



UniversityHospital Heidelberg

Screening in Germany

H. Junkermann

Section of Senological Diagnostics

Womens Hospital



The Beginning

- three model projects started screening in 2001 and 2002:
 - Bremen,
 - Wiesbaden and surroundings,
 - Weser-Ems



The Carrier

- board of statutory health insurance companies
and
- board of contracting physicians with these health insurance companies

Organization of Model Projects

- based on European Guidelines 3rd edition
- project leaders:
 - 1 hospital based:
Bremen, H. Junkermann
 - 2 contracting radiologists working in their private enterprise office:
Wiesbaden, M. Reichel
Weser-Ems, G. Hecht

Organisation of Model Projects

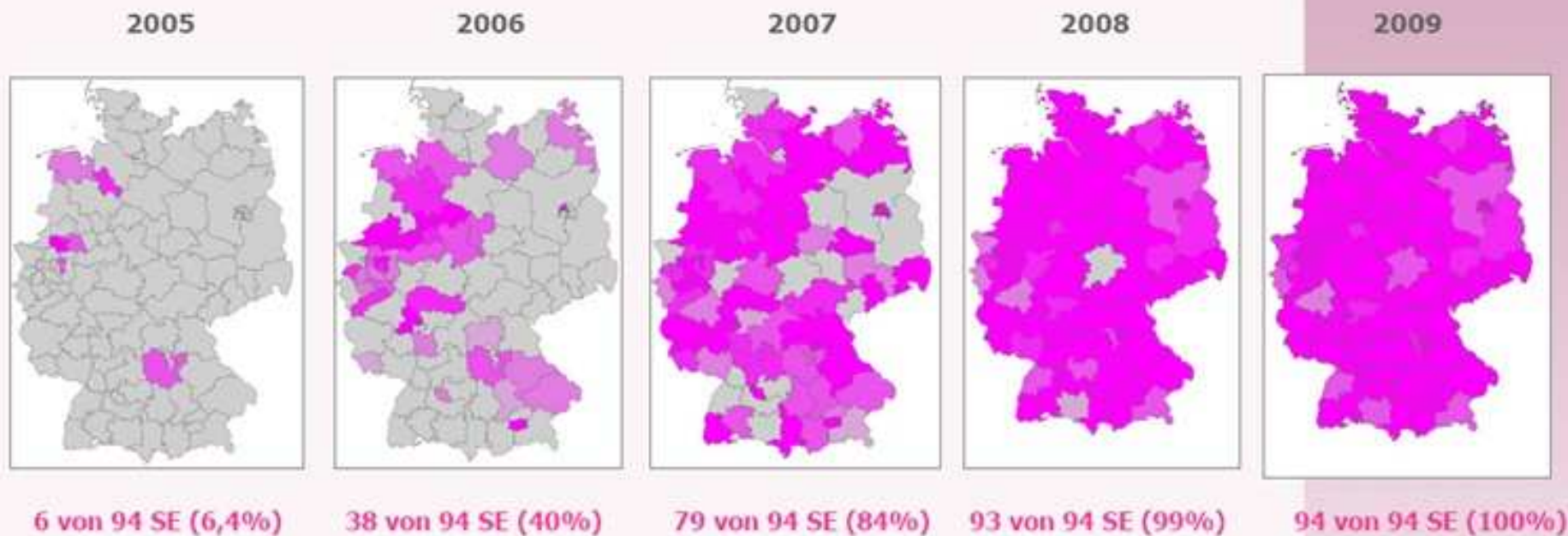
- biannual invitation of women 50 – 70 years
- special mammography units (stationary or mobile)
- double reading by contracting private enterprise radiologists and gynecologists
- consensus under supervision of project leaders

Organisation of Model Projects

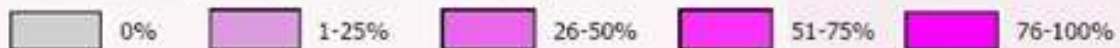
- triple assessment (mammography, sonography, core or vacuum biopsy) by project leaders and readers in projects
- preoperative interdisciplinary conferences
- treatment in local breast disease centers
- postoperative interdisciplinary conferences

Progress

- 2002 parliamentary decision to introduce mammography screening
- 2004 regulations and legislation effective
- 2005 installation of reference centers
- 2005 – 2009 roll out over Germany



Flächendeckung bezogen auf die Mammographie-Einheiten



Organization of Program

- based on model projects
- 94 screening units, each run in private enterprise by 2 responsible contracting physicians
- double reading
- consensus conference with arbitration
- assessment by responsible contracting physician

Organization of Program

- 5 reference centers providing education and quality assurance:
technical control daily,
positioning, detection, assessment and epidemiological (3 monthly to yearly)

Zuordnung der Referenzzentren

Referenzzentrum Bremen (15 SE)
Dr. Gerold Hecht

Referenzzentrum Berlin (19 SE)
Dr. Lisa Regitz-Jedermann

Referenzzentrum Münster (21SE)
Prof. Dr. Walter Heindel

Referenzzentrum Süd-West (21SE)
a. Marburg – Dr. Karin Bock
b. Wiesbaden – Dr. Margrit Reichel

Referenzzentrum München (16 SE)
Prof. Dr. S. Heywang-Köbrunner



Results

	achieved	acceptable EU-guidelines	desirable EU-guidelines
participation	54,3%	> 70 %	> 75%
detection	7,78‰ ~ 3 x IR	3 x IR	> 3 x IR
recalled	5,3%	< 7%	< 5%
preoperativ diagnosis	92	> 70%	> 90%

Results

	achieved	acceptable EU-guidelines	desirable EU-guidelines
DCIS	20,5 %	10%	> 10%
invasive < 10 mm	30,8%	> 20%	> 25%
invasive < 15 mm	54,7%	50%	> 50%
nodal negative	72,3%	70%	> 70%

High Risk Screening Program

- risk determination by geneticist, if
- heterozygosity $> 10\%$, or
- remaining life time risk $> 30\%$
- intensive screening with
- yearly MRI
- yearly mammography
- twice yearly sonography
- at a limited number of experienced units

Conclusion

- a quality assured mammography screening system has been installed successfully
- a significant impact on breast cancer mortality is expected in 5 to 10 years
- improving participation remains a challenge