



Canada's screening programs for breast cancer

Physicians can contact breast cancer screening programs in their region.

Yukon: 403 667-8738; 403 393-6620

Northwest Territories: 403 669-4111 x4110

British Columbia: 604 660-3636

Alberta: 403 220-4302

Saskatchewan: 306 359-0550

Manitoba: 204 788-8633

Ontario: 613 724-7999

Quebec (starting September 1997): 418 646-2063

New Brunswick: 506 453-2283

Nova Scotia: 902 473-3960

Newfoundland and Labrador: 709 738-4772

women. Some offer clinical breast examination on site and some offer services to women outside the target populations."

However, Bryant said all programs share the same diagnostic features. They all target women aged 50 to 69, screen each woman at 2-year intervals and offer 2-view mammography, meaning that 4 films are produced during every screening. They are primarily administered through publicly appointed bodies.

The question of whether to include women aged 40 to 49 in screening programs remains highly controversial. "It has been shown that mammographic screening leads to a 15% decrease in the breast cancer mortality rate of women in that age group," said Dr. John Boyages, director of the New South Wales Breast Cancer Institute in Australia. "This is not enough of a benefit to offer screening to this age group. However, these are the women in Australia who are the loudest in their demands for screening because they are the most health conscious. It is probably the same in Canada."

It is, agreed Aitken, who added that there are additional excellent reasons for excluding this group. "For one thing, there is a lot of difficulty visualizing breast tissue in younger women, though improving technology may soon change this situation. But there remains the problem that the tumours in women between 40 and 49 grow more quickly, so we would have to screen annually. Also, since this is the baby-boomer group and therefore huge in absolute numbers, the programs would probably have to more than triple in size and budgets to accommodate them. And in the end, the younger women really are not at that great a risk."

Aitken said research into virtually every aspect of

breast cancer — from biology to psychology — has expanded appreciably in recent years. "Women's groups complained bitterly in the past about lack of attention to breast cancer," said Aitken. "Though there is still a way to go, they have gotten their wish."

Since 1995, more than 25 studies have received 5-year grants totalling \$20 million from the Canadian Breast Cancer Research Initiative, which is operated by the Medical Research Council of Canada and 3 other national health groups.

Dr. Nicholas Perry, director of the Central and East London Breast Screening Service in England, said screening programs face unique problems, including prohibitive travelling distances for patients, a lack of screening data and insufficient coordination and training of screening professionals. However, he maintained that the biggest problem involves the failure of GPs to recruit patients for the programs.

"It is vital to all breast-screening programs that more GPs get involved," said Perry. "We can't just send mammogram results to the women. GPs are well placed to be the greatest promoters of organized breast screening." ?

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Presentations dealing with any aspect of physician health, including issues of well-being, impairment, disability, treatment and education, will be considered for poster presentations, paper sessions and workshops.

The deadline for abstract submission is Oct. 31, 1997. For information and an abstract submission form contact: Elaine Tejcek, American Medical Association, Physician Health Program, 515 N State St., Chicago IL 60610; tel 312 464-5073; fax 312 464-5841; elaine_tejcek@ama-assn.org

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