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## **Understanding Breast Screening Pathways**

### ***Breast screening for asymptomatic women:***

Women who are New Zealand residents aged 45 – 69 years are eligible for FREE screening through the population screening programme BreastScreen Aotearoa. No GP referral is required. Two standard views of each breast are taken – cranio caudal and medio lateral oblique.

The following are exceptions to the eligibility criteria:

- Pregnant or breastfeeding women
- Women with a history of previous breast cancer, who are less than five years since diagnosis
- Women with significant signs and symptoms suspicious of breast cancer
- Women who have had mammography within the last twelve months.
- Women who do not meet New Zealand residency requirements.

Women with a previous breast cancer who are well, (no recurrence since their initial diagnosis, five years post-operative and are not receiving surveillance and follow up), are eligible to rejoin the programme.

Women with a previous biopsy of atypical ductal hyperplasia are eligible to participate in the programme for a screening mammogram every two years.

The programme is regularly audited and operates within BSA National Policy and Quality Standards.

Further work-up and diagnostic procedures are normally done only if indicated by the initial mammogram. Following an assessment, women who have a suspected breast cancer are referred by Hawke's Bay Radiology to the Breast Cancer Service of the Hawke's Bay District Health Board.

Women with no evidence of breast cancer will be recalled by the local Lead Provider for BSA (BreastScreen Coast to Coast) for further screening at the recommended interval of once every two years. There is no need for practices to send recall for screening until 27 months from last screening.

Practices should encourage women to enrol when they are 45 and support the need to return two yearly to get all benefits from this screening programme. Research has shown the importance of all practice staff being fully aware of the difference between the Breast and Cervical programmes and how to encourage and support women to take part in both.

Some women prefer to attend and fund regular breast screening privately.

## **Mammography for High Risk women:**

Ministry of Health Criteria to be met:

“Diagnostic mammography for asymptomatic women regardless of age who have

- Had a previous breast cancer
- A mother or sister with pre-menopausal breast cancer or bilateral breast cancer,
- A breast histology demonstrating an at risk lesion (for example, atypical hyperplasia)”

Referrals for *publicly funded screening* are made by completing the Hawke’s Bay District Health Board Specialist Radiology Referral form, which must be sent to:

Specialist Radiology Services  
Hawke’s Bay District Health Board  
Private Bag 9014, Hastings 4156 or faxed to (06) 878 1312.

**This pathway EXCLUDES referral for patients with symptomatic breast disease.**

## **Mammography for women or men with breast symptoms:**

Referrals for *publicly funded* assessment of people with *symptoms* of breast cancer must be forwarded to:

Breast Clinic  
Outpatients Service  
Hawke’s Bay District Health Board  
Private Bag, Hastings 4156 or faxed to (06) 878 1328

**Referrals sent directly to HBDHB Specialist Radiology Service will be returned to the referrer**

**Referrals sent directly to HB Radiology will be treated as a privately (patient) funded referral**

Women with symptoms should be informed that they can be seen free at the DHB. If at all possible they will either have their investigations initiated, or be seen, within the recommended timeframe of two weeks.

It is important that women are informed that their assessment and treatment will be as efficient and timely at the HBDHB as if they attend a private provider. It is important not to make women feel unnecessarily anxious because they think their needs are not going to be met within the public health system.

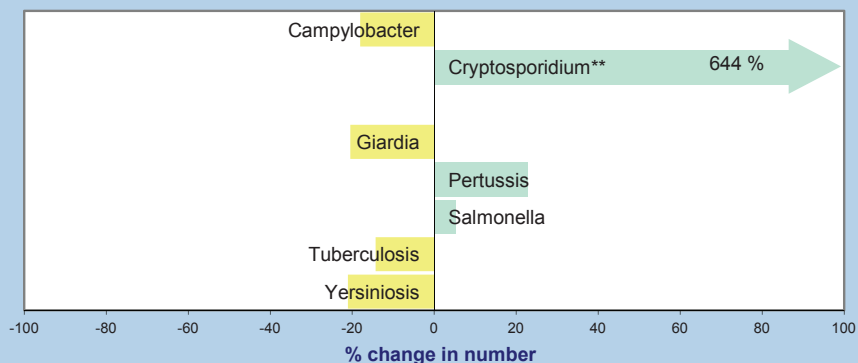
Please **ensure referrals have all necessary information**, to prevent delays in seeing women with symptoms.

