Programme Report 2007/08

BreastCheck
The National Breast Screening Programme

BreastCheck Women's Charter

Screening commitment

- All staff will respect your privacy, dignity, religion, race and cultural beliefs
- Services and facilities will be arranged so that everyone, including people with special needs, can use the services
- Your screening records will be treated in the strictest confidence and you will be assured of privacy during your appointment
- Information will be available for relatives and friends relevant to your care in accordance with your wishes
- You will always have the opportunity to make your views known and to have them taken into account
- You will receive your first appointment within two years of becoming known to the Programme
- Once you become known to the Programme you will be invited for screening every two years while you are aged 50 to 64 years
- You will be screened using high quality modern equipment which complies with National Breast Screening Guidelines

We aim

- To give you at least seven days notice of your appointment
- To send you information about screening before your appointment
- To see you as promptly as possible to your appointment time
- To keep you informed about any unavoidable delays which occasionally occur
- To provide pleasant, comfortable surroundings during screening
- To ensure that we send results of your mammogram to you within three weeks

If recall is required

We aim

- To ensure that you will be offered an appointment for an Assessment Clinic within two weeks of being notified of an abnormal result
- To ensure that you will be seen by a Consultant doctor who specialises in breast care
- To provide support from a Breast Care Nurse
- To ensure you get your results from the Assessment Clinic within one week
- To keep you informed of any delays regarding your results

If breast cancer is diagnosed

We aim

- To tell you sensitively and with honesty
- To fully explain the treatment available to you
- To encourage you to share in decision-making about your treatment
- To include your partner, friend or relative in any discussions if you wish
- To give you the right to refuse treatment, obtain a second opinion or choose alternative treatment, without prejudice to your beliefs or chosen treatment
- To arrange for you to be admitted for treatment by specialised trained staff within three weeks of diagnosis
- To provide support from a Breast Care Nurse before and during treatment
- To provide you with information about local and national cancer support groups and self-help groups

Tell us what you think

Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve

You have a right to make your opinion known about the care you received

If you feel we have not met the standards of the Women's Charter, let us know by telling the people providing your care or in writing to the Programme

We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service - one that satisfies you

Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you

You can help by

Keeping your appointment time

Giving at least three days notice if you wish to change your appointment

Reading any information we send you

Being considerate to others using the service and the staff

Please try to be well informed about your health

Let us know

If you change your address

If you have special needs

If you already have an appointment

Tell us what you think - your views are important.

Freephone 1800 45 45 55
www.breastcheck.ie

BreastCheck
The National Breast Screening Programme

National Cancer Screening Service

The National Cancer Screening Service encompasses BreastCheck - The National Breast Screening Programme and CervicalCheck - The National Cervical Screening Programme.

QP-010-05

Contents

The National Cancer Screening Service Board

The National Cancer Screening Service Board

The publication of this report has been approved by the Board of the National Cancer Screening Service.

BreastCheck is a programme of The National Cancer Screening Service (NCSS).The National Cancer Screening Service Board was established by the Minister for Health and Children in January 2007.The establishment followed the launch of 'A Strategy for Cancer Control in Ireland 2006' which advocates a comprehensive cancer control policy programme in Ireland by the Cancer Control Forum and the Department of Health and Children.

The Strategy set out recommendations regarding prevention, screening, detection, treatment and management of cancer in Ireland in coming years and recommended the establishment of a National Cancer Screening Service Board.

Governance of BreastCheck and the former Irish Cervical Screening Programme (ICSP) Phase One was transferred to the Board of the NCSS on its establishment. The NCSS has been responsible for the establishment of CervicalCheck – The National Cervical Screening Programme.

The functions of The National Cancer Screening Service are as follows:

- To carry out or arrange to carry out a national breast screening service for the early diagnosis and primary treatment of breast cancer in women;
- To carry out or arrange to carry out a national cervical cancer screening service for the early diagnosis and primary treatment of cervical cancer in women and;
- To advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated;
- To advise the Minister, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer; and
- To implement special measures to promote participation in its programmes by disadvantaged people.

Since its establishment the National Cancer Screening Service has aimed to maximise expertise across screening programmes and improve efficiency by developing a single governance model for cancer screening.

The mandate of the Board of the NCSS also includes a policy, development and advice role. Accordingly the Board of the NCSS recently provided recommendations for a national, population based colorectal cancer screening programme in Ireland. In addition, the Board has established an Expert Group on Hereditary Cancer Risk comprising of experts in the areas of breast cancer, colorectal cancer, cancer epidemiology and medical genetics.

At the request of the Minister for Health and Children, the Board of the NCSS undertook a thorough review of the role of Human Papilloma Virus (HPV) vaccines in the prevention and control of cervical cancer. The Board is also empowered to provide advice to the Minister for Health and Children relating to other screening developments.

On its establishment, Dr Sheelah Ryan, former Chairperson of the National Breast Screening Board was appointed as Chairperson of the Board and Mr Tony O'Brien was appointed as Chief Executive Officer of the National Cancer Screening Service.

The Board, appointed by the Minister for Health and Children, consists of 12 members.

Dr. Sheelah Ryan, *Chairperson*
Dr Gráinne Flannelly
Dr Marie Laffoy
Ms Edel Moloney
Mr Jack Murray
Dr Ailís ní Riain
Dr Ann O'Doherty *(appointed June 08)*
Professor Martin O'Donoghue
Professor Niall O'Higgins *(until June 08)*
Dr Donal Ormonde
Mr Eamonn Ryan
Professor Frank Sullivan
Dr Jane Wilde

Mr Tony O'Brien, *Chief Executive Officer*
Ms Majella Byrne, *Secretary to the Board & Head of Corporate Services*

Report of the Chief Executive Officer

Report of the Chief Executive Officer

Tony O'Brien
Chief Executive Officer

Welcome to the 2007/2008 Programme Report of BreastCheck – The National Breast Screening Programme. This report outlines programme performance data for BreastCheck in 2007 and provides an overview of developments within BreastCheck up to time of publication in December 2008.

