

# Interpretive Volume and Screening Accuracy in Canada

Isabelle Théberge, PhD

Evaluation Team of the Quebec Breast Cancer Screening Program

May 12, 2015

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# Warning :-)



# Thank you for your understanding!



#### Overview

 Breast cancer screening program and requirements volume in Canada

 Association between radiologist interpretive volume and screening accuracy: Study of the Quebec Breast Cancer Screening Program



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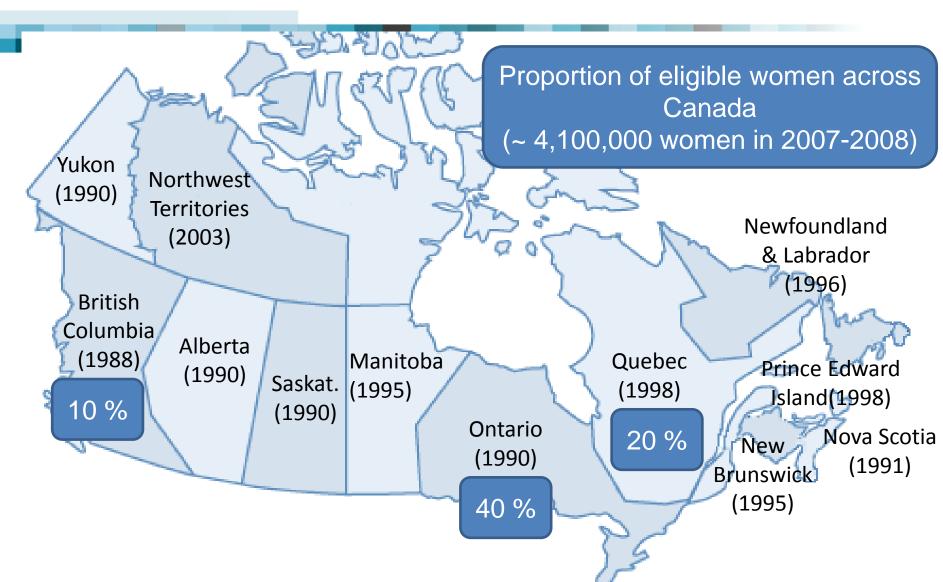
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# Breast Cancer Screening Across Canada



# Specific volume requirements for radiologists (february 2015)

	/ year	
Nortwest Territories	480	
British Columbia	2,500	
Alberta	480	
Saskatchewan	1,000	98-2014: 480 / year
Manitoba	1,000	2015 : 750 / year
Ontario	1,000	2016 : 1,000 / year
Quebec	750	
New Brunswick	1,200	
Nova Scotia	2,000	Cancerview.ca. Breast Cancer Screenin Guidelines Across Canada:
Newfoundland & Labrador	2,000	Environmental Scan. Toronto: Canadian Partnership Against Cancer; [2015].

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# Mammography screening objectives

Reduce breast cancer mortality



Minimize adverse effects



# Study objectives

False-Positive Radiologist Sensitivity / Rate / interpretive Detection rate Recall Rate volume Positive Likelihood Ratio /

Positive Predictive Value

# Study of the Quebec breast cancer screening program

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# Quebec Breast Cancer Screening Program

- Offers a bilateral mammogram every 2 years for women aged 50 to 69 years
- Information system where women risk factors are collected
- In 2013, about:
  - 580,000 eligible women
  - 340,000 screening mammograms
  - 100 designated screening centers
  - 300 radiologists



# Study population

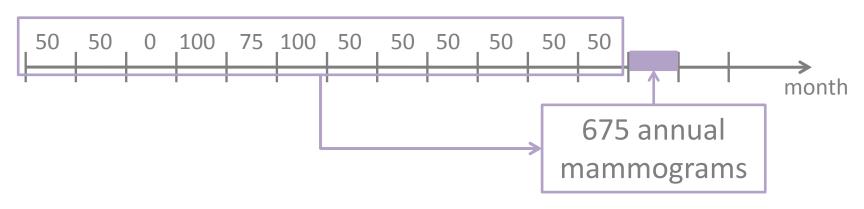
 91 % of all screening mammograms in the program between 2000 and 2006 (n = 1,315,327)

 All radiologists participating in the program (n = 340)



#### Measurement of annual volume

- Total, screening and diagnostic volume obtained from physicians' claims database
- Annual volume in the previous 12 months, calculated for each month



#### Potential confounders

#### Women

Age

**Breast density** 

Body-mass index

Familiy history of breast cancer

Menopause status

Full term pregnancy

Hormone replacement therapy

Breast aspiration or biopsy

Screening history (time since last mammogram)

