Annual Report 2018–19
Positioning BreastScreen Victoria for the future
BreastScreen Victoria is committed to ensuring its services are inclusive and accessible to all eligible Victorians.

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

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BreastScreen Victoria gratefully acknowledges the support of the Australian Government Department of Health and the Victorian Department of Health and Human Services.
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Five hundred BreastScreen Victoria staff members provided services to women at 42 screening clinics, and in 28 towns and two Aboriginal Cooperatives visited by the Mobile Screening Service every two years. Further tests were provided at eight Screening, Reading and Assessment Services.

### CANCER DETECTION

1,858 breast cancers diagnosed in 2018-19

(↑ 5.1%) Clients diagnosed with breast cancer by BreastScreen Victoria are referred to their doctor or a breast clinic for treatment. BreastScreen Victoria collects information about the diagnosis and treatment from the client’s treating doctor. Of the 1858 cancers diagnosed, 1463 (78.7%) were invasive cancers and 395 (21.3%) were DCIS.

### ASSESSMENT

12,661 clients were recalled to assessment

(↑ 4.9%) Of the clients who were attending BreastScreen for the first time, 10.6% were recalled for further tests (assessment). Of the clients who were attending for subsequent screens, 3.9% were recalled for further tests.

### SCREENING

267,589 breast screens performed

(↑ 2.6%) We achieved 100.6% of our target of 266,070 screens. This number includes 2,504 Victorian clients screened by BreastScreen NSW. 35,485 (13.3%) attended for their first screen and 232,104 (86.7%) attended for a subsequent screen.

### BOOKINGS

349,060 bookings made

(↑ 3.6%) Total bookings (including both telephone and online bookings) increased 4% from the previous year, with online bookings increasing by 2%. This year, 43.9% of bookings were made online (153,145), and 56.1% (195,915) were made via telephone or in person.

### REACHING CLIENTS

4,718,255 website page views

(↑ 17%) Our content was viewed 454,056 times across our social media channels (Facebook, Instagram, Twitter, LinkedIn and YouTube).

125 education sessions delivered

Health promotion staff deliver breast cancer screening education to communities and health professionals including GPs.

1,731,837 letters, emails and SMS sent to clients

(↑ 7.9%) Points of communication with clients include: invitations to screen for the first time, reminders to rescreen, booking confirmations and results. We also sent 263,015 result letters to GPs. Of these letters, 82.5% (213,171) were sent electronically.

257,239 calls to the Contact Centre

(↑ 4.9%) Calls increased from 245,168 the previous year.

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1. Excludes Victorian women screened in NSW.
BreastScreen Victoria has continued its commitment to improved central coordination and investment in initiatives that support the improvement of quality and innovation. This has enabled BreastScreen Victoria to again deliver high quality services to a record number of clients in 2018/19.
FROM OUR CEO

It has been a productive and rewarding year for BreastScreen Victoria as we continue to provide an outstanding health service and position ourselves for the future.

Our mission – to help Victorians make informed decisions about their approach to the early detection of breast cancer – remains at the centre of our work, and as we reflect on the year it’s important to review how we have performed against our new strategic plan. With this in mind, I am very proud to report on this year’s highlights.

Service quality continues to be a major focus for us as we implement MyCare, a major change initiative that ensures the client is considered first and foremost in everything we do.

MyCare gained considerable momentum in 2018-19, including a major review of the client experience and the scoping of 12 wide-ranging initiatives that seek to further enhance the ways we involve our clients and improve our services.

An important part of our work is engaging with groups whose participation rate in screening is below average. This year we partnered with organisations to improve access to screening for people with disabilities, and for newly-arrived migrants settling in Australia.

We also partnered with the Victorian Aboriginal Health Service (VAHS) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to trial the use of a screening shawl co-designed by Aboriginal women, to create a more positive screening experience.

In February we reached a significant milestone in our commitment to diversity, inclusion and accessible screening for LGBTI people, with the BreastScreen Coordination Unit achieving Rainbow Tick accreditation – a first for a breast screen service in Australia. We will continue to work with our clinics and screening services to promote LGBTI inclusive practice, and hope that achieving accreditation will encourage other organisations in their development of inclusive services.

Collaboration is also at the heart of our relationship with Victoria’s healthcare organisations. This year we worked with South Eastern Melbourne Primary Health Network (SEMPHN) to roll out a suite of activities to encourage screening. More than 6,600 people in the region had a breast screen as a result of these activities; more than half for the first time.

We’ve continued to find new ways to encourage regular screening, including the successful ‘Find the Victorian 1500’ campaign; and to harness our digital channels to reach and engage with more people. Of the 349,060 bookings made in 2018-19, 43.9% were made online.

Being future-ready also means researching and assessing new forms of technology that may improve cancer detection. This year we completed a two-year trial of screening tomosynthesis (3-D breast imaging) and also explored the use of artificial intelligence as a tool for the screening of mammographic images.

I’d like to acknowledge the Board of Management, led by Wayne Tattersall, who generously contribute their time and expertise. To Professor Katherine McGrath, the outgoing Chair, my thanks for your commitment to BreastScreen Victoria over your nine years as Chair.

As always, I especially wish to thank BreastScreen Victoria staff, including my colleagues in the BreastScreen Coordination Unit and the hundreds of staff caring for our clients around the state. You continue to tackle challenges head-on, demonstrating commitment, skill and compassion.

I’m excited by the many opportunities I see to grow and evolve the BreastScreen Victoria program, and look forward to another year of improving the future health of Victorians.

Vicki Pridmore
Chief Executive Officer
FROM OUR CHAIR

On behalf of the BreastScreen Victoria Board of Management, it is my pleasure to present to you this year’s Annual Report.

This is my first report as Chair of BreastScreen Victoria, and it has been my privilege to serve on the Board as we continue to improve the health of Victorians through the early detection of breast cancer.

This year BreastScreen Victoria is operating under a new Strategic Plan, which ensures we are ready to face new challenges, maintain our sustainable business model and focus on emerging technologies, while also providing outstanding service.

I am pleased to report that the organisation continued its year on year growth achieving 100.6% of target screens – a total of 267,589 screens this year. This is an increase of 2.6% on the previous year.

With over 250,000 people using our services each year, we want to ensure every client has the best possible experience. Our focus on MyCare reflects this aim, and we have spent considerable time consulting clients and staff on ways to improve our service.

Our program’s eight service areas are subject to accreditation by the National Quality Management Committee in accordance with BreastScreen Australia’s National Accreditation Standards, giving clients confidence in our screening and assessment processes. This year the BreastScreen Coordination Unit was granted its first-ever accreditation and Bendigo BreastScreen was awarded a commendation for their level of excellence, joining Monash BreastScreen as the only other service to hold a commendation in Australia.

One of the key ways we evaluate our performance is through our Consumer Satisfaction Survey. Of the more than 13,000 respondents who participated in the 2019 survey, 98% reported being satisfied with our service and would recommend it to others. This fantastic result is testament to the skills and commitment of BreastScreen management, staff and volunteers. I thank them all for their efforts, and for embracing a culture of continuous improvement.

I acknowledge the Australian and Victorian Governments, in particular the Victorian Department of Health and Human Services, for their continued support.

I thank my fellow board members for their valuable guidance and skills in steering the organisation into such a strong and well-regarded position, and welcome our newest member, Debra Cerasa to the board.

I pay particular thanks to our outgoing Board Chair, Professor Katherine McGrath for her commitment and forward-thinking approach during a period of major transformation for the organisation.

I also acknowledge CEO Vicki Pridmore for her conscientious leadership and the knowledge and passion she brings to the role.

I’m eager to continue and build on the essential work of BreastScreen Victoria as we tackle head-on the challenges and opportunities of providing a health service that exceeds expectations, to deliver the best possible outcomes for our clients.

Wayne Tattersall Chair, BreastScreen Victoria

THANKS AND FAREWELL TO PROFESSOR KATHERINE MCGRATH

This year we farewelled our Chair of nine years, Katherine McGrath. Prof. McGrath joined the board in January 2009 and was appointed Chair in the August of that year. Over the past decade, she has overseen major transformation within the organisation and has approached challenges and opportunities with unwavering skill, dedication and enthusiasm.

As a doctor, pathologist and academic, former CEO of the Hunter Area Health Service and Deputy Director-General of the New South Wales public health system, Prof. McGrath came to us with an impressive resume, a wealth of experience and an unwavering focus on achieving the best possible outcomes for BreastScreen Victoria clients.

During her nine years as Chair, and in her role chairing our Partnership, Quality and Research committees, Prof. McGrath has worked with the Board and Executive Team to evolve the organisation into what it is today – high performing, healthy, resilient and client-centric.

She developed a strong working relationship with our key stakeholder and funding body, the Department of Health and Human Services and together with our CEO Vicki Pridmore, renewed the organisation’s strategic direction and fostered a vibrant workplace and culture. They share an innovative, forward-thinking approach to problem solving and projects, a collaborative method of doing business and strong belief in client-centric care.

We extend our thanks to Prof. McGrath for steering BreastScreen Victoria from challenging times to the effective and respected organisation it has become. We wish her all the very best for the future.
'We are committed to hearing directly from women about their personal experience and what matters to them, to allow the client’s voice to guide everything we do.'
CLIENT CENTRIC

CLIENT CARE AND CONSULTATION AT THE HEART OF OUR SERVICE

With over 250,000 people using our services each year, we want to ensure every client has the best possible experience at our screening clinics, mobile services or assessment centres.

MyCare is BreastScreen Victoria’s Client Centric program, a major change initiative that ensures the client is considered first and foremost in everything we do. Our vision for this project is simple: at every contact point, the client’s experience exceeds their expectations and every member of staff is committed to making this happen.

The MyCare program gained considerable momentum in 2018-19, following the establishment of the Client Centric Care Steering Committee and embedding the project as a core element of our Strategic Plan.

In January 2019, we welcomed Fiona Mouritz into the role of MyCare Program Manager. She brings experience in diverse health and community initiatives to MyCare, which will define, plan, implement and measure the impact of the 12 projects within the MyCare Program.

MyCare Foundation Project

This year we engaged KPMG to review the BreastScreen Victoria client experience, map the client journey, identify priority initiatives and develop a roadmap for the future.

