



Annual Report 2004–2005



ontario breast
screening program
a cancer care ontario program

programme ontarien de dépistage
du cancer du sein
un programme de action cancer ontario

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**

Our Goal

To achieve a 70% participation rate in
Ontario women aged 50-69 by the year 2010.

**The Ontario Breast Screening Program is
operated by the Division of Preventive
Oncology of Cancer Care Ontario.**

The Division of Preventive Oncology Includes:

- Aboriginal Cancer Care Program Unit
- Cancer Surveillance
- Cancer Prevention with emphasis on reducing tobacco use
and promoting healthy eating and active living
- Screening programs for breast, cervical and colorectal cancers
- Research into cancer prevention & screening

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A message from the Director

It is a pleasure to report to you on the activities undertaken by the Ontario Breast Screening Program (OBSP) for the fiscal year 2004-2005. It shows our continuing commitment to excellence in the quality of breast screening services we provide to the women of Ontario.

In 2004, cancer services provided by Cancer Care Ontario were integrated into 11 Regional Cancer Centres. The intent was to foster the delivery of cancer services closer to the point of care, improve efficiencies, and ensure greater accountability. This new structure has resulted in a new role for the Provincial Office of the OBSP which is focused on strategic planning, budget and financial management of the program, information management and evaluation.

Within this context, the OBSP continues to provide high quality services and meets Canadian and International standards for early detection of small invasive cancers. In addition, for women with positive screens, the time from screening to diagnosis is shorter than for women outside the screening program.

Breast Cancer mortality rates in Ontario women age 50-69 decreased 29 percent between 1989 and 2002. This significant decrease is attributed to increases in the number of women attending breast screening and improvements in treatment.

Technological advances in the province continue to play a major factor in influencing how OBSP operates, for example, there is a need for integration with hospital and family health computer systems. As well, the DMIST

(Digital Mammographic Imaging Screening Trial) study results are anticipated soon.

I am excited about the prospects for the current fiscal year. We expect significant growth in the number of new screening affiliates and in the number of women being screened for breast cancer.

However, Ontario does not have a truly provincial program that includes all breast screening in the province. Until such a program is implemented, Ontario may not see the full reductions in breast cancer mortality that are both desirable and achievable. Cancer Care Ontario will continue to work with our health system partners to extend the advantage of an organized breast screening program to all women.

The success of the OBSP comes from the skill and commitment of our staff, and the enthusiastic contributions of our professional community, regional cancer partners and countless other partners and volunteers. I'd like to take this opportunity to thank all of you.

Verna Mai, MD, MHSc, FRCPC

Director, Preventive Oncology, Cancer Care Ontario

Executive Summary

The OBSP is now entering its 15th year of operation as a provincial breast screening program for women in Ontario. The main goal of the OBSP is to provide high quality, cost effective breast screening designed to detect cancers early. This report provides a comprehensive description of activities and program outcomes. Highlights for 2004/05 include:

- Breast screening services were provided to 256,434 women in 2004/05 fiscal year, an increase of 36,667 screens (14.3%) from last fiscal year.
- Three new screening affiliates joined the OBSP bringing the total number of screening sites across the province to 103.
- 29% of women attending the OBSP had their first (initial) screen and 71% were returning for a subsequent screen.
- 86.2% of clients returned for at least 1 rescreen at OBSP and 81.4 % returned within 6 months of their recommended screening date, which exceeds Canadian and International standards.
- The program's invasive cancer detection rate was 5.0 per 1000 for initial screens and 3.8 per 1000 for rescreens, meeting respective targets and standards.
- Two new breast assessment affiliates joined the OBSP to provide timely, high quality diagnosis and follow-up across the province to OBSP clients with abnormal screens. There are now 17 OBSP breast assessment affiliates and 1 on-site assessment centre in Hamilton.
- 5,834 breast assessments were completed in the OBSP breast assessment affiliates.
- 10% of women attending for an initial screening and 6.2% for subsequent screening were referred for follow-up due to abnormalities found with a program screening. These are slightly higher than Canadian standards.
- The proportion of women with abnormal breast screens found to have breast cancer after a diagnostic work-up was 5.9% for initial screens and 7.4% for rescreens. These meet and exceed national targets.
- The percentages of women with an abnormal screen who reach a diagnosis within the wait time target were: 85.0% within 5 weeks without tissue biopsy and 57.1% within 7 weeks with tissue biopsy.
- To foster sharing of best practice and evidence-based approaches for increasing recruitment to breast and cervical screening, a workshop for public health units was conducted with the Ontario Cervical Screening Program.
- A provincial planning day was held with our regional partners to identify "actionable" strategies at both Provincial and Regional levels to increase screening volumes and increase breast assessment affiliation.

Introduction

Breast cancer is the most common cancer in Ontario women. It is anticipated in 2005 that 8,200 Ontario women will be diagnosed with breast cancer and 2,000 will die from it. The good news is that death rates in Ontario women aged 50-69 decreased 29 percent between 1989 and 2002. This significant decrease is attributed to increases in the number of women attending breast screening and improvements in treatment.¹ There are 1,299,806 million Ontario women between the ages of 50-69 potentially eligible for the breast cancer screening.

¹ Source: Cancer Care Ontario (Ontario Cancer Registry)

Program Overview

Ontario introduced organized breast cancer screening in 1990. The Ontario Breast Screening Program is funded by the Ministry of Health & Long-Term Care (MOHLTC) and operated by Cancer Care Ontario. OBSP is committed to reducing mortality from breast cancer by delivering high quality breast screening to Ontario women. Our goal is to achieve a 70% participation rate in Ontario women aged 50-69 by the year 2010 and 90% by 2020. The Program meets Canadian and International standards for the detection of small invasive breast cancers.

The OBSP Breast cancer screening services are delivered to women age 50 and over at dedicated sites, affiliated hospitals and independent health facilities. A mobile coach brings mammography, clinical breast exam and assessment services to women in remote communities in the Northwest.

The OBSP has a woman-centered focus which demonstrates our commitment to the physical and emotional well-being of women participating in breast screening. Every effort is made in the screening sites to help clients feel welcome and comfortable. Information about breast health and breast screening is made available in the community through numerous venues, such as community presentations, family doctors and at the screening sites.

Breast screening using mammography is recommended for women aged 50 to 69 by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO), U.S Preventive Services Taskforce and the Canadian Task Force on Preventive Health Care. This recommendation is endorsed by Cancer Care Ontario.

While breast cancer screening by mammography is beneficial and effective, organized screening has important quality advantages, including organized recruitment, recall and follow-up, ongoing quality assurance, and quality control and evaluation.

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 Mammography Accreditation Program (CAR-MAP).
- 2 Clinical breast examination at most locations by a specially educated nurse examiner.
- 3 Information on breast self-examination.

Both the client and her family physician are informed of the screening results, and when screening abnormalities are detected, suggestions for further assessment are provided to the primary care or referring physician.

The OBSP provides a range of services and activities including recruitment and educational initiatives for both women and physicians, high quality screening, diagnostic follow-up and automatic client recall. These activities are supported by a quality management program and ongoing evaluation and research.

Key Activities & Program Outcomes

I Recruitment, Education & Health Promotion

This section summarizes recruitment activities and outcomes related to participation.

Key program materials are developed centrally with input from across the province, reviewed by plain language consultants and translated in up to 18 languages. A number of materials were revised in 2004/05 including the After Your Visit brochure, Breast-Self Examination brochure and the Breast Health Presentation. A partnership was established with the Canadian Cancer Society's Cancer Information Service to store and distribute OBSP educational materials. A media release was issued in October highlighting mortality reduction statistics from Cancer Care Ontario, showing that breast cancer mortality rates in Ontario women age 50 to 69 decreased 29 per cent between 1989 and 2002.

The OBSP works in partnership with numerous stakeholders for coordination of provincial, regional and local breast health initiatives. This year the OBSP, in conjunction with the Ontario Cervical Screening Program, hosted a 1 day workshop for public health units on best practices and evidence-based approaches for increasing recruitment and addressing common barriers and challenges for breast and cervical screening.

