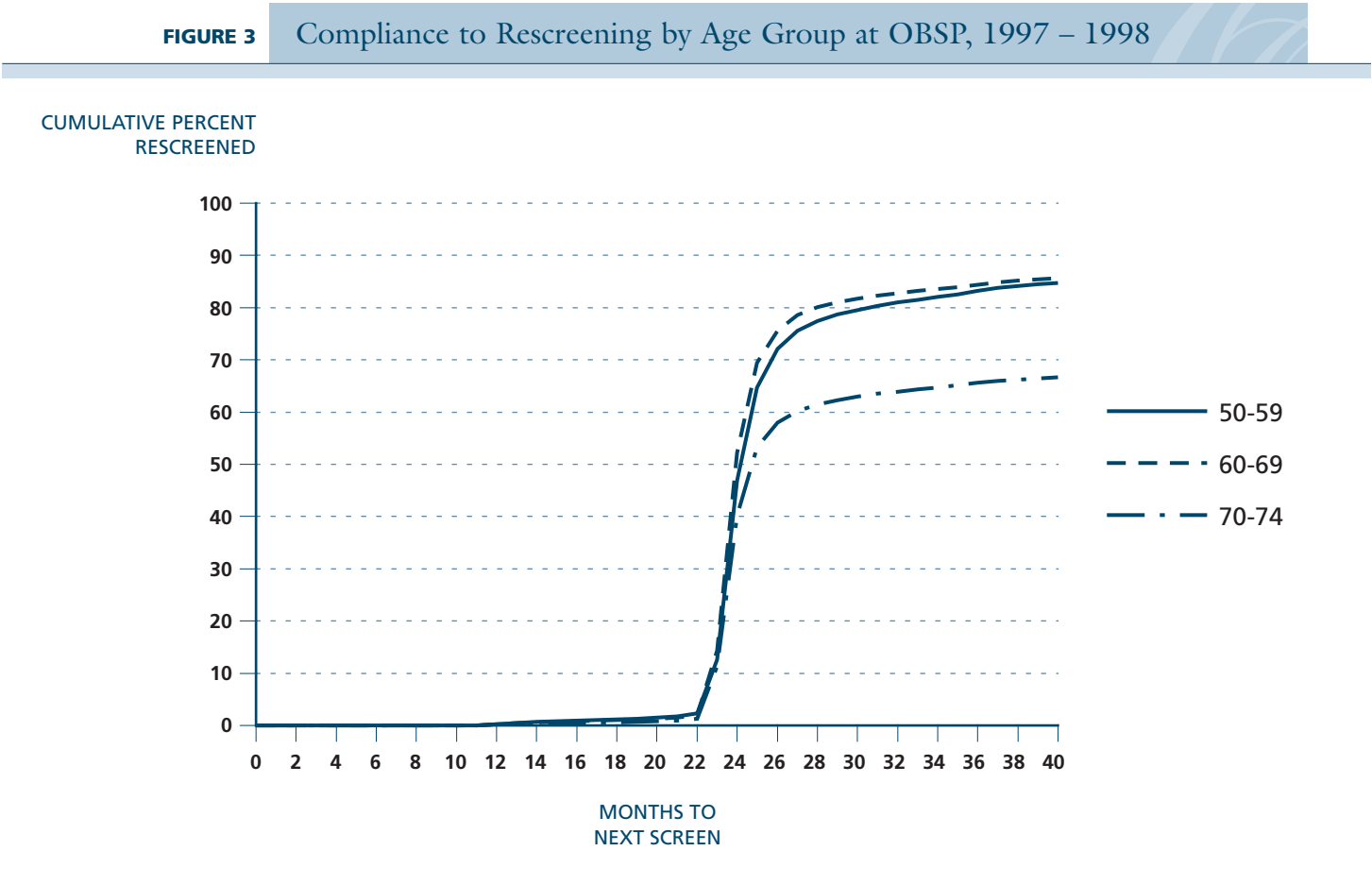


TABLE 1	OBSP Participation Profile by Age Group, 2000			
	AGE AT EXAM			TOTAL
	50-59	60-69	70-74	50-74
Number of women*	65,899	49,941	16,382	132,222
Family history of breast cancer†				
Yes	13.9	16.9	18.6	15.6
No	86.1	83.1	81.4	84.4
Mammographic breast density‡				
≥75%	11.4	6.7	5.0	8.8
<75%	88.6	93.3	95.0	91.2
# unknown	290	196	48	534
Age at first birth (including still-born)				
≥30	10.4	8.3	11.4	9.7
<30	89.6	91.7	88.6	90.3
# unknown	206	191	82	479
Number of children (including still-born)				
None	12.0	9.3	10.2	10.8
≥1	88.0	90.7	89.8	89.2
# unknown	116	90	34	240
Current estrogen use				
Yes	45.7	39.4	26.1	40.9
No	54.3	60.6	73.9	59.1
# unknown	751	481	119	1351

Notes:
* Subsequent screens by the same woman in the one-year interval were excluded (n=9).
† Family history of breast cancer includes breast cancer in first-degree relatives (mother, sister, daughter, father, brother, son).
‡ The proportion of connective tissue and epithelial tissue as opposed to fat.

