Spotlight on Breast Cancer Screening

Cancer Care Ontario

Outline

- Review the OBSP, HR OBSP
- Transgender Cancer Screening – focus on breast cancer screening

Breast Cancer: Burden of Disease

- In 2019, it is estimated that over 26 000 women across Canada will be diagnosed with breast cancer and about 5000 women will die of the disease
- It is the most frequently diagnosed cancer in women
- 1 in 8 Ontario women will develop it in their lifetime
- The majority of breast cancers (61%) occur in women ages 50–74
- Breast cancer has one of the highest survival rates out of all cancers in Ontario

Ontario Breast Screening Program (OBSP)

- Province-wide organized breast cancer screening program
- Ensures Ontario women ages 50–74 at average risk receive benefits of regular mammography screening
- Expansion of OBSP in July 2011: extended benefits of organized screening to women ages 30–69 at high risk

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OBSP Eligibility Criteria: Average Risk Screening

- Women ages 50–74
- Asymptomatic
- No personal history of breast cancer
- No current breast implants
- No screening mammogram within the last 11 months

Mammogram every 2 years for most women

Screening Recommendations

Screening Modality	Recommendation
Breast self examination (BSE)	Canadian Task Force on Preventive Health Care (2011): • Recommend not advising women to routinely practice BSE
Clinical breast examination (CBE)	Canadian Task Force on Preventive Health Care (2011): • Recommend not routinely performing CBE alone or in conjunction with mammography

Ontario High Risk Breast Screening Program (OBSP)

- Expansion of OBSP in July 2011: extended benefits of organized screening to women at high risk
  - Annually:
    - Ages 30–69: mammography and MRI or ultrasound (if MRI is contraindicated)

Eligibility Criteria: High Risk OBSP

- Women ages 30–69
- Physician referral
- Valid Ontario Health Insurance Plan number
- Asymptomatic
- May have a personal history of breast cancer
- May have current breast implants
- No bilateral mastectomy

Mammogram and screening breast MRI every year (or, if MRI is not medically appropriate, screening breast ultrasound)

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High Risk OBSP Features

- Within the High Risk OBSP, additional features include:
  - Patient navigator to guide women through the referral pathway (including genetics assessment), and through screening and breast assessment

High Risk OBSP Eligibility Criteria

- Must be at high risk for breast cancer as identified through Category A **OR** Category B on the Requisition for High Risk Screening
  - Category A: eligible for direct entry into the High Risk OBSP based on personal and family history
  - Category B: genetic assessment required to determine eligibility for the High Risk OBSP

Women with bilateral mastectomies are not eligible for the High Risk OBSP

High Risk OBSP

How to Refer?

Women eligible for high risk screening must fall into either Category A or B on the OBSP Requisition for High Risk Screening at:

cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/breast-cancer-high-risk-women

OBSP Requisition for High Risk Screening

1. Client Information (*or affix label*)

First name	Last name
Date of birth (dd/mmm/yyyy)	OHIP number
Telephone number / Secondary telephone number	Address (*including postal code*)

To receive high risk breast screening (*i.e.: annual MRI and mammogram*), women must be **between 30 and 69 and** be at high risk for breast cancer as identified through **Category A OR Category B**, after genetic assessment. **Women with bilateral mastectomies are not eligible.**

Category A: eligible for **direct entry** into the program. To fall under this category, **at least one** of the following criteria must be met:

- ☐ Known carrier of a gene mutation (*e.g. BRCA1, BRCA2* - ***fax results with form***)
- ☐ First degree relative of a carrier of a gene mutation (*e.g. BRCA1, BRCA2*), has previously **had** genetic counselling, and has **declined** genetic testing
- ☐ Previously assessed as having a ≥25% lifetime risk of breast cancer on basis of family history (*a genetic clinic must have used* ***at least one*** *of the tools below to complete this assessment –* ***fax results with form***)
  - *IBIS 10 Year Risk:*   *BOADICEA 5 Year Risk:*
  - *IBIS Lifetime Risk:*   *BOADICEA Lifetime Risk:*
- ☐ Received chest radiation (not chest x-ray) before age 30 and at least 8 years previously (*e.g. as treatment for Hodgkin's Lymphoma*)