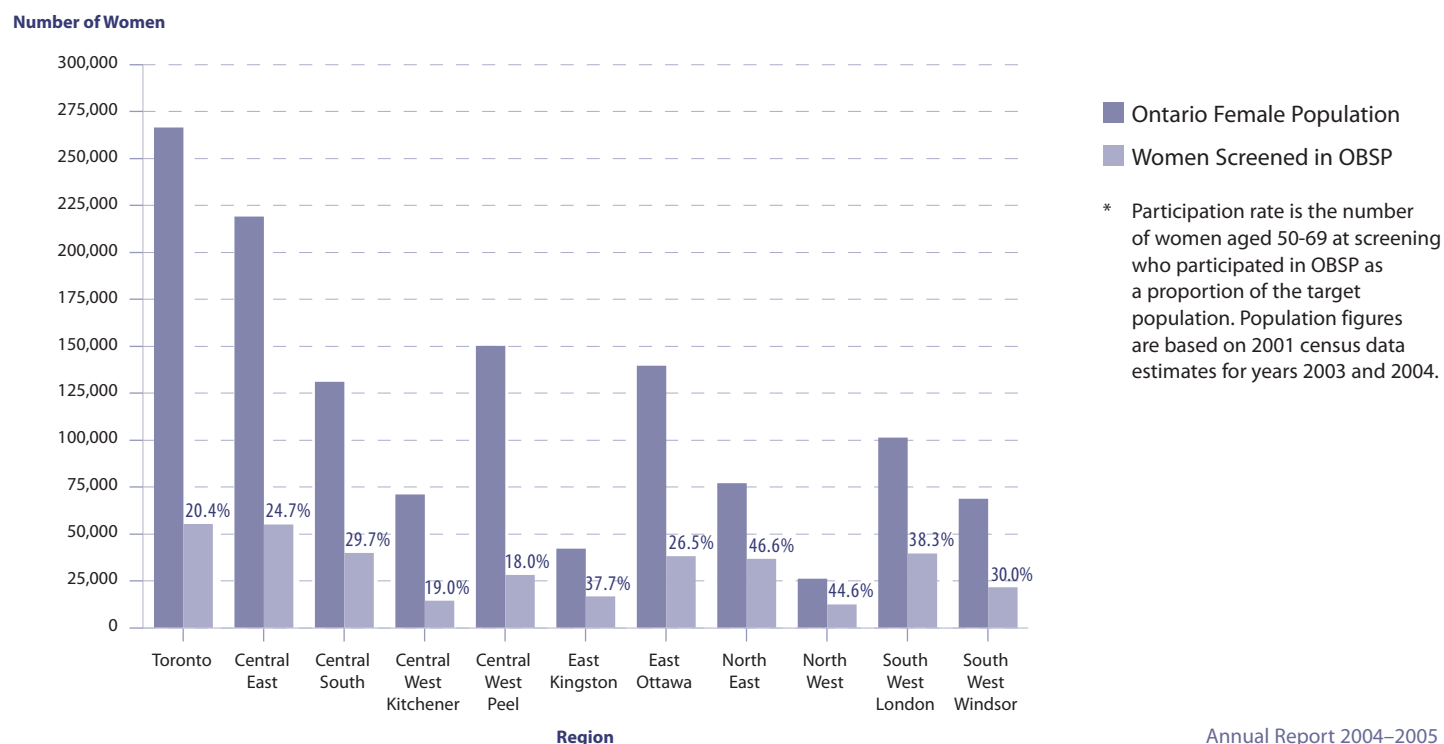
The OBSP is strongly supported by many family doctors. Physician recommendation or referral is the primary source of recruitment for the program. The OBSP assists busy family doctors with administrative help to invite eligible patients to breast screening and to arrange recommended follow-up tests.

Reach of the Target Population

The goal of the Ontario Breast Screening Program is to screen 70% of women aged 50 to 69 by 2010. Figure 1 shows the participation rates for women 50 to 69 years of age by MOHLTC/CCO planning region. Between 2003 and 2004, 343,071 women aged 50 to 69 were screened by the OBSP, yielding a participation rate of 26.8% of all women 50 to 69 years of age in Ontario.

Participation rates range from a high of 46.6% in the Northeast region to a low of 18.0% in the Central West Peel region. The Ontario Breast Screening Program is working to increase participation of women in the program through education and recruitment initiatives and through initiatives to increase the number of affiliated accredited mammography facilities with the program.

**Figure 1 – OBSP Participation Rate* in Ontario
Women Aged 50-69, by MOHLTC/CCO
Planning Region, 2003 and 2004**



II | Screening

This section of the report describes the number of screens provided by the OBSP and the new screening sites in 2004/05.

OBSP screening is available to 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.

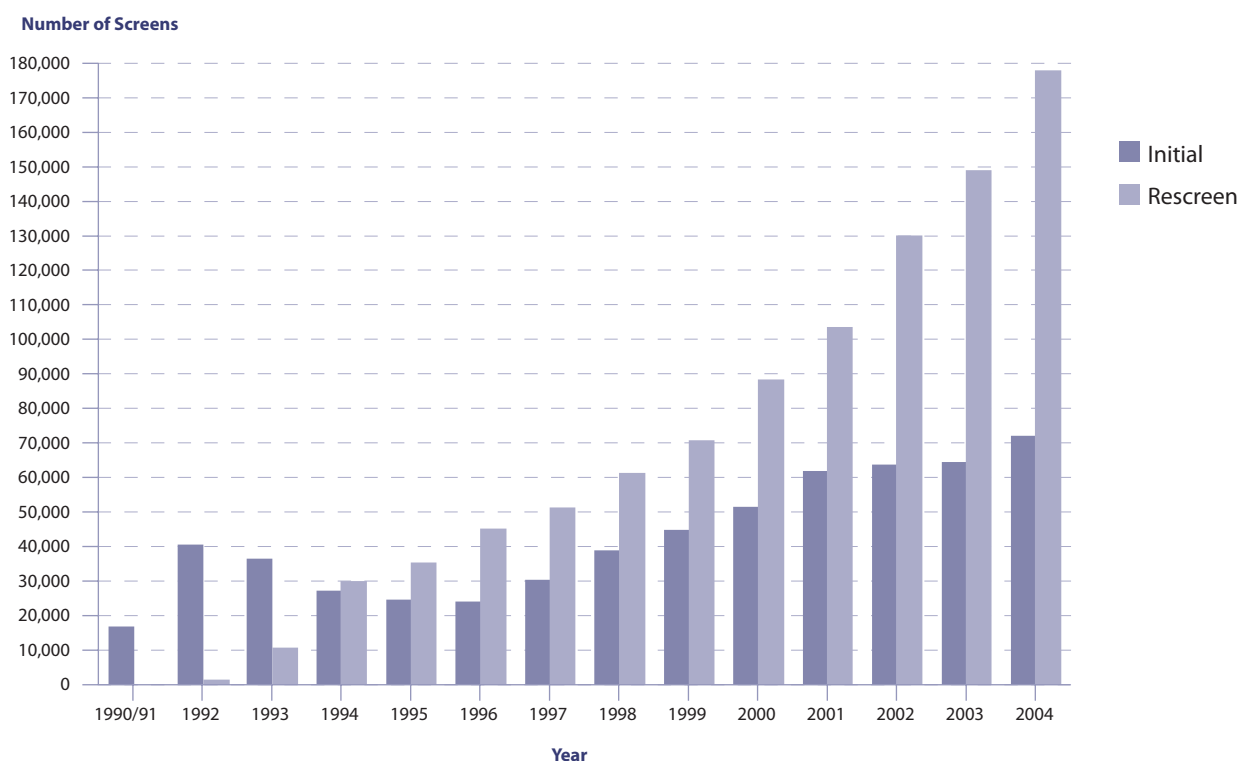
Number of screens

From the time of its first screen in July 1990 until December 31, 2004, the OBSP has provided 1,531,160 screens to 586,189 Ontario women over the age of 50. In 2004, 29% of all client visits were initial screens (that is, women having

their first screen at OBSP) and the remaining 71% 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 248,568 in 2004 (Figure 2).

During the early years of the program, as each of the regional hubs and the mobile van began operation across the Province, the number of initial screens increased from 15,970 in 1990/91 to 39,734 in 1992. Starting in 1993, the initial screens declined continuously to 23,251 in 1996 and then began to increase again to 71,316 in 2004 with the opening of affiliate centres. In contrast, the number of resccreens has increased consistently from 562 in 1992 to 177,252 in 2004.

Figure 2 – Number of Screens in OBSP, by Calendar Year, 1990–2004



Congratulations to the new screening sites that joined in the 2004/05 fiscal year.

They are listed below in order of affiliation:

- Danforth/Main Breast Screening, Toronto
- Oakville Diagnostic Imaging, Oakville
- Betty Wallace Women's Health Centre, Trillium Health Centre, Etobicoke

III | Diagnostic Follow-Up

This section describes the outcomes of diagnostic tests undertaken as a result of the OBSP recommendation for further follow up, as well as the OBSP Breast Assessment Initiative.

When a woman's screening indicates that further investigation is required, the woman and her family physician are sent a result letter reporting the abnormal screen result and the need for follow-up. The woman may have a physical exam by her physician, a surgical consultation and/or other various diagnostic procedures to reach a final diagnosis. This is determined by the family physician and other specialists in the diagnostic pathway.

