



STARTING WITH BREAST CANCER SCREENING TODAY

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Il sottoscritto Adrian Pana

ai sensi dell'art. 3.3 sul Conflitto di Interessi, pag. 17 del Reg. Applicativo dell'Accordo Stato-Regione del 5 novembre 2009,

dichiara

X che negli ultimi due anni ha avuto rapporti diretti di finanziamento con i seguenti soggetti portatori di interessi commerciali in campo sanitario:

- *Angellini Pharmaceuticals*
- *Amgen*
- *Janssen*



ROMANIAN CONTEXT

Breast cancer is a major public health problem reflected in preventable mortality, years disability and significant societal costs;

The health system's outlook on cancer has seen incremental changes / improvements, but it remains a fragmented and low-impact perspective in increasing the survival and quality of life of cancer patients.

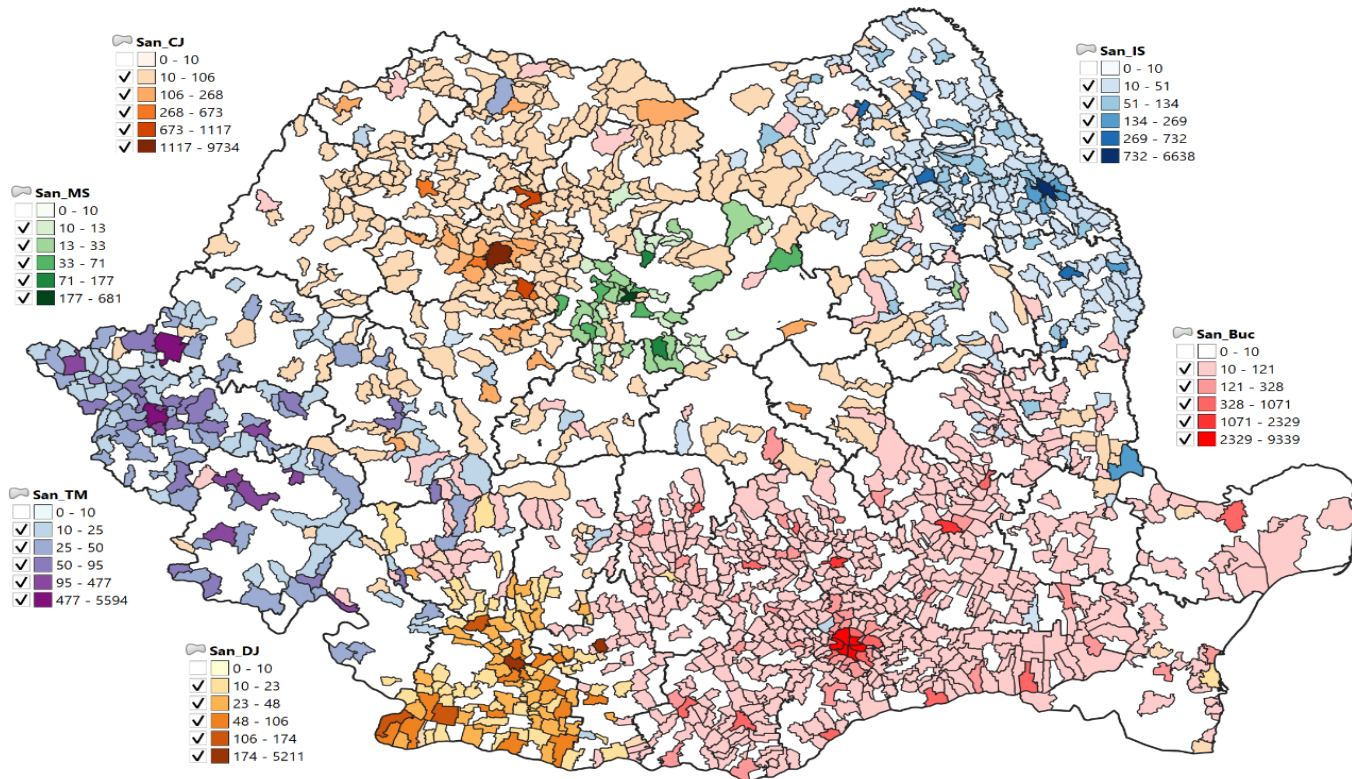
BREAST CANCER

The uneven distribution of specialized material and human resources and the variable quality of cancer services create significant access inequities for cancer patients which is reflected in the increased number of preventable deaths and the poor quality of life of cancer patients.

