



<b>Title</b>	<b>Use and Performance of Clinical Mammography in Denmark – A Health Technology Assessment</b>
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## Aim

- To evaluate the organization of clinical mammography and breast assessment in Denmark, in particular to evaluate compliance with European (EUSOMA – European Organisation of Mastology) guidelines
- To determine performance of clinical mammography in Denmark in 2000
- To evaluate the use and interactions between clinical mammography, organized mammography screening, and opportunistic screening in Denmark, in particular.

## Conclusions and results

EUSOMA guidelines: In 2002, only 44% of the public breast assessment centers met the requirement of 2000 mammograms per year, and only 56% had a radiologist reading at least 1000 mammograms per year. Concerning private mammography clinics, most did not meet the EUSOMA activity volume requirements in 2000.

Within the 2-year followup period, clinical mammography in Denmark in 2000 had a sensitivity of 75%, a specificity of 99%, and accuracy of 98%. The results shows that the overall sensitivity in Denmark is rather high, and only a low proportion of Danish women get a false positive diagnosis. However, the variation in performance among clinics was rather high. Concerning organizational factors, the presence of at least one high-volume-reading radiologist increased accuracy. Clinics with a high-volume-reading radiologist performed better, and they missed fewer cancers without increasing the burden of extra tests and/or operations in healthy women.

Non-attenders in organized mammography screening did not seek mammography outside the programs. A positive policy toward opportunistic screening did not increase the proportion of women using diagnostic mammography.

## Recommendations

As the results in the present study showed that the presence in a clinic of a high-volume-reading radiologist increased accuracy in the clinic, action should be taken to increase the radiologist experience in Danish clinics. Future evaluations of clinical mammography in Denmark would benefit greatly by implementing a central register containing data on patient characteristics, radiological data, and followup data on breast cancer.

## Methods

The following methods were used: Prospective cohort study, interview-based study, and register-based study with use of individual data from all Danish mammography clinics, the CPR-register, the Danish Cancer Register, the Nation-wide Pathology Register, and from databases covering the organized mammography screening programs in Copenhagen and the county of Fyn.