This involved comprehensive consultation with clients, staff, service representatives and health professionals to glean ‘moments of truth’ and examine the full range of experiences, needs and challenges of our clients, from the invitation to screen and the screening itself, through to receiving results, further assessment and follow up communication.

Consultants spent more than 100 hours in eight reading and assessment services and five screening sites, talking with dozens of clients and staff members, and facilitated a ‘Future Experience’ workshop attended by staff, consumers and board members, to guide future MyCare activity.

The resulting recommendations were endorsed by our Board of Management and are now being implemented, including scoping of 12 wide-ranging initiatives that seek to further enhance the ways we involve our clients and improve our services.

Consumer representation

To engage women in the improvement process and better understand the diverse needs and experiences of our clients, we also recruited a further 20 consumer representatives this year to help us shape the future of breast screening in Victoria.

Consumer representatives share their experience of breast screening, participate in focus groups, complete surveys and interviews, help gather client feedback, contribute to the design and planning of projects, or join a working group or committee. They work alongside BreastScreen staff and receive training and support.

One of these representatives is Steering Committee member Jan Porter, a volunteer at Bendigo Neighbourhood Hub who has a passion for ensuring that all women can access health services.

Jan said that as a consumer representative she brings first-hand knowledge of being a client having a breast screen, but also draws on her work with the Karen community, supporting former refugees with maternal and postnatal care.

“I am a believer in equal rights and opportunity. I believe that we should not only care about other women, but help wherever we can. Being a consumer representative allows me to play a part in an important project which accords with my values and where I have something useful to contribute.”

“Making the screening experience more comfortable, more acceptable, more understood can only improve the process and outcomes.”

We thank Jan and all those who are working with us to make MyCare a success, and will continue to recruit client representatives to guide and challenge us.
INCLUSIVE, ACCESSIBLE SERVICES
FOR THE LGBTI COMMUNITY

This year BreastScreen Victoria achieved a significant milestone in our ongoing commitment to diversity, inclusion and accessible screening for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people.

The BreastScreen Coordination Unit (BCU) achieved Rainbow Tick accreditation for their commitment to safe and inclusive practice – a first for a breast screen service in Australia. Achieving accreditation is the culmination of many years’ work to better understand the needs of LGBTI people.

We recognise that LGBTI people in our target population are under-screened and face barriers to screening. Older lesbian and bisexual women are significantly less likely to have regular breast screens, and trans and gender diverse (TGD) people have a unique set of factors that may affect their risk of breast cancer.

Rainbow Tick accreditation reassures LGBTI clients that they will experience the same inclusive service, be treated with dignity and respect. It also confirms that BCU meets comprehensive national standards for managing safety, risk and quality.

We have worked with the LGBTI community and organisations such as Transgender Victoria and Thorne Harbour Health to better understand and remove barriers that may prevent LGBTI people from accessing our services, and to implement a range of LGBTI communications projects.

Accreditation does not mark the end of the journey – it is intended to drive continuous quality improvement throughout the organisation. BCU’s Quality Unit is currently leading the next stage of our work to identify quality improvement opportunities and guide our activities into the future.

BreastScreen Victoria is committed to sustaining and improving our LGBTI inclusion work both in the workplace and for our clients. We will continue to work with our clinics and screening services throughout Victoria to promote LGBTI inclusive practice, and hope that achieving Rainbow Tick accreditation will encourage other organisations in their development of inclusive services.

FAMILY HISTORY POLICY: A REVIEW OF COMMUNICATIONS

BreastScreen Victoria’s Family History Policy is an important step in our move towards tailored screening, where we assess women based on their relative risk of breast cancer and recommend the most effective screening regime.

Women who screen with us receive advice regarding their risk rating, which is calculated using information about a client’s close family members who have had breast and/or ovarian cancer, as well as the client’s own history.

The policy is designed to reassure the majority of clients that they are at average risk, identify the small percentage who could benefit from more frequent screening, and advise those who may benefit from specialty care outside the program.

This year we reviewed our client communications, including letters and fact sheets, so we can better inform women of their risk and what it means for them.

Following feedback from clients, clinicians and staff, new written communications were drafted and reviewed by an expert panel and BreastScreen Victoria’s Clinical Reference Group, then tested with consumer focus groups to ensure the messages were effective and appropriate. All revised letters and fact sheets were rolled out during 2019.

We are committed to providing clear, effective communications to clients so they can make informed decisions about their health. We are now considering how best to support GPs to give their clients appropriate information through clearer communication in results letters, and will undertake a broader review of the Family History Policy and its impacts next financial year.
2019 SCREENING CONSUMER SATISFACTION SURVEY

In 2019 the seventh Screening Consumer Satisfaction (CS) Survey was conducted. 13,255 respondents (36% response rate) across Victoria completed an online survey about their experience at a BreastScreen Victoria screening clinic. All respondents underwent a breast screen between February and May 2019.

While we were very pleased to see an increase in the overall satisfaction rate, we know there is always room for improvement. We know we must improve the screening experience for people with a disability and further refine our website to meet the diverse needs of our clients. Parking also remains an issue for many, and we’ll continue to look into more convenient options near our clinics.

BreastScreen Victoria is committed to ensuring feedback is obtained from key priority groups. Demographic questions in the survey have been reviewed as part of the Rainbow Tick Accreditation process to include questions relating to gender identity and sexual orientation. As part of the Disability project, the CS survey included questions relating to self-reported disability status. This is to ensure the service meets the needs of screeners with disabilities and other health conditions that may impact their experience.

Key Measures

<table>
<thead>
<tr>
<th>Overall satisfaction</th>
<th>Intention to return</th>
<th>Willingness to recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Highly/Somewhat satisfied</td>
<td>Yes (next 2 years)</td>
<td>Extremely/Moderately/Somewhat likely</td>
</tr>
</tbody>
</table>

Booking appointment

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2019 (%)</th>
<th>Change since 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction with booking</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Ease of booking</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Professionalism of staff on the phone*</td>
<td>99</td>
<td>+1</td>
</tr>
<tr>
<td>Ability to get desired appointment day/time</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>Ease of registering online†</td>
<td>96</td>
<td>-1</td>
</tr>
<tr>
<td>Ease of completing Consent Form</td>
<td>96</td>
<td>0</td>
</tr>
<tr>
<td>Availability of information on the website to help with booking</td>
<td>86</td>
<td>0</td>
</tr>
</tbody>
</table>

Before appointment

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2019 (%)</th>
<th>Change since 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good understanding of the procedure</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Ease of finding clinic</td>
<td>98</td>
<td>+1</td>
</tr>
<tr>
<td>Ease of getting to clinic</td>
<td>96</td>
<td>-1</td>
</tr>
<tr>
<td>Convenience of clinic location</td>
<td>97</td>
<td>-1</td>
</tr>
<tr>
<td>Clinic atmosphere</td>
<td>96</td>
<td>+1</td>
</tr>
<tr>
<td>Friendliness of reception staff</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Wait time before screening</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Availability of info needed at reception</td>
<td>92</td>
<td>0</td>
</tr>
</tbody>
</table>

BreastScreen procedure

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2019 (%)</th>
<th>Change since 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>98</td>
<td>-1</td>
</tr>
<tr>
<td>Explanation of process by radiographer</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Professionalism of radiographer</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Feeling at ease</td>
<td>96</td>
<td>+1</td>
</tr>
<tr>
<td>Acceptable level of discomfort</td>
<td>92</td>
<td>+1</td>
</tr>
<tr>
<td>Process made as comfortable as possible</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Awareness of ability to stop the process at any time</td>
<td>82</td>
<td>+3</td>
</tr>
<tr>
<td>Total time taken</td>
<td>99</td>
<td>0</td>
</tr>
</tbody>
</table>

*Base: those who booked an appointment over the phone or at the clinic  † Base: those who booked an appointment online
SUSTAINABILITY

A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

At BreastScreen Victoria we strive to provide an outstanding service and the best possible outcomes for our clients. Our culture of continuous improvement hinges on an evidence-based approach to the development and identification of best practice skills, systems, processes and information, to give our clients confidence in our screening and assessment processes.

Accreditation

Our program’s nine service areas – comprising eight services around the state and the BreastScreen Coordination Unit – are subject to accreditation by the National Quality Management Committee in accordance with BreastScreen Australia’s National Accreditation Standards.

The BreastScreen Coordination Unit, which includes the Mobile Screening Service, underwent its first accreditation survey in June 2018 and was granted accreditation in November 2018. In addition, Bendigo BreastScreen was awarded a commendation from the national committee for their excellent performance, joining Monash BreastScreen as the only other service to hold a commendation in Australia. North Western and Grampians BreastScreen were also surveyed late this year, with positive outcomes anticipated for all.

Accreditation is an important indicator of quality and this achievement reflects the sustained, high level of performance within our service areas.

National representation

Our staff are actively engaged in a range of accreditation and quality forums, events and committees at a national level, to help drive a consistent approach to practice and data sharing across the country. These include:

National Quality Management Committee:
Dr Jill Evans, the radiologist representative; Sue Macaulay, a radiographer, and Sue Viney, a consumer, are proxy members. Vicki Pridmore was also a member until November 2018.

Clinical Advisory Committee:
Vicki Pridmore, Chair and; Dr Jill Evans, Sue Macaulay, and Professor Bruce Mann, Victorian members.

Cancer Australia Core Biopsy/Fine Needle Aspiration Guidelines Review Committee:
Vicki Pridmore and Dr Jill Evans.

BreastScreen Australia Technical Reference Group:
Genevieve Webb and Dr Jill Evans.

We are contributing to the National Performance Benchmarking program to provide comparative performance data of our services, as well as the National Quality Management Committee Performance Report project. This will reduce duplication, increase efficiency and improve transparency in the accreditation decision process. Maroondah BreastScreen has agreed to pilot a new suite of forms for this project during its accreditation survey in March 2020.
Radiography

Recruiting and retaining an engaged and professional workforce of specialist breast imaging staff is critical to the provision and expansion of BreastScreen services.

Sue Macaulay commenced as our new State Radiographer this year, a critical role that helps us plan for and adapt to policy and procedural changes and innovations in breast imaging. As Designated Radiographer at St. Vincent’s BreastScreen since its inception in 1993 until 2018, Sue brings with her a deep understanding of all aspects of the program.