Time to Diagnosis

It is important that a diagnosis is reached as quickly as possible for women with an abnormal screen. The Canadian targets are 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 for women aged 50-69. Due to improvements in assessment pathways, more women are now diagnosed at the time of their core biopsy. Therefore, OBSP has expanded

the national definition to include core biopsies in calculating standards for time to diagnosis. At the OBSP, approximately 85.0% of women referred for further diagnostic assessment who did not have a tissue biopsy (core or open) were diagnosed within 5 weeks. Approximately 57.1% of women referred for further diagnostic assessment who did have a tissue biopsy were diagnosed within 7 weeks.

Results from the 2005 CCO Cancer System Quality Index show that the wait time between an abnormal mammogram and completion of breast assessment is shorter for OBSP clients compared with Ontario women outside the screening program.

Diagnostic Investigation

Table 1 summarises the diagnostic procedures for 18,053 (98.4%) of the woman aged 50-74 who had an abnormal screening result for 2003. The most common diagnostic procedures were ultrasound (67.1% of referred women), followed by a diagnostic mammogram (65.4%), a consultation with a surgeon (13.8%) and family physician visit (11.8%). Other procedures included fine needle aspiration (3.4%), core biopsy (10.6%) and open biopsy (5.1%).

Table 1 – Diagnostic Procedures Received by OBSP Participants with Abnormal Screens, by Age Group, 2003

Procedure [†] (% assessed)	Age at Exam %			Total %
	50-59	60-69	70-74	50-74
Physician visit	11.4	12.0	13.6	11.8
Surgical consultation	13.3	14.6	14.1	13.8
Diagnostic mammogram	64.6	66.1	67.3	65.4
Ultrasound	68.9	65.2	62.8	67.1
Fine needle aspiration	3.4	3.3	3.2	3.4
Core biopsy	9.2	12.4	12.4	10.6
Open biopsy	4.5	6.0	5.9	5.1
Number assessed	10,271	6,050	1,732	18,053

Notes:

- [†] Percentages and numbers are based on women with diagnostic assessment information available.
Women receiving more than one procedure are included in more than one grouping.
Procedures after date of diagnosis have been excluded.

Screen detected breast cancers (Histologic Features)

Invasive tumour size, involvement of lymph nodes and the stage of the cancer are good indicators of screening effectiveness. Tumours should be small and at an early stage. 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. OBSP exceeds the Canadian standards. Of the invasive tumours with known size, 38.2% were less than or equal to 10 mm and of the invasive tumours 21.4% had lymph node metastases. Staging data also indicate that breast cancers are being detected at an early stage with about 74.1% of the tumours

with known stage being stage 0 (in-situ, i.e. disease that has not invaded surrounding tissue) or stage I (tumour size of 2 cm or less with no regional lymph node involvement) and 24.5% being stage II (larger tumour size and/or regional lymph node involvement). Only 1.4% were stage III or stage IV (presence of distant metastasis).

Table 2 summarises the histologic features of screen detected breast cancers by age group. For 2003, 1,110 women were diagnosed with breast cancer: 83.6% were invasive and 16.4% were in-situ. Of the invasive tumours the majority (88.4%) were infiltrating ductal carcinoma.

Table 2 – Histologic Features of Screen Detected Breast Cancers in OBSP, by Age Group, 2003

Outcome Indicator	Age at Exam No. (%)				Total No. (%)
	50–59	60–69	70–74	50–74	
Type of cancer					
In-situ	68 (14.9)	87 (17.9)	27 (16.2)	182 (16.4)	
Invasive	388 (85.1)	400 (82.1)	140 (83.8)	928 (83.6)	
Tumour Size (invasive only), mm					
≤ 5 (including micro-invasive)	47 (12.1)	44 (11.0)	17 (12.1)	108 (11.6)	
6–10	97 (25.1)	106 (26.6)	43 (30.7)	246 (26.6)	
11–15	96 (24.8)	112 (28.1)	31 (22.1)	239 (25.8)	
16–20	57 (14.7)	69 (17.3)	27 (19.3)	153 (16.5)	
> 20	90 (23.2)	68 (17.0)	22 (15.7)	180 (19.4)	
# unknown	1	1	0	2	
Nodal status (invasive only)					
Negative	291 (77.8)	290 (77.5)	102 (84.3)	683 (78.6)	
Positive	83 (22.2)	84 (22.5)	19 (15.7)	186 (21.4)	
# unknown	14	26	19	59	
Histologic grouping (invasive only)					
Infiltrating ductal carcinoma	344 (88.7)	355 (88.8)	121 (86.4)	820 (88.4)	
Infiltrating lobular carcinoma	21 (5.4)	22 (5.5)	10 (7.1)	53 (5.7)	
Tubular	14 (3.6)	9 (2.3)	4 (2.9)	27 (2.9)	
Mucinous	3 (0.8)	10 (2.5)	2 (1.4)	15 (1.6)	
Other †	6 (1.6)	4 (1.0)	3 (2.1)	13 (1.4)	
TNM staging ‡					
0 (in-situ)	68 (15.7)	87 (18.6)	27 (16.9)	182 (17.2)	
I	237 (54.7)	265 (56.8)	101 (63.1)	603 (56.9)	
II	121 (27.9)	110 (23.6)	29 (18.1)	260 (24.5)	
III †	7 (1.6)	5 (1.1)	3 (1.9)	15 (1.4)	
# unknown	23	20	7	50	

Notes:

† Other includes lymphoma.

‡ 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).

OBSP Breast Assessment Initiative

The Ontario Breast Screening Program established the Breast Assessment Initiative to promote improvement in breast assessment services for women with breast abnormalities found through screening. A coordinated approach to assessment allows the health care team to come to a diagnosis as quickly as possible and provides appropriate support for the client throughout the assessment process.

Data from the OBSP show that outcomes improve when comprehensive, high quality, multidisciplinary assessment is integrated with screening.

The OBSP recruits facilities (both hospitals and Independent Health Facilities) that provide breast assessment services to become Breast Assessment Affiliates. Currently there are 17 OBSP breast assessment affiliates across the province and one on-site assessment centre located in Hamilton.

Affiliation Criteria:

- 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.

Breast Assessment Affiliates

Hamilton	St. Joseph's Healthcare
Kingston	Hôtel Dieu Hospital
Listowel	Listowel Memorial Hospital
London	St. Joseph's Health Care
Niagara Falls	Niagara Health System – Greater Niagara Health Hospital
Ottawa	Ottawa Regional Women's Breast Health Centre
Owen Sound	Grey Bruce Health Services
Pembroke	Pembroke General Hospital
Renfrew	Renfrew Victoria Hospital
St. Catharines	Niagara Health System – St. Catharines General Hospital
Stratford	Stratford General Hospital
Sudbury	The Sudbury Regional Breast Health Program
Toronto	St. Michael's Hospital – CIBC Breast Centre
Toronto	Dixie X-Ray Ltd.
Welland	Niagara Health System – Welland County General Hospital
Winchester	Winchester District Memorial Hospital
Windsor	Windsor Regional Hospital – Metropolitan Campus

On site Assessment

Hamilton	Hamilton OBSP Centre
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Congratulations to the new breast assessment sites that joined the OBSP in the 2004/05 fiscal year:

- Stratford General Hospital
- Windsor Regional Hospital, Metropolitan Campus

IV Screening Retention

Once a woman visits the OBSP she is very likely to return. A computer system facilitates the recall of eligible clients on an annual or biennial basis. The OBSP rescreen rates exceed the Canadian target of $\geq 75\%$ in 30 months. High rescreen rates indicate high levels of client satisfaction and excellence response to the reminder letters sent by the program.

Table 3 shows the percentage of women screened in 2000-2001 who returned for rescreening by MOHLTC/CCO planning region† and who had a rescreening recommendation of 2 years. Letters were sent to women one month before their next screen was due to remind them to book an appointment. A second letter was sent after three weeks to clients who had not responded to the first letter.

Overall, 86.2% of women returned within 18 months and 81.2% returned within 6 months of their recommended screening date. These percentages were highest for women in Northwest region (91.2% for return within 18 months; 87.0% return within 6 months) and lowest for women in Central West Peel region (77.3% for return within 18 months; 71.0% return within 6 months).

**Table 3 – Compliance to Rescreening at OBSP, by MOHLTC/CCO Planning Region, 2000-2001
(in descending order of Cumulative Percent Rescreened at 30, 36 and 42 months)**

Region	Cumulative Percent Rescreened		
	30 months	36 months	42 months
Northwest	87.0	90.2	91.2
Southwest London	84.5	87.6	88.9
East Kingston	85.5	87.5	88.7
Central South	84.0	86.5	88.1
Northeast	81.8	86.2	88.0
East Ottawa	82.8	86.0	87.5
Central East	81.5	84.6	86.4
Southwest Windsor	80.7	83.4	85.0
Central West Kitchener	79.5	82.5	84.4
Toronto	74.2	78.1	80.7
Central West Peel	71.0	75.0	77.3
Total	81.2	84.4	86.2

Note:

† Women excluded from this analysis are those who have had a screen detected or post-screen detected breast cancer, those who received a one-year or annual recall letter, as well as those aged 73 or 74 years as they are not recalled due to their age.

