MISSION, VISION, VALUES

OUR MISSION
We will assist women to make informed decisions about their approach to the early detection of breast cancer and target our breast mammography services to Victorian women aged 50–74.

OUR VISION
BreastScreen Victoria will be both a world-class cancer screening provider that saves lives and a trusted source of information on breast cancer.

OUR VALUES

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

BreastScreen Victoria acknowledges the traditional custodians of the land on which our Program takes place and pay our respects to Elders past and present.

BreastScreen Victoria gratefully acknowledges the support of the Australian Government Department of Health and the Department of Health and Human Services, Victoria.
BreastScreen Victoria Saves Lives.

BreastScreen Victoria is part of a national breast cancer screening program inviting women aged 50–74 to have free breast screens every two years.

BreastScreen Victoria aims to reduce deaths from breast cancer through early detection of the disease. About 3,800 Victorian women are diagnosed with breast cancer each year, making it the most common cancer affecting women in the state.

BreastScreen Victoria is made up of screening clinics, regional reading and assessment services and a central coordination unit:

- The BreastScreen Victoria Coordination Unit is an independently incorporated association that: administers funding for the Screening, Reading and Assessment Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service (MSS), manages client information, coordinates state wide communications and recruitment, monitors service provision and coordinates quality improvement and special projects.

- 41 permanent screening clinics are located across Victoria.

- 25 sites are visited every two years by the MSS including two Aboriginal Cooperatives.

- Eight regional Reading and Assessment Services. These services read images from multiple sites in their catchment area, including the MSS. Screening, Reading and Assessment Services provide all clinical services from the initial breast screen to any further procedures required to the point of diagnosis.

BreastScreen Victoria is an accredited part of BreastScreen Australia and is jointly funded by the Victorian and Commonwealth Governments. We are proud to have developed strong relationships with both the public and private health service providers who manage the daily operation of the Screening, Reading and Assessment Services.
The maps show the location of BreastScreen Victoria services throughout metropolitan Melbourne and regional Victoria.
BREASTSCREEN VICTORIA TIMELINE

1987 A small breast cancer screening service begins at Essendon Hospital, one of ten pilot sites for the national evaluation of mammography screening.

1990 The Australian Health Ministers’ Conference endorses the establishment of a national screening program for the early detection of breast cancer.

1991 First Meeting of BreastScreen Victoria Board of Management.

1992 Coordination Unit established. North Western BreastScreen joins the Program.

1993 Screening begins in February. Monash, Maroondah, Geelong and St Vincent's services open.

1994 Grampians, Gippsland and Mobile Screening Service open.

1995 Bendigo service opens.

1997 All services accredited.

1998 Awarded inaugural Victorian Public Health Service Award for ‘Excellence in Health Service Delivery.’

2001 Radiographer Training Centre opens.

2004 Second Mobile Screening Service van added.

2005 Pilot Digital Mammography Project (DMP) commences.

2009 State and Commonwealth Governments provide $42 million to fund 3-year DMP.

2010 Rose Clinic at David Jones opens.

2011 Screening appointments available online and SMS reminders introduced. Service Model Renewal (SMR) project begins.

2012 $1.5 million media campaign commenced.

2013 Completion of DMP and SMR projects. Electronic Records Management project begins. Target age range extended from 70 to 74 years.

2014 Invitations to 70–74 age group begin.

2015 Record number of women screened. Screening target exceeded.

2016 Tomosynthesis trialled in assessment setting. 2-year Client-Centric-Care Project commences.

STRATEGIC PLAN
2014–2018

Quality
Purpose: Provide a high quality service

Participation
Purpose: Compliance with NAS (70% of target age group attend screening) and 70% of ATSI/CALD women in target age group attend screening

Business Sustainability
Purpose: Ensure a sustainable business model

VISION
BreastScreen Victoria will be both a world class cancer screening provider that saves lives and a trusted source of information on breast cancer.

MISSION
We will assist women to make informed decisions about their approach to the early detection of breast cancer and target our breast mammography services to Victorian women aged 50–74.

Client-Centric Care
Purpose: Client needs are the driving business force

Future Ready
Purpose: BSV on the forefront of changes in technology, government policy and research in breast cancer screening

Workforce Development
Purpose: Sufficient clinical and non-clinical workforce to meet service delivery and coordination requirements

Relationships
Purpose: Profile BSV as authority on breast cancer screening
CHANGING THE FUTURE

Changing the future is a big call. But it’s one we make with confidence because it is at the core of our Program’s existence. Regular screening mammograms for well women, and the subsequent detection of early stage breast cancers, changes the future for many, many women. Early diagnosis leads to earlier treatment which in turn leads to better survival rates.

BreastScreen Victoria’s Vision aims ‘to be both a world-class cancer screening provider that saves lives and a trusted source of information on breast cancer.’ As we reflect on the past year it is important to review how well we have performed against this vision and against our strategic plan. With this framework in mind, we proudly present the following highlights of 2016–2017.

Mass media campaigns have proven to be hugely effective in encouraging women to screen but they are also expensive. Traditional, less-costly recruitment methods such as invitation letters, GP/health worker liaison, localised health promotion activities and print advertising are still our mainstay for recruiting women to the Program but we are finding that social media is a new, powerful and cost-effective way to connect, particularly in our cohort of well women. Two new social media campaigns, Breast Assured and Think Differently, were launched in Breast Cancer Awareness Month, October 2016. These campaigns were viewed more than 170,000 times on Facebook and via Twitter and YouTube in October alone. Social media will increasingly feature in BreastScreen Victoria’s promotional activity in the coming year.

Changing the future for more women means identifying and reaching out to groups whose participation rate in screening is below average. BSV has worked hard this year to improve the participation of under-screened women and to build relationships with health workers from community organisations. We are pleased to see this effort translated into improved screening rates for the sixth consecutive year. Campaigns during 2016–2017 included the Beautiful Women Project which focused on the LGTBI community, the Mobile Screening Service van being used for awareness-raising and spontaneous screening in locations where underscreening is high, and the continuation of the Ophelia Project which aims to increase participation and improve the screening experience of three under-screened populations: Aboriginal, Arabic and Italian women.

Early in 2017, BreastScreen Victoria commenced a significant two-year Client Centric Care project, Every Woman, Every Time, with the aim of developing a measurable, structured and transparent process through which clients’ needs and values are gathered at every point in the screening pathway. We will use this feedback to redesign our services and processes, assessing our work from the woman’s point of view to ensure that every woman receives the best possible care, every time she screens.

During 2016–17, two Services were visited by a national survey team and successfully applied for accreditation. We congratulate Gippsland BreastScreen which was granted full accreditation. Monash BreastScreen was granted ‘Accreditation with Commendation;’ the first BreastScreen Victoria Service to have achieved this outstanding level of accreditation. Congratulations and thanks go to all staff for their hard work towards achieving these excellent outcomes.

Under the new National Accreditation Standards (NAS) introduced in 2016, BreastScreen Victoria’s Coordination Unit (BCU) will now be accredited separately from our screening and assessment services. BCU was granted provisional accreditation in February 2017, and will undergo its first, full accreditation assessment in 2018.

Increasing access to familial risk-assessment is a goal of the Victorian Government’s Cancer Action Plan 2016–2020. Working to this, BreastScreen Victoria developed a new family history risk-assessment tool in November 2016 that uses information women provide on their family history of breast and ovarian cancer to calculate their level of risk of developing breast cancer. Women estimated to be at higher than average risk will be informed about their recommended screening interval and the level of care appropriate to their needs.

The next stage of BreastScreen Victoria’s Electronic Records Management project was successfully
implemented late last year. This included the introduction of distributed reading capability which allows radiologists to read digital images in many locations throughout the state, and offers women the option to access their screening results online. Change on this scale is only successful when everyone from radiographers and receptionists to our data staff work together to ensure a smooth transition – which they did. We wish to thank all the dedicated staff who participated in this transformation.

Future readiness means researching, trialling and assessing new forms of technology that could have a beneficial impact on cancer detection in the screening setting. In the past year, tomosynthesis (3D breast imaging) has been front and centre of BreastScreen Victoria’s research work. Three trials are currently underway. Two trials (at St Vincent’s and Maroondah BreastScreen) are evaluating the use of tomosynthesis in the assessment setting. The third, a collaboration with the University of Sydney and Eastern Health, is the first trial of screening tomosynthesis in Australia and will be conducted at the Maroondah BreastScreen clinic. We look forward to the outcome of these trials as they have the potential to significantly alter the way we deliver our Program.

THANK YOU

After twenty-one years, BreastScreen Victoria’s State Accreditation Committee (SAC) concluded its work in February 2017. The SAC oversaw all accreditation activity across every BreastScreen Victoria service, and made recommendations to the National Quality Management Committee. Changes to the National Accreditation Standards meant that this function was no longer required. The SAC’s work was intensive and time-consuming, and required a high level of expertise. We are very grateful to the many individuals who gave so freely of their time and knowledge to support our work in this area, in particular Dr Jill Evans who chaired the SAC from 2011. Dr Evans expertise has not been lost – she is a member of the new Quality committee whose scope includes accreditation matters.

Many individuals and organisations provide significant and on-going support, advice, collegiality and partnership to our Program. We are grateful to:
- the women of Victoria who support our Program with great trust.
- our staff across all levels of the Program who tackle challenges head-on, demonstrating proficiency, commitment and flexible mind-sets in order to deliver a high-quality service;
- our service delivery partners in the public and private sectors;
- our Board of Management and its Sub Committee members who generously contribute their time and expertise;
- the Department of Health and Human Services (Screening & Cancer Prevention; Population Primary and Community Health);

We would like to particularly thank Mary Hawkins and Jane Poletti, two long-serving Board members who complete their final terms this year. Their expertise especially in the fields of in finance, governance and information systems has been a critical factor in our continued success.

TOWARDS 2018

Awareness of the potential to change the future for Victorian women drives us each and every year to strive for improvements to our Program. Setting higher participation targets; investigating advanced screening methodologies; improving service delivery in all areas of the screening pathway; further developing the expertise of our staff – these are some of the key areas that we have focussed on during 2016–17 and will continue to do so in the coming months.

Next year will see us renewing our Strategic Plan; the current plan runs until the end of 2018. Reflection and analysis will go into the development of a new four-year BreastScreen Victoria Strategic Plan. The challenges and opportunities we identify, along with the screening and early detection action areas of the state government’s Victorian Cancer Plan 2016–2020, will inform our future direction.

This we know for certain: our Program changes the future for women because our Program saves lives.
OUR PROGRAM

2016–17 AT A GLANCE

497 BreastScreen Victoria staff provided services to women at 41 screening clinics, and in 23 towns and two Aboriginal Cooperatives visited by the Mobile Screening Service every two years. Further tests were provided at eight regional assessment services.

