## 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

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.

"My primary physician

encouraged me to participate.

She wants to then go over the

**Screening promoted** 

Public awareness campaigns

results in person with me."

# DREAST CANCER Screening Pathways

# 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.

Variable wait

**Inconclusive result** 

"They would always explain

what they are doing and why,

and what kind of screen shots

Schedule diagnostic

mammogram

they need to capture."

Patient contacted by mail or

phone for a second mammogram

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

Patients like to get a letter when results are normal, as it offers confirmation, and peace of mind.

Patient notified by letter and contacted at an interval for next screening by mail

"While doctors have a

responsibility to provide good care to their patients, patients also have a responsibility to follow-up on test results and be pro-active about their health."

Primary care follow-u

Emily is a 51 year-old rural resident, undergoing breast cancer screening for the first time. She is a high school teacher and drives 30 km to town to see her family doctor. Emily arranges her schedule to see her doctor at a convenient time, and covers

as many purposes in one visit as she can.

**Letter invitation** Mammogram screening

Recruitment to population-based screening program (Recommended for average risk, aged 50-74).

Val is a 64 year-old woman who resides in a major city, and received her bi-annual letter. She has skipped mammograms in the past, as the procedure is painful for her and she has read that they are not needed as often as recommended. As it has been four years

convenient to schedule

Patient responds when

**Appointment** Regional / Local Imaging Centre

Self-Referral / Screening Coordinated by Primary Care

"The family physician is an

advocate. You have the right to

ask for a test. Find a doctor that

will do the test that you need."

Some programs serve women in

to patients in their communities.

imaging vans, bringing mammography

remote locations with mobile

Screening mammogram

Conducted at Imaging Centr

"I got a phone call at work saying they had seen something and they wanted me to go for further testing and a biopsy."

**ADMINISTER SCREENING** 

Family doctors and other healthcare providers are encouraged to frame "This is just a preventive measure, it does not always mean we suspect

... the technicians that did the

mammograms were always very

Variable time to result

calm, assuring, competent and

knowledgeable."

screening as a routine health practice.

Abnormal result Patient notified of their result by letter or phone, and is referred to follow-up diagnosti mammogram

Mammogram result

care provider

Program follow-up with primary

Patient navigators bridge the gap in transitions of care by helping patients and families understand the resources and services available to receive the care they need.

> Diagnostic mammogram Conducted at imaging centre

**NOTIFICATION OF RESULTS** 

Inconclusive resul

Health region follow-up

**Normal result** 

**Abnormal result** 

**FOLLOW-UP REFERRAL** 

**Evidence Support for Cancer Screening** 

since her last screen, and with concerns

over her increasing age, she decides to

schedule an appointment.

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

STAGES IN THE SCREENING PROCESS

**RECRUITMENT / INVITATION TO PARTICIPATE** 

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**

**ENROLMENT INTO PROGRAM** 

**Patient contacts doctor** 

Residents call or meet with

for screening

Patient makes a request

**Programmatic Population Recruitment** 

primary care provider

**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 - Diagnostic • A single-stage scan of the breast tissue to visualize possible pathologies indicative of cancer. • Evaluation of abnormalities detected from a screening mammogram. Additional images of the breast tissue are

**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).

taken from multiple angles for a patient experiencing symptoms of breast cancer (e.g., lump).

• 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).

**DIAGNOSTIC TEST** 

- 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.



Patient step



**Process step** 



