Public Health Agency

Improving Your Health and Wellbeing

NORTHERN IRELAND BREAST SCREENING PROGRAMME

ANNUAL REPORT & STATISTICAL BULLETIN 2010-2011

Breast Screening

August 2012

QUALITY ASSURANCE REFERENCE CENTRE

Contents

Summary

This annual report and statistical bulletin describes key issues relating to the Northern Ireland Breast Screening Programme and its performance in 2010/11. It compares performance with previous years and with data from the English NHS Breast Screening Programme.

The Quality Assurance Reference Centre (QARC) monitors, and quality assures, the Northern Ireland Breast Screening Programme to ensure women have access to a high quality service that meets agreed standards. This function has been strengthened following the publication of a report, in January 2011, into a serious adverse incident in a breast screening unit in England (The Burns Report).

The aim of breast screening is to prevent deaths from breast cancer. Regular breast screening reduces the risk of death from breast cancer. However, it is important that women can make an informed choice about breast screening and are aware of its benefits and limitations (see **Appendix 1**). In keeping with NHS Breast Screening Programme guidance we introduced a formal system to allow women to opt out of the Northern Ireland Breast Screening Programme. Women who do so will receive no further invitations to attend. However, they can opt in again, at any time, by contacting their local breast screening unit or their GP.

In 2010/11 a total of 58,419 women aged 50-70 were invited and 44,323 were screened; giving an uptake of 76% (standard > 70%). Uptake is the percentage of women who attend each year, following an invitation. This means that just under a quarter of women who were invited did not take up the offer of screening mammography. The PHA is currently developing an action plan to ensure all eligible women can make an informed choice about breast screening.

Most women who attend for breast screening mammography will be identified as having normal mammograms. 98% of these women received their test results within 2 weeks (standard $\geq$90%).

4.2% of women who attended for screening mammography were found to have an abnormality on their mammograms and were referred for further assessment. 96.9% of these women were offered an assessment clinic appointment within 3 weeks (standard $\geq$ 90%). Younger women are more likely to be called back for assessment, but cancer is more likely to be found in older women.

Diagnosis before surgery is made by taking a biopsy at the assessment clinic. 95% of women with cancers detected by screening had the diagnosis confirmed before surgery (standard ≥ 80%). The diagnostic accuracy of biopsies taken at assessment clinics is high. 92% of women only required one visit to the assessment clinic to obtain a diagnosis.

A total of 358 cancers were detected in 2010/11. Of these 273 were invasive cancers and 79 were ductal carcinoma in situ (DCIS). Of the 273 invasive cancers 157 (57%) were less than 15 mm in diameter (small invasive cancers). A proportion of cases of DCIS will eventually become invasive. However, it is not yet possible to identify which ones will, and which won't, become invasive. All women diagnosed with this disease are therefore offered treatment.

6.4 per 1,000 women screened for the first time (aged under 53) were diagnosed with an invasive breast cancer (standard ≥ 2.7). The figure for women attending subsequent screening tests was 4.8per 1,000 (standard ≥ 3.0).

3.8 per 1,000 women screened for the first time (aged under 53) had a small invasive cancer (standard >1.5). The figure for women attending for subsequent screening tests was 2.7 per 1,000 (standard >1.65).

71.4% of women diagnosed with an invasive cancer had breast conserving surgery. The remainder underwent mastectomy.

The proportion of women who had a surgical operation for what turned out to be benign disease was 1.5 per 1,000 for the prevalent (first) screen (standard < 3.6 per 1,000) and 0.5 per 1,000 for incident (subsequent) screens (standard < 2 per 1,000).

24% of women with invasive cancer required a repeat surgical operation. In addition 21% of women with non-invasive, or micro-invasive, cancers needed repeat surgery.

90.9% of women were offered an appointment for mammography screening within 36 months of their previous normal screen (standard ≥ 90%).

These statistics show that the Northern Ireland Breast Screening Programme performed well in 2010/11 and met each of the key standards. Comparison with previous years shows the significant improvements that individual breast screening units have made in process measures such as screen to routine recall, screen to assessment and round length. The multidisciplinary teams providing this service in each of the breast screening units have worked hard to achieve these results They are to be congratulated on continuing to provide a high quality breast screening service for women in Northern Ireland

Comparison with statistics for England indicates that there may still be potential for improvement in the invasive cancer diagnosis rate: even though the standard and target were met. However, it is recognised that the prevalence of breast cancer is higher in England than in Northern Ireland.

Dr Adrian Mairs
Quality Assurance Director
NI Breast Screening Programme

Ms Clare Hall
Information Officer
NI Breast Screening Programme

Introduction

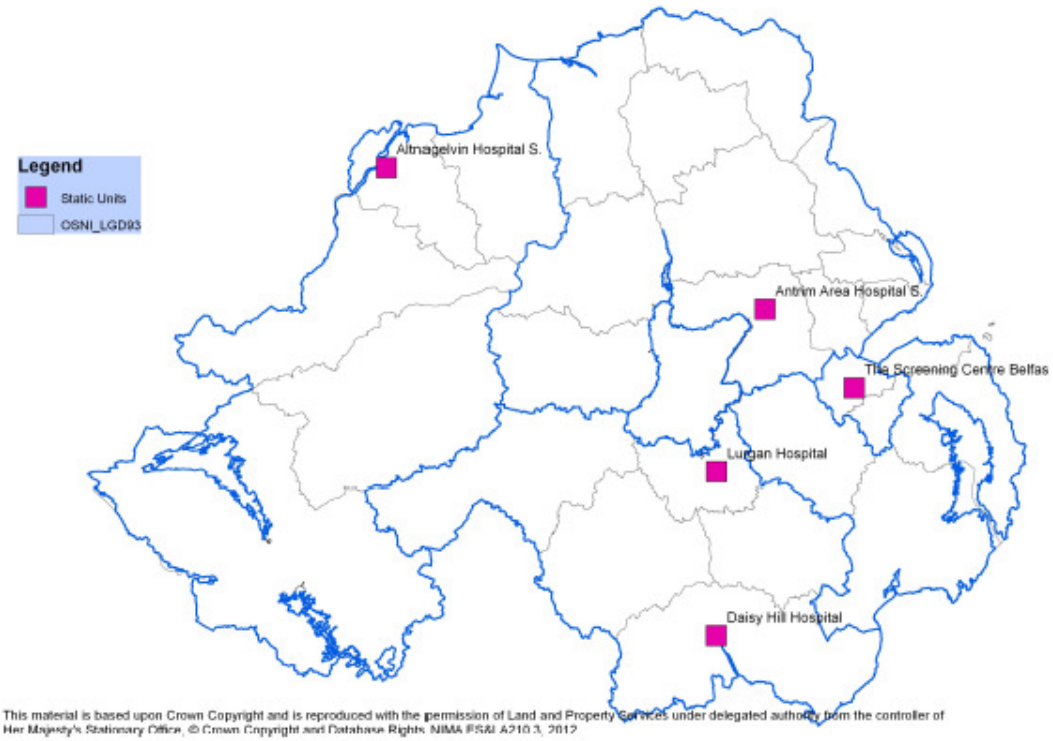
Regular breast screening reduces the risk of death from breast cancer

The aim of breast screening is to prevent deaths from breast cancer. Regular mammography reduces mortality from breast cancer by 35% in women aged 50 to 69 who attend for screening. In Northern Ireland eligible[1] women aged 50 – 70 are invited for breast screening every 3 years. Women aged over 70 years are not automatically invited for screening, but are encouraged to make their own appointment by contacting their local screening unit.

There are four breast screening units in Northern Ireland. These are the:

- Eastern Breast Screening Unit at 12-22 Linenhall Street, Belfast (covers the Belfast and South Eastern Trust areas);
- Northern Breast Screening Unit at Antrim Area Hospital (covers most of the Northern Trust area);
- Southern Breast Screening Unit at Lurgan Hospital (covers the Southern Trust area); and
- Western Breast Screening Unit at Altnagelvin Area Hospital (covers the Western Trust, and part of the Northern Trust area).

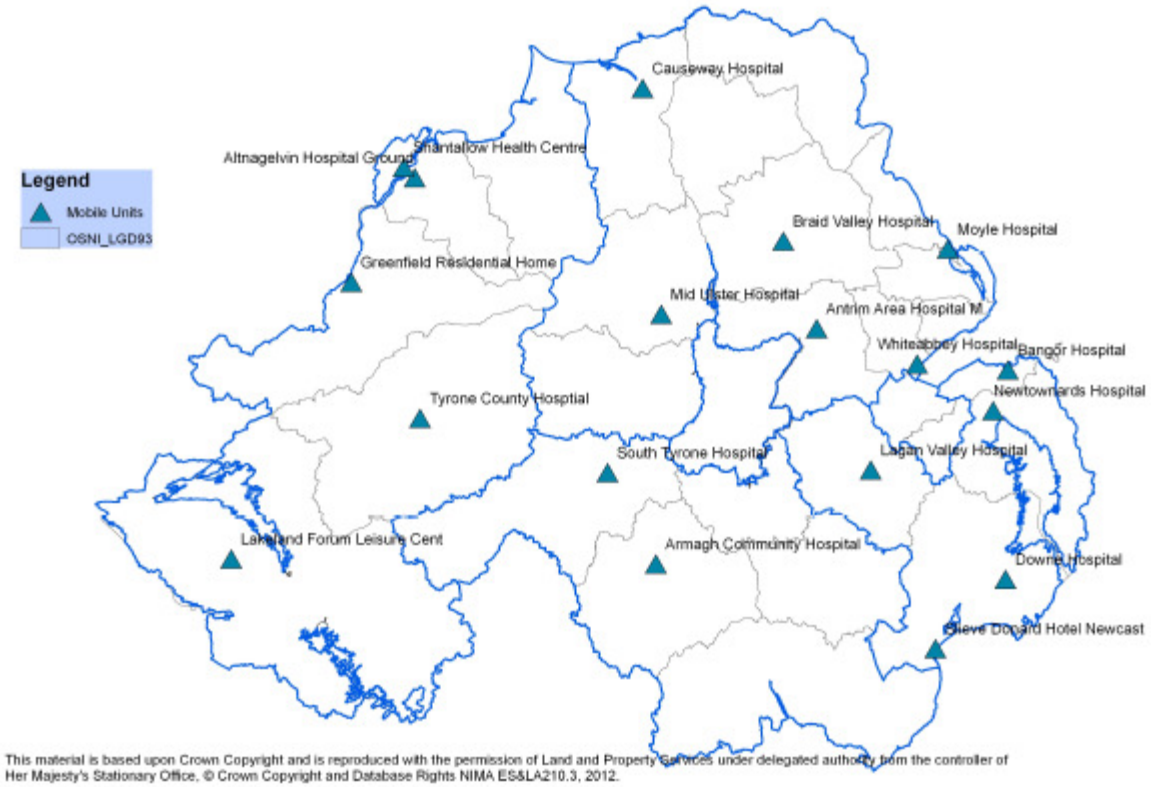
Figure 1: Locations of Static Screening Units



[1] Women who have had bilateral mastectomy are excluded from the eligible population.

Each unit provides access to screening on mobile breast screening trailers at a variety of locations throughout Northern Ireland.

Figure 2: Locations of Mobile Screening Units



Eligible women in each GP practice are invited to attend once every three years. Due to this three yearly round of invites around a third of women will be invited for the first time before their 51st birthday, a third before their 52nd birthday and a 3rd before their 53 birthday. All eligible women should be invited before their 53rd birthday. The women who are invited before their 51st birthday are invited in the year they turn 50. Therefore a number of women will be invited for breast screening for the first time when they turn 49.

The Quality Assurance Reference Centre (QARC) is part of the Public Health Agency. It provides the quality assurance function for the three cancer screening programmes (breast, bowel and cervical).

The purpose of quality assurance in the breast screening programme is the:

- maintenance of minimum standards; and
- continuous improvement in the performance of all aspects of the screening programme

in order to ensure that participants have access to a high quality service wherever they reside.

Key Developments in 2010/11

The quality assurance process has been strengthened.
A formal process to enable women to opt out of the programme has been established.

In January 2011 an independent external review of a breast screening unit in England was carried out.[2] This followed a serious adverse incident at that unit. The report of that review (The Burns Report) makes a number of recommendations which are relevant to all breast screening units. Units in Northern Ireland have been asked to produce an action plan to ensure they are implemented. The report also made important recommendations relating to quality assurance, which the NI Quality Assurance Reference Centre has implemented or is in the process of implementing. These include:

- Additional scrutiny at QA visits;
- QA visit reports being considered at Board level in Trusts;
- Improved reporting arrangements for interval cancers (breast cancers diagnosed within three years screening mammogram reported as normal); and
- Additional analysis of quality assurance data eg monitoring trends.

It is important that women can make an informed choice about breast screening and are aware of its benefits, as well as its limitations (see **Appendix 1**). In keeping with NHS Breast Screening Programme guidance we introduced a formal system to allow women to opt out of the Northern Ireland Breast Screening Programme.[3] If a woman has made an informed decision that she no longer wishes to be invited for breast screening (informed dissent) she can provide the programme with written instruction to remove her name from the list of women invited for breast screening. She will then receive no further invitations to attend. The woman is asked to confirm that she has understood the leaflet *Breast Screening Can Save Lives*. This explains the benefits and disadvantages of breast screening, and the importance of screening in reducing deaths from breast cancer. The woman can restore her name on the screening list, at any time, by contacting her local breast screening unit.

[2] Burns FG. An Independent External Review of the Breast Screening Unit at East Lancashire NHS Trust. January 2011. Available at www.elht.nhs.uk/pdf/Burnsreport_Breastscreening_ELHTFINALVERSION.pdf
[3] NHS Cancer Screening Programmes. Consent to Cancer Screening. Second Edition, 2009. Available at www.cancerscreening.nhs.uk/publications/cs4.pdf

Statistics

The Quality Assurance Reference Centre regularly monitors the performance of the Northern Ireland Breast Screening Programme

The Quality Assurance Reference Centre (QARC) is part of the Public Health Agency (PHA). It calculates the statistics for each of the four breast screening units using standard Korner returns:

KC62 – This is an annual return made by trusts on: outcome of initial screen, outcome of assessment (including cytology and histology), cancers diagnosed (by size and type) and overall outcome measures (uptake, referral rate, non-invasive cancers, benign biopsy rate, invasive cancer detection rate, referral for cytology/ biopsy, malignant: benign ratio for surgery, early recall rate); by 1st invitation, previous non-attenders, last screen within 5 years, last screen more than 5 years, early recall, self referrals, all women; by age.

KC62 data are obtained from the National Breast Screening System (NBSS). This is the IT system that supports the breast screening programme.

KC63 – This is an annual return made by trusts on: numbers of eligible women, invited and screened by age, numbers recalled, numbers self or GP referred, and time since most recent screen in 12 month blocks.

In December 2010 an electronic link was established between NBSS and the IT system that supports primary care (NHAIS/Exeter system). This link will allow us to establish better failsafe procedures to ensure that all women who should be invited for breast screening are invited . It will also provide data on the coverage of the programme. Coverage is defined as the proportion of women resident and eligible for screening who have had a screening mammogram at least once in the previous three years.

KC63 data will not be available until December 2013 when 3 year's worth of data will be on the system (as the breast screening programme is a 3 yearly rolling programme).

Women with a date of first offered screening appointment between 01/04/2010 and 31/03/2011 were used to produce this report. Comparative figures for the previous 2 years (5 years for uptake) and from the English NHS Breast Screening Programme are also shown.

These data allow the Quality Assurance Reference Centre to evaluate the quality of the Northern Ireland Breast Screening Programme. Performance is compared to the minimum standards and targets set out in NHSBSP Publication No. 60 (Version 2) *Consolidated Guidance on Standards for the NHS Breast Screening Programme* , *April 2005*.[4]

The standards are summarised in **Appendix 2**. It should be noted that these quality assurance data provide information on the performance of the four breast screening units and the programme as a whole: they do not provide information on individual staff performance.

Minimum standards: These figures represent the levels of performance which are the minimum acceptable for any breast screening unit. Where the minimum standard is shown "greater than or equal to", any level of performance below that standard should be investigated by the Quality Assurance team. Where the minimum standard is shown as "less than or equal to", any level of performance above that standard should be investigated similarly.

Targets: These are the quantitative targets that are considered to be achievable individually by one third of units within the NHSBSP. All units should aim to achieve targets. If the specified cancer detection rates etc are achieved, then the programme will be on target to replicate the mortality reduction achieved in trials.

The KC 62 data for women aged 50 – 64 are shown in **Appendix 3**. The KC 62 data for women aged 50 – 70 are shown in **Appendix 4**.

Before March 2009 women aged 50-64 were invited for breast screening. Since that date invitations have gone to women aged 50-70 (age extension).

English data are taken from the following publications:

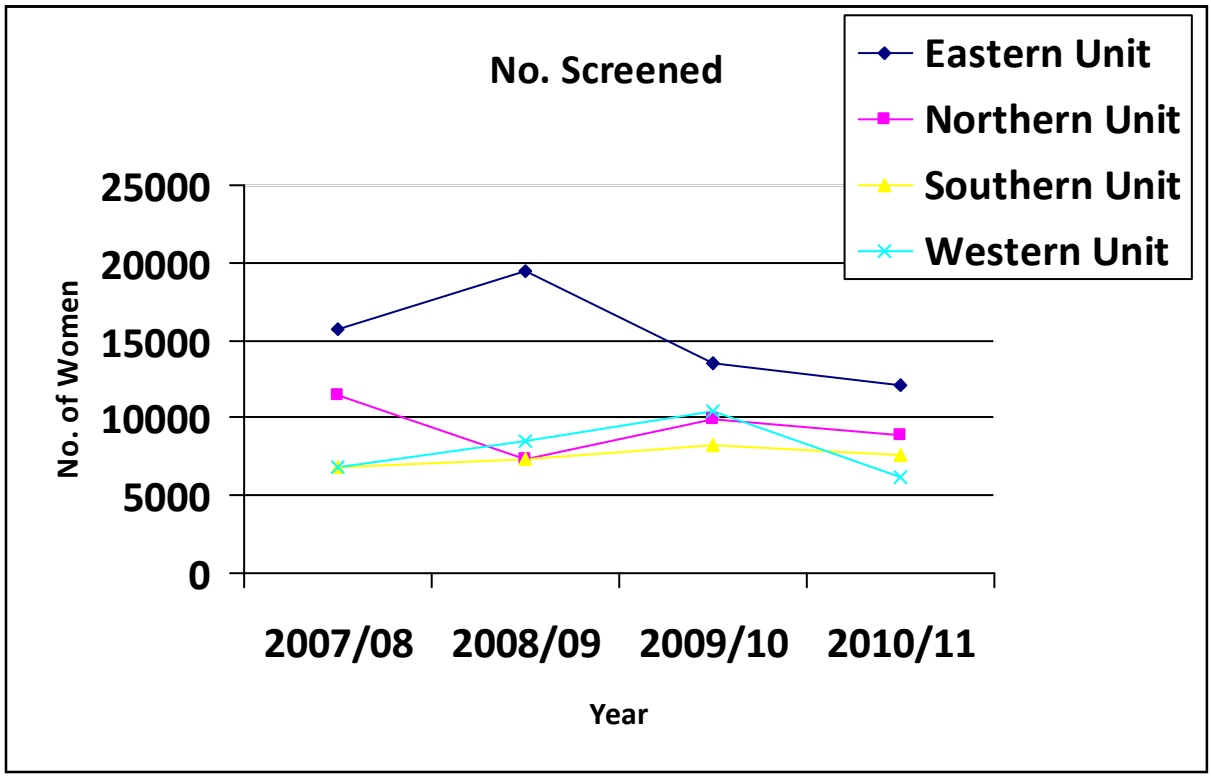
- *The NHS Breast Screening Programme Annual Review 2011*[5]; and
- The NHS Information Centre for Health and Social Care, *Breast Screening Programme, England 2010-11* Report.[6]

[4] Available at http://www.cancerscreening.nhs.uk/breastscreen/publications/nhsbsp60v2.pdf
[5] Available at www.cancerscreening.nhs.uk/breastscreen/publications/nhsbsp-annualreview2011.pdf
[6] Available at http://www.ic.nhs.uk/webfiles/publications/008_Screening/brstscreen1011/brst_scr_prog_eng_2010_11_rep.pdf

Number of Women Screened

A total of 58,419 women aged 50-70 were invited and 44,323 screened giving an uptake of 76% in 2010/11. Figure 3 illustrates how many women aged 50-64 were screened by each unit, and in total, over a four year period.

