BreastCheck
The National Breast Screening Programme

PROGRAMME REPORT 2008-2009

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

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Overview – The National Cancer Screening Service

BreastCheck – The National Breast Screening Programme 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 – The National Breast Screening Programme and the former Irish Cervical Screening Programme (ICSP) Phase One was transferred to the Board of the National Cancer Screening Service on its establishment. The National Cancer Screening Service 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
- 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
- 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 National Cancer Screening Service also includes a policy, development and advice role. This has related initially to formulating a proposal for a national, population-based colorectal screening programme. In addition, the Board has established an Expert Group on Hereditary Cancer Risk and introduced Ireland's first Lung Cancer Forum.

On its establishment, Dr Sheelah Ryan 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. The National Cancer Screening Service works closely with the National Cancer Control Programme (NCCP). In due course the National Cancer Screening Service will formally become part of the NCCP.

Members of the Board of the National Cancer Screening Service

Dr Sheelah Ryan, Chairperson
Dr Gráinne Flannelly
Dr Marie Laffoy
Ms Edel Moloney
Mr Jack Murray
Dr Ailís ní Riain
Dr Ann O'Doherty
Professor Martin O'Donoghue
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 and Head of Corporate Services

National Cancer Screening Service Mission Statement

National Cancer Screening Service

The National Cancer Screening Service will develop and provide quality cancer screening programmes for people in Ireland

Established by the Minister for Health and Children in 2007, the NCSS endeavours to provide quality assured cancer screening programmes for the people of Ireland. The NCSS will maximise expertise across programmes and improve efficiency by developing and implementing a single governance model for cancer screening.

As set out in the Statutory Instrument, the Board will:

- Advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated
- Advise the Minister for Health and Children, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer
- Implement special measures to promote participation in its Programmes by disadvantaged people

The National Cancer Screening Service (NCSS) currently encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck –The National Cervical Screening Programme

NCSS-POL-PM-1 Rev 1

Chief Executive Officer’s Update

Tony O'Brien
Chief Executive Officer

Overview

Welcome to the 2008-2009 programme report of BreastCheck – The National Breast Screening Programme. This report outlines Programme performance data for 2008 and provides an overview of activities and developments within BreastCheck up to the time of publication in December 2009.

BreastCheck was established in 1998 as a specialist agency to provide Ireland's first quality assured, population-based breast screening programme for women aged 50 to 64. Governance of BreastCheck was transferred to the Board of the National Cancer Screening Service (NCSS) on its establishment in January 2007.

The aim of BreastCheck is to detect breast cancer at the earliest possible stage. To date BreastCheck has provided almost 560,000 free mammograms to over 276,000 women and detected over 3,500 breast cancers.

Service standards and quality assurance systems are in place throughout the BreastCheck programme. The Programme is fully audited and performance is measured against a range of service standards to ensure that the most effective service is provided to women in Ireland and is of the highest possible international standards. The standards are published in the BreastCheck Women's Charter (see page 1). During the reporting period the third edition of the Guidelines for Quality Assurance in Mammography Screening was developed and published by the BreastCheck Quality Assurance Committee.

A specialist BreastCheck multidisciplinary 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. Women requiring further investigation are re-called to triple assessment. The Programme utilises state of the art equipment and is the first national programme to have fully converted to digital mammography.

Numbers Screened

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

In 2008 and early 2009 BreastCheck – The National Breast Screening Programme provided free mammograms to 92,061 women who accepted their invitation to screening issued in 2008 – the highest number of women screened by the Programme to date. The overall rate of acceptance of invitation to screening was 77.4 per cent, in excess of the Programme target of 70 per cent.

Of the 92,061 women who accepted their invitation to screening in 2008, 4,119 were re-called for further assessment. Six hundred and seventy two women were diagnosed with breast cancer, representing 7.3 cancers per 1,000 women screened, compared to six cancers per 1,000 in 2007. In 2008, 39,802 of the women screened were new to the Programme and 52,259 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 to 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 17-27 of this report.

