Financial incentives in breast cancer screening
The urgent need to shift from incentivising uptake to promoting active, informed choice through the provision of evidence-based decision aids

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Conflicts of interest:

1. Mirela Colleoni: no conflicts of interest
2. Dr. Theodore Bartholomew: National Institute for Health and Care Excellence (NICE) scholar (one-year unfunded opportunity to learn about inner workings of NICE )
3. Dr. Harald Schmidt: no conflicts of interest
Benefits and Harms of Breast Cancer Screening

1. Women invited to screening should be fully informed of both the benefits and harms

   - Benefits
     - Fewer breast cancer deaths

   - Harms
     - False positives
     - Overdiagnosis
     - Overtreatment
     - Physical, psychological and financial consequences

2. Benefits are generally overstated and harms underplayed by promoting screening organizations

References:
Overdiagnosis in Breast Cancer Screening

- **Overdiagnosis**: the detection of cancers on screening which would not have become clinically apparent in the woman’s lifetime in the absence of screening

- Overdiagnosis turns a women unnecessarily into a cancer patient
  - 99% of those diagnosed with breast cancer have surgery
  - 72% have radiotherapy
  - 72% have adjuvant hormone therapy
  - 27% have adjuvant chemotherapy

- Breast cancer diagnosis leads to psychological distress

- Most women are unaware that inconsequential disease can be detected by screening

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Financial Incentives for Breast Cancer Screening in France (1)

For Providers: in place since 2011

• Pay-for-Performance indicator on public health objectives for GPs to screen more women.\(^5\)

• Recognized as “controversial” on the website of French Health Insurance because the “risk of over-diagnosis that could lead to unnecessary mutilation on over-detected women.”\(^6\)

• Still maintained by following the College of General Medicine’s recommendation, which is “in favour of keeping it, particularly because of the recognized reduction in mortality (between 15 and 21% depending on the source)”\(^6\)

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Financial Incentives for Breast Cancer Screening in France (2)

For Women: to be experimented, action implemented in the new Cancer Plan

• Sept 2020: National Cancer Institute (INCa) organizes a Citizen Consultation for the New Cancer Plan

• Financial incentive measure proposed by INCa under “Prevention Axis”
  “Experiment with material incentives to facilitate people's participation in screening”
Incentive mechanisms such as financial motivation or covering of expenses (e.g. transport, childcare, worktime), which have been little used up to now, will be experimented

• Feb 2021: the measure is adopted (Action I.12.7, INCa Road Map, Cancer Plan)

• Objective: reach European target of 70% uptake in mammography screening

8. INCa https://www.e-cancer.fr/Presse/Dossiers-et-communiques-de-presse/Plus-d-un-tiers-des-mesures-de-la-strategie-decennale-de-lutte-contre-les-cancers-lancees-des-2021.-Un-objectif-ameliorer-le-service-rendu-a-l-ensemble-de-nos-concitoysens
Financial Incentives for Breast Cancer Screening in US

• For Women: in place

• Private health insurance companies: paid time off, in-kind items and financial incentives with typical value between $10 to $200 \(^9\)

• State-sponsored programs (four US states): financial rewards (for opting in) and penalties (for opting out) \(^10\)

• For Providers: in place

• Breast cancer screening: one of the most common indicators in pay-for-performance programs \(^11\)

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Financial Incentives for Breast Cancer Screening in UK

• For Women: not in place

• For Providers: under discussion

  • Suggestions made by Independent Review of Adult Screening Programmes¹²

    • Introducing payment by activity (i.e. more money for more women screened)

    • Targeted payments for enhanced services (i.e. giving a GP practice extra funding for providing additional screening services).

Ethical Issues of Incentivising Screening for Breast Cancer

• For Women:
  • Informed consent may be compromised
  • Decision-making process may be unduly influenced
  • Women may make decisions that they will regret and would not have made in the absence of incentives

• For Providers:
  • May compromise their ability to provide objective information about the harms and benefits of screening
Evidence-Based Decision Aids in Breast Cancer Screening

• The decision about breast cancer screening is preference-sensitive.\(^{13}\)

• Equally well-informed women weigh the trade-offs of potential harms and benefits differently.\(^{14}\)

• Adopting a preference-sensitive approach requires that women have access to accurate information.

• Evidence-based decision aids can help women integrate information about the risk of harms and benefits with their own values and priorities.

Conclusion and Recommendations

• Breast cancer screening is controversial, and the provision of incentives in this context is ethically problematic

• Instead of proposing financial incentives to screen more women, health authorities should:

  ✓ Support women by promoting active and informed choice through the provision of evidence-based decision aids

  ✓ Support professionals to provide better quality information about screening

  ✓ Abolish targets for breast cancer screening to avoid raising conflicts of interest for providers in facilitating preference-sensitive decisions
Thank you

Any questions?