The lack of a long-term vision and a feasible and realistic articulated plan of cancer coupled with the growing incidence for the vast majority of preventable cancers and their predominant diagnosis in advanced stages of the disease are reflected in the mortality indicators



BREAST CANCER HOSPITALIZATION AREAS OF ATTRACTION





A bit of history of cancer screening initiatives in Romania



WHY IS SO DIFFICULT TO SET UP AND RUN AN EFFECTIVE CANCER SCREENING PROGRAM?

Compulsory regular gynaecological examination of fertile women (1968 – 1989) performed by general practitioners / gynaecologists

Constant decreasing of planning capacity and funds for preventative activities from 1990s since recently (2017)

Opportunistic cancer screening is still the main approach (significant differences in prices / tariffs of social health insurance versus private providers)

Very high turnover of health decision makers with low to no interest in preventative activities

National screening program for cervical cancer set up in 2008 with suboptimal outcomes due to chronic underfinancing and poor program management

Few small district / regional cancer screening pilots for cervical cancer / breast cancer in the last 10 years



THE RIGHT MOMENTUM

- Agreement of MoH with EC to finance through European funds three cancer screening projects (2017)
- Setting up three projects in order to build capacity at regional level for organized cancer screening programs for breast, cervical and colorectal cancer

Methodologies and protocols adapted from European Screening Guidelines for all three cancer screenings updated regularly

Communication/ Planning
Invitation / Scheduling

Screening network
(screening centers,
informatic management
system including screening
registries)

Training/ Certification
Quality assurance /
improvement



The TEAM





GISMa
con
veg
no
2023

BARI
17-19
maggio
2023

Screening
mammografico:
impronte,
traiettorie,
percorsi

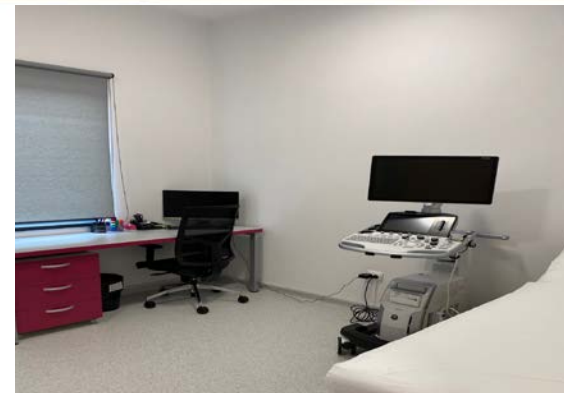


THE INFRASTRUCTURE





THE TECHNOLOGY





THE IMPLEMENTATION





THE CHALLENGES OF IMPLEMENTATION



Month **APRILE - 2023**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
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Notes:





REGIONAL PILOT OF BCS IMPLEMENTATION IN NORTH WEST REGION OF ROMANIA

Requirements

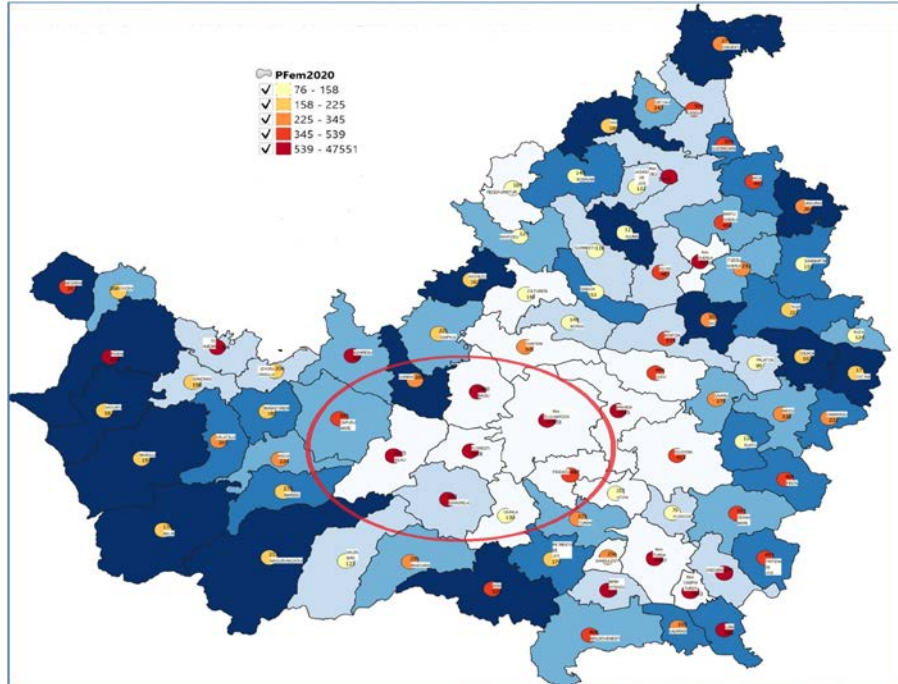
- Breast cancer – women 50 - 69 years old, negative for cancer, no history of bilateral mastectomy for other reasons
- Populational organized screening
- Every two years
- Digital mammogram with double independent reading & arbitrage for discordant results
- Supplementary evaluation of suspect lesions with breast US, DT, Core / Vacuum Breast Biopsy
- Pathology (HP & IHC markers)
- Tumor board
- Transfer in the National Oncology Program if is the case
- BCS Registry developed

