

BreastScreen
Victoria

Annual Report 2020-2021

*Client voices
shaping the way*



A message from our Chair and CEO

There have been many achievements and new learnings across BreastScreen Victoria this year despite the ongoing challenges and disruptions of COVID-19. What has stood out is the remarkable resilience and agility of our staff, and their continued efforts to provide great client care and move our program forward.

Thanks to collaboration across our One BreastScreen Team, we have been able to prioritise client and staff safety and continue screening during COVID-19 restrictions. We have also been working closely together on service improvements to ensure clients are at the heart of what we do.

BreastScreen Victoria screened 236,226 clients this year, achieving 84.7% of our annual target. While this is below our usual screening levels, it is a significant achievement during this uncertain time. Behind the numbers, feedback shows our staff provide outstanding support to clients throughout their BreastScreen experience.

More than ever before, technology has been crucial in helping us deliver our services, stay connected and adapt to working more effectively across teams in different locations. Using these new skills, Maroondah BreastScreen was the first in Australia to undergo an entirely virtual accreditation process under

the BreastScreen Australia National Accreditation Standards (NAS). Gippsland BreastScreen followed soon after.

This year we marked a significant milestone by completing the rollout of tomosynthesis machines—also known as 3D mammography—into all our Reading and Assessment Services. The culmination of research and trials over many years, this cutting-edge technology is already delivering benefits to clients.

We have continued to support several exciting research projects that will help us be future-ready. Using new technology, we have revolutionised our feedback process, capturing comprehensive client feedback along every stage of their journey with us, in real-time. This smarter way of collecting feedback helps us to better meet our commitment of putting clients first.

We have expanded our Consumer Engagement work to embed our consumer perspective in decision-making, service planning and improvement, formalising this work in a new Consumer Engagement Framework. Our sincere thanks to our passionate Consumer Network for helping us ensure our service meets the needs of all our clients.

With an eye to the future and in consultation with staff, clients, consumer representatives, partner organisations and the Board, we developed our new Strategic Plan 2021-2025 to guide our work over the next four years. We are excited by the shared purpose and direction of the plan, and its focus on supporting our One BreastScreen Team.

We thank all members of our Board for their contribution and guidance throughout the year. We acknowledge Wayne Tattersall, who resigned as Chair in February 2021 after serving for more than five years on the Board, including three as Treasurer. Wayne contributed so much to the Board during his tenure, and we are grateful for his service.

BreastScreen Victoria has always been a people-centred organisation, and we've been especially inspired this year by all the individuals who have worked so hard to maintain the service throughout this most unusual time.

Although COVID-19 has dramatically redefined the way we work, we have faced this challenge together, and successfully supported the early detection of breast cancer in our community.

**Dr Elisabet Wreme, Chair
and
Terri Smith, Chief Executive Officer**



Dr Elisabet Wreme



Terri Smith

2020-21 at a glance



BOOKINGS

332,056
bookings made

This year, 145,319 (43.8%) bookings were made online and 186,737 (56.2%) were made via telephone or in person.

1,706,075
letters, emails and SMS
sent to clients

Points of communication with clients include: invitations to screen for the first time, reminders to re-screen, booking confirmations and results. We also sent 231,197 result letters to GPs. Of these letters, 185,094 (80.1%) were sent out electronically and 46,103 were sent by letter.

296,240
calls to the
Contact Centre



SCREENING

236,226
breast screens
performed

We reached 84.7% of our target of 278,990 for this period. This figure includes 2,375 Victorian clients who screened in NSW, 24,481 who attended their first screen, and 211,745 who accessed a subsequent screen.



ASSESSMENT¹

11,731
clients were recalled
to assessment

Of the clients who attended BreastScreen Victoria for the first time, 11.5% were recalled for further tests (assessment). Of the clients who attended for subsequent screens, 4.13% were recalled for further tests.



CANCER DETECTION

1,584
breast cancers
diagnosed
in 2019-20

Clients diagnosed with breast cancer by BreastScreen Victoria are referred to their doctor or a breast clinic for treatment. BreastScreen Victoria collects information about diagnosis and treatment from the client's treating doctor. Of the 1,584 cancers diagnosed, 1,275 (80.5%) were invasive cancers and 309 (19.5%) were DCIS.

28 years of screening

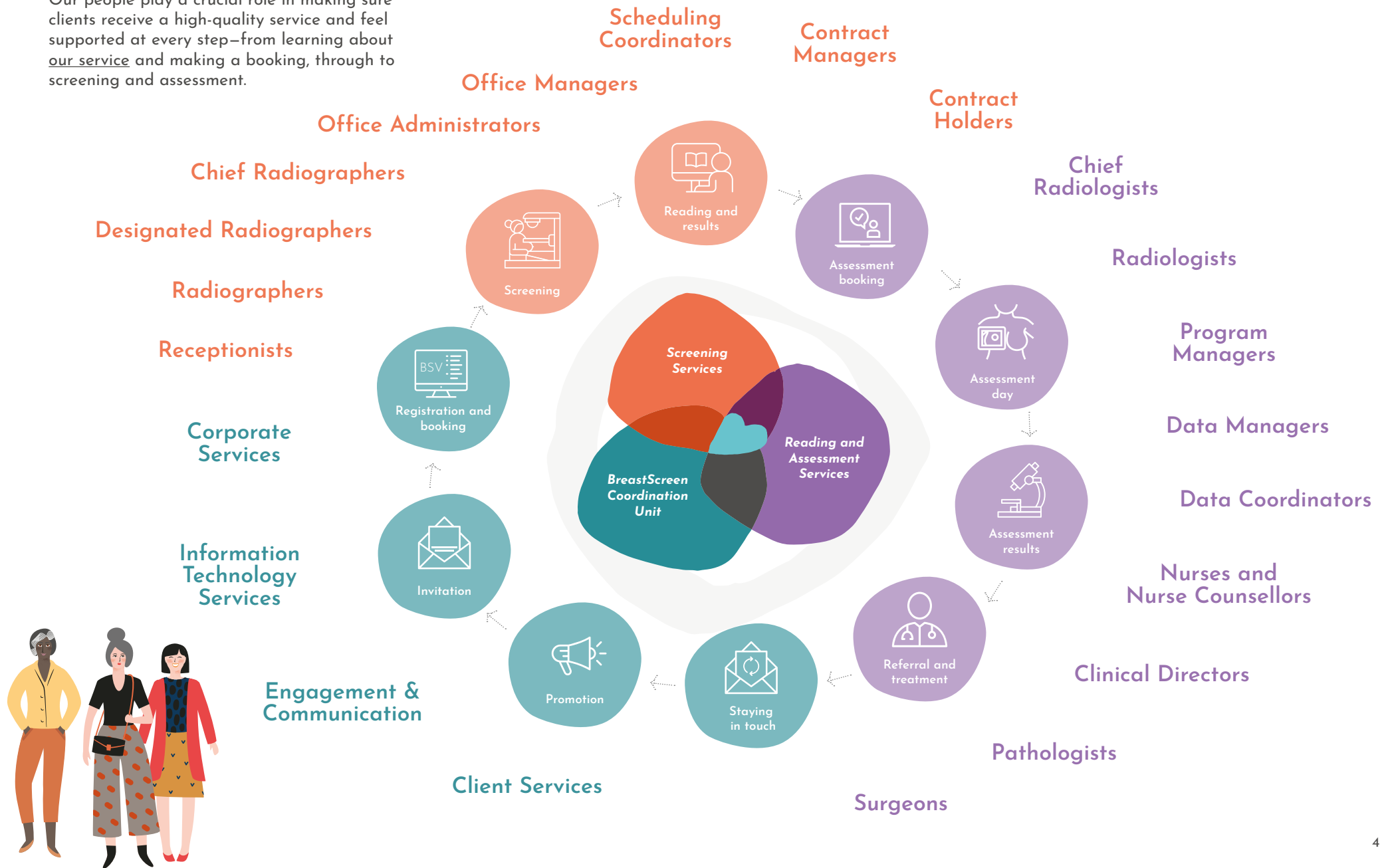
Over the last three decades, the uptake of BreastScreen Victoria's screening program has reduced the impact of breast cancer in Victoria, leading to better health outcomes across Australia. Together, we have saved lives through early detection.