REACHING WOMEN

- **3,096,009** website page views
  - There were 278,118 website users.
- **77** education sessions delivered
  - Health promotion staff deliver breast cancer screening education to communities and health professionals including GPs.
- **1,454,242** letters, emails and SMS sent to women
  - Points of communication with women include: invitations to screen for the first time, reminders to rescreen, booking confirmations and results. We also sent 251,806 result letters to GPs. Of these letters, 83.0% (209,043) were sent electronically.
- **244,608** calls to the Contact Centre
  - This result is up 2.8% from 238,026 the previous year.

BOOKING APPOINTMENT

- **324,158** bookings made
  - Total bookings (including both telephone and online bookings) increased almost 7% from the previous year, with web bookings increasing by 16%. This year, 39.4% of bookings were made online (127,571), and 60.6% (196,587) made via telephone or in person.

SCREENING

- **253,889** breast screens performed
  - Result is up 3% from the previous year. We achieved 98.9% of our target of 256,703 screens. This number includes 2,426 Victorian women screened by BreastScreen NSW. 32,570 (12.8%) attended for their first screen and 221,319 (87.2%) attended for a subsequent screen.

ASSESSMENT

- **11,546** women were recalled to assessment
  - Of the 11,546 women recalled for further tests (assessment), 28.7% were attending for the first time and 71.3% were attending for their subsequent screens.

CANCER DETECTION

- **1,832** breast cancers diagnosed in 2015–16
  - Women diagnosed with breast cancer by BreastScreen Victoria are referred to their doctor or a breast clinic for treatment. BreastScreen Victoria collects information about a woman’s diagnosis and treatment from her treating doctor. The most recent cancer detection data available is for women screened in 2015–2016. Of the 1,832 cancers diagnosed, 1,456 (79.5%) were invasive cancers and 376 (20.5%) were DCIS.

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 reach and deliver high quality services to a record number of women again in 2016/17.
RECRUITMENT

INCREASING PARTICIPATION

Increasing the proportion of women in the target population (50–74 years) who are screened every two years is an important aim of the BreastScreen Victoria program. The participation rate measures the proportion of the eligible female population screened within a 24-month period.

From 1 July 2014, the Australian Government expanded BreastScreen Australia’s target age range by five years, from women aged 50–69 years to women 50–74 years. Participation by women aged 70–74 increased by 22% in 2014–2016 compared to the previous 2-year period.

The participation rate for women aged 50–74 has remained steady for the past 6 years. This is mainly due to a 10.5% increase in the Victorian female population in the target (50–74) age group from 712,345 in 2010–2012 to 787,013 in 2014–2016.

70–74 CAMPAIGN

To help meet increased targets for screening women aged 70–74, BreastScreen Victoria’s health promotion team has worked to encourage older women to screen. In October 2016, we were a Program Partner in the 34th Victorian Seniors Festival. The Mobile Screening Service van was brought to Federation Square in Melbourne for Celebration Day, which was attended by 14,800 people. In a first for the Program, the van was available for on-the-spot screening rather than being at an event purely for awareness-raising. In a marathon effort, State Radiographer Monique Warrillow screened 30 women on the day, 28 of whom were new women to the Program. A further seven women booked appointments at their local clinic.
IMPROVING ACCESS FOR UNDER-SCREENED GROUPS

BreastScreen Victoria is committed to improving breast screening participation rates and health literacy levels for under-screened population groups in Victoria. Groups with the lowest participation rates in screening are women from Aboriginal and Torres Strait Islander (ATSI) and culturally and linguistically diverse (CALD) backgrounds, women with disabilities, women facing disadvantage (low socio-economic status), and lesbian and bisexual women. These groups tend to participate in screening and cancer prevention programs at lower rates than the rest of the Victorian population. Consequently, they experience a higher risk of late-stage cancer diagnosis, have poorer survival outcomes and have higher mortality rates.

It’s imperative that BreastScreen Victoria communicates its well-being message to all women in the community – regardless of their background or health literacy.

SUPPORTING CALD HEALTH WORKERS

During 2016–2017, BreastScreen Victoria’s health promotion staff continued to work closely with CALD health workers from other organisations. Information on breast screening (including translated resources) was provided and screening appointments were booked for women attending CALD events such as the inaugural African Diaspora Women Summit, Women of the World Festival, Bosnian Women’s Health Festival, Dallas Neighbourhood House Health & Wellbeing Expo, and an information session at North Melbourne Language and Learning Centre.

BreastScreen Victoria worked in collaboration with CALD agencies including Dianella Community Health, Sunraysia Mallee Ethnic Communities Council, Spectrum Migrant Resource Centre, Multicultural Centre for Women’s Health, Footscray Arts and Community Centre, Serbian Community Association of Australia and Spanish Latin American Welfare to promote the Program and improve access to services. BreastScreen Victoria also continued to partner with Cancer Council Victoria to deliver cancer screening education to communities; providing grants to enable groups to promote screening to their clients through a variety of initiatives.

The Ophelia Project, a partnership between BreastScreen Victoria, Deakin University and the Department of Health and Human Services, continued this year with the aim of increasing breast screening participation and improving the breast screening experience for Italian, Arabic and Aboriginal and Torres Strait Islander (ATSI) women in the north-west of Melbourne. To date, the project has identified the barriers to breast screening for these groups of women and designed strategies to address these barriers. Strategies are currently being trialled and evaluated to determine which are the most effective in increasing participation. Throughout the project, key stakeholders at all levels of the breast screening pathway have been consulted including women, clinic staff, service providers and staff at BreastScreen Victoria’s Coordination Unit. The project is due for completion at the end of 2017.
OUR PROGRAM

WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Group bookings have been identified as a way to reduce barriers to screening for Aboriginal women and BreastScreen Victoria has been working actively to enable this service to be offered around the State. 2016–2017 saw the continuation of the Nan, Aunty Mum – You are a Treasure to the Family project in the north west. Nine information sessions and four group bookings were held in Sunshine, Werribee and Melton. Additionally, as part of Cancer Council Victoria’s Under-Screened Pilot Program, four group bookings took place in partnership with the Bendigo District Aboriginal Cooperative and two with the Victorian Aboriginal Health Service.

In July 2016 the I Pink I Can breast screening luncheon was held during NAIDOC Week celebrations in Mildura. The event was coordinated in partnership with Murray PHN, Mallee District Aboriginal Services, Coomealla Health Aboriginal Corporation, Jane McGrath Foundation, Mildura Private Hospital, BreastScreen Victoria, Sunraysia Community Health Service and Cancer Council Victoria. A very positive outcome was the screening of ten Aboriginal women at Sunraysia BreastScreen. This result was also due in part to Aboriginal Health Worker training held early in 2016. Following the success of this initiative, a similar approach was taken at the Murray Valley Aboriginal Cooperative in Robinvale where the MSS was located for a day. Other group bookings for the year included Goolum Goolum Aboriginal Cooperative at Horsham, Wathaurong Aboriginal Cooperative at Geelong and Dhauwurd-Wurrung Elderly and Community Health Service at Portland. BreastScreen Victoria and Cancer Council Victoria continued to support Sisters Day Out, attending events and making screening bookings at Cranbourne, Bairnsdale and South Morang during the year.

OVERCOMING THE BARRIERS TO SCREENING

In March 2017 BreastScreen Victoria brought the Mobile Screening Service van to the Palm Plaza in Dandenong to increase awareness of breast health and screening, and to provide a culturally safe environment for women to access breast screening.

This region was selected as it has the largest population of new and emerging migrants (including refugee and asylum seekers) of any municipality in Victoria, and also a large population of Aboriginal and Torres Strait women – two groups recognised as under-screened. BreastScreen Victoria partnered with the Bunurong Aboriginal Health Service at the Dandenong and District Aboriginal Cooperative and several local refugee and asylum seeker organisations for this project. Staff from partner organisations were trained in BreastScreen Victoria’s key messages, increasing their ability to educate and promote screening to eligible women who access their services. Partner organisations also organised group bookings for women, facilitated reminder calls and provided accompaniment to screening by a familiar case, health or bi-cultural worker. Over nine days 144 women had a breast screen on the van, most of whom were attending their first screen.

Ten women (6%) identified as Aboriginal and/or Torres Strait Islander, and 109 women (76%) were born overseas. Women reported 32 different countries of birth. By ensuring these women had a positive first screening experience, it is hoped that the likelihood of returning for a breast screen in two years’ time will be increased.
RAINBOW TICK

Lesbian and bisexual women in the target age group are significantly less likely to have regular breast screens than other women. BreastScreen Victoria is committed to achieving Gay and Lesbian Health Victoria’s ‘Rainbow Tick’ accreditation for LGBTI inclusive practice and service delivery. As part of our work towards achieving a Rainbow Tick, the following events were held in 2016–2017:

Beautiful Women

This project invited LGBTI women to engage with BSV to create a new community awareness campaign and increase understanding of, and participation in, breast screening for LGBTI women in the target (50–74) age group.

The project was launched as a Premier Event at the Midsumma Festival in January 2017, showcasing photographs of LGBTI women taken by photographer Lisa White. Thirty women volunteered to participate in a photo shoot and twenty images were selected for the exhibition which aimed to celebrate the diversity of LGBTI women. Women participating in the photo-shoot and attending the launch event were asked to write a message to other LGBTI women about the importance of breast health.

Characteristics of women screened

85% First screens
6% CALD
76% ATSI

Top 5 countries of birth
Afghanistan: 22
Sri Lanka: 14
Iran: 12
Burma/Myanmar: 8
Iraq: 7

The Beautiful Women campaign received international media attention and has now been published in 24 online publications including Huffington Post, Vanity Fair, Mashable and Buzz Feed.

Rose Clinic Group Screening

In June 2017, BreastScreen Victoria held a group screening session at The Rose Clinic for lesbian and bisexual women. The event was shaped and promoted by women who had participated in the Beautiful Women photo-shoot. Twenty five women attended and 11 women screened in a supportive and celebratory environment. The group screening session received media coverage on JOY FM and in the Star Observer.
SOCIAL MEDIA CAMPAIGNS

Breast Cancer Awareness Month brings the consequences of the disease to front of mind in the general community, hence the message about the importance of screening, and how it easy it is to make an appointment, can be elevated. In October 2016, BreastScreen Victoria joined the conversation taking place on social media, running two campaigns to promote breast screening which used complementary approaches for content:

#BreastAssured

It’s been well documented that women in their 50s and beyond tend put the well-being of others ahead of their own needs. Family members and close friends can, therefore, act as powerful influencers when it comes to women in this age group having a breast screen. The Breast Assured campaign directed the call-to-action message at these ‘influencers’ to encourage women they care about to be screened. The campaign featured images of women placing their hand on their heart with the promise to be #BreastAssured and ‘pledge’ to make a booking for oneself, encourage a loved-one to make a booking, or take a loved-one to an appointment.

Think Differently

This was a quirky campaign with a serious message. Images of everyday objects resembling breasts, were used to remind women about the importance of having regular breast screens.

