

Cumulative risk of adverse events inside and outside an organized breast cancer screening program

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INTRODUCTION

- After 10 screening rounds for women aged 50-69 years old, the reported cumulative risk of false-positive mammography (20%-63%) or benign biopsy (2%-19%) were highly variable
- Such adverse effects among participating women are never compared to those in non-participating women although such women can have mammogram or biopsy outside the program

QUEBEC BREAST CANCER SCREENING PROGRAM

- Established in 1998
- Offers a bilateral mammogram every 2 years for women aged 50 to 69 years
- About 1,200,000 eligible women and 340,000 screening mammograms per year
- Participation rate increases between 2000 and 2013: 42 % to 58 %

OBJECTIVES

To compare the cumulative risk of having an adverse event (**false-positive mammogram** or **benign biopsy**) over a 20-year periods among women aged 50-69 who were screened every 2 years in the Quebec breast cancer screening program to the cumulative risk among women who did not participate in the program.

METHODS

Program participants

Data sources

- Information system of the program (1998-2006)
- Provincial administrative databases (Physician claim's and hospitalizations database, 1998-2006)

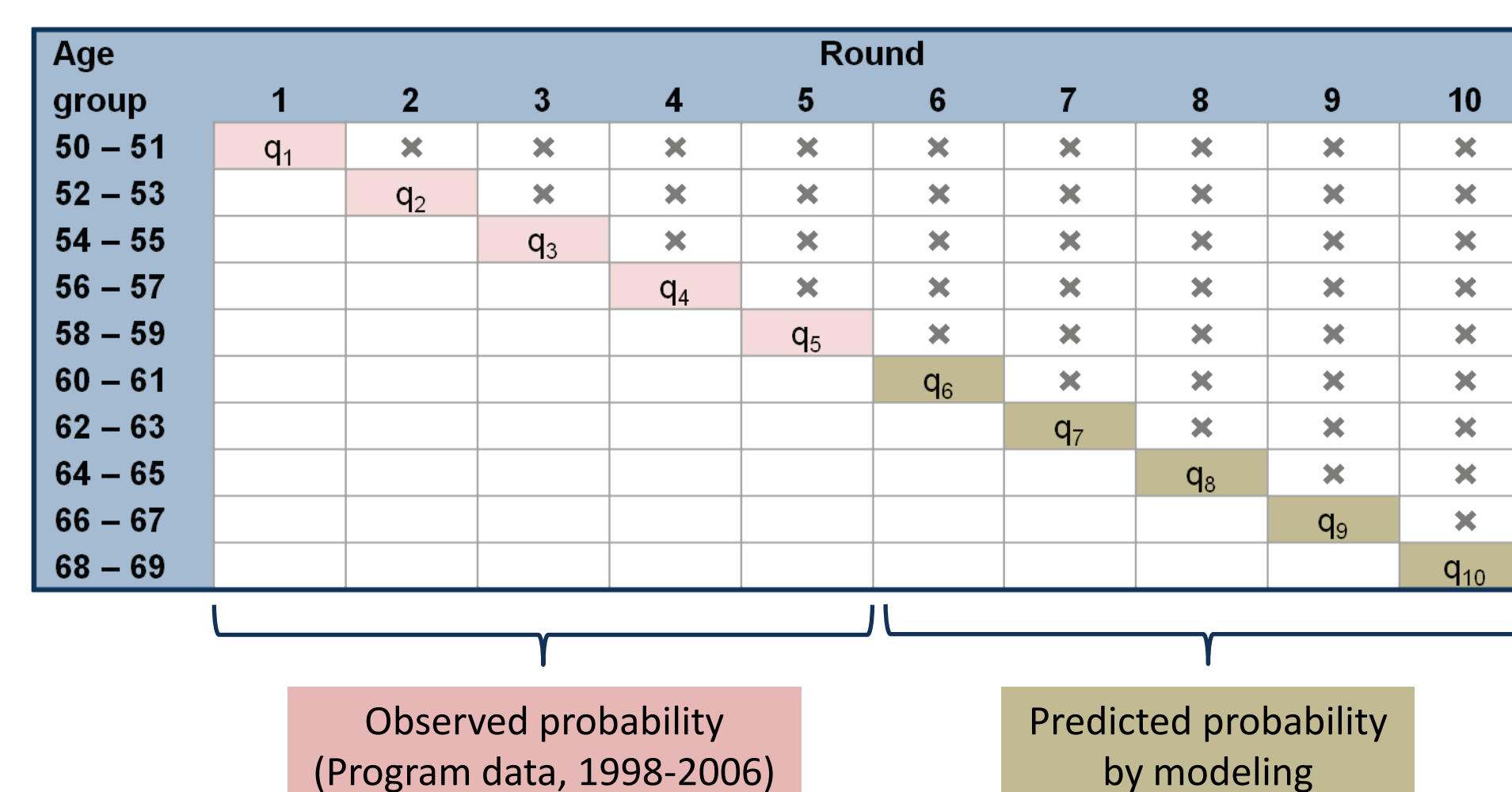
Available informations for women with screening mammogram in the program between 1998 and 2006 (n = 1,267,111)	
Age of women	
Date of screening mammogram in the program	
Result of mammogram (normal or abnormal)	
Symptoms (mass, nipple inversion or discharge)	
Previous mammography (self-reported)	
Previous biopsy (self-reported)	
Date of breast cancer diagnostic	
Date of biopsy (core or open)	