5,494,269
breast screens performed since February 1993

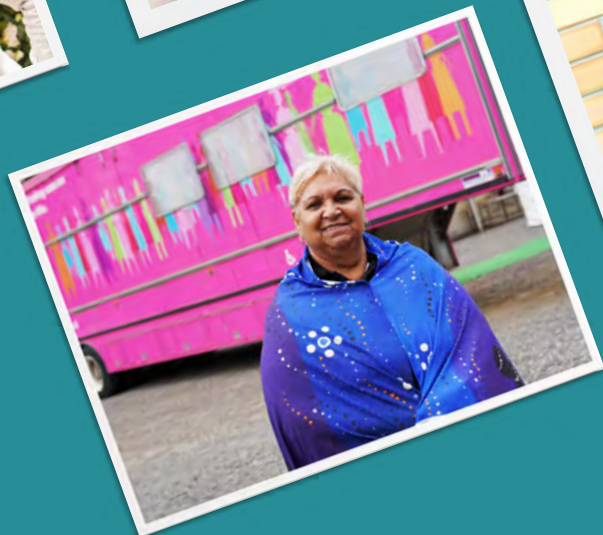
1. Excludes Victorian women screened in NSW.

One BreastScreen Team

Our people play a crucial role in making sure clients receive a high-quality service and feel supported at every step—from learning about our service and making a booking, through to screening and assessment.



Our voices...



Ana Lendrec

on making clients feel welcome

As one of the friendly faces who greets clients when they arrive for their breast screen—Ana shares how she continues to put clients first during COVID-19.

Working at Grampians BreastScreen for over 20 years, Office Administrator Ana Lendrec has become a go-to person for many things.

"My role has evolved a lot over the years, but I love most that I am able to provide great customer service and support health in the community," she says.

Ana says a clear focus on clients has helped to create a sense of community at Grampians BreastScreen.

"I love the connection with clients, and the diverse clients who screen. We have regular group bookings with Aboriginal and Torres Strait Islander clients, and soon we will have our first group visit for members of the LGBTI+ community."

Before COVID-19, many clients would even enjoy a tea or coffee after their screen, and the chance to catch up with friends and family who attended with them. The ritual was especially enjoyed by women who had travelled from outside Ballarat.

Making clients feel welcome has taken on new dimensions during the pandemic, however.

"There's been a change of usual practice at reception," Ana says.

"We have to use different communication methods, and the masks and reception barriers change the way you relay information.

"You tend to use more hand gestures, and need to be more mindful of how loud you speak and what tone you use as your voice gets louder."

The social aspect has changed too. "Some clients really miss the idea of having a refreshment and having a sit down in the waiting room at their appointment.

"We do get lots of feedback as they leave about how professional the site is in COVID times and that they feel safe."

Ana says the pandemic has also presented challenges to accessibility. "There is only one entry into the screening site now. Clients are used to having multiple entrances and closer (less walking required) ones.

"This has been a concern for those who need assistance. We purchased a wheelchair and offer to meet the client at the main entrance and bring them to our site for their appointment," Ana says.



"I love the connection with clients, and the diverse clients who screen."

Irene O'Duffy

on overcoming first-screen fears

BreastScreen Victoria invites women to get their first screen from age 50—when Irene received her invitation, she put off making the appointment due to worry.

Woodend-based TAFE teacher Irene knows misconceptions can be powerful.

"I think I was in denial that I was old enough to have a breast screen. And I wasn't sure how much it would hurt—was it going to feel like someone's punched me in the chest?" she explains.

Irene fought her fears and had her first breast screen in May this year, at age 52. "It was about thinking, okay, I can be brave. Millions of women do it, so I can do it."

She arrived at Sunbury BreastScreen for her appointment a little frazzled and anxious, but this didn't last long.

"The radiographer immediately put me at ease. She was brilliant, with the most stunning personality. She explained everything that would happen, which is a good technique because it makes you feel less nervous.

"Afterwards, I thought, 'Oh, was that it?' It didn't take any time at all."

"The machinery was amazing!" Irene says.

Another misconception she was happy to see dispelled, "You have this old-fashioned view of a mammogram where you're standing in front of two cold metal plates that squish you. This new technology is sophisticated and gentle."

After her screen, Irene called her partner to tell him how easy it had been. "Looking back, I can't believe I was so fussed about something so straightforward. But I think your mind plays tricks on you.

"I took half a day off work because I was worried how I would feel in the afternoon, but you could literally get it done on your lunch break."

Irene now shares her experience with friends of a similar age. "I can't say, 'don't worry, it won't hurt' because that may not be everyone's experience. But I can say that you should trust the staff because they will look after you, and even if it's painful, it's over quickly."

Irene is confident the only breast screen she'll put off is her first. "I feel calm about my next one now, it's a walk in the park."



"I took half a day off work because I was worried how I would feel in the afternoon, but you could literally get it done on your lunch break."

Alhana Hofer

on professional development

BreastScreen radiographers keep up training and development—Alhana explains how a new module helps her in her role.