BreastCheck was initially established on a pilot basis in 1998 as a specialist agency to provide Ireland's first quality assured, population based breast screening programme for women aged 50-64. The aim of BreastCheck is to detect breast cancer at the earliest possible stage and to date BreastCheck has provided almost 450,000 free mammograms to over 206,800 women and detected over 2,700 breast cancers.

Service standards and quality assurance systems are in place throughout BreastCheck. These high level standards are in line with international guidelines to ensure that the most effective service is provided to women. A specialist BreastCheck multi-disciplinary team provides the screening service to women. Quality assurance standards in operation include the double reading of all mammograms by two separate specially trained radiologists, the use of triple assessment for women who need further investigation and the continuing audit and maintenance of all equipment used.

The programme is fully audited against a range of quality-led criteria as published in the BreastCheck Women's Charter (see page 1). The performance of BreastCheck is continually measured against this Charter to ensure the programme is delivering a service of the highest possible international standards to women in Ireland.

Governance of BreastCheck was transferred to the Board of The National Cancer Screening Service (NCSS) on its establishment in January 2007. I wish to take this opportunity to thank all members of the Board for their dedication and commitment to BreastCheck and their ongoing support in providing women in Ireland with a world leading breast cancer screening service.

Numbers screened

In 2007 BreastCheck – The National Breast Screening Programme provided free mammograms to 66,527 women – the highest annual number of women screened by the programme to date. The overall rate of acceptance of invitation to screening was 76.3%, in excess of the programme target of 70%.

Of the 66,527 women screened in 2007, 2,343 were recalled for further assessment. Three hundred and ninety six women were diagnosed with breast cancer, representing 6 cancers per 1,000 women screened. In 2007, 15,573 of the women screened were new to the programme and 50,954 women had previously received at least one BreastCheck mammogram.

The uptake of first screening invitation continues to be highest in the youngest age group, 50-54 and the majority of women screened for the first time are in this age bracket. For subsequent invitations (women who have attended a BreastCheck appointment previously), there is little difference between the age groups, with a high rate of uptake recorded across all groups.

A full and detailed analysis of the programme statistics is available on pages 15-25 of this report.

Overall in 2007:

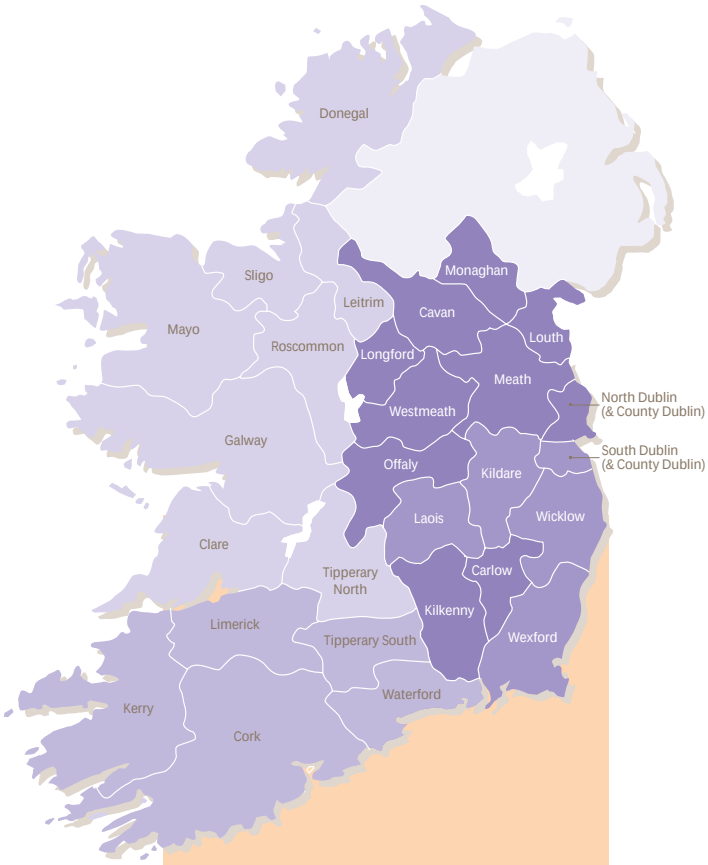
- BreastCheck screened 66,527 women – the highest annual number of women screened by the programme to date
- 396 breast cancers were detected
- The BreastCheck service was extended to women living in the South and West
- The programme performed consistently well against the commitments identified in the BreastCheck Women's Charter.

National expansion

In December 2007 construction was completed and screening began from two new screening units – the BreastCheck Southern Unit located adjacent to South Infirmary Victoria University Hospital, Cork and the BreastCheck Western Unit, located on the campus of University College Hospital, Galway. Recruitment of the specialist teams necessary to deliver the expanded service was also substantially completed.

The BreastCheck Southern Unit will provide the screening service to women living in Counties Cork, Kerry, Limerick, Tipperary South and Waterford. The BreastCheck Western Unit will serve women living in Counties Clare, Donegal, Galway, Leitrim, Mayo, Roscommon, Sligo and Tipperary North. These units, together with eight mobile digital screening units will provide the BreastCheck service to in excess of 149,000 women living in the South and West of the country.

BreastCheck provides free mammograms to women aged 50-64 sequentially, on an area by area basis. In accordance with normal screening schedules, each region is screened on a 21-27 month cycle.