The Better Education Advancing Mammography project, commencing this year, will provide imaging staff across Victoria with the tools, skills and information to deliver high-quality, client-focused care. The project supports radiographers to understand our screening and assessment pathway, and provides a portal through which they can continue their professional development.

We have also commenced the Volpara Enterprise Analytics project to explore the use of a commercially available software program to provide consistent evaluation of image positioning and compression.

High quality mammographic images are integral to cancer detection. They are currently assessed by the radiographer at the time of screening, by radiologists at the time of reading and during ongoing reviews of images and statistics.

The project will also explore the effect compression has on image quality, and whether over or under compression is related to specific breast characteristics. Both the automated image quality and compression analysis may assist with training for staff, and improve client experience.
IMPROVING THE HEALTH OUTCOMES OF NEWLY-ARRIVED MIGRANTS

Increasing engagement and breast screening participation rates among under-screened populations is a key goal for BreastScreen Victoria.

This year we partnered with AMES (Adult Multicultural Engagement Service), an organisation that supports newly-arrived migrants to settle in Australia. The partnership aimed to encourage screening among the eligible women in AMES’ client base.

Newly arrived migrant women can face language and cultural barriers to screening and often have lower screening participation rates. This can lead to more advanced breast cancer diagnosis and poorer treatment outcomes.

Equipped with training and resources from BreastScreen, AMES Dallas case managers are able to talk to their clients about our program, invite them to screen, help them to book an appointment and organise group bookings at screening clinics in Broadmeadows, Footscray and Dandenong.

As a result of this partnership, 20 Arabic speaking women were screened – all for the first time – over three sessions at the Broadmeadows BreastScreen clinic. The successful model will be expanded to AMES Footscray and AMES Noble Park, with further screenings scheduled to take place in the coming year.

SAFE, ACCESSIBLE SCREENING FOR PEOPLE WITH DISABILITIES

People with disabilities have the same risk of breast cancer and the same need for cancer screening as other women.

This year we partnered with the Victorian Department of Health and Human Services (DHHS), Cancer Council Victoria and peak disability organisations to improve access to, and information about, cancer screening for people with disabilities.

Addressing the DHHS’ Absolutely Everyone Victorian State Disability Plan 2017-2020, this collaborative project aims to ensure that we’re equipped to respond to the needs of people with disabilities, able to adopt flexible and responsive recruitment and communication approaches and provide a safe, accessible environment for people with disabilities.

A literature review by La Trobe University, as well as consultation and surveys with people with disabilities, families, carers and service providers suggested that people with disabilities are underscreened for cancer and face a number of barriers to access, including cost, a lack of targeted information, inaccessible venues and a reliance on carers to identify a need for screening.

Our activities to date have included reviewing disability access at BreastScreen clinics, developing new resources for GPs and partnering with disability organisations to promote screening for people with a disability.

We have also developed a training module for staff and are reviewing the data we collect about disability, with a view to using this information to improve our service.
IMPROVING THE SCREENING EXPERIENCE FOR ABORIGINAL WOMEN

A community-led project driven by the needs of Aboriginal women has created a culturally appropriate and safe screening experience through collaboration, information sharing and art.

The Aboriginal Shawl Project provided 14 Aboriginal women with a customised shawl to wear during their mammogram, with the aim of improving the screening experience and reducing feelings of shame among the women about showing their bodies.

The silk shawl was designed and tailored by Aboriginal women and featured detailed artwork by respected Wiradjuri and Yorta Yorta artist Lynette Briggs.

This was Lynette Briggs’ first attempt at silk painting, and she was inspired by the many stories of women and their personal journeys shared in their yarning circles.

Funded by the Department of Health and Human Services and run by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service (VAHS) and BreastScreen Victoria. 14 Aboriginal women took part in the trial at St Vincent’s BreastScreen in September and October 2018.

The women attended an information session about breast screening and received their shawl at VAHS prior to their session, travelled to the BSV clinic together for their screening, then returned to VAHS to discuss their experiences.

BreastScreen staff also received a briefing on how to use the shawl as well as its importance for the community in preparation for the session. All 14 women participating in the trial strongly agreed that the shawl helped them feel culturally safe and more comfortable, and was easy to use. They also said they were made to feel comfortable by screening staff and agreed that being with other women in a group made them feel more comfortable.

Aboriginal women have lower breast screening participation than the general population and partnerships like this one between BreastScreen and Aboriginal organisations like VAHS and VACCHO, contribute to closing the gap each year.

A lack of knowledge and cultural awareness about screening, historical apprehension about health services and feeling embarrassment or shame at being undressed in front of a stranger are some of the barriers Aboriginal women face around breast screening.

A key principle underpinning the success of this project is that was is a community-led initiative, driven by the needs of Aboriginal women. Eight Aboriginal Community Controlled Organisations will undertake the shawl project in 2019.

The outcomes of these projects will be used to develop a flexible model for breast screening services that can be adopted by Aboriginal health services across the state.
IMPROVING PARTICIPATION IN SOUTH EAST MELBOURNE

This year we were contracted by the South Eastern Melbourne Primary Health Network (SEMPHN) to make it easier for residents of Melbourne’s South East to get a breast screening, while supporting local community groups and workplaces to promote BreastScreen’s key messages.

Focusing on the cities of Greater Dandenong, Stonnington and Casey, the 12-month project aimed to increase the breast screening participation rate by 5% in each local government area by engaging with new and lapsed clients.

Results highlight that more than 6,600 people living in the SEMPHN region had a breast screen as a result of the project’s activities – more than half screening for the first time.

Community capacity building and workplace engagement

Our capacity building activities leveraged the abilities of individuals, communities and organisations to promote breast screening and reach under-screened populations within the region.

Working closely with local councils and community organisations and groups, we shared our resources, trained staff to promote breast screening and organised group screening sessions. Over 35 information sessions and stalls proved particularly successful, engaging 687 people across the region, with 224 going on to screen. Of these, almost 90% were recorded as being new or lapsed screeners.

Victorian employees spend more than a third of their day at work. Accordingly, supporting workplaces to promote breast screening and breast awareness was a key strategy to encourage an increase in screening in Melbourne’s South East. We delivered 25 workplace information sessions and 211 people reported screening as a result of these engagement activities.

Re-engaging CALD communities

To re-engage clients from culturally and linguistically diverse (CALD) communities who had not returned for a screen within 27 months, outbound phone calls were made in the language they speak at home – an evidence-based, culturally responsive and respectful approach to re-engaging under screened groups.

Of the 1,222 call attempts made in Italian, Mandarin, Greek and Vietnamese, 459 (45%) clients booked an appointment, and 380 (37%) attended a screen. These response rates are considerably higher than usual, making this one of the project’s most successful activities.

Calls in language were particularly effective in re-engaging longer term lapsed clients. Of those who booked, 53% were lapsed for five years or more and 31% were lapsed for four to five years. This is a significant result as typically the longer clients have been disengaged from the screening program, the more difficult it is to re-engage them.

In addition to these activities, 6,268 SMS and 1,748 letters were sent to lapsed clients in the region.
Improving access to screening

Though BreastScreen has eight permanent screening clinics servicing the SEMPHN region, our Mobile Screening Service (MSS) can boost engagement by increasing accessibility and visibility and providing a culturally safe space.

Using information on participation and community profiles provided by local councils, we parked our hot pink mobile screening vans in strategic, high foot traffic locations at Palm Plaza, Dandenong, Cranbourne Library and Princes Gardens, Prahran.

Of the 971 people screened during these visits, more than half were new to the program, highlighting the effectiveness of this approach to engage new clients and increase participation. Underscreened and CALD communities were also well engaged, with one in four speaking a language other than English at home.

To optimise MSS bookings, we sent 8,840 letters to people who had previously received two invitation letters but never screened with the program (ER3 letters). A total of 516 new clients booked an appointment and 443 subsequently screened at either the MSS or a permanent clinic.

Each MSS visit was supported by a comprehensive communications campaign spanning multiple channels, including social media, print and digital advertising, media coverage and promotional collateral.

Ongoing activities

The project provided many insights into screening behaviour that can be used in future engagement and communications activities, both within the SEMPHN region and more broadly. We’ll use these insights to develop more targeted strategies to improve screening participation, particularly for CALD groups.

Several SEMPHN activities will continue to progress and become part of the ongoing work of the Health Promotion and Communications team, including our work with community groups and organisations to build capacity and our workplace engagement strategy.
**PRIORITISING HEALTH AND WELLBEING IN THE WORKPLACE**

Great companies know that a happy and healthy workplace fosters happy and healthy employees. From a health promotion perspective, the workplace is an ideal setting to inform and encourage a large audience to take measures to improve their health and wellbeing.

This year we partnered with Australian retail chain Cotton On to integrate breast screening awareness into its employee health and wellbeing program. The company’s best practice health and wellbeing team has developed a range of initiatives for its Geelong headquarters’ 1,200 employees, of which 70% are female.

Embracing the partnership, Cotton On worked with us to deliver BreastScreen Victoria’s key messages and resources to staff, communicate eligibility requirements, and encourage them to screen at the local clinic.

One of our BreastScreen health promotion officers set up an information stand at the Geelong headquarters, where staff could come to talk and ask questions at their convenience during the day, leading to more than 40 individual and group conversations about the screening process, group bookings and self-checks, among other topics. One of these conversations, with a woman showing symptoms and with family history, resulted in a referral to a GP.

We also facilitated a group booking for Cotton On staff at the local clinic, creating a supportive environment where friends and colleagues can help reduce any anxiety associated with attending a screening. Of the 17 women attending on the day, 14 were screened for the first time.

All those we surveyed said they booked their appointment solely because of BreastScreen’s workplace promotion, that their level of confidence in and knowledge of screening increased as a result, and that they intend to return for a screen in two years.

“Our workplace made it a fun experience given that it is a very serious topic. The whole day I felt comfortable about what I was doing and it was great that I was doing it with familiar faces. I would recommend all workplaces to take this approach.”

“I had received a reminder prior to the notice about this..... knowing I could get it done through work actually made me get onto it.”