BreastScreen Victoria's training modules 'Better Enhancing and Advancing Mammographers (BEAM)' launched in December 2020, provide professional development to our imaging staff.

The modules have been making a difference, especially to new starters like our radiographer Alhana Hofer from Gippsland who started at BreastScreen in March 2021.

"The amount of information you have to learn at the start can be a lot, especially learning about grading criteria of mammograms. The training steps you through it and sets everything out well," Alhana says.

"BEAM is also a very useful tool to be able to come back to and reference. I have the memory of a goldfish most of the time, so it is perfect for me!

"The modules gave me an overview of the program. Being so fresh to everything, they provided context. Having an amazing supervisor at BreastScreen has been great too," she added.

BEAM modules also focus on staff wellbeing.

"I've learnt a lot about safety in the modules and on the job, to make sure my ergonomics and positioning are good. I was glad to have

my supervisor watching me to make sure I was doing it correctly."

Alhana put the scripts included in BEAM to good use when she needed to explain to a client that thyroid shielding is not recommended by BreastScreen Victoria.

"The scripts are so helpful in explaining things to clients in a simple and clear way," she says.

"It gave me the words. I let the client know the shield can get in the way, and screens use a minimal dose of radiation that doesn't impact the thyroid."

The training also helps make sure the client experience is positive, Alhana says. "It helps you make clients feel more comfortable when you have the tools and ability to address their concerns."

Alhana has found that clients are very understanding about someone training.

"Most clients don't mind having a couple of people in the room, at the end they will say 'you did a really good job, it barely hurt at all', it is really sweet of them to be so understanding.

"I'm proud to do a rewarding job and it is so diverse. In a world where there is so much going on, it feels good to be making a small difference."



"The amount of information you have to learn at the start can be a lot, especially learning about grading criteria of mammograms. The training steps you through it and sets everything out well."

Kelly Bu

on promoting breast screening

Passionate about sharing the importance of breast screening with the Mandarin speaking community—Kelly says there can be barriers to getting a screen.

Kelly had been getting regular breast screens before moving to Australia.

“When I lived in China, I had regular breast checks. At one of these checks, they found a small lump in my right breast.

“The hospital investigated a breast tissue sample, and found it was not cancer. I was so lucky. If I hadn’t had the regular health check, they would not have found the breast lump because I didn’t have any symptoms or pain.”

Kelly asked about breast screening when she moved to Australia in 2011, and began receiving letters from BreastScreen Victoria inviting her to screen every two years.

While Kelly is one of many enthusiastic participants in our program, we know that women from culturally and linguistically diverse backgrounds typically screen for breast cancer less often. We also know that engaging women in their preferred language can be up to 10 times more effective in getting them to screen.

With the help of our bilingual client contact officers, we communicate with clients in-language via phone and SMS, and hold dedicated screening sessions with interpreters at Screening Services.

Now a part of BreastScreen Victoria’s Consumer Network, 56-year-old Kelly is passionate about demystifying the process and promoting the benefits of screening to her community.

The Mandarin speaker says the language barrier and concern about finding cancer may prevent some people from accessing our services.

“I think the Chinese community needs more education about breast screening, let them understand it not only affects women but also the whole family.

“In Australia, breast screening is free. We just need to spend 10 minutes to do it. Also, the radiographer will be female. It’s easy and convenient!”

Kelly tells people the screening process can be a little bit uncomfortable but they’ll be looked after.

“The radiographer is very experienced, very friendly, and caring. The reception staff also is very friendly. I found it to be a safe experience.

“I have told all my female friends how important breast screening is. It could save your life.”



“I have told all my female friends how important breast screening is. It could save your life.”

Briohny Casey

on screening clients during COVID-19

Experienced radiographer Briohny is just one of many staff who have worked hard to make sure clients can keep safely screening during the pandemic.

Briohny has been a radiographer for over 20 years, including a 13-year stint in London. When COVID-19 hit, new safety measures were immediately launched across all BreastScreen Victoria services.

Briohny, who works at Moorabbin BreastScreen and Monash BreastScreen Reading and Assessment Service says, "We have masks and shields, infection control through hand sanitising, extra vigilant cleaning, and spacing out appointments so clients aren't waiting together."

But it was the emotional element that impacted too. Clients were feeling more anxious about coming in for their screen, especially during lockdowns. Briohny, like other radiographers, had to be extra attentive to these fears.

"Clients were asking if the machine was clean, something we never heard before COVID-19.

"We have been reassuring clients while also getting the best possible images efficiently. We want them to feel safe."

Briohny says many clients have shared that they delayed getting their breast screen during the height of the pandemic, and are only coming back now.

"One woman put off getting her screen for a whole year. She was relieved when she arrived that she didn't have to wait with other people in a waiting room for her screen."

This relief has been echoed by other clients.

"They have been really surprised we're in masks and shields, and they can see everything is really clean."

These safety measures have reassured clients that they are safe to get screened and keep up their other regular, important health checks too. Increasing vaccination rates in the community have also helped to put some client's minds at ease.

While some things may have changed because of COVID-19, what hasn't changed is Briohny's passion to keep screening for early cancer detection.

"It's the reward of doing something good for women. We know that we can give them that peace of mind, or if there is cancer, pick it up early."



"We have been reassuring clients while also getting the best possible images efficiently. We want them to feel safe."

Professor Caroline Symons

on overcoming barriers to screening

Caroline's cancer diagnosis shows why it's so important that BreastScreen Victoria offers a safe and inclusive service to our LGBTI+ clients.

As a pioneer in gender, sexuality and sport studies, Professor Caroline Symons knows that accessing health services can be harder for LGBTI+ people.

"Some people have experiences of medical personnel who haven't been well trained in those sensitivities," she says.

"There's a bit of a distrust there."

To address these barriers, BreastScreen Victoria is committed to building an inclusive and trusted environment for LGBTI+ clients. More staff training, better representation, and holding dedicated Rainbow screening sessions are just some of the initiatives we've implemented over the years.

For Caroline, breast screening became part of her regular routine when she turned 50.

"I always made sure I went. I would get anxious, but I did positive self-talk to get myself through. And the staff at Essendon BreastScreen always made me feel as comfortable as possible."

In 2018, Caroline's regular breast screen picked up an anomaly. Further tests confirmed Stage 1 breast cancer, the earliest stage of invasive breast cancer.

"It was found early and treated with a lumpectomy and radiotherapy because there was no evidence of any spread to the lymph nodes.

"My prognosis was around 95% that I'd be fully okay. But if I hadn't had the screen or if I'd put it off, it would have been bigger and more difficult to treat."