During October 2016 these campaigns engaged with 8,248 Facebook users and were seen over 170,000 times. #BreastAssured was also run in the lead-up to Mother’s Day 2017, with the message tailored to daughters. It urged them to encourage their mothers to make a breast screen appointment and to go with them when the time comes. A positive by-product of these campaign messages is that levels of awareness outside the target cohort are being raised about the importance of breast screening.

BREASTSCREEN ON FACEBOOK

BreastScreen Victoria’s Facebook page has been used since 2012 to communicate with women aged 50 and over. Relevant content is now regularly posted, including news and facts about breast cancer and breast screening, stories from women who screen regularly or have been diagnosed with breast cancer and details of BreastScreen events in the community.

The Facebook page also provides a platform for women to ask questions about breast cancer and breast screening, and to discuss their experiences with other women. In the past year more than 43,700 women engaged with BSV on Facebook and our posts earned 51,349 reactions, comments, shares and clicks.

This resulted in our content being seen 1,725,378 times. The page can be viewed at facebook.com/BreastScreenVic.
OUR PROGRAM

WORKING WITH MEMBERS OF PARLIAMENT

In their fifth iteration, BreastScreen Victoria’s ‘MP Report Cards’ earned a refresh. The 2016 Reports were re-designed to better align with the audience – illustrating each electorate’s clinic locations and participation statistics for the local government area and primary healthcare networks. Hard copies were presented at an event at Parliament House and then MPs were sent electronic versions. The Report Cards not only inform but also encourage MPs to boost screening numbers in their electorates.

This approach highlights the benefits of encouraging screening as a collaborative effort. MPs were also given a digital pack featuring the #BreastAssured social media campaign, a letter to send to constituents and a media release.

SUPPORTING HEALTH PROFESSIONALS

A recommendation from a health professional, such as a General Practitioner or Practice Nurse, is invaluable in ensuring women prioritise breast screening. Eighty-six per cent of Australian women have visited a GP in the last 12 months and evidence shows that women are much more likely to take part in a screening program if it is recommended by their GP.

In 2017, BreastScreen Victoria partnered with the six Primary Health Networks to deliver education to health professionals across the state. We also continued to partner with the University of Melbourne, Cancer Council Victoria, Jean Hailes for Women’s Health and Melbourne Sexual Health Centre to ensure health professionals have a sound understanding of the BreastScreen program. A stakeholder e-newsletter remains an important channel for providing information and news to health professionals. It is emailed quarterly to around 500 Primary Care organisations and local councils.

HIGHLIGHTS

- 32 media articles – radio and TV (27 radio and 5 TV news features)
- 45 media articles – print
- 9 media articles – online
- 43,700 engaged social media users (from September 2016)
- 278,118 website users
- 122 GP clinics visited
BOOKING AN APPOINTMENT

Screening invitation letters and appointment management are provided by BreastScreen Victoria’s Coordination Unit. Women who receive a letter from BreastScreen Victoria, or who are 40 years and over, may book an appointment via the BreastScreen Victoria website or by phoning the Contact Centre’s 13 20 50 number.

Women can choose a clinic that is most convenient for them to attend. Standard appointment times are 10 minutes but if a woman needs a longer appointment, she will be allocated a double or triple appointment time.

All clinics offer an 8-week appointment availability window. After booking a breast screen, women are sent a letter or email confirming their appointment details and a copy of their registration details to review and bring with them to their appointment.

TARGET SETTING AND MANAGING SCREENING CAPACITY

Screening and assessment targets are set annually for BreastScreen Victoria by the Victorian Government. Targets are based on available funding, the number of women in the target age population (50–74 years) and the participation of under-screened groups such as culturally and linguistically diverse women and Aboriginal and Torres Strait Island women.

BreastScreen Victoria then negotiates screening targets across Screening Service Providers (SSP), Reading and Assessment Services (RAS) and the Mobile Screening Service (MSS). Targets are informed by demographics and population, demand, previous achievement and participation, previous and current screening capacity, and planned service growth and development.

BreastScreen Victoria aims to maximise access to services for women in the 50–74 age group across the state. Each Screening Service Provider creates and monitors their appointment schedule for the year in BreastScreen Victoria’s client management system to ensure sufficient appointments are available to meet annual performance targets.

Screening and Reading and Assessment Services also use the system to plan and monitor clinical demand. Service delivery staff work with services providers to ensure
sufficient screening appointments are available to achieve targets and to minimise wait times. The Operations and Communications and Recruitment teams monitor achievement against targets by screening site, review the availability of screening appointments and discuss recruitment activities.

Sites where the uptake of appointments is slow are identified and recruitment activities then focus on local catchment areas. Recruitment activities may include promotional and media opportunities, outbound phone calls, letters, SMS and emails, and working with local health professionals to engage women to screen.

**IMPROVING TIMELINESS FROM BOOKING TO SCREENING**

Timeliness from booking to screening is a challenging accreditation standard, as it is affected by clinics with long waitlists. BreastScreen Victoria’s timeliness to screening data has improved significantly over the past four years, from 51.8% in 2013–14, to 71.6% in 2016–17. Key strategies to continue moving this figure upward include: planning the distribution of electoral role invitations (new women) to ensure clinics have the capacity to accommodate them, offering women alternative clinics that have a shorter waiting period, offering additional appointments at services that can manage the workload, increasing clinic capacity, using the MSS to support capacity, and capacity management.

**Women screened within 28 days of booking**

![Graph showing timeliness from booking to screening](image)

Note: Graph shows the proportion of women aged 50–74 years who attend for a screening appointment within 28 calendar days of their booking date.

Women can book a screening appointment via the website, by phone or in person. In 2016–2017, total bookings increased from the previous year by almost 7%, with 39.4% appointments made online and 60.6% made by phone or in person.
OUR PROGRAM

SCREENING

Women can choose to attend one of our 41 permanent clinics, or visit the Mobile Screening Service. A female radiographer performs their breast screen, and their digital images are transferred to the regional Reading and Assessment Service. Images are read independently by a minimum of two radiologists. If the reads are discordant, they are reviewed by a third senior reader. Women and their GPs (if nominated) are then informed by letter or email of the results. If there is an area on the mammogram that needs further investigation, women are called back for additional tests by the regional Reading and Assessment Service.

WANGARATTA CLINIC OPENING

In November 2016, BreastScreen Victoria celebrated a major milestone with the opening of the Program’s 41st permanent clinic in Wangaratta. The clinic was officially opened by the Hon. Jill Hennessy MP, Minister for Health and Minister for Ambulance Services. The Minister was joined at the ceremony by the CEO of Northeast Health Wangaratta Margaret Bennett and CEO of BreastScreen Victoria Vicki Pridmore.

Located at Northeast Health Wangaratta, the new state-of-the-art facility will provide women from Wangaratta and its surrounds including Beechworth and Myrtleford (previously visited by the Mobile Screening Service) with free breast screens year-round.

“"We appreciate and value our partnership with BreastScreen Victoria in the establishment of a fixed screening site at Northeast Health Wangaratta. This site significantly improves access to this important service for women in northeast Victoria. The community feedback has been exceptionally positive."”

Hayden Sharp,
Business Manager Medical Imaging,
Northeast Health Wangaratta

IMPROVING RESCREENING RATES

Increasing the proportion of women who return for screening every two years is an important aim of the Program as it maximises the early detection of breast cancer. Rescreen rates for both first and subsequent screeners improved in 2016–2017. This improvement was a result of a range of strategies including increased capacity, schedule management and changing clinic allocations.

![Graph showing rescreening rates](image-url)
MOBILE SCREENING SERVICE

BreastScreen Victoria’s two Mobile Screening Service (MSS) vans, Nina and Marjorie, bring screening services to rural and regional Victoria. MSS radiographers provide the same first-class screening service on the two MSS vans as that offered at the ‘bricks and mortar’ screening clinics. The MSS is managed by the BreastScreen Coordination Unit. MSS Manager Jennifer Philip works with BreastScreen Victoria Health Promotion Officers to promote the MSS in local towns and communities before it arrives at each new screening site. The MSS radiographers are provided with support from the Reading and Assessment Services, particularly each catchment’s Chief Radiographer, along with BreastScreen Victoria’s State Radiographer Monique Warrillow. The Mobile Screening Service routinely visits two Aboriginal Cooperatives – Rumbalara and Robinvale – to promote screening.

With the opening of the new permanent screening clinic in Wangaratta (replacing MSS visits to Wangaratta, Myrtleford and Beechworth) and the Sunbury clinic in early 2016 (replacing MSS visits to Kyneton, Gisborne and Sunbury) the opportunity arose during the year to trial some new mobile screening locations with the aim of increasing screening and engagement with under-screened groups.

Three approaches were taken:

- **Trial sites** focused on a first visit which was then reviewed to ascertain the benefits of continuing to visit that location. In 2016–2017, trial visits were made to Nhill, St Arnaud and Heathcote.

- **Project sites** focused on engaging Aboriginal, culturally and linguistically diverse communities or low screening populations. In 2016–2017, Cobden, Barrabool, Dandenong and Corio were visited.

- **Engagement sites** focused on specific events where breast screening could be promoted, as well as offering actual screening. In 2016–2017, the Mobile Screening Service attended the Broadford Truck Show, Wimmera Field Days and Celebration Day at Federation Square.

The MSS travels to sites on a two-yearly cycle. The 15 sites visited in 2016–2017, including the number of women screened at each of these sites, are shown in pink.

9,393 women had breast screens on the Mobile Screening Service in 2016–2017.
OUR PROGRAM


RADIOGRAPHER WORKFORCE DEVELOPMENT

Every screening radiographer spends time each year at their Screening Service’s Reading and Assessment Service to enhance skills in the assessment process and to learn about additional aspects of the screening pathway. Each Reading and Assessment Service provides quarterly education meetings for all radiography staff at the service. This is also a forum for staff to discuss research findings with their peers.

A variety of presentations and training workshops were provided across the state during 2016–2017:

- New Technology and Techniques in Breast Cancer Detection
- Mammographic Positioning workshops
- Image Quality Review sessions
- Case Study reviews
- Communication workshops

The BreastScreen Coordination Unit also provided a number of training and development tools for Radiography staff:

- Electronic Records Management updates
- Family History Policy and Procedure training
- Orientation for staff new to the Program

MAMMOGRAPHY TRAINING ONLINE

The BreastScreen Victoria Radiography Training Centre (RTC) launched Mammography Online in mid-2016. The online program achieved 3-year accreditation from the Australian Society of Medical Imaging and Radiation Therapy in October 2016. More than 20 participants across Australia have completed either the whole course or one or more of the modules, and 57 other learners are currently enrolled. Very positive feedback has been received from participants. The RTC is working towards adding a sixth module for clinical training to allow ease of access for learners to upload assignments and to access other information. A seventh module for Supervisors to access information relevant to training and supervision is also in the development phase.