Figure 3: Number of women aged 50-64 (of invited) screened each year from 2007 – 2011



The Eastern Unit invited and screened a large number of women in 2008/09 in order to meet the round length standard prior to the introduction of age extension in March 2009 (see page 11).

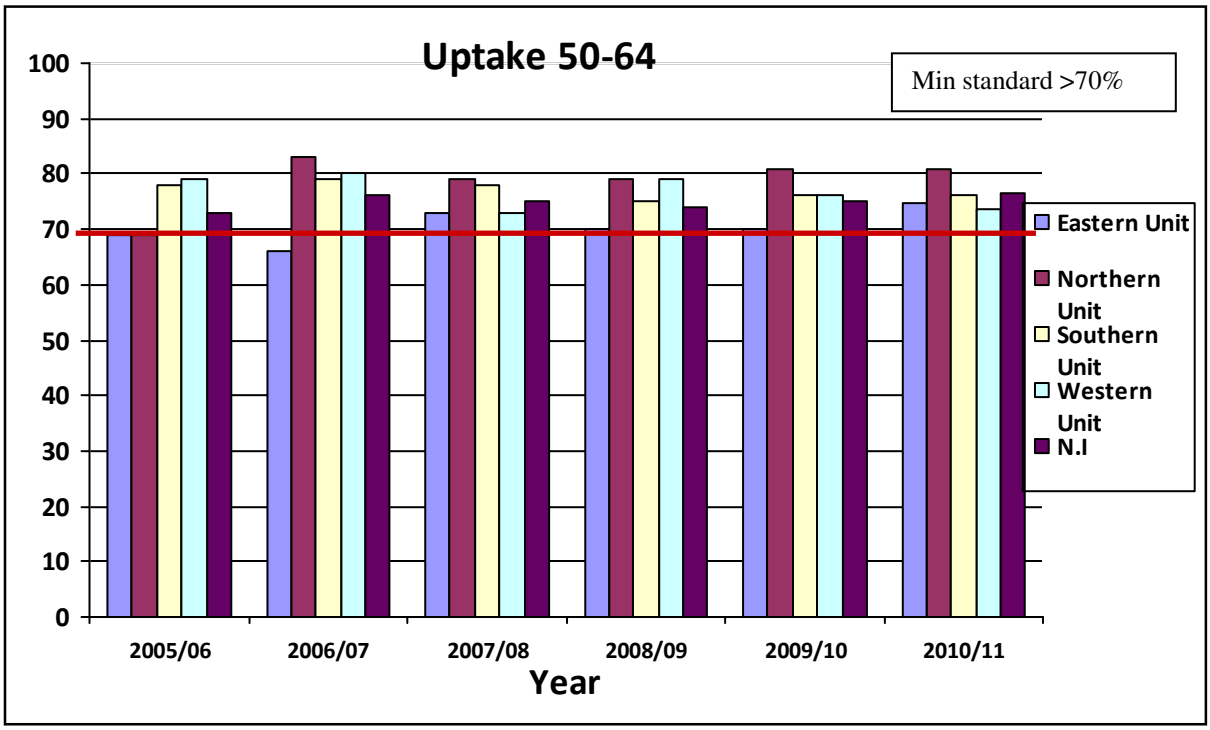
Uptake

Each year around quarter of women invited for breast screening do not take up the offer.

Most of these women live in Derry/Londonderry and the Greater Belfast Area.

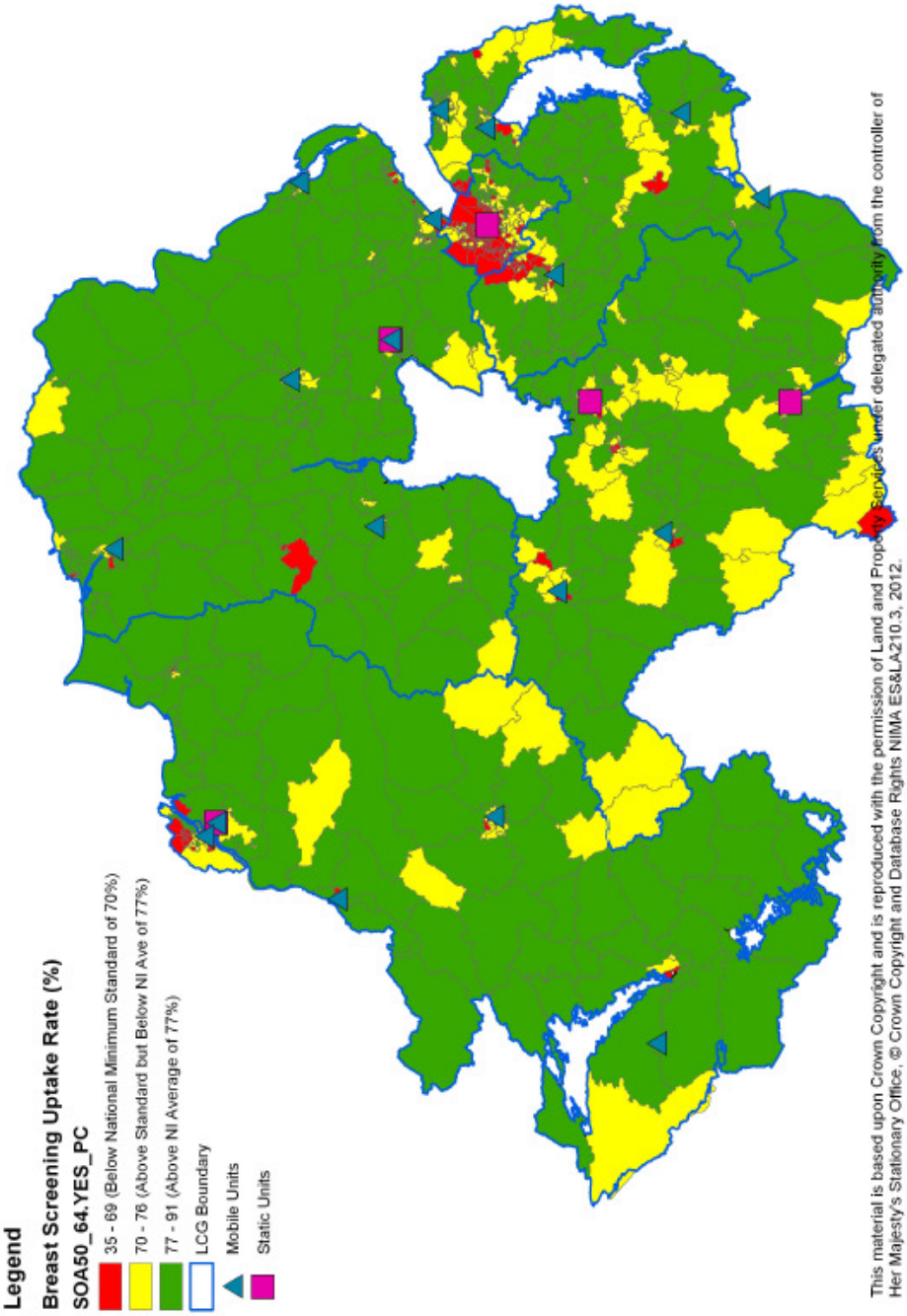
Uptake measures the percentage of women who attend for breast screening each year, following an invitation. Figure 4 shows the uptake rates over a 6 year period. In 2010/11 each of the 4 breast screening units achieved an uptake of over 70% for women aged 50 - 64, which is the national minimum standard. The figure for Northern Ireland was 76.5%. This compares well with the English figure 73.4%

Figure 4: Uptake for women aged 50-64 by unit and for Northern Ireland 2005 – 2011



The map below shows the uptake by area, for women aged 50-64, for the 3 year period 2008/09-2010/11. Areas in red have an uptake of less than the minimum standard of 70%. These are largely concentrated in the Belfast Metropolitan Urban Area and Derry/Londonderry.[2]

Figure 5: Uptake (%) at Super Output Area level for Women aged 50-64 Screening cycle 2008-2011



[2]Kinnear H, et al., The low uptake of breast screening in cities is a major public health issue and may be due to organisational factors: A Census-based record linkage study, The Breast (2011), doi:10.1016/ j.breast.2011.04.009

The uptake for women aged 50 – 70 in 2010/11 is shown in table 1. The overall uptake for this age range in Northern Ireland was 75.8%; higher than uptake rate for England.

Table 1: Breast Screening Uptake in Women Aged 50 – 70 in 2010/11

Area	Uptake (%)
Northern Ireland	75.8
Eastern Unit	74.2
Northern Unit	79.8
Southern Unit	76.1
Western Unit	73.6
England	73.4

Non-attendance can be due to organisational and communication issues or individual factors. The PHA, in partnership with other stakeholders, is developing an action plan to ensure all eligible women can make an informed choice about attending for breast screening.

Medical Physics Standards

Each of the mammography x-ray machines meets the standards for image quality and radiation dose

Mammograms are taken using low dose x-rays. The Northern Ireland Breast Screening Programme has a number of performance standards relating to:

- the image quality (spatial resolution and low contrast detectability); and
- the radiation dose provided by the x-ray equipment.

These are shown in table 2 below. These parameters are measured during regular medical physics surveys of the mammography equipment.

Table 2: Mammography Equipment Performance Standards

Parameter		Standard
Spatial Resolution [line pairs per mm] *		≥ 12
Low Contrast Detectability (%)	6 mm detail	≤ 1.2
	0.5 mm detail	≤ 5
	0.25 mm detail	≤ 8
Mean Glandular dose to Standard Breast (mGy)		≤ 2.5

* Note: The Spatial Resolution standard does not apply to the digital mammography units in Antrim & Craigavon Area Hospitals

The following charts indicate the performance of the units in the Northern Ireland Breast Screening Programme against the standards. All units meet the applicable standards.