Caroline's advice to fellow members of the LGBTI+ community is to first talk to a doctor they trust. "I think that's the best place to get an education," she says.

"With the screening itself, concentrate on the benefits and know you're in good hands. It doesn't last long, it's managed by wonderful staff and it's free."

Caroline considers herself extremely lucky. She's in great health, has regular checks and is enjoying semi-retirement.

"I was so fortunate," she says. "That's why it's so important to do your screening. There was no way I would have found that cancer on my own."



"Concentrate on the benefits and know you're in good hands. It doesn't last long, it's managed by wonderful staff and it's free."

Aunty Nellie Flagg

on screening in a beautiful shawl

Aunty Nellie screened on our mobile van in Bendigo—and took home a locally designed shawl created to help Aboriginal women feel safer while screening.

Aunty Nellie Flagg is an Elder and Taylor-Charles, whose traditional countries are Wemba Wemba, Dja Dja Wurrung and Boonwurrung. She was born and raised in Swan Hill but lives in Geelong on Wathaurong land.

She has seen first-hand the devastation of cancer—she's lost quite a few cousins to breast cancer.

Aunty Nellie was overdue for her breast screen when our mobile screening van rolled into Bendigo, where she was working.

The van was offering free screens at Bendigo and District Aboriginal Cooperative (BDAC) as part of The Beautiful Shawl Project—an award-winning initiative, run jointly by BreastScreen Victoria and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

"I was worried because I was two years overdue, and I kept getting letters. Coming to Bendigo for work was an opportunity for me to have my breast screen, and it was lovely.

"Instead of going into a mainstream organisation to have the screen done, I had it in the van, which was convenient."

She received a locally designed, cultural screening shawl to wear during her breast screen to feel more comfortable, respected and culturally safe. Local Wadawurrung and Gunditjmara artist Trina Dalton-Oogjes made the art for Bendigo's shawl, which she called Women's Journey Together.

"The staff were wonderful, and they make you feel very comfortable. And even more special, I got this amazing shawl to wear.

"Some women don't like to get undressed in front of other people. Some feel very uncomfortable, and I can understand that. And for the shawl to be created by one of the local Aboriginal women here, who I know, I feel a bit special when I put it on. It's beautiful."

Aunty Nellie said that she understands breast screening can be uncomfortable or frightening, but she encourages her community to get it done anyway.

"Have it done because I would rather have you scared than not have you here at all. Please be brave, and get it done. Because we need you in our community."



"The staff were wonderful, and they make you feel very comfortable. And even more special, I got this amazing shawl to wear."

Jodie Ah-Dore

on managing our data

Many different roles make the BreastScreen Victoria program possible—Jodie is one of our data managers who works to ensure we are delivering a high-quality service.

Starting in reception, then moving to data coordination—Jodie eventually became the Bendigo BreastScreen Data Manager in 2019.

“I loved the data side of things, the attention to detail,” she says.

“It varies from one week to the next. I can be working on reports and service quality, then responding to GP requests for client information, or ensuring all data is inputted according to our National Accreditation Standards.”

Jodie and her data team work hard to make sure all client information is correct and up to date. The different functions are spread across the team, so everyone has a chance to work in different areas—from reception with clients, to importing external images, liaising with GPs or data entry.

“We all work as part of the team. It’s very supportive—you’re always encouraged to have a go, and everyone steps up.

“I also work with nurse counsellors and radiographers, and report on cancer detection numbers to radiologists.”

This teamwork extends to the other data managers across BreastScreen Victoria too. They meet regularly to share project updates, learnings and make sure we are continuously improving.

Jodie says being part of the larger picture to reduce the impact of breast cancer is what makes the work so meaningful.

“It’s so sad to know how many cancers we’re detecting, but it’s also a good thing. Because once found, women can have really good outcomes,” she says.

“We’re in the background, but we make sure we’re taking care of the clients, like checking letters are sent to the GP before their appointment, and that they have arrived.

“It’s really satisfying being part of that process. I’m very proud of the service we offer.”



“We all work as part of the team. It’s very supportive – you’re always encouraged to have a go, and everyone steps up.”

Camilla Hullick

on what to expect when screening on the van

A positive experience on our mobile screening van prompted Camilla to share her screening story with other women.

Leongatha local Camilla was due for her two-yearly breast screen when our mobile screening van 'Nina' drove into the South Gippsland town.

The mobile screening service tours the state to make sure women in remote and regional areas can access our vital service and get their regular breast screens. During the pandemic, our two vans have kept up these regular visits, with COVID-19 safety measures in place.

Camilla booked as soon as she received her reminder email; she'd already screened a few times and knew what to expect. Parked outside Gippsland Southern Health Service, the bright pink van was clearly visible in its central location in town.

Camilla describes the process, "Arriving at the foot of the van stairs, I checked in with the contact tracing app conveniently placed on a table outside the entrance.

"I was instantly greeted by smiling, welcoming eyes glowing from above a face mask. This friendly soul introduced herself as Trish, the receptionist, and immediately made me feel at ease.

"From the adjoining room, Joanne the radiographer appeared and introduced herself. She had been thoroughly cleaning, sanitising and preparing the room and machine after the previous client, in preparation for me."

This warm welcome made all the difference, and Camilla explains, "Joanne kindly showed me into the area I've always facetiously named the 'pancake' room!

"The digital radiography machine was typically familiar and confronting, but I was thankful for the room's toasty-warm temperature."

Joanne explained each step of the process throughout the screen, which helped Camilla to feel more comfortable and supported.

This positive experience led Camilla to write about her screen on the van in a local newspaper—to encourage other women in the area to get their screen, and share what to expect.

"Taking only 10 minutes of your time, this procedure could ultimately save your life," she says.



"Taking only 10 minutes of your time, this procedure could ultimately save your life."

Sudha Thomas

on how client feedback improves our service

Understanding the client experience is crucial for radiographers like Sudha.

Sudha Thomas is a Designated Radiographer at Camberwell BreastScreen. One of our frontline workers, she performs around 27 breast screens per day and provides a reassuring voice for clients during a time that can be stressful for some.

"I'm proud of my role at BreastScreen. I'm giving my bit to the community, making a difference in the client's life."

Sudha has worked at BreastScreen Victoria for five years. In her role as Designated Radiographer, Sudha is one of our staff who uses a new digital platform—InMoment—to collect and manage feedback from clients about their breast screen experience. She then delivers the results back to her team.

"The platform makes everyone's life easy. The details are all there to respond to feedback.

"For example, first-timers often tell us that the breast compression is very painful. So we can call or email the client and help them understand more about why the breasts need to be compressed."