REDUCING REPEAT SCREENS

Repeat screens – also called technical repeats – are additional screening images taken if the initial images are considered to be of insufficient quality. The proportion of images that are repeat images is a measure of imaging quality because they are associated with higher levels of discomfort and radiation. The Designated (Head) Radiographer at each BreastScreen Victoria Reading and Assessment Service (RAS) monitors radiography quality by performing routine image quality reviews for all radiographers/mammographic technicians. Radiography staff are provided with ongoing feedback on their image quality, and support and training are provided where needed.

From 2016, the National Accreditation Standard for repeat screens was reduced from less than 3% to less than 2% of all screens. With strong leadership and support from the Designated Radiographers at each RAS, BreastScreen Victoria achieved a state-wide repeat rate of just 1.8% for 2016–2017.
FAMILY HISTORY POLICY

In November 2016 BreastScreen Victoria began collecting information on women’s family history of breast and ovarian cancer. This information enables us to divide women into three risk groups relative to the general population of developing breast cancer: average risk, moderately increased risk and potentially high risk. This new Family History Policy has been characterised as BreastScreen Victoria’s entry into ‘tailored’ screening. Developed in conjunction with experts in the area, BreastScreen Victoria’s Family History Policy is based on the Cancer Australia Familial Risk Assessment Tool for Breast and Ovarian Cancer (FRA-BOC), the eviQ Clinical Guidelines from the Cancer Institute NSW and the NICE Guidelines from the United Kingdom. Under the new policy, Victorian women will be provided with the following information and screening advice based on their risk rating:

1. **Average risk**
   Women will receive no further information about their risk rating as they are considered to be at the same risk as other women their age. They will be offered screening every 2 years until the age of 74.

2. **Moderately increased risk**
   Women will be advised of their risk and will receive a moderate risk fact-sheet at each screening visit. They will be offered screening annually from 40–49, then every 2 years until the age of 74. Women will be advised that they may see their GP if a more comprehensive assessment of family history is requested.

3. **Potentially high risk**
   Women may need surveillance and care outside the scope of the BreastScreen program. They will be referred to their GP for a comprehensive assessment and if appropriate, referral to a Familial Cancer Centre. If women so choose, they can remain in the BreastScreen program and will receive annual screening from 40–59 years, then 2-yearly screening until the age of 74.

Women’s risk is recalculated for each screening round based on their completed screening registration form. The policy has been piloted since November 2016 and will be implemented in September 2017.

SCREENING 2016–2017

<table>
<thead>
<tr>
<th>Service</th>
<th>All women</th>
<th>50–69yrs</th>
<th>70–74yrs</th>
<th>Aboriginal women</th>
<th>Culturally and linguistically diverse women</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>46,071</td>
<td>35,936</td>
<td>5,088</td>
<td>111</td>
<td>16,053</td>
</tr>
<tr>
<td>Monash</td>
<td>54,522</td>
<td>41,954</td>
<td>7,054</td>
<td>113</td>
<td>13,501</td>
</tr>
<tr>
<td>Geelong</td>
<td>20,481</td>
<td>15,657</td>
<td>2,799</td>
<td>93</td>
<td>1099</td>
</tr>
<tr>
<td>St Vincent's</td>
<td>54,239</td>
<td>42,336</td>
<td>6,587</td>
<td>164</td>
<td>11,814</td>
</tr>
<tr>
<td>Maroondah</td>
<td>37,969</td>
<td>28,779</td>
<td>5,321</td>
<td>77</td>
<td>6,587</td>
</tr>
<tr>
<td>Grampians</td>
<td>11,342</td>
<td>8,485</td>
<td>1,496</td>
<td>62</td>
<td>232</td>
</tr>
<tr>
<td>Gippsland</td>
<td>13,720</td>
<td>10,467</td>
<td>2,205</td>
<td>91</td>
<td>453</td>
</tr>
<tr>
<td>Bendigo</td>
<td>13,119</td>
<td>9,966</td>
<td>1,756</td>
<td>162</td>
<td>418</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>251,463</strong></td>
<td><strong>193,580</strong></td>
<td><strong>32,306</strong></td>
<td><strong>873</strong></td>
<td><strong>50,157</strong></td>
</tr>
</tbody>
</table>

1. Excludes Victorian women screened in NSW
2. Women who self-identify as Aboriginal and/or Torres Strait Islander
3. Women who self-identify as speaking a language other than English at home

HIGHLIGHTS

253,889* women were screened. This was an increase of 7,530 on the previous year. We achieved 98.9% of our target of 256,703 screens.

32,571 women joined the Program, including 10,852 women aged 40–49, 21,132 aged 50–69 and 466 women aged 70–74. These numbers included Victorian women screened in NSW.

* Including 2,426 Victorian women screened in NSW.
This year, BreastScreen Victoria screened and read images for 251,463 women. As each woman has at least four views taken, approximately one million images were reviewed, each by at least two radiologists. Of the women screened, 11,546 were recalled to a regional Reading and Assessment Service for further tests (assessment).

The assessment pathway is based on ‘triple assessment’ principles: imaging, clinical examination and needle biopsy. The tests performed on each woman are tailored specifically to her needs.

MULTI-DISCIPLINARY ASSESSMENT TEAM

BreastScreen Victoria’s eight Reading and Assessment Services each have a multi-disciplinary assessment team which includes a radiographer, sonographer, nurse counsellor, surgeon, pathologist and radiologist. It is an expectation of BreastScreen Australia’s National Accreditation Standards (NAS), as well as best practice for all members of the team, to meet regularly to review biopsy results and plan client management. All members of the team contribute to the discussion.

MINIMISING UNNECESSARY RECALL TO ASSESSMENT

The primary focus of the reading function is to detect as many cancers as possible. BreastScreen Australia’s National Accreditation Standards set minimum standards for cancer detection in accordance with known population statistics. At the same time, each BreastScreen Victoria service is expected to minimise the number of women recalled for assessment to avoid unnecessary anxiety for women who do not have breast cancer.

This balance requires extensive radiological skills and experience. Services are constantly building their expertise and over recent years, the state-wide recall to assessment rate reduced from 5.1% of women in 2015–2016 to 4.6% for the 2016–17 year. This improvement was seen in both first and subsequent screens.

Proportion of women recalled to assessment

Note: Proportion of women aged 50–69 years recalled to assessment.
The Electronic Records Management (ERM) project aims to move BreastScreen Victoria into a fully digital environment, with streamlined processes that improve the efficiency and quality of data management.

Project objectives are to deliver a:

- fully online operating environment that eliminates dependency on paper forms, streamlines data management processes, reduces data entry duplications and errors, and reduces costs and screening time;
- distributed reading capability to improve the use of readers.

The ERM project commenced in March 2013 and is expected to run until 2018. The project comprises upgrades to BreastScreen Victoria’s client management system, Gecko, deployed across all Screening and Reading and Assessment sites. The project completed Stage 3 in November 2016.

**Key achievements for Stage 3:**

- Electronic access to screening results – women now have the option to access their results online;
- Improved HTML format for emails to women;
- Distributed reading capability for radiologists to read outside of their ‘home’ service to smooth-out peaks and troughs in reading volumes across the state;
- Digitised client assessment records.

**Key benefits delivered by Stage 3:**

- Reduced dependency on paper-based processes;
- Ability to include information tailored to the woman’s needs in email;
- The radiologist reading a woman’s mammogram can view her previous assessment information electronically;
- Reduced rate of unnecessary recall to assessment;
- Capability for online reading of images across all services, improving timeliness of reading.

**STAKEHOLDER CONSULTATION**

The success of the ERM project is largely due to the many hours of consultation generously provided by subject-matter experts from both the BreastScreen Coordination Unit and the Services. Stakeholder working groups met regularly to progress the Family History and ERM projects.

**Project timeline**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Screening and reading (2014)</td>
</tr>
<tr>
<td>2.</td>
<td>Registration (2015)</td>
</tr>
<tr>
<td>4.</td>
<td>Online assessment (in progress)</td>
</tr>
</tbody>
</table>

**ERM**

- Paper radiographer form replaced by online data entry
- Improved process of allocating readings
- Paper reader form replaced by online data entry
- Improved reader workflow
- Online data entry improvements
- Registration processes improved to allow client information to be captured during online booking and by the Contact Centre
- Paper assessment forms scanned into Gecko
- Capability for radiologists to read images outside their ‘home’ service
- Electronic results letters and improved HTML format emails
- Paper assessment forms replaced by online data entry
- Assessment letters to clients and GPs automatically generated

**Other business improvements**

- 70–74 policy change implemented
- Eligibility policy changes implemented
- Family history policy changes implemented
OUR PROGRAM

QUALITY

BreastScreen Victoria’s systems and BreastScreen Australia’s National Accreditation Standards are designed to give women confidence that cancer will be diagnosed in a timely fashion and that ‘well’ women will not be unnecessarily inconvenienced in the process.

QUALITY GOVERNANCE

The Board of Management has identified Quality as one of its Key Result Areas within its Strategic Plan. Everything we do in Quality is aimed at getting the best possible outcomes for women. The Quality Improvement Committee is a Board Sub-Committee that provides direction to all aspects of quality at BreastScreen Victoria. A new Victorian State Quality Committee has been established to support service providers and the BreastScreen Coordination Unit to achieve and maintain accreditation.

ACCREDITATION

An important test of Quality is the ability to meet National Accreditation Standards and to achieve the required level of Accreditation. 2016 was the ‘transitional year’ for implementation of the new National Accreditation System (‘New NAS’) thus concluding a period of hard work, tolerance and patience from our Service Providers, particularly those Reading and Assessment Services undergoing a survey visit or reporting under the new system.

During 2016–17, two Services were visited by a national survey team and successfully applied for accreditation – Gippsland and Monash. We congratulate Gippsland BreastScreen which was granted full accreditation by the National Quality Management Committee in May 2017. This upgrade to Gippsland’s accreditation status was achieved through an intensive commitment to improve all aspects of quality and by building their base of skilled radiologists to meet the required timeliness standards. Monash BreastScreen was granted ‘Accreditation with Commendation’ in February 2017. The first BreastScreen Victoria Service to achieve this outstanding level of accreditation, Monash met 100% (8 out of 8) Level One Measures and 96% (26 out of 27) of the Measures for which they are responsible. This reflects sustained, excellent performance under the leadership of State Radiologist and Clinical Director Dr Jill Evans and Program Manager Janelle Finn.

BreastScreen Victoria congratulates two senior staff members who have been appointed to the National Quality Management Committee: Dr Jill Evans in 2016 and more recently, the Director of Breast Services at Monash Health Dr Jane Fox, who became the surgeon member on the committee. We thank both Dr Evans and Dr Fox for their contribution.

QUALITY COMMITTEES

BreastScreen Victoria’s Quality Groups: Radiology, Radiography, Nurse Counsellors, Data Management and Program Managers, provide the opportunity to identify and resolve issues amongst colleagues and to work together to develop improvements in service quality. Each BreastScreen service convenes a ‘Service Quality Committee’ which ensures consistent attention to the operational and clinical matters that can affect performance.