OR

Category B: genetic assessment required (*i.e. counselling and/or testing*) to determine eligibility for the program. To fall under this category, **at least one** of the following criteria must be met:

- ☐ First degree relative of a carrier of a gene mutation (*e.g. BRCA1, BRCA2*) and has **not** had genetic counselling or testing
- ☐ A personal or family history of **at least one** of the following (*please check all that apply*):
  - ☐ Two or more cases of breast cancer and/or ovarian* cancer in closely related blood relatives†
  - ☐ Bilateral breast cancers
  - ☐ Both breast and ovarian* cancer in the same woman
  - ☐ Breast cancer at ≤35 years of age
  - ☐ Invasive serous* ovarian cancer
  - ☐ Breast and/or ovarian* cancer in Ashkenazi Jewish families
  - ☐ An identified gene mutation (*e.g. BRCA1, BRCA2*) in any blood relatives
  - ☐ Male breast cancer

** Includes cancer of the fallopian tubes and primary peritoneal cancer*
† Closely related blood relative: 1st degree = parent, sibling, or child; 2nd degree = grandparent, aunt, uncle, niece, or nephew

2. Clinical History

Date and location of most recent mammogram	Previous breast cancer? ○ Yes ○ No
Date and location of most recent MRI (*if done*)	Breast implants? ○ Yes ○ No
Previous genetic assessment for inherited breast cancer risk? ○ Yes (***attach results***) ○ No	Specify genetic assessment centre

3. Referring Physician

First and last name	CPSO Number
Address (*including postal code*)	Telephone number
Signature / Date (dd/mmm/yyyy)	Fax number

By signing this form, you authorize your client to receive screening mammography and MRI (or, if appropriate, screening ultrasound). You also authorize the OBSP to book these screens, additional screens, as well as any follow-up appointments, including imaging tests and biopsies for evaluation of abnormal results. **Fax completed form to the OBSP High Risk Screening Referral Contact in your area (cancercare.on.ca/obsphighrisk).**

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High Risk OBSP Eligibility Criteria

Category A:

- Eligible for direct entry into the High Risk OBSP based on personal and family history

High Risk OBSP Eligibility Criteria

- To fall under Category A, women must meet **at least 1** of the following criteria:
  - Known carrier of a gene mutation (e.g., BRCA1, BRCA2)
  - First-degree relative of a carrier of a gene mutation, has previously **had** genetic counselling and has **declined** genetic testing
  - Previously assessed by genetic clinic (using IBIS or BOADICEA risk assessment tools) as having a ≥25% lifetime risk of breast cancer based on family history
  - Received chest radiation therapy (not chest X-ray) before age 30 and at least 8 years ago

High Risk OBSP Eligibility Criteria

Category B:

- Genetic assessment (i.e., counselling and/or testing) is required to determine eligibility for the High Risk OBSP

High Risk OBSP Eligibility Criteria

To fall under Category B, women must meet **at least 1** of the following criteria:

- First-degree relative of a carrier of a gene mutation (e.g., BRCA1, BRCA2) and has **not** had genetic counselling or testing
- Personal or family history of **at least 1** of the following:
  - Two or more cases of breast and/or ovarian* cancer in closely related relatives†
  - Primary cancer in both breasts, especially if 1 or both cancers were diagnosed ≤50 years old
  - Breast and ovarian* cancer in the same woman
  - Breast cancer at ≤35 years old
  - Invasive serous ovarian* cancer
  - Breast and/or ovarian* cancer in Ashkenazi Jewish families
  - Identified gene mutation (e.g., BRCA1, BRCA2) in blood relatives
  - Male breast cancer

*Includes cancer of the fallopian tubes and primary peritoneal cancer

† Closely related relative = first-degree: parent, sibling or child; second-degree: grandparent, aunt, uncle, niece or nephew

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Ontario Breast Screening Program (OBSP)