V | Quality Management & Evaluation

One of the benefits of organized screening is the strong emphasis on providing a high quality program. Quality standards are carefully monitored. The OBSP provides comprehensive feedback on all aspects of a screening site's performance. Technologists, for example, undergo annual film reviews, while radiologists receive reports on their recall, positive predictive value, cancer detection, and interval cancer rates. The OBSP physics consultants monitor the mammography and film processing equipment. Province-wide data allow staff and facilities to see how they compare, identify areas for enhancement, and set goals for improvement.

An important program requirement to ensure quality mammography is that all affiliates with the OBSP must meet the accreditation requirements of the Canadian Association of Radiologists Mammography Accreditation Program (CAR-MAP). This program sets the standards for the mammography equipment, image quality, and skill level of the staff. CAR accreditation evaluates equipment and personnel once every 3 years. The OBSP performs evaluations during the intervening time so that quality is maintained at all times.

Quality management achievements:

- All OBSP sites are accredited with the Canadian Association of Radiologists Mammography Accreditation Program.
- OBSP screening site outcomes are produced on an annual basis. Based on mammography referrals for women ages 50-69 years, the majority of sites with greater than 1,000 initial screens met the Canadian standard for referral rate and positive predictive value.
- As part of the quality assurance program for OBSP, an independent review of all films for post-screen cancers is conducted on a bi-annual basis. The program's interval cancer detection rate is in line with the Canadian standard.
- The majority of OBSP Radiologists meet or surpass Canadian standards developed for the various program performance indicators.
- The majority of the OBSP Medical Radiation Technologists (MRTs) meet or surpass the high OBSP standards, modeled after the CAR accreditation standards. Those MRTs who have difficulty meeting these standards are reviewed in a follow up film review allowing them an opportunity to increase their skill level.

Screening is closely linked to assessment so that the outcomes of screening can be readily monitored. Data are 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. This information is used to assess the program's effectiveness and identify areas for improvement.

VI | Research

In addition to program evaluation, there are numerous research studies involving program data or clients. Cancer Care Ontario oversees the research policies, protocols and review of proposals. A tracking process is being established to document research projects utilizing OBSP data or clients that are approved and/or published on an annual basis.

The Surveillance Unit of Cancer Care Ontario tracks and reports on provincial breast cancer statistics such as incidence and mortality.

VII | Summary & Future Directions

This report highlights the OBSP's key activities and program outcomes for 2004/05.

The program continues to expand and has increased the number of screens by 14.3% over the previous year. The program outcomes of 2004/05 meet the majority Canadian and international standards for organized breast screening.

As the program moves forward in its 15th year, the focus will continue to be on improving the quality of breast cancer screening in Ontario. To better evaluate the effectiveness of the program, we will be working with our partners to ensure all breast screening in Ontario becomes part of the OBSP. We will also continue our efforts to expand the eligibility criteria to include women age 40-49 that wish to participate in the program, and support the need for all mammography facilities in Ontario to meet accreditation standards of the Canadian Association of Radiologists.

Appendix 1 – OBSP Client Profile

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 4.

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 2003, 16.6% had a family history of breast cancer, 9.1% had high mammographic breast density, 10.8% had their first birth at 30 years of age or older, 12.0% were nulliparous, and 22.5% were currently on estrogen replacement therapy

Table 4 – OBSP Participation Profile by Age Group, 2003

	Age at Exam (%)			Total (%)
	50-59	60-69	70-74	50-74
Number of women	105,011	76,248	23,956	205,215
Family history of breast cancer[†]				
Yes	14.7	17.9	20.8	16.6
No	85.3	82.1	79.2	83.4
Mammographic breast density[‡]				
≥75 %	11.8	6.7	5.1	9.1
<75 %	88.2	93.3	94.9	90.9
Age at first birth (including still-born)				
≥30	13.0	8.2	9.6	10.8
<30	87.0	91.8	90.4	89.2
# unknown	277	193	65	535
Number of children (including still-born)				
None	14.1	9.9	9.8	12.0
≥1	85.9	90.1	90.2	88.0
# unknown	145	87	27	259
Current estrogen use				
Yes	24.7	21.6	15.5	22.5
No	75.3	78.4	84.5	77.5
# unknown	730	557	168	1,455

Notes:

† 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.

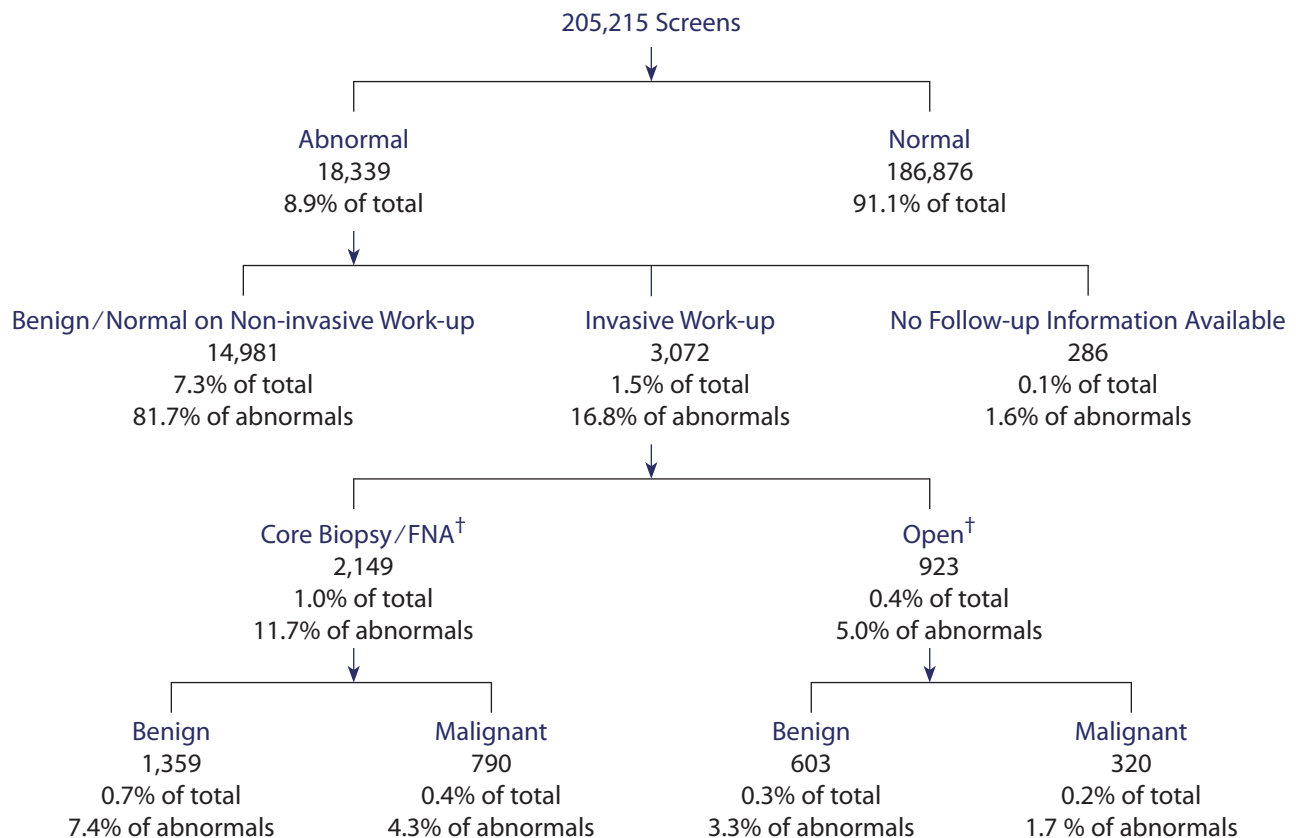
Appendix 2 – Screening Outcome Summary

Screening outcome summary

Figure 3 depicts a summary of the outcomes during 2003 for initial screens and rescreens combined for women aged 50-74. Overall, about 8.9% were referred for assessment and 1,110 cancers were detected (cancer detection rate of 5.4 per 1,000 screens and positive predictive value of 6.1 cancers per 100 referrals). The majority of women referred (81.7%) had non-invasive work-up, 16.8% had invasive work-up and 1.6% had no follow-up information. The majority of

women with a benign final result (88.4%) were diagnosed without a biopsy, 8.0% were diagnosed by a fine needle aspiration and/or core biopsy and 3.6% were diagnosed by an open biopsy. The majority of women with breast cancer (71.2%) were diagnosed by fine needle aspiration and/or core biopsy and 28.8% were diagnosed by an open biopsy.