Map of BreastCheck screening regions

BreastCheck Eccles Unit: North Dublin (& County Dublin), Cavan, Carlow, Kilkenny, Longford, Louth, Meath, Monaghan, Offaly, Westmeath

BreastCheck Merrion Unit: South Dublin (& County Dublin), Kildare, Laois, Wexford, Wicklow

BreastCheck Southern Unit: Cork, Kerry, Limerick, Tipperary South, Waterford

BreastCheck Western Unit: Clare, Donegal, Galway, Leitrim, Mayo, Roscommon, Sligo, Tipperary North

BreastCheck screening units

BreastCheck Eccles Unit

BreastCheck Merrion Unit

BreastCheck Southern Unit

BreastCheck Western Unit

Early expansion was achieved in the Western region in April 2007 with the location of a mobile digital screening unit in Roscommon. Screening of women in County Roscommon is now complete. Screening of women from the new BreastCheck Western and Southern Units commenced in December 2007 and has since been extended to women aged 50-64 living in Counties Cork, Galway, Limerick, Mayo, Tipperary North, Tipperary South and Waterford. By November 2008, the BreastCheck screening service had been introduced to over half the counties in the expansion area and over 25,500 women have been invited for their BreastCheck mammogram.

Screening from the BreastCheck Eccles and Merrion units and associated mobile units has continued to increase and women in some areas entered their fourth round of routine screening in 2008.

Digital mammography

In April 2008, BreastCheck – The National Breast Screening Programme became the first national screening service provider worldwide to offer a fully digital mammography service.

The decision to transfer to full digital mammography was taken following a successful pilot programme that demonstrated significant improvements in diagnostic accuracy, particularly for women with denser breast tissue.

BreastCheck introduced digital mammography on a trial basis in 2005 and based on the success of this pilot, the entire BreastCheck screening operation has since been transferred to digital mammography. BreastCheck is committed to ensuring the service it provides is of the highest quality, based on international best practice and with the transfer to a fully digital service, Ireland has become the world leader in the provision of a quality assured national screening service.

On an operational level, the introduction of digital mammography has improved productivity and efficiency within the organisation, primarily as a result of improved image quality. The digital format of x-rays means there is no longer a requirement to process and manage x-ray films which has resulted in health and safety and environmental benefits.

To ensure digital mammography reached the high level, quality assured standards that BreastCheck operates within, revised QA processes and measurements were introduced and implemented across the organisation.

As part of the transition, a new PACS (picture archive and communication system) was developed and extended to enable image management across the entire enterprise. During the process of transferring to digital mammography, BreastCheck replaced all existing conventional x-ray units with digital mammography machinery.

The transfer to full digital mammography was marked with a visit by Minister for Health and Children Mary Harney, TD to a BreastCheck mobile digital screening unit in Leopardstown, Co Dublin.

Pictured during her visit to a BreastCheck mobile is Minister for Health and Children Mary Harney TD, with radiographers Grainne Rigney and Siobhan McCoubrey and Joanne Hammond, National Radiography Adviser.

Graduates of BreastImaging in June 2008 with Anne Teape, BreastImaging NRTC Training Co-ordinator and Training Administrator, Annilese Crean

BreastImaging – The National Radiography Training Centre

In support of its commitment to achieving and maintaining the radiography standards required for high quality mammographic breast screening, BreastCheck – The National Breast Screening Programme established BreastImaging – The National Radiography Training Centre.

Established in association with the Diagnostic Imaging Programme in the School of Medicine and Medical Science, UCD and located at the BreastCheck Eccles Unit, the centre assists BreastCheck in its efforts in recruiting and training the large number of mammographers required to facilitate national expansion. All BreastImaging students receive training at one of BreastCheck's static screening units in Dublin, Cork or Galway, using state of the art digital mammography equipment.

The centre currently offers a year long Graduate Certificate in Mammography (in association with UCD). In addition BreastImaging provides one day clinical update training programmes for mammographers from both BreastCheck and symptomatic services to maintain their continuous professional development.

I congratulate the first intake of students who graduated from Breast Imaging - The National Radiography Training Centre, in June 2008 and wish them well in their careers.

Screening promotion

BreastCheck is supported by a NCSS screening promotion team of eight members. The team aims to promote screening behaviours that are comprehensive, responsive and respectful of the particular needs of the eligible population. Their work focuses on promoting BreastCheck through a range of activities including hosting information sessions for women, attending health seminars, delivering community talks, providing peer education and visiting GP practices.

As part of Breast Cancer Awareness Month in October 2008, BreastCheck supported a nationwide tour of 'Unravelling the Ribbon'. The play, which visited 14 traditional and non-traditional theatre venues across Ireland, tells the story of the impact of breast cancer on the lives of three women. The BreastCheck screening promotion team attended each performance of the play and hosted an information stand at each venue. Throughout its run, the play attracted over 2,000 attendees.

A selection of BreastCheck promotional materials

Head of Human Resources Colette Murphy (r) with Janice Benson at the BreastCheck recruitment and information stand at the Symposium Mammographicum in Lille, July 2008.

Recruitment

BreastCheck undertook a targeted recruitment campaign for radiographers and mammographers throughout 2007/8 to support national expansion of the service. Dedicated recruitment evenings for mammographers were hosted nationwide. In addition BreastCheck showcased its transfer to full digital mammography at this year's Symposium Mammographicum by bringing a BreastCheck mobile digital screening unit to the event in Lille. BreastCheck attracted great interest among conference attendees who were keen to discuss the experience of digital mammography and the opportunities available for radiographers in Ireland.

In the North West there have been particular operational challenges. Despite extensive national and local efforts to recruit radiographers in the region we did not have the level of success hoped. The availability of radiographers in a particular region is one of the operational considerations that dictate the screening sequence. However significant progress in the recruitment of radiographers is being made and efforts will continue to recruit / second qualified mammographers / radiographers until all required posts have been filled.

Management developments

With the development of BreastCheck as a truly national organisation, Dr Ann O'Doherty, Clinical Director of the BreastCheck Merrion Unit has been appointed Lead Clinical Director of BreastCheck. This is a rotational post of five years duration to be held from time to time by one of BreastCheck's four Clinical Directors. Dr O'Doherty will support and foster clinical cohesion across the entire BreastCheck organisation.