Figure 6: Spatial Resolution of Mammography Images by Machine

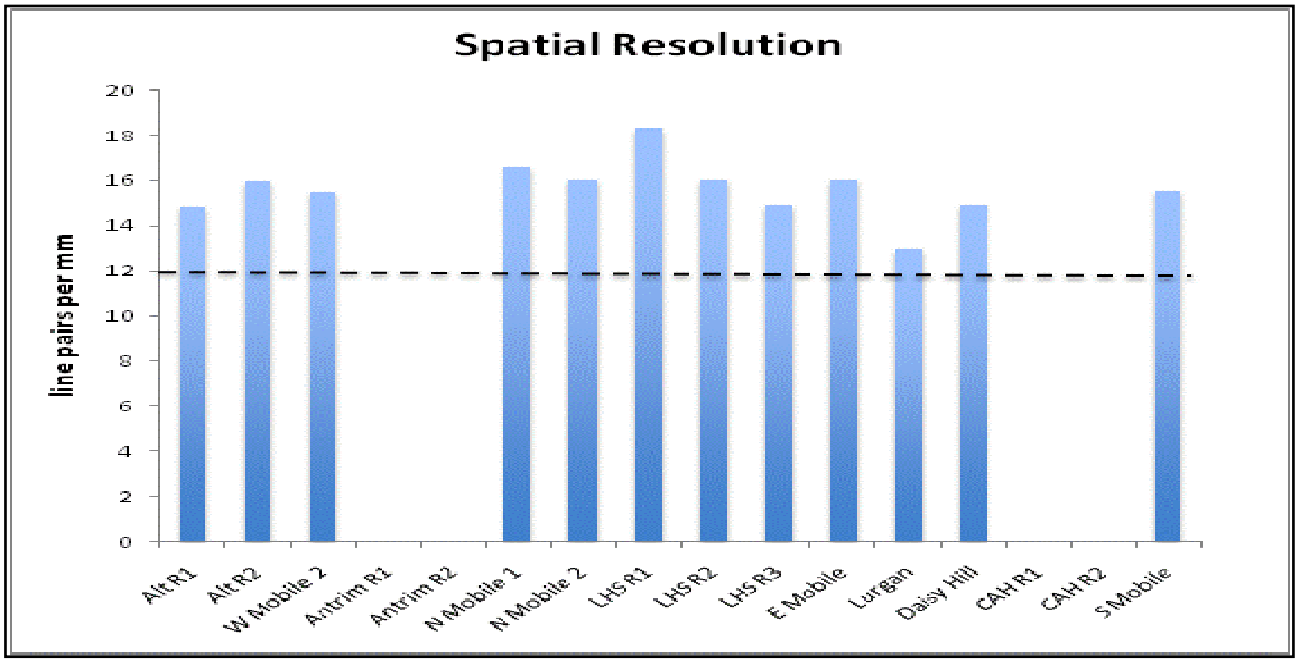


Figure 7: Low Contrast Detectability by Mammography Machine – 6 mm Details

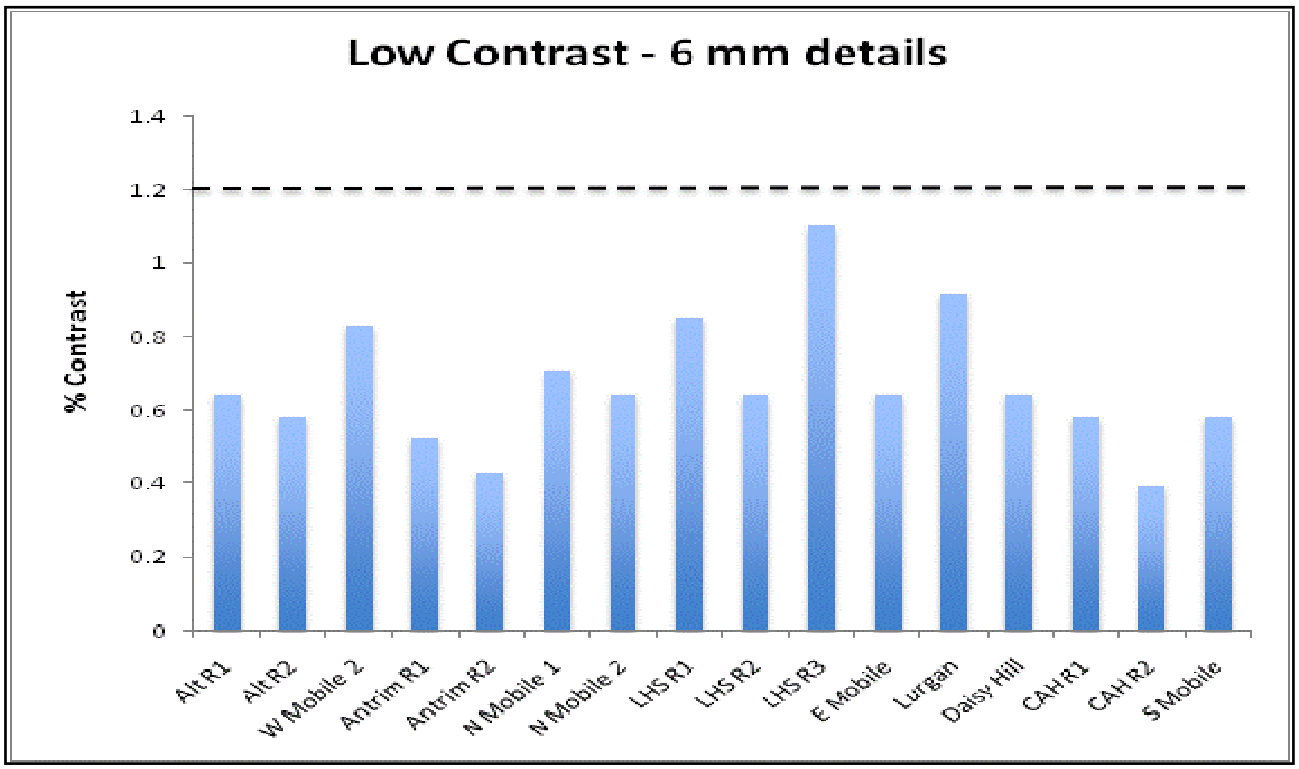


Figure 8: Low Contrast Detectability by Mammography Machine – 0.5 mm Details

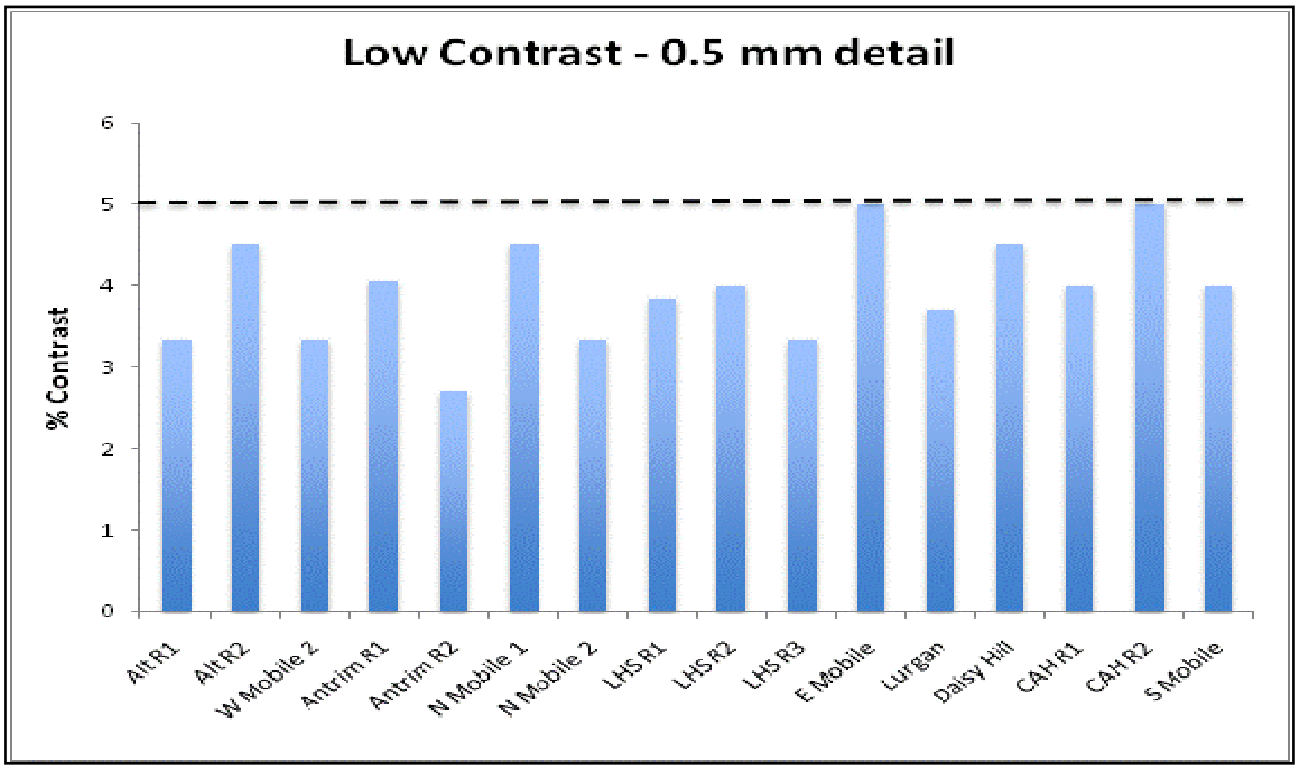


Figure 9: Low Contrast Detectability by Mammography Machine – 0.25 mm Details

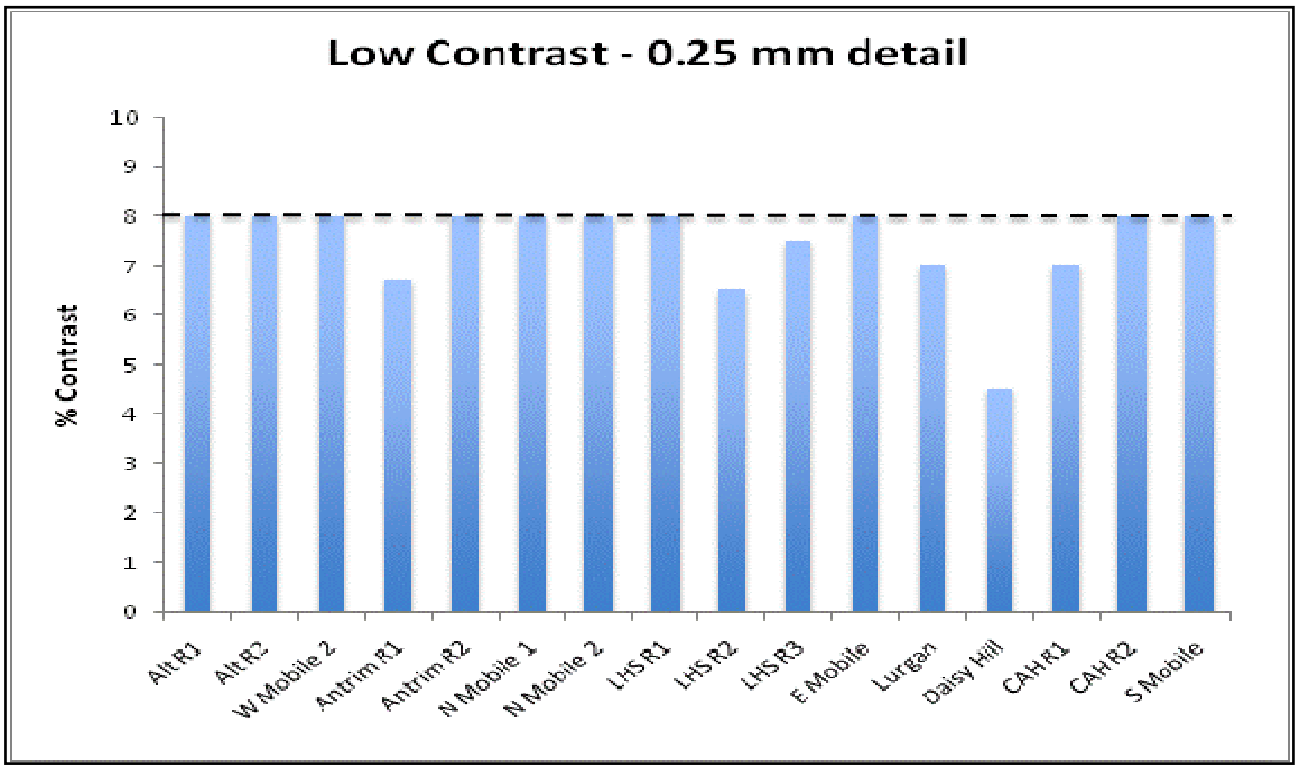
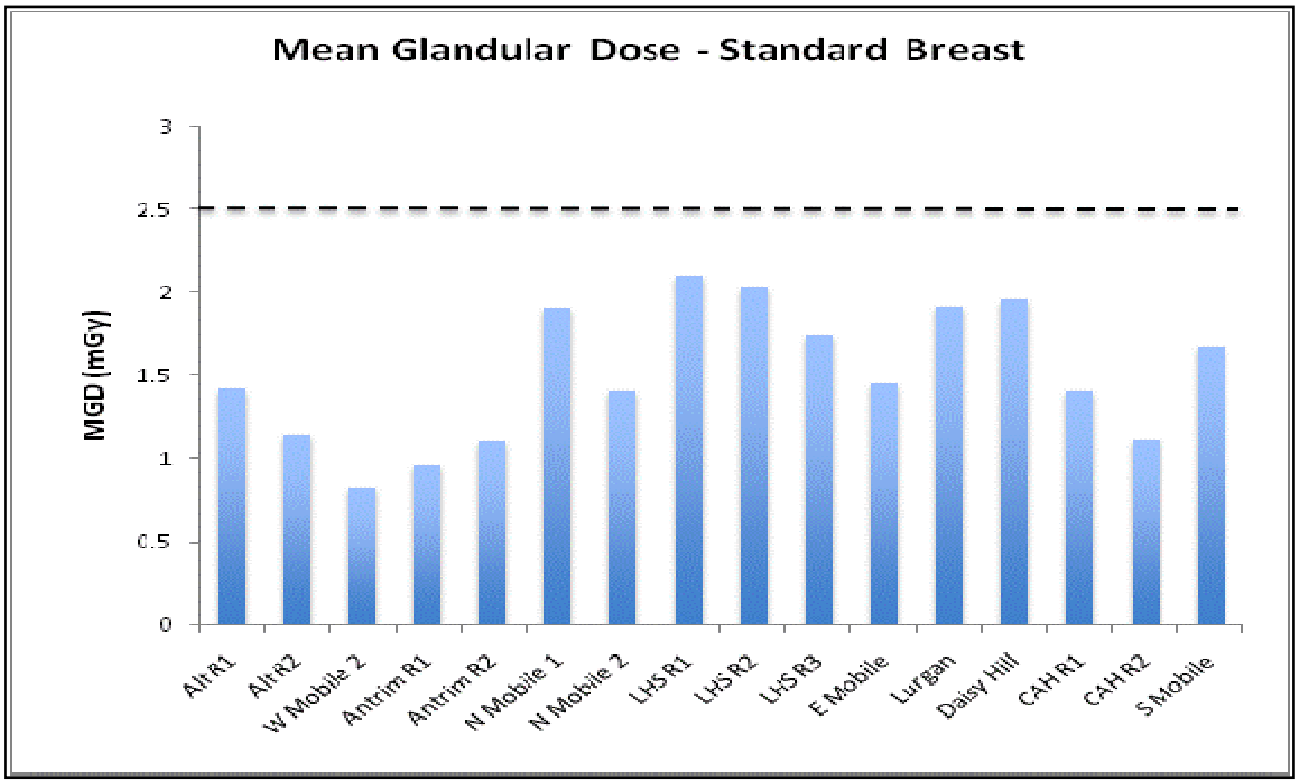


Figure 10: Mean Glandular Dose by Mammography Machine



Screen to Routine Recall

98.0% of women (who had a normal test result) received their results within 2 weeks

Most women who attend for breast screening mammography will be identified as having normal mammograms. Screen to routine recall measures the interval between the date a woman attended for screening (the date her mammograms were taken) and the date her episode is closed on the NBSS (taken as a proxy for the date she is sent her results letter). The minimum standard is for ≥ 90% of women to receive their results within two weeks, with a target of 100%.

Figure 11 shows the overall results for Northern Ireland over a 3 year period. 98.0% of women received their results within 2 weeks. Performance against this standard has improved considerably over the past few years.

Figure 11: Screen to routine recall for Northern Ireland by year from 2008/09 to 2010/11

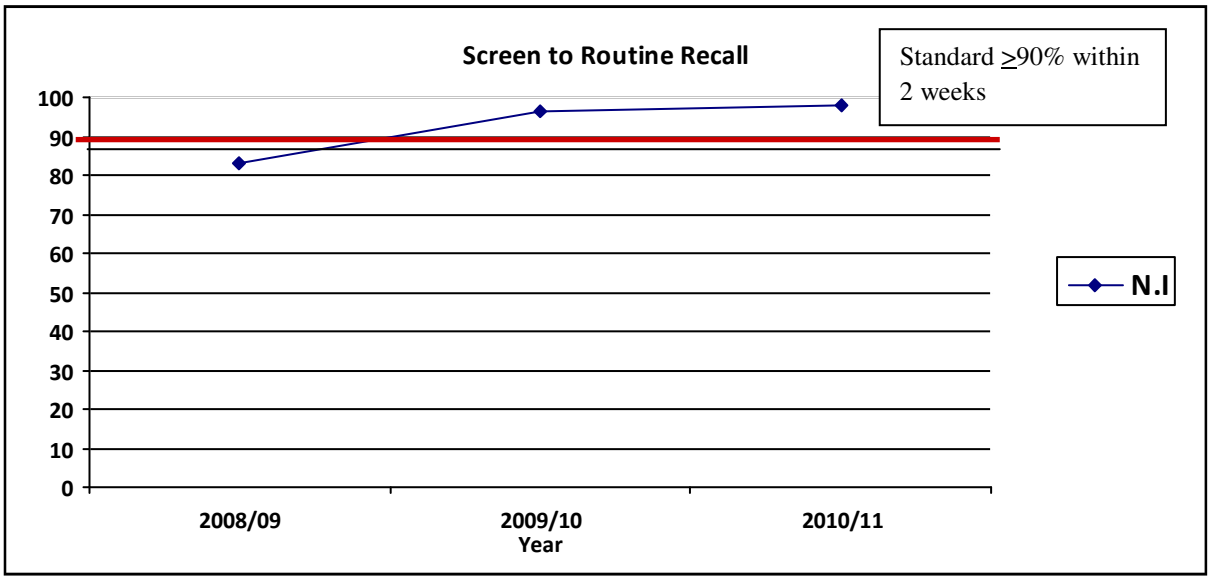
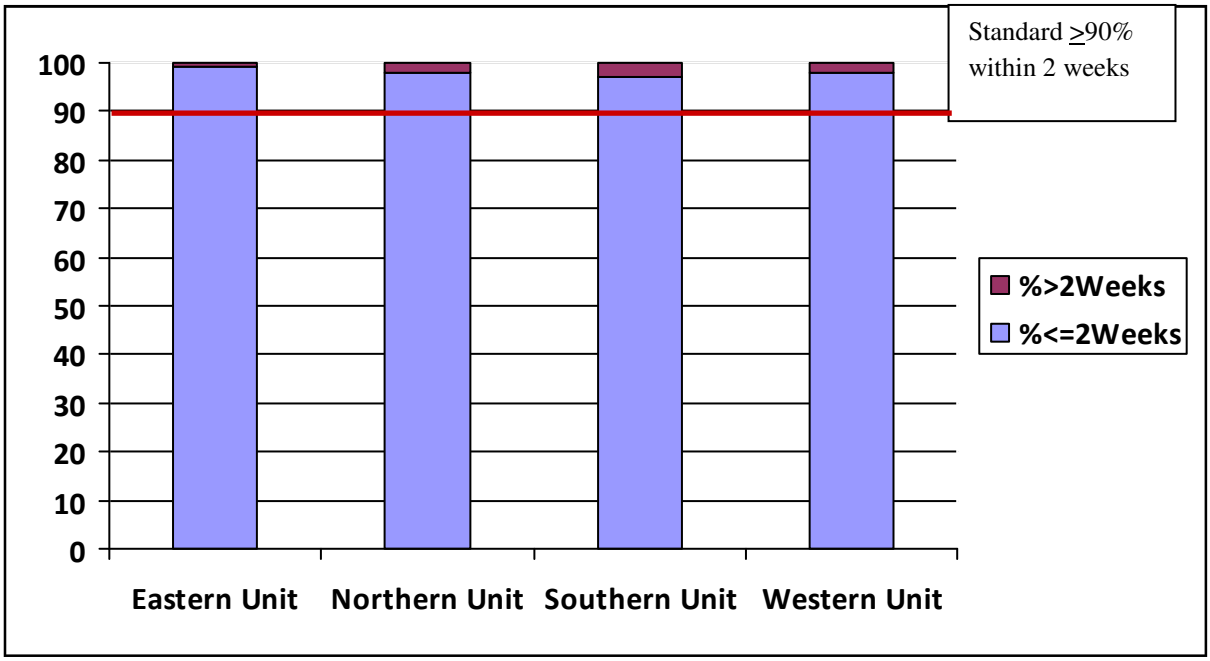


Figure 12 shows the performance of each unit in 2010/11.

Figure 12: Screen to routine recall by unit in 2010/11



Screen to Assessment

96.9% of women referred for assessment were offered an appointment within 3 weeks

Around 1 woman in 20 who attends for screening mammography is found to have an abnormality on her mammogram. These women are invited to attend an assessment clinic for further investigations. Most will not have breast cancer.

Screen to assessment measures the interval between a woman's screening mammogram and the date she is first offered an appointment for the assessment clinic. The minimum standard is for ≥ 90% of women to be offered an appointment within 3 weeks of attendance for mammography, with a target of 100%.

Figure 13 shows the overall results for Northern Ireland over a 3 year period. Performance has improved considerably over the past 3 years; reaching 96.9% in 2010/11.

Figure 13: Screen to assessment for Northern Ireland by year from 2008/09 to 2010/11

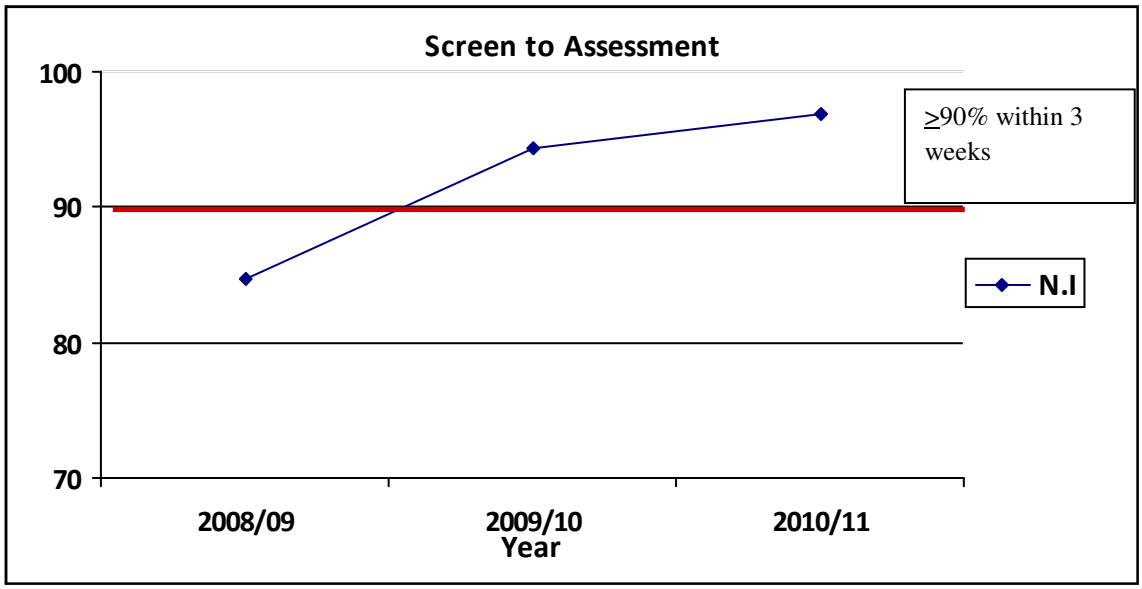
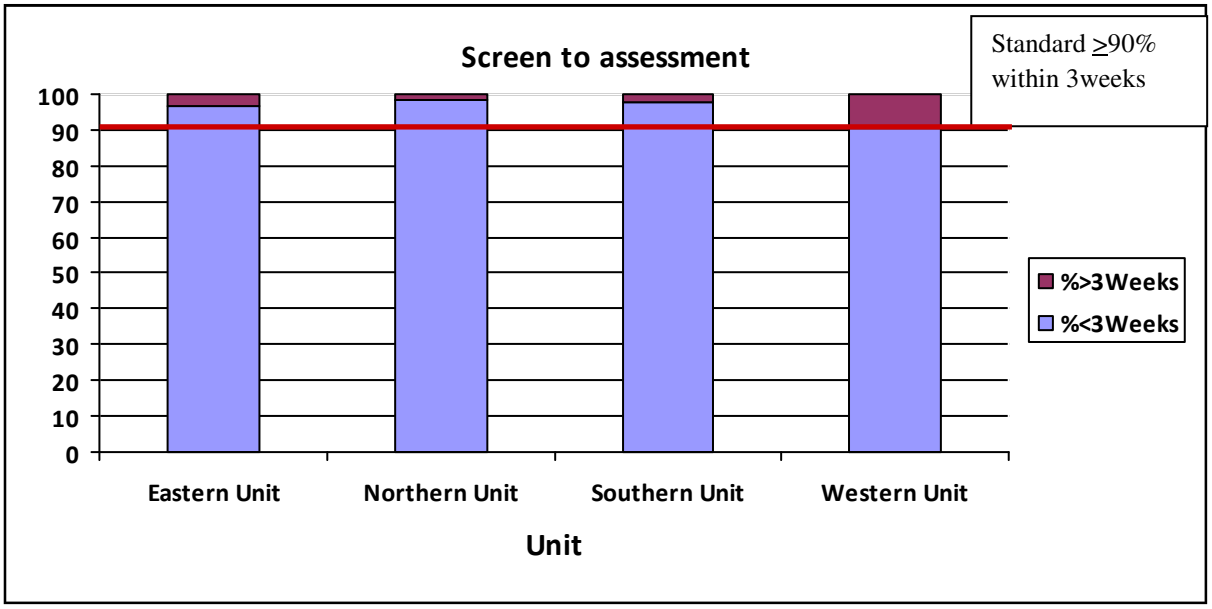


Figure 14 shows the performance by breast screening unit for 2010/11.

