



Title	The Impact of an Extension of Breast Cancer Screening. Update of FinOHTA Report 16/2000
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Reference	FinOHTA Report 28, 2006. ISBN 951-33-1834-6. ISSN 1239-6273. www.stakes.fi/finohta/e/reports/

Aim

To update the FinOHTA report from year 2000 concerning the impact of extending breast cancer screening to the group aged 60 to 69 years.

Conclusion and results

The previous FinOHTA report stated that mammography screening reduces breast cancer mortality about 25%. The updated report estimated the reduction to be somewhat less (22%). The impact of 60 to 69 years could not be estimated separately, but screening in that age group was somewhat more sensitive compared to women aged 50 to 59 years. In Finland, breast cancer screening by mammography can annually prevent around 16.5 breast cancer deaths per 100 000 women invited for screening, ie, 1 breast cancer death per 6100 women.

Mammography screening involves inequality because some municipalities also invited women aged 60 to 69 years, while screening of women aged 50 to 59 years is imposed by statute. Digital mammography is gaining a foothold as a screening method, but precise knowledge is not available concerning its reliability compared with film mammography. In some respects, women invited for screening did not receive adequate information for an informed decision. Information sent to women varied among screening centers.

Recommendations

Breast cancer screening in women aged 60 to 69 years is at least as effective as in women aged 50 to 59 years. The Ministry's working group on screening will use the report as a base in its deliberations on the need to change current screening practices, which have led to differential treatment of women in different municipalities.

Methods

The systematic literature review was updated and complemented with registry data and expert consensus. Screening centers were surveyed to determine the type of information they send to women invited for screening.

The literature was searched in May 2005 via MEDLINE, the Cochrane Database of Systematic Reviews and Cochrane Central Register of Controlled Trials, and the Centre for Reviews and Dissemination. Articles in English, German, and Scandinavian languages from the year 2000 were accepted. Systematic reviews, new and followup randomized trials of mammography screening and screening of breast self examination (BSE) and clinical breast examination (CBE) were considered. National register studies and articles involving informed consent about participation of screening and studies of quality of life were also considered. Articles involving cost effectiveness, risk groups, care of breast cancer, and screening of women aged younger than 40 years, or older than 70 years were excluded. Two reviewers separately interpreted the articles.

Further research/reviews required

Better knowledge of digital mammography screening is needed. Few studies have been published about this new method. Cost-effectiveness studies of digital mammography are needed.

It would be interesting to know how the attendance rate of screening would change if women receive more information about screening in the invitation letter.