111

2.4. Breast cancer screening for women younger than the recommended age target group for screening (QA-7)

2.4.1. Documentation sheet

Description	Proportion of women aged 41-49 having had a mammogram within the last two years.
Calculation	Numerator: number of women aged 41-49 in a given year who are still alive at the end of that year, having had a mammogram withir the past two years.
	Denominator: total number of women aged 41-49 affiliated to a sickness funds in a given year who are still alive at the end of that year
Rationale	Since 2001 in Flanders and 2002 in Brussels and Wallonia, a national breast cancer screening programme exists for women aged 50 69. Guidelines do not recommended the extension of the scope of this programme to the younger (40-49) category in Belgium ¹ and aids for better informed decision have been published. ²
	This indicator measures in which extent screening is performed in inappropriate (too young) age groups.
International comparability	This is not an international indicator
Primary data source	EPS (IMA – AIM) and Doc N (INAMI – RIZIV)
Indicator source	KCE calculation
Technical definitions	INAMI – RIZIV billing codes: 450096-450100, 461090-461101 (mammograms including any axillary images) and, since 2016, 450354 450365 (mammograms performed as part of breast cancer screening in asymptomatic women with a very high risk profile). In the IMA database only the year of birth is available and not the exact date of birth. Therefore, it is impossible for an individual woman to verify if she undergoes a mammography within the 2 years prior to her 41 st – 49 th birthday. It is only possible to verify if a woman undergoes a mammography in the year of her 41 st – 49 th (T) and the year before (T-1).
Limitations	It is impossible to distinguish opportunistic mammograms (i.e. mammogram used for opportunistic screening outside the screening programme) from diagnostic mammograms (i.e. mammogram used for diagnostic reasons, e.g. in women with symptoms or [before 2016] at high risk). So the target rate for this indicator should not reach zero.
Performance dimensions	Quality (as an indicator of non-appropriateness);
Related indicators	Coverage of target group for breast cancer screening (within and outside the organised screening programme); Breast cancer 5-year survival rate

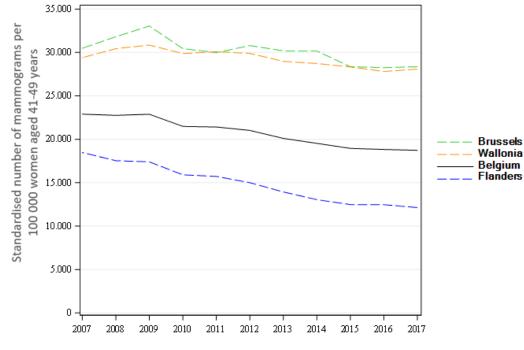
2.4.2. Results

112

The percentage of women aged 41-49 years who had a mammogram in the last 2 years has slightly increased between 2011 and 2016 (from 33.1% to 35.4%), but the number mammograms per 100 000 women is decreasing since 2010, especially in Flanders (Figure 33).

The median age is 45 years old, there a more mammograms for women aged 45-49 (36.5% in 2013) than for women aged 41-45 (29.2% in 2013) ³.

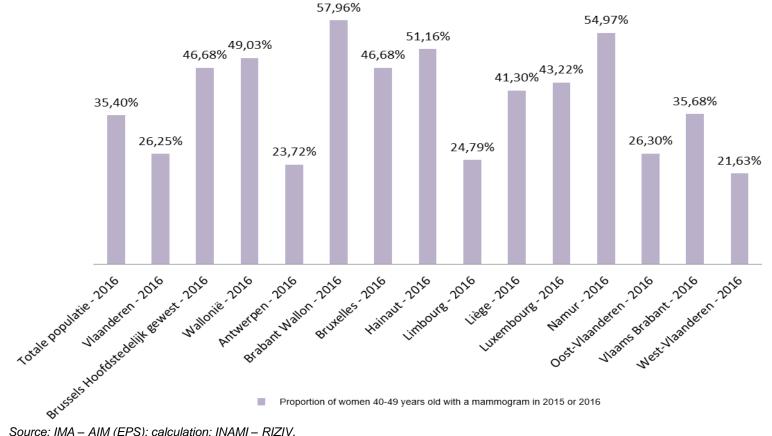




Source: INAMI - RIZIV (Doc N)

The geographical variations of the indicator are important: for 2016, Flanders has a lower proportion (26%) than Brussels (47%) or Wallonia (49%), see Figure 34

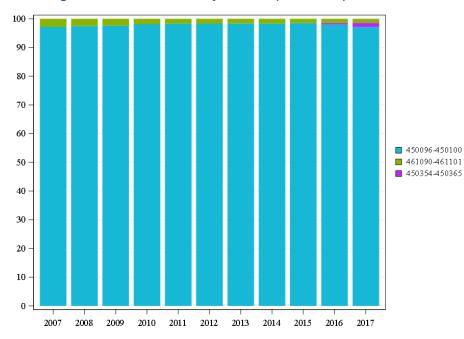
Figure 34 – Breast cancer screening for women 40-49 years old by region and province (2016)



Source: IMA – AIM (EPS); calculation: INAMI – RIZIV.

The new billing codes introduced in February 2016 for at-risk women (450354-450365, mammograms performed as part of breast cancer screening in asymptomatic women with a very high risk profile) are still a small proportion of the screening (Figure 35).

Figure 35 – Evolution of the billing codes distribution for mammograms for women 40-49 years old (2007-2017)



Source: EPS, calculation: INAMI – RIZIV

114

Key points

- In Belgium, breast cancer screening is recommended only for women aged 50-69 years. However, a third of women aged 41-49 years are screened. There are important regional disparities, Flanders has a lower proportion than Brussels and Wallonia.
- Evolution over time shows a slight declining trend in Flanders (above 30% in 2007, 26% in 2016). No evolution is observed neither in Wallonia (49% in 2016) nor in Brussels (47% in 2016) between 2007 and 2016.

References

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- Kohn L, Mambourg F, Robays J, Albertijn M, Janssens S, Hoefnagels K, et al. Informed choice on breast cancer screening: messages to support informed decision. Good Clinical Practice (GCP). Brussels: Belgian Health Care Knowledge Centre (KCE); 2014 08/01/20214. KCE Reports 216 (D/2014/10.273/04) Available from: <u>https://kce.fgov.be/sites/default/files/page_documents/KCE_216_breast_c</u> <u>ancer_screening.pdf</u>
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