Challenges

- Implementation of BCS kick-off during pandemic period
- Major difficulties in assembling the proper team with the right competencies (*severe shortage of radiologists, and radiographers*)
- Financing available only for a limited number of women (40.000 out of more than 300.000 eligible in the region)
- Delays in acquisition of breast screening technology and infrastructure
- Suboptimal management information system for BCS with an unfriendly informatic platform and preponderant usage of paper forms
- Lack of access to the population registry
- EC bureaucracy in using funds and reporting results
- Positioning of BCS Center in a remote area



BCS CLUSTERING



- Intention to provide populational organized BCS program
- Localities around a 20 km radius from the BCS center / BCS mobile unit is located
- Insufficient funds to cover the entire eligible female population in the region

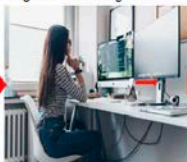


BCS Pathway

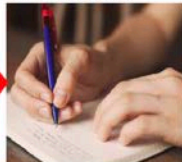
Bază de date adrese beneficiare



Programarea mamografiiei



Includerea programării în
scrisoarea de invitare



Predarea și transmiterea
scrisorii de invitare



Femeia primește scrisoarea de
invitare la screening



Femeia sună și confirmă
programarea pt. mamografie



Referentul confirmă data, ora
și unitatea sanitară pt.test



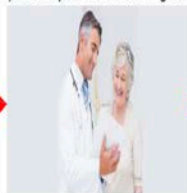
Transmitere reminder cu
data și ora programării



Femeia reconfirmă prezența la
Testare, urmare reminder



Femeia vine la centrul de testare
și are un prim contact cu registraturii



Consultație inițială medic chirurg



Pregătirea femeii pentru
mamografie



Efectuarea mamografiiei



Imagina mamografică



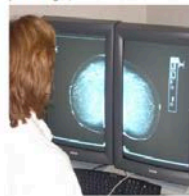
Femeia părăsește cabinetul, info
suplimentare de la registraturii



Încărcarea imaginilor în platforma info



Interpretare mamografică
(Radiolog 1)



Interpretare mamografică
(Radiolog 2)



Rezultatul
mamografiiei va fi
generat automat în
platforma
informatică integrată

REZULTAT NEGATIV
(ambele interpretări)

RECOMANDARE EVALUARE
(ambele interpretări)

