

Chapter 17

Saskatchewan Cancer Agency—Screening Program for Breast Cancer

1.0 MAIN POINTS

By November 2022, the Saskatchewan Cancer Agency implemented the one remaining recommendation first reported in our 2016 audit about the Screening Program for Breast Cancer.

The Agency periodically reports key performance information on the Screening Program for Breast Cancer, including the interval cancer rate, to senior management and the Board timely.¹

Timely analysis and reporting of key performance information provides 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 control services throughout Saskatchewan. This includes providing a systematic population-based screening program for breast cancer.²

One in eight women in Saskatchewan will develop breast cancer in their lifetime. One of the highest risk factors for breast cancer is age.³ Through the 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.

In April 2022, the Agency and the Saskatchewan Health Authority signed a shared services agreement. The Agency will continue to be responsible for all aspects of the management and delivery of the Program (e.g., promotion, education, quality assurance). The Authority started conducting all mammography examination and interpretation services in April 2022 and, effective March 31, 2023, will assume responsibility for operating and maintaining the mobile mammography unit.⁴

2.1 Focus of Follow-Up Audit

In 2016, we assessed the Agency's processes to deliver its systematic population-based screening program for breast cancer. Our *2016 Report – Volume 1*, Chapter 14, concluded the Saskatchewan Cancer Agency had effective processes to deliver its systematic population-based screening program for breast cancer, other than the matters reflected in

¹ 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.

² Population-based screening is where a test is offered to all individuals in a defined target group (e.g., of the same age range).

³ Saskatchewan Health Authority and Saskatchewan Cancer Agency, *Breast Pathway Vision Report*, (September 2020), p. 5.

⁴ Previously, the Agency was responsible for providing screening mammography and the Authority was primarily responsible for diagnostic mammography.



our five recommendations.⁵ By July 2020, the Agency implemented four of the five recommendations.⁶ This chapter describes our follow-up of management's actions on the one remaining recommendation.

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

To carry out this follow-up audit, we discussed actions taken with management and examined the Agency's performance reporting to senior management and the Board on the Screening Program for Breast Cancer.

3.0 STATUS OF RECOMMENDATION

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 November 30, 2022, and the Agency's actions up to that date.

3.1 Key Performance Information Periodically Reported

We recommended the Saskatchewan Cancer Agency periodically report to senior management and the Board 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—Implemented

The Saskatchewan Cancer Agency periodically reports key performance information (e.g., interval cancer rate) for the Screening Program for Breast Cancer to senior management and the Board.

Since our last follow-up audit in 2020, the Agency improved its reporting to senior management and the Board by including information on its interval cancer rate. The Agency also continued to provide other key performance information (e.g., participation rate, retention rate).^{7,8}

On an annual basis, senior management now receives timely reports on the Agency's interval cancer rate. The interval cancer rate is the number of invasive breast cancers found after a normal or benign mammography—either within 12 or 24 months of the breast cancer screening date. Monitoring of interval cancers is an important measure of the effectiveness of screening.

⁵ 2016 Report – Volume 1, Chapter 14, pp. 163–180.

⁶ 2020 Report – Volume 2, Chapter 37, pp. 269–272.

⁷ Participation rate is the percentage of women who have a screening mammogram (within a 30-month period) as a proportion of the target population. In May 2022, the Board requested to not receive further reports on participation rates until a new IT system is implemented, which will include all mammography information (i.e., mammography information from both the Screening Program for Breast Cancer and external mammography exams done outside of the program). Reporting the participation rate to senior management continued quarterly. In November 2022, management indicated it does not yet have a targeted date for implementing the new IT system.

⁸ Retention rate is the estimated percentage of women aged 50 to 69 years who returned for a screening within 30 months of their initial screen. Senior management and the Board receive retention rate information annually.

We reviewed senior management reports for August 2021 and 2022 and found the reports included timely information (i.e., the 2020 interval cancer rates reported in 2022 as expected). The reports included interval cancer rates for 0 to <12 months, as well as 12 to 24 months.

In February 2022, the Agency also provided an ad-hoc presentation to senior management and the Board on the Screening Program for Breast Cancer. This presentation included information about participation rates, retention rates, and interval cancer rates.

Timely reporting of all key quality indicators provides relevant information for decision-making by the Agency.