Figure 3 – Screening Outcome Summary of OBSP Screens, 2003



Notes:

† Biopsy which resulted in a final diagnosis

Appendix 3 – Outcome Indicators

Table 5 provides information about outcome indicators by age group for 2003. Of the 205,215 screens performed on women aged 50-74, 18,339 (8.9%) had an abnormal result and 1,110 breast cancers were diagnosed (5.4 cancers per 1,000 screens and 6.1 cancers per 100 referrals). Referral rates decreased slightly with age from 12.5% in women 50-59 to 9.9% in women 70-74 years of age for initial screens and from 8.2% in women 50-59 to 6.9% in women 70-74 years of age for rescreens. The invasive cancer detection rates increased with age from 4.6 to 8.3 per 1,000 for initial screens and from 3.1 to 5.4 per 1,000 for rescreens in women 50-59 and 70-74 years of age, respectively. The in-situ cancer detection rates (per 1,000 screens) increased with age from 0.7 in women 50-69 to 2.1 in women 70-74 years of age for initial screens and from 0.6 in women 50-59 to 0.9-1.0 in women 60-74 years of age for rescreens.

Consistent with higher cancer detection rate and lower referral rates, the positive predictive value (the number of women detected with breast cancer per 100 referrals) was highest for women aged 70-74 (10.6% and 9.1% for initial and rescreens, respectively) and lowest for women aged 50-59 (4.2% and 4.6% for initial and rescreens, respectively).

The benign to malignant surgical biopsy ratio (ratio of women with a benign diagnosis versus a malignant diagnosis following a surgical biopsy) was highest for women aged 50-59 (0.7:1) and lowest for women aged 70-74 (0.3:1), with higher values indicating lower quality of pre-surgical assessment. The percentage of OBSP abnormal screens without a tissue biopsy (core or open biopsy) diagnosed within the recommended interval was similar across age groups, at 80-81%. The percentage of OBSP abnormal screens with a tissue biopsy diagnosed within the recommended interval increased from 55.1% in women aged 50-59 to 64.4% in women aged 70-74.

Table 5 – Outcome Indicators by Age Group, OBSP, 2003

Outcome Indicator		Age at Exam			Total
		50-59	60-69	70-74	50-74
Number of screens n (%)	Initial	41,838 (68.1)	15,899 (25.9)	3,742 (6.1)	61,479
	Rescreen	63,173 (44.0)	60,349 (42.0)	20,214 (14.1)	143,736
Number of cancers n (%)	Initial	219 (56.4)	130 (33.5)	39 (10.1)	388
	Rescreen	237 (32.8)	357 (49.4)	128 (17.7)	722
Referral rate (%)	Initial	12.5	10.0	9.9	11.7
	Rescreen	8.2	7.6	6.9	7.8
Invasive Cancer detection rate (per 1000)	Initial	4.6	6.5	8.3	5.3
	Rescreen	3.1	4.9	5.4	4.2
In-situ Cancer detection rate (per 1000)	Initial	0.7	1.6	2.1	1.0
	Rescreen	0.6	1.0	0.9	0.8
Positive predictive value (%)	Initial	4.2	8.2	10.6	5.4
	Rescreen	4.6	7.8	9.1	6.5
Benign to malignant surgical biopsy ratio	All screens	0.7:1	0.4:1	0.3:1	0.5:1
Diagnostic Interval † (%)	Within 5 weeks (without a tissue biopsy)	80.4	81.1	81.4	80.7
	Within 7 weeks (with a tissue biopsy)	55.1	56.7	64.4	56.8

Note:

† Diagnostic interval was stratified according to women with and without a tissue biopsy (includes core or open biopsy).

Appendix 4 – Comparison of OBSP Outcomes to Canadian Standards

Table 6 depicts the OBSP screening outcomes for women referred by mammography, compared with Canadian standards. Recently, national standards for Canada have been developed which combine elements of Canadian programs and address Canada's population health context. The Canadian standards were established for asymptomatic women screened by mammography between the ages of 50 and 69 years with no prior diagnosis of breast cancer.

Overall, OBSP meets Canadian standards for the majority of outcome indicators measured. Participation rate is anticipated to increase with the opening of new screening affiliates. Time to diagnosis is expected to improve where comprehensive, high quality, multidisciplinary assessment is integrated with screening.

Table 6 – Outcome Indicators in OBSP Compared to Canadian Standards, Ages 50-69, 2003

Outcome Indicator	Total OBSP Mammography		Canadian Standard
Participation Rate [†] (%)	All screens	26.8	≥ 70 % of eligible population
Retention Rate [‡] (%)	All screens	81.4	≥ 75 % rescreened within 30 months
Abnormal Call or Referral Rate (%)	Initial	10.0	< 10
	Rescreen	6.2	< 5
Invasive Cancer Detection Rate (per 1000)	Initial	5.0	> 5
	Rescreen	3.8	> 3
Diagnostic Interval [§] (%)	Within 5 weeks without tissue biopsy	85.0	≥ 90% within 5 weeks without open biopsy
	Within 7 weeks with tissue biopsy	57.1	≥ 90% within 7 weeks with open biopsy
Positive Predictive Value (%)	Initial	5.9	≥ 5
	Rescreen	7.4	≥ 6
Benign to Malignant Surgical Biopsy Ratio ^A	All screens	0.5:1	≤ 2:1
Invasive Cancer Tumour Size ≤10 mm (%)	All screens	38.1	> 25
Positive Lymph Nodes (%)	All screens	22.3	< 30% node positive
Post-Screen Detected Invasive Cancer Rate (per 10,000 person years)*	Within 12 months	5.3	<6

Notes:

† Data for 2003 and 2004 screen years were used to calculate a biennial (2 year) participant rate. Both modalities of referral were considered.

‡ Percentage of women who last attended the OBSP in 2000 or 2001 with a two year screening recommendation who were rescreened within 30 months (ie, up to 6 months after the recommended interval) of their previous screen. Both modalities of referral were considered.

§ Although the Canadian standard was stratified by open biopsy, the method of calculation currently is to stratify the diagnostic interval by whether a woman had a tissue biopsy, includes core or open biopsy.

* Data for 1997 and 1998 screen years were used. Both modalities of referral were considered.

Appendix 5 – Canadian Standards

Table 7 – Breast Screening Program Performance Measures, as of February 2002

Indicator	Definition	Target† (age 50-69)
1 Participation Rate	Percentage of women who have a screening mammogram (calculated biennially) as a proportion of the eligible population	≥70 %of the eligible population
2 Retention Rate	The estimated percentage of women who are rescreened within 30 months of their previous screen	≥ 75% rescreened within 30 months
3 Abnormal Call Rate (%)	Percentage of women screened who are referred for further testing because of abnormalities found with a program screen	< 10 (initial screen) < 5 (rescreens)
4 Invasive Cancer Detection Rate	Number of women detected with invasive cancer during a screening episode per 1,000 women screened	> 5 per 1,000 on initial screen > 3 per 1,000 on rescreens”
5 In Situ Cancer Detection Rate	Number of women detected with ductal carcinoma in situ cancer (rather than invasive cancer) during a screening episode per 1,000 women screened	Surveillance and monitoring purposes only
6 Diagnostic Interval	Total duration from abnormal screen to resolution of abnormal screen	≥ 90% within 5 weeks if no open biopsy ≥ 90% within 7 weeks if open biopsy
7 Positive Predictive Value	Proportion of abnormal cases with completed follow-up found to have breast cancer (invasive or in situ) after diagnostic workup	≥ 5% (initial screen) ≥ 6% (rescreen)
8 Benign to Malignant Open Biopsy Ratio	Among open biopsies, the ratio of number of benign cases to the number of malignant cancer cases	≤ 2:1 open (initial and rescreen combined)
9 Invasive Cancer Tumour Size	Percentage of invasive cancers with tumour size of <10 mm in greatest diameter as determined by the best available evidence: 1) pathological, 2) radiological, 3) clinical	> 25% < 10 mm
10 Positive Lymph Nodes in Cases of Invasive Cancer	Proportion of invasive cancers in which the cancer has invaded the lymph nodes	< 30% node positive
11 Post-screen Detected Invasive Cancer Rate	Number of women with a diagnosis of invasive breast cancer after a negative screening episode per 10,000 person-years at risk, within 12 AND 24 months of the screen date.	< 6 per 10,000 person-years (within 12 months) < 12 per 10,000 person-years (within 24 months)”

Note:

† Canadian targets obtained by consensus and based on evidence supported by literature