Statistical model

$$P(\text{at least one event among 10 screening rounds}) = 1 - \prod_{j=1}^{10} q_j$$

$$q_j = \mathbb{P}(\text{round } j \text{ with no event} | \text{no event in } j-1 \text{ previous round})$$

Log-binomial regression is used for smoothing and projecting the probability q_j from observed probability in Quebec Breast Cancer Screening Program.



- Factors considered for modeling:
- Round of screening (linear)
 - Initial mammogram in the program (yes/no)
 - previous mammography (yes/no)
 - Age group (10 groups)
 - Year (1998, 1999, ..., 2006)
 - Previous breast biopsy (for the benign biopsy event)

Non-participants

Data sources

- Information system of the program (1998-2003)
- Physician claim's database (1987-2003)
- Tumor registry (1998-2004)
- Death registry (1998-2003)

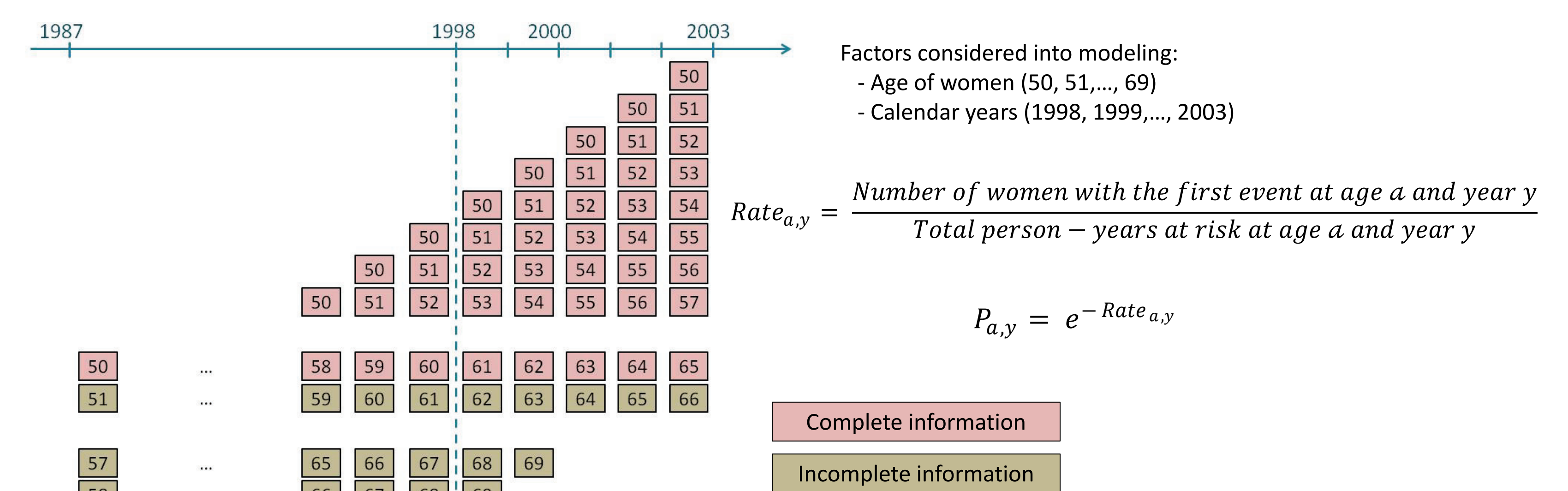
Available informations for eligible women to the program between 1998 and 2003 (n=1,054,120)	
Age of women	
Date of any medical act related to breasts (imaging, core or open biopsy)	
Date of screening mammogram in the program	
Date of breast cancer diagnostic	
Date of death	