Ann O'Doherty

Orla Laird

Orla Laird has been appointed interim General Manager NCSS Breast Screening Division to support and facilitate the Clinical Directors and Unit Mangers in the optimal delivery of the BreastCheck programme. Joanne Hammond, previously acting National Radiography Adviser has assumed this role on a full-time basis.

Professor Niall O'Higgins, one of the original members of the first Board of BreastCheck has been appointed Professor and Chairman of the Department of Surgery and Director of the Senior Cycle, Royal College of Surgeons in Ireland, Medical University of Bahrain. In light of his new role, Professor O'Higgins is unable to continue as a Board member. I sincerely thank Niall for his invaluable commitment and contribution to BreastCheck over the years and wish him continued success in his new role.

Future plans

The absolute priority for BreastCheck – The National Breast Screening Programme remains the completion of expansion of the service to all women aged 50-64 living in the Western and Southern regions.

BreastCheck currently provides free mammograms to women aged 50-64 as the incidence of breast cancer is highest amongst this age group. Following the national expansion of the breast screening programme and subject to the provision of additional resources, the Board of the National Cancer Screening Service has approved extending the upper screening age limit to women aged 69 in accordance with the European Council's recommendation. This decision has been taken in line with Government policy and the National Cancer Control Strategy (2006). The timing of the extension is, of course, resource dependent.

As a national screening service it is our duty to continually assess new and emerging evidence in screening benefits, including the optimum age range for screening. Accordingly the Board of the National Cancer Screening Service has commissioned an internal review to examine the evidence for reducing the lower screening age limit from 50 to 47 years. This is under examination and no decision will be made until a thorough review is complete.

There is an important policy process underway concerning the development and integration of cancer services in the context of the new cancer strategy and the ongoing development of the National Cancer Control Programme (NCCP), which the NCSS has been centrally involved in and for which it has in many respects been a model.

In October 2008 the Minister for Finance announced in the Budget Day speech the Government's intention to include the NCSS and the National Cancer Registry within the governance framework of the NCCP.

At present there is no timetable for this evolution in governance arrangements. The Board of the NCSS, the Minister for Health & Children and Professor Tom Keane, interim Director of the NCCP are in agreement that such a transition should only occur when it is absolutely safe to do so, in terms of protecting The National Breast Screening Programme. It has been agreed that the NCSS will continue to be a distinct and recognisable business unit, with an identifiable budget, facilities and resources and onging internal Quality Assurance systems.

BreastCheck Radiography Services Managers

Catherine Vaughan
BreastCheck
Eccles Unit

Claire O'Sullivan
BreastCheck
Merrion Unit

Muriel Rose
BreastCheck
Southern Unit

Joan Raftery
BreastCheck Western Unit

Conclusion

It is a testament to the effectiveness of the Board, management and staff of the NCSS that BreastCheck – The National Breast Screening Programme has become a world leader in the provision of digital mammography and that within 11 months of commencement of screening in the South and West that BreastCheck is now available to women in eight of the 13 counties in the expansion area.

I would like to thank the staff of the host hospitals for their support regarding timely admission to hospital for women that require treatment. This is one of our most challenging performance parameters. I also wish to pay tribute to our colleagues at the Cancer Policy Division.

As CEO of BreastCheck it gives me great pleasure to recognise the support of our Board members and our Chairperson Dr Sheelah Ryan. I would also like to thank Clinical Directors Dr Fidelma Flanagan (BreastCheck Eccles Unit), Dr Ann O'Doherty (BreastCheck Merrion Unit), Dr Alissa Connors (BreastCheck Southern Unit) and Dr Aideen Larke (BreastCheck Western Unit) whose combined tremendous efforts have facilitated the rapid expansion of BreastCheck.

The past year has seen the issue of breast cancer become a topic of continued national debate and anxiety following a number of cases of breast cancer misdiagnosis. It is imperative that women eligible for BreastCheck retain their confidence in the service and are not deterred from attending their routine screening appointments.

To dispel any potential confusion around the difference between symptomatic and asymptomatic screening among the general public, BreastCheck increased and focused its communications to clarify the purpose of a screening service, to encourage women to attend their BreastCheck appointment and at all times, to remain breast aware. Particular efforts were made to help the general public understand the role of screening programmes.

We endeavoured to reassure women of the quality assured standards that form the foundation of the BreastCheck service. With these in place, women can be assured that every effort is being made to minimise the risk of a potential misdiagnosis. I am pleased to report that acceptance levels of invitation to screening have not been negatively affected. BreastCheck will continue to ensure that every woman eligible for a BreastCheck mammogram can remain confident in the service.

BreastCheck Unit Managers

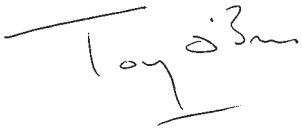
Linda Wilson
BreastCheck
Eccles Unit

Liz Denieffe
BreastCheck
Merrion Unit

Belinda Carroll
BreastCheck
Southern Unit

Jennifer Kelly
BreastCheck
Western Unit

In light of the rapid expansion of BreastCheck I am proud that our overall goal remains clearly evident – to reduce the mortality of breast cancer among women in Ireland. The BreastCheck programme is and must remain focused on quality assurance for the women we screen. I would like to acknowledge the invaluable support provided to BreastCheck by all at the NCSS and thank each and every member of the BreastCheck team for their hard work in the delivery of a world class screening programme that is expertly delivered in line with best international standards.



Tony O'Brien
Chief Executive Officer
National Cancer Screening Service Board

Programme statistics 2007

BreastCheck – The National Breast Screening Programme

Programme statistics relating to 2007

The figures reported relate to those women contacted by BreastCheck between 01 January and 31 December 2007. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (4th edition) and National Cancer Screening Service Quality Assurance (QA) standards.