#### Radiologists

Year of graduation

Gender

Medical school attended

#### **Facilities**

Public or private

Annual volume of mammograms



# Accuracy components

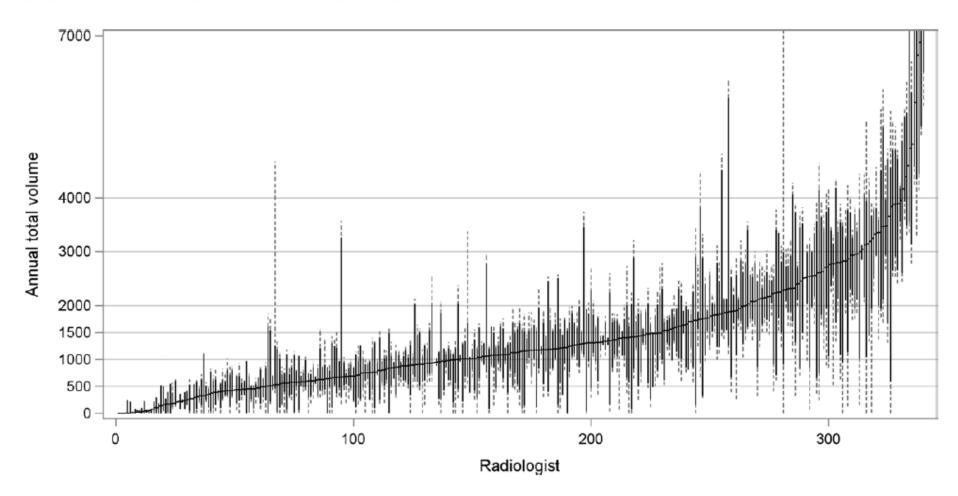
		Breas		
		+	-	Total
Screening _ Episod	+	6,860	122,267	129,127
	-	1,055	1,185,145	1,186,200
	Total	7,915	1,307,412	1,315,327

Sensitivity (1 year) 
$$=\frac{6,860}{7,915} = 86.7 \%$$

False-positive rate 
$$=\frac{122,267}{1,307,412} = 9.4 \%$$

Positive likelihood ratio = 
$$\frac{86.7 \%}{9.4 \%}$$
 = 9.3

# Variability of total annual volume for the 340 radiologists, 2000-2006



Curve line: median, Solid line: range between 10th and 90th percentiles, Dotted line: range of all volume values of total volume for each radiologist

### Minimum requirement

#### Annual total volume

Always < 500



Sometimes < 500,

Sometimes ≥ 500



152 radiologists (45%)

Always ≥ 500



159 radiologists (47 %)