RADIOGRAPHY QUALITY GROUP

“The Radiography Quality Group, chaired by State Radiographer Monique Warrillow is a great go-to resource for the Designated Radiographers from the eight services. The Group helps foster communication and support between my peers across the state, and enables us to share new ideas for improvement and how best to implement changes into practice.

Recently we’ve looked closely at improving and maintaining a high standard of image quality across the state, streamlining screening workflow and different ways to enhance client experience. As well as the quarterly meetings, we can bounce ideas around or ask for advice as issues arise throughout the year.

The State Radiographer keeps us abreast of policy and procedural changes, not just as they occur, but in their formative stages, enabling us to plan ahead. She is able to share new innovations in breast imaging and gives us a representative voice at Governance level.

This state-wide collaboration means that not only do all the radiographers benefit, but ultimately the women we screen.”

Kylie Kent
Designated Radiographer, Bendigo BreastScreen
CLIENT-CENTRIC CARE

Every woman, every time

CLIENT-CENTRIC CARE PROJECT

Ensuring that each woman receives the best possible care when she visits or connects with BreastScreen Victoria is a core element of our values and the Board of Management has identified client-centric care as a critical element of our Strategic Plan. We aim to consider the woman’s point of view in everything we do. Early in 2017, BreastScreen Victoria commenced a significant two-year Client Centric Care Project with the aim of developing a measurable, structured and transparent process through which clients’ needs and values are gathered at every point in the screening pathway. Client experiences will be used to help BreastScreen Victoria redesign our services and processes, and we will assess and measure our work from a client’s point of view.

By the completion of the Client Centric Care Project in 2018, we aim to have successfully implemented into BreastScreen Victoria’s policies, procedures and daily operations our goal that:

Every woman is confident that she will receive safe and effective care every time, at each point in the process, and that the service she receives will be integrated, accessible, timely and responsive to her needs.

MEASURING CONSUMER SATISFACTION

During 2016, BreastScreen Victoria conducted the first Client Satisfaction survey for our Assessment Service. Feedback was obtained from 905 women across all eight Victorian centres who completed a confidential online survey about their experience at Assessment between 18 January and 22 April 2016. The results were presented to BreastScreen Victoria in October 2016 with the following key findings:

- Overall, BreastScreen Victoria provides an extremely high standard of service to Victorian women attending an assessment appointment, with 97% of women highly or somewhat satisfied. High and consistent levels of satisfaction were demonstrated across age groups and Culturally and Linguistically Diverse status.
- Women demonstrated a very high degree of satisfaction with the professionalism of staff, support offered by staff during the procedure, and the explanation of the procedure before it began.

The fifth annual Client Satisfaction Screening Survey and second annual Assessment Survey are underway. Results will be available in late 2017.

Assessment experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was treated with respect and dignity during my visit</td>
<td>57%</td>
<td>30%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>The doctors, nurses, and other staff worked well together during my visit</td>
<td>71%</td>
<td>25%</td>
<td>5%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>My privacy was adequately maintained throughout the visit</td>
<td>70%</td>
<td>27%</td>
<td>5%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>I was kept informed about what was happening throughout the assessment process</td>
<td>73%</td>
<td>25%</td>
<td>3%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>My confidentiality was maintained before, during, and after the visit</td>
<td>74%</td>
<td>24%</td>
<td>2%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>I didn’t have to wait too long between procedures</td>
<td>78%</td>
<td>21%</td>
<td>1%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

“Every woman, every time”

“The process was handled efficiently, caringly, respectfully and at all times I felt comfortable. Very professional from the detail in the original letter to the way I was treated during my time there.”

“I ‘checked in’ on Facebook as a reminder to my over-40 female friends to let them know where I was. I had some positive feedback from friends thanking me for the reminder.”

BreastScreen Victoria Annual Report 2016–17
Our Program

Presentations by BreastScreen Victoria staff:

- Preliminary clinical outcomes of the "Assessment of Return on Investment from using DBT in BreastScreen Assessment". Dr Darren Lockie and Carolyn Nickson.
- MRI Prospect Study. Allison Rose.
- Monash BreastScreen Radiology Fellows Dr Ashwini Devapalasundaram and Dr Narges Sobahni presented oral abstracts.
- St Vincent’s BreastScreen Radiographers Ms Sarah Dunne and Ms Nicole Puttyfoot gave poster presentations.

Research

BreastScreen Victoria’s Research Committee works to ensure that our services for women are supported by the latest available research evidence. The Committee is currently supporting projects with the University of Melbourne, the Peter MacCallum Cancer Centre, the University of Sydney, Deakin University, the Department of Health and Human Services and the National Breast Cancer Foundation.

Tailored Screening

As a population screening program, BreastScreen Victoria provides the same screening regime for most women. Tailored screening is a potential approach to screening where women with different levels of risk for breast cancer would be given different screening intervals. The major risk factors that a tailored screening program may include to assess risk are age, genetic factors, family history and breast density. Tailored screening has the potential to increase both the effectiveness and the efficiency of the Program. Women at low risk may screen less frequently, while women at high risk may receive more frequent and appropriate screening. BreastScreen Victoria is working towards a randomised controlled trial of mammographic screening tailored to personal risk.

Breast Density

Increased breast density is associated with increased risk of developing breast cancer. Increased breast density also reduces the ability to detect cancer using mammography. Having two-yearly screening mammograms is currently the most effective way to detect breast cancer early in asymptomatic women, regardless of their breast density. At this time, BreastScreen Victoria does not routinely provide women with information about breast density, nor routinely carry out additional screening for women with dense breasts. We are looking into the available technologies to measure and report on breast density. The technology needs to be efficient, reliable and affordable for a population screening program.

Tomosynthesis

Tomosynthesis is a form of mammography that takes multiple X-ray pictures of each breast from many angles which it uses to create a 3D image of the breast. It is becoming the standard breast imaging technique in the diagnostic setting. Since 2013, BreastScreen Victoria has been working to evaluate the efficacy of tomosynthesis within the Program and investigate the IT infrastructure and workflows needed to support routine use of tomosynthesis. Three trials are currently underway. Two trials (at St Vincent’s and Maroondah BreastScreen) are evaluating the use of tomosynthesis in assessment. The third trial, a collaboration with the University of Sydney and Eastern Health, is the first trial of tomosynthesis in screening in Australia. Five thousand women attending Maroondah BreastScreen for regular screening will participate in this trial which commenced mid-2017.

11th Breast Interest Group Meeting

In April 2017 the 11th General Breast Imaging Meeting of the Breast Interest Group (BIG) of the Royal Australian and New Zealand College of Radiologists was held in Queenstown, New Zealand. The meeting was convened by Dr Helen Frazer Clinical Director, St Vincent’s BreastScreen. Many interesting breast screening lectures were presented including an analysis of digital breast tomosynthesis and over diagnosis. The meeting was well attended and considered a great success. International faculty included Professor Federica Pediconi from Italy and Professor Liane Philpotts from the USA. Local faculty included Radiologist Dr John Waugh (Monash BreastScreen), Clinical Director Dr Allison Rose (North Western BreastScreen), Clinical Director and State Radiologist BreastScreen Victoria Dr Jill Evans (Monash BreastScreen) and Clinical Director Dr Darren Lockie (Maroondah BreastScreen).

Presentations by BreastScreen Victoria staff:

- Preliminary clinical outcomes of the "Assessment of Return on Investment from using DBT in BreastScreen Assessment". Dr Darren Lockie and Carolyn Nickson.
- MRI Prospect Study. Allison Rose.
- Monash BreastScreen Radiology Fellows Dr Ashwini Devapalasundaram and Dr Narges Sobahni presented oral abstracts.
- St Vincent’s BreastScreen Radiographers Ms Sarah Dunne and Ms Nicole Puttyfoot gave poster presentations.

Nicole Puttyfoot and Sarah Dunn with their poster presentations on image quality at the 11th BIG meeting.
OUR PEOPLE

A WOMAN WHO MADE A DIFFERENCE

VALE LUCY HANNAY ROBERTSON

BreastScreen Victoria was deeply saddened this year by the passing of Lucy Hannay Robertson, Chief Radiographer at North Western Screening, Reading and Assessment Service. All who knew Lucy remember her as an outstanding clinician and colleague; an honest, hard-working team player and high achiever who displayed a genuine commitment to the Program and to getting everything done – and done well.

Lucy was born in South Africa in 1971 and was the youngest child in the family. She had three older brothers and commanded respect from all of them! A passion for travel led her to explore the world as a young radiography graduate. Lucy met Alastair, her husband, in South Africa and when she relocated to England, he joined her a year later. They made their home in London and Lucy spent many years working for the United Kingdom’s BreastScreen Program, particularly on the Mobile Screening van. Fully trained in mammography, she enjoyed the work and knew the equipment well – traits that along with her problem-solving ability and excellent computer skills, soon saw her managing a very large screening load.

In 2009 North Western BreastScreen sponsored Lucy to work for the BreastScreen Victoria program. She and Alastair and their three-year-old daughter Sasha arrived in Melbourne, excited about the bright future ahead for the family and for the opportunity to pursue their love of sport and nature in their new country. Their second child, James, was born in 2013.

In February 2010, Lucy was appointed Chief Radiographer. In her seven years in this role she prepared the Service for accreditation twice, demonstrating a highly organised and methodical approach. She was passionate about professional development and training, and was particularly committed to developing safe practices that protected radiographers from work-related injuries.

Lucy became ill in February 2017 and died five months later. She never gave up the fight and always handled her situation with great dignity and courage. During her illness she maintained regular contact and enjoyed the company and support of those closest to her. Lucy will be dearly missed not only by the staff who had the privilege to work with her, but also by the many women who were the recipients of her kindness and expertise as a radiographer.
OUR PEOPLE

BREASTSCREEN COORDINATION UNIT

The BreastScreen Victoria Coordination Unit (BCU) manages the centralised information and appointment service, coordinates the Mobile Screening Service, administers funding for the Screening, Reading and Assessment Services, manages client information, coordinates state-wide communications and recruitment, monitors service provision and coordinates special projects.

In October 2016, the Senior Management Team farewelled Jeremy Du Ve, Director Information and Communication Technology. BreastScreen Victoria thanks Jeremy for his contribution to the Program. Georgina Marr was appointed as Director Information and Communication Technology and commenced in January 2017.

HONOURING OUR STAFF

In 2016 the Coordination Unit created an employee award that recognised high performance amongst employees. The inaugural recipient was Service Desk Manager, Cinzia Marchesani, in recognition of her outstanding commitment to excellence and willingness to deliver ICT services that exceed expectations. A special mention to all employees who received the award throughout the year: Monique Warrillow (Quality), Julia Ayoub (Corporate Services), Bonnie Mpinda (Mobile Screening Service), Marg Lannen and Anne O’Callaghan (Communications), Greg Maudsley (ICT), Patricia Thompson and Salehah Arif (Contact Centre) and Ramya Thirunavukkarasu (Information Services).