"The compliments are motivational too. Every week we are sent our good feedback and I have the pleasure to say to my team, 'You have again done a good job'. It keeps us all connected."

Coming in for a breast screen during the pandemic can be a particularly daunting experience for clients. Sudha goes through the procedures and protocols in place to keep client and staff safe.

"As radiographers, we receive the client, explain what we are going to do and what happens after, and we perform the breast screen," Sudha explains.

"We get them comfortable, especially if the client is a first-timer. If we explain things in the proper way, that takes the stress off them.

"If someone has questions, I want to make sure I'm explaining everything so that she will come back again after two years (to her next breast screen)."

Sudha says she loves her work, "When I come home and reflect on my day, the way the client talked to me, the way they acknowledged our services and how grateful they are, that is a huge satisfaction for me."

"The platform makes everyone's life easy. The details are all there to respond to feedback."



Wendy Leegel

on why client voices matter

Wendy knows first-hand that client feedback is crucial to BreastScreen Victoria continuing to deliver a high-quality service that puts clients first.

Clients are integral to the development and design of our services. We actively engage them to share their experiences and offer a range of opportunities to contribute feedback—including focus groups, surveys and planning workshops—that help us better understand their diverse needs.

One of these clients is Wendy Leegel—a leadership, culture and change practitioner who is passionate about health advocacy and education. Wendy has been part of BreastScreen Victoria's Consumer Network for more than five years.

"I see myself as someone who comes from the working women's fraternity—we're educated, smart women, yet we can be so ignorant about our own health. We lack focus on looking after ourselves.

"My role as part of the Consumer Network is to work in partnership with BreastScreen Victoria to get the message out there, to saturate women with information about the importance of regular breast screens."

Wendy looks at our service from her perspective as a client to provide feedback on our work, and share ideas on how BreastScreen Victoria can be improved.

Wendy is enthusiastic about her important role in making sure we continue to provide great care to clients, demonstrated at this year's Consumer Engagement Workshop.

"The workshop was brilliant. A wonderful gathering of like-minded but diverse women with skills in business and leadership, marketing, finance, IT and communication.

"We all have different ideas, and we all have different views."

Wendy says events like the Consumer Engagement Workshop encourage diversity of thought and challenge inherent biases which means there will be better solutions and outcomes for clients.

"It works so well because the attitude at BreastScreen is a growth mindset. They are always willing to try new things."



"My role as part of the Consumer Network is to work in partnership with BreastScreen Victoria to get the message out there, to saturate women with information about the importance of regular breast screens."

Marg Smith

on being called back for assessment

Five percent of clients are called back for assessment, and less than one percent will be diagnosed with breast cancer—one of those women was Marg Smith.

Marg from Strathmerton has always had regular breast screens. When she was due in June 2020, COVID-19 did not stop her from attending her usual appointment in Shepparton.

It's good that she did not delay as she was called back for an assessment appointment to check out something that appeared on her breast screen.

"I had an irregular mammogram, so I went down to St Vincent's BreastScreen to have further tests done," Marg says. "I had another mammogram, an ultrasound and two biopsies which confirmed there was an issue."

Marg, who is 64, was found to have two areas of cancerous tissue in her breast, and was told the two lumps would have to come out in a lumpectomy procedure.

Marg had her surgery soon after diagnosis and was then put on a course of radiation therapy. The treatment was successful thankfully, and currently there is no more cancerous tissue in her breast.

About her experience, Marg says, "To begin with I was anxious, but the care given to me was fantastic, I just felt really safe and

confident with the treatment I was given. At no point did I feel I had to say, 'hang on a second' because I felt reassured about what the team were doing and saying.

"From my breast screen in June to the end of my therapy in September, it was a short journey with a very positive outcome. Without having regular mammograms, it could have been a very different story."

Marg is in the five percent of BreastScreen Victoria's clients who are called back for an assessment appointment, and in less than one percent of all women screened who go on to be diagnosed with breast cancer.

In May 2021, it was announced that a ninth BreastScreen Victoria Reading and Assessment Service is set to open in Shepparton, providing more convenience and better access to services for clients in the Goulburn Valley.

Marg, who travelled to Melbourne for her assessment appointment, welcomed the announcement.

"The opening of a new service is great news for the region, not just in Shepparton but for clients in outlying areas too.

"Shepparton is a big place of 60,000 plus and it will be beneficial for women in the area to have assessment appointments readily available and closer to home, as well as freeing up appointments in other places."



"To begin with I was anxious, but the care given to me was fantastic, I just felt really safe and confident with the treatment I was given."

Dr Kerry Whyte

on the evolution of radiology

As one of our longest-serving radiologists, Kerry has witnessed advances in both technology and the impact of the BreastScreen program.

Dr Kerry Whyte has been with BreastScreen Victoria since the early 1990s. One of our most established radiologists, Kerry read a total of 59,519 mammographic screening cases from 1 July 2019 to 30 June 2021.

Kerry's role is crucial—she looks at a client's breast screen image, comparing it to their previous screens where possible, and decides if they need to be called back for further tests or are clear to return in two years.

"What a radiologist does is interpret images, but there's more to it than that," Kerry says.

"There's a substantial interventional component, where you are recommending which test is most appropriate and assisting the clinical team in arriving at a diagnosis."

When she started on her career path in 1980, radiology looked very different.

"Before you would sit at a large viewer and a data person would put all of the films up. There'd be a pile of x-ray bags beside you, and you would look at each mammogram and then move on to the next one.

"Digitising changed things enormously. You can access everything more easily. Then it got

networked, which means I can physically be anywhere."

Kerry has worked across several Reading and Assessment Services, including Maroondah, Monash and North Western. Due to COVID-19, she has recently been working in a customised reading room at our BreastScreen Coordination Unit in Carlton.

Set up in response to the challenges of the pandemic, the reading room receives digitised screening images from Screening Services all over Melbourne. This allows radiologists like Kerry to perform their work in a non-clinical workplace, rather than from multiple hospital locations during lockdowns.

When reflecting on radiology as a career path and the impact of her work on the health outcomes of Victorians, Kerry focuses on continuous improvement.

"You're always competing against yourself to try and find the cancers that are there, but also to not call anyone back who hasn't got a cancer.

