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Current Results of the Breast Cancer Screening Programme After Four Years Implementation in Khanty-Mansiysky Autonomous Okrug − Ugra

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Background: Breast cancer is a leading form of malignancy and the most frequent cause of cancer-related death in the female population in Europe, North America, Russia. The detection of breast cancer in the early stages is the main aim of screening programmes. If diagnosed and treated at an early stage, breast cancer has a very high 5-year survival. Also it gives the opportunity for successful treatment using less aggressive methods.
Materials and Methods: Khanty-Mansiysky Autonomous Okrug − Ugra (Ugra) located in Western Siberia (Russia). The rates of the incidence of and mortality from breast cancer in women aged 40 years or more, show that the region is one of medium risk. A breast cancer screening program was implemented in the Ugra in 2007. The screening covers women over 40 years old. The screening interval is 2 years, with two-view mammography and single reading as the standard. The data on numbers screened and diagnosis as a result of screening were obtained from the paper returns from 22 districts annually. Within the ESMO Fellowship for Translational Research for Eastern Europe, funded by Susan G. Komen for the Cure®, we have evaluated the quality of the Breast Cancer Screening Programme in Ugra for the period 2007–2010.
Results: Within Breast Cancer Screening Programme 145,547 women were screened during 2007- 2010 in the Ugra. The screening coverage rate was 44.3%. According to reports from 11 districts in 2010 we also estimated the same rate for subsequent screening in the Ugra − 6.3%. The total coverage (screening and diagnostic) approximately is the 70%. 10.7% of screened women were referred for further assessment. The average cancer detection rate was 2.5 per 1000 screened during 2007–2010. The average underlying incidence for the same period was estimated as 1.2 per thousand women aged 40 years onwards. Thus the prevalence/incidence ratio is 2.1. For 2010 the cancer detection rate among subsequent screened was 1.3 per 1000 screened. Among all screen-detected cancer cases 91% were 1 or 2 stage of disease and 44% of tumours − with the size less 20 mm. The test sensitivity was estimated as 74%.
Conclusion: The evaluation shows a substantial increase (+15%) of screening coverage rate over the last four years. Other quality criteria for the Screening Program are within international standards. Systematic early detection through mammography screening and optimal treatment in Ugra should decrease the breast cancer mortality in the future.

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Opportunistic Breast Cancer Screening Results

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Introduction: Breast cancer is a leading malignancy in women in Serbia with both incidence and mortality rates constantly increasing. National breast cancer screening program has been adopted by the government in 2009 and the preparations are still going on. Target group are women 45 to 69 and the screening interval is 2 years. Organized screening program hasn't started yet but various health centers provide opportunistic screening, Institute for Oncology and Radiology of Serbia being one of them.
Aim: The aim of this study was to analyze epidemiological data and screening results in women that underwent opportunistic breast cancer screening.
Material and Methods: Data on personal and family history, risk factors, previous examinations and breast symptoms were obtained through a questionnaire from 1183 women that came for opportunistic breast cancer screening at the Institute for Oncology and Radiology of Serbia in 2010. Further diagnostic procedures and treatment were carried out at the Institute in women with positive screening results.
Results: Data from the survey revealed that the majority of women (60%) went regularly to breast check-ups, most of them once a year or even more frequently (75% and 19%). The population-based study from 2009 found that only 16% of women in the general population went regularly to breast check-ups.
Few women had previous benign breast diseases (7%). Hormonal therapy was reported by 19% of women. One fifth of women were nuliparous.
Almost half of women (45%) had positive family history, most frequently breast cancer and in first degree relatives. The prevalence of positive family history was higher than in the general population or in breast cancer patients.
Twelve percent of women reported that they have noticed a lump or any other breast symptom. However, there was no correlation between breast symptoms reported by women and results of screening.
Clinical examination and mammography were done in all women over 40; one fifth of women were under the age of 40 so that clinical examination and ultrasound were performed. Clinical findings or BIRADS 2 or more was registered in 68 women (BIRADS 2 in 36, 3 in 24 and 4 in 8 women) and further diagnostic procedures performed. Surgery was performed in 8 women, one invasive lobular cancer found.
Conclusions: In opportunistic screening, women coming for screening are screening interval differ from national screening recommendations − younger women being more interested and interval being shorter. The high prevalence of family history suggests that this is a strong motive for women to sign up for the screening.

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Perception of Hereditary Cancer Risk in a Medical Oncology Service: a Retrospective Study

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Background: A comprehensive family history and consideration of the criteria for hereditary cancer risk are essential elements of oncology practice, since patients and relatives at risk could benefit from further study and genetic counseling.
Material and Methods: This retrospective study evaluates the perception of hereditary cancer risk in our Medical Oncology Service. We reviewed the clinical records of newly admitted patients (January 2009-November 2009). Patients at risk were defined as those who met one or more of the following National Cancer Institute (NCI) criteria: diagnosis at an unusually early age; one or more first-degree relatives affected with the same or a related tumour (e.g. breast and ovarian, colorectal and endometrial); synchronous, bilateral or metachronous cancer in the same individual; atypical presentations (e.g. male breast cancer); suggestive pathology report (e.g. microsatellite instability phenotype in colorectal cancer).
Results: Only 169/605 (27.9%) records analyzed contained the family history. Although 119/605 patients (20%) had one or more risk criteria, only 14 were referred to genetic counseling. Two of these patients did not meet the risk criteria (Table).
Conclusions: This study shows a low perception of hereditary cancer risk among medical oncologists in our institution. The clinical history was properly recorded in only 27.9% of cases. More information about hereditary cancer risk criteria and insistence on the importance of family history are necessary in our institution. In order to improve risk perception, a multidisciplinary hereditary cancer program was implemented in 2010.

Criteria number	Referral to genetic counseling		
	Yes	No	Total
1	4	85	89
2	7	18	25
3	2	2	4
4	1	0	1
Total patients meeting criteria	14	105	119
Patients not meeting criteria	2	484	486
Total	16	589	605