

Improvement in Time From Abnormal Screening Mammogram to Final Diagnostic Test in NL — One Year Update

Canadian Partnership Against Cancer Guideline

The target times for abnormal mammogram to final diagnostic tests should be:

- a. <7 weeks in those who had a breast biopsy,
- b. <5 weeks in those who did not have a biopsy.

Practice Points

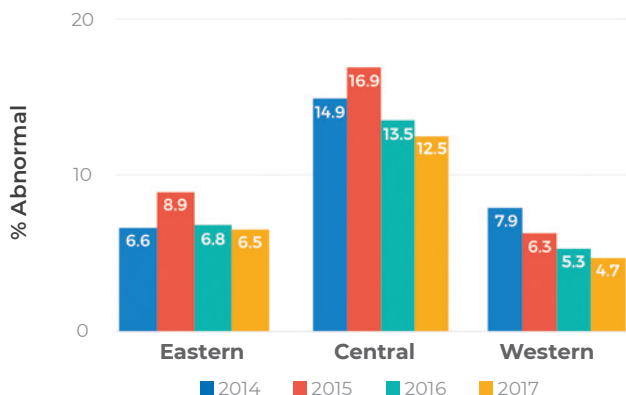
1. In Canada, 10% of screening mammograms are abnormal.
2. In NL, the time from abnormal mammogram to final test was achieved within 7 weeks in 47% of those who had a biopsy, and within 5 weeks in 65% of those who did not have a biopsy (2014–2016).

Methods (PI: J. Templeton)

1. Data were obtained from the breast screening database, diagnostic imaging, pathology reports, laboratory, and ARIA tumor registry 2014–2018, and were analysed by region.
2. In Eastern Health (EH), process changes were made to improve efficiency.

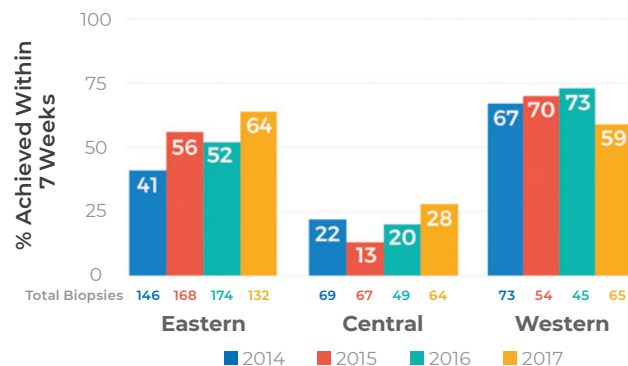
Results

**Total Mammograms 2014–2017
By Percentage Abnormal in Each Region**



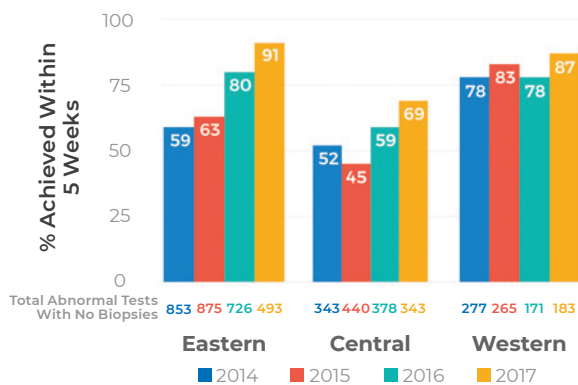
- The provincial rate of abnormal mammograms is 8.2%. Central Health (CH) consistently has the highest rate.
- 1.2% of total mammograms result in a breast biopsy, of which 1/3 are malignant.

Time to Final Diagnostic Test in Those Who Had Breast Biopsy: Percentage Achieved Within 7 Weeks by Region



- In patients who had a breast biopsy, CH had the lowest percentage of patients who had a final diagnostic test within 7 weeks; Western Health (WH) had the highest.
- Efficiency significantly improved over time in EH.

Time to Final Diagnostic Test in Those Who Had Abnormal Mammograms Without Biopsy: Percentage Achieved Within 5 Weeks by Region



- In patients who had abnormal mammogram and no breast biopsy, CH had the lowest percentage of patients who had final diagnostic test within 5 weeks; WH had the highest.
- Efficiency significantly improved over time in EH.

Conclusions

1. Time to final diagnostic test was best in WH.
2. Significant improvement in efficiency over time occurred in EH associated with improvements in process.
3. CH has the highest rate of abnormal mammograms and poor times to final diagnostic test.
4. Process improvement is necessary.