LONG-STANDING COMMITMENT TO BREASTSCREEN

BreastScreen Victoria marked the 20-year contribution to the Program of Information Manager Suzen Maljevac with a morning tea at the Coordination Unit. Suzen was recognised for her talent in understanding the ‘big picture’ statistics of BreastScreen, her assiduousness with reports and her ability to forensically examine and make sense of complex data – as well as being a lovely, thoughtful colleague.

We acknowledge and thank Manouri Goonetilleke, Service Delivery Coordinator, who retired after 17 years’ dedicated service at the Coordination Unit. Manouri worked closely with Cathy Cannon, another highly valued Service Delivery team member who retired from her role after nearly 25 years. Cathy commenced with BreastScreen’s Registry Department at the very beginning of the Program, when it was just one screening clinic and one assessment centre. Amongst her many tasks, Cathy was responsible for overseeing the coordination of electoral roll invitations and the distribution of many hundreds of thousands of letters. Cathy’s role evolved over the years but she always demonstrated meticulous attention to detail and Quality Assurance, as well as an incomparable knowledge of the client management system Gecko.

BreastScreen Victoria thanked long-serving Coordination Unit staff Cathy Cannon (L) and Suzen Maljevac for their dedication and contribution since the earliest days of the Program.

“… BSV has been my second family and I have formed many friendships and shared many stories... I’ll miss the feeling of being part of something bigger than just my own interests, of contributing and being valued for it. But most of all I’ll miss you, the people.”

Cathy Cannon

“…Twenty years at BreastScreen have provided the pleasure of being part of a team and of an organisation where I enjoy the company of the people I work with. It is a place where I have made friends. It has supported me during difficult times. I really do feel fortunate and privileged to have a small role in the ‘bigger picture’ of women’s health in Victoria.”

Suzen Maljevac

Service Milestones
20 years: Suzen Maljevac
10 years: Otimia Moriarty
HIGHLIGHTS

Health promotion and client recruitment were an important focus of the year following a slow start to bookings in July 2016. Many initiatives raised the Service’s profile in the community including information sessions and local media opportunities organised by Bendigo staff along with the continued activities of BreastScreen Victoria Coordination Unit’s communications team. Reaching out to diverse cultural groups was a priority and we worked to improve inclusiveness to all groups including deaf and/or vision-impaired women, Aboriginal and Torres Strait Islander women and Karen refugees.

We continue to receive excellent feedback regarding our staff and services. A client who attended assessment wrote: “I have never experienced such a professional, confidential, supportive and positive (and happy) service. All staff are to be commended for their work towards providing an outstanding client-centric service for our region.”

STAFF

Five radiographers across the three sites worked towards completing the Certificate of Clinical Proficiency in Mammography via the Radiography Training Centre online course. Bendigo also hosted our first Graduate Diploma of Mammography student, Naomi Sutton, who completed her training successfully and received many compliments from clients throughout the year.

During 2016–17, the Service offered further training for Nurse Counsellors in all aspects of the role, allowing casual and part-time staff to more effectively fill-in when required. This workforce planning strategy reduced strain on staff and provided increased job satisfaction. Three Nurse Counsellors and the Designated Radiographer attended the Epworth Benign Breast Disease Symposium in November 2016.

We acknowledge and thank Nola Jones who retired from her role as receptionist at Mildura BreastScreen after 16 years of service.
SCREENING, READING AND ASSESSMENT CENTRE
GEELONG AND SOUTH WEST

Established: 1995
Number of breast screens performed in 2016–2017: 20,481
Proudly brought to women by: Lake Imaging
Radiology provider: Lake Imaging (Geelong and Warrnambool) and Portland District Health
Coverage: Screening centres located in Geelong, Warrnambool and Portland
Accreditation status: Two-year accreditation until November 2017
Clinical Director: Dr Linda West MBBS(Hons), FRACR, Member Breast Interest Group, RANZCR
Program Manager: Sarah Dowling Dip BusMgt, Dip ProjMgt, Dip Marketing & Mgt

HIGHLIGHTS
The Service has a dedicated leadership team supported by a cohesive and committed team of Doctors, Radiographers, Nurses and Data Managers, and Administrators. The team demonstrates a continuing commitment to providing high quality breast imaging and diagnostic services to the Geelong and South-West region in a caring and compassionate environment. There is a strong focus on continuous quality improvement. All Level 1 National Accreditation Standards measures were met in 2016, including excellent cancer detection rates, a decreasing rate of interval cancers along with the provision of consistently good-quality of images across all three sites. The Service has worked hard and seen impressive improvements in reading and assessment timeliness.

Meeting the demand of the Geelong region’s growing population has required a flexible approach to scheduling screening and assessment appointments and the Service is pleased to have met this challenge, exceeding its screening targets for the past 4 years. Participation across the Geelong South West region is above the State average (53.6%) at 57.6%, with Portland seeing the highest participation rate in Victoria at 60.4%.

STAFF
The Service welcomed new Program Manager Sarah Dowling in October 2016, along with 3 new administration staff: Kylie Smith-Near, Wendy Sims and Michelle Morgan in March 2017.

We continue to host a Breast Fellow every year and successfully transitioned two Breast Fellows through the clinic in 2016–17, both of whom are now part of the Geelong team. The Service also welcomed a number of trainee radiographers in the past 12 months to whom the Designated Radiographer provided ongoing training support as well as timely and well-documented feedback on positioning and image quality.

Service Milestones
20 years: Jillian Lovell
15 years: Robin Parry
10 years: Denise Marshall

BreastScreen Victoria Geelong and South West staff: (L-R) Kylie Smith-Near (Administrator), Dr Linda West (Clinical Director), Carmilla Basson (Radiographer), Sarah Dowling (Program Manager), Wendy Sims (Receptionist), Dr Imogen O'Meara (Radiologist), Sue Williams (Radiographer), Frankie Linke (Designated Nurse Counsellor), Laticia Schilder (Designated Radiographer), Renee LaForest (Radiographer).
Our multi-disciplinary team is to be congratulated on another year of providing excellent service to the women of the Gippsland region.

Two long-serving staff members were farewelled during the year, Chief Radiographer Marijke Wijgers and Senior Data Clerk Val Veysey. Marijke and Val were highly committed to BreastScreen, to their colleagues and to the women we serve. They will be missed, but continue to remain in contact with us as friends of the Service.

The Service welcomed several new radiographers to the Regional Imaging network. They completed their Certificate of Clinical Proficiency in Mammography with excellent support from our senior radiographers, Stephanie Tamblyn (Chief Radiographer), Angela McRae (Acting Chief Radiographer), Wendy Nieuwerth and Donna Stone.

Nurse Counsellor Coordinator Lee Bray continued to support the professional development of our highly-skilled Nurse Counsellors. The team recently completed the Cancer Council Victoria Communications & Self Care Workshops, further enhancing their skills and abilities to support our clients, particularly in the Assessment and Result clinics.

We achieved the multi-skilling of the Reception and Data team; now all competent in key data responsibilities. The success of this transition, led by Data Managers Kelly Giersch and Nicole Bree (Acting), has been reflected in excellent data performance results and high client satisfaction ratings.
Grampians BreastScreen is fortunate to have an excellent, quality-driven team who are dedicated to providing an outstanding service to the women of the region. This past year saw a new focus on values and service delivery at our auspice, Ballarat Health Services. This initiative was fully embraced by the Grampians BreastScreen team and resulted in some innovative quality improvement ideas, such as new gowns for our clients and the team working together to review our values and the behaviours that accompany them.

The Mobile Screening Service conducted trial visits to Nhill and St Arnaud this year, with women requiring assessment travelling to the Ballarat clinic. The Mobile Service was very well received and supported by both the local communities, with the sites exceeding their screening targets. These two trial sites saw us located at four different mobile sites in our region over a three-month period. The increased throughput put additional demands on staff, who are to be congratulated for managing to maintain all timeliness National Accreditation Standards whilst receiving wonderful feedback from recall clients.

The Radiology team has worked hard over the past year to maintain all our timeliness National Accreditation Standards and our cancer detection rates. A special focus on reducing the Round 1 recall rate was made and it was therefore very exciting to see our Round 1 recall rate sit below 10% on evaluation of recent data. Congratulations to the entire Grampians BreastScreen team on an excellent year.
SCREENING, READING AND ASSESSMENT CENTRE MAROONDAH

Established: 1994
Number of breast screens performed in 2016–2017: 37,967
Proudly brought to women by: Eastern Health
Radiology provider: Eastern Health and MIA
Coverage: Screening centres are located at East Ringwood, Mont Albert, Boronia, Yarra Ranges and Wangaratta. The Service hosts the Mobile Screening Service every two years at Alexandra, Beechworth, Corryong, Mansfield, Mt Beauty, Myrtleford, Tallangatta and Yarrawonga.
Accreditation status: Four-year accreditation until May 2020
Clinical Director: Dr Darren Lockie FRANZCR, MBBS
Program Manager: Ms Michelle Clemson BAppSc

HIGHLIGHTS

In November 2016 a new permanent screening clinic opened in Wangaratta. This region was previously visited by the Mobile Screening Service for five months every two years so a new fixed site provides an exciting opportunity to increase participation and access in this region.

Eastern Health received $10 million from the State Government for the construction of the Maroondah Breast and Comprehensive Cancer Centre. Maroondah BreastScreen will be relocated to the new Breast Centre which will provide an integrated model of care. The new facility is due to open in March 2018.

Maroondah BreastScreen continued to recruit clients for the Return on Investment Study. The primary aim of this study is to investigate the health economic implications of introducing tomosynthesis into assessment clinics. The final report will be submitted to the Victorian Department of Health and Human Services in early 2018.

The National Breast Cancer Foundation awarded a grant to Maroondah BreastScreen in collaboration with BreastScreen Victoria and Professor Nehmat Houssami from the University of Sydney, to run a trial of the feasibility and outcomes of tomosynthesis (3D-mammography) screening. Five thousand clients will have tomosynthesis screening as part of the first Australian tomosynthesis screening feasibility study in the BreastScreen Australia setting.

The Service’s collaboration with the CSIRO and the Universities of Melbourne and Sydney continues with our radiologists assessing images obtained from a synchrotron using different algorithms.
Monash BreastScreen was very proud to meet all Level One and Two National Accreditation Standards this year. Well done to the Monash BreastScreen team who contributed to the attainment of these excellent results and for continuing to provide an exceptional service to the women of the catchment area.

In partnership with Refugee Health & Wellbeing, Monash Health and local organisations, the Mobile Screening Service visited Dandenong Plaza to engage with and screen low participating groups – new and emerging migrant/refugee women and Aboriginal and Torres Strait Islander women.