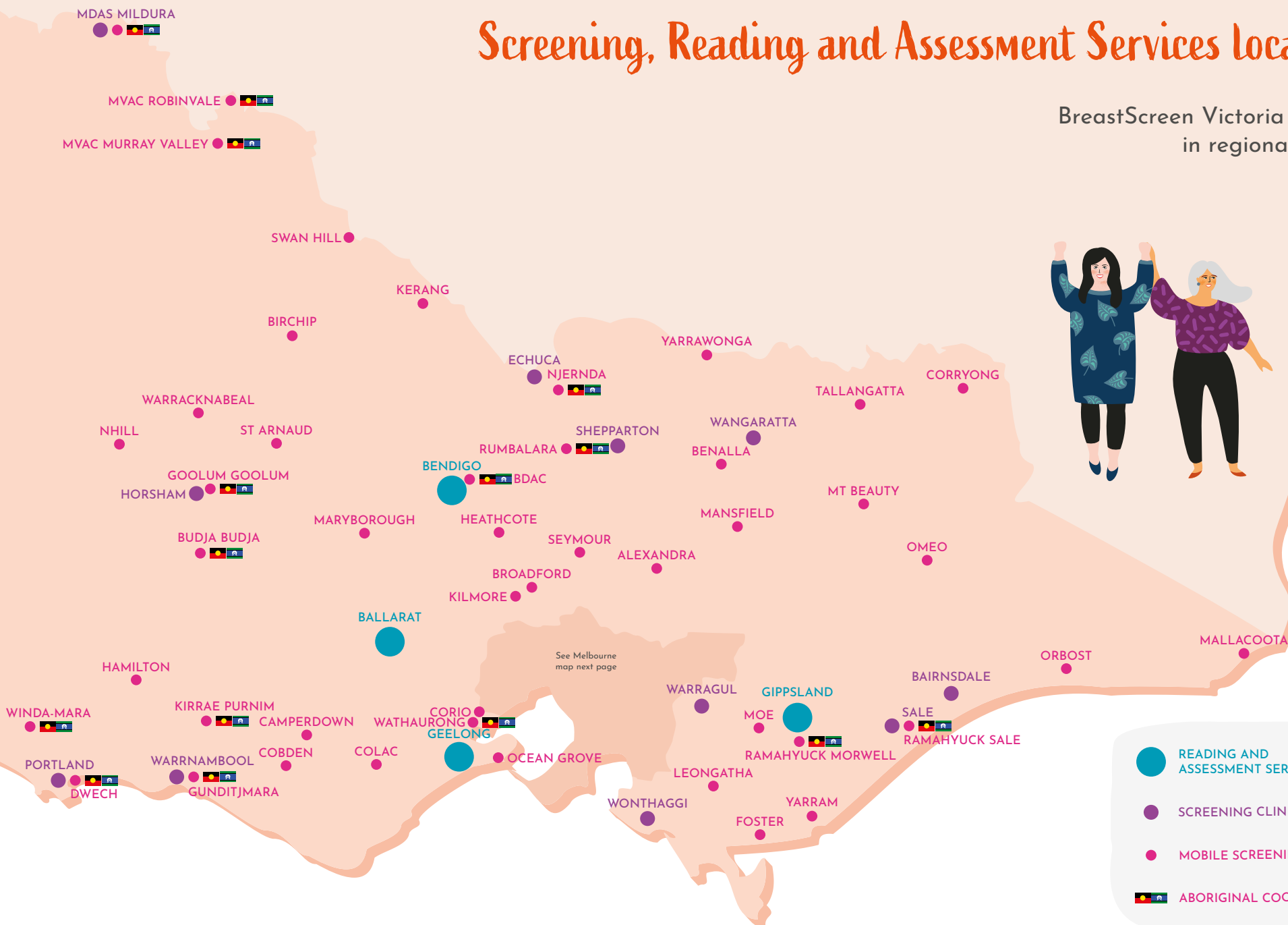
"Every time you're going to call someone back, you think about how their lives are going to be disrupted. So, you need to get it right. I enjoy the challenge."



"Every time you're going to call someone back, you think about how their lives are going to be disrupted. So, you need to get it right."

Screening, Reading and Assessment Services locations

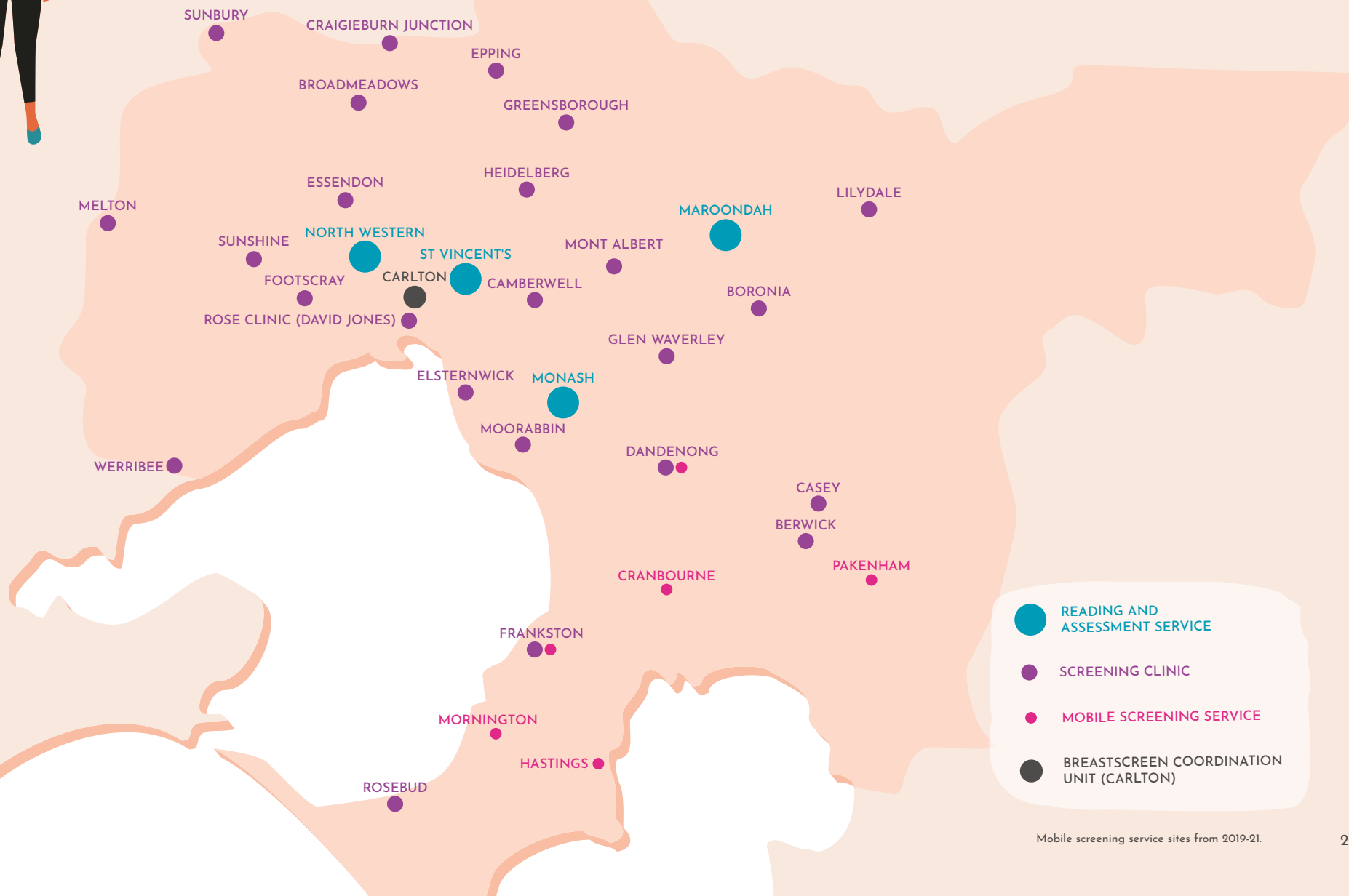
BreastScreen Victoria locations
in regional Victoria