Figure 14: Screen to assessment by unit 2010/11



Referred for Assessment

2,011 women were referred for assessment in 2010/11 – 4.2% of the women screened

The percentage of women who are recalled to an assessment clinic is normally higher in those women who are attending for their first screening mammogram (known as the prevalent screen) than in those attending for subsequent screening mammography (know as incident screens). Table 3 shows the performance by unit. The objective is to minimise the number of women referred for further tests. However, a recall rate that is too low can reduce the number of cancers detected.

Prevalent screen

The minimum standard for the percentage of women recalled for assessment in the prevalent (first) screen is < 10%, with a target of < 7%. The Northern Ireland figure for the prevalent screen was **8.9%**, which meets the standard.

Incident screen

The minimum standard for the percentage of women recalled for assessment for incident (subsequent) screens is < 7%, with a target of < 5%. The Northern Ireland figure for incident screens was **2.7%**, which meets the standard (and exceeds the target).

Table 3: Percentage of women aged 50 – 70 referred for assessment by unit.

Area	Prevalent %	Incident %
Eastern	9.3	2.7
Northern	13.2	3.3
Southern	6.1	2.7
Western	5.6	1.9
Northern Ireland	8.9	2.7
	Standard < 10% Target < 7%	Standard < 7% Target < 5%

The Northern Unit tends to have a high referral rate for the prevalent screen. The rate tends to fluctuate from year to year. It was 9.3 in 2009/10. The unit is aware of this and is monitoring these data.

Of the 81 breast screening units in England 13 did not meet the minimum standard of < 10% in 2010/11.

Table 4 below compares the data for Northern Ireland with each of the English regions (green indicates that the standard and the target have been met; orange indicates that the standard has been met)

Table 4: Percentage of Women Aged 50-64 Recalled to Assessment by Region.

NHS BREAST SCREENING PROGRAMME INCLUDING NORTHERN IRELAND: % RECALLED TO ASSESSMENT BY REGION PREVALENT SCREEN AGE 50 – 64 2010 - 2011 Standard <10% Target <7%	
North East	5.7
East Midlands	6.4
Yorkshire & Humber	6.6
West Midlands	6.8
South East Coast	7.5
England	**7.7**
East of England	7.7
London	8.0
North West	8.5
South Central	8.6
Northern Ireland	**8.9**
South West	9.6

NHS BREAST SCREENING PROGRAMME INCLUDING NORTHERN IRELAND: % RECALLED TO ASSESSMENT BY REGION INCIDENT SCREEN AGE 50 – 64 2010 - 2011 Standard <7% Target <5%	
West Midlands	2.4
East Midlands	2.4
North East	2.4
East of England	2.5
Yorkshire & Humber	2.6
Northern Ireland	**2.8**
England	**2.8**
South East Coast	2.8
London	2.8
South Central	2.8
North West	3.1
South West	3.5

By age band

Table 5 shows the percentage of women who are returned to routine recall after screening; and the corresponding percentage sent for further investigation at an assessment clinic, split by age bands.

Table 5: Percentage of women invited aged 50–70 returned to routine recall & referred for assessment by age band

Age Group	No. Screened	Routine Recall (%)	Referred to Assessment (%)
<= 44	0	0 (0)	0 (0)
45 - 49	1033	944 (91)	89 (9)
50 - 52	8004	7341 (92)	663 (8)
53 - 54	5017	4847 (96)	170 (4)
55 - 59	11035	10700 (97)	335 (3)
60 - 64	10643	10324 (97)	319 (3)
65 - 69	8767	8473 (97)	294 (3)
70	857	820 (95)	37 (5)
71 - 74	23	23 (100)	0 ()
>=75	0	0 (0)	0 (0)
Target Group (50-70)	44323	42505 (96)	1818 (4)
Total all ages	45379	43472 (96)	1907 (4)
Age group 50 - 64	34699	33212 (96)	1487 (4)

Visits to the Assessment Clinic

92% of women only required one visit to the assessment clinic to achieve a definitive diagnosis

The number of assessment clinic visits required to achieve a definitive diagnosis should be kept to a minimum, with no more than 2 for interventional procedures such as cytology and/or core biopsy. The table below shows how Northern Ireland compares with other parts of the UK.

Table 6 shows that 92% of women in Northern Ireland, who need fine needle aspiration cytology and/or a core biopsy, only require a single visit to the assessment clinic. This is close to the UK average of 93%.

Table 6: Number of visits for cytology/core biopsy for all cancers UK data for 2010/11

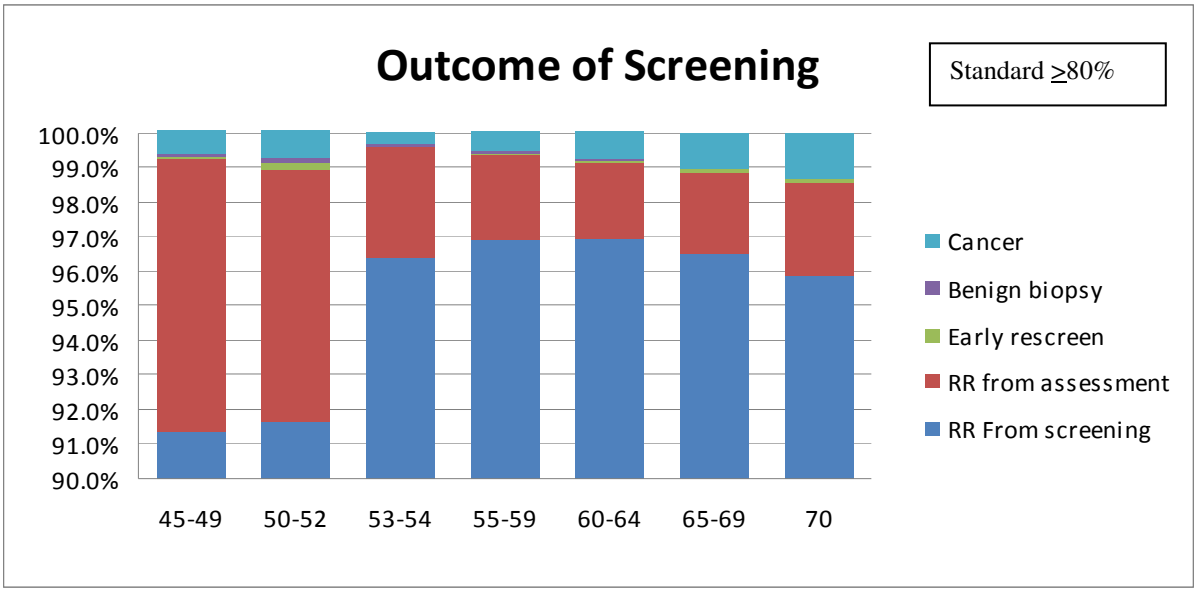
	0 (%)	1 (%)	2 (%)	3+ (%)	Total (%)	Repeat (2+) visit for core/cyt (%)
Eastern Unit	1 (0)	133 (94)	8 (6)	0 (0)	142 (100)	8 (6)
Northern Unit	0 (0)	78 (86)	11 (12)	2 (2)	91 (100)	13 (14)
Southern Unit	0 (0)	62 (89)	8 (11)	0 (0)	70 (100)	8 (11)
Western Unit	0 (0)	55 (100)	0 (0)	0 (0)	55 (100)	0 (0)
Northern Ireland	1 (0)	328 (92)	27 (8)	2 (1)	358 (100)	29 (8)
UK	23 (0)	14928 (93)	1138 (7)	42 (0)	16131 (100)	1180 (7)

Outcomes of Screening

Younger women are more likely to be called back for assessment, but cancer is more likely to be found in older women

Figure 15 shows the outcomes of screening by age bands. Younger women are more likely to be called back to an assessment clinic for further testing. The result of this further testing is, for most women, reassurance. These women are returned to routine recall and invited for routine screening again in 3 year's time ("RR from assessment" on the graph). Note that the y-axis of the graph starts at 90%; as more than 90% of all women screened have normal mammograms. These women are returned to routine recall ie invited for routine screening again in 3 year's time ("RR from screening" on graph).

Figure 15: Outcome of Breast Screening by Age Band 2010/11



Early re-screen involves bringing a woman (who has attended an assessment clinic) back for screening mammography sooner than the normal three yearly screening interval. This is a rare event and these cases will be audited annually.

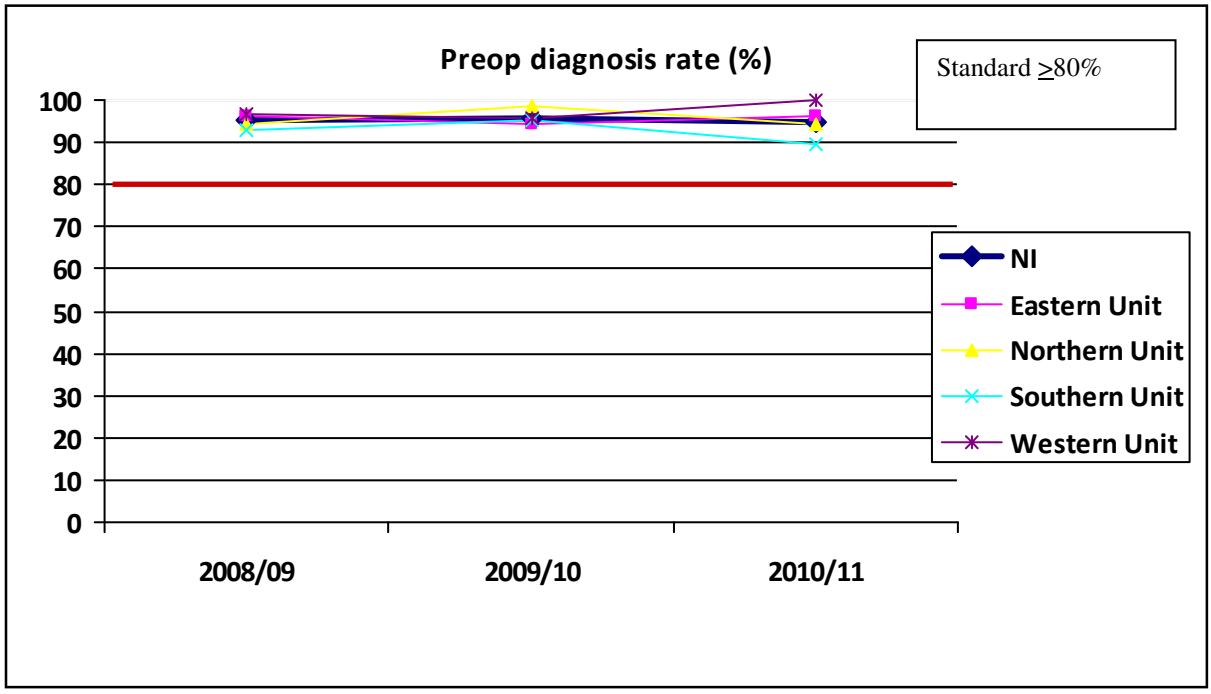
Preoperative Diagnosis Rate

95.0% of women with cancers detected by screening had the diagnosis confirmed before surgery

The pre-operative diagnosis rate measures the percentage of screen detected cancers where the diagnosis was established prior to surgery. Diagnosis before surgery is made by taking a biopsy at the assessment clinic (usually by core biopsy, but increasingly by vacuum assisted biopsy). Some women need to have a surgical biopsy to establish the diagnosis. This can be because the diagnosis is difficult to establish. The minimum standard is ≥80% of cancers should be diagnosed before surgery, with a target of ≥90%.

Figure 16 shows each unit's performance over a 3 year period. The figure for women aged 50-70 in Northern Ireland was 95.0% in 2010/11. It has remained around 95% for a number of years. The figures for 2008/09 relate to women aged 50 – 64, as this was before the programme was extended to automatically invite older women.

Figure 16: Preoperative diagnosis rates by unit & for Northern Ireland 2008 - 2011



Pathology

The diagnostic accuracy of biopsies taken at assessment clinics is high

The breast biopsies taken at the assessment clinic are examined and categorised by a pathologist as:

B1 or C 1 – Normal
B2 or C 2 – Benign disease
B3 or C 3 – Uncertain malignant potential
B4 or C 4 – Suspicious
B5 or C 5 – Malignant

The letter B refers to core biopsy or mammotomy and C refers to fine needle aspiration cytology.

The assessment clinic biopsy results are subsequently compared with the definitive diagnosis of tissue removed during surgery (further histology). The table shows the results for Northern Ireland for 2010/11.

Table 7: Comparison of assessment clinic biopsy result with final diagnosis (further histology)

		Assessment clinic biopsy results					
		B or C5	B or C4	B or C3	B or C2	B or C1	Total
Further histology	**Malignant**	**339**	**6**	**8**	**0**	**1**	**354****
	Invasive	266	1	1	0	0	268
	Non-invasive	73	5	7	0	1	86
	Benign	3	3	26	1	2	35
	No Further Histology	4*	0	18	438	56	516
	Total B or C Results	346	9	52	439	59	905

* These are considered to be cancers.
**This figure differs from the total number of cancers (358) in the next section due to the way the pathology QA data are processed.

Absolute sensitivity = 95.8%
This is the percentage of all the cancers diagnosed (354+4*) that were categorised as being malignant (B or C 5) on the assessment clinic biopsy biopsy (339+4*). As can be seen from the table some cancers were initially categorised as normal, uncertain or suspicious.

The minimum threshold is >70% and the preferred threshold is >80%.

Complete sensitivity = 99.7%
This is the percentage of all cancers diagnosed (354+4*) that were categorised as uncertain (B or C 3), suspicious (B or C 4) or malignant (B or C 5) (339+4*+6+8).

The minimum threshold is >80 and the preferred threshold is > 90.

Positive predictive value = 99.1%
This measures the likelihood of having a final diagnosis of cancer (339+4*) if the assessment clinic biopsy is categorised as malignant (B or C 5) (346).

The minimum threshold is > 99 and the preferred threshold is > 99.5.

Total Number of Cancers Detected

273 invasive cancers were detected in 2010/11 – of these 154 were less than 15 mm in diameter

A total of 358 cancers were detected in 2010/11. Of these:

- 273 were invasive cancers;
- 79 were ductal carcinoma in situ (DCIS);
- 5 were micro invasive; and
- 1 was invasive status unknown.

A proportion of cases of DCIS will eventually become invasive. However, it is not yet possible to identify which ones will and which won't. All women diagnosed with this disease are therefore offered treatment (surgery with or without radiotherapy).

Of the 273 invasive cancers 157 (57%) were under 15 mm in diameter. These a known as small invasive cancers and they are usually around 55% of the total invasive cancer rate. The rate for the UK in 2010/11 was 53%.

The over all cancer detection rate for the 50-70 aged group is 7.4 per 1,000 screened. This compares well with the English figure of 7.6 per 1,000 screened.

Invasive Cancer Detection Rate

6.4 per 1,000 women screened for the first time (aged under 53) were diagnosed with an invasive breast cancer. The figure for women attending for subsequent screening tests was 4.8 per 1,000

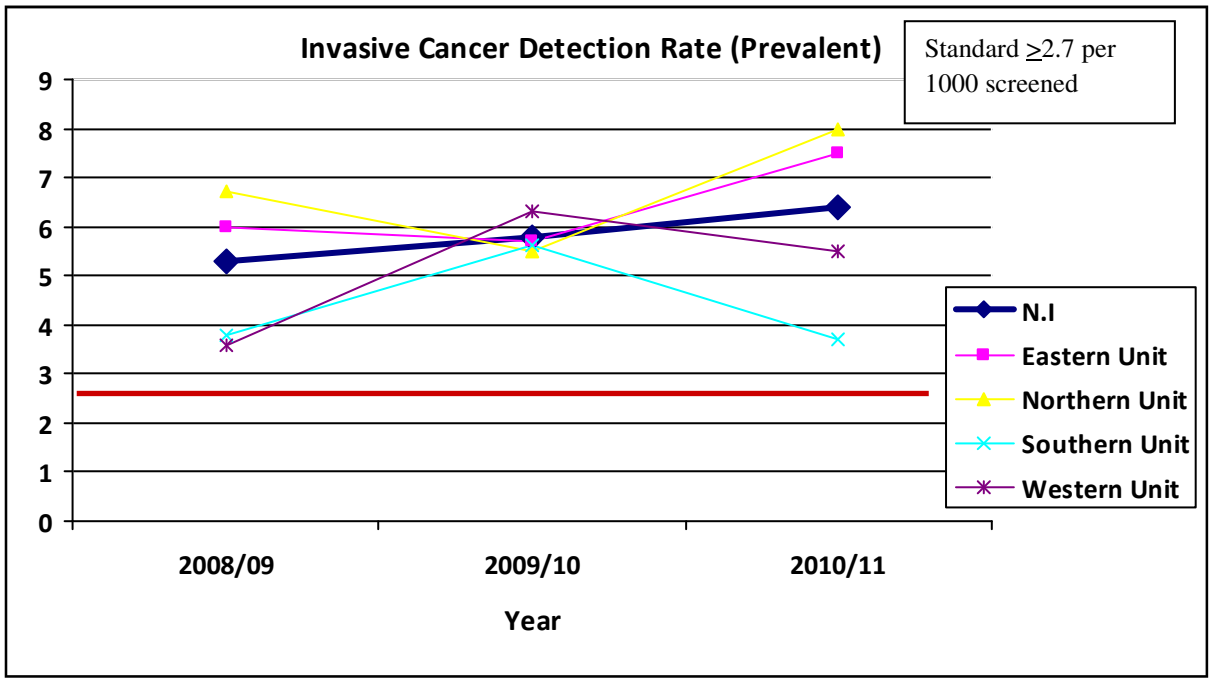
This measures the number of invasive cancers detected per 1,000 eligible women who were invited and screened.

Prevalent Screen

The minimum national standard for the invasive cancer detection rate is ≥2.7 per 1,000 women for the prevalent (first) screen; with a target rate of ≥3.6 per 1,000 women screened.

