



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2023-2024

Mr Mark Parton MLA (Chair), Ms Jo Clay MLA (Deputy Chair),
Mr Michael Pettersson MLA

ANSWER TO QUESTION ON NOTICE

MS LEANNE CASTLEY MLA: To ask the Minister for Health

Reference: Health, Budget Paper C, Page 50, Medical imaging for TCH

Hearing Date: 20/07/2023

In relation to: Medical Imaging - Breast Screening

Can the Minister provide:

- 1) How many patients are on the wait list for Breast Screening at
 - a. TCH
 - b. NCH?
- 2) How are Breast Screens currently conducted? What imaging machines are used at each hospital in (1)
- 3) Have there been issues raised by (a) clinicians (b) RANZCR (c*) patient stakeholder groups (d) patients (e) Other (f) Clinician or other stakeholder groups about the quality of TCH and/or NCH medical imaging in locating tumours? If so, please provide details on each time the issue has been raised?
- 4) Are there concerns about Breast Screening and issues of breast density at CHS or ACT Health and have these bodies had any issues raised regarding breast density and the breast screening program from any of the groups referred to in (3)?
- 5) Have there been any concerns raised about paediatric medical imaging at TCH? Provide details.
 - a. How many paediatric patients are on medical imaging waitlists?
 - b. Can you confirm if there are any machines that paediatric patients are not able to receive medical imaging from?

MINISTER STEPHEN-SMITH: The answer to the Member's question is as follows:

- 1) Canberra Health Services (CHS) offers free screening mammograms through BreastScreen ACT. Mammograms are generally provided in the community. As of 1 August 2023, BreastScreen ACT does not have a waiting list for screening mammograms.
 - a. There are currently 10 patients on the waitlist at TCH.
 - b. Breast screening services are not provided at North Canberra Hospital (NCH).

- 2) CHS uses mammography machines to manage screening. There is one machine at Canberra Hospital.
- 3) As of 31 July 2023, I am advised that no known concerns have been raised from the referenced groups regarding the quality of medical imaging at Canberra Hospital in locating tumours.
- 4) As of 31 July 2023, I am advised that no specific concerns have been raised from the referenced groups regarding breast density or the quality of medical imaging at BreastScreen ACT. Breast density is a known factor that can make it more difficult to detect breast cancer through mammogram screening. BreastScreen Australia updated its position statement on breast density and screening in 2020 and this statement is at [Attachment A](#).
- 5) As of 31 July 2023, I am advised that no known concerns have been raised regarding paediatric medical imaging at Canberra Hospital.
 - a. Since the implementation of the Digital Health Record in November 2022, the data and analytics teams has been working to analyse and accurately collate data for external reporting. The impact of this is health services data is currently not available for external reporting purposes.
 - b. I am advised that all medical imaging machines at Canberra Hospital are suitable for use on paediatric patients.

Approved for circulation to the Select Committee on Estimates 2023-2024

Signature:



Date: 8/8/23

By the Minister for Health, Rachel Stephen-Smith MLA

Breast density and screening: 2020 position statement

Breast density

'Breast density' is a term that refers to the relative amounts of dense breast tissue (glandular and connective tissue), which appears white on a mammogram, compared with non-dense fatty tissue, which appears dark.

Breast cancers also appear white on a mammogram so breast density can affect the accuracy or interpretation of a mammogram.

Increased breast density is associated with an increased risk of breast cancer, although the risk is less than having a first degree relative who is diagnosed with breast cancer before menopause (which doubles the risk) or carrying a BRCA gene mutation (where there is about a three to six times increased risk).

Many women (about one-third of women over 50 years of age) have increased breast density. Breast density is not related to how breasts look or feel and is not based on size or firmness.

BreastScreen Australia is a screening program for the early detection of breast cancer in asymptomatic women aged 50 to 74. The Program aims to provide women with accurate and useful information so they can make informed decisions about their breast health.

Research on breast density and screening

We know that increased breast density can affect the accuracy of mammogram reporting and is a risk factor for developing breast cancer. Other risk factors include overweight and obesity, lifestyle factors, including alcohol, and whether a woman has had children. Age is the biggest risk factor for breast cancer.

At present, there is no randomised control trial data that shows that supplemental testing (e.g. MRI, ultrasound or tomosynthesis) saves additional lives for asymptomatic women with higher breast density and no additional risk factors.

Existing randomised control trial results have shown that mammography continues to be the only population-based screening tool to be effective in reducing mortality from breast cancer for asymptomatic women with dense breasts.

There are also potential risks of providing supplemental testing for women with higher breast density including:

- unnecessary and invasive procedures
- additional false positive examinations
- high rates of benign breast biopsies
- over-treatment, over-diagnosis and associated psychological stress for patients
- additional costs to both women and the health system.

Limitations in measuring density can also result in women receiving inaccurate breast density information. This may create undue anxiety about risk and women may worry that their mammogram has missed a breast cancer. Conversely, women with fatty tissues and low breast density may have a false sense of security.

While there is some evidence that other technologies may detect malignancies not found in a mammogram, this evidence is limited and the benefit of using additional screening tools has not been shown to outweigh potential risks and harms.

BreastScreen Australia acknowledges that breast density is an important issue and it may affect the frequency and method of screening in the future. However, more research is required before establishing any new approach.

More information is needed on:

- how breast density increases breast cancer risk for different groups of women (and the extent of this increase)
- how breast density might vary over time and how this might be managed
- how breast density interacts with other known risk factors (such as age, body mass index (BMI) and genetic vulnerability) to impact on lifetime breast cancer risk
- options for reporting breast density and implementing breast density notification, including the type of information provided to women
- the optimum, cost-effective screening protocol for women according to their breast density level, and
- the impact that breast density notification has on mental and physical health outcomes for women.

This information is important to understand the nature of the relationship between breast density and breast cancer, and therefore how this potential risk influences clinical advice on breast screening options and decision-making.

While more research is required, BreastScreen Australia supports greater discussion and public awareness of breast density. New evidence will continue to be reviewed as it emerges.

Measuring density

Breast density can be measured two ways: looking at an image of the breast to make an estimate of density, or by using computer software to provide a score. Both methods have limitations. The same mammogram may be interpreted differently by different radiologists. While computer software analysis can measure each mammogram, it has not yet been proven to consistently measure each woman's breast density from one screening mammogram to the next.

Recommendation

The Standing Committee on Screening recognises that the evidence relating to breast density, breast cancer risk and additional testing is evolving. The Standing Committee on Screening will continue to evaluate new evidence relating to breast density and will provide up-to-date evidence-based reliable information for Australian women.

Currently, there is no agreed consistent and reliable way to measure density or consensus on how to optimally manage breast density. Although there is evidence that high breast density can mask breast cancer on a mammogram, mammography remains the most effective screening test for asymptomatic women aged 50-74 years for reducing deaths from breast cancer in a population-based screening program.

The Standing Committee on Screening recommends that, until more evidence is available on how breast density is best assessed and managed (including evidence to support clinical pathways), BreastScreen Australia should not routinely record breast density or provide supplemental testing for women with dense breasts.

BreastScreen Australia will continue to work with women, BreastScreen Australia services and researchers to further develop the evidence base and to pilot notification, using emerging reporting tools and initiatives to ensure that valid, reliable and useful information is provided to women to inform future decision-making.

Individualised surveillance may be useful for women who have a high lifetime risk of developing breast cancer because of a range of risk factors. These women may wish to discuss management with their GP, including discussing breast density and its potential effect on screening participation. Regardless of previous mammogram results, women who are concerned about developing breast cancer or who notice a change in their breasts should see their GP to discuss diagnostic or management options.