Screening, Reading and Assessment Services locations

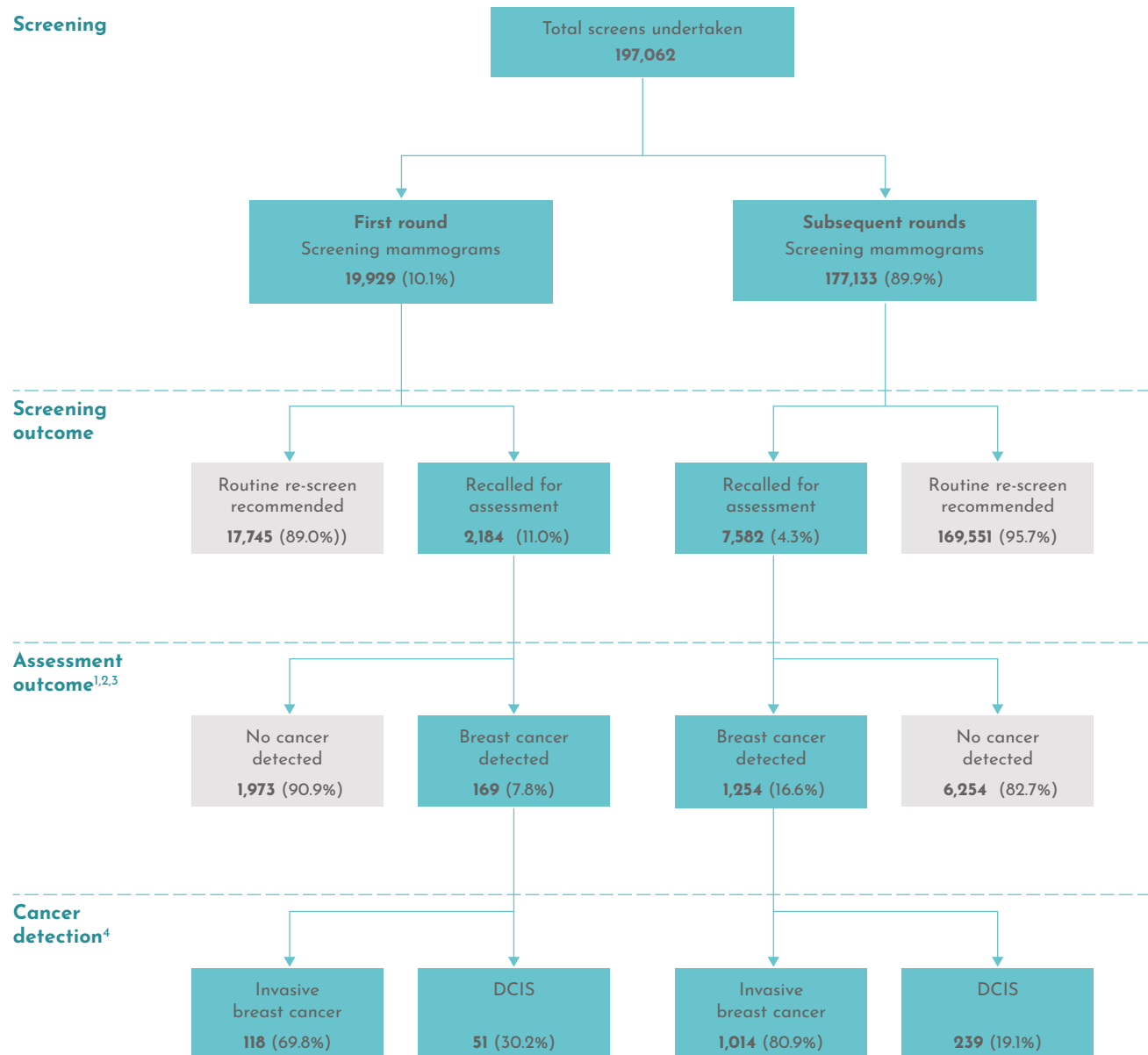


BreastScreen Victoria locations
in Melbourne



Screening and Assessment Pathway 2020 (Calendar year)

Screening



1 Excludes women who did not attend assessment.

2 Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.

3 At the time this report was finalized, 0.9% of women assessed in 2020 were yet to complete their assessment experience.

4 Excludes breast cancers diagnosed at early review more than six months after the screening mammogram and cancers diagnosed at early re-screen for women who presented with a breast lump and/or clear or blood stained nipple discharge in the same breast in which the breast cancer was diagnosed.

Data for women screened in 2020 is as it stood on 9 August 2021.

Future requests for data and publications may not exactly correspond to the figures in this report as they will reflect subsequent additions to the dataset.