In late 2007 screening commenced in two new units in the South and West of the country. The data presented is for the programme as a whole, encompassing all four screening units and associated mobile units in the country. The number of women invited by BreastCheck has risen by almost 5,000 this year, with over 88,000 women invited for screening for a first or subsequent time. The number of women invited has increased year on year since inception of the programme, with a corresponding increasing number of women screened each year (Figures 1 and 2). This year over 66,000 women accepted the invitation to screening and 396 cancers were detected. The eligible woman acceptance and known target population acceptance rates remain above the target of 70%. The programme standardised detection ratio remains well above target.

Table 1: Screening activity overall

Performance parameter	2007
Number of women invited	88,214
Number of eligible women invited*	87,156
Number of women who opted not to consent	1,169
Number of women attending for screening	66,527
Eligible women acceptance rate (includes women who opted not to consent)	76.3%
Known target population acceptance rate**	74.4%
Number of women recalled for assessment	2,343
Number of open benign biopsies	82
Number of cancers detected	396
Cancers detected per 1,000 women screened	6.0
Number of in situ cancers	77
Number of invasive cancers <15mm	164
Standardised detection ratio	1.18

* Eligible refers to the known target population less those women excluded or suspended by the programme based on certain eligibility criteria.

** Known target refers to all women of screening age that are known to the programme.

Details of the ineligible categories

Excluded – Women in follow up care for breast cancer, not contactable by An Post, physical / mental incapacity (while BreastCheck attempts to screen all eligible women, certain forms of physical or mental incapacity may preclude screening), terminal illness, other.

Suspended – Women on extended vacation / working abroad, had a mammogram less than a year previously, opt to wait until next round, woman wished to defer appointment, unwilling to reschedule, other.

Figure 1: Numbers invited 2002-2007 – initial and subsequent

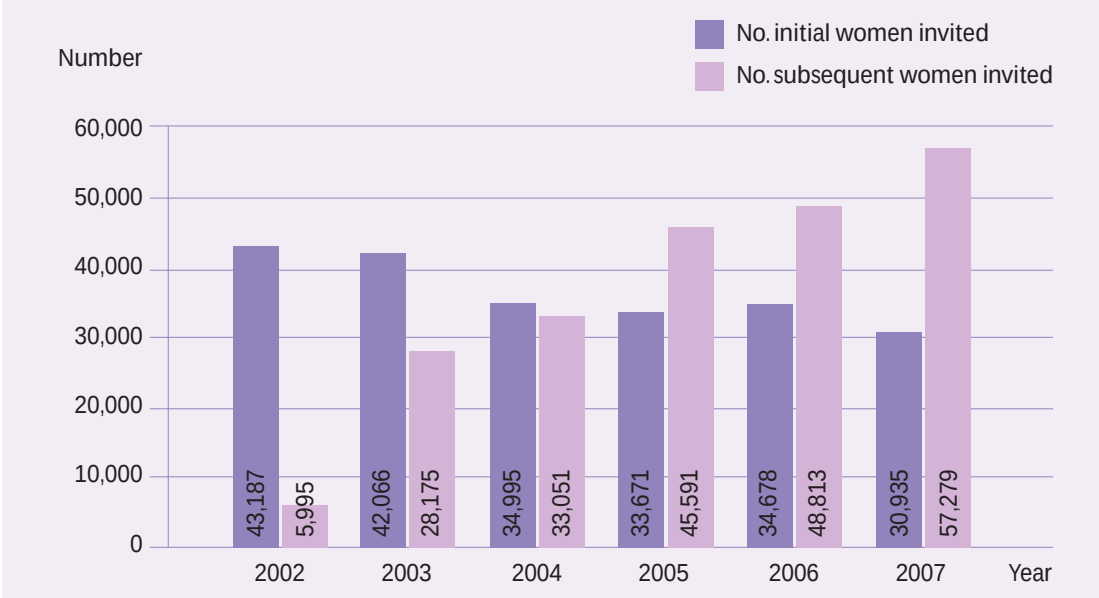


Figure 2: Numbers screened 2002-2007 – initial and subsequent

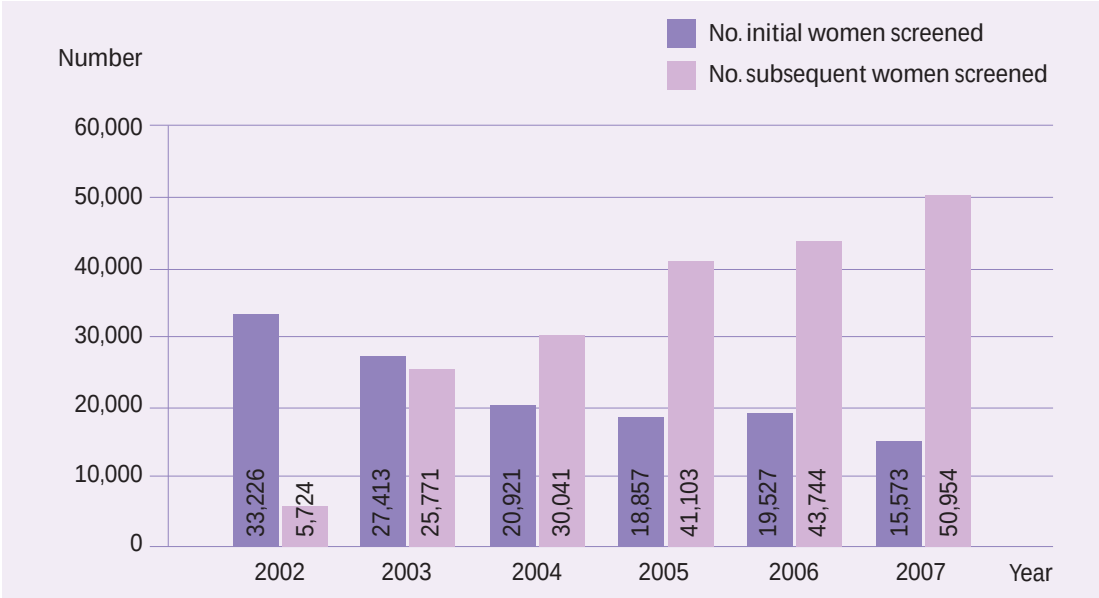


Table 2: Screening activity by type of screen

Of eligible women invited for the first time or for a subsequent screening, slightly lower proportions attended for screening this year. Those who do not respond to their first invitation for screening are invited again in the subsequent round; the percentage of previous non-attenders taking up this invitation for screening remains low at 17.3%.

