



**QUÉBEC  
BREAST  
CANCER  
SCREENING  
PROGRAM**

**IT'S YOUR DECISION!**

## BREAST CANCER IN QUÉBEC

There are over 6,000 new cases of breast cancer every year.

About 80% of these cases involve women aged 50 or over.

Approximately 1,350 women die from breast cancer every year.

Canadian Cancer Society - Canadian Cancer Statistics 2019



The information provided in this flyer does not replace the recommendations of a doctor or a primary care nurse practitioner (NP).

## INVITATION TO THE PROGRAM

If you are a woman aged between 50 and 74, you will receive, or you may already have received, a letter by mail inviting you to take part in the Québec Breast Cancer Screening Program (PQDCS) of the *ministère de la Santé et des Services sociaux*. In this program, you are invited to have a mammography examination (mammogram) every two years between the ages of 50 and 74.

The goal of the program is to reduce breast cancer mortality in Québec. Your participation is voluntary. Before making the decision to take part or not in the program, take the time to find out more about the subject. This flyer is designed to help you consider the matter and come to an informed decision.

### SERVICES OFFERED

- Invitation by personalized letter to women aged between 50 and 74.
- Free screening mammogram.
- Medical prescription not required to have a mammogram.
- Result letter sent to your home and to your doctor's office after a mammogram.
- Clinical follow-up assured, even if you do not have a family doctor.

**Screening is an option, never an obligation.**

## OBSERVED CHANGES IN YOUR BREASTS

Whether or not you decide to take part in the screening program, **consult a doctor without delay if you notice any of the following changes in your breasts**, even if the result of a recent mammogram was normal.

### **On a breast:**

- a lump (mass) appears in a breast;
- puckering of the skin on a breast (retraction);
- the skin of a breast becomes dimpled (like orange peel);
- the skin of a breast becomes red over at least one third of the breast.

### **On a nipple:**

- a sudden discharge of liquid from the nipple;
- a nipple becomes inverted (seems to be pulled inwards into the breast);
- a change appears on the skin of a nipple (looks like persistent eczema).

## **SCREENING MAMMOGRAPHY**

A mammogram is an x-ray of the breasts. This examination consists of compressing the breast between 2 plates for a few seconds. This technique can be uncomfortable or painful, but the sensation does not persist after the examination. A screening mammogram is one given to somebody who has no symptoms of breast cancer. If you decide to have a screening mammogram, it is because you want to find out whether cancer is present in your breasts.

Mammography does not detect all breast cancers. This is why breast cancer is sometimes discovered a few months after a normal mammogram.

Nevertheless, mammography remains the only effective examination to reduce mortality due to breast cancer.

### **Main effects of screening mammography**

Effects of screening mammography are variable. Some women have a screening mammogram every two years and show a normal result every time. For others, a screening mammogram may lead to further tests, which may cause anxiety and even unnecessary treatments. Among the minority of women who receive a cancer diagnosis, some will have their life saved thanks to the screening mammogram.

A comparison of women who take part in breast cancer screening by a mammography every two years over a 20-year period with women who do not take part reveals **three main effects**:

1

The number of women who are given at least one additional test is higher among participants in the screening program than non-participants.

Out of every 1,000 participants

453 women are given an additional test.

Out of every 1,000 non-participants

297 women are given an additional test.

**Effect of screening:** 156 more women are given an additional test.

### Advantage

#### Better diagnosis

In most cases, additional tests enable a precise diagnosis to be made. In 95% of cases, the result of this test is normal (no anomaly is detected).

### Disadvantages

#### Waiting and worry

Having to undergo tests and wait for the results often leads to worry and anxiety.

#### Complications

Complications may occur after additional tests (ex.: biopsy).

#### Disruption of daily routine

Additional tests may disrupt your daily routine (ex.: you will have to miss work).

2

The number of breast cancers discovered is higher among participants in the screening program than non-participants.

Out of every 1,000 participants

77 cancers are detected.

Out of every 1,000 non-participants

54 cancers are detected.

**Effect of screening:** 23 more cancers are detected, 10 of which could be cases of overdiagnosis (see explanation below).

### Advantages

#### **Better chances of cure**

Because screening generally detects cancers at an early stage, they can be treated more effectively, thereby reducing the number of deaths due to breast cancer among participants.

#### **Less chemotherapy**

Because screening generally detects cancers at an early stage, they can be treated without using chemotherapy.

### Disadvantage

#### **Risk of overdiagnosis**

Since screening can detect cancers in the early stages of development, some of them may be cases of overdiagnosis. This means these cancers would not have had consequences for the woman's life, because they would have remained inoffensive or would have developed very slowly. Since it is impossible to differentiate inoffensive cancers from deadly cancers, all cancers are treated. Thus, the woman may:

- receive needless treatments;
- suffer the side effects of these treatments;
- have to live with a cancer diagnosis;
- have more frequent medical appointments to ensure the cancer does not reappear.

3

The number of deaths due to breast cancer is lower among participants in the screening program than non-participants.

Out of every 1,000 participants

13 deaths are recorded

Out of every 1,000 non-participants

20 deaths are recorded

**Effect of screening:** 7 deaths are prevented

Ministère de la Santé et des Services sociaux et Institut national de santé publique du Québec

The statistics presented in this document were generated using data from women aged 50 to 69. An update to this document is underway to present the data for the entire eligible population aged 50 to 74.

### Limitations of mammography

- Mammography does not detect all cancers. Some are invisible on the mammogram or may develop between two mammograms.
- Having a screening mammogram does not guarantee that you will survive a breast cancer.
- Treatment does not always lead to survival, even when a cancer is detected at an early stage.
- Screening mammography does not prevent breast cancer from developing.



## **IT'S YOUR DECISION!**

The decision whether or not to have a screening mammogram as part of the PQDCS is for you to take. The decision will depend on what is important for you, your values and preferences. If, after reading this flyer, you still do not know whether you want to participate in the program, we encourage you to talk about it with a doctor or a primary care nurse practitioner.

Visit the Website of the Gouvernement du Québec at: [Québec.ca/depistage-cancer-du-sein](https://quebec.ca/depistage-cancer-du-sein) for more information about:

- the **PQDCS** and its services;
- mammography and follow-up;
- hints on preparing for a mammogram;
- additional tests and their results.

**Call Services Québec** for more information on the **PQDCS** or to obtain the contact information of the screening centre nearest you:

- Québec City region:  
418 644-4545
- Montréal region:  
514 644-4545
- Elsewhere in Québec:  
1 877 644-4545 (toll free)
- Persons with a hearing or speech impairment (TTY):  
1 800 361-9596 (toll free)