



Speech by

**Hon. WENDY EDMOND**

**MEMBER FOR MOUNT COOT-THA**

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Hansard 25 August 1999

**MINISTERIAL STATEMENT**

**Breast Cancer**

**Hon. W. M. EDMOND** (Mount Coot-tha— ALP) (Minister for Health) (9.48 a.m.), by leave: I would like to inform the House about some promising signs that are beginning to emerge about the detection and treatment of breast cancer. A recent national report, *Breast Cancer in Australian Women 1982-1996*, was released recently by the National Breast Cancer Centre. This report shows, for the first time, an increase in the number of women surviving breast cancer. It shows that mortality rates from breast cancer have fallen for two consecutive years, by 4% from 1994 to 1995 and a further 3% to 1996.

Researchers believe that early detection, through screening programs, such as BreastScreen Queensland, and early treatment that follows have helped force these previously stable death rates down. These trends are also reflected in a soon-to-be-released Queensland Health information circular which shows that for the period 1993 to 1997 there has been an average decrease in the mortality rate of 3.5% each year. Obviously the results will continue to be monitored. Everyone involved is hoping the mortality rate continues downward and that these figures are confirmed as a real trend in future years.

Another encouraging indication of the impact of the BreastScreen Queensland Program was that the largest increase in incidence, and therefore detection, of breast cancer was in women in the target age group for the breast cancer screening program, being women aged 50 to 69 years.

This Queensland data is consistent with the national report that found that incidence rates for breast cancer have increased by an average 2.2% a year from 1982 to 1996—the biggest increase among women aged over 50. This pattern of increasing incidence and, probably, decreasing mortality is exactly what would be expected from a successful breast cancer screening program. While everyone involved is cautious about reading too much into these figures, the statistics regarding screening using mammography are certainly encouraging.

By contrast, some women may have been misled by recent publicity promoting the use of thermography, which is digital infrared thermal imaging, as an alternative to mammography. There is widespread concern within the medical community about the promotion of thermography for breast cancer screening as there is no scientific evidence to support the effectiveness of thermography. This contrasts with international studies conducted into the efficacy of screening mammography, as used by BreastScreen Queensland, for the early detection of breast cancer, which show mammography is the only proven method of reducing mortality from breast cancer.

I am concerned that women are potentially being misled about the efficacy of the test offered and that women may be falsely reassured and take no further action regarding screening or in reporting symptoms. I stress that breast cancer screening by mammography, as offered free of charge by the BreastScreen Queensland Program, offers the most effective means of detecting the early signs of breast cancer.

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