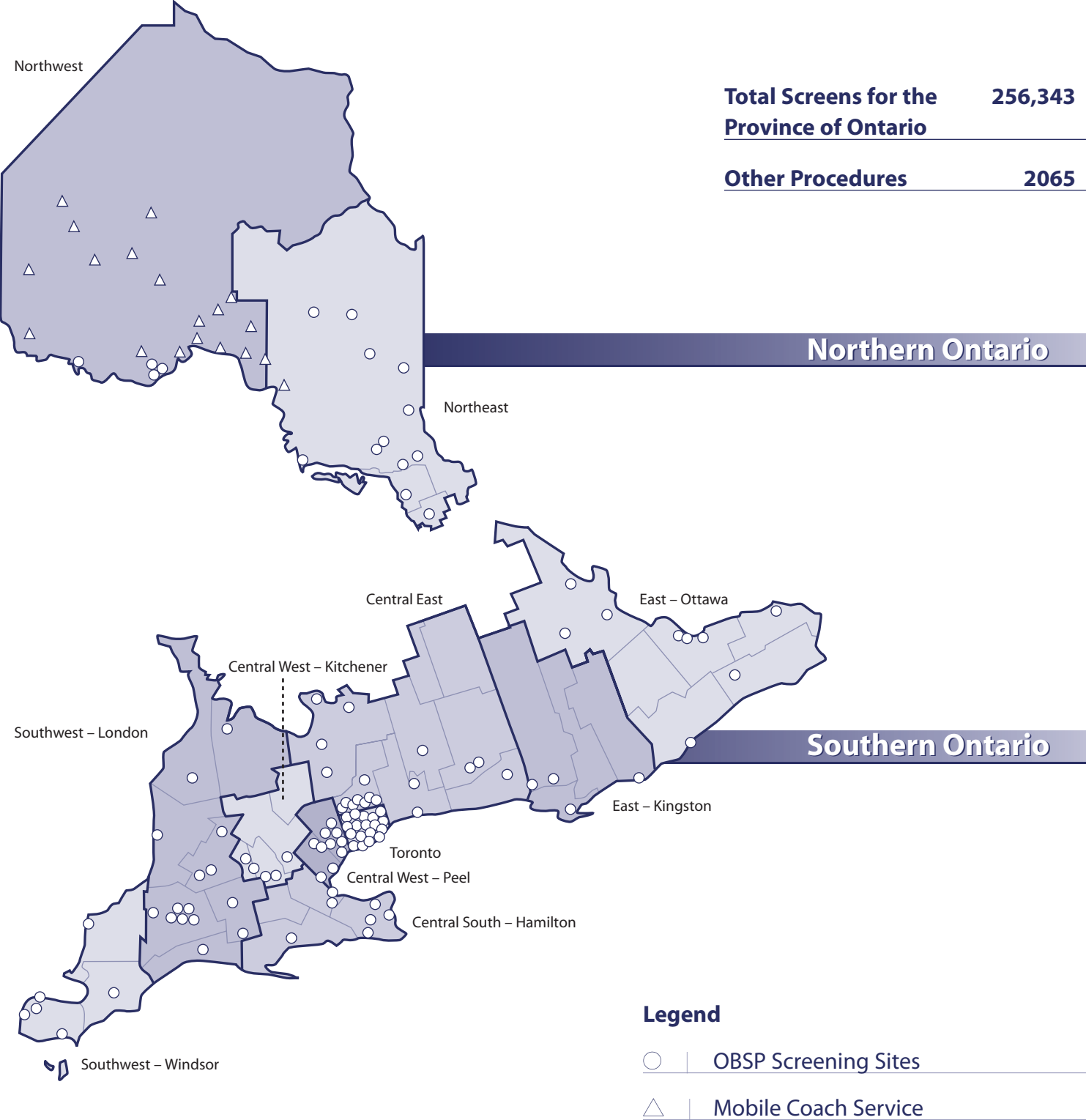
Reference:

Health Canada. Quality Determinants of Organized Breast Screening Programs in Canada. Ottawa: Minister of Public Works and Government Services Canada, 2003. Page 68. www.healthcanada.ca

Appendix 6 – Regional Statistics

OBSP Screening Sites & Areas Served by the OBSP Mobile Coach

April 1, 2004 to March 31, 2005



Regional Statistics – OBSP Hubs and Affiliates by MOHLTC/CCO Planning Region

April 1, 2004 to March 31, 2005

Note: The regional boundaries for the OBSP are in transition. In the past, OBSP data has been reported by 8 OBSP regions. OBSP still operates in this structure. Currently, the data are reported using the 11 Ministry of Health and Long-Term Care/Cancer Care Ontario (MOHLTC/CCO) planning regions

based in CCO integration. By 2006, OBSP statistics will be reported based on Local Health Integrated Network (LHIN) geography (14 regions). OBSP operations will be adjusted to the LHIN boundaries. See Appendix 7.

Northwest Region

Administrative Base		Number of Screens
Thunder Bay	➤ Mobile coach serves Northwest Region.	6,212
Affiliates		
Fort Frances	➤ Riverside Breast Screening and Education Clinic	507
Thunder Bay	➤ Thunder Bay Medical Centre Diagnostics	1099
	➤ CML HealthCare – Port Arthur Clinic	565
Total		8,383
➤ Mobile Coach Diagnostic Procedures		384
➤ Number of Communities Served by Mobile Coach		25



Northeast Region

Hub	Number of Screens
Sudbury	➤ Sudbury OBSP Centre 8,238
Affiliates	
Bracebridge	➤ South Muskoka Memorial Hospital 956
Hearst	➤ Hôpital Notre-Dame 360
Kapuskasing	➤ Sensenbrenner Hospital 539
Kirkland Lake	➤ Kirkland and District Hospital 590
New Liskeard	➤ Temiskaming Hospital 824
North Bay	➤ North Bay General Hospital 3,529
Parry Sound	➤ West Parry Sound Health Centre 1,044
Sault Ste. Marie	➤ Group Health Centre 5,911
Sturgeon Falls	➤ West Nipissing General Hospital 597
Sudbury	➤ CML HealthCare – Sudbury 471
Timmins	➤ Timmins and District Hospital 1,642
Total	24,701

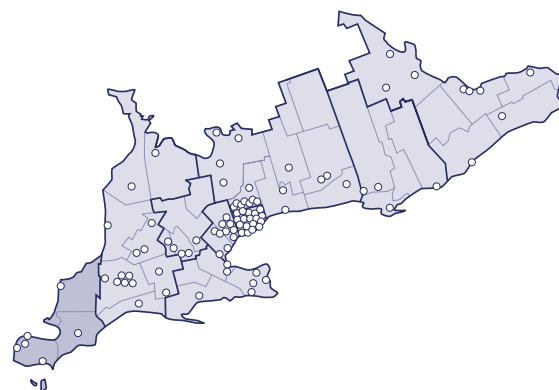


Regional Statistics – OBSP Hubs and Affiliates

April 1, 2004 to March 31, 2005

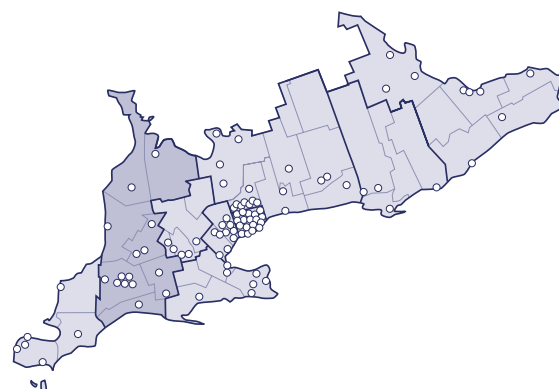
Southwest Region – Windsor

Hub		Number of Screens
Windsor	➤ Windsor OBSP Centre	5,838
Affiliates		
Chatham	➤ The Chatham-Kent Health Alliance	3,320
Leamington	➤ Leamington District Memorial Hospital	518
Sarnia	➤ Bluewater Health – Mitton Site	2,927
Windsor	➤ CML HealthCare – Windsor	261
	➤ Windsor Regional Hospital * – Metropolitan Campus	1,391
Total		14,255



Southwest Region – London

Hub		Number of Screens
London	➤ London OBSP Centre	8,385
Affiliate		
Goderich	➤ Alexandra Marine and General Hospital	1,242
Listowel	➤ Listowel Memorial Hospital *	1,409
London	➤ CML HealthCare – London	1,114
	➤ London Health Sciences Centre	892
	➤ London X-Ray Associates	2,347
	➤ St. Joseph's Health Care *	1,162
	➤ Grey-Bruce Health Services *	4,637
Owen Sound	➤ St. Thomas-Elgin General Hospital	1,857
St. Thomas	➤ Jenny Trout Centre, Ultrasound and Mammography Associates of Stratford	1,541
Stratford	➤ Stratford General Hospital	1,255
Strathroy	➤ Strathroy Middlesex General Hospital	978
Tillsonburg	➤ Tillsonburg District Memorial Hospital	646
Walkerton	➤ South Bruce Grey Health Centre	833
Woodstock	➤ Woodstock General Hospital	1,810
Total		30,108