“You created a really comfortable, engaging moment out of something, that for many women, can be a scary process they avoid.”

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**A BLOOMING SUCCESS AT THE MELBOURNE FLOWER AND GARDEN SHOW**

Our presence at the Melbourne International Flower and Garden Show was another resounding success this year, with an impressive 390 bookings taken by BreastScreen Victoria staff over five days – a 30% increase compared to last year.

The southern hemisphere’s biggest floral and garden event presents a great opportunity for BreastScreen Victoria to spread the word about the importance of screening, help debunk some fears and myths about mammograms and talk to our clients face to face.

Thanks to our continuing partnership with the Victorian Farmers Federation, who provided our free of charge stand space at the Royal Exhibition Building, we created a colourful, welcoming space to inspire and encourage women to book a breast screen and share their stories. Our custom gift bags, given to women who booked a screen at the show, were popular again this year.

Of the 390 bookings made, 198 were new to the program and 123 were lapsed and had not been screened for more than 27 months.
FINDING THE 1500: A CALL TO ACTION FOR VICTORIANS

This year we launched a new communications and awareness campaign to empower and encourage women to book a free breast screening. Launched during Breast Cancer Awareness Month, the ‘Find the VIC 1500’ campaign aimed to increase the number of Victorian women aged 50-74 participating in the program.

Despite the number of women screening in Victoria is increasing year on year, Victoria’s average population rate of screening remains steady at 54%; and several areas in Victoria are screening below this rate. Additionally, even after many years of educational advertising, women mistakenly believe that self-imposed breast examinations are a sufficient method of detecting breast cancer.

For ‘Find the VIC 1500’ we compared cancer detection data with Victorian screening participation rates to identify that around 1500 women in Victoria may have breast cancer but not know it.

The powerful call to action of urged women across Victoria to get a mammogram to ensure that if they are one of the 1500, it’s caught early and can be treated for the best possible outcome. The campaign also urged the public to help find these women, encourage them to have a screen and spread the word on social media.

Importantly, we were able to calculate the number of women who may have breast cancer within specific electorate areas, allowing us to adapt the message and customise the campaign specifically for this year’s MP Report Card. The Report Cards are distributed annually to Victorian Members of Parliament as part of Breast Cancer Awareness Month and included a video message from our CEO as well as tailored press releases and statistics for MPs to promote in their electorates. This activity helped build bipartisan partnerships and further increased our reach within communities.

Advertising creative was based on the Cancer Institute of New South Wales’ successful ‘Find the NSW 2000’ campaign, and ran across traditional and digital channels including newspapers, radio and social media. A second tranche of the campaign ran in June 2019 to reinforce key messages to our target audiences.

The campaign generated increased awareness of the importance of screening, and increased BreastScreen’s social media reach, engagement and following. A total of 1,660 additional bookings were received as a result of the campaign – and 258 of these were first-time screeners.
DIgital Focus

BreastScreen Victoria has come a long way from the labour-intensive, space-consuming, paper-based system of 25 years ago.

Our client information management system, known as ‘Gecko’, accurately captures, reads, assesses and stores breast screening information for clients, booking staff, radiographers and radiologists, at every stage of the screening experience.

If you’ve made an appointment over the phone or online, received an email invitation to your next screen or an SMS reminder about your upcoming appointment, viewed your results online or spoken with your GP about them, Gecko has come into play, ensuring a reliable, streamlined process that can service hundreds of thousands of women in Victoria each year.

Our six-year Electronic Records Management (ERM) project to streamline information management processes and move towards a fully digital environment has delivered improvements across all areas of the business.

This year we progressed the project through its fourth and final stage – to introduce new electronic systems to the areas of assessment, results and follow-up.

The ERM Stage 4 Vitro Pilot Project gave radiologists, radiographers, nurse counsellors, and data and administrative staff at St Vincent’s BreastScreen assessment clinic access to real-time client information.

During a five-week trial of new software and hardware, online records replaced paper-based assessment forms, a touch screen television replaced the whiteboard used to track a client’s progress through the clinic, and portable tablet devices were used to access client records and update client progress from anywhere in the clinic.

Anne Barton, Operations Manager St Vincent’s BreastScreen, said the Vitro Pilot resulted in significant efficiencies in information-sharing across the clinic.

“Staff were spending far less time creating, managing and accessing files, manually entering data and tracking client progress through the assessment clinic.

“The result was clients progressing through the assessment clinic more efficiently and receiving their written results sooner, and we’ve opted to continue using the software and hardware that was trialled in the pilot.”
AT THE FOREFRONT OF RESEARCH

BreastScreen Victoria’s Research Committee works to ensure that our services are informed by leading edge, comprehensive research evidence. The committee is supporting projects with the University of Melbourne, the Victorian Comprehensive Cancer Centre, the Peter MacCallum Cancer Centre, the University of Sydney, Deakin University, the Department of Health and Human Services and the National Breast Cancer Foundation.

DEEP LEARNING – ARTIFICIAL INTELLIGENCE IN BREAST CANCER SCREENING

The interpretation of x-ray images is still performed the same way it was when Wilhelm Roentgen first used x-rays to produce an image in 1895, based on radiologists’ visual acuity and their capability to search and recognize patterns. Interpretation and detection of an abnormality on an image is variable and affected by training, experience, and other human factors. Consequently, image interpretation has always been constrained by human variability and fallibility. To control for this variability, each BreastScreen mammogram is read by at least two radiologists.

The use of computers to assist in the interpretation of mammograms started with what was known as computer aided diagnosis (CAD) over twenty years ago. These early programs identified too many false signs to make them applicable in the breast screening environment.

The field of artificial intelligence is progressing rapidly due to increases in computer processing power, the availability of large digital datasets to train and test algorithms, and cloud computing. Artificial intelligence has become a major research focus in many radiology departments due to the high proficiency that deep learning neural networks have demonstrated in pattern recognition of various abnormalities on medical images.

Mammography lends itself particularly well to this form of analysis due to its high reliance on pattern recognition, as well as the quantity and quality of the imaging that passes through BreastScreen and the correlation with pathology, resulting in very high quality digital data.

Adjunct Associate Professor Helen Frazer, Clinical Director of St Vincent’s BreastScreen, is leading a project to develop a deep learning neural network model that is capable of accurately classifying mammographic images. The network is being trained and tested using 50,000 de-identified images from BSV.

If successful, this network could ultimately become a useful tool for screening of mammographic images, particularly if the model can be trained to detect which mammograms show no signs of breast cancer with a high degree of precision.

Use of artificial intelligence would not replace radiologists. Rather, it could increase their capacity to undertake more challenging cases and services, enabling the best care and support for our clients.

TOMOSYNTHESIS SCREENING TRIAL

This year we completed a two-year trial of tomosynthesis in the detection and assessment of breast cancer.

Tomosynthesis is a relatively new, 3D digital mammography technology that has the potential to detect smaller changes in the breast and reduces the camouflage effect from superimposed tissues.

A report on the results of the trial, a collaboration with the University of Sydney and Eastern Health and conducted at Maroondah BreastScreen, has been accepted for publication in late 2019.

The findings of this landmark study will be critical in determining the impact of the technology on detection of breast cancer in an Australian screening, and if it is suitable for introduction in population screening.
'We strive for excellence. We embrace quality improvement, and we strive to continuously improve both the client experience and service efficiency.'
The maps show the location of BreastScreen Victoria services throughout metropolitan Melbourne and regional Victoria.
DIVERSITY AND INCLUSION

BreastScreen Victoria is committed to a culture that fosters an engaged and considerate work environment in which everyone is treated fairly and with respect; recognising the individual in us all when planning, managing and delivering our programs.

At BCU, this commitment culminated in achieving Rainbow Tick Accreditation, which assures lesbian, gay, bisexual, transgender and intersex (LGBTI) clients that they will receive a compassionate and inclusive service at every point of contact, and that all staff feel safe and respected at work.

Building a diverse and inclusive workforce involves staff participation in regular cultural events and days of recognition throughout the year, such as NAIDOC Week, Harmony Day, International Day Against Homophobia, Transphobia and Biphobia (IDAHOBIT), Wear It Purple Day and Seniors Week.

A highlight was our NAIDOC Week activities, which celebrated the history, culture and achievements of Aboriginal and Torres Strait Islander people. Staff participated in a variety of activities across the state. BCU welcomed proud Wagiman artist, Nathan Patterson, who led staff in a collaborative painting session, which included education on Aboriginal art and history. The resulting artwork represents our workplace journey and ongoing partnerships with our community.

INNOVATION AWARD

Our staff are consistently setting high standards in service through the development of resourceful and original processes and projects.

Innovation is crucial to the success of any organisation, and the Employee Award for Innovation seeks to recognise team members who are thinking of new and improved ways we can better our services.

Mel Davis received the 2018 Annual Award for Innovation. Off the back of delivering an outstanding community screening project in Hazelwood for Gippsland Primary Health Network (PHN), Mel designed a PHN proposal strategy that has been effective in obtaining funding from a number of different PHNs across the state. These projects focus on health promotion and communications strategies to increase screening awareness and participation in targeted local government areas.

A key project includes an agreement with South Eastern Melbourne Primary Health Network to the value of $500,000 to deliver activities in their region. Mel’s proactive approach to finding better and more efficient ways of developing, managing and strengthening relationships with key stakeholders will undoubtedly contribute to the ongoing success of BreastScreen Victoria’s programs.

We congratulate all employees who were recipients of the award this year: Olivia Larsen (MSS Group Screening Processes), Anu Chikarsal (Accounting Process Improvements), Dwayne Richards (Target Setting Methodology), Juliet Anderson (Target Setting Methodology), Ayesha Maharaj (Pharmacy Campaigns).
Established: 1995
Breast screens performed in 2018–19: 13,436
Brought to clients by: Bendigo Health Care Group
Radiology provider: Bendigo Radiology, I-Med and Echuca Regional Health
Coverage: Screening centres are located at Bendigo, Echuca and Mildura. The service hosts the Mobile Screening Service every two years at Kerang, Swan Hill, Robinvale, Murray Valley Aboriginal Co-op, Mildura Co-op, Heathcote and Elmore Field Days.
Accreditation status: Accredited with Commendation, until February 2023
Clinical Director: Dr Jill Wilkie BSc(Hons), MBBS, MRCP, FRCR
Program Manager: Eliza Alford BRad&MedImaging(Hons), MHlthSc; Kathryn Carman BAppSc(MedicalRad), CertIVT&A

HIGHLIGHTS

Bendigo BreastScreen was awarded Four Year Accreditation with Commendation in February 2019. The National Quality Management Committee congratulated the service on our strong dedication to quality improvement and consumer focus, including the centre’s information on breast density and microcalcifications, and our “Standard of the Month” visual displays.