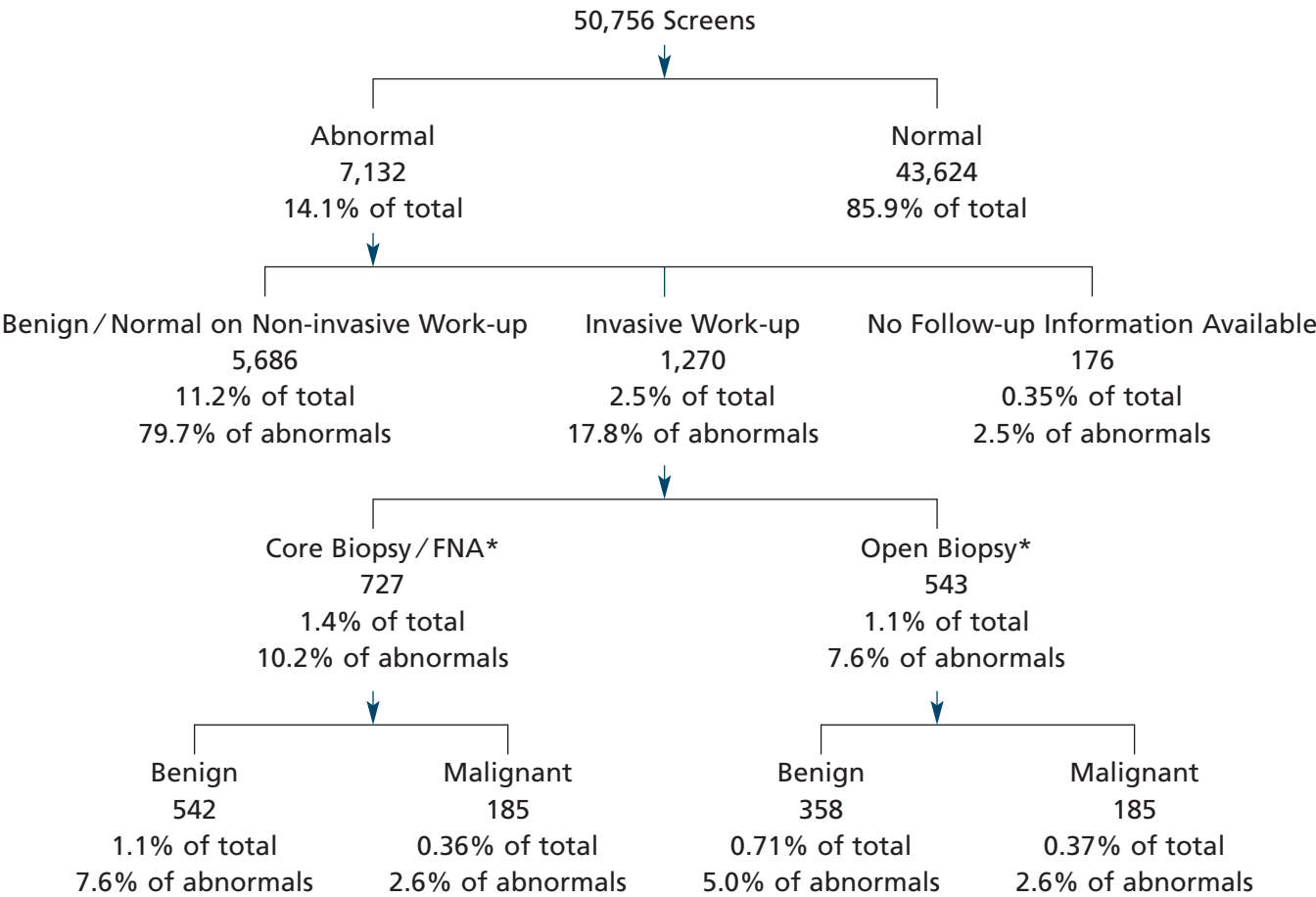
Screening Results

SCREENING OUTCOME SUMMARY

Figures 4 and 5 depict a summary of the outcomes during 2000 for all initial screens and rescreens respectively. For initial screens, about 14.1% were referred for assessment, with the majority of the women referred (79.7%) having non-invasive work-up, 17.8% having invasive work-up and 2.5% having no follow-up information. Of the women referred, 10.2% had a fine needle aspiration and/or a core biopsy and 7.6% had an open biopsy, which resulted in a final diagnosis.