Note | * Screening and Breast Assessment Affiliate

Toronto Region

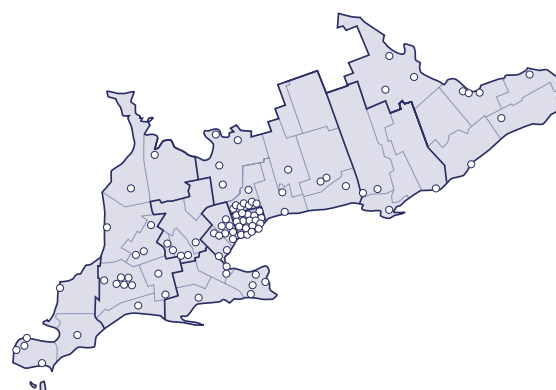
Hubs

		Number of Screens
Toronto	➤ North York OBSP Centre	6,053
	➤ Scarborough OBSP Centre	5,143

Affiliates

City Centre	➤ CML HealthCare – Fairview	1,820
	➤ CML HealthCare – Lawrence	1,295
	➤ Danforth/Main Medical Diagnostics Ltd.	1,206
	➤ Edward Street Radiology Associates – Main	4,606
	➤ Edward Street Radiology Associates – Yonge	4,320
	➤ Quality Medical Imaging – Bloor	1,072
	➤ Quality Medical Imaging – Spadina	1,569
	➤ St. Michael's Hospital – CIBC Breast Centre *	3,685
	➤ Sunnybrook & Women's College Health Sciences Centre – Women's College Hospital Campus	3,940
Etobicoke	➤ Trillium Health Centre, The Queensway Hospital, Betty Wallace Women's Health Centre	327
	➤ Wm. Osler Health Centre, Etobicoke Hospital Campus	2,505
North York	➤ Dixie X-Ray Associates Ltd. *	5,843
	➤ North York General Hospital – Branson Division	2,341
Scarborough	➤ Quantum Medical Imaging Services Inc.	3,453
	➤ Victoria Park Mammography Centre	4,850
Weston	➤ Humber River Regional Hospital, Church Street	2,263

Total 56,291



Note | * Screening and Breast Assessment Affiliate

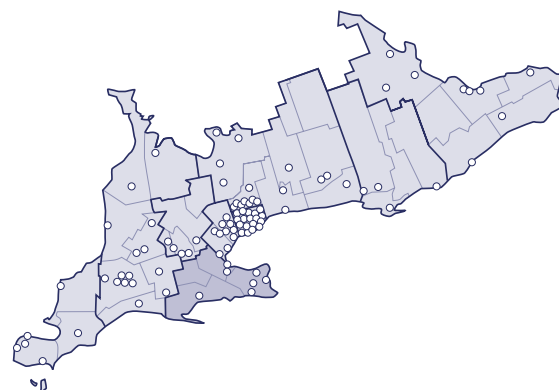
Regional Statistics – OBSP Hubs and Affiliates

April 1, 2004 to March 31, 2005

Central South Region – Hamilton

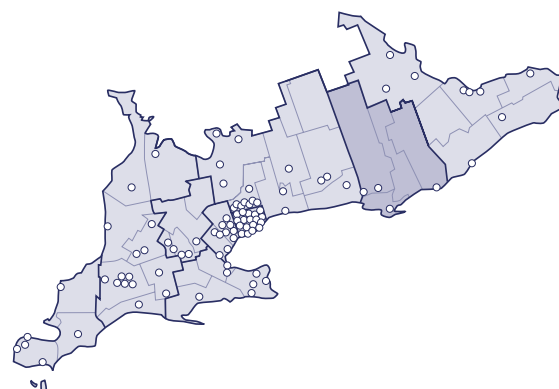
Hub		Number of Screens
Hamilton	➤ Hamilton OBSP Centre *	12,334
Affiliates		
Hamilton	➤ St. Joseph's Healthcare Hamilton, Centre for Ambulatory Health Services *	2,476
Niagara Falls	➤ NHS – Greater Niagara General Hospital *	3,810
Port Colborne	➤ NHS – Port Colborne General Hospital	445
St. Catharines	➤ NHS – St. Catharines General Hospital *	3,589
Simcoe	➤ Norfolk General Hospital	440
Welland	➤ NHS – Welland County General Hospital *	2,465
Total		25,559

Hamilton Centre	➤ Assessments	1,198
	➤ Recalls	483



East Region – Kingston

Hub		Number of Screens
Kingston	➤ Kingston OBSP Centre	8,350
Affiliates		
Belleville	➤ Quinte Healthcare – Belleville General Hospital	1,830
Picton	➤ Quinte Healthcare – Prince Edward County Memorial Hospital	272
Trenton	➤ Quinte Healthcare – Trenton Memorial Hospital	1,328
Total		11,780



Note | * Screening and Breast Assessment Affiliate

East Region – Ottawa

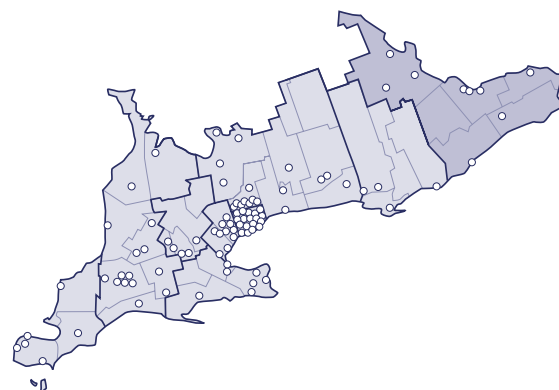
Hubs

Ottawa	➤ Ottawa OBSP Centre	13,833
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Affiliates

Brockville	➤ Brockville General Hospital	1,737
Barry's Bay	➤ St. Francis Memorial Hospital	677
Hawkesbury	➤ Hawkesbury and District General Hospital	1,420
Ottawa	➤ Merivale Medical Imaging	1,762
	➤ Montfort Hospital	1,452
Pembroke	➤ Pembroke Regional Hospital *	2,193
Renfrew	➤ Renfrew Victoria Hospital *	1,655
Winchester	➤ Winchester District Memorial Hospital *	700

Total 25,429

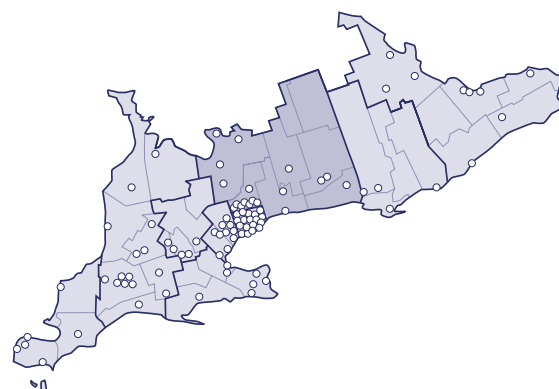


Central East Region

Affiliates

Alliston	➤ Stevenson Memorial Hospital	1,951
Barrie	➤ The Royal Victoria Hospital	7,228
Campbellford	➤ Campbellford Memorial Hospital	864
Lindsay	➤ Victoria County, Ross Memorial Hospital	1,800
Markham	➤ Markham Mammography Clinic Inc.	3,763
Midland	➤ Ontario Medical Imaging – Huronia	1,145
Newmarket	➤ Southlake Regional Health Centre	3,044
Orillia	➤ Ontario Medical Imaging	1,848
Oshawa	➤ Oshawa Clinic Imaging Centre	2,361
Peterborough	➤ The Medical Centre	892
	➤ Peterborough Regional Health Centre, Rogers Street Site	2,631
Port Perry	➤ Port Perry Imaging *	2,148
Richmond Hill	➤ Ontario Medical Imaging, Chalmer's Gate X-ray and Ultrasound	1,409
Unionville	➤ CML HealthCare – Unionville	1,186

Total 32,270



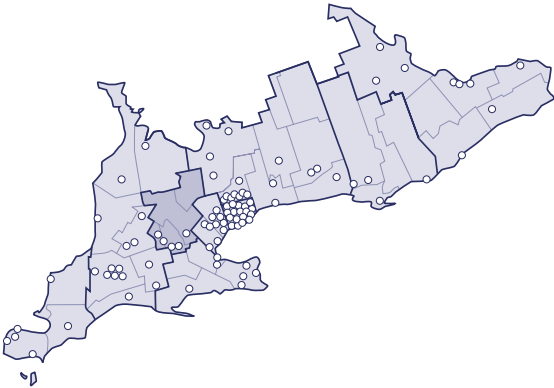
Note | * Screening and Breast Assessment Affiliate

Regional Statistics – OBSP Hubs and Affiliates

April 1, 2004 to March 31, 2005

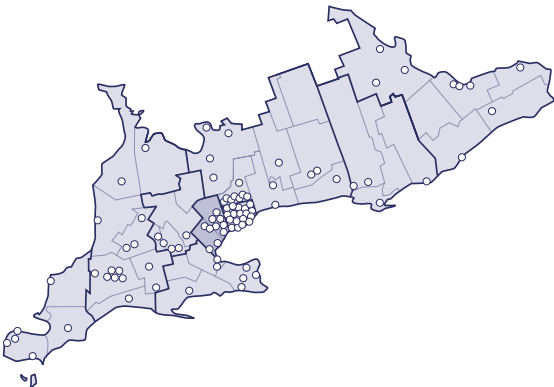
Central West Region – Kitchener

Affiliates		Number of Screens
Cambridge	➤ Cambridge Memorial Hospital	2,600
	➤ RDS Diagnostics Ltd.	631
Guelph	➤ Guelph Imaging Centre	1,282
Kitchener	➤ Grand River Hospital	2,659
	➤ True North Imaging Kitchener	1,795
Total		8,976