BreastScreen Victoria’s Radiographer Training Centre (RTC) celebrated a successful first year of running the ‘Mammography Online’ component of the Certificate of Clinical Proficiency in Mammography training. Enrolments in the course have been Australia-wide. During the coming year the RTC, in partnership with BreastScreen Victoria and Holmesglen Institute, plans to develop a sixth module as part of the clinical component of the training.

All screening services within the Monash Health catchment are now fully digital.

Service Milestones
30 years: Marieta Oxenbury
25 years: Janelle Finn
10 years: Judith Kidd, Wendy Niewerth
SCREENING, READING AND ASSESSMENT CENTRE
NORTH WESTERN

Established: 1992
(Essendon screening centre opened in 1988 as a pilot site for the national evaluation of mammography screening)
Number of breast screens performed in 2016–2017: 46,071
Proudly brought to women by: Melbourne Health
Radiology provider: Capital Radiology, Lake Imaging, MIA
Coverage: Screening centres are located at Broadmeadows, Essendon, Footscray, Melton, Parkville, Sunbury, Sunshine and Werribee. The Service hosts the Mobile Screening Service every two years at Broadford and Seymour.
Accreditation status: Four-year accreditation until June 2019
Clinical Director: Dr Allison Rose MBBS, MMed (Radiology), FRANZCR
Program Manager: Ms Victoria Cuevas MBA, BA, BSW

HIGHLIGHTS

Involvement continued in the Ophelia Project which is exploring barriers to screening within Aboriginal, Arabic and Italian communities in the north-western region. A number of culturally specific interventions were trialled this year and we look forward to a report of the findings in late 2017.

The Reading and Assessment centre at Parkville consolidated the 2015–16 initiative of providing screening for women with complex or special requirements.

The 2016 Annual Data Report showed a strong performance against Level One Cancer Detection Standards, with the Service meeting all standards at this level. Over the next year, we will continue to focus on improving our performance against timeliness standards.

Thank you once again to our wonderful volunteers Lynn Grant and Shirley Cullum who, between them, have provided more than 17 years of calm and caring support to women attending the assessment clinic. Shirley was the recipient of a Melbourne Health ‘You’ve Made a Difference Award’ and was presented with a certificate and $50 gift voucher in recognition of her outstanding 11-year contribution to person-centred care and her assistance to others.

Professional development for staff this year included Fire Safety, Client-Centric Care, Melbourne Health Values, Bullying and Harassment, Safety First and ‘We Care’.

Service Milestones
20 years: Bryan Mason, Cecilia Palma
15 years: Anne Minniti, Li Lay
10 years: Judith Zuliani

STAFF

It was a difficult year for the Service due to the illness and death of our colleague, Chief Radiographer Lucy Hannay Robertson. Staff provided support to Lucy and her family as much as possible and are to be commended for their efforts to maintain normal service delivery through tough times. Thank you to the many radiographers who worked extra shifts. The Chief Radiographer role was partly filled with locum radiographers.

On a happier note, warm congratulations to two of our surgeons who had their first babies, Anita Skandarajah and Laura Chin-Lenn. The Service welcomed new surgeons Diarmuid O’Malley and Sophie Nightingale.

Tomosynthesis (3D breast imaging) was integrated into assessment clinics. This integration forms part of a wider research project supported by the Department of Health and Human Services, BreastScreen Victoria and Maroondah BreastScreen, examining the benefits of tomosynthesis in the Program.

The Royal Australian and New Zealand College of Radiologists (RANZCR) Breast Interest group meeting was held in Queenstown New Zealand in April 2017 and was convened by St Vincent’s BreastScreen Clinical Director Dr Helen Frazer. A record number of delegates attended from Australia and internationally, with a large number of St Vincent’s BreastScreen staff also in attendance.

Established: 1995
Breast screens performed in 2016–2017: 54,239
Proudly brought to women by: St Vincent’s Hospital Melbourne
Radiology provider: MIA, Goulburn Valley Imaging Group, Northern Health, Austin Health
Coverage: Screening centres at St Vincent’s Melbourne, Rose Clinic David Jones Melbourne, Greensborough, Goulburn Valley, Camberwell, Epping, Heidelberg, Elsternwick
Accreditation status: Four-year accreditation until 2020
Clinical Director: Dr Helen Frazer MBBS, FRACR, M Epi
Program Manager: Victoria Williams BMedRad, MBA

HIGHLIGHTS

Tomosynthesis (3D breast imaging) was integrated into assessment clinics. This integration forms part of a wider research project supported by the Department of Health and Human Services, BreastScreen Victoria and Maroondah BreastScreen, examining the benefits of tomosynthesis in the Program.

The Royal Australian and New Zealand College of Radiologists (RANZCR) Breast Interest group meeting was held in Queenstown New Zealand in April 2017 and was convened by St Vincent’s BreastScreen Clinical Director Dr Helen Frazer. A record number of delegates attended from Australia and internationally, with a large number of St Vincent’s BreastScreen staff also in attendance.

The St Vincent’s Foundation annually invites departments to provide a Christmas hamper for a person in need. Medical Typist Robyn Wurlod organised a crochet club to make a warm blanket, an item the person in need allocated to St Vincent’s BreastScreen had particularly wished for. Robyn taught many of the staff to crochet and others donated wool or money to buy wool. As well as helping a worthy cause, the project was such an enjoyable exercise that staff have continued making items to donate throughout the year.

STAFF

The St Vincent’s Foundation annually invites departments to provide a Christmas hamper for a person in need. Medical Typist Robyn Wurlod organised a crochet club to make a warm blanket, an item the person in need allocated to St Vincent’s BreastScreen had particularly wished for. Robyn taught many of the staff to crochet and others donated wool or money to buy wool. As well as helping a worthy cause, the project was such an enjoyable exercise that staff have continued making items to donate throughout the year.

Service Milestones
46 years at St Vincent’s and 6 years at BreastScreen: Annie Clifforth
10 years: Judy Kovacs, Dee Yin

BreastScreen Victoria St Vincent's staff with the blanket they made for a person in need at Christmas in 2016.

BreastScreen Victoria St Vincent's staff: Back (L-R) Sarah Deed, Fiona Croyden, Tatiana Magdenko, Pina Gusman, Nadine Anders, Robyn Wurlod, Susan Moore, Sarah Dunn, Julie Roberts, Judy Kovac, Sue Macaulay, Victoria Williams (Program Manager), Dee Yin, Helen Frazer (Clinical Director), Liz Forte, Annie Shaw, Tracey Purcell, Nicole Puttyfoot, Monique Warrillow, Leah Lynch-Rurehe, Aldo Marcon, Jennifer Cawson, Nadine Alderuccio, Parisa Aminzadeh and Stephanie Khoo.
**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 the Program and desired outcomes.

BreastScreen Victoria acknowledges and thanks Ms Christine Fitzherbert for her contribution to the organisation. Christine resigned from the Board in August 2016.

1. **Professor Katherine McGrath**  
MBBS, FRCPA, FAICD  
**Chair**  
Meetings attended: 6/7

Katherine is a widely respected healthcare executive with over 30 years’ experience in government, public, private, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, Chief Executive Officer of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. Katherine trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia and of the Australian Institute of Company Directors. She currently also holds positions as a Board Member of Little Company of Mary Healthcare and as Chair of the Coronial Council of Victoria.

2. **Mr Wayne Tattersall**  
BCom, CPA, MAICD  
**Treasurer**  
Meetings attended: 6/7

Wayne Tattersall 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.

3. **Ms Kerry Bradley**  
MBA, BBus(HAdmin), GradCert(Applied Risk Mgt), Dip RiskMgt&BusContinuity, RN, FAICD, FGIA, FACN, FAAAHC, MRMIA  
Meetings attended: 7/7

Kerry Bradley 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 Vic Health, Finance Audit and Risk Committee and a member of 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.

4. **Ms Mary Hawkins**  
MBA, BSc, BAppSc, Grad Dip(Computing), GradDip(Ed)  
Meetings attended: 5/7

Mary Hawkins has over 30 years’ experience in managing technology across local government and the corporate sector and is currently the Principal of Green IT Solutions, an IT consulting services company. She is currently on the advisory panel for the Centre for Organisational and Social Informatics at Monash University and the Presentation Association Board. She has previously held directorships on the Board of the International Women’s Development Agency, the Australian Women Donors Network, the IWDA Foundation, Star of the Sea College, Victorian Women in Technology and Sustainability Victoria’s investment fund advisory panel.

5. **Ms Liz Kelly**  
LLM, BCom, LLB, GradDipLP, GAICD  
Meetings attended: 5/7  
(Join August 2016)

Liz Kelly 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 NGOs, 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.

6. **Ms Jorden Lam**  
LLM, BCom, LLB, GradDipLP, GAICD  
Meetings attended: 5/7  
(Join August 2016)

Jorden Lam is currently the Company Secretary & General Counsel at HESTA Super Fund and also serves on the Board of Monash Health as a Non-Executive Director. Prior to joining HESTA, Jorden practiced 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. Jorden has been 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.
7. Dr Wayne Lemish  
BSc(Hons), MBBS, FRANZCR, MAIP, GAID  
Meetings attended: 6/7  
Wayne Lemish is a radiologist with subspecialty interest in breast imaging including mammography, digital breast tomosynthesis (DBT), breast ultrasound and MRI. 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.

8. Ms Margaret Peril  
GradDipProfAcc, BSc(Hons), MAppFin, MCommLaw, MSc, FAICD  
Meetings attended: 7/7  
Margaret is the CFO of Dive Works Subsea Solutions and provides advice in corporate finance, treasury and financial risk management to the private sector. She has over 25 years’ experience gained from senior roles in listed companies. Margaret also has extensive experience as a director, treasurer, and member and chair of board subcommittees in the not-for-profit sector. Her outside interests include the anthropology of the Mauritian, Rodriguan and Chagossian diaspora, the establishment of smoke-free housing in Victoria and radio broadcasting in French and Mauritian Creole. She is a fellow of the AICD, Member of the Law Institute of Victoria and Associate of CPA Australia.

9. Ms Jane Poletti  
MM(StrategicForesight), LLB, BSc, GAICD  
Meetings attended: 7/7  
Jane Poletti operates as a consulting general counsel providing strategic legal and business services in the private and not-for-profit sectors. She is a commercial lawyer with extensive in-house management experience and has worked with, and in, early-stage business ventures, high growth organisations, and not-for-profits focused on business sustainability. Jane’s expertise extends to helping organisations manage, protect and commercialise their intellectual property and to embed privacy law compliance and data management/ protection into business processes. Jane has worked with directors and executive management teams providing guidance on board and organisational governance, including within BreastScreen Victoria. With a combined 25 years’ experience as a lawyer in prominent Melbourne law firms, general counsel, in-house corporate management and now as a consultant, Jane provides a strategic, pragmatic and commercial approach to problem solving and business management alongside her legal skills.