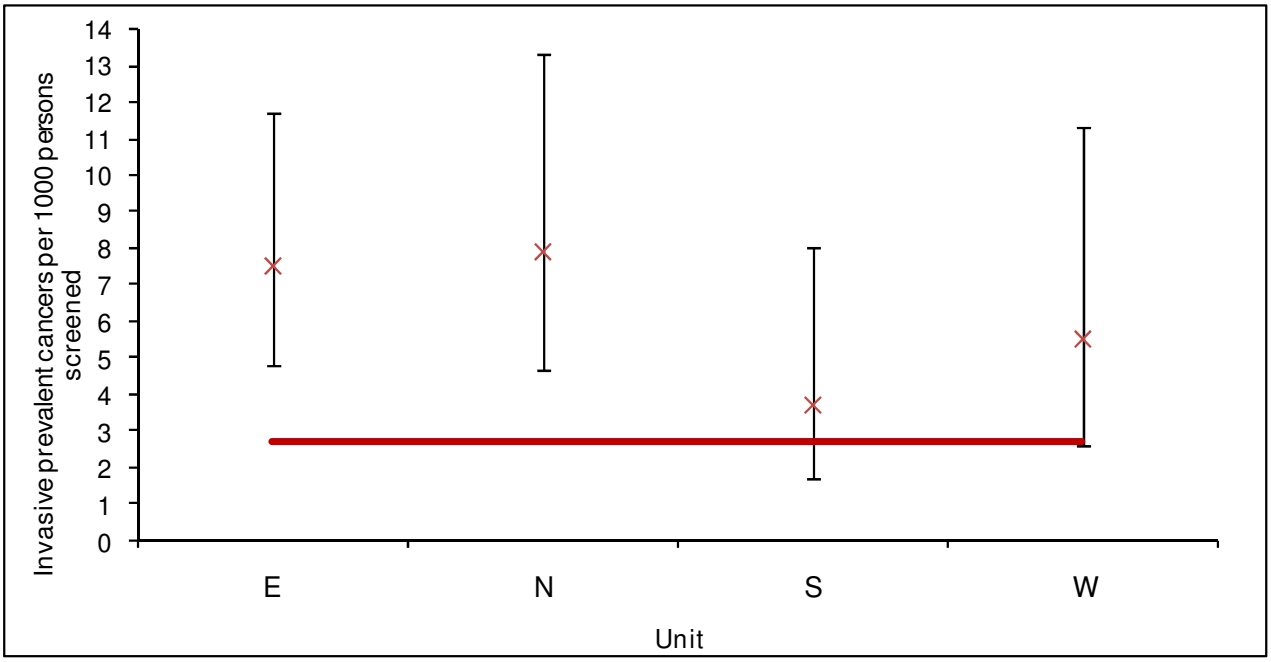
Figure 17 shows that each of the units exceeded the target figure for the prevalent (first) screen. The rate for Northern Ireland was 6.4 per 1,000 women screened for the first time. The comparative English rate was 5.0 per 1,000 in 2010/11.

Figure 17: Invasive cancer detection rates (prevalent screen) by unit & for Northern Ireland 2008-2011



The invasive cancer detection rate (number of invasive cancers detected per 1,000 women screened) for each breast screening unit in 2010/11 is shown in figure 18. The Eastern and Northern units have the highest invasive cancer detection rate. The lowest invasive cancer detection rate is in the Southern Unit. However, there is no statistically significant difference in the invasive cancer detection rate between units. The minimum standard for the invasive cancer detection rate is 2.7 per 1000 population. The Eastern and Northern units achieved a rate statistically higher rate than the standard during 2010/11. In contrast, the rates for the Western and Southern units were not statistically significantly higher than the standard. This must be interpreted in the context of the small numbers involved. It should also be noted that figure 17 shows both units have been consistently above the standard for the past 3 years.

Figure 18: Prevalent invasive cancer detection rate by unit with confidence intervals 2010/11



Incident Screen

The minimum national standard for the invasive cancer detection rate is ≥ 3.0 per 1,000 women for incident (subsequent) screens; with a target of ≥ 4.0 per 1,000 women screened.

Figure 19 shows that each of the units either met, or exceeded, the target for women aged 50-64. The figure for Northern Ireland was 4.5 which exceeds the target. The comparative English rate was 5.5 per 1,000 in 2010/11.

Figure 19: Invasive cancer detection rates (incident screen) for women aged 50-64 by unit & for Northern Ireland 2008-2011

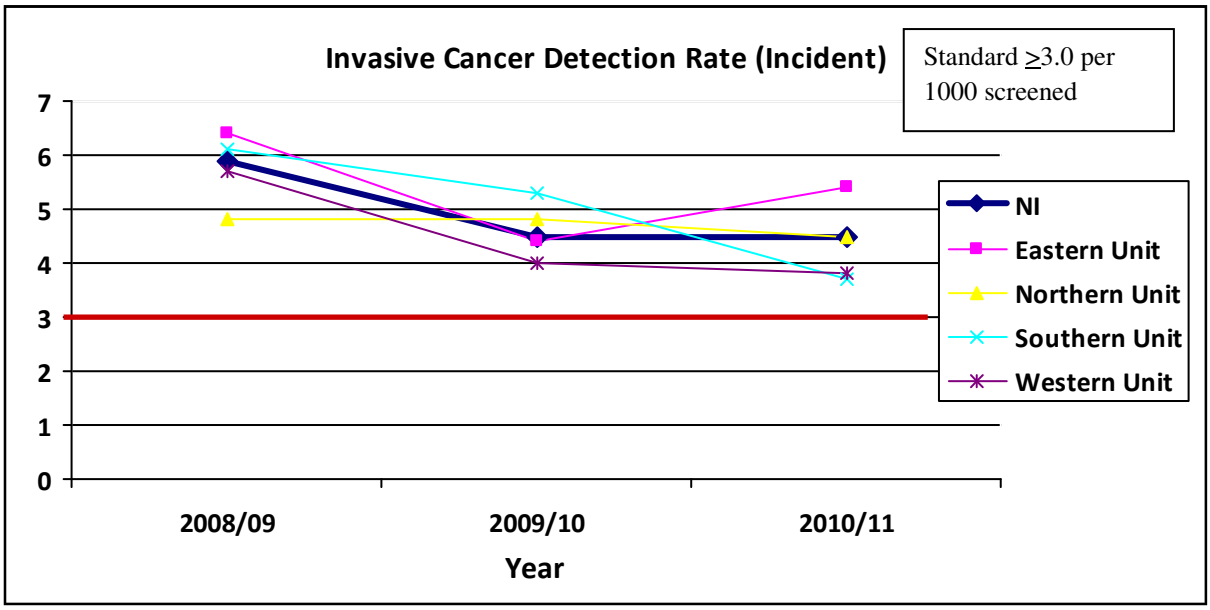


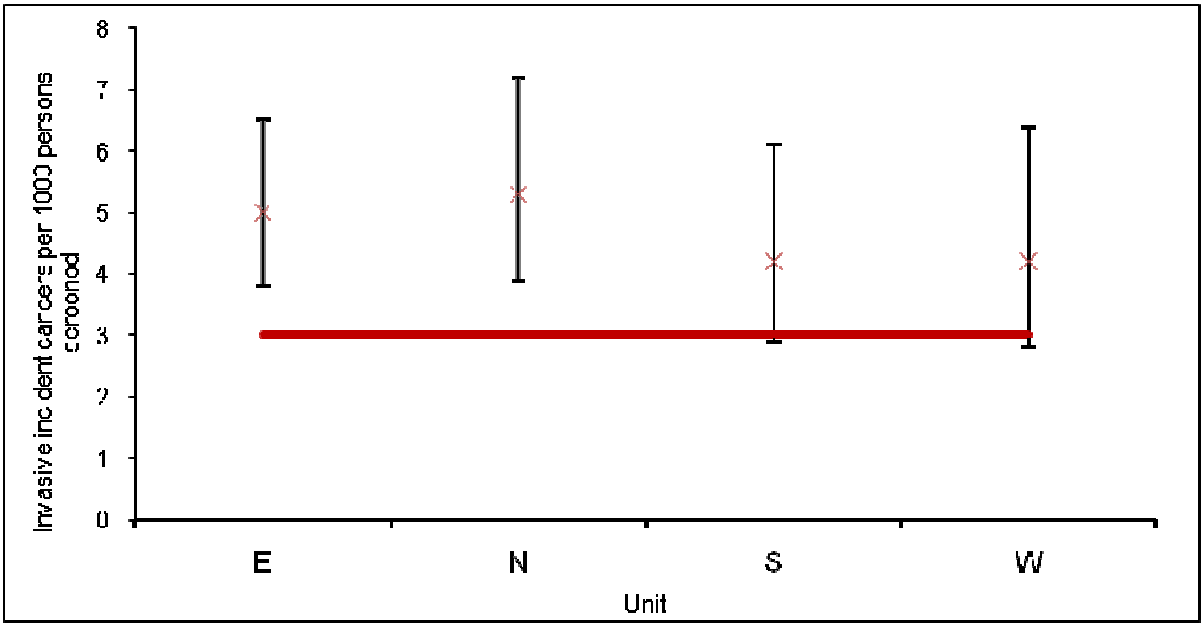
Table 8 shows the invasive cancer detection rates for the incident (subsequent) screens for women age 50-70 in 2010/11.

Table 8: Invasive cancer detection rates (incident) by area for women age 50-70 in 2010/11

Area	Invasive Cancers per 1,000 women screened	
Eastern Unit	5.0	Minimum standard ≥ 3.0 Target ≥ 4.0
Northern Unit	5.4	
Southern Unit	4.2	
Western Unit	3.9	
Northern Ireland	4.8	
England	6.0	

These rates are shown again in figure 20. The highest incident invasive cancer detection rates were observed in the Eastern and Northern Units. The Southern and Western Units had similar rates. The invasive incident cancer detection rates were not statistically different between units. The rates in the Eastern and Northern units were statistically higher than the standard. The rates in the Southern and Western Units was not statistically higher than the standard but this must be inter-preted in the context of the small numbers involved.

Figure 20: Incident invasive cancer detection rate by unit with confidence intervals 2010/11



Small Invasive Cancers

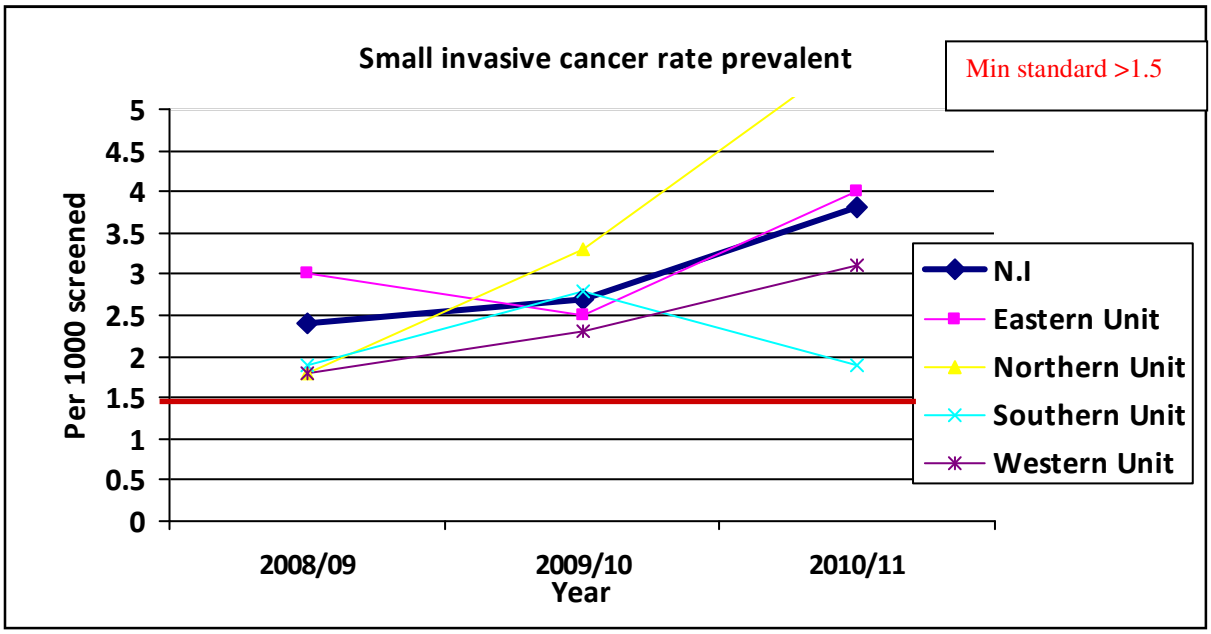
3.8 per 1,000 women screened for the first time (aged under 53) had a small invasive cancer. The figure for women attending for subsequent screening tests was 2.7 per 1,000

The main aim of breast screening is to detect small invasive breast cancers at a time in their natural history when treatment is more likely to reduce the risk of death from the disease. Small cancers are defined as being less than 15 mm in their maximum diameter.

Figure 21 shows the small invasive cancer detection rates for the prevalent (first) screen over a three year period. The Northern Ireland programme as a whole exceeded the minimum standard (>1.5 per 1,000 women screened) and the target figure of ≥2.00 per 1,000.

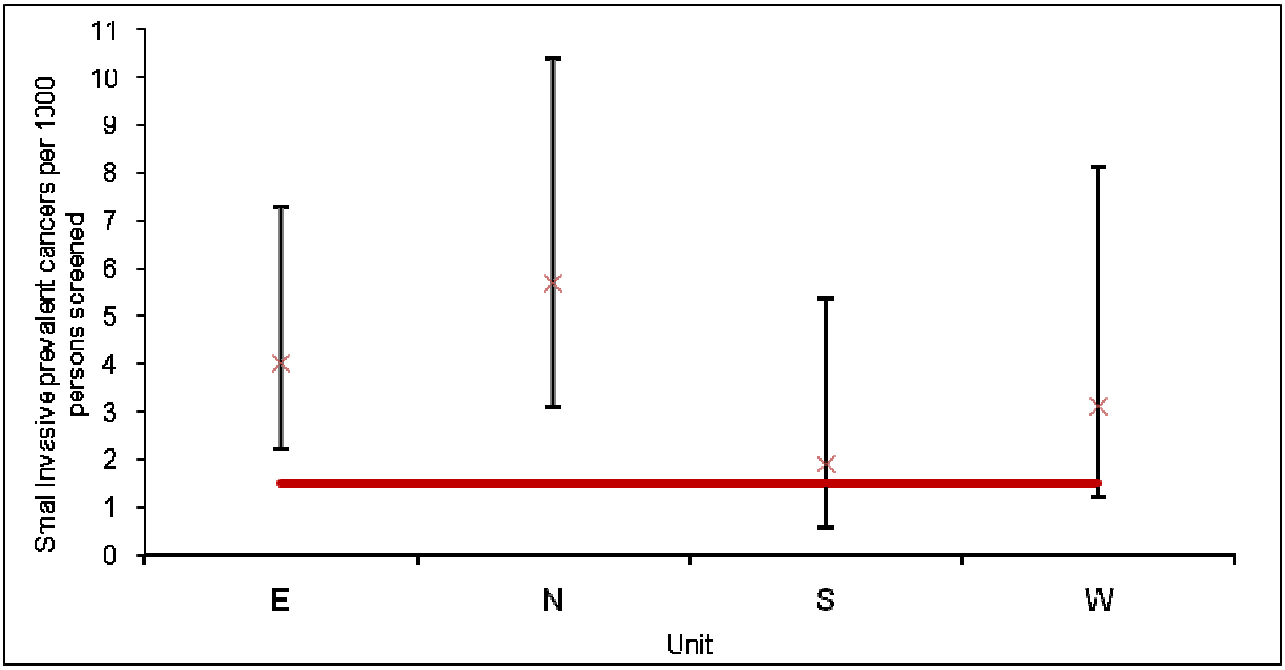
Rates for the individual units tend to fluctuate from year to year due to small numbers.

Figure 21: Small invasive cancer detection rate (prevalent screen) by unit and for N.I 2008-2011



In figure 22 indicates the small invasive cancer detection rate for the prevalent screen for each breast screening unit in 2010/11. The red line is the minimum standard (1.5). The rates were not statically different between units. The rates in the Eastern and Northern units were statically higher than the standard. The rates in the Southern and Western units are not statically higher than the standard but this must be interpreted with caution due to the very small numbers.

Figure 22: Prevalent small invasive cancer detection rate by unit with confidence intervals 2010/11



The small invasive cancer rate for the incident (subsequent) screens is shown in figure 23. Again the Northern Ireland programme as a whole exceeded the minimum standard (>1.65 per 1,000) and the target of ≥ 2.2 per 1,000 women screened.

Figure 23: Small invasive cancer detection rates (incident screen) for women aged 50-64 by unit & for NI 2008 -2011

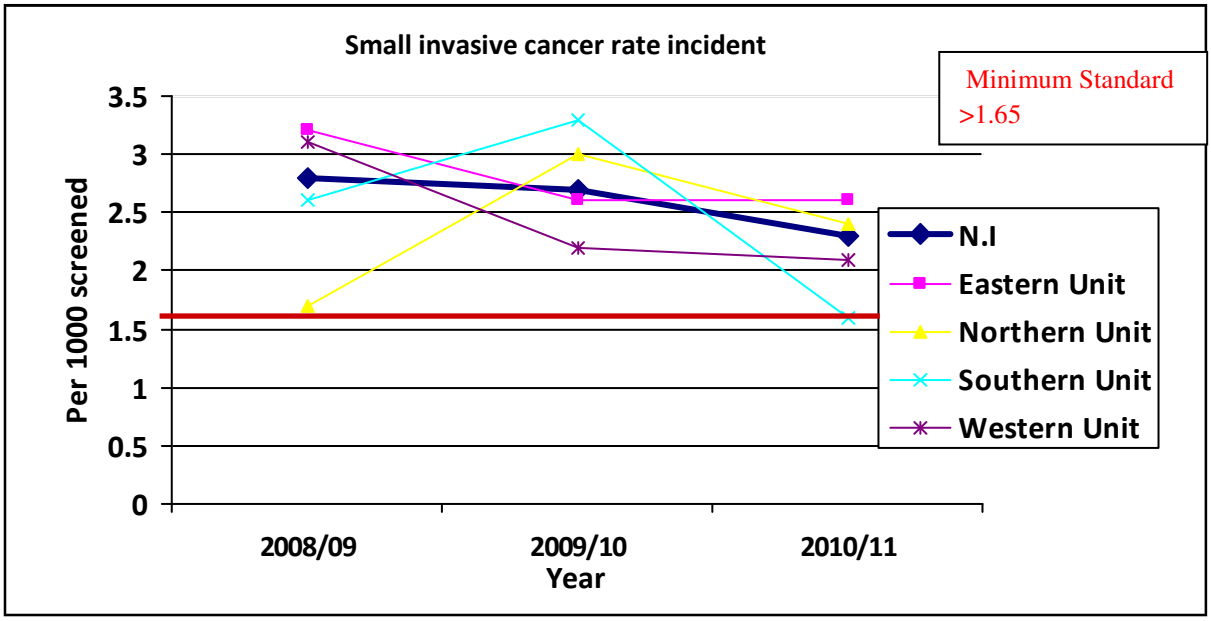


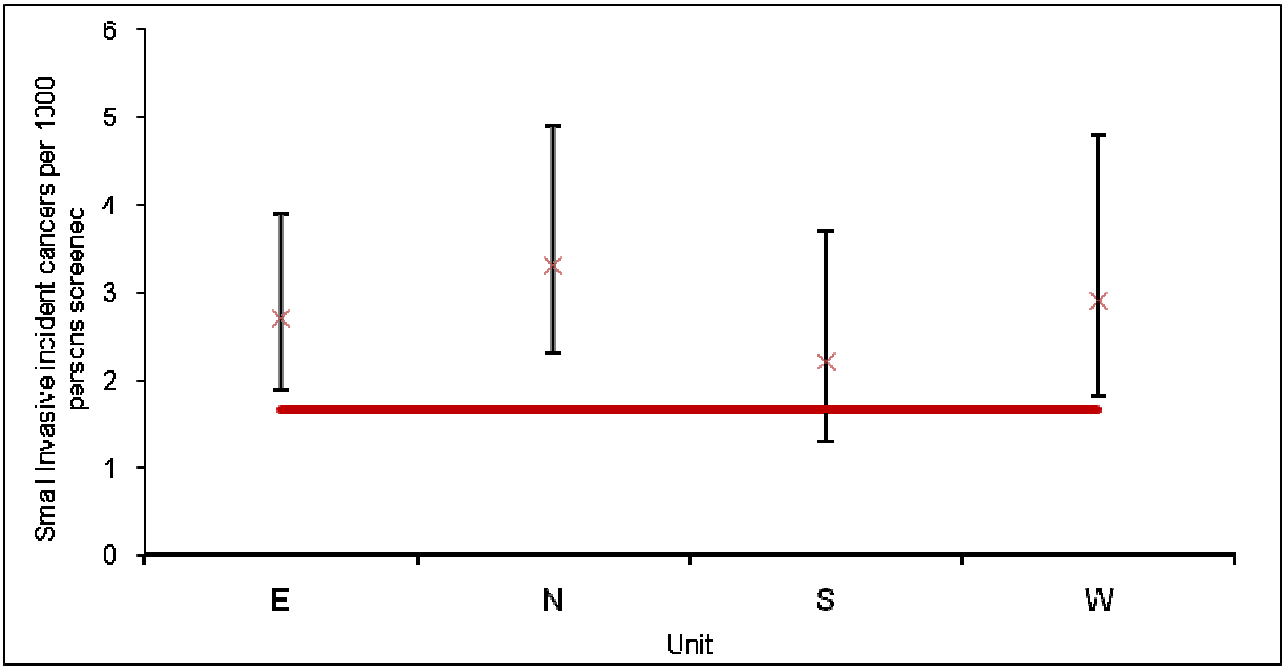
Table 9 shows the small invasive cancer detection rates for the incident (subsequent) screens for women age 50-70 in 2010/11. The figure for Northern Ireland exceeds the target, but is lower that the average for England.