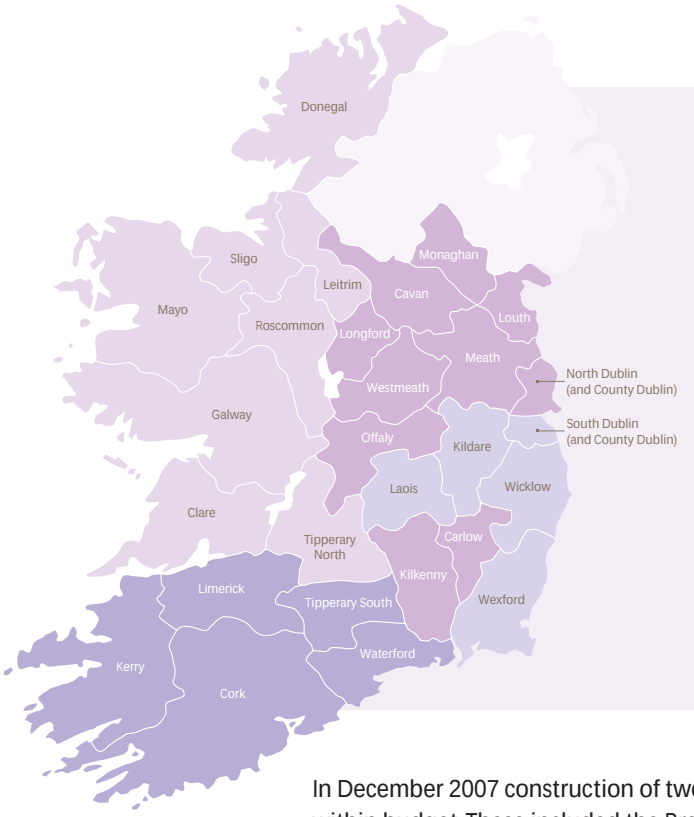
In summary during the reporting period:

- BreastCheck screened 92,061 women – the highest annual number of women screened by the Programme to date, compared to 66,527 women in 2007/08
- 672 breast cancers were detected, compared to 396 cancers in 2007/08
- First round screening has been provided to all remaining counties in the southern and western regions, within 22 months of initial expansion and over 67,000 women screened from commencement of screening to the end of October 2009
- The Programme performed consistently well against the majority of commitments identified in the BreastCheck Women's Charter

Ongoing Screening

At the commencement of the Programme in February 2000, BreastCheck began offering breast screening to women aged 50 to 64 in the then Eastern Regional Health Authority, North Eastern and Midland Health Board areas. In 2003 approval was given for the extension of BreastCheck to Wexford, Kilkenny and Carlow. Screening commenced in Wexford in March 2004 and was extended to women in Carlow in 2005 and in Kilkenny in May 2006.

Screening of women in the north east, east, midlands and parts of the south east is managed by the BreastCheck Eccles Unit, located on the campus of the Mater Misercordiae University Hospital and the BreastCheck Merrion Unit, located at St Vincent's University Hospital. These units and an additional eight mobile digital screening units provide the service to approximately 190,000 eligible women aged 50 to 64.



Map of BreastCheck screening regions

- **BreastCheck Eccles Unit:** North Dublin (and County Dublin), Cavan, Carlow, Kilkenny, Longford, Louth, Meath, Monaghan, Offaly, Westmeath
- **BreastCheck Merrion Unit:** South Dublin (and 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

In December 2007 construction of two new screening units was completed on time and within budget. These included the BreastCheck Southern Unit and BreastCheck Western Unit – to serve women in the southern and western regions. Screening commenced in both units in December 2007.

Screening of women in the western region is managed by the BreastCheck Western Unit located on the campus of Galway University Hospital. Screening of women in the southern region is managed by the BreastCheck Southern Unit located adjacent to South Infirmary Victoria University Hospital. These units and an additional seven mobile digital screening units provide the service to approximately 153,000 eligible women aged 50 to 64.

When screening started in the south and west in December 2007, BreastCheck indicated that it would take in excess of 24 months to deliver the service to all 13 counties in the expansion area. In October 2009, BreastCheck had reached all remaining counties in the expansion area, within 22 months of initial expansion.

At the time of publication (December 2009) screening is either completed or has commenced in all 13 counties in the first round of screening. The number of women screened in the BreastCheck Southern Unit from commencement of screening to end of October 2009 was over 37,000 women. The number of women screened in the Western Unit from commencement of screening to the end of October 2009 was over 30,000 women.

BreastCheck Clinical Directors: Dr Fidelma Flanagan, BreastCheck Eccles Unit, Dr Ann O'Doherty, BreastCheck Merrion Unit, Dr Alissa Connors, BreastCheck Southern Unit, Dr Aideen Larke, BreastCheck Western Unit

BreastCheck Radiographers at a BreastCheck mobile unit

The BreastCheck Women's Charter

We publish detailed Programme reports to highlight the successes and also those areas that are more challenging to the Programme's performance from time to time. The Programme performed consistently well against the majority of commitments identified in the BreastCheck Women's Charter.