REZULTAT DISCORDANT al
celor două interpretări

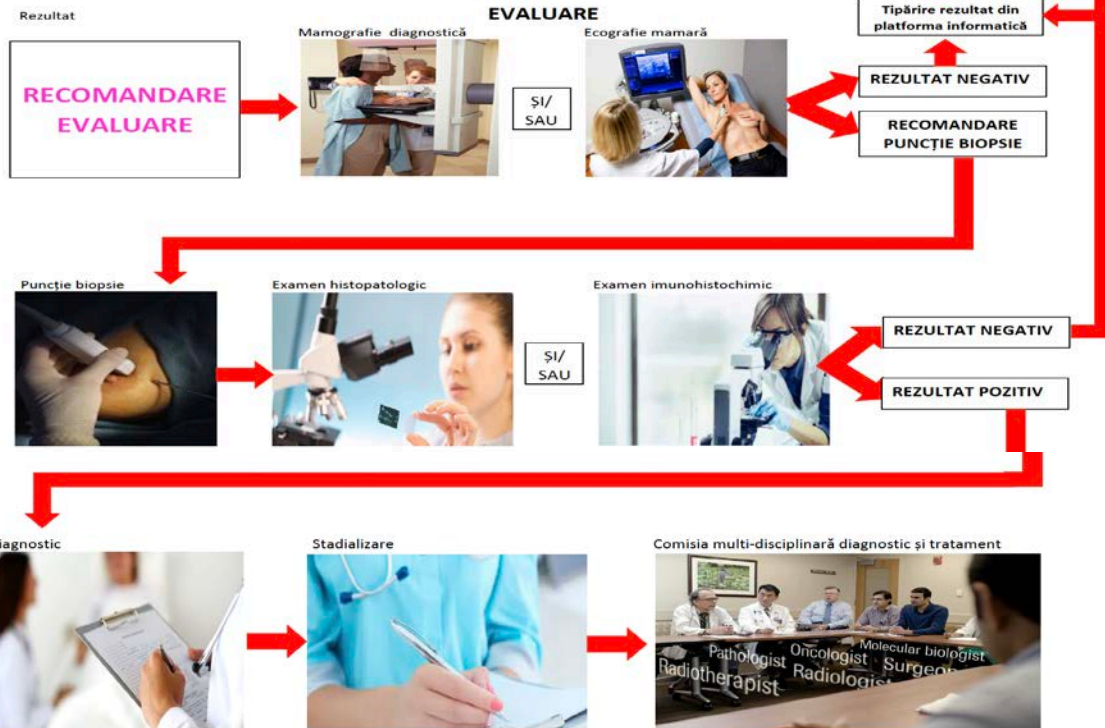


BCS Pathway

A. REZULTAT NEGATIV (ambele interpretări)



B. RECOMANDARE EVALUARE (ambele interpretări)





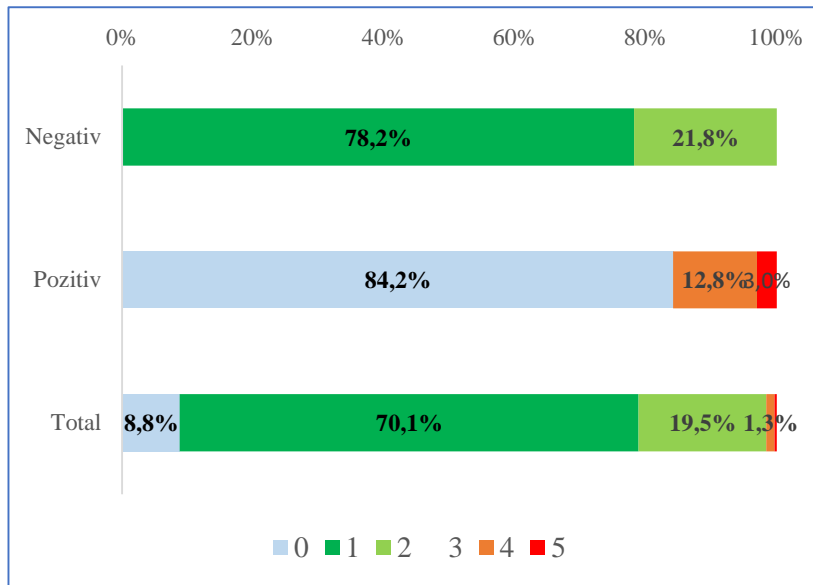
BCS FACTS

- 14000 eligible women screened up to now (primary testing)
- Length of time between double independent reading ~ 1-7 days
- Arbitrage ~ 10% out of total mammograms examined
- 92.5% negative after primary testing / 7.5% requires supplementary evaluation
- ~ 8% out of the women that undergo supplementary evaluation requires Core Breast Biopsy



BCS RESULTS

BIRADS Score distribution after double reading



Concordance between readings

| | | BIRADS second reading | | | | |
|----------------------|---|-----------------------|-------|------|------|------|
| | | 0 | 1 | 2 | 4 | 5 |
| BIRADS first reading | 0 | 3.3% | 2.6% | 2.1% | 0.4% | 0.1% |
| | 1 | 3.0% | 59.5% | 8.8% | 0.4% | - |
| | 2 | 2.3% | 7.9% | 8.5% | 0.1% | - |
| | 4 | 0.1% | 0.1% | 0.1% | 0.4% | - |
| | 5 | - | - | - | - | 0.2% |



CHALLENGES IN IMPLEMENTATION



REFLECTION POINTS

- Too ambitious?
- Too soon?
- Underestimating the complexity
- Never ending local and European bureaucracy
- Competing interests
- Pandemic struggles
- Need improvement in team forming, team management, cultural competencies, empathy