

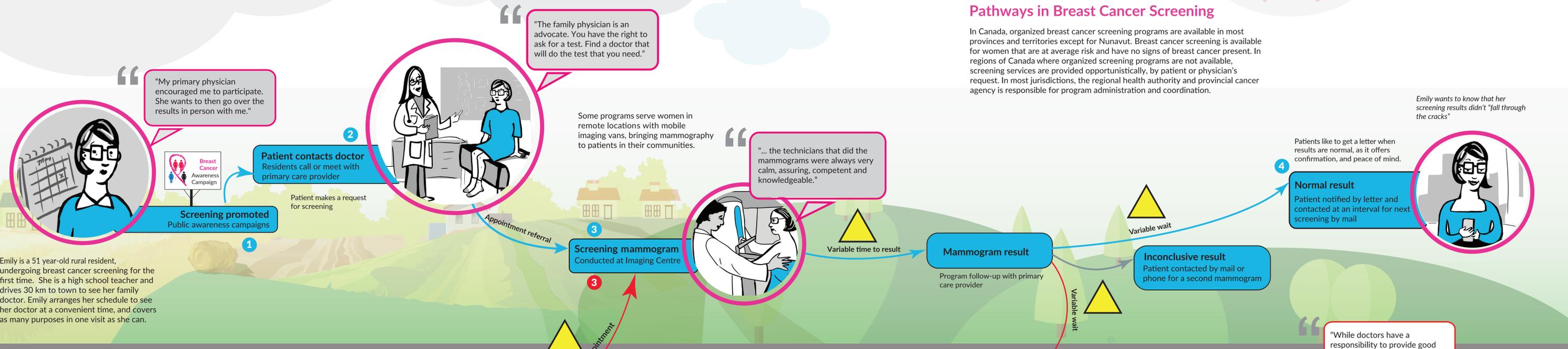
Patient Experience of Breast Cancer Screening

The purpose of the Breast Cancer Screening Pathway map is to illustrate today's Canadian breast screening programs, including how people experience the breast cancer screening process. A process map of the current system for breast cancer screening shows the general steps and points of communication of an organized screening program that a patient may experience through to follow-up for a cancer diagnosis.

The stages in a screening process are described for two representatives, a rural and an urban resident. We follow Emily to a normal screening result, while Val's pathway experience follows an abnormal screening result through to a cancer diagnosis. The patient experience in these stages of the process are documented by statements from patient interviews and supported by literature.

BREAST CANCER Screening Pathways

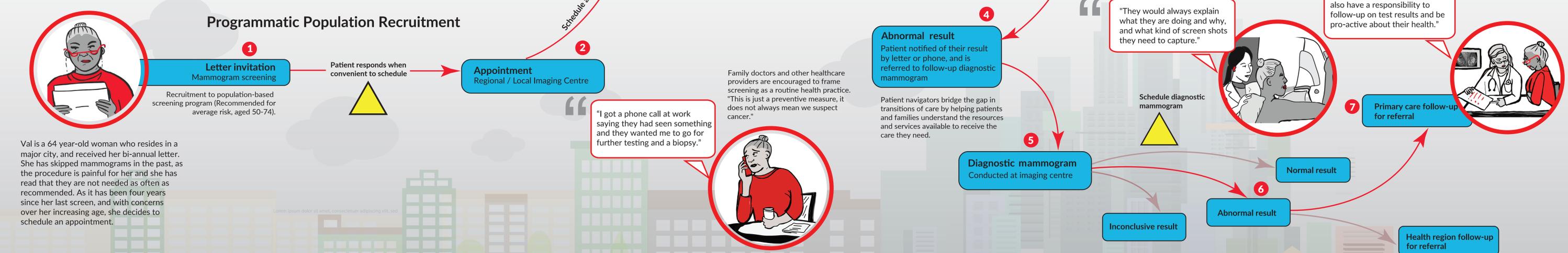
Self-Referral / Screening Coordinated by Primary Care



Pathways in Breast Cancer Screening

In Canada, organized breast cancer screening programs are available in most provinces and territories except for Nunavut. Breast cancer screening is available for women that are at average risk and have no signs of breast cancer present. In regions of Canada where organized screening programs are not available, screening services are provided opportunistically, by patient or physician's request. In most jurisdictions, the regional health authority and provincial cancer agency is responsible for program administration and coordination.

Emily wants to know that her screening results didn't "fall through the cracks"



STAGES IN THE SCREENING PROCESS

RECRUITMENT / INVITATION TO PARTICIPATE

ENROLMENT INTO PROGRAM

ADMINISTER SCREENING

NOTIFICATION OF RESULTS

DIAGNOSTIC TEST

FOLLOW-UP REFERRAL

Evidence Support for Cancer Screening

A greater reduction in mortality is seen with mammography for women at average risk aged 50-74 years than among similar women 40-49. For those over 75, the benefits of screening may outweigh potential harms, based on individual experience. Harms of overdiagnosis and unnecessary biopsy may be greater for younger women than for older women.¹

Reference:
1. Canadian Task Force on Preventive Health Care, (2011). Recommendations on screening for breast cancer in average-risk women aged 40-74 years. *Canadian Medical Association Journal*, 183(17) 1991-2001.

Key Terms

- Biopsy** - The removal of a tissue sample from a body for diagnostic investigation.
- Mammogram** - An x-ray scan of the soft tissues of the breast.
- Screening** - A single-stage scan of the breast tissue to visualize possible pathologies indicative of cancer.
- Diagnostic** - Evaluation of abnormalities detected from a screening mammogram. Additional images of the breast tissue are taken from multiple angles for a patient experiencing symptoms of breast cancer (e.g., lump).
- Patient navigator** - Program or clinical staff that support patients on their journey through the health care system. This may include assisting patients with understanding screening procedures and providing psychosocial support to help manage the demands of screening or diagnosis and to ensure patients receive appropriate and quality care.
- Results**
 - Normal result, no indication of pathology (clinically known as a 'negative' result).
 - Abnormal result, possible indication of pathology based on screening criteria (clinically known as a 'positive' result).
 - Inconclusive result, insufficient indication from screening to determine pathology based on criteria.

Enablers that Empower Patients

- Coordination of services and communication between levels of care (e.g., primary and specialized care) can improve continuity for patients and support a seamless experience from screening through to diagnosis and treatment.
- Primary care plays an important role in facilitating screening decisions and can empower patients to ask questions and have control over their cancer screening. A sense of urgency from a family physician is helpful.
- Multiple touchpoints with providers lead to more positive health outcomes.
- Screening programs can proactively remind patients and help build health literacy, through direct communications by mail, phone, and in-person contact.
- Patient navigators can assist patients between stages of the screening process.
- Social support from family, relatives, and friends helps sustain a positive attitude toward cancer diagnosis.

Challenges and Barriers

- Potential for harm from radiographic screening procedures, and the discomfort or pain from testing (e.g. mammograms).
- Service wait time can contribute to anxiety experienced by patients when waiting for screening results.
- Limited access to primary care physician can prevent referral to and participation in cancer screening programs.
- Patients may delay participating in cancer screening due to fear of potential harms from the test and anxiety about receiving the result.
- Travel time and associated costs are issues for residents in rural or remote areas, especially given limited access to primary and specialized care in these areas.

Legend

- Blue arrow: Patient step
- Red arrow: Patient step
- Yellow triangle: Wait or delay
- Blue box: Process step