Table 9: Small invasive cancer detection rates (incident) by area for women age 50-70 in 2010/11

Area	Small Invasive Cancers per 1,000 women screened	
Eastern Unit	2.7	Minimum standard > 1.65 Target ≥ 2.2
Northern Unit	3.3	
Southern Unit	2.2	
Western Unit	2.9	
Northern Ireland	2.8	
England	3.1	

In figure 24 indicates the small invasive cancer detection rate for the incident screen for each breast screening unit in 2010/11. The red line is the minimum standard (1.65). The rates were not statically different between the units. The rates in the Eastern, Northern and Western units were statically higher than the minimum standard. The rate in the Southern unit was not statically higher, but again this must be interrupted with cautiondue to the very small numbers involved.

Figure 24: Incident small invasive cancer detection rate by unit with confidence intervals 2010/11



Treatment of Invasive Cancers

71.4% of women diagnosed with an invasive cancer had breast conserving surgery

Of the 273 invasive cancers detected by the Northern Ireland Breast Screening Programme in 2010/11, 195 (71.4%) were treated using breast conservation surgery, while 74 (27.1%) were treated by mastectomy (4 had no surgery). This can be due to patient choice or because the patient is too unwell for surgery. Figure 25 shows the percentages by screening unit. Figures for the same year, for the whole of the UK, show that 76.5% of women underwent conservation surgery and 22% had a mastectomy (1.5% had no surgery). Figure 26 shows the proportion of women treated by different methods in Northern Ireland over the past 3 years.

Figure 25: Treatment of invasive cancers by unit and for Northern Ireland

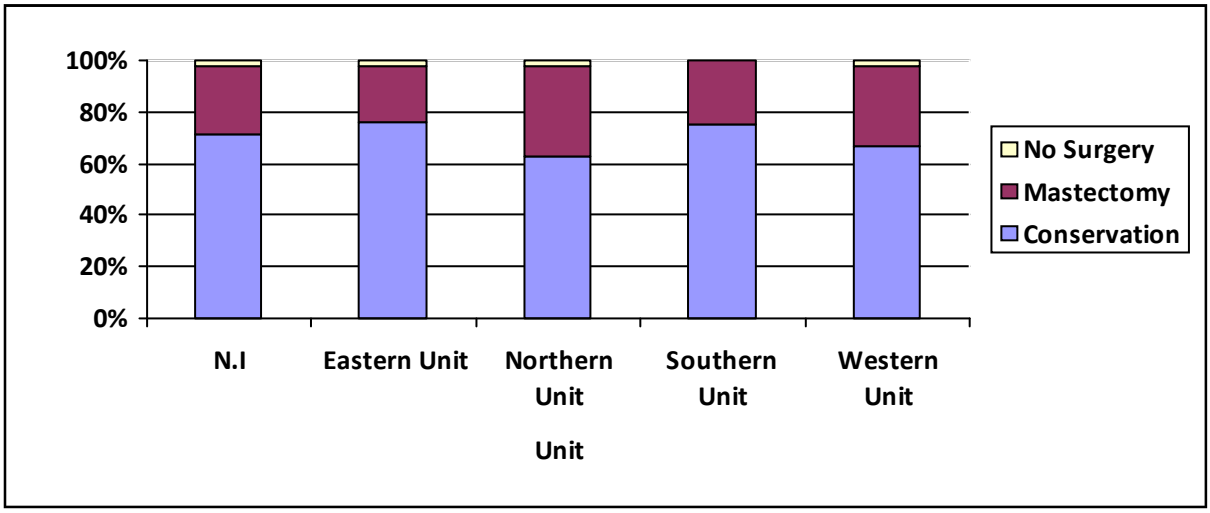
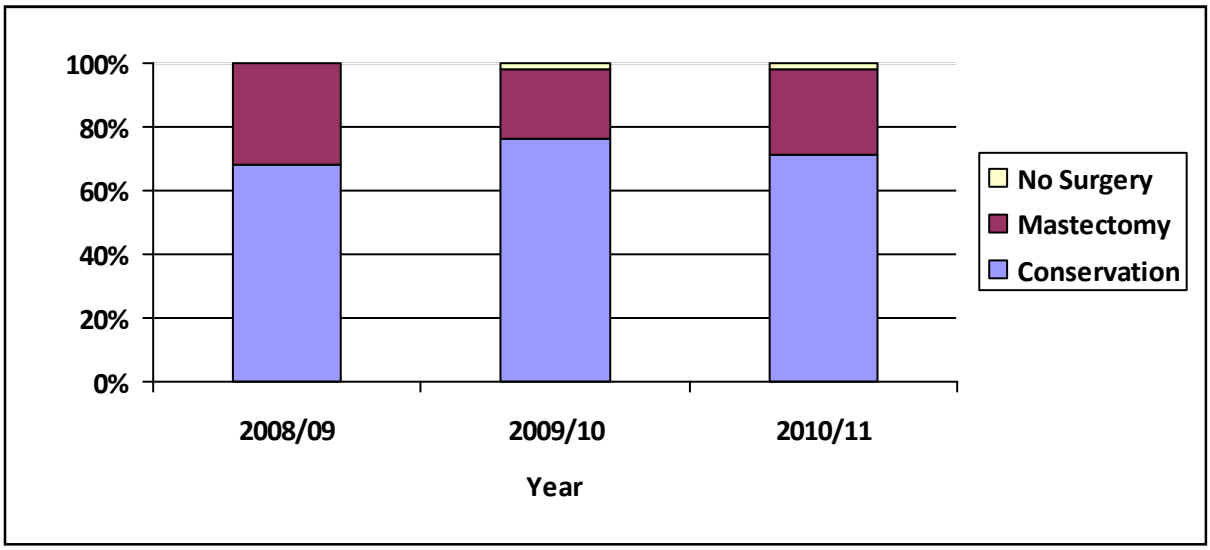


Figure 26: Treatment of invasive cancers over 3 year period for Northern Ireland



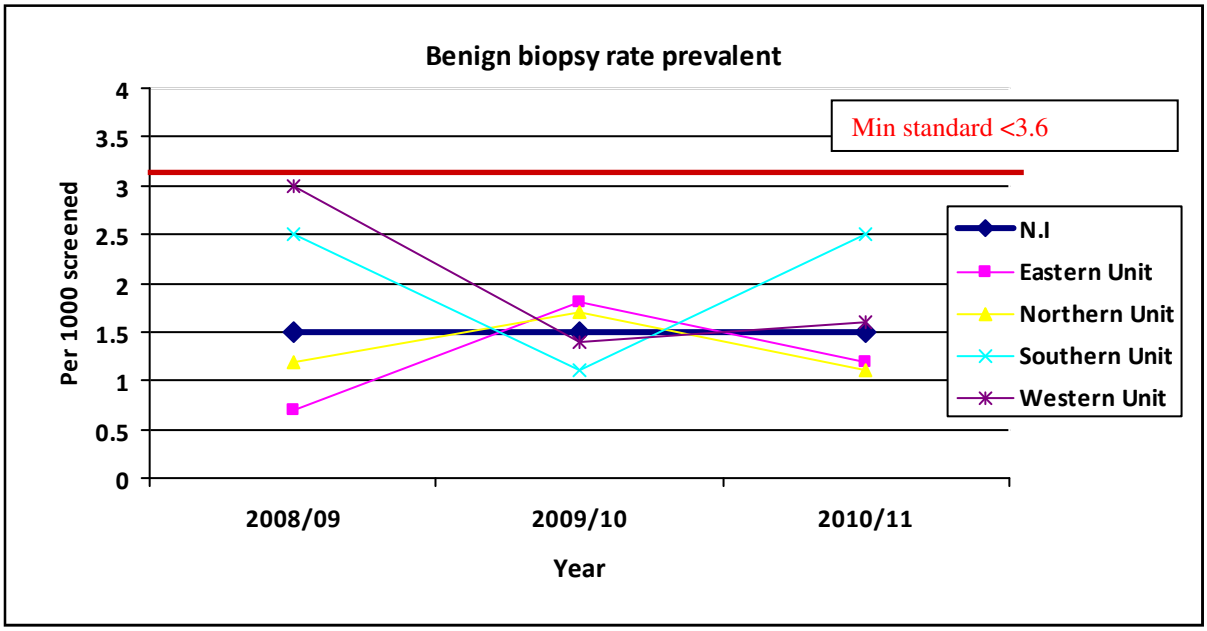
Benign Biopsy Rates

The proportion of women who had a surgical operation for what turned out to be benign disease was 1.5 per 1,000 screened for the prevalent (first) screen and 0.5 for incident (subsequent)

This is a measure of the number of women per 1,000 women screened who had surgery for benign breast disease. The aim is to keep the rate as low as possible. However, with some lesions (eg fibroadenomas) the patient may choose to have surgery to remove a lump, even though it has been diagnosed as benign at the assessment clinic. In addition radial scars (a star shaped thickening of breast tissue which shows up on mammograms) are removed due to their association with tubular carcinoma of the breast; even though they are intrinsically benign.

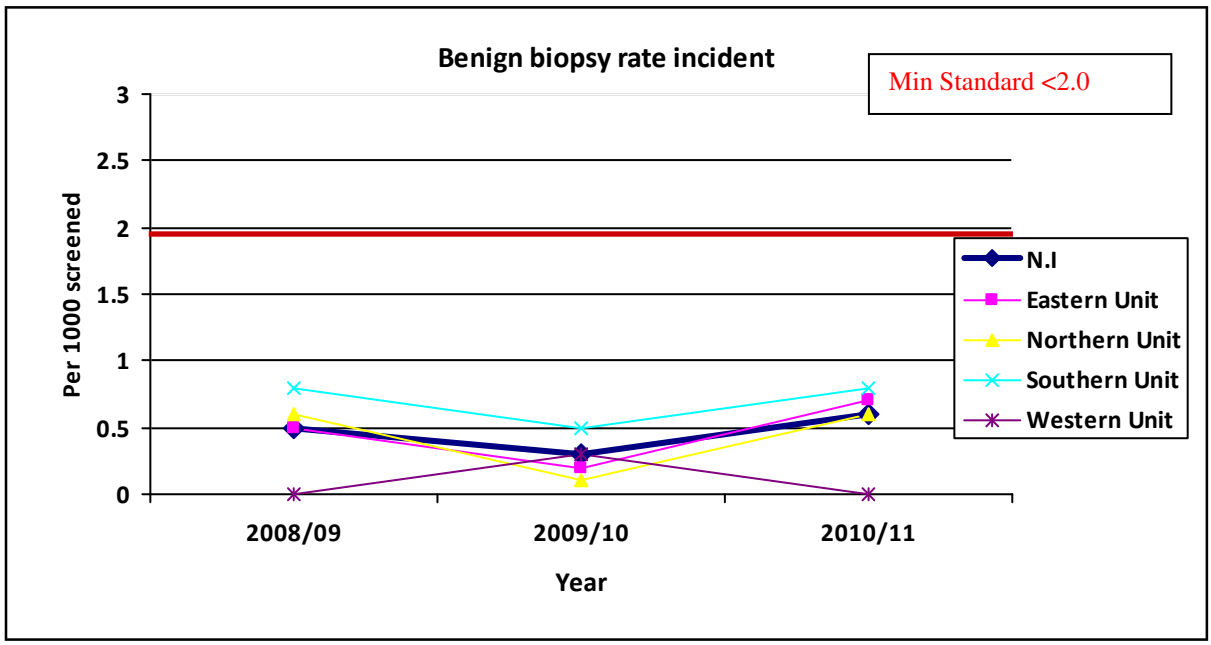
The benign biopsy rates for the prevalent (first) and incident (subsequent) screening rounds over a three year period are shown in figures 27 and 28. For the prevalent screen each of the units meets the minimum standard (< 3.6 per 1,000). All except the Southern Unit meet the target figure of < 1.8.

Figure 27: Benign biopsy rate for the prevalent (first screen) 2008/09-20010/11



For the incident screen each of the units meets the minimum standard (< 2.0 per 1,000) and all meet the target figure of <1.0.

Figure 28: Benign biopsy rate for the incident (subsequent screens) 2007/08-2010/11 in women aged 50 - 64



The table below shows the benign biopsy rates for the incident (subsequent) screens for women age 50-70 in 2010/11. Each of the units meets the target figure and the figure for Northern Ireland (0.5) per 1,000 compares favourably with the figure for England (0.4).

Table 10: Benign biopsy rates for incident screens in women aged 50 – 70 by unit and for Northern Ireland in 2010/11

Area	Benign biopsy rate incident	
Eastern	0.6	Minimum standard <2.0 Target <1.0
Northern	0.5	
Southern	0.6	
Western	0.0	
Northern Ireland	0.5	
England	0.4	

Repeat Surgical Operations

24% of women with invasive cancer required a repeat surgical operation.

Most women diagnosed with breast cancer by the Northern Ireland Screening Programme require a single surgical operation to remove the disease. Some women need repeat surgery eg to ensure complete removal of the cancer following the initial pathology report. However, the objective is to minimise the number of therapeutic operations.

Table 11 below shows that the reoperation rate for women with invasive cancer was 24% in Northern Ireland. This compares favourably with other parts of the UK and is equivalent to the UK average.

The reoperation rate for women with non-invasive, or micro-invasive, cancers is 21%, which is lower than the UK average of 28%.

Table 11: Repeat operations of surgically treated invasive and non/micro-invasive cancers

	Invasive			Non/micro invasive		
	Total	Re-op	%	Total	Re-op	%
Eastern Unit	108	26	24	32	8	25
Northern Unit	67	17	25	22	6	27
Southern Unit	53	17	32	17	4	23
Western Unit	41	4	10	13	0	0
Northern Ireland	269	64	**24**	84	18	**21**
UK	13994	3379	24	3575	1007	28

Screening Round Length

90.9% of women were offered an appointment for mammography screening within 36 months of their previous normal screen

The screening round length is the interval between each offered invitation for screening mammography. The NHS Breast Screening Guidance states that, to ensure women are recalled for screening at appropriate intervals, the percentage of eligible women whose first offered appointment is within 36 months of their previous screen should be 90% or more.

Measurement of screening round length provides an indicator of the efficiency with which a screening programme is managed. The long-term effectiveness of the programme is dependent on women in the target age group continuing to be screened at regular intervals.

Figure 29 shows the percentage of women screened within 36 months and within 38 months.

Figure 29: Screening round length by quarter for Northern Ireland 2010/11

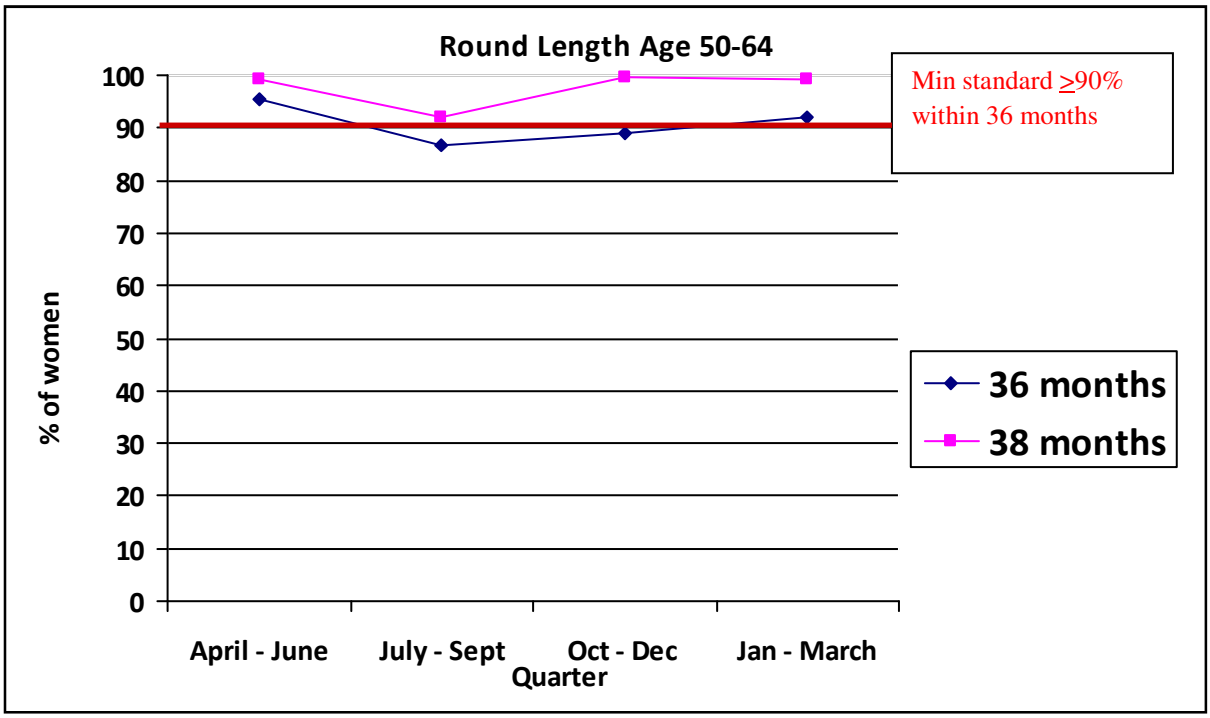


Figure 30 shows the round length for Northern Ireland over the three year period 2008-2011. The figure for the year 2010/11 was 90.9% which meets the standard of ≥ 90%.

