



Speech by

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MEMBER FOR MUNDINGBURRA

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BREAST SCREENING

Ms NELSON-CARR (Mundingburra—ALP) (11.22 p.m.): Over the weekend the Queensland Health mobile breast screening unit for north Queensland was attacked by vandals whilst parked in a shopping centre car park in Deeragun, an outer suburb of Townsville. The interior of the unit has been damaged by fire and water. Damage to the unit was discovered by the shopping centre security staff who were patrolling the area. No alarm system is installed within the mobile unit and they are not usually a target for theft or damage.

The key issue is that there will be minimal disruption to the delivery of services. The mobile unit was due to be located in Ingham for the next few weeks. A fixed mammography unit has been relocated temporarily to the Ingham Hospital and will be installed this week. Approximately 580 women are being contacted to advise them of the change of location for the service.

Due to the specialised nature of the unit, expert advice is required to assess the extent of the damage incurred. However, an estimate of the cost and length of time needed for repair will be available within the next few days. The source of funding for the repairs is still to be determined and will be dependent on the cost estimates. The mobile unit is owned by Queensland Health and is therefore not insured through any commercial insurer.

It is worth recognising that prevention, detection and early intervention are the underlying themes of this Labor Government's health policies. Our most effective early detection tool in the fight against breast cancer is the BreastScreen Queensland Program—a Statewide program offering a free breast cancer screening service to all women over the age of 40. Women aged over 50 are specifically encouraged to attend BreastScreen Queensland services, as 70% of breast cancers occur in women over the age of 50. Tragically, there are even young breast cancer patients—one as young as 16.

Most women are aware of the possibility of breast cancer. However, because of the emotional significance of the breast and the fear that treatment may involve removal of the breast, breast cancer carries a particular fear. All too often this leads women to not have a breast screen or to delay seeking help when they develop breast cancer symptoms. However, over the past decade the Queensland Government and the Queensland Cancer Fund have been working together to educate and inform women and to bring about positive changes for women affected by breast cancer.

By the end of the year, BreastScreen Queensland will have a network of 25 screening sites. The Queensland Cancer Fund has contributed \$610,000 for two of the four mobile units—a real boon to rural and remote women. Almost a third of the women screened in 1996 were screened by mobile and relocatable services. A new breast-screening device located in Mossman can be moved across the State up into the cape and Torres Strait. The first unit was launched at Parliament House in the early nineties. BreastScreen Queensland services are now achieving cancer detection rates equal to international standards. In 1996, 430 breast cancers were detected through breast screening services in Queensland. That is almost 50 cancers for every 10,000 women screened in the 50 to 69 year age group.

The reality is that real health gains rely on detecting a significant proportion of cancers 10 millimetres or less in size. A third of the breast cancers detected in 1996 in the BreastScreen Queensland program were 10 millimetres or less. These are cancers that would not have been able to be felt by the women or their doctors, but offer the best chance of successful treatment. Increasingly, the breast cancers detected by the BreastScreen program are small and would not have been found by

any other method. This has led to a significant increase in the number of breast cancers that can be treated with conservative surgery without the trauma and distress of mastectomy.

In 1996, 58% of women who had their cancer detected by the BreastScreen Queensland program were treated by local excision, with the conservation of their breast. Clearly, the program offers many benefits for women. However, to prevent deaths we need to encourage as many women as possible to participate in the program by attending for a free breast screen every two years. Currently, only 43% of Queensland women aged 50 to 69 years have been screened in the past two years. This year the program is aiming to screen 150,000 women—10% more than last year. The goal is to screen 70% of women in this age group. It is expected that over the next few years the earlier diagnosis of breast cancer and timely treatment will lead to a significant fall in the death rate of women from breast cancer. This can only happen if we screen more women. Women need to think of having regular breast screens as part of their regular health checks. Despite this extremely unfortunate incident in Townsville, the delay and disruption to services cannot diminish the fact that we must continue to beat breast cancer together.