Statistical model

$$P(\text{at least one event between 50 and 69 years}) = 1 - \prod_{a=50}^{69} (1 - p_a)$$

$$p_a = P(\text{Event at age } a | \text{no event between age 50 and } a-1) \text{ (calculated for the year 2003)}$$

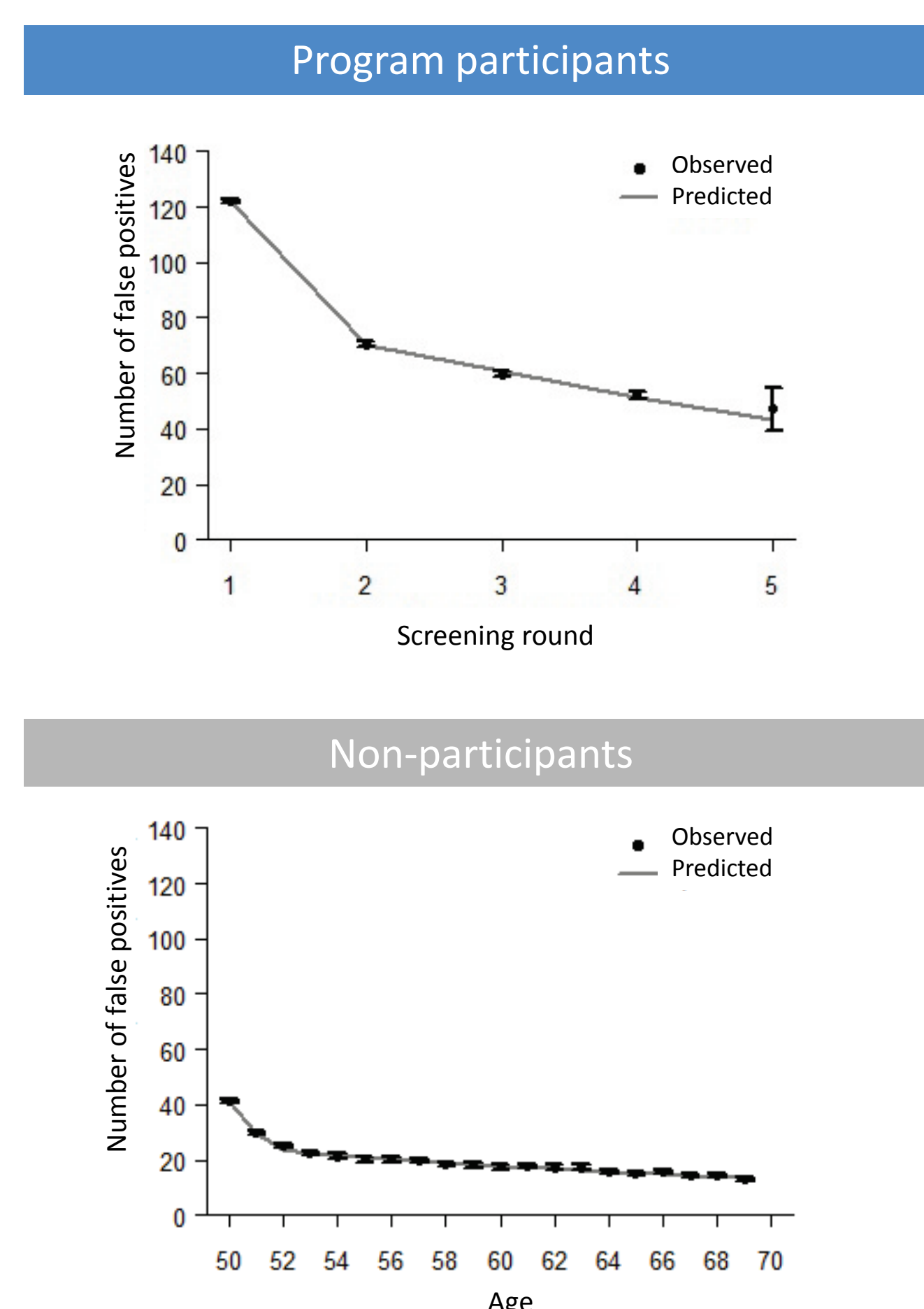
Log-Poisson model is used to smooth the probability from observed data in the non-participants.