In the following two areas BreastCheck did not achieve target performance parameters during 2008:

- Percentage of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer

  In this regard BreastCheck achieved 81.7 per cent against a target of 90 per cent.

  While this target was not fully met, it should be acknowledged that over 90 per cent of women were offered a bed within three weeks and five days. Slippage of any target across the Programme is not desirable, yet it must be interpreted within the context of the pressures that our key hospitals are experiencing. Each host hospital has made huge efforts to accommodate the admission of BreastCheck women who are referred for surgery.

- Percentage of women who are re-invited for screening within 27 months of their invitation at previous round of screening

  BreastCheck achieved 86.5 per cent against a target of 90 per cent.

  Some screening round slippage occurred however 93 per cent of women were re-invited within 28 months of their invitation at previous round. It is a challenge to balance the priority of first and subsequent women against a background of not having a full complement of radiography staff. BreastCheck now has a full complement of radiography staff and this should assist in improving performance in the future.

Members of the BreastCheck Multidisciplinary Consultants Quality Assurance Committee

Some staff members from the BreastCheck Eccles Unit

Some staff members from the BreastCheck Merrion Unit

Some staff members from the BreastCheck Western Unit

Some staff members from the BreastCheck Southern Unit

Screening Locations

Typically BreastCheck visits each county every two years however, reflecting the Programme's expansion, during 2009 BreastCheck was active in the following counties: Carlow, Cavan, Clare, Cork, Donegal, Dublin, Galway, Kerry, Kildare, Kilkenny, Laois, Leitrim, Limerick, Longford, Louth, Meath, Mayo, Offaly, Roscommon, Sligo, Tipperary north and south, Waterford, Westmeath, Wexford and Wicklow. Women were screened at either one of BreastCheck's four static units or 15 mobile digital screening units.

Changes to Symptomatic Cancer Services at the South Infirmary Victoria University Hospital

While BreastCheck does not provide a symptomatic breast cancer service, the Programme works closely with the symptomatic service at each of its host hospitals. Symptomatic breast services at South Infirmary Victoria University Hospital (SIVUH) transferred to Cork University Hospital on 1 December 2009. The BreastCheck Southern Unit is located adjacent to SIVUH and consequently may be relocated in due course.

BreastCheck is currently exploring options for the potential transfer of the BreastCheck Southern Unit. No firm plans or schedule are in place. The BreastCheck Southern Unit was designed for multiple potential uses and the value of this facility will be retained for the benefit of the public and its use. Any transfer will be executed in a carefully planned manner with no disruption to the screening service.

Public Sector Recruitment

In common with all agencies operating in the public sector, BreastCheck is subject to the general public sector recruitment moratorium. Due to the nature of the screening service provided by BreastCheck, permission was sought to recruit key posts necessary to enable maintenance of quality assured screening and completion of first round screening nationwide. Permission to proceed with the necessary recruitment was obtained in May 2009. Since then, BreastCheck has been introduced to all remaining counties in the expansion area within schedule and BreastCheck now operates with a full complement of radiography staff.

BreastImaging - National Radiography Training Centre

BreastImaging - Ireland's National Radiography Training Centre was established in association with University College Dublin (UCD) to assist BreastCheck in its efforts to recruit and train the large number of mammographers required to facilitate national expansion. All BreastImaging students receive training at one of BreastCheck's static units in Dublin, Cork or Galway, using state of the art digital mammography equipment.

BreastImaging celebrated its second successful year of operation with the awarding of Graduate Certificates in Mammography to 12 students in 2008 and 13 students in 2009. The Centre's second group of students is nearing graduation.

The current course provides a coherent programme of education for radiographers to extend their professionalism and enhance professional practice in mammography. The qualification of Graduate Certificate in Mammography is awarded following successful completion of three modules (two theory modules and a clinical practice module).

Communications and Screening Promotion

An extensive communications approach is implemented and is aimed at informing, educating and encouraging women to participate in the BreastCheck programme.

This includes public relations, advertising and screening promotion. It is a priority that the Programme is accessible to all eligible women in the population. Some women, particularly those considered 'harder to reach' experience barriers that hinder their access to screening services for a variety of reasons including fear, anxiety, intellectual and physical disabilities, literacy difficulties and language barriers.