A “Be Breast Aware” session was held in May for Karen and Afghan clients of refugee backgrounds, facilitated by Elise Kornmann, a Women’s Health Loddon Mallee Practice Nurse and Nurse Counsellor at Bendigo BreastScreen. The session was deemed a great success, with 24 clients in attendance, seven screenings on the day and a further eight appointments booked.

Bendigo continues to work with Monash Medical School, hosting a medical student each Thursday at the assessment clinic. The service dedicates time to orientate the students to the BreastScreen program, providing an overview of the screening and assessment process. We happily engage with the clinicians of the future.

We appreciate the dedication and hard work of two staff members that moved on from Bendigo BreastScreen this year: Bernadette Lamb, Data Manager, who was with the service for 13 years and Chris McAloon, Nurse Counsellor for nine years.

Service Milestones
10 years: Julie Fletcher (Administration Officer)
Geelong and South West Screening, Reading and Assessment Centre has had another successful year thanks to a dedicated leadership team supported by a cohesive and committed team of doctors, radiographers, nurses, data managers and administrators.

Participation across the Geelong South West region is above the state average. The team demonstrates a continuing commitment to providing high-quality breast imaging and diagnostic services to the region.

We deliver our service with quality, care and compassion, and we focus on continuous quality improvement.

Continuing to meet the demand of the Geelong region’s growing population has required a flexible approach. We have worked hard to keep waiting times down, and have increased the number of Saturday sessions to accommodate increasing participation. The service continues to exceed its screening target, and has done for the past six years. We also expanded our service with the assistance of the Mobile Screening Service, and added two new locations this year that were hugely successful.

We continue to host a Breast Fellow every year, who are fortunate enough to be mentored by our highly experienced Clinical Director, Dr Linda West.

We welcomed a number of trainee radiographers, who are given ongoing training and support, as well as timely and well-documented feedback on positioning and image quality, by the designated radiographer.
This year Gippsland BreastScreen recorded outstanding cancer detection results, doubling the state average for the detection of invasive breast cancer amongst the first-round screening target age group. Our radiologist team from i-Med Gippsland are to be commended for this outcome, as it demonstrates the team’s shared commitment in reducing breast cancer morbidity and mortality in the screened population of Gippsland.

In the second half of the year, our assessment clinic team at Latrobe Regional Hospital trialled the introduction of a sonographer and second ultrasound unit at assessment. This aimed to increase our capacity to service more clients more efficiently and to meet the ever-growing demand for our screening and assessment services, resulting in a significant reconfiguration of our workflow. The trial proved effective, with a greater number of women able to access an assessment appointment sooner, and in turn receive their results quicker. Importantly, this helps to reduce the emotional impact during what can be an anxious time for many women. As a team, we will continue to review and refine these new assessment enhancements going forward.

This year we hosted our first ever Radiologist Breast Fellow. This has been a fantastic learning experience for the Fellow and our wider team and has reinforced the importance of fostering a training and learning environment.

Thanks to our wonderful and hardworking screening service providers throughout Gippsland, we reached 101.7% of our screening targets across the region. This fantastic result means that more women within Gippsland had access to this important program.

Our stable and committed workforce is to be congratulated and thanked for another year of providing excellent service to our clients in Gippsland. The team, made up of multiple disciplines including radiologists, radiographers, sonographers, surgeons, pathologists, nursing, and administrative staff, support and assist each other to ensure we provide the best possible service to our clients. This is reflected in our exceptional client satisfaction rates of 92% for screening services, and 94% for assessment services.

Established: 1993
Breast screens performed in 2018–19: 14,041
Proudly brought to clients by: Latrobe Regional Hospital
Radiology provider: Latrobe Regional Hospital, I-Med, Central Gippsland Health, Bairnsdale Regional Health Service and Bass Coast Health
Coverage: Screening centres are located at Bairnsdale, Sale, Traralgon, Warragul and Wonthaggi. The service hosts the Mobile Screening Service every two years at Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram.
Accreditation status: Accredited until May 2021
Clinical Director: David Chan MBBS, FRACS
Program Manager: Julie Foat MBA, BSc(HlthSc), GAICD, GradDipMgt, Cert IVT&A
The team at Grampians BreastScreen has had a very productive year, with large numbers of clients visiting assessment clinics, new staff joining the team and a continued focus on quality intensified quality activities in all areas of the service.

The Mobile Screening Service (MSS) was in operation in our area, visiting St. Arnaud, Warracknabeal, Nhill and Birchip. All van visits were very well supported by the local communities, with Nhill exceeding the target. Many of our recall clients travelled long distances to attend our assessment clinic, but were extremely appreciative of the service we provide.

The MSS made an inaugural visit to the Wimmera Field Days this year, screening 54 clients – a fantastic result, with a mix of regular, lapsed and new screeners.

The team has been preparing for our National Accreditation Standards visit in July and August 2019. The visit provides us a great opportunity to review our practices and acknowledge the great work we do to care for our clients in the Grampians region.

We are looking forward to another busy year with an increase in local targets and MSS visits to Hamilton and Maryborough.
Maroondah BreastScreen has a strong focus on research to improve the care we provide to our clients. This year we ran the first feasibility trial on the outcomes of tomosynthesis screening in the Australian setting. The research was funded by the National Breast Cancer Foundation and conducted in collaboration with BreastScreen Victoria and Professor Nehmat Houssami from the University of Sydney.

Recruitment commenced in August 2017 and we reached the target of 5,000 clients by November 2018. Both milestones – our first and last clients for the trial – were captured in photographs with our radiographers, Clinical Director Dr Darren Lockie and Program Manager Michelle Clemson. The project was well received by our clients and results will be published in a peer-reviewed journal in late 2019.

Our collaboration with CSIRO and the universities of Melbourne and Sydney continues, with our radiologists assessing images obtained from the Melbourne synchrotron using different algorithms. We are also working with Turning Point, Eastern Health and VicHealth to help our clients learn more about breast cancer risk factors and ways to reduce their personal risk.

Maroondah BreastScreen has been operational for 12 months in our new purpose-built facility (the Eastern Health Breast and Cancer Centre), which has been very well received by our clients. Recent visitors to our new centre have included the Hon Daniel Andrews MP, Premier of Victoria, Dustin Halse MP, Member for Ringwood and Peter Hitchener OAM.

**Service Milestones**
- **25 years**: Janis Uhe, Diane Montgomery
- **20 years**: Rayma Michell, Heather Valeri
- **15 years**: Gay Koffyberg
- **10 years**: Julie Goodwin
READING AND ASSESSMENT SERVICE
MONASH

Established: 1993
Breast screens performed in 2018–19: 59,561
Proudly brought to clients by: Monash Health
Radiology provider: Monash BreastScreen, I-Med, GIG and Capital
Coverage: Screening centres are located at Moorabbin, Waverley, Casey, Berwick, Dandenong, Frankston and Rosebud.
Accreditation status: Accredited with Commendation to February 2021
Clinical Director: Dr Jill Evans MBBS, FRANZCR
Program Manager: Janelle Finn DipNurs, BNurs(Postreg), GDipBus

HIGHLIGHTS

In 2018-19 Monash BreastScreen achieved 105% above our screening targets. The increased demand required additional reading, clinics and planning to ensure that we maintained our quality within the service. Additional working hours were resourced within the current staffing numbers. We thank all of our team members for their efforts during this period of time whilst maintaining national accreditation timeliness targets.

Monash BreastScreen opened a new screening site at Casey Hospital to assist with demand in the catchment area. It has also been an alternative place for clinical training for radiographers living in the region.

As part of Breast Cancer Awareness Month in October, we worked in partnership with Monash Health to promote breast health and screening to their employees. This included an extensive communications campaign and screening sessions exclusively for Monash Health staff.

Appointments during these sessions were held both at Casey and Moorabbin Hospitals, where there are permanent clinics. A total of 72 Monash Health employees screened as part of the Breast Cancer Awareness Month campaign, including 44 new screeners and 14 lapsed clients.

A survey sent to all Monash Health staff after the screening and information sessions showed that more than 60% of clients agreed that work commitments affected their capacity to have a breast screen, highlighting the importance of promoting breast screening in workplaces. When asked if they would participate in another clinic during work hours for their next screen, 76% of clients answered in the positive.

We will continue to work with BreastScreen during Breast Cancer Awareness Month to promote screening to staff and provide accessible sessions at both Casey and Moorabbin hospitals.

CLIENT FEEDBACK ABOUT THE SERVICE

“I would like to thank all the staff at Monash BreastScreen who recently helped my Mum. Even though I was very shocked at the diagnosis I was struck by how gentle, loving and warm your staff were not only to my Mum but to all the other clients. I think it really is amazing that for such a difficult job your staff show such compassion towards everyone that visits the clinic.”

“Thank you for all your help I will make sure that our family and friends are aware of the warm service you provide.”

Service Milestones
30 years: Margaret Eddy
25 years: Jayne Mullen
20 years: Geoffrey Thomas, Kerry Whyte
10 years: Najumah Kimmie, Jane Barbour

Back row, Left to Right: Margaret Agetzis, Mirella Catalano, Briohny Casey, Jane Fitz, Kaye Beattie, Georgia Sklavenitis, Mary Lynch, Janelle Finn, Katrina Wells, Miranda Miocevic. Front row, Left to Right: Amanda McRobinson, Rohinie Basnayaka, Radhika Khurana, Rose Leong, Marieta Owenbury, Najumah Kimmie.
This year the North Western service celebrated 30 years of screening in the region. We commemorated this milestone with the release of a historical magazine – our thanks to Dr Rose for contributing artistically.