OBSP Site Locations ***Within Erie St. Clair Region***	**Breast Health Centre**	**High Risk (MRI & Mammo)**	**Independent Health Facility (IHF)**
Windsor Regional Hospital (Met Campus)	✓	✓	
Bluewater Health	✓		
Chatham-Kent Health Alliance	✓	✓	
Erie Shores HealthCare	✓		
Clear Medical Imaging (Ouellette Ave.)			✓
Clear Medical Imaging (Tecumseh Rd.)			✓
CMR Healthcare Windsor			✓
CMR Healthcare LaSalle			❖
Chatham Imaging Centre			✓

Refer OBSP eligible patients to sites above for screening mammography

CCO Erie St. Clair Regional Cancer Program
in partnership with Cancer Care Ontario

❖ = Coming Soon

OBSP High Risk Screening Program

High Risk (HR) Breast Screening Locations

- ✓ Windsor Regional Hospital
- ✓ Chatham-Kent Health Alliance

Annual MRI & Mammogram for eligible women

- Initial HR referrals booked within 90 days of confirmation of HR status
- Appointments being booked within 12-15 months of previous appointment

Windsor Regional Hospital has resolved the wait time issues for HR MRI and is currently booking within CCO wait times.

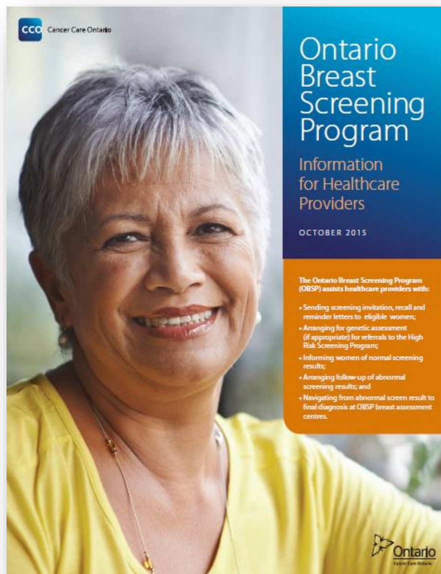
Please continue referring patients to the OBSP HR Program

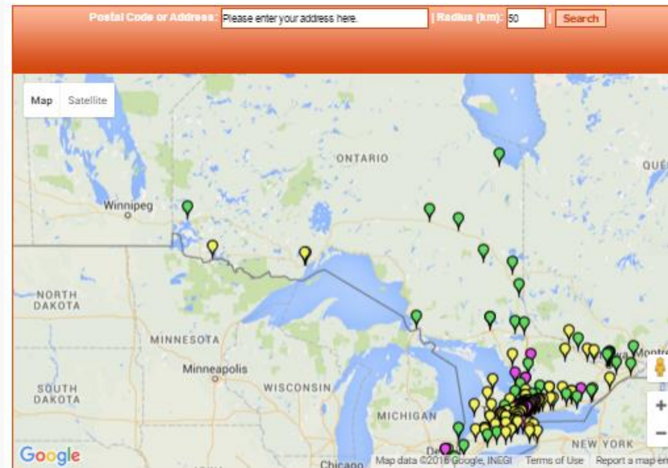
OBSP Resources and Tools

For more information:

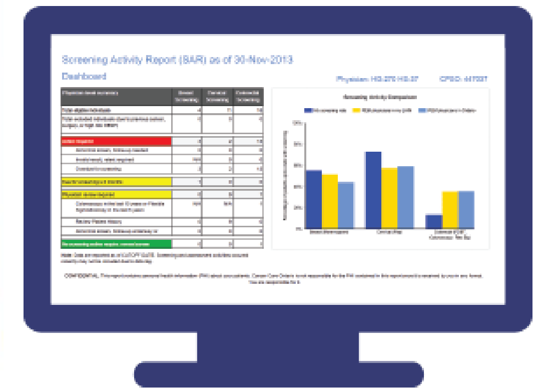
www.cancercare.on.ca/pcresources

www.mycanceriq.ca





SAR Screening Activity Report



For information on OBSP locations:
cancercare.on.ca/pcs/screening/breastscreening/locations

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Trans Care and Breast Screening

- Barriers
- Language and Communication
- What to do? Pearls.
- Recommendations from CCO

Why Focus on LGBTQ2S+ and Cancer Screening?