Central West Region – Peel

Affiliates		Number of Screens
Brampton	➤ Wm. Osler Health Centre – Brampton Memorial Hospital Campus	6,050
	➤ CML HealthCare – Brampton	577
Burlington	➤ Burlington Ultrasound and Radiology	3,627
Georgetown	➤ Wm. Osler Health Centre – Georgetown Hospital Campus	1,427
	➤ Credit Valley Diagnostic Centre	1,432
Mississauga	➤ Credit Valley Imaging Associates	1,577
	➤ CML HealthCare – King X-Ray and Ultrasound	1,289
	➤ Dixie X-Ray Breast Imaging Centre	1,722
Oakville	➤ Oakville Diagnostic Imaging	899
Total		18,600



Appendix 7 – Ministry of Health & Long-Term Care/ Cancer Care Ontario Planning Regions

Planning Regions	Counties
Central East	Haliburton, York Regional Municipality, Northumberland, Durham Regional Municipality, Peterborough, Simcoe, Kawartha Lakes
Central South	Haldimand and Norfolk, Niagara Regional Municipality, Hamilton, Brant
Central West-Peel	Halton Regional Municipality, Peel Regional Municipality
Central West-Kitchener	Wellington, Waterloo Regional Municipality, Dufferin
East-Kingston	Frontenac, Lennox and Addington, Hastings, Prince Edward
East-Ottawa	Leeds and Grenville, Prescott and Russell, Lanark, Renfrew, Ottawa, Stormont, Dundas and Glengarry
North-East	Muskoka District Municipality, Sudbury District, Sudbury Region, Parry Sound District, Cochrane District, Nipissing District, Algoma District, Manitoulin District, Timiskaming District
North-West	Rainy River District, Kenora District, Thunder Bay District
South-West London	Elgin, Perth, Middlesex, Oxford, Huron, Bruce, Grey
South West-Windsor	Essex, Lambton, Chatham-Kent
Toronto	Toronto

Appendix 8 – OBSP Provincial Staff Directory

As of March 31, 2005

Provincial Office / Cancer Care Ontario

620 University Avenue
Toronto, ON M5G 2L7
breastscreen@cancercare.on.ca
Tel 416 971-9800 Fax 416 971-6888

Director, Preventive Oncology

Dr. Verna Mai

Provincial Director

Bill Campbell

Radiologist-in-Chief

Dr. Rene Shumak

Provincial Health Promotion Coordinator

Lorna Dobi

Provincial MRT Coordinator

Erin Jones

Research Associate

Vicky Majpruz

Junior Research Associate

Angela Uzun

Senior Administrative Secretary

Glynis Baldwin

Administrative Secretary

Jackie Poole (April 2004 – January 2005)
Jillian Caesar (February 2005 – March 2005)

Consultants:

Physics – Dr. Martin Yaffe

Pathology – Dr. Francis O'Malley

Program Evaluation – Dr. Anna Chiarelli

IS Support – Laurie Gordon, Robert Lin,
Raymond Chung

Appendix 9 – Regional Centres

As of March 31, 2005

Note: The OBSP boundaries are in transition. The regional contact information below is by OBSP boundaries. By 2006, OBSP statistics and operations will be reported based on Local Health Integrated Network (LHIN) geography.

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 vacant

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 vacant

Radiology Coordinators 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 Coordinators Dr. Gérard Collin

Northeast Region

4 Walford Road
Sudbury, Ontario P3E 2H4

Tel 705 523-7100 **Fax** 705 675-2637

Regional Administrator Carolyn Jackson

Medical Coordinator Dr. Amanda Hey

Radiology Coordinators Dr. Rick Sloan

Northwest Region

68 North Algoma Street
Thunder Bay, Ontario P7A 4Z3

Tel 807 343-1690 **Fax** 807 345-6602

Acting Regional Administrator Alison McMullen

Medical Coordinator vacant

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. 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. Doris Jabs

Appendix 10 – OBSP Committees

As of March 31, 2005

OBSP Strategic Management Committee

Association of Local Public Health Agencies

Maureen Harmer

Breast Cancer Action

Joan Sirrs

Canadian Breast Cancer Foundation, Ontario Chapter

Sharon Wood, Executive Director

Canadian Cancer Society, Ontario Division

Patricia Payne, Manager, Program Development

Cancer Care Ontario

Dr. Verna Mai, (Chair), Director, Preventive Oncology

Wendy Bell, Northwestern Regional Cancer Program

Raylene Godel, Preventive Oncology

Committee of the Board

Ontario Association of Radiologists

Dr. George Lougheed

Dr. Viviane Messaad

Dr. Giuseppe Tarulli

Ontario Breast Screening Program

Bill Campbell, Provincial Director

Dr. Rene Shumak, Radiologist-in-Chief

Lynn Chappell, Regional Administrator

Dr. Paul Ferner, Medical Coordinator

Ontario College of Family Physicians

Dr. Jamie Meuser

Ontario Medical Association

Dr. Margaret Collins

Patient/Survivor Representatives

Ann Grant

Triena Huneault

Heather Lyons

The purpose of the OBSP Strategic Management Committee is to provide overall guidance to the Director of Screening Programs at Cancer Care Ontario on the strategic management of the OBSP. Specific responsibilities of the Committee include:

- To set the direction of the Program in order to deliver a high quality breast screening program across the province.
- To develop and direct program policies in accordance with the mandate of Cancer Care Ontario and the delivery of CCO programs at the regional level.
- To evaluate the monitored outcomes of the Program with a view to continuous improvement in the quality and efficacy of breast cancer screening in the province.

Membership includes: One representative from each of Canadian Breast Cancer Foundation, Canadian Cancer Society (Ontario Division), Ontario Medical Association, Ontario College of Family Physicians, CCO Preventive Oncology Board, Public Health; two representatives of the regional cancer programs; three representatives from the Ontario Association of Radiologists; four patient/survivor representatives; and one representative of each of OBSP medical staff, radiologists and administration.

Appendix 10 – OBSP Committees

As of March 31, 2004

Ontario Breast Assessment Collaborative Group

Cancer Care Ontario

Dr. Verna Mai (Chair), Director, Preventive Oncology
Dr. Margaret Fitch, Provincial Head, Supportive Care

Canadian Association of Pathologists

Dr. Francis O'Malley

Canadian Breast Cancer Foundation, Ontario Chapter

Sharon Wood, Executive Director

Canadian Cancer Society, Ontario Division

Patricia Payne, Manager, Program Development

Canadian Surgical Society of Ontario

Dr. Douglas Mirsky

College of Physicians and Surgeons of Ontario

Dr. Daniel Klass

Institute for Clinical Evaluative Sciences

vacant

Ontario Association of General Surgeons

Dr. Robert Mackenzie (Advisory to Group)

Ontario Association of Medical Radiation Technologists

Ms. Carolyn Caughell

Ontario Association of Pathologists

Dr. Leela Elavathil

Ontario Association of Radiologists

vacant

Ontario Breast Screening Program

Bill Campbell, Provincial Director
Dr. Rene Shumak, Radiologist-in-Chief

Ontario College of Family Physicians

Dr. Ruth Heisey

Ontario Hospital Association

Dr. Elizabeth Carlton

Ontario Medical Association

Dr. Margaret Collins

Ontario Medical Association – Section on Rural Practices

Dr. Ian Shiozaki

Ontario Public Health Association

Judith Cousins

Community Breast Assessment Development

Jane Warner, Kingston
Carole Mayer, Sudbury
Dr. David Williams, Thunder Bay

Patient/Survivor Representative

Heather Campeau

The Ontario Breast Assessment Collaborative Group (OBACG) identifies and brings together providers and consumers involved in breast assessment. This is in order that their roles can be understood as well as their perceptions on the gaps in service provision and opportunities for improvements. Specific goals and objectives of the OBACG include:

- To act as a forum for discussion of models and components of breast assessment needed in Ontario in order to provide equal access, quality of service and minimize duplication.
- To ensure communication and be a source of information about breast assessment to professional groups, consumer groups as well to CCO committees provincially and regionally.
- To set and advocate for the acceptance of breast assessment standards.
- To monitor and evaluate quality indicators of the breast assessment process.



**Reducing deaths from breast cancer
by delivering high quality breast screening
to Ontario women**



**The Ontario Breast Screening Program – Provincial Office
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