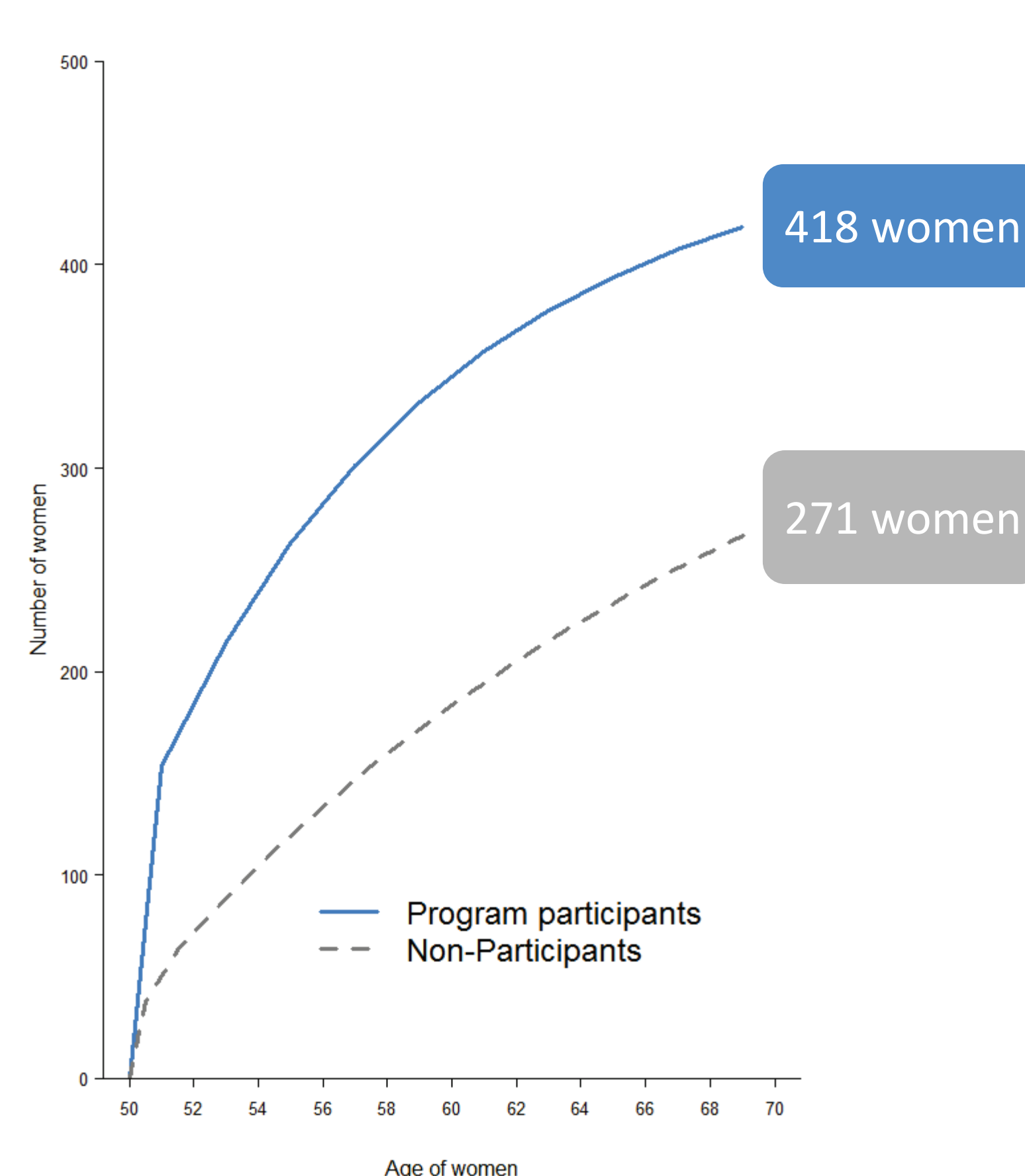
RESULTS

FALSE POSITIVES

Observed and predicted false positives among 1,000 women

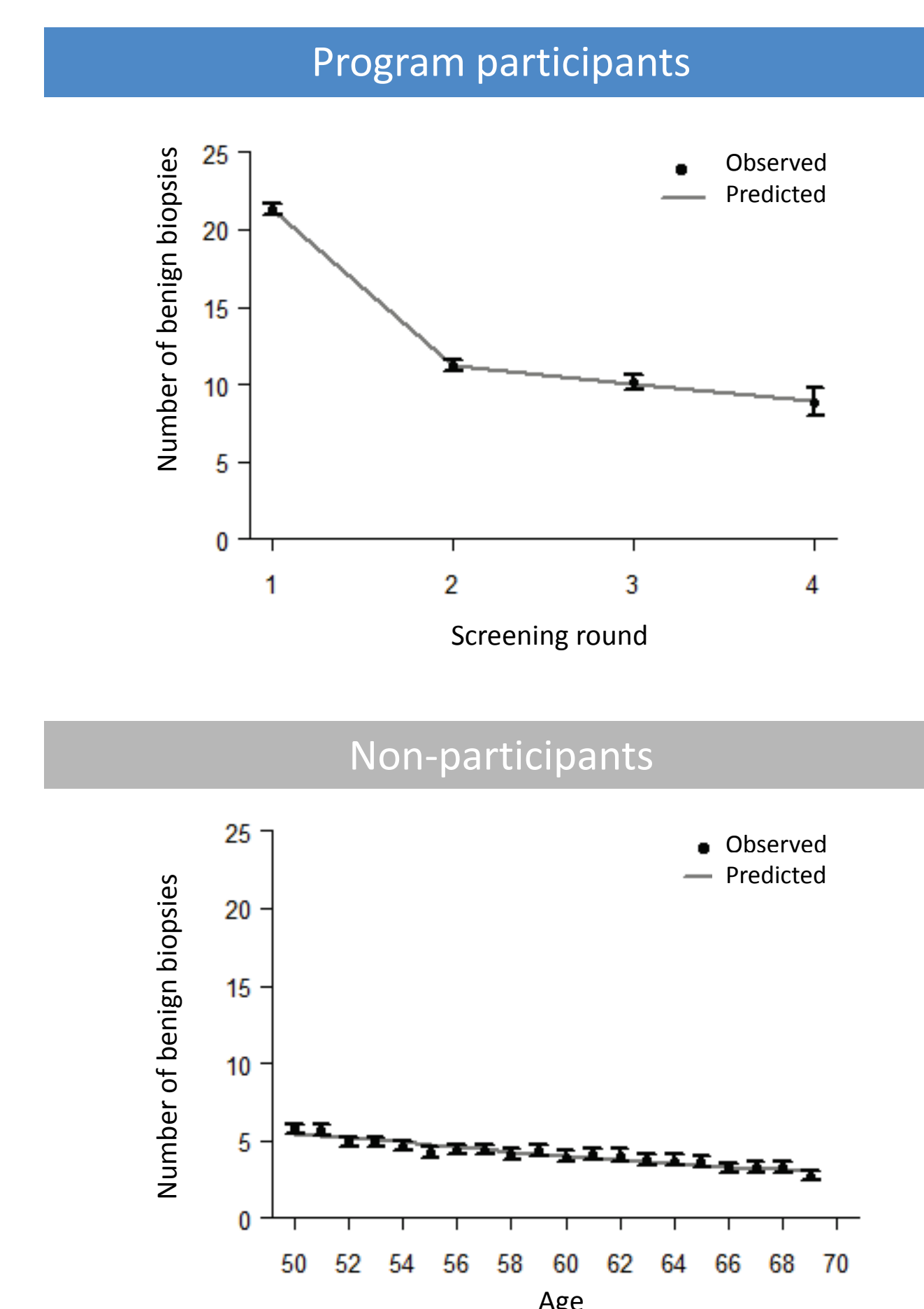


Cumulative number of false positives among 1,000 women

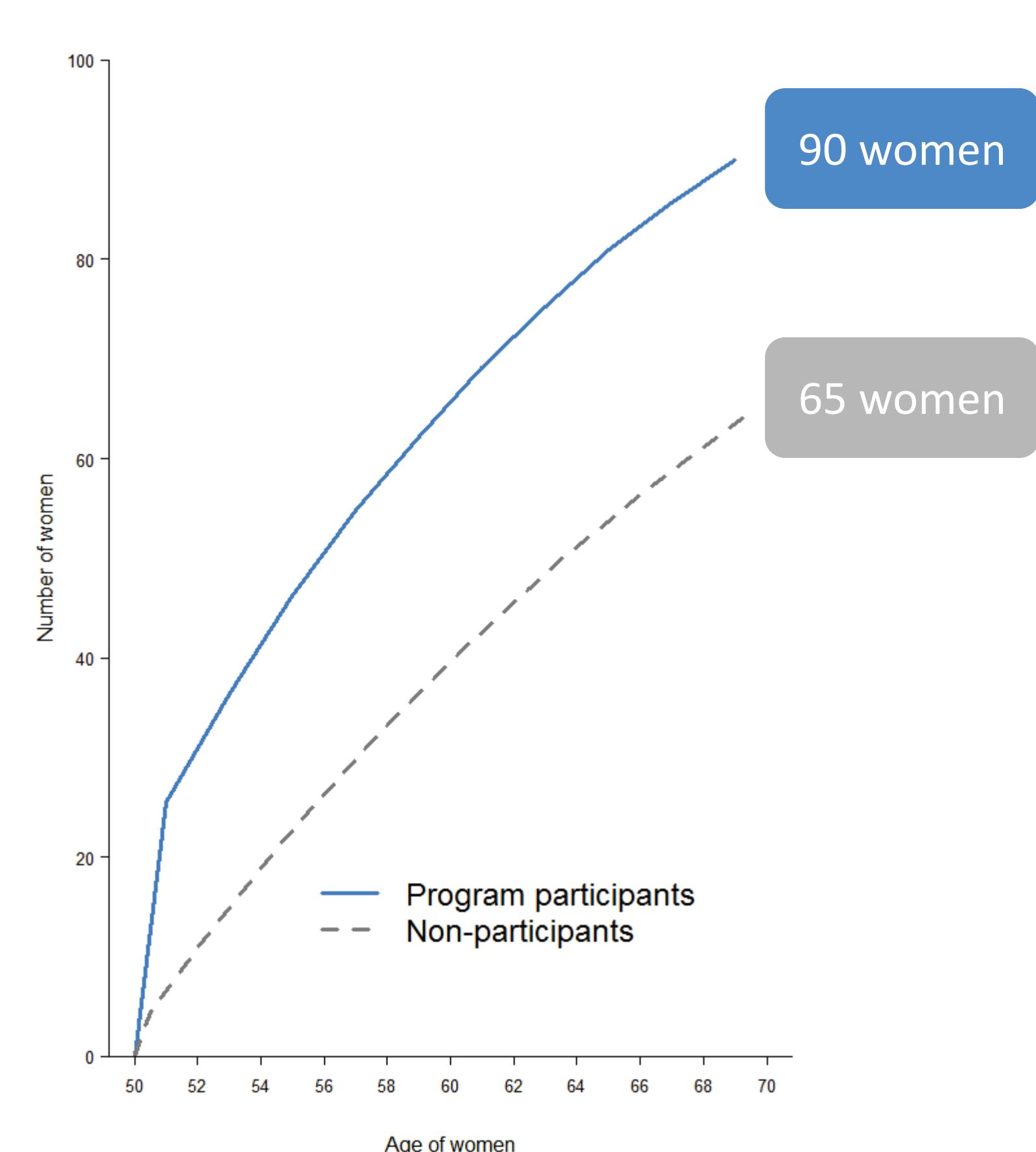


BENIGN BIOPSIES

Observed and predicted benign biopsies among 1,000 women



Cumulative number of benign biopsies among 1,000 women



DISCUSSION

- Compared to a hypothetical cohort of 1,000 women who did not participate in the organized screening program, a cohort of 1,000 women who participated in a screening program biennially during 20 years have an excess of 147 women with a false-positive result and an excess of 25 women with a benign biopsy
- Non-participants have a non negligible risk of false positive mammography or benign biopsy
- Comparing cumulative risk of participants to non-participants allows a better assessment of the absolute excess of these outcomes reported by many screening programs to inform women about harms of participation

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