Name: Naomi Noguchi
Position & Affiliation: Senior Lecturer, School of Public Health, Faculty of Medicine and Health
Full Reference: **Noguchi N**, Ormiston-Smith N, Marinovich L, Moore J, Houssami N. *Subtype-specific screen-detected and interval breast cancer rates in population screening: a BreastScreen Queensland cohort study.*
Conference/Meeting Name: BreastScreen Australia conference
Location: Brisbane, QLD, Australia
Dates: 4 - 6 March 2026
Presentation Type: Oral

BreastScreen Australia conference is held once in 2 years. Several hundred people attended including site staff (radiographers, breast physicians, radiologists), researchers, and policy makers. It was encouraging that a lot of site staff who take mammograms were interested in scientific presentations and eagerly taking notes.

I have collaborated with BreastScreen WA, QLD and VIC over research projects in the past and it was a great opportunity to meet relatively new collaborators who I had only met on zoom and to reconnect with old collaborators and discuss further research.

Each state's BreastScreen program does things differently such as what group of people they define as high-risk and screen for breast cancer more often, what type of mammography they use for initial screening and further assessment, etc. The variations are coming from lack of concrete evidence and I find it useful to learn the different current practice in different states in this biennial conference.

My presentation about subtype specific breast cancer rates was well received and I received some feedback which would help me write up a manuscript next few weeks.

One of the current hot topics is using AI to detect breast cancers in mammograms and prediction of future occurrences of breast cancers. Hearing a lot of talks on this topic and being able to ask questions really clarified a lot of technical details about AI that I understood wrong and also gave me inspirations about future research knowing what tools are already used in each state.

It also became clear to me that environmental viewpoint is totally lacking in this space and carbon emission is almost never considered in health economic analysis when a lot of research in breast screening is looking at imaging modalities that are more carbon intensive whilst marginally improving diagnostic accuracy. I am continuing conversations over email with colleagues I met there over these two topics.