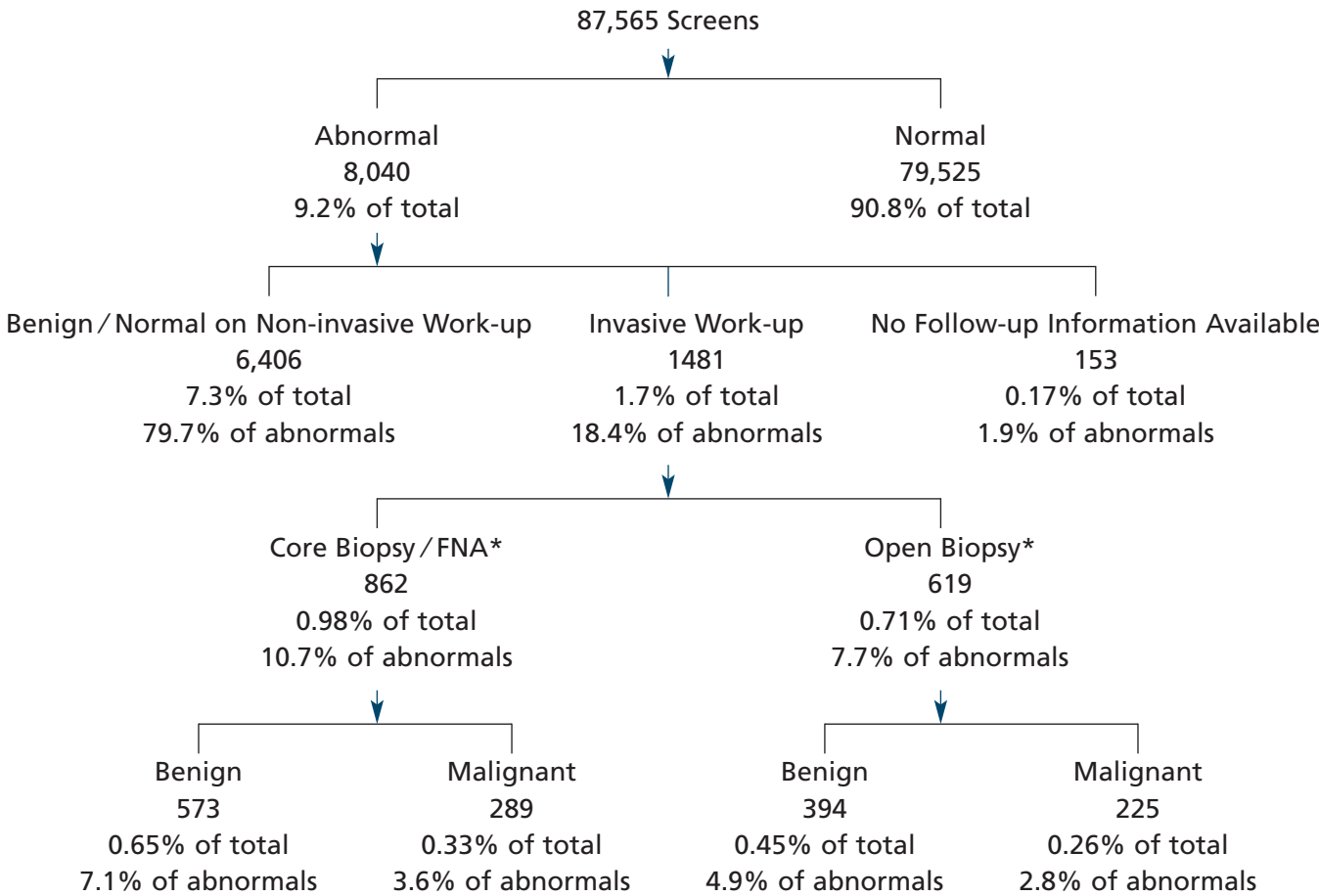
For rescreens, the referral rate was about two-thirds (9.2%) that for initial screens. Once again, the majority of the referred women had non-invasive work-up (79.7%), 18.4% had invasive work-up and 1.9% had no follow-up information. Of the women referred, 10.7% had a fine needle aspiration and/or a core biopsy and 7.7% had an open biopsy, which resulted in a final diagnosis.