Barriers:

- Screen at lower rates than heterosexual/non-trans people
- More risk factors: smoking, drinking, and weight gain
- Community-specific barriers
- Homophobia and transphobia
- Cancer is not a top of mind issue
- For trans individuals, gender dysphoria

Sex vs. Gender

Sex: the anatomical and physical differences between females and males determined by genetic factors

- What's on the birth certificate
- Refers to the physical aspects of the body, e.g. chromosomes, genitals, hormones
- Sex terms include male, female, transsexual

Sex vs. Gender

Gender is one's sense of self as masculine or feminine regardless of external physical characteristics:

- Describes how we think of ourselves *(gender identity)* and how we want to convey that to others *(gender expression*)
- Not directly related to genitals
- Gender terms include man, woman, transgender, genderqueer

Sexual Orientation or Behaviour

Sexual orientation refers to who we are attracted to romantically, sexually, emotionally, spiritually, etc.

- Examples of terms: lesbian, gay, bisexual, queer, heterosexual

Sexual behaviour is not always directly related to sexual orientation

- Straight identified men who have sex with men (MSM)
- WSW = women who have sex with women who do not identify as lesbian or bisexual

Fluidity of Language

- Changes in thinking and attitudes towards sexual orientation and gender identity are continuously taking place in society as a whole and within LGBTQ2S+ communities
- Terms and definitions are not standardized and may be used differently by different people in different regions, countries and cultures
- Some cultures have their own concepts of sexual orientation and gender. Others do not label behaviours as identities
- It is best to tune in to words that people use to describe themselves or their behaviour

Terms and Definitions

- **Cisgender**: Someone whose gender identity and gender presentation is consistent with their assigned sex and gender assigned at birth
- **Transgender (Trans)**: Refers to a person with a gender identity that differs from their birth sex or who expresses their gender in ways that contravene societal expectations for men and women. Used also as an umbrella term for transsexuals, transvestites, gender non-conformists, genderqueers, and people who identify as neither female nor male
- AMAB = assigned male at birth, AFAB = assigned female at birth

Terms and Definitions

- **Trans man:** Female to male trans person (AFAB)
- **Trans woman:** Male to female trans person (AMAB)
- **Pre-op***: Before surgery for trans persons
- **Post-op*:**After surgery for trans persons
- **SRS:**Sex Reassignment Surgery, name has changed to Gender Affirming Surgery (and several variations)
- Not all trans persons receive surgery

*used to be descriptive clinically, but not generally a culturally competent term

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Inclusive Language: Pearls

- Ask clients how they prefer to be addressed. For example, “What name do you prefer? What gender pronouns do you prefer?”
- OHIP – gender markers, use last name
- Note this information on your patient's chart. Common pronouns include he, she and they.
- Ask questions that are open-ended and non-judgmental
- Only ask questions that are relevant and let your patient know why you are asking a certain question

Inclusive Language: Pearls

- Mirror your patient's language and terminology in terms of how they identify their sexual orientation, gender identity and partner(s)
- Use gender neutral terms and pronouns when referring to partners, unless you are absolutely sure
- If the client seems offended by something you've said, you may simply apologize and ask what terminology the client prefers
- Be sure to let your patients know that information given is confidential

CCO Overarching Policy for Screening Trans Ontarians

- The policy includes 17 recommendations regarding screening eligibility, timing and screening method for trans and non-binary people.
- Anyone who has a cervix and is eligible for screening should be screened for cervical cancer according to the **Ontario Cervical Screening Program guidelines**.
- Eligible trans and non-binary people should be screened for breast cancer according to the **Ontario Breast Screening Program guidelines**.
- Healthcare providers can and should take steps to provide a trans and non-binary friendly screening experience – for example, by calling a mammography clinic ahead of time to advise them of the patient's needs and ensure the use of the correct pronoun and preferred name.
- **Link to full policy:** www.cancercareontario.ca/sites/ccocancercare/files/guidelines/full/Policy_ScreeningTransPeopleOBSPandOCSP.pdf