Performance parameter	First invited population	Previous non-attenders	Subsequent population
Number of women invited	21,443	9,492	57,279
Number of eligible women invited	20,113	9,492	57,551
Number of women who opted not to consent*	73	-	1,096
Number of women screened	13,929	1,644	50,954
Eligible women acceptance rate (including women who opted not to consent)	69.3%	17.3%	88.5%
Known target population acceptance rate	64.7%	17.3%	87.3%

* Opted not to consent in previous round of screening, but remain within target age group of 50-64 years.

Table 3: Screening activity by type of screen and age group

The pattern of uptake of first screening invitation continues to be highest in the youngest age group, 50-54. The majority of women screened for the first time are in this age group. We see a similar pattern of uptake in previous non-attenders, with the highest rates in the younger age group. For subsequent invitations, there is little difference between the age groups, with a high rate in each.

Table 3(i): First invited population

Performance parameter	Age group 50-54	55-59	60-64
Number of women invited	16,096	2,962	2,179
Number of eligible women invited	15,464	2,594	1,869
Number of women who opted not to consent	42	10	15
Number of women screened	11,332	1,408	1,074
Eligible women acceptance rate (including women who opted not to consent)	73.3%	54.3%	57.5%
Known target population acceptance rate	70.2%	47.4%	49.0%

Table 3(ii): Previous non-attenders

Performance parameter	Age group 50-54	55-59	60-64
Number of previous non-attenders invited	1,950	3,946	3,516
Number of women screened	583	627	406
Known target population acceptance rate	29.9%	15.9%	11.5%

Table 3(iii): Subsequent invite

Performance parameter	Age group 50-54	55-59	60-64
Number of women invited	12,089	24,844	20,203
Number of ineligible women*	185	340	298
Number of eligible women invited	12,035	24,928	20,446
Number of women who opted not to consent**	131	424	541
Number of women screened	10,661	22,207	17,853
Eligible women acceptance rate (including women who opted not to consent)	88.6%	89.1%	87.3%
Known target population acceptance rate	86.3%	86.4%	83.9%

* Identified as ineligible in previous round of screening or in this round, but remain in the target population.

** Opted not to consent in previous round, but remain in the target population.

Table 4: Screening quality – first screen

This table presents data on women attending screening for the first time. The recall rate was just in excess of the standard this year and the percentage Ductal Carcinoma in Situ (DCIS) was outside the standard. However all other parameter standards were met, with a rise in invasive cancer detection rates. The higher invasive cancer detection and recall rates and higher standardised detection ratio reflect the introduction of digital mammography to the programme.

Performance parameter	2007	Standard
Number of women screened for first time	15,573	
Number of women recalled for assessment	1,128	
Recall rate	7.2%	<7%
Number of benign open biopsies	42	
Benign open biopsy rate per 1,000 women screened	2.70	<3.6
Number of women diagnosed with cancer	120	
Cancer detection rate per 1,000 women screened	7.71	
Number of women with in situ cancer (DCIS)	27	
Pure DCIS detection rate per 1,000 women screened	1.73	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	22.5%	10-20%
Number of women diagnosed with invasive cancer	93	
Invasive cancer detection rate per 1,000 women screened	5.97	
Invasive cancer detection rate per 1,000 women screened for women aged 50-51	4.00	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	8.00	>5.2
Number of women with invasive cancers <15 mm	43	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	46.2%	≥40%
Standardised detection ratio	1.10	0.75

Table 5: Screening quality – subsequent screen

This table presents data on women attending screening for a subsequent time. The invasive cancer detection rate has risen considerably since 2006; over half of these women found to have invasive cancer have a very small cancer (under 15mm)(Figure 3). All other quality parameters have been met or exceeded. This year again in these subsequently screened women we see a small increase in recall rate, an increase in the invasive cancer detection rate and standardised detection ratio related to use of digital mammography in the programme.

Performance parameter	2007	Standard
Number of women returning for subsequent screen	50,954	
Number of women recalled for assessment	1,215	
Recall rate	2.4%	<5%
Number of benign open biopsies	40	
Benign open biopsy rate per 1,000 women screened	0.79	<2
Number of women diagnosed with cancer	276	
Cancer detection rate per 1,000 women screened	5.42	≥3.5
Number of women with in situ cancer (DCIS)	50	
Pure DCIS detection rate per 1,000 women screened	0.98	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	18.1%	10-20%
Number of women diagnosed with invasive cancer	226	
Invasive cancer detection rate per 1,000 women screened	4.44	>2.4
Number of women with invasive cancers <15mm	121	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	53.5%	≥40%
Standardised detection ratio	1.21	0.75

Figure 3: Women with invasive cancers <15mm as % of all with invasive cancers 2002-2007 – initial and subsequent