FIGURE 4 Screening Outcome Summary of OBSP Initial Screens, 2000



* Biopsy which resulted in a final diagnosis.

FIGURE 5 Screening Outcome Summary of OBSP Rescreens, 2000



* Biopsy which resulted in a final diagnosis.

Screening Results

OUTCOME INDICATORS

Table 2 provides information about outcome indicators by age group for 2000. Of the 132,219 screens performed on women aged 50-74, 14,558 (11.0%) had an abnormal result and 807 breast cancers were diagnosed (6.1 per 1,000 screens). Referral rates decreased slightly with age from 15.1% to 12.6% for initial screens and from 9.5% to 8.6% for rescreens in women 50-59 and 70-74 years of age, respectively. The cancer detection rates increased with age from 5.9 to 12.3 per 1,000 for initial screens and from 4.3 to 7.5 per 1,000 for rescreens in women 50-59 and 70-74 years of age, respectively.

Just as the cancer detection rate increases with age so does the positive predictive value (the number of women detected with breast cancer per 100 referrals) and the biopsy yield ratio (the percentage of women who have breast cancer upon a screen-initiated open biopsy) for initial and rescreens. The ratio of women with a benign diagnosis versus a malignant diagnosis following an open biopsy was highest for women aged 50 to 59 (1.4 to 1 for initial screens; and 1.1 to 1 for rescreens) and lowest for women aged 70-74 (0.4 to 1 for initial screens and 0.6 to 1 for rescreens).

For every age group, referral rates and cancer detection rates are higher for initial screens than on rescreens. However, positive predictive values are higher for rescreens than initial screens for women 50-69, while the converse is observed for women 70-74.

DIAGNOSTIC INVESTIGATION

Table 3 summarizes the diagnostic procedures for 14,209 (97.6%) of the women aged 50-74 who had abnormal screening result for 2000. The most common diagnostic procedures were a diagnostic mammogram (57.1% of referred women), followed by an ultrasound (55.7%), a family physician visit (22.7%) and a consultation with a surgeon (19.7%). Furthermore, 4.8% underwent a fine needle aspiration, 7.7% underwent a core biopsy and 10.6% underwent an open biopsy.

