

To the Point

HALIBURTON • KAWARTHA • PINE • RIDGE • DISTRICT • HEALTH • UNIT

BREAST CANCER

Breast cancer is the most common cancer in Ontario women.

Although lung cancer causes more deaths overall, breast cancer is the most common fatal cancer in women under 50 years of age (Cancer Care Ontario, Chiarelli A. et al. Breast Cancer in Ontario 1971-1996, October 2002 <http://www.cancercare.on.ca/pdf/obspprefback.pdf>). Since breast cancer is rare in males, only breast cancer among females is discussed in this report.



Risks for Breast Cancer

There is no single cause of breast cancer, but there are a number of factors that appear to increase or decrease a woman's risk. Age is the most significant risk factor for breast cancer. Reproductive factors relating to the presence of hormones also influence the risk of developing breast cancer. Early age of menarche, late age for menopause, late age of first term pregnancy and never having children are all associated with increased risk. These factors are only moderately predictive: many women with these risk factors do not develop breast cancer, while many women without these risk factors develop the disease. Family history can also be an important risk factor, particularly if both mother and a sister have been diagnosed with breast cancer at an age less than 50 years (Halapy et al. 2004, Cancer Care Ontario, Chiarelli A. et al. Breast Cancer in Ontario 1971-1996). High doses of ionizing radiation to the chest (such as x-rays before age 40



years) also increase breast cancer risk (Cancer Care Ontario, Chiarelli A. et al. Breast Cancer in Ontario 1971-1996, October 2002 <http://www.cancercare.on.ca/pdf/obspprefback.pdf>, Health Canada website).

Research also suggests there are a number of modifiable lifestyle factors associated with breast cancer risk, including:

- Eating too few fruits and vegetables
- Drinking too much alcohol
- A sedentary lifestyle, and
- Smoking.

All the above have been found in the literature to be associated with increased breast cancer risk (McTiernan, 2003; McTiernan et al., 2003; Malin et al., 2003; Marrett LD et al. 2000; Key et al. 2002; Health Canada website).

Breast Cancer Incidence and Mortality

In 2002, the most frequently diagnosed cancer among Canadian women was breast cancer. The number was approximately 20,700 incident cases (www.cancercares.on.ca).

Incidence rates in the area served by the Haliburton, Kawartha, Pine Ridge District Health Unit (Haliburton County, Northumberland County and the City of Kawartha Lakes) have appeared to increase slightly over time. This is consistent with what has been observed in Ontario. The observed increase is likely due to more early detection through mammography.

Figure 1

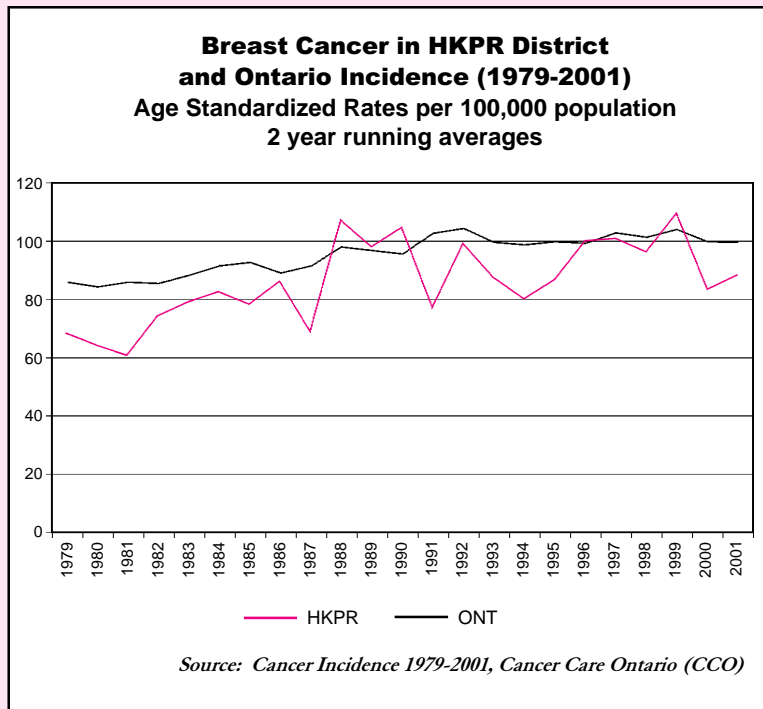
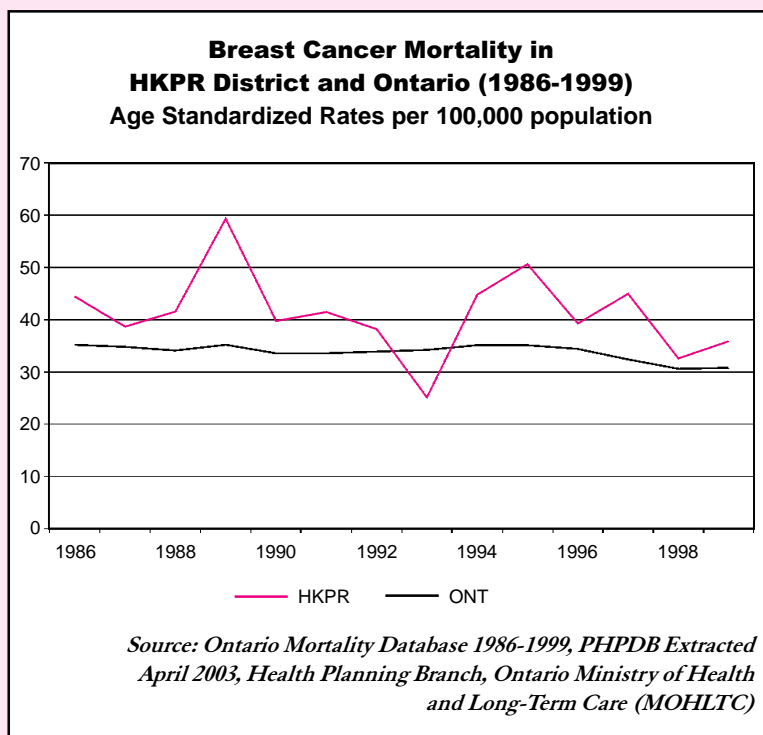