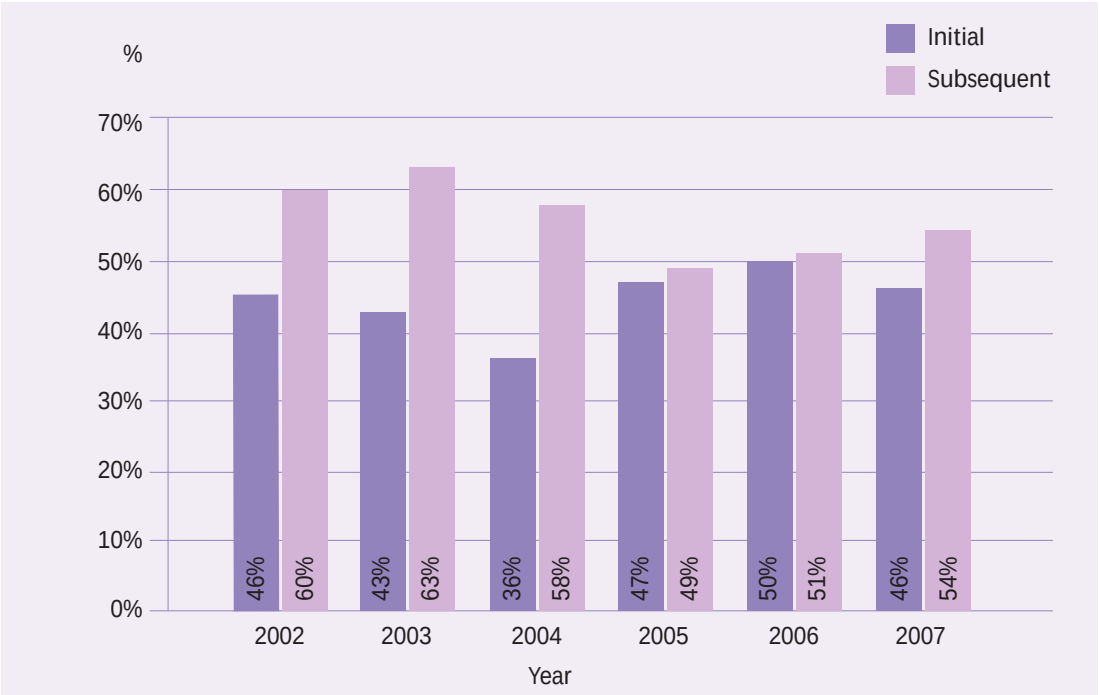


Table 6: Screening outcome – first screen by age group

Performance parameter	Age group 50-54	55-59	60-64
Number of women screened	11,915	2,035	1,480
Percentage of women recalled for assessment	7.3%	7.5%	6.1%
Benign open biopsy rate per 1,000 women screened	2.85	3.44	0.68
Overall cancer detection rate per 1,000 women screened	6.4	9.3	16.2

Table 7: Screening outcome – subsequent screen by age group

Performance parameter	Age group 50-54	55-59	60-64
Number of women screened	10,661	22,207	17,853
Percentage of women recalled for assessment	2.6%	2.3%	2.4%
Benign open biopsy rate per 1,000 women screened	1.13	0.72	0.67
Overall cancer detection rate per 1,000 women screened	3.9	5.0	6.8

Table 8: Cancers with non-operative diagnosis

The proportions of women with a non-operative diagnosis of cancer remain high for both initial and subsequent screening. A non-operative diagnosis at the assessment clinic allows the woman plan her treatment with her surgeon in advance of any surgical procedure.

Performance parameter	Initial screening	Subsequent screening	Standard
Percentage of women with non-operative diagnosis of cancer	90.0%	96.4%	≥70%

Table 9: Outcome of first screens by region

HSE administrative regions are different to BreastCheck screening regions (Figure 4). We report here based on HSE administrative regions to allow ready comparison with other health initiatives. A greater proportion of those screened who were resident in the Southern and Western regions were in the older age groups than from the Dublin regions, with a corresponding higher cancer detection rate.

Region of residence	Number of women screened	Eligible population acceptance rate	Target population acceptance rate	Number of cancers detected	Number of cancers detected per 1,000 women screened
Dublin and North East region	3,452	45.1%	43.4%	26	7.5
Dublin and Mid Leinster region	8,225	50.8%	48.3%	52	6.3
Southern region	1,838	59.6%	57.1%	19	10.3
Western region	2,058	76.8%	73.0%	23	11.2

