



About BreastScreen NSW

BreastScreen NSW provides state-wide screening mammography and assessment services accredited under the BreastScreen Australia National Accreditation Standards. With over 200 locations in NSW, our screening and assessment services are equipped with the latest digital mammography equipment, ensuring the highest quality mammograms with minimal radiation dose.

The objective of BreastScreen NSW is to reduce morbidity and mortality from breast cancer through early detection.

Your role

GPs and practice nurses play an important role in providing support and encouragement to women to attend and continue to participate in the BreastScreen NSW program. Although referral is not essential for participation in the program, recent research undertaken by BreastScreen NSW identified that GPs have a significant influence in a woman's decision to screen, with women more likely to have a mammogram if advised by their GP than by anyone else.

Who is eligible?

BreastScreen NSW actively targets asymptomatic women aged **50 to 74 years** for a **free screening mammogram every 2 years**. However, women over the age of 40 are also eligible to attend the service. In general, asymptomatic means that a woman does not have a lump, nipple discharge or other problem with her breast.

Why?

The majority of breast cancers occur in women aged over 50 years. Evidence shows that screening mammography is most effective in this age group, with significant reductions in breast cancer mortality rates in the screened population.

The five-year relative survival rate for women with breast cancer that is diagnosed and treated in the earliest stage is 98%.

Due to hormonal changes, breast density decreases with age, making mammography more effective as a screening tool in women over the age of 50. In younger women, the density of the breast tissue may obscure small cancers.

Women aged **40 to 49 years** with no symptoms are eligible to attend BreastScreen; however, there is less proven benefit for women in this age group. The risk of a 'false positive' or 'false negative' is greater due to higher breast density.

Women aged **over 74 years** are also eligible to attend; however, it is recommended that you discuss with your patient whether breast screening is a health priority.

Patients with specific needs

Women with disability are welcome to attend.

Most BreastScreen sites and mobile screening units have wheelchair access and staff are experienced in ensuring the process is as comfortable as possible for all women.

Women who are not proficient in English can be provided with an interpreter service to assist scheduling an appointment. BreastScreen can provide information about interpreter services prior to the appointment.

Women with breast implants

are eligible and encouraged to attend the program. Regardless of the type of implant and where it is inserted (over or under the chest muscle), BreastScreen NSW radiographers are trained in obtaining the clearest images possible.

Breast cancer affects **1 in 7** women in NSW during their lifetime.



How often should women have a mammogram?

BreastScreen NSW recommends women in the target age group (50 to 74 years) have a mammogram **every two years**.

It is recommended that women have a mammogram **annually** if they meet the criteria established in the BreastScreen NSW Screening Interval Policy. This policy is available on the BreastScreen website: <http://www.bsnsw.org.au/information-and-resources-for-health-professionals/my-role-in-screening/screening-interval-guidelines/>

The **recommended breast screening interval** is determined and/or reviewed when a woman presents for her routine screening appointment. Eligibility for annual screening will be determined based on recommendations outlined in the **Cancer Australia Familial Risk Assessment – Breast and Ovarian Cancer (FRA-BOC)** online tool which can be accessed by the GP and the woman together and can be found at: <http://www.canceraustralia.gov.au/clinical-best-practice/gynaecological-cancers/fra-boc/evaluate>

What are the limitations of a mammogram?

A mammogram is the best way of detecting breast cancer early in women over the age of 50, but, like other tests, is not 100% accurate.

Not all cancers will be detected through mammographic screening. Some cancers may not be visible on a mammogram, or may develop during the interval between screening mammograms (known as interval cancers).

There is also a small chance that a cancer could be missed on a mammogram, despite being read by at least two independent radiologists.

A mammogram may also detect abnormalities in the breast tissue which may require further tests, but which may not turn out to be cancer (known as 'false positives').

Most breast cancers found through mammographic screening would progress and become life-threatening if left untreated. However, a very small percentage of diagnosed breast cancers that are detected and treated may not have become life-threatening. This is sometimes referred to as 'over-diagnosis'. These are usually low grade or early cancers. At this time, with the diagnostic tests and the evidence that is available, it is not possible to distinguish those cancers that will not progress.