TABLE 2 Outcome Indicators by Age Group, OBSP, 2000

OUTCOME INDICATOR	AGE AT EXAM			TOTAL
	50-59	60-69	70-74	50-74
Number of screens n (%)				
Initial	31,038 (63.6)	14,022 (28.7)	3,725 (7.6)	48,785
Rescreen	34,857 (41.8)	35,918 (43.0)	12,659 (15.2)	83,434
Number of cancers n (%)				
Initial	182 (54.3)	107 (31.9)	46 (13.7)	335
Rescreen	150 (31.8)	227 (48.1)	95 (20.1)	472
Referral rate (%)				
Initial	15.1	12.3	12.6	14.1
Rescreen	9.5	9.1	8.6	9.2
Cancer detection rate (per 1000)				
Initial	5.9	7.6	12.3	6.9
Rescreen	4.3	6.3	7.5	5.7
Positive predictive value (%)				
Initial	3.9	6.2	9.8	4.9
Rescreen	4.5	6.9	8.8	6.1
Biopsy yield ratio (%)				
Initial	41.1	56.8	73.8	48.8
Rescreen	47.4	58.5	61.6	54.9
Benign to malignant open biopsy ratio				
Initial	1.4:1	0.8:1	0.4:1	1.1:1
Rescreen	1.1:1	0.7:1	0.6:1	0.8:1

TABLE 3 Diagnostic Procedures Received by OBSP Participants with Abnormal Screens, by Age Group, 2000

PROCEDURE* (% ASSESSED)	AGE AT EXAM (%)			TOTAL (%)
	50-59	60-69	70-74	50-74
Physician visit	21.3	23.8	26.0	22.7
Surgical consultation	19.2	20.0	21.2	19.7
Diagnostic mammogram	57.8	56.4	55.6	57.1
Ultrasound	58.2	53.6	49.9	55.7
Fine needle aspiration	4.7	5.0	4.2	4.8
Core biopsy	7.0	8.3	9.2	7.7
Open biopsy (with or without localization)	9.4	11.4	13.9	10.6
Number assessed	7,794	4,909	1,506	14,209

Note:
* Percentages and numbers are based on women with diagnostic assessment information available

Screening Results

HISTOLOGIC FEATURES OF SCREEN DETECTED BREAST CANCERS

Table 4 summarizes the histologic features of screen detected breast cancers by age group. For 2000, 807 women were diagnosed with breast cancer, 84.3% were invasive and 15.7% were in-situ. Of the invasive tumours the majority (87.6%) were infiltrating ductal carcinoma.

Tumour size, nodal status and stage are important indicators in assessing program success, as they provide an indication of whether a reduction in mortality is possible. Established Canadian standards specify that at least 25% of screen detected breast cancers should be less than or equal to 10 mm in diameter and less than 30% of screen detected

cancers should have lymph node metastases. Of the invasive tumours with known size, 40.2% were less than or equal to 10 mm and of the invasive tumours with known nodal status, 22.2% had lymph node metastases. Staging data also indicate that breast cancers are being detected at an early stage with about 75.4% of the tumours with known stage being stage 0 (in-situ) or stage I (tumour size of 2 cm or less with no regional lymph node involvement) and 23.2% being stage II (larger tumour size and/or regional lymph node involvement). Only 1.5% were stage III or stage IV (presence of distant metastasis).

TABLE 4

Histologic Features of Screen Detected Breast Cancers in OBSP, by Age Group, 2000

OUTCOME INDICATOR	AGE AT EXAM			
	50-59	60-69	70-74	TOTAL
NO. (%)				
50-74				
Type of cancer				
In-situ	51 (15.4)	59 (17.7)	17 (12.1)	48,785
Invasive	281 (84.6)	275 (82.3)	124 (87.9)	83,434
Tumour size (invasive only), mm				
≥5	26 (9.3)	32 (11.7)	14 (11.3)	72 (10.6)
6-10	80 (28.6)	84 (30.7)	37 (29.8)	201 (29.7)
11-15	71 (25.4)	76 (27.7)	44 (35.5)	191 (28.2)
16-20	45 (16.0)	40 (14.6)	15 (12.1)	100 (14.7)
>20	58 (20.7)	42 (15.3)	14 (11.3)	114 (16.8)
# unknown	1	1	0	2
Nodal status (invasive only)				
Negative	192 (73.8)	206 (81.4)	71 (78.9)	469 (77.8)
Positive	68 (26.2)	47 (18.6)	19 (21.1)	134 (22.2)
# unknown	21	22	34	77
Histologic grouping (invasive only)				
Infiltrating ductal carcinoma	250 (89.0)	236 (85.8)	110 (88.7)	596 (87.6)
Infiltrating lobular carcinoma	10 (3.5)	21 (7.6)	5 (4.0)	36 (5.3)
Tubular	16 (5.7)	8 (2.9)	3 (2.5)	27 (4.0)
Mucinous	1 (0.4)	7 (2.6)	5 (4.0)	13 (1.9)
Other*	4 (1.4)	3 (1.1)	1 (0.8)	8 (1.2)
TNM staging†				
0 (in-situ)	51 (16.3)	59 (18.7)	17 (13.1)	127 (16.7)
I	169 (54.2)	184 (58.2)	91 (70.0)	444 (58.6)
II	86 (27.6)	70 (22.2)	20 (15.4)	176 (23.2)
III +	6 (1.9)	3 (0.9)	2 (1.5)	11 (1.5)
# unknown	20	18	11	49