Figure 2



Mortality rates in the HKPR District appear to be decreasing, which is consistent with the observed trend in Ontario. Graphically, the breast cancer mortality rate over time in the HKPR District appears to be higher than the province. However the rates were not statistically different (1995-1999, SMR at 0.99).

Over time, incidence and mortality rates in the HKPR District appear to show large variability year to year due to statistical instability of the estimates. This is because the estimates are based on a small population with a small number of breast cancer cases.

The most effective way to reduce breast cancer mortality is through early detection by mammography. Evidence of a reduction in breast cancer mortality through screening comes from results of several robust studies (Humphrey LL et al. 2002). **Women over the age of 50 years are recommended to have a mammogram every two years through their family physician and/or the Ontario Breast Cancer Screening Program.**

Ontario Breast Cancer Screening Program

According to the report, *The Ontario Breast Screening Program: Ten Years of Saving Lives through Early Detection*, the Ontario Breast Screening Program (OBSP) has provided organized breast cancer screening to women 50 to 74 years of age across Ontario since 1990. With 100 screening sites and a mobile van to serve Northern communities, the OBSP is dedicated to reducing deaths from breast cancer through early detection.

The program provides two-view mammography at all screening sites, and a clinical breast examination by a trained nurse examiner at most screening sites. The benefits of an organized program include recruitment, recall and follow-up, quality assurance/quality control, and evaluation.

The OBSP targets women 50 to 74 years of age who have no signs of breast disease. A computer system links the screening sites and facilitates the recall of eligible clients on an annual or biennial basis. OBSP staff work with family physicians to encourage them to refer women to the breast cancer screening service. Both a woman and her physician are informed of screening results. When screening abnormalities are detected, suggestions for further assessment are provided to the primary care or referring physician.

As noted in the *Annual Report 2002 – 2003 : A Focus on Quality*, there are specific quality standards that are carefully monitored by the OBSP. The nurse examiners receive special training and undergo annual practice review. As well, the radiologists and mammography technologists participate in annual reviews. The OBSP centre must be accredited by the Canadian Association of Radiologists (CAR) Mammography Accreditation Program. These measures help to ensure the effectiveness of the program.

Screening Mammography Rates

Locally in 1999 and 2000, only 11 per cent of women, ages 50 to 74 years were screened through the OBSP. This is lower than the provincial rate of 16.3 per cent. Limited accessibility to local OBSP sites is a factor. Although OBSP participation was low, women living in the HKPR District did receive screening mammograms. Billing records from the Ontario Health Insurance Plan (OHIP) administrative database indicate an additional 39 per cent of local women aged 50 to 74 years had a mammogram within two years. This compares to 41.7 per cent for Ontario. This shows that approximately half (50.7 per cent) of women aged 50 to 74 years living in the HKPR District are being screened (Kasman et al. 2003). Therefore, efforts to increase mammography rates must continue.