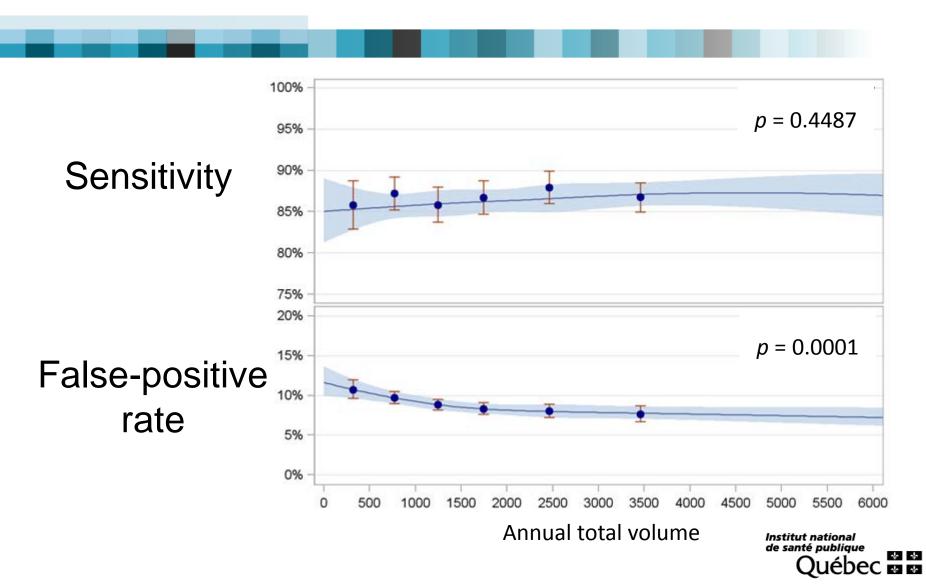


# Minimum requirement

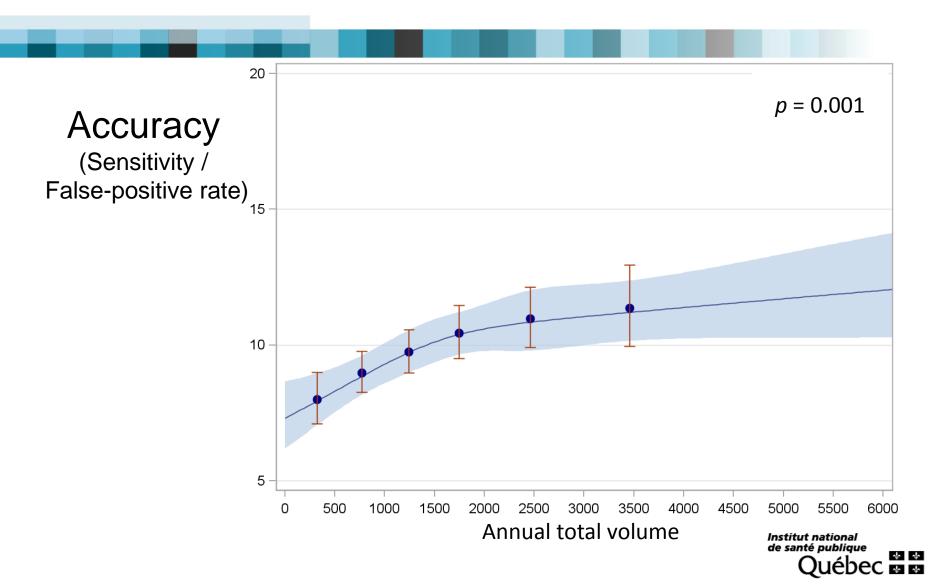
Annual total volume	Sensitivity Adj. Ratio (95 % CI)	False-Positive Rate Adj. Ratio (95 % CI)
Always < 500	0.80 (0.66-0.98)	1.91 (1.20-3.04)
Sometimes < 500, Sometimes ≥ 500	1.01 (0.99-1.03)	1.17 (1.03-1.32)
Always ≥ 500	1.00	1.00



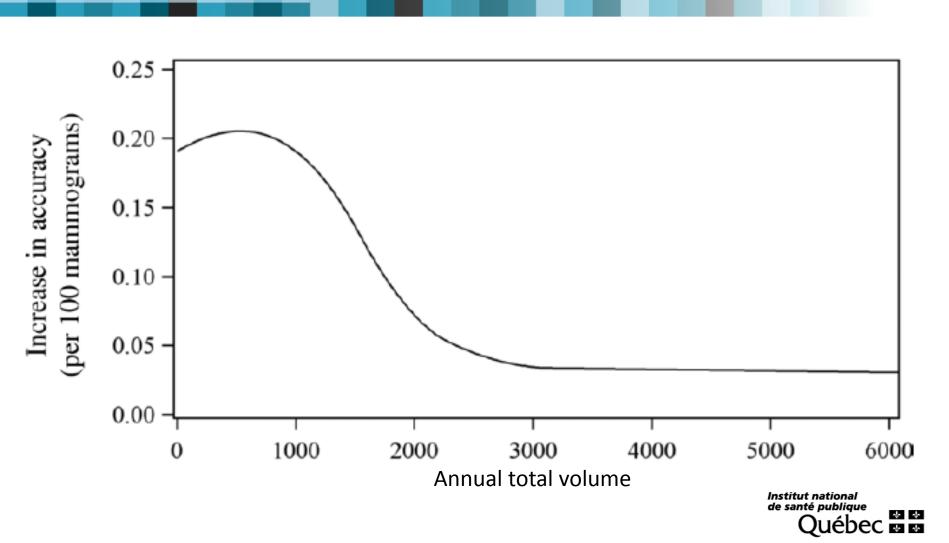
# Total volume and accuracy components



# Total volume and screening accuracy



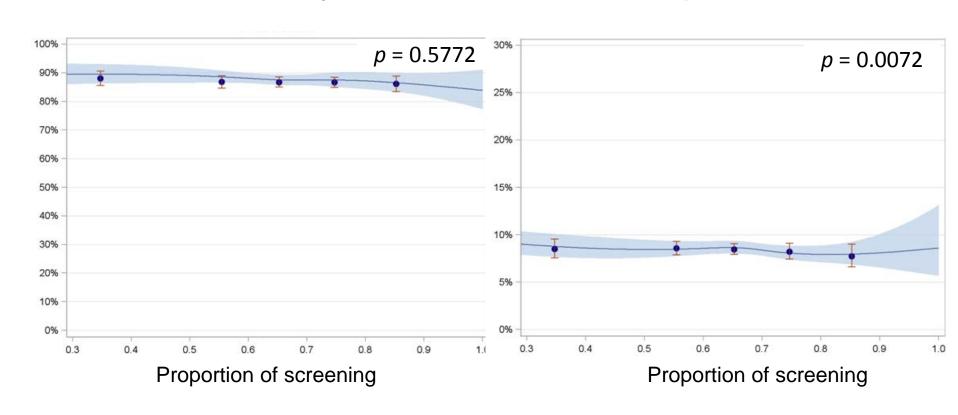
### Increase in accuracy by total volume



# Proportion of screening mammogram



#### False-positive rate



# Summary

- Radiologist volume requirements vary from program to program across Canada
- Minimal volume requirement of 500 mammograms annually is justified
- Raising the volume of radiologists may help to minimize false-positive rate without change in sensitivity
- Potential gains in accuracy with increases in volume may be greater up to an annual volume of approximately 3,000 mammograms



# Thank you!

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