SUMMARY OF THE RESULTS FROM THE BREAST CANCER DISEASE STUDY

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A FEW KEY POINTS

♦ Epidemiology is endogeneous
♦ Breast cancer: treatment effective
♦ New less invasive treatments but more costly
♦ Goal of treatment: survival, recurrence, quality of life
main results

♦ Supply incentives embedded in health care system are critical factors for diffusion of expensive technologies

♦ Prevention is key to treatment and to severity

♦ Patterns of treatment depend on medical guidelines but also institutional aspects

♦ Excessive restriction in spending may constrain access to expensive treatments in some countries

♦ Differences in outcomes: how are they to be interpreted?
DEMAND AND SUPPLY SIDE

- Demand side: little impact on treatment but impact on prevention (opportunistic screening)
- Supply side: impact on availability of machines in a number of countries
- Supply side: impact on treatment?
- Low supply of oncologists in some countries
MAMMOGRAPHY MACHINES

rate per million women aged 40 and over (1999)
RADIOTherapy Machines

rate per million women aged 40 and over

Canada (Manitoba) Italy England Belgium Canada (Ontario) United States Norway Japan Australia Sweden France Canada Hungary

The role of organised cancer screening programmes

- Implemented following cost-effectiveness studies
- The targeted women, usually 50-69 years;
- Different methods (CBE; mammography);
- Large proportion of women still receive screening outside programmes in many countries.
- Tendency to extend the programmes to higher age groups and to the overall population
Age-standardised incidence (1995)

*rate per 100 000 females aged 40 and over*

Note: 1990 data for Hungary, Mexico and the United Kingdom
Hospitalisation rate for mastectomy (1980-1998)
aged-standardised per 100,000 women aged 40 and over

World-standardised rate
per 100,000 women aged 40 and over
Hospitalisation rate for BCS (1980-1998)
aged-standardised per 100 000 women aged 40 and over

World-standardised rate
per 100 000 women aged 40 and over

- Belgium
- Canada
- Canada (Manitoba)
- Canada (Ontario)
- France
- Hungary
- Italy
- Norway
- Sweden
Proportion of women diagnosed with breast cancer (age 40+) who were treated with mastectomy,

**World age-standardised rate**

*per 100,000 women aged 40 and over*
Variations in survival rates

♦ A general improvement, …but marked differences exist for higher age groups
♦ Delays in diagnosis
♦ Receipt of appropriate and timely interventions based on guidelines: relative contribution of patient, provider, and systemic factors;
♦ Socio-economic and age factors: do older women face difficulties in accessing care (demand or supply ?)
5-year relative survival rate and availability of mammography machines in a recent year

![Graph showing mammography machine density per million women aged 40 and over (1995) against five-year relative survival rates (1985-95). Countries included are SWE, CAN (Man), JPN, USA, CAN (Ont), NOR, AUS, FRA, and UKG (Eng).]
5-year relative survival rate and availability of radiotherapy machines in a recent year

Radio machine density per million women aged 40 and over (1995)
Proportion of women receiving a mammography and availability of mammography machines

Women receiving a mammography in the past years vs. Mammography machine density per million women aged 40 and over (1995)

- UKG
- NOR
- SWE
- FRA
- CAN (Man)
- CAN (Ont)
- CAN (Ont)
Age standardised mortality rates

*per 100,000 women age 40 and over*

for France, Hungary, Japan, Norway and the United Kingdom (E&W); 1983 and 1996 for Australia; 1996 for Italy.
CONCLUSION

♦ Assessing performance: challenging task
♦ Need further data, standardised data by stage
♦ Systematic measurement of participation in screening
♦ A balanced approach: prevention and treatment