Breast cancer screening programme: France

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French health care system

- General population of 65 Million
- GP clinics = 32 200
- Radiology is decentralized based on private practice
  - Number of mammographs = 2 500 (90% private)
  - Number radiologists performing mammography = 3 500
- Hospitalization: 2 700 hospitals /clinics
  - 35% public 65% private
- Patients walkthrough individual choice of / GP/ radiologist/ hospital…
Accreditation - certification

- All French hospitals and clinics have to be certified by an accredited body (HAS)
- A hospital or clinic is certified when
  - Criteria are fulfilled
  - if various physicians or teams have high risk activities they should be accredited according to quality references for care and professional practices
Health Care System for Cancer national cancer plan- France

• Since 2009, hospitals/Clinics dealing with cancer patients need to have:
  – specific authorization for treating cancer patients

• Delivered by the regional agency for health
  – Based on transversal quality conditions
  – Accreditation criteria for main cancer treatments
  – Minimum activity (mean over three years) thresholds to reach
## Minimal levels of activity

<table>
<thead>
<tr>
<th>TRAITEMENT</th>
<th>PATHOLOGIES</th>
<th>ACTIVITÉ MINIMALE (par an/en moyenne sur les trois dernières années)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIRURGIE DES CANCERS (POUR LES 6 SPÉCIALITÉS SOUMISES À SEUIL)</td>
<td>MAMMAIRE</td>
<td>30 interventions</td>
</tr>
<tr>
<td></td>
<td>DIGESTIVE</td>
<td>30 interventions</td>
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<tr>
<td></td>
<td>UROLOGIQUE</td>
<td>30 interventions</td>
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<td></td>
<td>THORACIQUE</td>
<td>30 interventions</td>
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<td></td>
<td>GYNÉCOLOGIQUE</td>
<td>20 interventions</td>
</tr>
<tr>
<td></td>
<td>ORL ET MAXILLO-FACIALE</td>
<td>20 interventions</td>
</tr>
<tr>
<td>RADIOTHÉRAPIE EXTERNE</td>
<td></td>
<td>600 patients</td>
</tr>
<tr>
<td>CHIMIOThÉRAPIE</td>
<td></td>
<td>80 patients dont au moins 50 en ambulatoire</td>
</tr>
</tbody>
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Transversal quality measures

Les mesures transversales de qualité

Les 6 conditions transversales de qualité fondées sur l’objectif d’une prise en charge globale dès le diagnostic initial, garantissent aux patients le bénéfice des mesures suivantes :
1. le dispositif d’annonce ;
2. la concertation pluridisciplinaire ;
3. le respect des référentiels de bonne pratique ;
4. la remise d’un programme personnalisé de soins ;
5. l’accès aux soins complémentaires et d’accompagnement des malades ;
6. l’accès aux innovations et à la recherche clinique.

D’autres garanties transversales doivent également être mises en œuvre par l’établissement : la participation à un réseau régional de cancérologie, la garantie de la continuité des soins, et l’assurance de la qualification des médecins.
French health care System for cancer

• Authorized hospitals for treatment
  – surgery, chemotherapy, radiotherapy.

• To date 881 Hospitals/clinics have obtained the authorization to care for cancer patients
National Cancer Screening Programmes

- Two national programmes to date
  - Breast cancer, age 50 to 74
  - Colorectal cancer, age 50 to 74
- Cervical cancer screening
  - 60% of women aged 25 to 65 have had a prescribed screen in the last three years
  - 13 experimental programmes, inviting only women without a screen in the last three years
Breast cancer screening coordination

Ministry of health

- Department of health
  - Rules and reglementations
  - Information, training, evaluation

- National Cancer Institute INCa

- National health security agency ANSM
  - Quality Control

- National Institute for public health InVS
  - Epidemiological follow up
  - Evaluation national results

- National Agency for good practice HAS

Regional coordination level

- Local Monitoring centres (89 for 100 districts)

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Implementation of the national breast cancer screening programme: Mile Stones

• 1986: first experimentations
• 1989 -1991: Pilot programme=10 local districts
  – One view, 3 years, target 50-69ans
• 1994: National Screening Programme EU guidelines
• 1999: HAS ( 2 views, 2 years, => age 74) = 32 dept
• 2000: Plan against cancer: accelerate coverage
• 2001: HAS New protocol
  —2 views, 2 years, clinical examination
• End 2003/2004: National coverage completed
Breast cancer screening quality assurance – accreditation

Accreditation

Radiology  Biopsy  Surgery  Treatment  Chemo/RadioTT

Breast cancer screening Quality assurance
French protocol for breast cancer screening

• First French protocol based on the European guidelines for quality assurance of BCS
• Second protocol adapted to the French health system mostly
• Mandatory = Published in official journal
• No breast centres
Organisation

- Local Monitoring Screening centres = 89
  - Invitations/information/evaluation
  - Not located in a clinic or health centre
  - Required to have written procedures

- Radiology centres = Decentralised system, public and private

- Personal invitation and 2 reminders
Quality assurance for Radiology

- Mandatory Quality control of mammography facilities every 6 months (in and out of programme)
- First reader 500 mammograms per year
- Second reader 2000 mammograms per year
- Double reading, centralized for + mammograms
- Mandatory training of Radiologists & Radiographers
- BI-RADS Classification of the American college of radiology has been selected by the French society of radiology (SFR) for use in France since 2001
Target population

- No perfect national data base available for invitations
- Target population 8 million women aged 50 to 74
- Source of information: 18 different health insurance funds

- Unique Data base for invitations
  - Generated by the monitoring centres
  - Data file specification for merging the 18 files from IF
  - Cleaning of files (double counts/deaths...)

- National Data collection forms filled in by Radiologists
  - Variables and definitions
  - Indicators linked to the EU guidelines for QA
Programme modalities

- Systematic clinical Examination
- 2 views ± extra views
- Normal results:
  - centralised double reading
- Abnormal results:
  - immediate assessment
- Films given back to women (no archives)
- Interval between screens 2 years
Organisation

• Abnormal results : immediate assessment
  – Non invasive : extra views / Ultrasound
  – Invasive : Fine needle aspiration/core biopsy

• If + GP informed
  – Referred to clinic / hospital for surgery
Conclusion

• The European guidelines for quality assurance have been essential for the implementation of the BCS programme
• Should not be “smothered” by accreditation

• When referring to quality there are two different aspects
  The screening programme has its own quality assurance based on the EU Guidelines for QA which are necessary for all
• But the programme is included in
  – the general accreditation system for care of patients