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AGE DISCRIMINATION IN BREAST CANCER SCREENING

The European Silver Paper recommends the implementation of evidence-based screening tests for older people[1]. Breast cancer can strike women at any age and early diagnosis through regular screening is useful in enhancing probability of survival. Research has shown that the risk of developing breast cancer increases with age[2]. Breast cancer is the most frequent cancer among women worldwide. In Europe it concerns 26.5% of all new cancer cases and accounts for 17.5% of cancer deaths. In the enlarged EU, there are around 270,000 new cases of breast cancer each year and 96,000 cancer deaths. Prevalence is rising in the EU due to increasing age, and shows no signs of levelling off[3]. In 2006, EU guidelines[4] stipulated that free high quality breast screening should be provided every two years for women aged 50 and above. Among older women, breast cancer is a major burden and AGE – the European Older People's Platform[5] – is convinced that the pronounced disparity between EU Member States in survival rates could be substantially reduced by the implementation of population-based high quality screening programmes open to all women aged 50+.

Benefits and harms

European health care systems need to be adequately equipped to address the needs of the ageing populations they serve. This remains no less true for the routine breast cancer screening of older women and their subsequent treatment when a cancer is detected. AGE is concerned that substantial numbers of older women are not included in targeted mammography screening programmes and that the limits of the target age for such screening in the EU do not extend beyond 75 years in many Member States. Regular mammography screening significantly reduces mortality from breast cancer. This applies equally to women aged 70+ who face a higher absolute risk for breast cancer, if their life expectancy is not compromised by co-morbid disease. Evidence suggests[6] that the benefits of regular mammography increase with age, whereas the likelihood of harms from screening (false positive results, unnecessary anxiety, biopsies, and cost) diminishes from ages 40-70 years. The balance between benefits and potential harms therefore grows more favourable as women age.

Self-referral systems do not deliver

AGE is also concerned over the use of self-referral systems as these fail to deliver[7]. The fact that older women above 70 no longer receive reminders conveys the erroneous message that they are no longer at risk from breast cancer, despite the fact that they are more susceptible to developing this disease than younger women. This

is a clear example of indirect age discrimination. AGE therefore questions the wisdom of an upper age limit in regular free screening for breast cancer.

Recommendations

AGE calls for measures which would promote and facilitate access for women aged 50+ to free breast screening and to any necessary subsequent treatment. In particular, AGE considers that there is a need for:

(i) the recognition of age as a factor in contributing to health inequalities including access to breast cancer screening for all women, regardless of age;

(ii) a raised awareness of the lack of breast cancer screening for older women;

(iii) an enhanced understanding by both the medical profession and the general public that ageism manifests itself in the way that medical prognosis and care is delivered.

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