Note:

* Other includes metaplastic.

† TNM staging for invasive tumours less than or equal to 2 cm was determined by assuming nodal status negative (N0) whenever nodes were not examined and there was no distant metastasis (M0).

Appendix 1

OBSP Staff Directory

as of March 31, 2002

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Erin Jones
OBSP London
London Screening Centre for Women
339 Talbot Street, London ON N6A 2R5
TEL 519 432-0255 ■ **FAX** 519 432-0271

CONSULTANT PATHOLOGIST
Dr. Frances O'Malley
Mount Sinai Hospital
600 University Avenue, 6th Floor
Toronto ON M5G 1X5
TEL 416 586-4548 ■ **FAX** 416 586-8628

Central East Region

10 Milner Business Court, Suite 204
Scarborough, Ontario M1B 3C6
TEL 416 298-1453 ■ **FAX** 416 298-7470

REGIONAL ADMINISTRATOR	Susan Fekete
MEDICAL COORDINATOR	Dr. Bart Harvey
RADIOLOGY COORDINATORS	Dr. Eve Fishell Dr. Rene Shumak

Central West Region

Sir William Osler Health Institute
565 Sanatorium Road, Suite 207
Hamilton, Ontario L9C 7N4
TEL 905 389-0300 ■ **FAX** 905 389-5278

REGIONAL ADMINISTRATOR	Teresa McPhail
MEDICAL COORDINATOR	Dr. Gillian Howarth
RADIOLOGY COORDINATOR	Dr. Slobodan Franic

Eastern Region

Hampton Park Plaza
1419 Carling Avenue, Suite 214 (2nd Floor)
Ottawa, Ontario K1Z 7L6
TEL 613 728-6508 ■ **FAX** 613 728-6333

REGIONAL ADMINISTRATOR	Suzie Joannis
MEDICAL COORDINATOR	Dr. Vincent Young
RADIOLOGY COORDINATOR	Dr. Gérard Collin

Northeast Region

4 Walford Road
Sudbury, Ontario P3E 2H4
TEL 705 675-2294 ■ **FAX** 705 675-2637

REGIONAL ADMINISTRATOR	Carolyn Jackson
MEDICAL COORDINATOR	Dr. Amanda Hey
RADIOLOGY COORDINATOR	Dr. Rick Sloan

Appendix 2

Regional Centres

as of March 31, 2002

Northwest Region

68 North Algoma Street
Thunder Bay, Ontario P7A 4Z3
TEL 807 343-1690 ■ **FAX** 807 345-6602

REGIONAL ADMINISTRATOR	Heather Woodbeck
MEDICAL COORDINATOR	Dr. Ruby Klassen
RADIOLOGY COORDINATOR	Dr. Donald Henderson

South Region

1275 Walker Road, Unit 10
Windsor, Ontario N8Y 4X9
TEL 519 253-1179 ■ **FAX** 519 253-0734

REGIONAL ADMINISTRATOR	Lynn Chappell
MEDICAL COORDINATOR	Dr. John Shaw
RADIOLOGY COORDINATOR	Dr. Winston Ramsewak

