# **Evaluating the UK Breast Screening Programme**

## Study design and practicalities

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## **Background**

- UK breast screening programme started in 1987
- Decrease in breast cancer mortality rates since 1990
- Debate over relative contribution of screening and treatment changes
- Requirement to evaluate effectiveness

## Difficulties of evaluating population screening programmes

- Lack of control group in most programmes
- Dilution
- Self-selection bias
- Confounding
- Small size of effect

## **UK evaluation study aims**

#### Primary

Estimate effectiveness of the NHS breast screening programme in reducing breast cancer mortality

#### Secondary

Estimate effect of programme on death from all causes and all cancers

Estimate effect of screening policy changes on effectiveness of the programme

## Study design

Cohort study

Retrospective and prospective

Exposure

Screening data from national call/recall system

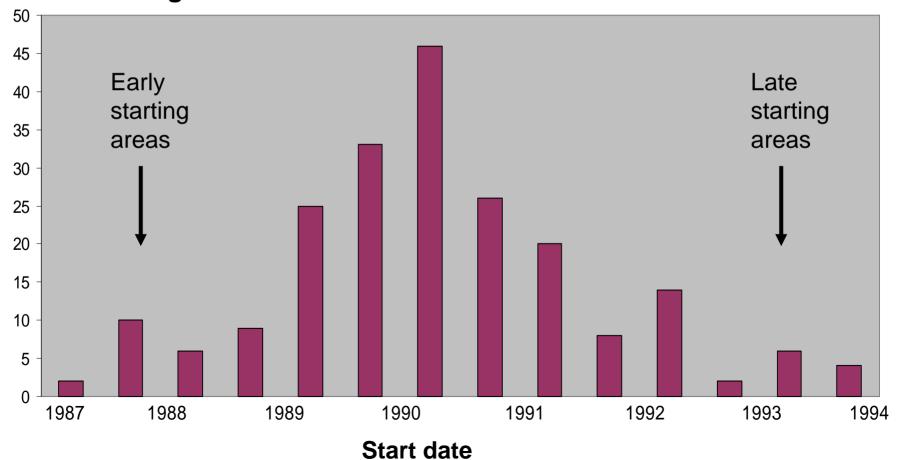
Outcome

Death registrations from UK Office for National Statistics Predicted breast cancer mortality

### **Control group**

Staggered start to UK programme allows identification of contemporary comparison group

#### No. of screening areas



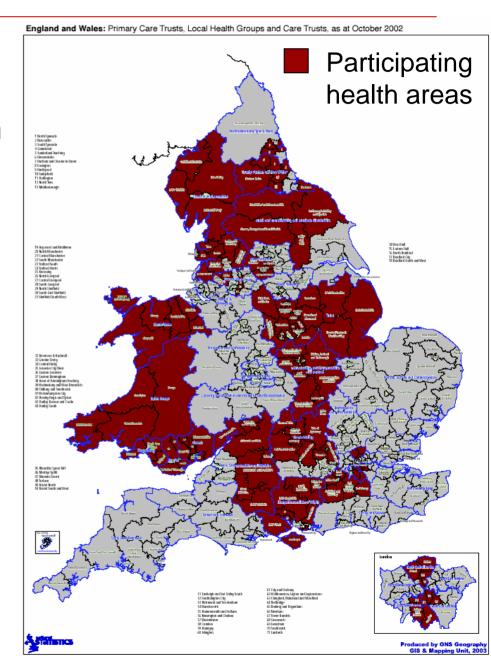
## Dilution, bias, confounding & size of effect

- Dilution
   Individual-level data
- Self-selection bias
   Analyse by intention to treat
- Confounding
   Socio-economic status

   Treatment data
- Size of effect
   Powered for 15% mortality difference after 7 years

## Study area

- Choice of area:
   Feasibility of data collection
   Screening start date
- 38% of screening population of England & Wales (33% of UK)
- Representative of UK
- Cohort size: 4M



## Health area re-organisation and data protection

 2002: major re-organisation of health areas in England and Wales

Climate of increased data protection

18 months to obtain permission to collect data

## Obtaining individual mortality data

 Standard methods are impractical Cost Time

Exploration of alternative data sources and linkage methods

### **Progress**

- Collection of cohort
  - 2.7M women of eligible screening age up to 1995
- Collection of exposure data for these women
   7.3M screening episodes up to end 2004
- Method for collection of mortality data developed and piloted

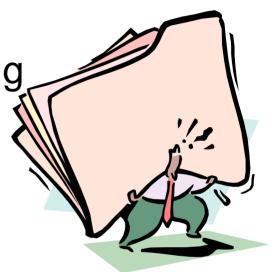
### **Next stages**

- Collection of mortality data
- Data validation
- Preliminary analyses

Effect of screening programme 1995-2001

## **Concluding remarks**

Evaluation of population screening is technically and practically challenging



Major hurdles can be overcome

