**A Call to Change Outdated Breast Screening Practices in Manitoba**

I am writing to express my concern about two breast cancer screening practices that need immediate attention because they are costing lives.

**1.Self-referral for women 40-49**

In Manitoba, women in their 40s are unable to self-refer for a mammogram. If they want a screening mammogram, they must have a referral from their health care provider. Many women are being denied a referral. Seven jurisdictions have policies in place to allow self-referral. British Columbia, Nova Scotia, Prince Edward Island, and Yukon provide women with the option to self-refer at 40. In Alberta, women can self-refer at 45 or after the first screening in their 40’s. New Brunswick will begin self-referral at 40 in early 2024 and Ontario will begin in the fall of 2024. Manitoba lags behind the majority of jurisdictions.

There is no scientific evidence that justifies screening starting at age 50. [Seventeen percent](https://seer.cancer.gov/statfacts/html/breast.html) of breast cancers occur in women in their 40’s. Cancer in this age group is more aggressive, which leads to increased mortality and more aggressive treatment and surgery. Women in their 40’s who get mammograms have a [44 percent lower mortality rate](https://pubmed.ncbi.nlm.nih.gov/25274578/) from breast cancer than those who do not receive screening. [Recent research](https://www.mdpi.com/1718-7729/29/8/444) by Stats Canada, Seely and Wilkinson found that women in their 40s who live in provinces that don’t screen until 50 are more likely to be diagnosed with stage 2, 3 and 4 cancers than their counterparts in provinces that screen at 40. As well, they’re more likely to be diagnosed at higher stages in the 50s as a result of not being screened in the 40s.

There are also racial disparities to be considered. Minority women, including Black, Asian, and Hispanic women, have a higher risk of getting breast cancer earlier in life compared to Caucasian women. They also tend to be diagnosed with more aggressive cancers at an advanced stage, which increases mortality rates and reduces quality of life. The disparities involving [Indigenous women](https://journals.lww.com/jbisrir/fulltext/2021/12000/breast_cancer_in_indigenous_women_living_in.19.aspx) are similar to those seen in Black women. They tend to get higher grade tumours, present at later stages, and have higher breast cancer mortality rates.

**2. Women with dense breasts cannot access beneficial supplementary screening**

As a result of patient advocacy, women in Manitoba are now told if they have dense breasts, but they are unable to access the essential screening they need. Mammograms alone are not enough for women with dense breasts. To deny women with dense breasts additional screening is discriminatory.

 **Patient access to screening ultrasound in Canada**

- British Columbia: Screening ultrasound is available for women in Category C and D

- Alberta: Screening ultrasound is offered to women in Category C and D

- Ontario: Final recommendation (Dec 2023): Supplemental screening for women in Category D

- Quebec: Screening ultrasound is offered by the screening program to women in Category D with a family history

- PEI: Commitment by Premier King to offer ultrasound for women in Category D

- Other jurisdictions: Screening ultrasound is available on a case-by-case basis

**Costs of Treatment**

We understand there are many demands on the healthcare system. However, taking action to find cancer early is not only the right thing to do but can result in cost savings for the system. With many new treatments and increasing survival rates, the costs of treatment for later stage breast cancer have risen significantly. Recently Canadian researchers looked at the cost of treating breast cancer. They found that treating stage 4 breast cancer can cost over $500,000 per patient, depending on the subtype. The cost of treating stage 4 breast cancer is 11x more than treating stage one. Additional figures can be found [here.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10527628/)

**What the Government of Manitoba can do**

The government must ensure that all women can self-refer for a mammogram at 40. The government must also ensure that additional screening is available for women who have dense breasts.

All Manitobans should be given the same opportunity as individuals in other provinces to detect breast cancer early. Finding breast cancer early should not depend on where we live. We ask for a 30-minute meeting with you and representatives from the group below to further discuss the issues.