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Chest Cancer Screening for Transmen (or AFAB)

- A mammogram is recommended for trans men (50-74 years old) without top surgery (with/without hormone therapy) every 2 years
- Top surgery, also known as chest reconstruction surgery, is a gender transition related surgery that involves a bilateral mastectomy and male chest contouring
- There are currently no clear recommendations whether/ how trans men who have had top surgery should be screened.
- For trans men who have had top surgery, screening is dependent on various factors

Chest Cancer Screening

Some tips

- Some trans men may prefer to use the term chest over breast(s).
- Barriers: For trans men who are male assigned on their health card, they will not be able to self-refer to OBSP. A requisition will be required.
- Asking patients about information included in referral (e.g. disclose preferred name, pronouns)
- Calling chest/breast centre ahead of time
- Bring a friend!

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Breast Cancer Screening for Transwomen (AMAB)

- A mammogram is recommended every 2 years for trans women (50- 74 years old) who have been on hormone therapy for more than 5 years
- Trans women who are not using hormone therapy do not need breast screening, even if they have breast implants or have silicone injections
- Breast implants and silicone injections do not increase cancer risk

Breast Cancer Screening Transwomen Tips

- Many trans women have tender breast tissue, making a mammogram more painful than usual
- Many trans women have dense breast tissue and so follow-up testing may be necessary
- Trans women who are male assigned on their health card will need a requisition for a mammogram. They cannot self-refer through the OBSP.
- Diagnostic, rather than screening mammography is required when a patient has breast implants

Resources

www.rainbowhealthontario.ca

www.cancer.ca

www.phsa.ca/transcarebc

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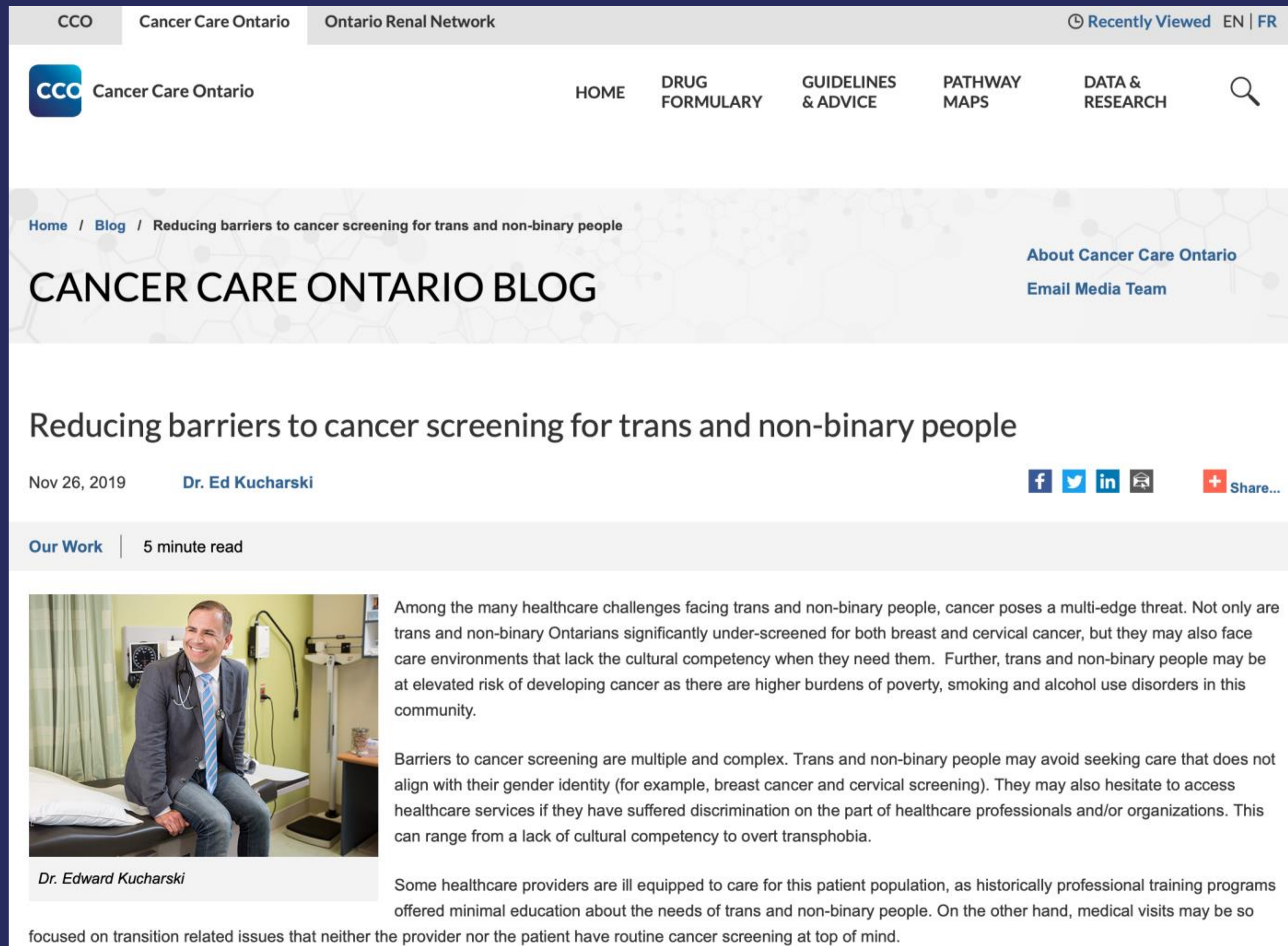
Thank you, questions?