The low figure for 2008/09 was the result of screening being suspended in the Northern Breast Screening Unit for nine months from October 2005 to August 2006. This followed a serious adverse incident. When screening was reintroduced it was then at a reduced capacity for several months. This had a major impact on the round length over the following three years. Getting the round length back to standard required a considerable amount of extra work from staff in the unit, as well as support from other units.

Figure 30: Northern Ireland round length 2008—2011

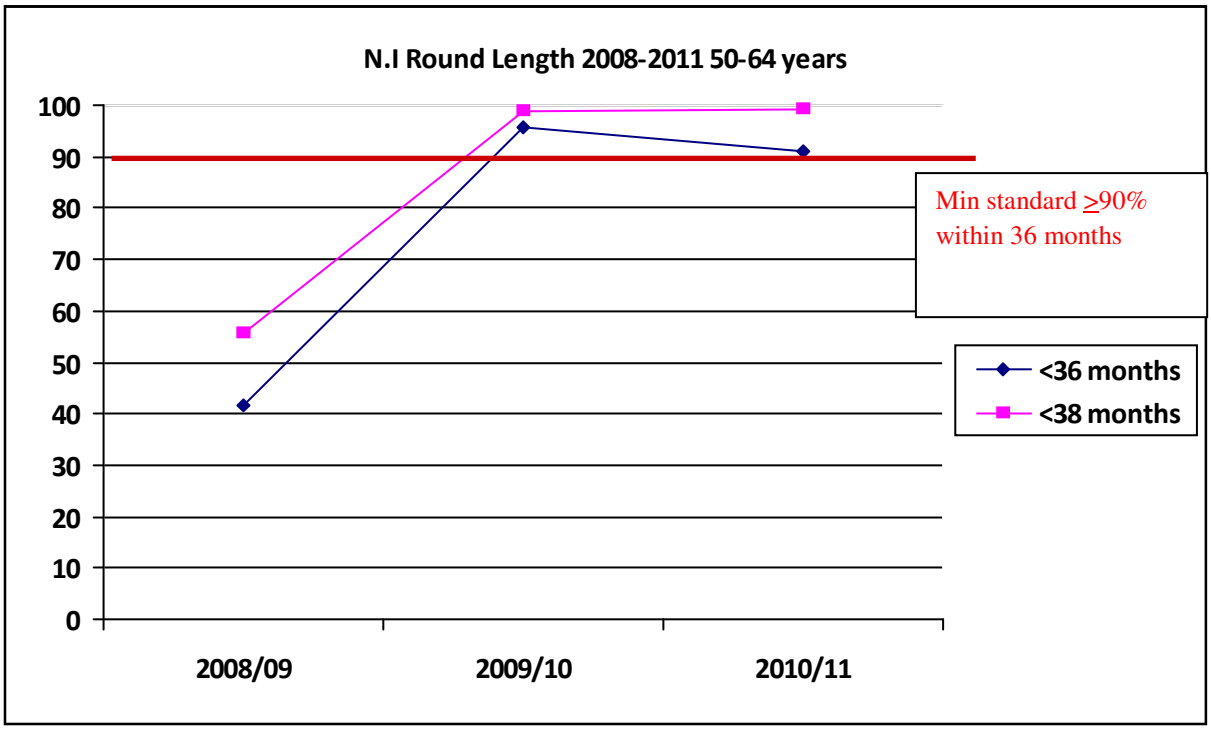
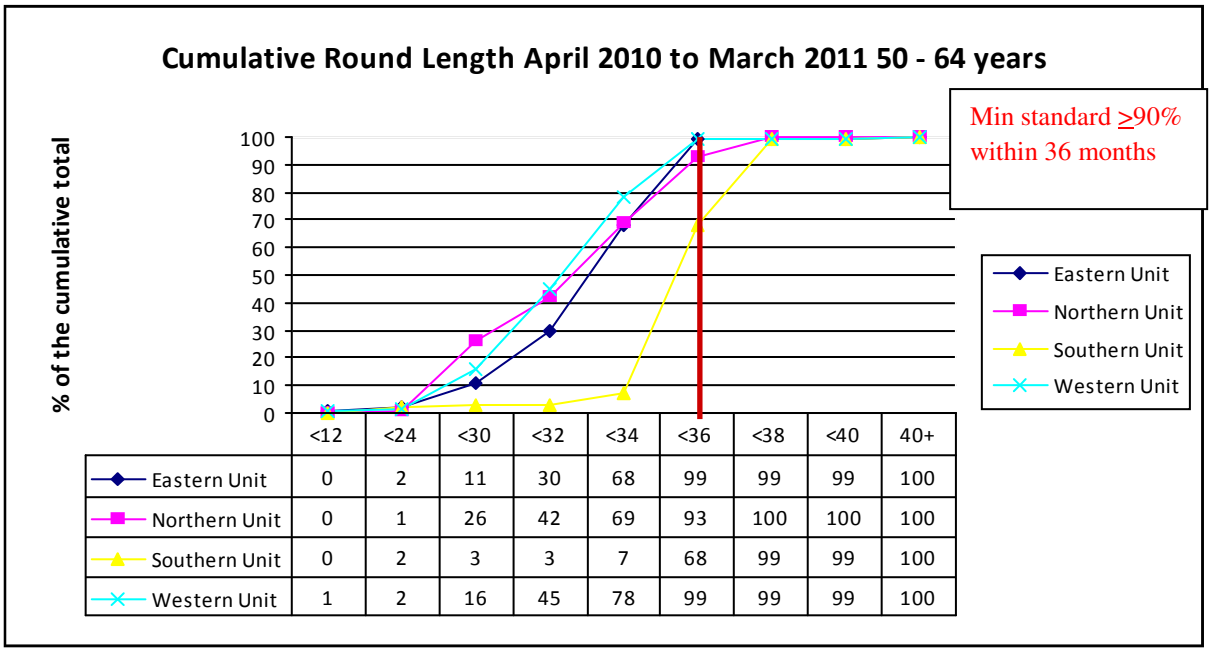


Figure 31 shows the cumulative round length figures for April 2010 to March 2011 by breast screening unit. It shows that more than 99% of women were offered an appointment for mammography within 38 months of their previous normal screen.

Figure 31: Cumulative Round Length Figures for April 2010 to March 2011 by Breast Screening Unit



	<12	<24	<30	<32	<34	<36	<38	<40	40+
Eastern Unit	0	2	11	30	68	99	99	99	100
Northern Unit	0	1	26	42	69	93	100	100	100
Southern Unit	0	2	3	3	7	68	99	99	100
Western Unit	1	2	16	45	78	99	99	99	100

APPENDIX 1

The benefits and limitations of screening

Benefits

The main benefit of the breast screening programme is the reduction in mortality from breast cancer. For every 400 women screened regularly by the breast screening programme, over a 10 year period, one woman fewer will die from breast cancer than would have died without screening.

The cancers detected in screened women are smaller and are less likely to be treated by mastectomy, or to require chemotherapy.

Limitations

Screening mammography is not a diagnostic test and further diagnostic testing is required to establish the diagnosis. Screening tests sort a population of people into two groups – those who might have the disease being looked for and those who probably don't. As with other screening programmes, in breast screening there are false negative and false positive screening test results. The sensitivity of the programme is estimated to be around 85%. This is the proportion of the screened population that has the disease and tests positive. The specificity is between 82% and 97%. This is the proportion of the screened population which does not have the disease and tests negative.

False negative test result – some cancers don't show up on mammography and some cancers are not identified on screening, even by expert film readers.

False positive test result – some women are recalled for assessment because the mammogram looks abnormal on screening, but following further examination are told they don't have breast cancer. Further examination involves clinical examination and additional imaging. For some women, it may also involve a core biopsy. False positive results cause significant anxiety.

Overdiagnosis and overtreatment – screened women are slightly more likely than unscreened women to be diagnosed with breast cancer. Some of the cancers detected by screening may never have been found during the woman's lifetime. These will include cases of ductal carcinoma in situ (DCIS). A proportion of cases of DCIS will eventually become invasive. However, it is not yet possible to identify which ones will and which won't. All women diagnosed with this disease are therefore offered treatment (surgery with or without radiotherapy).

Exposure to radiation – mammography uses very low dose X-rays and the breasts are exposed to a small amount of radiation. The radiation exposure involved is about the same as the background radiation exposure during a flight to Australia and back.

APPENDIX 2

Consolidated Guidance on Standards for the NHS Breast Screening Programme 50-64

Summary of KC62 source tables and age groups to be used in the calculation of standards (50–64)

Objective	Criteria	Calculation	Minimum standard	Target
1. To maximise the number of eligible women who attend for screening*†	The percentage of eligible women who attend for screening	Tables: A, B, C1, C2 Age: 50–64	≥ 70% of invited women to attend for screening	80%
2. To maximise the number of cancers detected*†	(a) The rate of invasive cancers detected in eligible women invited and screened	Table: A Age: 50–52	Prevalent screen ≥ 2.7 per 1000	Prevalent screen ≥ 3.6 per 1000
		Table: C1 Age: 53–64	Incident screen ≥ 3.0 per 1000	Incident screen ≥ 4.2 per 1000
	(b) The rate of cancers detected which are in situ carcinoma	Table: A Age: 50–52	Prevalent screen ≥ 0.4 per 1000 to ≤ 0.9 per 1000	
		Table: C1 Age: 53–64	Incident screen ≥ 0.5 per 1000 to ≤ 1.0 per 1000	
	(c) SDR	Tables: A and B Age: 50–64	Prevalent screen ≥ 0.75	Prevalent screen ≥ 1.0
		Table: C1 Age: 50–64	Incident screen ≥ 0.75	Incident screen ≥ 1.0
		Tables: A, B, C1 Age: 50–64	Overall ≥ 0.75	Overall ≥ 1.0
3. To maximise the number of small invasive cancers detected*	The rate of invasive cancers less than 15 mm in diameter detected in eligible women invited and screened	Table: A Age: 50–52	Prevalent screen ≥ 1.5 per 1000	Prevalent screen ≥ 2.0 per 1000
		Table: C1 Age: 53–64	Incident screen ≥ 1.6 per 1000	Incident screen ≥ 2.2 per 1000
7. To minimise the number of women screened who are referred for further tests*†‡	(a) The percentage of women who are referred for assessment	Table: A Age: 50–52	Prevalent screen < 10%	Prevalent screen < 7%
		Table: C1 Age: 53–64	Incident screen < 7%	Incident screen < 5%
	(b) The percentage of women screened who are placed on short-term recall	Table: T Age: 50–64	< 1.0%	≤ 0.25%
8. To ensure that the majority of cancers, both palpable and impalpable, receive a nonoperative tissue diagnosis of cancer*	The percentage of women who have a non-operative diagnosis of cancer by cytology or needle histology after a maximum of two visits	Table: T Age: 50–64	≥ 80%	≥ 90%
9. To minimise the number of unnecessary operative procedures	The rate of benign biopsies	Table: A Age: 50–52	Prevalent screen < 3.6 per 1000	Prevalent screen < 1.8 per 1000
		Table: C1 Age: 53–64	Incident screen < 2.0 per 1000	Incident screen < 1.0 per 1000

Summary of KC62 source tables and age groups to be used in the calculation of standards (50–70)

Objective	Criteria	Calculation	Minimum standard	Target
1. To maximise the number of eligible women who attend for screening*†	The percentage of eligible women who attend for screening	Tables: A, B, C1, C2 Age: 50–70	≥ 70% of invited women to attend for screening	80%
2. To maximise the number of cancers detected*†	(a) The rate of invasive cancers detected in eligible women invited and screened	Table: A Age: 50–52	Prevalent screen ≥ 2.7 per 1000	Prevalent screen ≥ 3.6 per 1000
		Table: C1 Age: 53–70	Incident screen ≥ 3.1 per 1000	Incident screen ≥ 4.2 per 1000
	(b) The rate of cancers detected which are in situ carcinoma	Table: A Age: 50–52	Prevalent screen ≥ 0.4 per 1000	
		Table: C1 Age: 53–70	Incident screen ≥ 0.5 per 1000	
	(c) SDR	Tables: A and B Age: 50–70	Prevalent screen ≥ 0.85	Prevalent screen ≥ 1.0
		Table: C1 Age: 50–70	Incident screen ≥ 0.85	Incident screen ≥ 1.0
		Tables: A, B, C1 Age: 50–70	Overall ≥ 0.85	Overall ≥ 1.0
3. To maximise the number of small invasive cancers detected*	The rate of invasive cancers less than 15 mm in diameter detected in eligible women invited and screened	Table: A Age: 50–52	Prevalent screen ≥ 1.5 per 1000	Prevalent screen ≥ 2.0 per 1000
		Table: C1 Age: 53–70	Incident screen ≥ 1.7 per 1000	Incident screen ≥ 2.3 per 1000
7. To minimise the number of women screened who are referred for further tests*†‡	(a) The percentage of women who are referred for assessment	Table: A Age: 50–52	Prevalent screen < 10%	Prevalent screen < 7%
		Table: C1 Age: 53–70	Incident screen < 7%	Incident screen < 5%
	(b) The percentage of women screened who are placed on short-term recall	Table: T Age: 50–70	< 0.5%	≤ 0.25%
8. To ensure that the majority of cancers, both palpable and impalpable, receive a nonoperative tissue diagnosis of cancer*	The percentage of women who have a non-operative diagnosis of cancer by cytology or needle histology after a maximum of two visits	Table: T Age: 50–70	≥ 80%	≥ 90%
9. To minimise the number of unnecessary operative procedures	The rate of benign biopsies	Table: A Age: 50–52	Prevalent screen < 3.6 per 1000	Prevalent screen < 1.8 per 1000
		Table: C1 Age: 53–70	Incident screen < 2.0 per 1000	Incident screen < 1.0 per 1000

APPENDIX 3

KC 62 Data 2010/11 for women aged 50-64

Northern Ireland Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	17894	9908	857	17	16	83	21	62	37
	Incident (C1&C2)	41947	35471	1050	16	15	254	56	197	111
	Early recalls	19	19	19	0	0	3	1	2	2
	Self/GP referrals	0	1445	85	1	1	18	6	12	6
	Total	**59860**	**46843**	**2011**	**34**	**32**	**358**	**84**	**273**	**156**
50-64	Prevalent (A:50-52 only)	9618	7172	637	13	11	61	15	46	27
	Incident (C1:53-64 only)	26772	23930	659	5	14	142	33	108	54
	Early recalls	11	11	11	0	0	2	0	2	2
	Self/GP referrals	0	691	46	0	1	7	3	4	0
	Total	**36401**	**31804**	**1353**	**18**	**26**	**212**	**51**	**160**	**83**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 64		2008/09	2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)	73.1	73.9	74.6	>70%	80%
	Incident (C1)	88.0	88.7	89.4		
	Overall (A-C2)	73.9	75.4	76.5		
Technical recall/repeats%	Overall	2.1	1.9	1.5	<3%	<2%
Recall to Assessment %	Prevalent	8.2	7.6	8.9	<10%	<7%
	Incident	2.8	2.5	2.8	<7%	<5%
Early Recall %	Overall	0.08	0.04	0.06	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent	1.5	1.5	1.5	<3.6	<1.8
	Incident	0.5	0.3	0.6	<2.0	<1.0
DCIS per 1000 women screened	Prevalent	1.6	1.7	2.1	≥0.4	NA
	Incident	1.4	1.0	1.4	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent	5.3	5.8	6.4	≥2.7	≥3.6
	Incident	5.9	4.5	4.5	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent	2.4	2.7	3.8	>1.5	≥2.0
	Incident	2.8	2.7	2.3	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall	95.3	95.6	95.0	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent	1.33	1.53	1.62	≥1.00	≥1.4
	Incident	1.47	1.13	1.13		
	Overall	1.43	1.24	1.26		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall	1.23	1.24	1.21	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent	1.42	1.45	1.49	≥1.0	≥1.4
	Incident	1.31	1.25	1.25		
	Overall	1.34	1.31	1.31		
Round Length ≤ 36 months	Overall	41.8	95.8	90.9	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall	55.8	98.7	99.3		
Screening to Results - (Date of screen)		83.2	96.6	98.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)		84.7	94.4	96.9	≥90% within 3 weeks	100%

Belfast Health & Social Care Trust Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	6587	3460	323	12	5	32	7	25	13
	Incident (C1&C2)	14882	12464	382	12	6	98	20	77	41
	Early recalls	14	14	14	0	0	2	1	1	1
	Self/GP referrals	0	686	42	0	0	11	4	7	5
	Total	**21483**	**16624**	**761**	**24**	**11**	**143**	**32**	**110**	**60**
50-64	Prevalent (A:50-52 only)	3418	2522	234	11	3	25	6	19	10
	Incident (C1:53-64 only)	9387	8384	236	3	6	58	12	45	22
	Early recalls	8	8	8	0	0	1	0	1	1
	Self/GP referrals	0	311	21	0	0	2	1	1	0
	Total	**12813**	**11225**	**499**	**14**	**9**	**86**	**19**	**66**	**33**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 64		2008/09	2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)	69.9	68.9	73.8	>70%	80%
	Incident (C1)	85.9	86.8	89.3		
	Overall (A-C2)	69.6	70.4	74.9		
Technical recall/repeats%	Overall	2.7	2.7	1.5	<3%	<2%
Recall to Assessment %	Prevalent	8.3	9.6	9.3	<10%	<7%
	Incident	2.3	1.9	2.8	<7%	<5%
Early Recall %	Overall	0.14	0.1	0.13	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent	0.7	1.8	1.2	<3.6	<1.8
	Incident	0.5	0.2	0.7	<2.0	<1.0
DCIS per 1000 women screened	Prevalent	1.4	1.4	2.4	≥0.4	NA
	Incident	1.1	1.1	1.4	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent	6	5.7	7.5	≥2.7	≥3.6
	Incident	6.4	4.4	5.4	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent	3	2.5	4.0	>1.5	≥2.0
	Incident	3.2	2.6	2.6	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall	96	93.5	97.9	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent	1.48	1.7	1.91	≥1.00	≥1.4
	Incident	1.58	1.1	1.34		
	Overall	1.55	1.2	1.49		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall	1.3	1.3	1.34	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent	1.64	1.5	1.66	≥1.0	≥1.4
	Incident	1.37	1.3	1.36		
	Overall	1.45	1.4	1.44		
Round Length ≤ 36 months	Overall	13.9	96.3	99.1	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall	35.6	99.3	99.3		
Screening to Results - (Date of screen)		98.9	99.3	99.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)		86.5	95.3	96.9	≥90% within 3 weeks	100%