Southwest Region

339 Talbot Street
London, Ontario N6A 2R5
TEL 519 432-6016 ■ **FAX** 519 432-0271

REGIONAL ADMINISTRATOR	Lynn Chappell
MEDICAL COORDINATOR	Dr. Paul Ferner
RADIOLOGY COORDINATORS	Dr. Lauren McCurdy Dr. Keith Sparrow

Southeast Region

786 Blackburn Mews
Kingston, Ontario K7P 2N7
TEL 613 384-4284 ■ **FAX** 613 384-8645

REGIONAL ADMINISTRATOR	Brenda Bass
MEDICAL COORDINATOR	Dr. Diane Pross
RADIOLOGY COORDINATOR	Dr. Bryan Pearse

Appendix 3

OBSP Committees

as of March 31, 2002

OBSP Strategic Management Committee

- DR. VERNA MAI**
Director, Screening Programs
Cancer Care Ontario, Chair
- MS. WENDY BELL**
Preventive Oncology Network
Northwestern Ontario CCOR
- DR. MARGARET COLLINS**
Ontario Medical Association
- MS. BARBARA COPLEY**
Preventive Oncology Network, Ottawa CCOR
- MS. RAYLENE GODEL**
Preventive Oncology Committee of the Board
- MRS. ANN GRANT**
Community Representative
- MS. TRIENA HUNEAULT**
Community Representative
- MS. MARY LALONDE**
Community Representative
- DR. GEORGE LOUGHEED**
Ontario Association of Radiologists
- MS. HEATHER LYONS**
Community Representative

- DR. JAMIE MEUSER**
Ontario College of Family Physicians
- DR. LORI MOORE**
Ontario Association of Radiologists
- MS. PATTI PAYNE**
Canadian Cancer Society
(Ontario Division)
- DR. DIANE PROSS**
Medical Coordinator, OBSP
- DR. ELIZABETH RICHARDSON**
Association of Local Public Health Agencies
- MRS. SYLVIA SHEDDEN**
Administrator, OBSP
- DR. RENE SHUMAK**
Radiologist-in-Chief, OBSP
- DR. GIUSEPPE TARULLI**
Ontario Association of Radiologists
- MS. SHARON WOOD**
Canadian Breast Cancer Foundation

OBSP Research Committee

- DR. NORMAN BOYD**
Head, Division of Epidemiology and Statistics
OCI, Chair
- MS. BRENDA BASS**
Regional Administrator, OBSP
- DR. BART HARVEY**
Medical Coordinator, OBSP
- DR. ANNA CHIARELLI**
Scientist, Screening Unit, CCO
- MS. HEATHER RESNICK**
Community Representative
- DR. VERNA MAI**
Director, Screening Programs, CCO
- DR. FRANCES O'MALLEY**
Consultant Pathologist, OBSP
- DR. LAWRENCE PASZAT**
Director, Preventative Oncology Program
Toronto Sunnybrook Regional Cancer Centre
- DR. WINSTON RAMSEWAK**
Radiology Coordinator, OBSP
- DR. RENE SHUMAK**
Radiologist-in-Chief, OBSP
- MS. GINNY WESTON**
Community Representative
- DR. MARTIN YAFFE**
Physics Consultant, OBSP

The purpose of the OBSP Research Committee is to provide overall guidance and advice to the OBSP on research activities involving Program data or clients. Specifically, the Committee develops and reviews key research policies and protocols, ensures that there is a standardized review of proposals, identifies research and Program evaluation priorities, monitors the progress of research projects and monitors and/or approves all manuscripts or reports prior to submission.

The Committee is chaired by the Head of the Division of Epidemiology and Statistics, Ontario Cancer Institute. Its membership includes the Director, Screening Programs, three regional OBSP representatives, the Radiologist-in-Chief of the OBSP, Scientist(s) for the Screening Unit, faculty members of the University of Toronto and community representatives.

The Committee meets quarterly or as often as necessary to review research proposals and policies, to monitor the progress of research projects and to identify research priority areas for the OBSP. The Committee is also available to provide guidance in the preparation of proposals and/or manuscripts pertaining to OBSP research projects.