The service maintained a strong performance against timeliness standards, and the team’s effort and commitment has been outstanding for the last 12 months. Accreditation surveyors were on-site in June 2019. This visit was a resounding success, with the service recognised for its strong client focus and involvement in the Royal Melbourne Hospital/Royal Women’s Hospital integrated breast service, facilitating a seamless transition for women into these hospitals. Robust management procedures and documentation were also highlighted in the report.

With the support of Royal Melbourne Hospital, a new tomosynthesis (3D mammography) machine was installed at the assessment centre in December 2018.

We welcomed new Chief Radiographer Natalie Carter in October 2018 as well as new surgeon, Dr Diarmuid O’Malley, new radiologists Susan Koulayan-Ilic and Narges Sobhani and Sheng-Fei Oon (Breast Fellow).

The service was fortunate to recruit a new volunteer, Ann-Marie Baker, to our Quality Committee. Ann-Marie reviewed public transport and signage information provided to women attending assessment clinics at Parkville.

We thank our long-standing and wonderful volunteers Lynn Grant and Shirley Cullum, who continue to provide calm and caring support to women attending the assessment clinic.
In 2018, as part of BreastScreen Victoria’s strategy to transition to Electronic Records Management, St Vincent’s piloted software to digitise many of the forms and processes used within the assessment clinic.

The Vitro software has now been permanently implemented into the department, with a major benefit being direct access to client records without requiring a paper file.

In 2018, we implemented a tier 1 daily management meeting, which takes place every morning at the Quality Improvement board. The five-minute meeting highlights the achievements from the previous day, adherence to Level 1 National Accreditation Standards, clinic appointments and potential pressure points. The team also work together to identify priorities for the week ahead.
OUR MOBILE SCREENING SERVICE

BreastScreen Victoria’s two hot pink Mobile Screening Service (MSS) vans, Nina and Marjorie, travel around the state bringing screening services to rural and regional Victoria. Managed by the BreastScreen Coordination Unit (BCU), the MSS vans provide the same first-class screening service as our permanent screening clinics.

The Service Delivery team works alongside the Communications and Client Recruitment team to promote the MSS in rural and regional towns and communities before it arrives. MSS radiographers also receive support from Reading and Assessment Services, particularly each catchment’s Chief Radiographer, along with BreastScreen Victoria’s State Radiographer.

The MSS visited 28 sites and screened a total of 9,408 clients in 2018–19.

The MSS is also used for special projects to engage under-screened groups. This year we trialled new screening locations in Docklands and Benalla, returning to previous trial site in Corio for the first time.

MSS DOCKLANDS

One of the key barriers to having a breast screen is the constant juggle of work and life commitments. To make it easier for working women to attend a breast screen, this year we used a vacancy in the MSS schedule to recruit new and lapsed screeners in Docklands. The region hosts the second largest workforce area in Melbourne. It is also home to many clients in the target age group of which 43.6% are participating in breast screening, well below the Victorian state average of 53.7% (data from 2015-17).

Working with the City of Melbourne, we identified a site with high visibility and easy access and extended our screening hours to accommodate busy workers. We engaged with four large workplaces to provide education sessions to employees and a further 13 workplaces provided MSS promotional material to their staff. A total of 569 women were screened over three weeks at the site, of which 80% were first-time screeners.

The Docklands project was a great success, and confirms that engaging workplaces is key to increasing participation in clients who are ageing into the BreastScreen program. Of those screened most were aged 40-49, and therefore below our target age group (50-74); so evaluation will need to consider the benefits of targeting high-working population areas such as Docklands, as research shows that breast cancer rates are lower and testing is less effective in the 40-49 age group.

MSS CORIO

As part of our ongoing statewide commitment to the provision of equal and accessible services, we returned to Corio in March and April 2019 after the site’s successful trial in 2017. Over a three-week period, 398 clients were screened, of which 20% were first-time screeners and 12% were lapsed. Corio’s participation rate increased from 43.8% to 50.9% as a result of the visit, indicating effective community engagement and high service requirements. The MSS will return to Corio in the future.

MSS RADIOGRAPHER PROFILE

OLIVIA LARSON

Radiographer Olivia Larson has been living and working in Victoria less than two years, but has probably seen more of the state than many.

Olivia made the move to Australia and joined the BreastScreen Victoria team in 2018 to work as part of the mobile van service, screening women from Corio to Warracknabeal and everywhere in between. Olivia was promoted to the role of Designated Radiographer in January 2019 and is responsible for promoting MyCare principles and maintaining a high quality of the service.

The Wellington, New Zealand native completed a Bachelor of Medical Imaging in Christchurch and worked in a public hospital in Auckland for three years before completing her Post Graduate in Mammography in 2017.

“I thoroughly enjoy my job,” Olivia says. “I get to experience different areas and communities in Victoria and engage with women from different backgrounds. Our clients are always lovely and appreciative of our service.”

JOANNE RONALD

Joanne Ronald is one of the friendly radiographers that works in our MSS vans, travelling across the state to screen clients in regional and rural areas.

As someone who’s been screening women for more than 35 years, Joanne has seen many changes in technology. After completing a Diploma of Radiography in Dunedin, New Zealand, working in clinics in Geelong and taking time to raise her children, Joanne returned to BreastScreen Victoria with a mission to work in one of our high tech mobile vans.

“Working on the vans has been a lovely change for me,” she says. “Wherever we go, we are greeted by smiling, friendly women who can never quite believe two years have passed. I’m looking forward to spending more time travelling and exploring different communities.”
OUR TEAM

‘BreastScreen Victoria continually reviews its governance and management structures to ensure they support good client outcomes, quality services and risk management.’
EXECUTIVE TEAM

1. Vicki Pridmore
GradDip(Org Psych), BA(Comms.Org Psych), Higher Dip Teach(Sec), GAICD
Chief Executive Officer
The CEO provides leadership and direction in order to drive strategic change within the organisation, and works with the Board of Management and its committees to realise strategic outcomes. The CEO presides over BreastScreen Victoria’s day-to-day operations.

2. Luke Neill
BCom(Finance), LLB, GradDipLegPrac
Director Corporate Services
Corporate Services supports the business units by providing corporate governance, risk, policy, strategy, finance, human resource and business support services. In addition, the team works with and supports stakeholders in delivering quality services across the state and manages deliverables under the service and supplier contracts.

3. Matthew Scanlon
BA(Comms), AdvDipBus(Public Relations), GAICD
Director Communications and Client Recruitment
Communications and Client Recruitment is responsible for raising awareness of the Program, and increasing participation in the Program by women in the target age range. To do this we develop evidence-based recruitment strategies that focus on reaching all eligible women, particularly underscreened populations.

4. Doris Whitmore
MBA, FCpa, BBus(Acc), GAICD
Director Operations
The Operations team is responsible for providing clients with accessible and equitable access to statewide services. The Director Operations provides direction and leadership to drive quality and efficient services in partnership with service providers. The team is focused on providing a contemporary service and creating opportunities for all under-screened groups to screen. The Operations team manages the Mobile Screening Service which travels country Victoria delivering this important service to clients in rural and regional areas.

5. Georgina Marr
BHIM, GradDip(Epi Biostat), GAICD
Director Information Technology Services (ITS)
ITS works collaboratively to deliver integrated and secure technology to enable the delivery of the BreastScreen Victoria Program. ITS is driving a major project to transition BreastScreen Victoria to a fully digital environment for all aspects of screening, reading and assessment, including the creation of a fully electronic client record.

6. Genevieve Webb
BA(Hons)(Psych), BAppSc(Comp), FAICD
Director Quality
The Quality Unit leads initiatives that strengthen BreastScreen Victoria’s quality improvement program. We coordinate consumer engagement and emphasise co-design to ensure we meet the needs of clients, including those from diverse groups. The team works closely with service providers to achieve accreditation success and to provide a safe, effective and client-focused cancer screening service.

7. Dr Jill Evans
MBBS, FRANZCR
State Clinical Director
Reporting to the CEO and Director of Quality, the State Clinical Director provides advice to the CEO, Board of Management and Quality Improvement Committee (QIC) on clinical practice and governance. The position replaces that of State Radiologist and reflects the breadth of the role, which is responsible for leading practice improvement and clinical governance across all clinical disciplines within BreastScreen Victoria.

8. Sue Macaulay
Dip App Sci (Med Rad)
State Radiographer
The State Radiographer works with the Director of Quality to support and implement BreastScreen Victoria’s MyCare initiatives and ensure that all processes or changes to systems and practice consider the impact on clients. The role convenes the Radiography Quality Group, a professional peer group of designated radiographers from each BreastScreen service, contributes to statewide process improvement and quality initiatives and develops systems to enhance radiography performance and outcomes across the state.

EXECUTIVE SUPPORT TEAM

Neval Ferman
(EA to Vicki Pridmore)

Otimia Moriarty
(EA to Doris Whitmore)

Claire Hopmans
(EA to Luke Neill, Georgina Marr and Matthew Scanlon)

Jillian Tempany
(Quality Program Administrator)
OUR TEAM

BOARD OF MANAGEMENT

The BreastScreen Victoria Board of Management is appointed by the Minister for Health. The Board liaises closely with the Department of Health and Human Services and the Victorian Minister for Health regarding funding for BreastScreen Victoria and desired outcomes.

BreastScreen Victoria acknowledges and thanks retiring Board Chair Katherine McGrath for her contribution to the organisation.

1. Wayne Tattersall
BCom, FCPA, MAICD
Chair (from November 2018)
Meetings attended: 8/8
Wayne is a qualified CPA who has held numerous CFO and senior finance roles over an extended period of time. These roles have ranged from small to large businesses including a high-profile sporting organisation in Australia and international major events organiser. Wayne has significant expertise not only in finance but also IT and management of information systems. Being a strategic thinker, Wayne is well experienced in the development and implementation of strategic business plans.

2. Sue Madden
FCPA, GAICD
Treasurer
Meetings attended: 8/8
Sue is an experienced finance professional with expertise in driving change and process improvement. She is currently the Finance Director for the ANZ region of a large medical device company and previously the Commercial Manager of a water utility and CFO of its subsidiary.
Sue also has experience as CFO and Company Secretary of a listed biotechnology company and prior to that, the Finance Manager of a large not-for-profit organisation.
Sue also has several years’ financial experience within a multinational resources firm.