Northern Health & Social Care Trust Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	4072	2450	304	2	3	23	6	17	12
	Incident (C1&C2)	10626	9286	316	2	4	65	16	49	29
	Early recalls	2	2	2	0	0	0	0	0	0
	Self/GP referrals	0	193	16	0	0	2	0	2	1
	Total	**14700**	**11931**	**638**	**4**	**7**	**90**	**22**	**68**	**42**
50-64	Prevalent (A:50-52 only)	2251	1761	233	0	2	18	4	14	10
	Incident (C1:53-64 only)	6740	6188	206	0	4	38	10	28	15
	Early recalls	1	1	1	0	0	0	0	0	0
	Self/GP referrals	0	78	11	0	0	1	0	1	0
	Total	**8992**	**8028**	**451**	**0**	**6**	**57**	**14**	**43**	**25**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 64		2008/09	2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)	77.7	80.4	78.2	>70%	80%
	Incident (C1)	91	91.0	91.8		
	Overall (A-C2)	79.3	81.5	80.9		
Technical recall/repeats%	Overall	2.06	1.8	2.0	<3%	<2%
Recall to Assessment %	Prevalent	13.7	9.3	13.2	<10%	<7%
	Incident	5	3.5	3.3	<7%	<5%
Early Recall %	Overall	0	0.0	0.00	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent	1.20	1.7	1.1	<3.6	<1.8
	Incident	0.6	0.1	0.6	<2.0	<1.0
DCIS per 1000 women screened	Prevalent	1.8	1.7	2.3	≥0.4	NA
	Incident	0.8	0.4	1.6	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent	6.7	5.5	8.0	≥2.7	≥3.6
	Incident	4.8	4.8	4.5	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent	1.8	3.3	5.7	>1.5	≥2.0
	Incident	1.7	3.0	2.4	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall	94.3	98.2	93.7	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent	1.41	1.2	1.75	≥1.00	≥1.4
	Incident	1.19	1.2	1.15		
	Overall	1.26	1.2	1.30		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall	0.83	1.1	1.17	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent	1.14	1.2	1.45	≥1.0	≥1.4
	Incident	1.06	1.2	1.18		
	Overall	1.09	1.2	1.25		
Round Length ≤ 36 months	Overall	21.1	98.1	93.2	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall	21.7	98.2	99.5		
Screening to Results		96.8	98.2	98.0	≥90% within 2 weeks	100%
Screening to Assessment		90.8	98.3	98.6	≥90% within 3 weeks	100%

Southern Health & Social Care Trust Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	4063	2271	144	3	6	15	5	10	6
	Incident (C1&C2)	8992	7637	227	0	4	54	12	42	22
	Early recalls	2	2	2	0	0	0	0	0	0
	Self/GP referrals	0	287	15	1	0	1	0	1	0
	Total	**13057**	**10197**	**388**	**4**	**10**	**70**	**17**	**53**	**28**
50-64	Prevalent (A:50-52 only)	2193	1619	99	2	4	9	3	6	3
	Incident (C1:53-64 only)	5803	5149	140	0	4	28	9	19	8
	Early recalls	1	1	1	0	0	0	0	0	0
	Self/GP referrals	0	131	7	0	0	0	0	0	0
	Total	**7997**	**6900**	**247**	**2**	**8**	**37**	**12**	**25**	**11**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 64		2008/09	2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)	74.4	75.9	73.8	>70%	80%
	Incident (C1)	88.5	88.6	88.7		
	Overall (A-C2)	75.6	76.2	76.3		
Technical recall/repeats%	Overall	1.8	1.6	1.6	<3%	<2%
Recall to Assessment %	Prevalent	6.2	5.5	6.1	<10%	<7%
	Incident	3.1	2.7	2.7	<7%	<5%
Early Recall %	Overall	0.03	0.1	0.03	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent	2.5	1.1	2.5	<3.6	<1.8
	Incident	0.8	0.5	0.8	<2.0	<1.0
DCIS per 1000 women screened	Prevalent	2.5	1.7	1.9	≥0.4	NA
	Incident	2.0	0.7	1.7	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent	3.8	5.6	3.7	≥2.7	≥3.6
	Incident	6.1	5.3	3.7	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent	1.9	2.8	1.9	>1.5	≥2.0
	Incident	2.6	3.3	1.6	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall	92.9	96.5	86.7	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent	1.20	1.5	1.25	≥1.00	≥1.4
	Incident	1.51	1.4	0.91		
	Overall	1.43	1.4	1.00		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall	1.51	1.4	1.13	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent	1.55	1.7	1.32	≥1.0	≥1.4
	Incident	1.56	1.4	1.27		
	Overall	1.56	1.5	1.29		
Round Length ≤ 36 months	Overall	91.1	98.2	67.8	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall	98.2	98.5	99.3		
Screening to Results - (Date of screen)		95.4	97.6	97.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)		91.7	96.7	97.7	≥90% within 3 weeks	100%

Western Health & Social Care Trust Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	3172	1727	86	0	2	13	3	10	6
	Incident (C1&C2)	7447	6084	125	2	1	37	8	29	19
	Early recalls	1	1	1	0	0	1	0	1	1
	Self/GP referrals	0	279	12	0	1	4	2	2	0
	Total	**10620**	**8091**	**224**	**2**	**4**	**55**	**13**	**42**	**26**
50-64	Prevalent (A:50-52 only)	1756	1270	71	0	2	9	2	7	4
	Incident (C1:53-64 only)	4842	4209	77	2	0	18	2	16	9
	Early recalls	1	1	1	0	0	1	0	1	1
	Self/GP referrals	0	171	7	0	1	4	2	2	0
	Total	**6599**	**5651**	**156**	**2**	**3**	**32**	**6**	**26**	**14**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 64		2008/09	2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)	76.6	74.3	72.3	>70%	80%
	Incident (C1)	90.1	89.0	86.9		
	Overall (A-C2)	79.2	76.4	73.8		
Technical recall/repeats%	Overall	1.1	1.3	0.4	<3%	<2%
Recall to Assessment %	Prevalent	4.2	5.4	5.6	<10%	<7%
	Incident	1.9	2.2	1.8	<7%	<5%
Early Recall %	Overall	0.04	0.01	0.04	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent	3.0	1.4	1.6	<3.6	<1.8
	Incident	0.0	0.3	0.0	<2.0	<1.0
DCIS per 1000 women screened	Prevalent	1.2	2.3	1.6	≥0.4	NA
	Incident	1.8	1.8	0.5	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent	3.6	6.3	5.5	≥2.7	≥3.6
	Incident	5.7	4.0	3.8	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent	1.8	2.3	3.1	>1.5	≥2.0
	Incident	3.1	2.2	2.1	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall	96.6	95.5	100.0	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent	0.89	1.64	1.37	≥1.00	≥1.4
	Incident	1.39	0.98	0.93		
	Overall	1.27	1.15	1.04		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall	1.23	1.16	1.08	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent	1.16	1.36	1.33	≥1.0	≥1.4
	Incident	1.22	1.10	1.11		
	Overall	1.21	1.16	1.17		
Round Length ≤ 36 months	Overall	80.0	91.1	99.1	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall	92.8	98.4	99.3		
Screening to Results - (Date of screen)		30.4	90.6	98.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)		55.0	85.0	90.6	≥90% within 3 weeks	100%

APPENDIX 4

KC 62 Data 2009/10 for women aged 50-70

Northern Ireland Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	17894	9908	857	17	16	83	21	62	37
	Incident (C1&C2)	41947	35471	1050	16	15	254	56	197	111
	Early recalls	19	19	19	0	0	3	1	2	2
	Self/GP referrals	0	1445	85	1	1	18	6	12	6
	Total	**59860**	**46843**	**2011**	**34**	**32**	**358**	**84**	**273**	**156**
50-70	Prevalent (A:50-52 only)	9618	7172	637	13	11	61	15	46	27
	Incident (C1:53-70 only)	33163	29684	799	7	14	184	40	143	83
	Early recalls	18	18	18	0	0	3	1	2	2
	Self/GP referrals	0	948	61	1	1	12	5	7	1
	Total	**42799**	**37822**	**1515**	**21**	**26**	**260**	**61**	**198**	**113**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 70			2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)		73.9	74.6	>70%	80%
	Incident (C1)		88.6	89.5		
	Overall (A-C2)		75.4	75.8		
Technical recall/repeats%	Overall		1.9	1.5	<3%	<2%
Recall to Assessment %	Prevalent		7.6	8.9	<10%	<7%
	Incident		2.5	2.7	<7%	<5%
Early Recall %	Overall		0.04	0.05	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent		1.5	1.5	<3.6	<1.8
	Incident		0.3	0.5	<2.0	<1.0
DCIS per 1000 women screened	Prevalent		1.7	2.1	≥0.4	NA
	Incident		1.1	1.3	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent		5.8	6.4	≥2.7	≥3.6
	Incident		4.8	4.8	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent		2.7	3.8	>1.5	≥2.0
	Incident		2.9	2.8	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall		95.9	95.0	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent		1.50	1.60	≥1.00	≥1.4
	Incident		1.17	1.16		
	Overall		1.24	1.26		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall		1.26	1.27	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent		1.44	1.47	≥1.0	≥1.4
	Incident		1.26	1.26		
	Overall		1.31	1.31		
Round Length ≤ 36 months	Overall		85.3	81.2	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall		88.1	89.4		
Screening to Results - (Date of screen)			96.6	98.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)			94.4	96.9	≥90% within 3 weeks	100%

Belfast Health & Social Care Trust Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	6587	3460	323	12	5	32	7	25	13
	Incident (C1&C2)	14882	12464	382	12	6	98	20	77	41
	Early recalls	14	14	14	0	0	2	1	1	1
	Self/GP referrals	0	686	42	0	0	11	4	7	5
	Total	**21483**	**16624**	**761**	**24**	**11**	**143**	**32**	**110**	**60**
50-70	Prevalent (A:50-52 only)	3418	2522	234	11	3	25	6	19	10
	Incident (C1:53-70 only)	11586	10354	275	4	6	66	13	52	28
	Early recalls	14	14	14	0	0	2	1	1	1
	Self/GP referrals	0	452	31	0	0	6	3	3	1
	Total	**15018**	**13342**	**554**	**15**	**9**	**99**	**23**	**75**	**40**

Performance against National Standards			2009/10	2010/11	National Standards Minimum	National Standards Target
Routine Screen Women aged 50 - 70						
Uptake %	Prevalent (A)		68.9	73.8	>70%	80%
	Incident (C1)		86.7	89.4		
	Overall (A-C2)		69.2	74.2		
Technical recall/repeats%	Overall		2.7	1.5	<3%	<2%
Recall to Assessment %	Prevalent		9.6	9.3	<10%	<7%
	Incident		1.9	2.7	<7%	<5%
Early Recall %	Overall		0.1	0.12	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent		1.8	1.2	<3.6	<1.8
	Incident		0.3	0.6	<2.0	<1.0
DCIS per 1000 women screened	Prevalent		1.4	2.4	≥0.4	NA
	Incident		0.9	1.3	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent		5.7	7.5	≥2.7	≥3.6
	Incident		4.7	5.0	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent		2.5	4.0	>1.5	≥2.0
	Incident		2.7	2.7	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall		94.4	96.4	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent		1.7	1.86	≥1.00	≥1.4
	Incident		1.1	1.23		
	Overall		1.2	1.37		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall		1.3	1.33	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent		1.5	1.64	≥1.0	≥1.4
	Incident		1.3	1.31		
	Overall		1.4	1.40		
Round Length ≤ 36 months	Overall		83.9	87.5	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall		86.8	87.8		
Screening to Results - (Date of screen)			99.3	99.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)			95.3	96.9	≥90% within 3 weeks	100%

Northern Health & Social Care Trust Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	4072	2450	304	2	3	23	6	17	12
	Incident (C1&C2)	10626	9286	316	2	4	65	16	49	29
	Early recalls	2	2	2	0	0	0	0	0	0
	Self/GP referrals	0	193	16	0	0	2	0	2	1
	Total	**14700**	**11931**	**638**	**4**	**7**	**90**	**22**	**68**	**42**
50-70	Prevalent (A:50-52 only)	2251	1761	233	0	2	18	4	14	10
	Incident (C1:53-70 only)	8502	7800	256	1	4	54	12	42	26
	Early recalls	2	2	2	0	0	0	0	0	0
	Self/GP referrals	0	99	12	0	0	1	0	1	0
	Total	**10755**	**9662**	**503**	**1**	**6**	**73**	**16**	**57**	**36**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 70			2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)		80.4	78.2	>70%	80%
	Incident (C1)		90.8	91.7		
	Overall (A-C2)		80.8	79.8		
Technical recall/repeats%	Overall		1.8	2.0	<3%	<2%
Recall to Assessment %	Prevalent		9.3	13.2	<10%	<7%
	Incident		3.5	3.3	<7%	<5%
Early Recall %	Overall		0.0	0.01	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent		1.7	1.1	<3.6	<1.8
	Incident		0.1	0.5	<2.0	<1.0
DCIS per 1000 women screened	Prevalent		1.7	2.3	≥0.4	NA
	Incident		0.8	1.5	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent		5.5	8.0	≥2.7	≥3.6
	Incident		5.1	5.4	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent		3.3	5.7	>1.5	≥2.0
	Incident		3.2	3.3	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall		98.8	94.2	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent		1.2	1.65	≥1.00	≥1.4
	Incident		1.2	1.32		
	Overall		1.2	1.39		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall		1.1	1.29	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent		1.2	1.40	≥1.0	≥1.4
	Incident		1.2	1.25		
	Overall		1.2	1.28		
Round Length ≤ 36 months	Overall		89.2	84.1	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall		89.3	90.3		
Screening to Results			98.2	98.0	≥90% within 2 weeks	100%
Screening to Assessment			98.3	98.6	≥90% within 3 weeks	100%

Southern Health & Social Care Trust Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	4063	2271	144	3	6	15	5	10	6
	Incident (C1&C2)	8992	7637	227	0	4	54	12	42	22
	Early recalls	2	2	2	0	0	0	0	0	0
	Self/GP referrals	0	287	15	1	0	1	0	1	0
	Total	**13057**	**10197**	**388**	**4**	**10**	**70**	**17**	**53**	**28**
50-70	Prevalent (A:50-52 only)	2193	1619	99	2	4	9	3	6	3
	Incident (C1:53-70 only)	7153	6375	172	0	4	38	11	27	14
	Early recalls	1	1	1	0	0	0	0	0	0
	Self/GP referrals	0	177	9	1	0	1	0	1	0
	Total	**9347**	**8172**	**281**	**3**	**8**	**48**	**14**	**34**	**17**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 70			2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)		75.9	73.8	>70%	80%
	Incident (C1)		88.7	89.1		
	Overall (A-C2)		75.3	76.1		
Technical recall/repeats%	Overall		1.6	1.6	<3%	<2%
Recall to Assessment %	Prevalent		5.5	6.1	<10%	<7%
	Incident		2.7	2.7	<7%	<5%
Early Recall %	Overall		0.0	0.03	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent		1.1	2.5	<3.6	<1.8
	Incident		0.4	0.6	<2.0	<1.0
DCIS per 1000 women screened	Prevalent		1.7	1.9	≥0.4	NA
	Incident		1.3	1.7	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent		5.6	3.7	≥2.7	≥3.6
	Incident		5.4	4.2	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent		2.8	1.9	>1.5	≥2.0
	Incident		3.5	2.2	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall		95.3	89.7	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent		1.5	1.18	≥1.00	≥1.4
	Incident		1.4	1.02		
	Overall		1.4	1.06		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall		1.4	1.20	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent		1.7	1.31	≥1.0	≥1.4
	Incident		1.4	1.30		
	Overall		1.5	1.31		
Round Length ≤ 36 months	Overall		87.5	58.5	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall		88.1	88.6		
Screening to Results - (Date of screen)			97.6	97.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)			96.7	97.7	≥90% within 3 weeks	100%

Western Health & Social Care Trust Breast Screening Service

KC62 Data 2010/11

Activity Data		Invited	Screened	Assessed	Early Recall	Benign	Total Cancers	DCIS	Inv. Ca	Inv. Ca < 15mm
All Ages	Prevalent (A&B)	3172	1727	86	0	2	13	3	10	6
	Incident (C1&C2)	7447	6084	125	2	1	37	8	29	19
	Early recalls	1	1	1	0	0	1	0	1	1
	Self/GP referrals	0	279	12	0	1	4	2	2	0
	Total	**10620**	**8091**	**224**	**2**	**4**	**55**	**13**	**42**	**26**
50-70	Prevalent (A:50-52 only)	1756	1270	71	0	2	9	2	7	4
	Incident (C1:53-70 only)	5922	5155	96	2	0	26	4	22	15
	Early recalls	1	1	1	0	0	1	0	1	1
	Self/GP referrals	0	220	9	0	1	4	2	2	0
	Total	**7679**	**6646**	**177**	**2**	**3**	**40**	**8**	**32**	**20**

Performance against National Standards					National Standards	
Routine Screen Women aged 50 - 70			2009/10	2010/11	Minimum	Target
Uptake %	Prevalent (A)		74.3	72.3	>70%	80%
	Incident (C1)		88.8	87.0		
	Overall (A-C2)		75.5	73.6		
Technical recall/repeats%	Overall		1.3	0.4	<3%	<2%
Recall to Assessment %	Prevalent		5.4	5.6	<10%	<7%
	Incident		2.1	1.9	<7%	<5%
Early Recall %	Overall		0.02	0.03	<1%	≤0.25%
Benign open biopsy rate per 1000 women	Prevalent		1.4	1.6	<3.6	<1.8
	Incident		0.2	0.0	<2.0	<1.0
DCIS per 1000 women screened	Prevalent		2.3	1.6	≥0.4	NA
	Incident		1.6	0.8	≥0.5	NA
Invasive cancers per 1000 women screened	Prevalent		6.3	5.5	≥2.7	≥3.6
	Incident		4.2	4.3	≥3.0	≥4.0
Invasive cancers <15mm per 1000 women screened	Prevalent		2.3	3.1	>1.5	≥2.0
	Incident		2.5	2.9	>1.65	≥2.2
Pre-operative diagnosis rate %	Overall		95.9	100.0	≥80%	≥90%
Standardised Detection Ratios Invasive cancers (annual - all sizes)	Prevalent		1.55	1.54	≥1.00	≥1.4
	Incident		1.02	1.02		
	Overall		1.14	1.14		
Standardised Detection Ratios Invasive cancers < 15mm (3 yr average)	Overall		1.17	1.18	≥1.0	≥1.4
Rolling three year Standardised Detection Ratios Invasive cancers (all sizes)	Prevalent		1.32	1.34	≥1.0	≥1.4
	Incident		1.13	1.16		
	Overall		1.18	1.20		
Round Length ≤ 36 months	Overall		81.7	91.9	≥90% first offered appts within 36 months	100%
≤ 38 months	Overall		88.8	92.0		
Screening to Results - (Date of screen)			90.6	98.0	≥90% within 2 weeks	100%
Screening to Assessment (DoFOA)			85.0	90.6	≥90% within 3 weeks	100%