Source: The data were cited from a report by the Central East Health Information Partnership, September, 2003.

Why women are not getting screened

Although routine screening can be effective in the early detection of breast cancer, mammography remains under used by some women.

There are a number of factors that impact a woman's decision to have a screening mammogram. Common



barriers include: lack of awareness, emotional factors (fear, shyness, embarrassment), language, access to a family physician and issues related to family physician support (British Columbia Cancer Agency: Care and Research, 2002).

In a recent analysis of self reported mammography behaviour among women 50 to 69 years of age, the main reasons for not getting a screening mammogram were: women did not think it was necessary, they did not get around to it, or their doctor thought it was not necessary. A very small proportion reported fear as a deterrent (Maxwell et al 2001).

It has been well established in the literature that physician recommendations are one of the most powerful predictors of whether a woman will get a screening mammogram. Studies have shown that women who receive physician encouragement are four to 12 times more likely to have screening mammograms as compared to those who did not receive encouragement (Simon MS et al 1998, NCI Breast cancer Screening Consortium 1990, Grady KE et al. 1992).

What the Health Unit is doing about Breast Cancer

The local Health Unit is mandated by the Ministry of Health and Long-Term Care to meet specific expectations outlined in the *Mandatory Health Programs and Services Guidelines* document. Working towards the reduction of mortality rates from breast cancer by increasing early detection, the Health Unit works with community groups, women and health professionals to increase OBSP recruitment.

The HKPR District has two affiliate OBSP sites: Ross Memorial Hospital in Lindsay, and Campbellford Memorial Hospital in Campbellford.

Working with the advisory groups and other community partners where there is no OBSP centre, the Health Unit promotes screening mammography through media advocacy, community presentations, displays and pamphlet resources. Health Unit staff sit on Advisory Groups that meet regularly to address recruitment issues and work towards reducing barriers to screening.

The Health Unit also plays a role in reducing the incidence rate of breast cancer by promoting healthy eating, physical activity, low risk drinking and smoke-free living.

Nutrition:

Healthy eating is promoted to HKPR District residents through communication campaigns, supermarket tours and healthy eating classes. The nutrition programs offered by the Health Unit provide practical approaches to healthy eating based on *Canada's Food Guide to Healthy Eating*. The Health Unit works with community partners and government to improve residents' access to safe, affordable and quality food.

Physical Activity:

The local Health Unit promotes the benefits of physical activity and how to get active by promoting *Canada's Physical Activity Guide to Active Living* through the local media, workplaces and schools. The Health Unit works with community partners and government to improve local residents' activity levels.

Health For Life is a coalition of community partners and individuals who promote physical activity, healthy eating and a smoke-free community to reduce chronic diseases such as heart disease, diabetes, stroke, and some forms of cancer. The Health Unit is a partner in this coalition.

Low Risk Drinking:

The local Health Unit works with community-based coalitions and conducts campaigns to promote the Low Risk Drinking Guidelines as developed by the Centre for Addiction and Mental Health.

Smoking:

The local Health Unit promotes smoke-free living through cessation support, promoting smoke-free public places and homes and encourages youth to stay smoke-free through the *Lungs Are For Life* Program.

Minimizing the Risk

- ✓ Be a non-smoker and avoid second-hand smoke.
- ✓ Eat five to 10 servings of vegetables and fruit a day. Choose high-fibre, lower-fat foods.
- ✓ Avoid alcohol. If you drink, limit intake to one to two standard drinks* on any day.
- ✓ Be physically active for 30 to 60 minutes a day, at least four days a week.
- ✓ Try to achieve a healthy body weight.
- ✓ Breastfeed your baby. Breastfeeding seems to offer some women protection against breast cancer and it's good for the baby. Breastfeed for at least four months.

*Standard drink refers to:

- a 12 ounce regular strength beer (five per cent alcohol)
- a five ounce glass of table wine (12 per cent alcohol)
- a three ounce glass of fortified wine eg. sherry (18 per cent alcohol)
- a 1.5 ounce glass of spirits (40 per cent alcohol)

"Individuals who consume more than one drink per day have a 1.4 times greater risk for breast cancer than non-drinkers." Cancer Care Ontario

The Point

The most effective way to reduce breast cancer mortality is through early detection by screening mammography.

By continuing to work with community groups, women and health professionals, the HKPR District Health Unit is working towards increasing the mammography screening rates in our area.



For more information, contact the epidemiologist at the Port Hope office of the Haliburton, Kawartha, Pine Ridge District Health Unit.

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