Significant signs and symptoms are:

- A new lump or thickening
- Any change in the skin
  - Puckering or dimpling of the skin
  - Inflammation
  - Change in shape of the breast
- Any change in one nipple such as:
  - An inverted nipple
  - A watery or bloodstained discharge which persists without squeezing.

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**Selected Hawke's Bay disease notifications for Oct 2012 to Mar 2013 compared to the average for the same period during 2007-2011**



Note: \*\*denotes  $p < 0.0001$

**Commentary**

The cryptosporidiosis epidemic ended in April. Five times the usual number of cases were recorded between December and March. Investigation showed that more cases than usual reported public pool use and household transmission. The hot summer may have played a role. Some other districts noted similar trends.

**Selected notifications April 2012 to March 2013**

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	282	181.9	6441	145.3
Chlamydia	1264	813.9	24509	561.2
Cryptosporidium	142	91.6	1153	26.0
Giardia	50	32.3	1634	36.9
Gonorrhoea	291	187.4	3317	75.3
Invasive pneumococcal disease	24	15.5	495	11.2
Latent Tuberculosis Infection	90	58.1	440	9.9
Lead absorption	2	1.3	266	6.0
Legionella	1	0.7	141	3.2
Leptospirosis	19	12.3	108	2.4
Listeriosis	4	2.6	29	0.7
Meningococcal disease	2	1.3	85	1.9
Pertussis	99	63.9	6028	136.0
Rheumatic Fever	5	3.2	174	3.9
Salmonellosis	40	25.8	1089	24.6
Tuberculosis - New Case	18	11.6	288	6.5
VTEC/STEC Infection	5	3.2	169	3.8
Yersinia	14	9.0	506	11.4

\* Annualised crude rate per 100,000 population calculated from 2011 mid-year estimates.

Note: The national figures for Chlamydia & Gonorrhoea are for the 12 months ending Dec 2012.

*Following surgery and adjuvant treatments men and women are followed up in the Surgical Out Patients Clinic for between two and five years.*

Upon discharge from the HBDHB a letter is written to the woman's health professional recommending annual mammograms for 10 years post treatment. Hawke's Bay Radiology has automatic recall for these women. These mammograms are FREE.

### ***Epidemiology of breast cancer in Hawke's Bay***

Breast cancer is the leading cause of cancer and cancer death in females in Hawke's Bay. Registrations made up 25.1 % of all malignant cancer registrations for Hawke's Bay females in 2010. Female breast cancer deaths accounted for 19 % of all Hawke's Bay female deaths due to malignant cancers in 2010. There are statistically non-significant differences in HB rates compared to NZ. In 2008-10 the age-standardised female breast cancer rate in HB was slightly lower than the national rate, (82 per 100,000 compared to the national rate of 92 per 100,000 in 2010). However the age-standardised female breast cancer mortality rate in HB has been slightly higher than that of NZ for most of the years 1996-2010 (25.4 per 100, 000 compared to the national ASR of 19.0 per 100,000 in 2010).

## **Important Adult Vaccinations**

It is recommended that influenza vaccination should be offered to all women who will be pregnant when influenza is circulating. It is safe and effective in pregnant women in all trimesters and can be given free of charge during pregnancy.

Last December the Ministry of Health announced that PHARMAC would fund Boostrix vaccine for all pregnant women between 28 and 38 weeks gestation from 1 January 2013 until the current whooping cough outbreak is over.

It is important to ensure all women either have two MMRs or are screened for rubella antibody in their early reproductive years. A small audit carried out by a LMC last year showed 26% of her registered clients were not immune.

- Many of our adults are still not aware they should have a Td at 45 and 65 years of age so a good recall system is important for this age group. Offering Boostrix instead of Td provides further protection against pertussis but this is not funded by the MoH.
- Ensuring all practice staff are protected from influenza and pertussis should be a priority for all Practice Managers. These vaccinations can be administered at the same visit.
- It is recommended that early childhood service staff have MMR, hepatitis A&B, influenza, varicella (if susceptible), diphtheria, tetanus and pertussis.
- It has been demonstrated, particularly in people over 65 years with chronic lung disease, that giving both influenza and pneumococcal 23 valent (23 PPV) vaccination during the influenza season has an additive benefit in reducing hospitalisations for pneumonia and death. This polysaccharide pneumococcal vaccine should not be given more than 2-3 times in a lifetime.

In Hawke's Bay there are 16 pharmacists approved to give influenza vaccinations to the "well population". These pharmacies range from Napier to Waipukurau. The intradermal vaccine Intanza and the IM inactivated vaccine can now be given by approved pharmacists.

Marg Dalton  
*Immunisation Coordinator*