Screening and Assessment Summary, 2016-2020

	2016	2017	2018	2019	2020
SCREENING					
First round women	31,566	35,362	32,433	36,995	19,929
	12.80%	13.80%	12.30%	14.00%	10.10%
Subsequent round women	215,138	220,007	230,220	228,044	177,133
	87.20%	86.20%	87.70%	86.00%	89.90%
Total	246,704	255,369	262,653	265,039	197,062
	100%	100%	100%	100%	100%
SCREENING OUTCOME					
First round women					
Routine re-screen recommended	28,108	31,586	29,136	32,993	17,745
	89.00%	89.30%	89.80%	89.20%	89.00%
Recalled for assessment	3,458	3,776	3,297	4,002	2,184
	11.00%	10.70%	10.20%	10.80%	11.00%
Subsequent round women					
Routine re-screen recommended	206,962	211,679	221,399	218,806	169,551
	96.20%	96.20%	96.20%	95.90%	95.70%
Recalled for assessment	8,176	8,328	8,821	9,238	7,582
	3.80%	3.80%	3.80%	4.10%	4.30%
ASSESSMENT OUTCOME^{1,2,3}					
First round women					
No cancer detected	3,152	3,374	2,959	3,616	1,973
	91.50%	89.40%	89.70%	90.80%	90.90%
Breast cancer detected	280	357	305	326	169
	8.10%	9.50%	9.30%	8.20%	7.80%
Subsequent round women					
No cancer detected	6,637	6,832	7,141	7,551	6,254
	81.30%	82.00%	81.00%	81.90%	82.70%
Breast cancer detected	1,494	1,433	1,627	1,601	1,254
	18.30%	17.20%	18.40%	17.40%	16.60%
CANCER DETECTION⁴					
First round women					
Invasive breast cancer	222	270	232	249	118
	79.30%	75.80%	76.10%	76.40%	69.80%
DCIS	58	86	73	77	51
	20.70%	24.20%	23.90%	23.60%	30.20%
Subsequent round women					
Invasive breast cancer	1,187	1,163	1,293	1,288	1,014
	79.60%	81.40%	79.80%	81.10%	80.90%
DCIS	304	266	327	301	239
	20.40%	18.60%	20.20%	18.90%	19.10%

1 Excludes women who did not attend assessment.

2 Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.

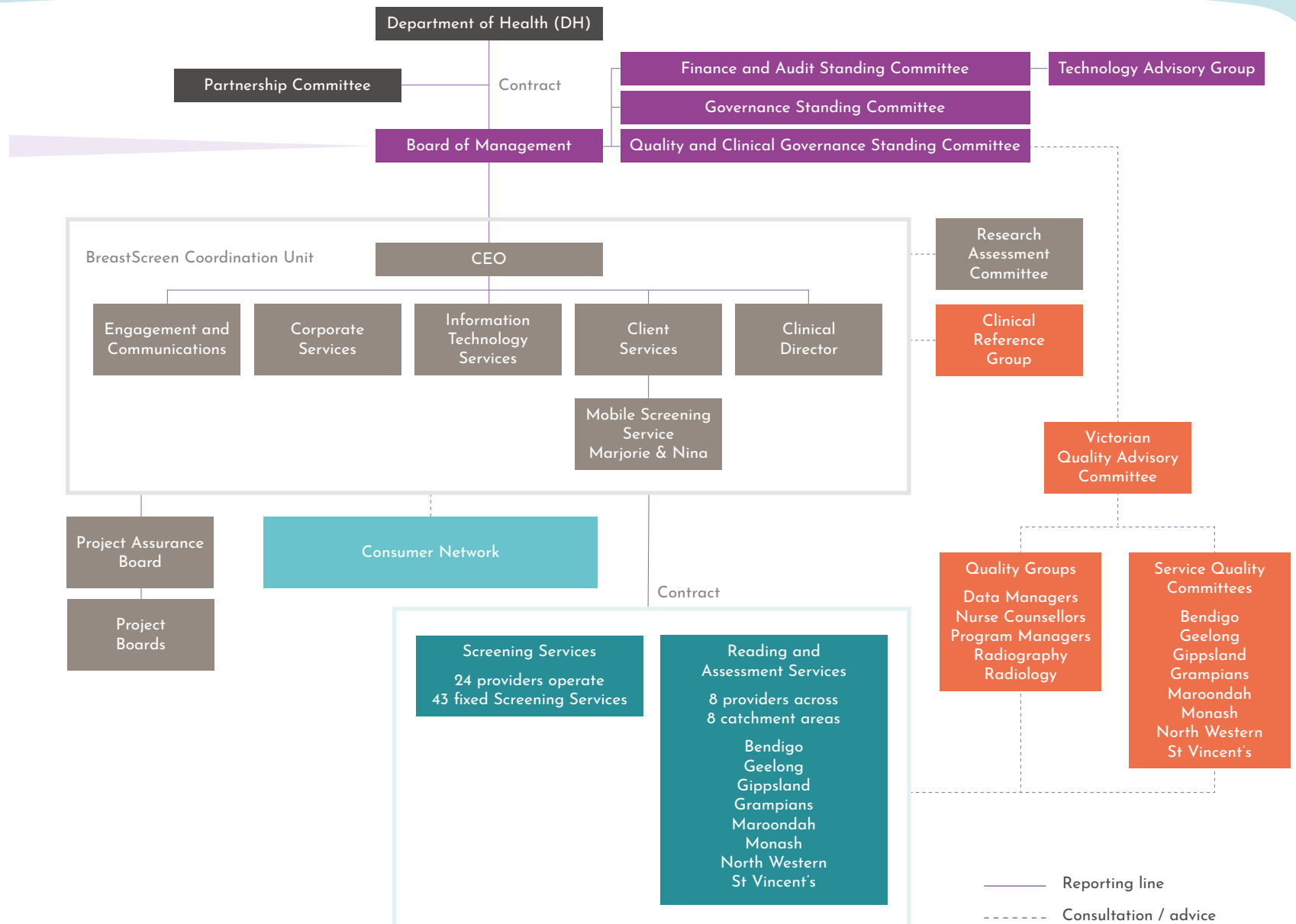
3 At the time this report was finalized, 0.9% of women assessed in 2020 were yet to complete their assessment experience.

4 Excludes breast cancers diagnosed at early review more than six months after the screening mammogram and cancers diagnosed at early re-screen for women who presented with a breast lump and/or clear or blood stained nipple discharge in the same breast in which the breast cancer was diagnosed.

Data for women screened in 2020 is as it stood on 9 August 2021.

Future requests for data and publications may not exactly correspond to the figures in this report as they will reflect subsequent additions to the dataset.

BreastScreen Victoria Governance Structure



BreastScreen Victoria Annual Report 2020-21

October 2021
© BreastScreen Victoria 2021

Produced by:
BreastScreen Victoria Coordination Unit
Level 1, 31 Pelham Street
Carlton South
Victoria 3053

Registration: A0025878W
ABN: 54505 206 361

The BreastScreen Victoria Inc.
Financial Report for the Year ended
30 June 2021 has been produced as a
separate document.

Copies are available at:
www.breastscreen.org.au
03 9660 6888
communications@breastscreen.org.au



BreastScreen Victoria acknowledges the traditional custodians of the lands on which our program takes place and pays respect to Elders past, present and emerging.

BreastScreen Victoria is committed to ensuring our services are inclusive and accessible to all eligible Victorians.

BreastScreen Victoria gratefully acknowledges the support of the Australian Government Department of Health and the Victorian Government Department of Health.