3. Elleni Bereded-Samuel
MED, GradDipl(Couns), GradCert (Mgt), BA
Meetings attended: 8/8
Elleni is African Australian from an Ethiopian background who has focused her life’s work on strengthening education, training and employment for culturally and linguistically diverse communities in Australia. She worked for 17 years in the higher education sector and is employed as the Diversity Capability Development Manager with Australian Unity Independent and Assisted Living. Elleni was on the board of the Royal Women’s Hospital for six years, a VMC Commissioner for six years, on the SBS Board for five years and is currently on the board of Western Health. In 2008 Elleni was appointed to the Australian Social Inclusion Board. Elleni was named by Westpac AFR as one of Australia’s ‘100 Women of Influence’ in 2014.

4. Kerry Bradley
MBA, BBus(HAdmin), GradCert(Applied Risk Mgt), DipRiskMgt&BusContinuity, RN, FAICD, FGIA, FACN, FAAQHC, MMIA
Meetings attended: 8/8
Kerry has over 20 years’ senior management/executive experience with strong clinical and quality backgrounds, working across the health sector in regulation, acute care (both public and private), rehabilitation and aged care. She is highly skilled in leading and managing organisational change at both a strategic and at an operational level. Kerry is currently a member of VicHealth’s Finance Audit and Risk Committee and a Ministerial appointed member to the Victorian Clinical Council. She has served as a board director for Baptcare and Mercy Hospitals Inc and has held Ministerial board appointments to the Victorian Quality Council and the Victorian Cytology Service.

5. Dr Vanda Fortunato
PhD, MA, BA
Meetings attended: 8/8
Vanda Fortunato has spent the last 20 years in executive and strategic health leadership roles in Australia and overseas, with significant experience in public health, primary care, not-for-profits, medical training, academia, pharmaceuticals, health insurance and consulting. Vanda has been a CEO of two not-for-profits, and has held senior executive roles with Medibank, a clinical research organisation and Accenture. She has also worked for the World Bank and the Asian Development Bank.

6. Debra Cerasa
RN, RM, ICU Cert, FACN, GAICD, M of Edn, Mngt & Ldrship, B of H Sci Nsg, Grad Dip Ad Ed & Trg, Dip Bus Mngt, Cert HR Mngt, Cert Fin Mngt
(Join ed February 2019)
Meetings attended: 8/8
Debra Cerasa is a highly qualified senior executive with a wealth of leadership experience across a range of health, community and peak organizations in both the public and not for profit sectors. Her leadership roles encompass metropolitan, rural and international scope where she has demonstrated a highly innovative, transformational approach to implementing purposeful change. Debra’s leadership roles have progressed a social justice agenda enhancing community resilience and wellbeing among many vulnerable cohorts allowing people to be the best they can be. Debra is currently CEO of Jobs Australia.
7. Liz Kelly
BBus, GradDip(OrgPsych), Cert IV Workplace Training & Assessment, Accredited mediator; MAICD
Meetings attended: 5/8
Liz is a Co-Director and Principal Consultant of a management consultancy firm that specialises in human resource, project and financial management in the following areas: dispute assessment, investigation and resolution; stakeholder engagement and cross-sector change management; training, coaching and team development; corporate communication and community education; and policy analysis and lobbying. In a career spanning 30 years, she headed a department with 200 staff and a $250 million operating budget, occupied board positions on non-government organisations, statutory authorities and community associations. Liz has been the Deputy Chair of the Victorian Disability Advisory Council and a member of the Victorian Disability Services Board and the Disability Reference Group of VHREOC.

8. Jorden Lam
LLM, Bcom, LLB, GradDipLP, GAICD
Meetings attended: 5/8
Jorden is the Company Secretary and General Counsel at HESTA Super Fund and serves on the board of Monash Health as a non-executive director. Prior to joining HESTA, Jorden practised as a commercial lawyer with several leading firms, advising corporations across a range of complex matters. She is experienced in the development and implementation of corporate governance frameworks and is passionate about achieving high standards of governance in organisations. She was named a finalist in the Women in Financial Services Rising Star Award 2017, a finalist in the Women in Finance Young Leader Award 2017 and was a recipient of the Australian Financial Review’s Young Executive of the Year Award in 2015.

9. Dr Wayne Lemish
BSc(Hons), MBBS, FRANZCR, MAIP, GAID
Meetings attended: 7/8
Wayne is a radiologist with subspecialty interest in breast imaging including mammography, digital breast tomosynthesis, breast ultrasound and magnetic resonance imaging. He was the Director of Breast Imaging at Freemasons Day Centre in East Melbourne for 13 years, and is currently Director of Breast Imaging at East Melbourne Radiology. Wayne has more than 20 years’ experience in breast screening for the early detection of breast cancer. He is a fellow of the Royal Australian and New Zealand College of Radiologists (RANZCR). He was an examiner for RANZCR and represented the college at Standards Australia for a number of years.

10. Vicki Pridmore
GradDip(Org Psych), BA(Comms,Org Psych), Dip Teach(Sec), GAICD
Ex Officio
Meetings attended: 7/8
Vicki has led BreastScreen Victoria as Chief Executive Officer for a decade, introducing substantial change during this time. Prior to BreastScreen, she was CEO of the Cheltenham and Regional Cemeteries Trust. Vicki has extensive executive experience in the health human services sector, including roles in the Department of Health and Human Services (DHHS). Her final role in DHHS was as the Director Portfolio Services, coordinating media communications, Ministerial support, legal FOI and internal audit. Her career spans teaching, psychology, organisational review and more than a decade in executive management roles within the public service and not-for-profit sectors.

11. Tim Staker
DipEng(Biomed), MBA, GradDip(TechMgt), GAICD
Meetings attended: 8/8
Tim has over 30 years’ experience working with health devices and information technology, having held senior management roles within government and the private sector. For the past 14 years, he has held the role of National General Manager for Cabrini Technology Group, a not-for-profit business that has 400 staff operating from offices throughout Australia and New Zealand, wholly owned by Cabrini Health. Tim has also consulted on many of the recent new hospital projects as technical adviser to state health departments in Australia and to the Ministry of Health in New Zealand. For 12 consecutive years he served on the Queen Elizabeth Centre Board of Management in various roles including Vice President and Chair of the Quality and Risk Committee.

12. Dr Elisabet Wreme
MSc, Prof Doctor in Bus Admin, GAICD
Meetings attended: 8/8
Elisabet is an experienced executive with a passion for service and technology businesses in need of change, enabling them to successfully navigate through the ‘growing pains’ that result from expansions and market disruptions. A highly professional leader with a genuine understanding of technology, Elisabet loves creating great customer experiences and strong business outcomes at the same time. She is an innovator with a patent to her name and is also a published author. Elisabet has broad experience across a range of strategic and operational roles, including senior roles with NAB and Telstra. Elisabet is currently also serving on the board of YMCA Victoria.
A number of sub-committees advise the Board of Management on specific areas relevant to the Program. An Executive Committee deals with urgent matters in between Board of Management meetings.

**Partnership Committee**
Dr Bruce Bolam *DHHS Chair*, Wayne Tattersall *BreastScreen Victoria Chair*, Rachael Andersen *(DHHS)*, Maria Bubnic *(DHHS)*, Vicki Pridmore *ex officio*

**Finance and Audit Committee**
Sue Madden *Chair*, Wayne Tattersall, Tim Staker, Liz Kelly, Vicki Pridmore *ex officio*, Luke Neill *ex officio*

**Governance Performance and Remuneration Committee**
Jorden Lam *Chair*, Wayne Tattersall, Kerry Bradley, Dr Vanda Fortunato, Siobhan Boyd-Squires *(co-opted)*, Christine Fitzherbert *(co-opted for performance and remuneration focused meetings)*, Vicki Pridmore *ex officio*, Luke Neill *(to attend performance and remuneration focused meetings)*

**Quality Improvement Committee**
Kerry Bradley *Chair*, Dr Wayne Lemish, Dr Vanda Fortunato, Ann Woodward *(co-opted consumer representative)*, Barbara Hingston *(co-opted)*, Vicki Pridmore *ex officio*, Genevieve Webb *ex officio*, Dr Jill Evans *(Clinical Director)* *ex officio*, Doris Whitmore *ex officio*, Sue Macaulay *(State Radiographer)* *ex officio*, Jules Wilkinson *ex officio*

**Participation Committee**
Liz Kelly *Chair*, Elleni Bered-Samuel, Dr Elisabet Wreme, Rebecca Bartel *(co-opted)*, Vicki Pridmore *ex officio*, Matthew Scanlon *ex officio*, Doris Whitmore *ex officio*

**Research Committee**
Dr Wayne Lemish *Chair*, Elleni Bered-Samuel, Dr Carolyn Nickson, Prof Dallas English, Dr Ian Campbell, Assoc. Prof John Collins, Dr Darren Lockie, Dr Vanda Fortunato, Dr Helen Frazer, Prof Bruce Mann, Lisa Devereux *(co-opted)*, Vicki Pridmore *ex officio*, Dr Jill Evans *(Clinical Director)* *ex officio*, Genevieve Webb *ex officio*, Doris Whitmore *ex officio*

**Information and Technology Committee**
Tim Staker *Chair*, Jorden Lam, Wayne Tattersall, Dr Elisabet Wreme, Mary Hawkins *(co-opted)*, Vicki Pridmore *ex officio*, Georgina Marr *ex officio*
ORGANISATIONAL INFORMATION

Complaints
Consumer complaints provide valuable information that can be used to improve the safety and quality of our services. BreastScreen Victoria seeks to ensure that all complaints are managed in an effective, independent manner, and will at all times seek an outcome to a complaint that is satisfactory to all parties. The Complaints Management Policy was developed in accordance with AS 10002-2006: Customer satisfaction – Guidelines for complaints handling in organisations. All complaints are reviewed according to category and severity. A summary report of complaints and recommendations for quality improvement is presented to the Quality Committee.

Sustainability
BreastScreen Victoria’s approach to environmental and corporate sustainability encompasses strategies and practices that are designed to meet the needs of our clients and stakeholders today, and to protect, support and enhance the human and natural resources that will be needed in the future.