Will General Practitioners be informed of results?

Following the independent review of at least two breast radiologists and with the patient's permission, you will be kept informed throughout the screening process with a copy of your patient's results sent to you.



What are the next steps following an abnormal mammogram?

The woman is notified of her abnormal mammogram **over the phone and in writing**. Results will be received in writing within 2 weeks of a mammogram. If the woman has provided consent, you, as her nominated GP, will receive a letter confirming the results.

Following a routine mammogram, around **1 in 20 women** are asked to return to BreastScreen NSW for further tests at the Assessment Clinic. **Around 90% of women** who are called back for further tests **do not have breast cancer**.



Following a phone discussion with a nurse/counsellor, the woman is invited to participate in further assessment at an Assessment Clinic. Further tests conducted at the Assessment Clinic may include additional mammography, ultrasound, clinical examination and needle biopsy. These tests are free of charge.

The Assessment Clinics are staffed by multidisciplinary teams which include radiologists, surgeons, pathologists, radiographers, sonographers and nurse/counsellors.

A few women may choose to see their nominated GP to be referred for further assessment and management outside BreastScreen NSW. BreastScreen NSW would appreciate the GP providing diagnosis and management information to them, with the patient's consent.

If breast cancer is diagnosed, you as the woman's nominated GP are encouraged to discuss the woman's treatment preferences and make a referral to a breast cancer multidisciplinary team for further consideration of treatment recommendations. She should be examined by you and referred to a breast surgeon. Visit CanRefer for quick access to contact information for a variety of cancer services in NSW – www.canrefer.org.au

What about women with symptoms?

BreastScreen NSW is for asymptomatic 'well' women with no signs of breast cancer. If a woman has an unusual change in her breast such as a lump, pain or nipple discharge, a BreastScreen NSW mammogram is not appropriate. She should be examined by you and referred for a diagnostic mammogram or other tests if required at a private radiology practice, private breast clinic, private breast surgeon, public hospital radiology department or public hospital breast clinic.

Where can I find more information?

The BreastScreen program has a range of brochures, posters and other printed materials that can be ordered online to inform women about breast screening. Visit www.breastscreen.nsw.gov.au/publications You can search for the closest screening location by entering a postcode or suburb on the homepage of the BreastScreen website – www.breastscreen.nsw.gov.au If a mobile screening van is scheduled to visit the area, it will show up in the search.

9 out of 10

women with breast cancer do not have a family history.

Identification of eligible patients



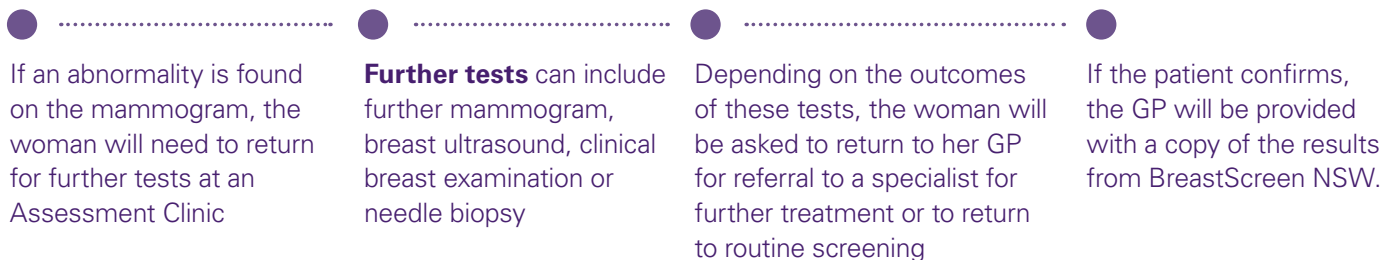
Booking an appointment



The appointment



Assessment Clinic appointment (if required)



GP follow up

