



- Title** The effects of extending the use of mammography screening. A report on the cost-effectiveness of breast cancer screening in 60 to 69 year-old women
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## **Aim**

The Ministry of Social Welfare and Health asked FinOHTA to estimate the costs and effects of extending breast cancer screening past the age group presently targeted in Finland (women aged between 50 and 59 years), up to 69 years of age. This report is based on literature searches, expert information, and surveys by a working group in May 2000.

## **Conclusions and results**

Estimates of the effects of breast cancer screening vary considerably in the literature. Although several large studies have been completed, the relatively small number of women dying from breast cancer makes it difficult to show the exact changes in mortality. Another difficulty is separating the independent effect of screening from the mortality decrease caused by recent improvements in treatment. The screening-induced increase in life expectancy is also technically demanding to separate from increases due to other factors, such as changes in general health in successive cohorts of women.

In the model used for this study, the cost per life-year saved by mammography screening was estimated to be 36 600 Finnish marks (6100 Euro). This did not include treatment costs. When items in the basic estimate were varied, the expected changes in mortality had the largest effect. The second most important factor in the cost calculations was the increase in life expectancy. When all factors were varied within reasonable limits, the cost estimate ranged from 11 600 FIM (2000 Euro) at best to 223 000 FIM (38 000 Euro).

Finland has a sufficient number of screening devices and professionals experienced in screening to potentially expand mammography screening. However, their geographic distribution is uneven. Some municipalities will need notable extra resources to extend screening to new age groups, while others can manage with their existing arrangements.

## **Recommendations**

Not addressed

## **Methods**

Systematic review (MEDLINE, Cochrane, DARE, INAHTA)

## **Further research/reviews required**

Not addressed

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