Breast Cancer—Screening Guideline Video TRANSCRIPT

[♩ Music ♫]

[Dr. Richard Birtwhistle]
—Hello, my name is Richard Birtwhistle and I'm a family physician and professor of family medicine at Queen's University in Kingston Ontario. I am also a member of the Canadian Task Force on Preventative Health Care. Two years ago, the Government of Canada asked me and 13 other health experts to examine some of Canada's major health prevention issues and to make recommendations for Canadian doctors. As the guideline on breast cancer screening was last updated in 2001 and breast cancer screening has since become a subject for discussion amongst doctors and patients, the Task Force selected Breast Cancer screening as its first major undertaking. The discussion concerning breast cancer screening in in average risk women is centered on weighing the potential harms and benefits. For instance, we have to consider harms like unnecessary breast biopsies and false positives–where the screening test indicates that you have cancer when in fact you do not. This needs to be weighed against the potential benefits of finding breast cancer early, when there is a greater chance of successful treatment. In November 2011, after eighteen months of research and consultation, we released an updated breast cancer screening guideline for women aged 40–74 who are at average risk for breast cancer. Our recommendations apply to mammography, clinical breast examination and breast self-examination. This video is intended to help physicians frame the discussion with their patients around these new guidelines. Research has shown that we may be uncomfortable having these discussions with patients, especially when guidelines are new, recently changed, or potentially controversial.

[Narrator]
We have seen a major decrease in breast cancer deaths over the years but some studies have credited this almost entirely to advances in treatment and have questioned the overall benefits of breast cancer screening for average risk women. We know as well that, each year, thousands of Canadian women undergo unnecessary biopsies and must cope with the consequences of false-positive results from biopsy. This can include anxiety and unnecessary surgery such as a lumpectomy, which is removing a lump in a breast whether it is cancer or not, and/or a mastectomy, which is the removal of a breast. And so the discussion begins. In response to varied thoughts and opinions, and to provide recommendations for Canadian women and their physicians, the Task Force has undertaken a comprehensive evidence synthesis and a broad consultation process to make the best scientific recommendations about the optimum use of mammograms and breast exams. The video clip you are about to see has been designed to assist physicians and caregivers in understanding the new guideline so they can better communicate with their patients. The updated guideline on breast cancer screening focuses on women aged 40–74 who are at average risk of breast cancer. The guideline does not apply to women with high risk of breast cancer. Are you high-risk? "High risk" refers to women who have a personal or family history of breast cancer, prior chest-wall radiation, and/or known genetic mutations known as BRCA1 or BRCA2 that increase the risk of breast cancer. If you are high-risk you should consult your physician about the best screening options for you.

[Dr. Richard Birtwhistle]
Hi Diane.

[Diane]
Hi, how are you?

[Dr. Richard Birtwhistle]
Pretty well, how are you today?

[Diane]
Well, thanks.

[Dr. Richard Birtwhistle]
Good, I hear you're here for your preventative health care exam.

[Diane]
Yes, I actually have some questions about breast cancer screening.

[Dr. Richard Birtwhistle]
Ok, well maybe before we start I'll try and answer some of your questions.

[Diane]
Well, a friend of mine told me that there are new breast cancer screening guidelines. How do they apply to me?

[Dr. Richard Birtwhistle]
Your friend is correct, the Canadian Task Force on Preventative Health Care has issued new guidelines around breast cancer screening and I think that there probably are a couple of the recommendations that do apply to you. You're 55 now, right?

[Diane]
Yes.

[Dr. Richard Birtwhistle
Is that it? Ok, so there are two changes that you should know about that really fall into the category for women of average risk from 50–69. The first is that clinical breast examination, which doctors and other health professionals would do on a regular basis, you know, when you come in for a periodic health exam, are no longer recommended. Now, I think it's important though that women be able to talk to their doctors about whether they want to have a breast examination or not, to decide what's best for themselves in terms of their feeling about, you know, being thoroughly examined. The other change has been really an increase in the flexibility of how often you have a mammogram done. So women in the 50–74 year old age group should have a mammogram now every 2–3 years. In the past, every 2 years has been the usual time-interval that most provinces have followed.

