2024 DRAFT BREAST SCREENING GUIDELINES

THE HOUSE OF COMMONS STANDING COMMITTEE ON THE STATUS OF WOMEN
AND
THE MINISTER FOR WOMEN AND GENDER EQUALITY AND YOUTH, HON. MARCI IEN

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Diagnosed too late in March 2019: De novo stage 4 breast cancer

THE ISSUE

Why is lowering the breast cancer screening age from 50 to 40 NOT in the best interest of Canadian women?

BACKGROUND

NATALIE KWADRANS

I was:

- a Team Canada athlete
- a VP at a mid-sized company
- a sessional instructor at two universities
- a student halfway through an MSc at HEC Paris

Now I am:

- a pincushion, having endured 157+ needles since my diagnosis;
- a walking pharmacy, taking over 11,000 pills and injectable medications annually;
- a shadow of the person I used to be;
- a single mom with minimal energy, struggling to engage with my kids
- sharing my experience to prevent other women from facing the same fate

You can watch a video about my breast cancer diagnosis and how the system failed me here.

FUNDAMENTAL ISSUES WITH THE CTF'S STRUCTURE AND RECOMMENDATIONS

The structure of the CTF has several significant issues. Below are my key concerns:

1. The CTF misinterprets research data and trends by excluding breast cancer screening experts as voting members. This can lead to harmful consequences for Canadian women in their 40s.

   Excluding breast cancer screening experts as voting members of the CTF leads to misinterpreted data, potentially harming Canadian women in their 40s.

2. The CTF focuses only on mortality and deaths averted, ignoring other key benefits like avoiding aggressive treatments, less invasive procedures, improved quality of life, and more time with loved ones.

The CTF downplays the benefits of early detection, overlooking its profound positive impact on patients and their families.

3. The Canadian Institute for Health Information (CIHI) reports that 17% of adults lack access to a GP, making the CTF's requirement for women in their 40s to consult a physician for guideline review inaccessible and unnecessary.

   The CTF is unnecessarily creating barriers to screening access with a dismissive and patronizing approach.

4. The CTF labels a "callback" or additional screening as a "harm," yet many patients, including myself, see it as a benefit for reassurance and accurate results. Similarly, the CTF considers a benign biopsy as "overtreatment," but a friend who received an unnecessary biopsy disagrees, saying, "I would have been furious if they hadn't confirmed what was growing inside me, especially if it turned out to be cancerous." This highlights how patients value accuracy and peace of mind, which the CTF overlooks.

   While some may view these experiences as harmful, they should also be recognized as potential benefits. By focusing only on its own perspective, the CTF overlooks the broader patient community's views.

5. The chair is reviewing her 2018 work on the CTF and her role in the 2018 committee that reviewed the 2011 guidelines, which she helped create.

   Reviewing and assessing one's own past work as a committee member is a serious conflict of interest.

   The chair of the CTF is a prominent speaker on topics like "overdiagnosis," as shown in her presentation at T1 Therapeutics, where she argued that screening thresholds may be unnecessary. This is concerning, as it suggests she was positioning the guidelines before their official release, despite knowing they were still under review.

   It is unethical for the chair of the CTF to take ANY stance while the guidelines were still under review, particularly when stakeholder input was to occur after presenting the draft recommendations. This is manipulative and unprofessional behaviour.

The chair of the CTF teaches classes on "overuse" and overdiagnosis, and also serves as the Primary Care Co-lead and Clinical Lead of Choosing Wisely Canada, an organization that considers imaging for breast cancer staging and treatment planning unnecessary.

Dr. Thériault should not serve as chair of the CTF, as the other organizations she is involved with reveal bias.

The chair has clear conflicts of interest, as outlined in the CTF's policy on disclosures and conflict management (page 15). At a minimum, she appears to violate several guidelines, including those related to publications, public statements, and affiliations with associations or special interest groups. There may be additional breaches I am unaware of. Given these apparent violations, I cannot trust the information being publicly communicated, particularly knowing that the chair continues to hold her position despite these concerns.

RECOMMENDATIONS TO ADDRESS THE ISSUE

1. **Diversify the CTF** by including voting breast cancer experts. A more diverse and well-rounded committee will naturally provide better checks and balances in decision-making.
2. **Accurately represent both the "benefits" and "harms" of screening and early diagnosis.** Involve a broader range of patients to ensure a more comprehensive and nuanced understanding, as the current list is overly simplistic and fails to reflect the full spectrum of perspectives.
3. **Allow women to self-refer for screening starting at age 40.** This would eliminate barriers to access and remove the CTF's condescending and arbitrary restrictions on screening eligibility.
4. **Conduct a pan-Canadian survey** of breast cancer patients and women who have undergone mammograms to better understand what they consider “harms” and “benefits.” A Conjoint analysis (or a modified version) could provide deeper insights into the values and priorities patients place on various aspects of screening.
5. **Review the current CTF members**, particularly the chair, against the CTF’s Policy on Disclosures of Interests and Management of Conflicts of Interest to ensure full transparency and accountability.