We are due to complete the last stage of the Electronic Records Management Project in June 2020. At the completion of the project, all BreastScreen services will move to a fully electronic client record, reducing BreastScreen Victoria’s reliance on paper to deliver services.

Additionally, during 2018/19 we rolled out an energy efficiency program, reducing our electricity usage in our Coordination Offices by 25%.

BreastScreen Victoria continues the practice of producing all new publications on 100% recycled paper and producing electronic versions of resources for download from our website.

Protected Disclosure
BreastScreen Victoria is committed to a culture of honest, just and responsible behaviour and strong corporate governance. In order to protect these ethics and values, we support the making of disclosures that reveal improper conduct of its board members, directors or employees. The Protected Disclosure Act 2012 (Vic) governs disclosure by an individual of improper conduct or detrimental action at BreastScreen Victoria. For information on Protected Disclosures visit https://www.BreastScreen.org.au/privacy/protected-disclosure-statement/

Requesting access to clinical records
BreastScreen Victoria supports a client’s right to access to their clinical record through the contracted service providers in accordance with Victorian legislation. Records can be accessed under the provisions of the Health Records Act 2001 (Vic). BreastScreen Victoria and contracted service providers are committed to timely response and release of the records to the client.

For more information on how to request access to clinical records, or to raise a concern about accessing a record, please contact BreastScreen Victoria on (03) 9660 6888.

Privacy
BreastScreen Victoria is committed to protecting the privacy and confidentiality of clients participating in the program at all times. Only authorised people can access information collected by BreastScreen Victoria. All employees are required to ensure that information is collected, accessed, used and disclosed according to the purpose described in the:

- BreastScreen Victoria information sheet provided to clients with their registration and consent form and at clinics
- privacy fact sheet available at clinics and on our website.

Further information about BreastScreen Victoria’s Privacy Statement can be found at www.breastscreen.org.au/privacy
OUR MISSION, VISION AND VALUES

OUR PURPOSE

At BreastScreen Victoria we save lives by providing screening and being a trusted source of information on breast cancer. We will assist eligible Victorians to make informed decisions about their approach to the early detection of breast cancer. While BreastScreen Victoria is an inclusive program, we target our breast screening services to Victorian women aged 50–74.

OUR GOALS

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Centric</td>
<td>Designing quality services with clients</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Maintaining a sustainable future</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Building partnerships to improve our service</td>
</tr>
<tr>
<td>Digital Focus</td>
<td>Utilising new technology and digital processes.</td>
</tr>
<tr>
<td>Future Ready</td>
<td>Creating opportunities to advance our services</td>
</tr>
</tbody>
</table>

OUR VALUES

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client focus:</td>
<td>Women’s health is our primary focus.</td>
</tr>
<tr>
<td>Quality:</td>
<td>We pursue excellence.</td>
</tr>
<tr>
<td>Partnerships:</td>
<td>We work with our partners to achieve our mission.</td>
</tr>
<tr>
<td>Flexibility:</td>
<td>We are innovative and creative.</td>
</tr>
<tr>
<td>Efficiency:</td>
<td>We make best use of resources.</td>
</tr>
<tr>
<td>Transparency:</td>
<td>We are forthright and accountable.</td>
</tr>
</tbody>
</table>

BreastScreen Victoria aims to reduce the impact of a breast cancer diagnosis, ensuring you have the best health outcome through early detection. We aim to provide free mammograms to 70% of women aged 50–74 every two years, as they are the group most at risk of developing the disease. However, all women 40+ are eligible to attend.

BreastScreen Victoria is a fully accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments.

BreastScreen Victoria comprises the Coordination Unit, Screening Service Providers, and Reading and Assessment Services.

**Business coordination unit**

The unit is responsible for administering the funding for the Screening, Reading and Assessment Services. It is also the central hub for all information, appointment services, communications, recruitment, Mobile Screening Service (MSS) coordination, and monitoring service levels to implement quality improvements.

**Screening service providers**

With 42 permanent screening clinics across Victoria, and 25 sites that are visited every two years by the MSS, we strive for equality of access for all Victorian women.

Our MSS also visits two Aboriginal cooperatives: Rumbalara and Murray Valley.

**Reading and assessment services**

BreastScreen Victoria engages with eight Screening, Reading and Assessment Services across Victoria. The services read images from multiple sites, including the MSS, and provide all clinical services from the initial breast screen to any further procedures required to the point of diagnosis.
This report presents summary information for women who attended for screening at BreastScreen Victoria during the 2018 calendar year.

**Screening**

- **Women screened**: 262,653

  - **First round**
    - Screening mammograms: 32,433 (12.3%)
  - **Subsequent rounds**
    - Screening mammograms: 230,220 (87.7%)

**Screening outcome**

- **Routine rescreen recommended**: 29,136 (89.8%)
- **Recalled for assessment**: 3,297 (10.2%)
- **Recalled for assessment**: 8,821 (3.8%)
- **Routine rescreen recommended**: 221,399 (96.2%)

**Assessment outcome**

- **No cancer detected**: 2,959 (89.7%)
- **Breast cancer detected**: 305 (9.3%)
- **Breast cancer detected**: 1,627 (18.4%)
- **No cancer detected**: 7,141 (81.0%)

**Cancer detection**

- **Invasive breast cancer**: 232 (76.1%)
- **DCIS**: 73 (23.9%)
- **Invasive breast cancer**: 1,293 (79.8%)
- **DCIS**: 327 (20.2%)

---

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, 0.5% of women assessed in 2018 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 rescreen 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 2018 is as it stood on 24 July 2019. 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, 2014–18

### SCREENING

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>First round women</td>
<td>38,652</td>
<td>35,102</td>
<td>31,566</td>
<td>35,362</td>
<td>32,433</td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>14.6%</td>
<td>12.8%</td>
<td>13.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td>190,179</td>
<td>205,868</td>
<td>215,138</td>
<td>220,007</td>
<td>230,220</td>
</tr>
<tr>
<td></td>
<td>83.1%</td>
<td>85.4%</td>
<td>87.2%</td>
<td>86.2%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Total</td>
<td>228,831</td>
<td>240,970</td>
<td>246,704</td>
<td>255,369</td>
<td>262,653</td>
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<tr>
<td></td>
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### SCREENING OUTCOME

<table>
<thead>
<tr>
<th></th>
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<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>First round women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine rescreen recommended</td>
<td>33,743</td>
<td>30,909</td>
<td>28,108</td>
<td>31,586</td>
<td>29,136</td>
</tr>
<tr>
<td></td>
<td>87.3%</td>
<td>88.1%</td>
<td>89.0%</td>
<td>89.3%</td>
<td>89.8%</td>
</tr>
<tr>
<td>Recalled for assessment</td>
<td>4,909</td>
<td>4,193</td>
<td>3,458</td>
<td>3,776</td>
<td>3,297</td>
</tr>
<tr>
<td></td>
<td>12.7%</td>
<td>11.9%</td>
<td>11.0%</td>
<td>10.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine rescreen recommended</td>
<td>181,919</td>
<td>197,408</td>
<td>206,962</td>
<td>211,679</td>
<td>221,399</td>
</tr>
<tr>
<td></td>
<td>95.7%</td>
<td>95.9%</td>
<td>96.2%</td>
<td>96.2%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Recalled for assessment</td>
<td>8,260</td>
<td>8,460</td>
<td>8,176</td>
<td>8,328</td>
<td>8,821</td>
</tr>
<tr>
<td></td>
<td>4.3%</td>
<td>4.1%</td>
<td>3.8%</td>
<td>3.8%</td>
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### ASSESSMENT OUTCOME

#### First round women

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cancer detected</td>
<td>4,490</td>
<td>3,846</td>
<td>3,152</td>
<td>3,374</td>
<td>2,959</td>
</tr>
<tr>
<td></td>
<td>92.3%</td>
<td>92.3%</td>
<td>91.5%</td>
<td>89.4%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Breast cancer detected</td>
<td>345</td>
<td>293</td>
<td>280</td>
<td>357</td>
<td>305</td>
</tr>
<tr>
<td></td>
<td>7.1%</td>
<td>7.0%</td>
<td>8.1%</td>
<td>9.5%</td>
<td>9.3%</td>
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#### Subsequent round women

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cancer detected</td>
<td>6,834</td>
<td>6,913</td>
<td>6,637</td>
<td>6,832</td>
<td>7,141</td>
</tr>
<tr>
<td></td>
<td>83.0%</td>
<td>81.8%</td>
<td>81.3%</td>
<td>82.0%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Breast cancer detected</td>
<td>1,366</td>
<td>1,498</td>
<td>1,494</td>
<td>1,433</td>
<td>1,627</td>
</tr>
<tr>
<td></td>
<td>16.6%</td>
<td>17.7%</td>
<td>18.3%</td>
<td>17.2%</td>
<td>18.4%</td>
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</table>

### CANCER DETECTION

#### First round women

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>Invasive breast cancer</td>
<td>257</td>
<td>217</td>
<td>222</td>
<td>270</td>
<td>232</td>
</tr>
<tr>
<td></td>
<td>74.5%</td>
<td>74.1%</td>
<td>79.3%</td>
<td>75.8%</td>
<td>76.1%</td>
</tr>
<tr>
<td>DCIS</td>
<td>88</td>
<td>76</td>
<td>58</td>
<td>86</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>25.5%</td>
<td>25.9%</td>
<td>20.7%</td>
<td>24.2%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

#### Subsequent round women

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive breast cancer</td>
<td>1,075</td>
<td>1,194</td>
<td>1,187</td>
<td>1,163</td>
<td>1,293</td>
</tr>
<tr>
<td></td>
<td>79.0%</td>
<td>80.0%</td>
<td>79.6%</td>
<td>81.4%</td>
<td>79.8%</td>
</tr>
<tr>
<td>DCIS</td>
<td>286</td>
<td>298</td>
<td>304</td>
<td>266</td>
<td>327</td>
</tr>
<tr>
<td></td>
<td>21.0%</td>
<td>20.0%</td>
<td>20.4%</td>
<td>18.6%</td>
<td>20.2%</td>
</tr>
</tbody>
</table>

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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, 0.5% of women assessed in 2018 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 rescreen 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 2018 is as it stood on 24 July 2019.
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.