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CANCER CARE ONTARIO BLOG

About Cancer Care Ontario
Email Media Team

Reducing barriers to cancer screening for trans and non-binary people

Nov 26, 2019 Dr. Ed Kucharski

Share...

Our Work | 5 minute read

Dr. Edward Kucharski

Among the many healthcare challenges facing trans and non-binary people, cancer poses a multi-edge threat. Not only are trans and non-binary Ontarians significantly under-screened for both breast and cervical cancer, but they may also face care environments that lack the cultural competency when they need them. Further, trans and non-binary people may be at elevated risk of developing cancer as there are higher burdens of poverty, smoking and alcohol use disorders in this community.

Barriers to cancer screening are multiple and complex. Trans and non-binary people may avoid seeking care that does not align with their gender identity (for example, breast cancer and cervical screening). They may also hesitate to access healthcare services if they have suffered discrimination on the part of healthcare professionals and/or organizations. This can range from a lack of cultural competency to overt transphobia.

Some healthcare providers are ill equipped to care for this patient population, as historically professional training programs offered minimal education about the needs of trans and non-binary people. On the other hand, medical visits may be so focused on transition related issues that neither the provider nor the patient have routine cancer screening at top of mind.

- Which average risk women should be screened annually instead of bienually?

OBSP Screening Intervals

Average risk: biennial recall (every 2 years)

- Increased risk: annual (ongoing) recall
  - High-risk pathology lesions
  - Family history
- Increased risk: 1-year (temporary) recall
  - Breast density ≥75%
  - Radiologist recommendation

Screening with Breast Ultrasound

- Mammography is the only primary imaging technique that has been licensed by Health Canada for breast cancer screening for the general population, and is the only screening test that is recommended by evidence-based clinical practice guidelines.
- The use of MRI as an adjunct for women at very high risk is known and in these women ultrasound has been used but only when MRI is not possible.

Screening with Breast Ultrasound

At the present time there is no evidence to support using bilateral breast ultrasound as a screening tool. It has been shown to find a few cancers that were occult on mammography in some studies, but in all studies it has also shown a very large number of false positives resulting in unacceptable numbers of women undergoing unnecessary procedures.

