

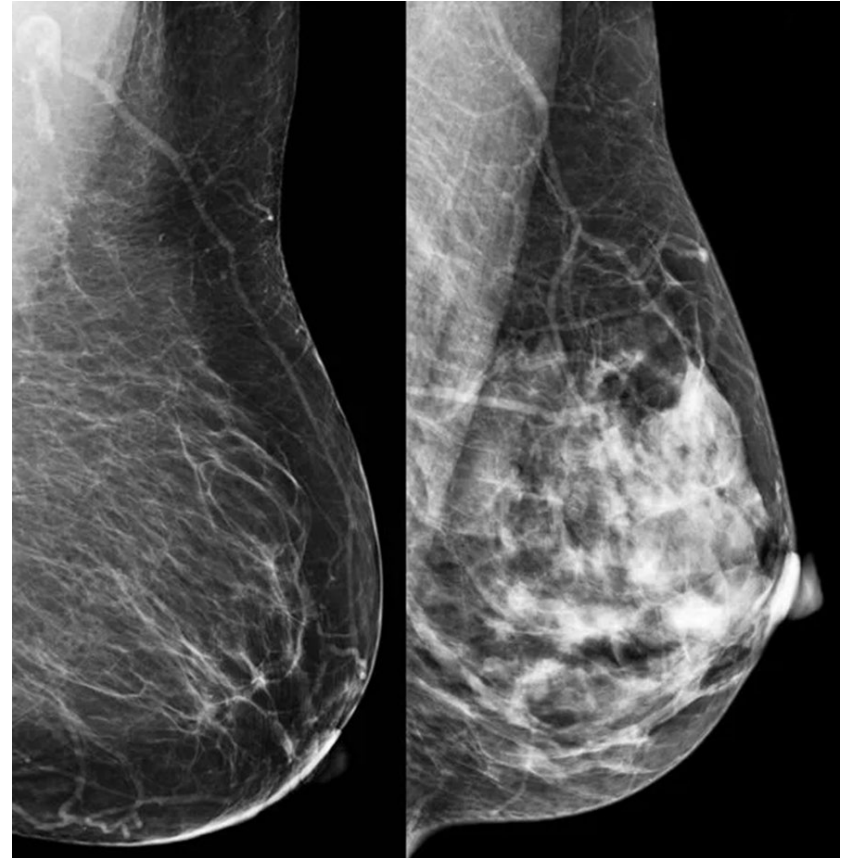
Breast Screening and Breast Density

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Introduction

- The NHS Breast Screening Programme is well established:
 - Mammography every 3 years for women age 50-71
 - MRI annually from age 20-30 for women at very high risk
- Evidence from large trials shows a 20% reduction in risk of dying
- BUT not all women are equal...
- Those with very dense breast tissue have
 - An increased risk of developing breast cancer
 - An increased risk that their cancer will not be seen on mammography
 - An increased risk of an interval cancer
- There is increasing interest in what to do for women with dense breast tissue



Current situation: Dense breasts, notification and supplementary screening: the UK and elsewhere

- In the UK : The UKNSC reviewed evidence in 2019 for measuring and notifying density and offering ultrasound as a supplementary screening test for women with dense breasts, this was not recommended. Currently we do not record breast density or offer extra screening on the basis of density
- In Europe : The EC does not recommend notification or supplemental screening, EUSOBI does recommend notification and MRI for those with extremely dense breasts : in 15 countries with organized breast screening 3 notify women about breast density and recommend ultrasound, the rest do neither
- In the USA the FDA mandates density notification but there is no guarantee that insurance companies will pay for further tests and no organized national programme of screening



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Who would recommend any change in UK?

The role of the UKNSC

- The UK National Screening Committee gives advice and makes recommendations to Ministers and the NHS on screening
- It covers new screening programmes and modifications to existing programmes
- It reviews evidence for changes against its criteria
 - The condition: An important health problem
 - The test : Simple, safe, precise, validated, acceptable
 - The intervention: Effective treatment
 - The screening programme: High quality evidence from RCTs that the programme reduces mortality or morbidity
 - Implementation: Adequate resources, acceptability

Benefit and Harm

- Overall there needs to be evidence that the change will produce more benefit than harm to the population screened at reasonable cost
 - Benefits usually reduced mortality and morbidity
 - Harms include complications from the screening test, false positive results, invasive procedures, overdiagnosis and over treatment



Today:

- The UKNSC has commissioned 3 reviews of density:
 - The best method of measuring breast density in a large population screening programme
 - Current evidence on the use of supplemental imaging in women with dense breasts on mammography
 - The cost effectiveness of different types of supplementary imaging in women with dense breasts
- Prof Miriam Brazzelli will present the findings of these after Dr Louise Wilkinson has introduced us to the current NHSBSP and the importance of breast density
- Dr Anne Mackie and I will discuss next steps and we will have a Q&A session:

Next Steps: UKNSC process for recommendations...

- Proposal for modification received
- Evidence reviewed against screening criteria: literature reviews
- Consultation on results of reviews and possible screening pathways, consultation helps inform UKNSC
- If the evidence meets some or most but not all the criteria the UKNSC may recommend further research or in service evaluation
- Once/ if the criteria are met the UKNSC can make a recommendation to the Ministers of the 4 countries and the NHS
- Ministerial decision on implementation

Q & A