10. Ms Vicki Pridmore  
GradDip(Org Psych), BA(Comms,Org Psych), Dip Teach(Sec), GAICD  
Ex Officio  
Meetings attended: 4/7  
Vicki Pridmore joined BreastScreen Victoria as the Chief Executive Officer in April 2008. Prior to this she was CEO of the Cheltenham and Regional Cemeteries Trust. Vicki has extensive experience in the human services sector, including the role of Director Portfolio Services, Department of Human Services. Her career spans secondary teaching, organisational and counselling psychology, senior project review and more than a decade in executive management roles within the public service and not-for-profit sectors.

11. Ms Elleni Bereded-Samuel  
MED, GradDip(Couns), GradCert(Mgt), BA  
Meetings attended: 4/7  
(Joined August 2016)  
Elleni Bereded-Samuel is African Australian from 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 higher education sector and is currently employed as 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.

12. Mr Tim Staker  
DipEng(Biomed), MBA, GradDip(TechMgt), GAICD  
Meetings attended: 7/7  
Tim Staker 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 which 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 advisor 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.
EXECUTIVE TEAM

1. Vicki Pridmore
GradDip(Org Psych), BA(Comms.Org Psych), 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. As a manager, the CEO presides over BreastScreen Victoria’s day-to-day operations.

2. Doris Whitmore
MBA, FCPA, BBus(Acc), GAICD
Director Corporate Services

The Corporate Services area 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 which focus on reaching all eligible women, particularly under-screened populations.

4. Karlene Willcocks
EMBA, PG CertHlthSc, PG CertHlthSc(Resus), BHlthSc, DipNursing, GAICD
Director Operations

The Operations team encompasses the areas of: Service Delivery, Contact Centre, Information Services and the Mobile Screening Service. In partnership with our service providers, the Team focuses on providing efficient, effective and accessible services to women.

5. Georgina Marr
BHIM, GradDip(Epi Biostat)
Director Information and Communication Technology

Information and Communications Technology (ICT) works collaboratively to deliver integrated and secure technology to enable delivery of the Program. ICT 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 is committed to improving all aspects of BreastScreen Victoria’s service and supports service providers to achieve and maintain accreditation under the National Accreditation Standards.

Organisational Structure
GOVERNANCE

SUB-COMMITTEES AND ORGANISATIONAL INFORMATION

BOARD OF MANAGEMENT SUB-COMMITTEES

A number of sub-committees exist to 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

Judith Abbott DHHS Chair (until December 2016), Rachael Andersen DHHS, Louise Galloway DHHS, Prof Katherine McGrath BSV Chair, Mary Hawkins, Wayne Tattersall, Vicki Pridmore ex officio.

Finance and Audit Committee

Wayne Tattersall Chair, Mary Hawkins (until November 2016), Sue Madden, Prof Katherine McGrath, Margaret Peril, Tim Staker, Liz Kelly (from February 2017), Vicki Pridmore ex officio, Doris Whitmore ex officio.

Governance Committee

(now Governance Performance and Remuneration Committee, as at March 2017)

Jane Poletti Chair, Prof Katherine McGrath, Jorden Lam (from February 2017), Mary Hawkins, Kerry Bradley (from February 2017), Vicki Pridmore ex officio, Christine Fitzherbert (co-opted for performance and remuneration focused meetings).

Quality Improvement Committee

Kerry Bradley Chair, Christine Fitzherbert (until November 2016), Prof. Katherine McGrath, Tim Staker, Dr Wayne Lemish, Vicki Pridmore ex officio, Karlene Willcocks ex officio, Jules Wilkinson ex officio, Genevieve Webb ex officio. Monique Warrilow (State Radiographer), Jill Evans (State Radiologist), Sheena Watt (co-opted member since November 2016).

Participation Committee

Liz Kelly Chair (from February 2017), Jane Poletti Chair (until August 2016), Philippa Hetzel, Margaret Peril, Elleni Bereded-Samuel (from February 2017), Sheena Watt (co-opted from May 2017), Vicki Pridmore ex officio, Matthew Scanlon ex officio, Karlene Willcocks ex officio.

Research Committee

Prof Katherine McGrath Chair, Dr Jill Evans, Assoc Prof John Collins, Dr Darren Lockie, Dr Helen Frazer, Dr Wayne Lemish, Prof Dallas English, Prof Bruce Mann, Dr Ian Campbell, Dr Carolyn Nickson, Lisa Devereux (from November 2016), Vicki Pridmore ex officio, Jules Wilkinson ex officio, Genevieve Webb ex officio.

State Accreditation Committee

Dr Jill Evans Chair, Jayne Mullen, Michelle Clemson, Dr Helen Frazer, Monique Warrilow, Anita Skandajarah (from July 2016), Jules Wilkinson ex officio, Genevieve Webb ex officio, Vicki Pridmore 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.

The Electronic Records Management project, which commenced in 2014, is designed to move BreastScreen Victoria into a fully electronic environment. Women can now opt to receive their screening reminder and appointment confirmation by email or SMS and access their results online. When women arrive for their breast screen, their registration and consent form is digitised, reducing the need to create and retrieve physical files. Screening and reading processes are fully electronic. By the time the project is completed in 2018, assessment workflows will also be online.

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. BreastScreen Victoria has also embarked on a review of all print material.

Requesting access to clinical records

BreastScreen Victoria supports a women’s right to access to her 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 these records to women. 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 women participating in the Program at all times. Only authorised people can access information collected by BreastScreen Victoria. All staff are legally required to ensure that information is collected, accessed, used and disclosed according to the purpose described in the:

• BreastScreen Victoria Information sheet provided to women with their registration and consent form and also at clinics.

• Privacy fact sheet available at clinics and on our website. Physical records are stored securely at the Reading and Assessment Service connected to the Screening Service attended by each client.

• BreastScreen Victoria Privacy Policy

Electronic information is securely stored on a central database and only accessible to authorised staff. Further information about BreastScreen Victoria’s privacy statement can be found at www.breastscreen.org.au
This report presents summary information for women who attended for screening at BreastScreen Victoria during the 2016 calendar year.

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. Of the women assessed, 0.4% of women were yet to complete assessment at the time this report was finalised.
4. Excludes breast cancers diagnosed at early review more than six months after the screening mammogram, and cancers diagnosed at early re-screen for women who presented with a breast lump and/or clear or blood-stained nipple discharge in the same breast in which the cancer was diagnosed.

Data is as it stood on 22 August 2017. Future requests for data and publications may not exactly correspond to the figures in this report as they may reflect subsequent additions to the dataset.
## SCREENING AND ASSESSMENT SUMMARY, 2012–2016

### SCREENING

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First round women</td>
<td>36,582</td>
<td>45,608</td>
<td>38,652</td>
<td>35,102</td>
<td>31,566</td>
</tr>
<tr>
<td></td>
<td>17.3%</td>
<td>19.6%</td>
<td>16.9%</td>
<td>14.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td>175,046</td>
<td>186,781</td>
<td>190,179</td>
<td>205,868</td>
<td>215,138</td>
</tr>
<tr>
<td></td>
<td>82.7%</td>
<td>80.4%</td>
<td>83.1%</td>
<td>85.4%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Total</td>
<td>211,628</td>
<td>232,389</td>
<td>228,831</td>
<td>240,970</td>
<td>246,704</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### SCREENING OUTCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></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>32,292</td>
<td>40,149</td>
<td>33,743</td>
<td>30,909</td>
<td>28,108</td>
</tr>
<tr>
<td></td>
<td>88.3%</td>
<td>88.0%</td>
<td>87.3%</td>
<td>88.1%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Recalled for assessment</td>
<td>4,290</td>
<td>5,459</td>
<td>4,909</td>
<td>4,193</td>
<td>3,458</td>
</tr>
<tr>
<td></td>
<td>11.7%</td>
<td>12.0%</td>
<td>12.7%</td>
<td>11.9%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td>168,316</td>
<td>179,090</td>
<td>181,919</td>
<td>197,408</td>
<td>206,962</td>
</tr>
<tr>
<td>Routine rescreen recommended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>96.2%</td>
<td>95.9%</td>
<td>95.7%</td>
<td>95.9%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Recalled for assessment</td>
<td>6,730</td>
<td>7,691</td>
<td>8,260</td>
<td>8,460</td>
<td>8,176</td>
</tr>
<tr>
<td></td>
<td>3.8%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>4.1%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

### ASSESSMENT OUTCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First round women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No cancer detected</td>
<td>3,978</td>
<td>5,059</td>
<td>4,490</td>
<td>3,846</td>
<td>3,152</td>
</tr>
<tr>
<td></td>
<td>93.7%</td>
<td>93.5%</td>
<td>92.3%</td>
<td>92.3%</td>
<td>91.5%</td>
</tr>
<tr>
<td>Breast cancer detected</td>
<td>266</td>
<td>345</td>
<td>345</td>
<td>293</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td>6.3%</td>
<td>6.5%</td>
<td>7.1%</td>
<td>7.0%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td>5,595</td>
<td>6,361</td>
<td>6,834</td>
<td>6,913</td>
<td>6,637</td>
</tr>
<tr>
<td>No cancer detected</td>
<td>83.5%</td>
<td>83.1%</td>
<td>83.0%</td>
<td>81.8%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Breast cancer detected</td>
<td>1,098</td>
<td>1,286</td>
<td>1,366</td>
<td>1,498</td>
<td>1,494</td>
</tr>
<tr>
<td></td>
<td>16.4%</td>
<td>16.8%</td>
<td>16.6%</td>
<td>17.2%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

### CANCER DETECTION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First round women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invasive breast cancer</td>
<td>215</td>
<td>254</td>
<td>257</td>
<td>217</td>
<td>222</td>
</tr>
<tr>
<td></td>
<td>81.4%</td>
<td>74.1%</td>
<td>74.5%</td>
<td>74.1%</td>
<td>79.3%</td>
</tr>
<tr>
<td>DCIS</td>
<td>49</td>
<td>89</td>
<td>88</td>
<td>76</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>18.6%</td>
<td>25.9%</td>
<td>25.5%</td>
<td>25.9%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Subsequent round women</td>
<td>860</td>
<td>1,020</td>
<td>1,075</td>
<td>1,194</td>
<td>1,187</td>
</tr>
<tr>
<td>Invasive breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>79.1%</td>
<td>79.6%</td>
<td>79.0%</td>
<td>80.0%</td>
<td>79.6%</td>
</tr>
<tr>
<td>DCIS</td>
<td>227</td>
<td>261</td>
<td>286</td>
<td>298</td>
<td>304</td>
</tr>
<tr>
<td></td>
<td>20.9%</td>
<td>20.4%</td>
<td>21.0%</td>
<td>20.0%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

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. Of the women assessed in 2016, 0.4% of women were yet to complete assessment at the time this report was finalised.
4. Excludes breast cancers diagnosed at early review more than six months after the screening mammogram, and cancers diagnosed at early re-screen for women who presented with a breast lump and/or clear or blood-stained nipple discharge in the same breast in which the cancer was diagnosed.


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