

BreastScreen Victoria tomosynthesis screening trial, Maroondah pilot: Service preparedness

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BreastScreen Victoria pilot trial of the feasibility and outcomes of tomosynthesis (3D-mammography) screening at Eastern Health [Trial ACTRN12617000947303]

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Team of Investigators

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- Ms Genevieve Webb, BreastScreen Victoria
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Service preparedness tomosynthesis screening

Prior to commencing this study, Maroondah BreastScreen was already using tomosynthesis at assessment.

Although assessment staff are familiar with using tomosynthesis, introducing it as a **primary screening tool** required a number of significant changes for the Service and BreastScreen Victoria.

Service preparedness tomosynthesis screening

Study planning required:

- Engagement with **all craft groups** at the Reading and Assessment Service (Receptionists, Radiographers, Radiologists and Data Staff);
- Drafting an information sheet for **clients** to inform them of the study design, their option to participate (opt-out design) and the potential risks and benefits of participation; and
- Ability to monitor acceptability to **clients** (opt-out rate; informal client feedback).

Service preparedness tomosynthesis screening

What we did to prepare for study implementation:

- Consideration of timeliness due to **increased reading time**. Two factors - 13% of the Service's reading volume would be 3D and increase in reading time assumed to be at least double; and
- **Feedback form** – to address issues occurring during the study. For example with the new hanging protocols or clients incorrectly appearing on the reading list.

Service preparedness tomosynthesis screening

We worked collaboratively with ICT team to enable the pilot study - Extensive **ICT upgrade** to provide:

3D reading “business as usual” (i.e. the same as 2D)

- record which clients receive 3D screening
- develop a new 3D hanging protocol
- ability to capture lesions detected in tomosynthesis screens (“T lesions”)
- ability to read by modality so readers could batch 3D reads
- to record client’s decision to ‘opt-out’
- record reading time

Preparing staff: Training

Radiologists

- half day training workshop (currently no Australian training standard);
- 3D reading onsite; and
- completed either in batches or as part of a reading list.

Preparing staff: Training

Radiographers

- onsite vendor training;
- staff briefing on trial protocol using role playing scenarios;
- Agreed scripts around study design “by chance”; and
- *Interestingly, clients have been very comfortable with receiving either 3D or 2D.*

Study design & planning

Receptionists

- focus groups about the study design;
- engagement required with clients to ensure they were aware of the study (had received their information sheet);
- Clients were given the opportunity to opt-out.

Study design & planning

Clients

- Information sheet was provided to clients with their booking confirmation letter either via post or electronically (depending on the clients choice);
- Information sheet was translated into 5 languages;
- “By chance” occurs as one mammography room screens in 3D and second mammography room screens in 2D.

Study design & planning

Challenges

- After two months the opt-out rate was higher than expected/hoped (13%);
- We held focus groups with the receptionists and radiographers;
- The outcome of the focus groups was a simplified script for the receptionists; and
- Opt-out rate now at 7%.

Interim report: Participation Data

Study period at Maroondah BreastScreen (pilot site) from 18 August 2017 to 20 February 2018:

	Number of clients
Received mammography (2D)	2036
Received tomosynthesis (3D)	2026
Total	4062

Interim report: Participation Data

Participation in trial: Opt out from receiving tomosynthesis (3D) screening?

	Number of clients	
Opting out from 3D screening	286	7.04%
Clients willing to participate	3776	92.96
Total	4062	

Summary: Pilot of tomosynthesis screening (interim report)

Clients have been very accepting of tomosynthesis screening:

- Opt-out rate at 7%;
- No negative feedback from clients receiving tomosynthesis screening;
- Clients very agreeable to the study design of receiving tomosynthesis by chance; and
- Clients electing to opt-out are often regular older screeners (Rd 10) who don't want any change to their usual screen.

Acknowledgments

Maroondah BreastScreen Staff

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