

Breast cancer is the most frequent malignant tumour in women

This is why mammography screening programmes have been conducted for many years, and in many countries, on a national or regional level. They enable early detection of breast cancer before metastases have had a chance to form.

The effectiveness of screening programmes was already proven in the 1960s, 1970s and 1980s by randomised clinical studies. Years of experience in mammography screening in European countries such as Sweden, the Netherlands, Great Britain, Denmark and Finland have

confirmed that screening reduces breast cancer mortality.

Screening programmes are usually based on the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis. These demand rigorous quality control throughout the entire technical and medical screening chain. All partici-

pants in screening undergo intensive training, and double reading (diagnosis by two independent radiologists) is the rule. Regular quality-control measures ensure the sound

technical quality of the systems in use, and a periodic data evaluation verifies if the high quality requirements of mammographic screening are being met.

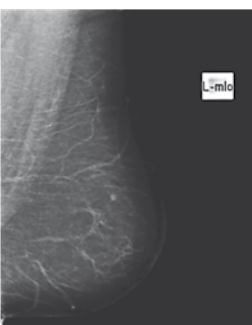
Germany began a population-based screening programme in 2005, with nationwide implementation for over 10 million eligible women achieved by 2009. Here, too, the programme aims to reduce breast cancer mortality. The digital technology predominantly in use was a

great challenge for all participants, including industry, which in short order had to provide optimised digital solutions for the specialised requirements and workflow needs of screening.

Digital screening programmes are also being carried out in other countries, or the conversion from analogue to digital technology is in full swing. Many screening experts are enthusiastic about the higher contrast resolution of digital images, and praise the efficient display protocols on mammography workstations, which allow a quick and clear comparison with prior images. Despite the improved workflow possible with digital systems in screening, the burden on doctors and radiographers is still high. The volume of images alone, which must all be studied with the highest level of concentration to avoid missing signs of breast cancer, is already a great challenge. A high level of competence and dedication is expected from radiographers, too, since good positioning technique is very important for the early detection of breast cancer.

But it's worth it. Especially when the detected cancers are still small and without metastases. In this brochure, we would like to report on screening programmes in European countries, on organisations, workflows, particularities and experiences – primarily employing digital technology.

Please write to us with your thoughts and comments. We would be pleased to hear from you.



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Ingrid Burkhardt
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