Surgical Management of the Breast in Breast Cancer

Dr. Suzana Buac

Cancer Education Day

December 2019

Windsor, Ontario

YES, I DID HAVE MY MAMMOGRAM TODAY... WHY DO YOU ASK?
FunnyPart.com

Referring Patients

- The breast cancer referral process is centralized through the Breast Health Centre/Breast Assessment Programs at each hospital. ***Fax numbers:***
  - **Bluewater Health:** 519-346-4608
  - **Chatham-Kent Health Alliance:** 519-437-6040
  - **Erie Shores HealthCare:** 519-326-4916
  - **Windsor Regional Hospital:** 519-985-2624
- Breast cancer diagnostic tests and pathology organized by navigator and forwarded to the breast surgeons (general surgeons) to see patients in consultation.
- General surgeon refers to Medical Oncology, Radiation Oncology, Plastic Surgery, and/or Genetics pre-operatively or post-operatively as appropriate.

Breast Surgeons Across the Region

- **Bluewater Health:**
  - Dr. Raza Kareemi
  - Dr. Arumairajah Muhunthan
  - Dr. Andrejs Rudovics
  - Dr. Rajeev Suryavanshi
  - Dr. Patrick Taylor
- **Chatham-Kent Health Alliance:**
  - Dr. Liz Haddad
  - Dr. Peter Sytnik
  - Dr. Tram K. Trinh
- **Erie Shores HealthCare:**
  - Dr. Talal Ali
  - Dr. Ejaz Ghumman
  - Dr. Suzanne Farooqui
- **Windsor Regional Hospital:**
  - Dr. Dan Laschuk
  - Dr. Kristen Gyetvai
  - Dr. Rakesh Parashar
  - Dr. Shael Liebman
  - Dr. Scott Rieder
  - Dr. Suzana Buac

Breast Conserving Therapy (BCT)

Advantages:

- Survival outcomes are the same for BCT and mastectomy
- Local recurrence rates after BCT are declining significantly
- Breast conservation
- Smaller operation

Disadvantages:

- Postoperative radiation
- Reoperation for close or positive margins
- Cosmetic?

Contraindications for BCT?

Multicentric disease

Large tumour size in relation to breast size

Presence of diffuse malignant-appearing calcifications on imaging

Previous radiation therapy

Pregnancy?

Persistently positive margins despite attempts at re-excision

An alternative approach is use of neoadjuvant therapy, which may allow BCS without compromising survival

Mastectomy

Breast conservation is contraindicated or unsuccessful

Patient preference

Possibly avoiding postoperative radiation

Avoiding further screening and biopsies

Prophylacic purposes

Patients with BRCA1 And BRCA2 mutations

Post-Mastectomy Reconstruction

- For women who have chosen or been recommended for therapeutic mastectomy:
  - The discussion of immediate or delayed breast reconstruction should be initiated at the time that mastectomy is offered by the general surgeon
  - For women seeking immediate breast reconstruction, a pre-operative evaluation with a general surgeon and a plastic surgeon should be performed

What About The Other Side? (Contralateral Prophylactic Mastectomy)

Increased risk in BRCA1/BRCA2 mutation carriers, other breast cancer susceptibility genes (e.g. Li-Fraumeni syndrome), history of mantle radiation (Hodgkin's Lymphoma)

Average risk in the general population (majority of patients)

“When are you gonna get your breasts removed, like Angelina Jolie?”

Counseling Average Risk Patients Interested in Contralateral Prophylactic Mastectomy

- Low annual contralateral breast cancer risk
- Risk of contralateral breast cancer is decreasing with adjuvant therapy
- Removing the other breast does not decrease the risk of developing metastases
- Breast cancer does not usually spread from one breast to the other
- CPM does not improve survival
- CPM does not decrease local recurrence
- CMP increases the surgical complication risk

Additional Procedures

- In addition to breast surgery (lumpectomy or mastectomy), surgery for breast cancer simultaneously involves operating on the axilla for staging and prognosis:
  - Axillary dissection (clinically node-positive patients?)
  - Sentinel lymph node biopsy (most patients)
- Breast conserving surgery often involves pre-operative image-guided localization
  - Wire-guided localization is used at our center

Thank You