[Diane]
My sister is 48; does this apply to her too?

[Dr. Richard Birtwhistle]
The recommendations that the Task Force have put forward are that women under 50 who are at average risk of breast cancer do not need to have a mammogram. Now she's 48; do you know if she has any risk factors?

[Diane]
No risk factors as far as I know.

[Dr. Richard Birtwhistle]
Well then I think that, as I said, the recommendation for her would be that she does not need any mammographic screening for breast cancer.

[Diane]
So why the change in clinical breast exams?

[Dr. Richard Birtwhistle]
Well, this has been quite a change and I think we have to remember that a guideline is really just a guideline; it's not a rule. The risks and benefits of having clinical breast examination is something that I think we need to talk about and make a decision about whether we want to go forward with having that done. The Task Force currently recommends that women 40–74 do not need a routine clinical breast examination, but this is something that I think think each woman and physician have to discuss and decide on.

[Diane]
So, I actually check my breasts every month. Does that mean that I should stop doing that?

[Dr. Richard Birtwhistle]
I don't think you need to continue doing that; in fact the Task Force recommendation is not different than it was in 2001 but there has been confusion about that recommendation. There have been studies that have been done with large numbers of women that suggests that regular breast self-examination does not decrease breast cancer deaths. However, that doesn't mean that you shouldn't be aware of your body.

[Diane]
So why the change in screening frequency with mammography?

[Dr. Richard Birtwhistle]
Well, the screening change in frequency really hasn't been a huge change from what's currently happening. The recommendation now every 2–3 years and most provinces are doing screening every two years. So it does add flexibility to how often you have a mammogram done and there isn't really a lot of evidence that doing mammograms more frequently actually makes any difference in terms of deaths from breast cancer. The other thing it does is that it decreases the number of screens that you have over your lifetime and this may decrease the number of false positives that you might have, which is a concern; it certainly causes anxiety with women and is something we'd like to avoid.

[Diane]
So can you explain to me what a false-positive is?

[Dr. Richard Birtwhistle]
Well, a false-positive mammogram is something where there is an abnormality detected and you have to go for further testing and after that testing you're found to have no cancer. So you've gone through the whole process of having mammography and other tests when in fact you never had cancer in the first place.

[Diane]
So there's a lot to consider when making this decision. Does this happen in other places besides Canada?

[Dr. Richard Birtwhistle]
This guideline that the Canadian Task Force has produced is consistent with other guidelines in other countries, such as the United States, United Kingdom, and Australia.

[Diane]
Well thank you very much, doctor Birtwhistle; I really appreciate you answering all my questions today.

[Dr. Richard Birtwhistle]
Well you're welcome, Diane. It is a lot to consider, I know but there is further information if you would like to go to the Canadian Task Force website and have a look at some of the tools available to help you with your decision.

[Narrator]
Let's review the Task Force recommendations for average risk women. Mammography: Women 40–49: the Task Force recommends NOT routinely screening. Women 50–74: the Task Force Force recommends routinely screening every 2–3 years. Women over 75: Discuss the benefits and harms of mammography with a family physician, who will consider the patient's overall health. The Task Force found no evidence at any age group 40–74 indicating that magnetic resonance imaging (MRI), clinical breast exam or self-exam reduced breast cancer mortality. MRI: The Task Force recommends not routinely screening. Clinical Breast Exam: The Task Force recommends not routinely performing. Breast Self-Exam: The Task Force recommends not advising women to routinely practice breast self-exam. These recommendations only apply to women at average risk of breast cancer aged 40–74 years. The guidelines do not apply to women with a high risk of breast cancer. Women at high risk should consult a physician about the best screening options for them.

[Dr. Richard Birtwhistle]
We hope that you have found this video helpful. These are not easy issues and when it comes to our health we all must take responsibility and get the right information to make informed choices. Each individual should carefully weigh the benefits and harms of screening and consult with their physician. For more detailed information on the updated guideline and the Task Force recommendations, please visit our website at: canadiantaskforce.ca.