

Chapter 37

Saskatchewan Cancer Agency—Delivering the Screening Program for Breast Cancer

1.0 MAIN POINTS

By July 2020, the Saskatchewan Cancer Agency implemented two and made progress on the other outstanding recommendation we first reported in 2016 about the screening for breast cancer.

The Agency consistently evaluates its promotional activities to determine if they help promote awareness of the screening programs. Regular screening via mammograms helps detect changes in the breast. Early detection allows for more treatment options and better outcomes.

In addition, the Agency periodically tracks, analyzes and reports on six key quality indicators designed to help measure the success of its breast cancer screening program.

By July 2020, the Agency analyzed and reported on all but one key measure—the interval cancer rate—within a reasonable timeframe. Timely analysis and reporting of all key measures would provide the Agency with relevant information for decision-making.

2.0 INTRODUCTION

The Saskatchewan Cancer Agency, under *The Cancer Agency Act*, is responsible for the planning, organization, delivery, and evaluation of cancer care services throughout Saskatchewan. This includes providing a systematic population-based screening program for breast cancer. The Agency informs women when they are due for their next mammogram, and suggests women over 50 years of age have a mammogram every two years.

This chapter describes our follow-up of management's actions on three recommendations we made in 2016 about the Agency's processes to deliver its systematic population-based screening program for breast cancer.¹ By August 2018, the Agency had implemented two of the five recommendations.²

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001). To evaluate the Agency's progress towards meeting our recommendations, we used the relevant criteria from the original audit. The Agency's management agreed with the criteria in the original audit.

¹ 2016 Report – Volume 1 Chapter 14, p.163-180.

auditor.sk.ca/pub/publications/public_reports/2016/Volume_1/14_SaskCancer_Breast%20Cancer%20Screening.pdf.

² 2018 Report – Volume 2, Chapter 38, p. 259-264.

auditor.sk.ca/pub/publications/public_reports/2018/Volume_2/CH%2038%20-%20Saskatchewan%20Cancer%20Agency—Delivering%20the%20Screening%20Program%20for%20Breast%20Cancer.pdf.



Our audit included interviewing staff responsible to understand relevant key processes and controls, testing the operating effectiveness of the processes and controls relevant to post-event evaluation forms, and collecting and reporting on data related to evaluating the screening program's performance.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at July 31, 2020, and the Agency's actions up to that date.

3.1 Promotional Activities Evaluated

We recommended the Saskatchewan Cancer Agency evaluate the success of its screening program for breast cancer promotional activities against expectations. (2016 Report – Volume 1, p. 170, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Cancer Agency consistently evaluates its promotional activities.

The Agency employs three Early Detection Coordinators who attend between 20 and 25 promotional events (e.g., community health fairs, Open Door Society events, wellness expos, tradeshows) each year to promote awareness and understanding of the Agency's breast cancer screening program. These events are held in locations throughout the province.

Our testing of five of 36 promotional activities the Agency attended from January 2019 through July 2020 found staff properly completed post-event evaluation forms for all events tested.

The Agency had developed the post-event evaluation form in 2016 to encourage consistent evaluation of its promotional activities, help assess the event, and note opportunities to improve. It expects coordinators to complete the evaluation. The form asks questions about:

- How many participants attended?
- Was the targeted audience reached?
- What needs to be changed?
- Did organizers want the Agency to return to future events?
- Would the Agency attend again?

We also found the Agency verifies the completeness of the evaluations through management review and discussions in monthly meetings.

Using a consistent process to evaluate promotional activities helps the Agency determine if its promotional activities are successful in promoting awareness and understanding of the breast cancer screening program. Regular screening via mammograms helps detect changes in the breast. Early detection allows for more treatment options and better outcomes.

3.2 Key Quality Indicators Expanded

We recommended the Saskatchewan Cancer Agency broaden the use of key quality indicators relevant to Saskatchewan to regularly analyze the performance of its screening program for breast cancer. (2016 Report – Volume 1, p. 177, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Cancer Agency broadened the use of its key quality indicators.

As set out in **Figure 1**, the Agency collects data and reports on six key quality indicators to evaluate the success of its breast screening program. The frequency these indicators are analyzed and reported on varies (see **Section 3.3**).

During our 2016 audit, the Agency used four indicators. Since our last follow-up audit in 2018, the Agency began reporting on two additional key quality indicators—retention rate and interval cancer rate. The retention rate estimates the number of women who return for ongoing screening, and the interval cancer rate allows the Agency to determine whether breast cancer is correctly identified during the screening test.

See **Figure 1** for the list of six key quality indicators now used to evaluate the screening program's success.

Figure 1—Key Quality Indicators for Breast Cancer Screening Program

<ul style="list-style-type: none"> ➤ Participation rate ➤ Number of screening tests done ➤ Service volumes per centre 	<ul style="list-style-type: none"> ➤ Radiologist performance ➤ Retention rate^A ➤ Interval cancer rate^B
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Source: Saskatchewan Cancer Agency.

^A Retention rate is the estimated percentage of women aged 50 to 67 years who returned for screening within 30 months of their initial screen.

^B Interval cancer rate is the number of invasive breast cancers found after a normal or benign mammography screening episode within 0 to <12 months and 12 to 24 months of the screen date.

Analyzing relevant, key quality indicators allows the Agency to monitor whether its screening program is effective.

3.3 Timely Analysis and Reporting on All Key Quality Indicators Needed

We recommended the Saskatchewan Cancer Agency periodically report to senior management, the Board, and the public on key performance information for the screening program for breast cancer. (2016 Report – Volume 1, p. 178; Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Cancer Agency is not tracking, analyzing, and reporting the interval cancer rate in a timely manner.



At July 2020, the Agency is in the process of replacing the IT system for its screening programs to allow for more efficient reporting, and plans to have a new IT system implemented by 2022.

Since our follow-up audit in 2018, the Agency reported to its senior management on:

- Participation rate—quarterly.
- Radiologist performance—annually.
- Retention rate—2016 rate reported June 2020.³ Management plans to report the 2017 retention rate data in September 2020 and annually thereafter.

The Agency reported to the Board on the participation rate quarterly and retention rate annually.

In addition, the Agency's Annual Report publicly reports on:

- Number of screening tests done and service volumes per centre (number of screening mammograms on the mobile bus, in the Regina centre, Saskatoon centre, and the satellite centres)
- Participation rates

The interval cancer rate is not analyzed and reported to senior management timely.

The Agency reports on interval cancer rate as part of its submissions to the Canadian Partnership Against Cancer (CPAC).⁴ Senior management reviews the Agency's data before it is submitted. Senior management reviewed 2014 and 2015 interval cancer rates in May 2019 as part of its CPAC submission.⁵

We expected senior management should have received 2016 interval cancer rates in May 2019 and 2017 interval rates in May 2020. At the time of our audit (July 2020), senior management had not received any reporting on interval cancer rates for 2016 or 2017. Analysis of interval cancer rates is a key measure of the quality of the screening program.

Timely analysis and reporting of all key quality indicators will allow the Agency to have relevant information for decision-making.

³ There is a 30 month lag in reporting retention rate due to the nature of the measure (i.e., the estimated percentage of women aged 50 to 67 years who returned for screening within 30 months of their initial screen). As a result, reporting expectation for 2016 retention rate data is June 2019 and June 2020 for 2017 data.

⁴ The Partnership works to reduce the burden of cancer on Canadians. Its partner network includes cancer agencies, health system leaders and experts, and people affected by cancer. www.partnershipagainstcancer.ca (17 August 2020).

⁵ The Agency's 2019 submission only included interval cancer rate for 0<12 months after 2015.

