



MINISTRY OF
SOCIAL AFFAIRS AND HEALTH
FINLAND
National Advisory Board on Health Care
Ethics (ETENE)

OPINION

June 5th, 2006

Ministry of Social Affairs and Health
P.O.Box 33
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Finland

Subject **EXTENSION OF BREAST CANCER SCREENING TO WOMEN AGED 60 – 69 BY AMENDMENT OF THE PRIMARY HEALTH CARE DECREE**

The working group on screenings appointed by the Ministry of Social Affairs and Health proposes extending mammography screening for breast cancer to women aged 60 – 69 by amendment of the Primary Health Care Decree. The proposal is based on report 28/2006 of the Finnish Office for Health Care Technology Assessment FinOHTA on the impact of an extension of breast cancer screening, and the relevant previous report 16/2000. The request for opinion deals with the advantages and disadvantages of screening as well as the cost effects of the proposal primarily in regard to screening. The working group gives as the most important criterion for extending mammography screening that it is at least equally justified for those aged 60 to 69 as for those aged 50 to 59 as is statutory according to the Decree in force.

According to FinOHTA's report mammography screening identifies more cancers in the age group 60 to 69 years and there are less false positive cases than in the age group 50 to 59 years. According to the report, the incidence of breast cancer however rises until the age of 64, and begins to diminish thereafter. Breast cancer mortality rises distinctly only after the age 70.

The National Advisory Board on Health Care Ethics (ETENE) discussed the viewpoints presented in the request for opinion and in FinOHTA's report at its meeting on 17 May 2006. ETENE finds it problematic to justify an extension of mammography screening to the older age group on the principle of equality, as there already are such differences in the quality of mammography screenings prescribed by the Decree that according to the report hamper the realisation of equality. An extension of screening would not eliminate the inequality caused by the variation in quality now observed. Furthermore, it appears from the report that the impact of screening on breast cancer mortality is fairly modest.

Since the incidence of breast cancer markedly decreases after the age of 64 years and the major part of the breast cancers in women of this age group progress slowly, it is in ETENE's view justified to discuss if it is reasonable to continue mammography screenings after this age over the same time span.

In mammography screenings it is ethically problematic that only about one third of the identified local intraductal tumours develop into an invasive cancer. Mammography screenings thus identify a disease whose clinical significance it is difficult to evaluate on the basis of present knowledge. However, if such an alteration is identified it must be removed. In terms of statistics, when also such tumours that would not develop into an invasive cancer are removed, the number of surgeries is threefold. It

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is naturally significant for the quality of life of the one third of women for whom an invasive cancer would develop if it is possible to have breast-conserving surgery or if it is necessary to have the entire breast with axillary lymph nodes removed.

The quality of mammography screenings varies in different parts of Finland in regard to both technical quality and related information as well referral for further examinations. Differences in the interpretation of the screening results and the condition and quality of equipment are clearly a threat to the equality of those taking part in screenings. Women taking part in a screening obtain varying information about the screening before and after it, depending on where it is carried out and by whom. Serious attention should be paid to this matter before screening is extended to new age groups. Adequate and easily intelligible information and support should be guaranteed to every woman taking part in a screening – both before and especially after it.

In its study FinOHTA could not evaluate the advantages and disadvantages of digital imaging that was taken into use in screenings only a few years ago. The existence of reference pictures and the possibility to compare the pictures of mammography examinations with previous pictures were seen important in ETENE's discussion. It is important to ensure the possibility of using reference material because mammography examinations are subjected to competitive tendering and those that carry out the examinations change at certain intervals, and because digital examinations are becoming more common.

When estimating the cost effects of an extension of breast cancer screening the screenings working group has only calculated the direct additional costs incurred to the state through an extension of breast cancer screenings to new age groups. Before the extension it would however be necessary to examine thoroughly how much costs possible acquisition of devices and increased further examinations would cause to the state and local authorities. It is difficult to examine the impact of screening in terms of health benefits and life quality, since its advantages are not distinct in the same way as for instance in preventive measures aimed at the population to prevent a disease.

On the other hand, we can well present the view that breast cancer screenings, as one form of health examination, can have generally health promotive effects, and in the context of screenings it is possible – by interviews or targeted health examinations – to pay attention to health-maintaining factors. On the whole, this point of view is related to the development of screening methods.

ETENE considers it important to ensure by national guidelines the minimum conditions for cancer screening, such as the technical quality of examination results, equal quality of the interpretation of results, uniform principles for referral for further examinations, and correct information and support. In this way it would be possible to avoid a false feeling of security and, on the other hand, to avoid unnecessary further measures. Nationally uniform screening and its assessment can reduce such screening mammography examinations whose impact in identification of breast cancer and mortality is questionable.

An extension of screenings can contribute to a shortage of radiologists in other operations. On the other hand, according to the National Research and Development Centre for Welfare and Health (STAKES) there will not be any shortage of radiologists in the future (point 9.3. in the report).

It is vital to take into account that if a national measure is introduced by providing for it in a statute it is very difficult, if not impossible, to cease it even when there is a justified reason for doing so. Therefore, it is important to discuss the sufficiency of advantages compared with disadvantages of screening. Its advantages include earlier detection of tissue changes in the breast and possible development of a breast cancer, as well as a better quality of life, as it enables breast conserving surgery, while its disadvantages include detection of insignificant changes, increasing anxiety, unnecessary procedures, impact of directing the professionals' work input, and radiation burden with harmful effects.

ETENE also finds it important to estimate alternative costs and their impact on, for instance, reduced mortality, care of the sick or alleviating suffering in case an equivalent sum of money with all resulting costs planned to be used for screening would be used, for instance, for general health examinations and advice to ageing people.

What is screened and on what criteria is a considerable social issue of prioritisation and targeting of resources. Screening as such does not prevent a disease in the same way as e.g. vaccination does. Equality and high quality are in ETENE's view also in regard to screenings more important than extension of a certain examination to a larger age group. A continuous critical evaluation of health care operations and comparison of their advantages also with advantages obtained through other health care measures, examination and treatment of illnesses included, is of primary importance in ETENE's view.

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