Figure 4: HSE administrative regions

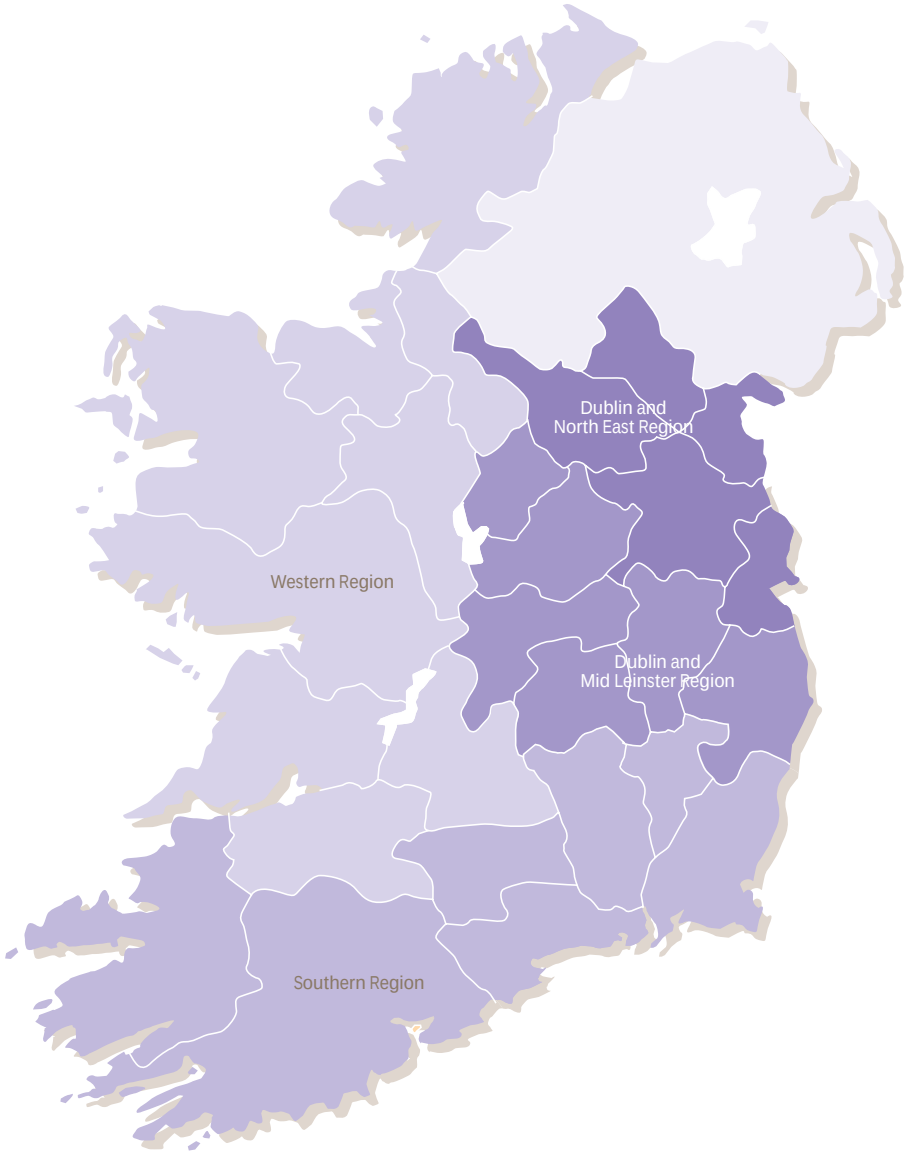


Table 10: Outcome of subsequent screens by region

Where numbers are small, i.e. the Western region, the rates are unreliable. Cancer detection rates are similar in the other three areas.

Region of residence	Number of women screened	Eligible population acceptance rate	Target population acceptance rate	Number of cancers detected	Number of cancers detected per 1,000 women screened
Dublin and North East region	13,993	86.9%	85.8%	76	5.4
Dublin and Mid Leinster region	33,425	88.9%	87.6%	182	5.4
Southern region	3,490	91.3%	89.8%	17	4.9
Western region	46	67.6%	66.7%	1	n/a*

* Rate not presented as small numbers make it unreliable.

Table 11: Women's Charter parameters

Most Women's Charter parameter targets are met or exceeded. The proportion of women invited within two years of becoming known to the programme and eligible for screening and the proportion offered hospital admission for treatment within three weeks of diagnosis of breast cancer are just short of the targets.

Performance parameter	2007	Standard
% women who received 7 days notice of appointment	98.3%	≥90%
% women who were sent results of mammogram within 3 weeks	99.2%	≥90%
% women offered an appointment for assessment clinic within 2 weeks of notification of abnormal mammographic result	95.1%	≥90%
% women given results from assessment clinic within 1 week	93.6%	≥90%
% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	86.8%	≥90%
% women re-invited for screening within 21-27 months of invitation at previous round	90.2%	≥90%
% women eligible for screening invited for screening within 2 years of becoming known to the programme	89.2%	≥90%

Glossary

Glossary

Assessment

Further investigation of a mammographic abnormality or symptom reported at screening. BreastCheck offers a triple assessment approach which is a combination of clinical examination, additional imagery (mammography or ultrasound) and biopsy.

Benign

Not cancerous. Cannot invade neighbouring tissues or spread to other parts of the body.

Benign breast changes

Non cancerous changes in the breast.

Biopsy

The removal of a sample of tissue or cells for examination under a microscope. Biopsy is used to aid diagnosis.

Cancer

A general name for more than 100 diseases in which abnormal cells grow out of control. Cancer cells can invade and destroy healthy tissues and can spread to other parts of the body.

Carcinoma

Cancer that begins in tissues lining or covering the surfaces of organs, glands or other body structures.

Clinical breast exam

A physical exam by a doctor or nurse of the breast, underarm and collarbone area.

Cytology

Examination of cells or tissues under a microscope for evidence of cancer.

Ductal Carcinoma in Situ (DCIS)

Cancer that is confined to the ducts of the breast tissue.

Eligible women

The known target population less those women excluded or suspended by the programme based on certain eligibility criteria.

Excluded

Women in follow-up care for breast cancer, not contactable by An Post, physical / mental incapacity (while BreastCheck attempts to screen all eligible women, certain forms of physical or mental incapacity may preclude screening), terminal illness, other.

First invited population

Women who have been invited by BreastCheck for a screening appointment for the first time in a screening round.

Initial screening

A woman's first screening mammogram at a BreastCheck unit.

Invasive cancer

Cancer that has spread to nearby tissue, lymph nodes under the arm or other parts of the body.

Known target population

All women of screening age that are known to the programme.

Malignancy

Cancer. Malignant tumours can invade surrounding tissues and spread to other parts of the body.

Mammogram

An x-ray of the breast.

Mortality

A death.

Oncology

The study of cancer. An oncologist is a specialist in cancer and cancer treatments.

Previous non-attenders

Women who did not attend their BreastCheck screening appointment in the previous screening round/s.

Radiologist

A doctor with special training in the field of diagnostic imaging.

Risk

A measure of the likelihood of some uncertain or random event with negative consequences for human life or health.

Screening mammogram

Breast x-ray used to look for signs of disease such as cancer in women who are symptom free. Used to detect a breast cancer at an earlier stage than would otherwise be the case.

Standardised detection ratio

An age-standardised measure in which the observed number of invasive breast cancers detected is compared with the number which would have been expected.

Subsequent screening

A screening mammogram when a woman has attended a previous BreastCheck screening appointment.

Suspended

Women on extended vacation / working abroad, women who have had a mammogram less than a year previously, women who opt to wait for the next screening round, women who wished to defer their appointment, other.

Symptom

Any evidence of disease.

Tumour

An abnormal growth of tissue. Tumours may be either benign or malignant.

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