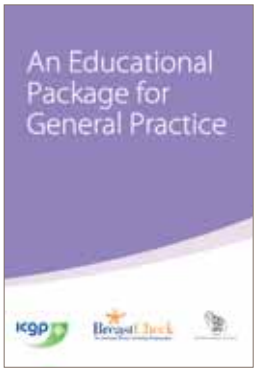
There is a designated Communications and Screening Promotion team with a national focus and based in Cork, Dublin, Galway and Limerick. The overarching objective of the screening promotion strategic framework is to maintain and further develop an equitable, quality assured, innovative and women-centred approach to increasing awareness of and participation in the BreastCheck programme, particularly among harder to reach and disadvantaged women.

Throughout the reporting period the team implemented specific initiatives to reduce barriers and so encourage eligible women to participate in the BreastCheck programme across all socio-economic groups.

The team worked closely with groups as varied as regionally-based partnerships, RAPID co-ordinators, community development projects, the social inclusion department at the HSE, the Irish Country Women's Association family resource centres, women's networks, traveller primary health care projects, community network groups, charities and representative groups for asylum seekers and refugees, women with special needs and migrant women's groups.

BreastCheck TV advertisement

A selection of BreastCheck materials



A selection of BreastCheck promotional materials

Links with Health Professionals

The contribution and co-operation of General Practitioners (GPs) and Practice Nurses (PNs) is essential for the continued success of the BreastCheck programme. Since the commencement of the Programme, uptake rates have consistently exceeded the target of 70 per cent. Encouraging maximum uptake is essential and this can only be achieved with partners in the wider healthcare arena, including GPs and PNs. Women make their own decisions about screening and they will seek out accurate information and impartial advice and many women will turn to their health professional.

BreastCheck recently published the fourth edition of its Educational Package for Health Professionals. The Educational Pack acts as an information resource on the management of breast cancer and the BreastCheck screening programme. Aimed at health professionals working in general practice and primary care settings, the pack was developed in conjunction with the Irish College of General Practitioners and the Irish Practice Nurses Association to provide health care professionals with the most up-to-date information and guidance on current best practice in the fields of breast screening and breast cancer management.

Future Plans

The greatest challenge now facing us is to maintain the standards achieved to date across the Programme nationally. The priority for BreastCheck – The National Breast Screening Programme is to provide high quality screening on an ongoing basis and to complete delivery of the first round of screening to those remaining women aged 50 to 64 living in the western and southern regions in 2010.

BreastCheck currently provides free mammograms to women aged 50 to 64 as the incidence of breast cancer is highest amongst this age group. The National Cancer Control Strategy has recommended increasing the upper age limit from 64 to 69.

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 last year commissioned an internal review to examine the evidence for reducing the lower screening age limit from 50 to 47 years. Following this exercise insufficient evidence of benefit was found to reduce the age range for breast screening.

BreastCheck is subject to the public sector recruitment moratorium, except certain roles that are crucial for the provision of screening. These include consultants, radiologists, medical laboratory scientists and breast care nurses. Other necessary roles and grades can be recruited from within the health sector. BreastCheck is operating in an economically challenged climate and the Programme is operating within tighter budgetary constraints.

In the future, following completion of the first round of screening nationally, the availability of resources will dictate the ability to progress the extension of age range of BreastCheck to women aged 65 to 69.

Regardless of the economic situation adherence to quality assurance will not be compromised. The priority is to continue delivering a vital quality assured breast cancer screening programme to eligible women in Ireland.

The NCSS will continue to work closely with the National Cancer Control Programme (NCCP) and in pursuit of ongoing development of breast cancer services across the country. In due course the NCSS will formally become part of the NCCP.

Conclusion

I am pleased to report this enormous progress made by BreastCheck throughout 2008 and 2009. Over 92,000 women participated in 2008 and over 670 breast cancers were detected.

I take this opportunity to thank our Chairperson Dr Sheelah Ryan and all members of the Board, Clinical Directors Dr Alissa Connors (BreastCheck Southern Unit), Dr Fidelma Flanagan (BreastCheck Eccles Unit), Dr Aideen Larke (BreastCheck Western Unit) and Dr Ann O'Doherty (BreastCheck Merrion Unit), Orla Laird, NCSS General Manager of the Breast Screening Division, Joanne Hammond, National Radiography Manager and Niall Phelan, Chief Physicist.

I pay tribute to Dr Susan Pender, former Chairperson of the BreastCheck Quality Assurance Committee who will retire from the role this year having committed four years and welcome Dr Gormlaith Hargaden who is the incoming Chairperson.

I thank the staff of the host hospitals for their support in ensuring admission to hospital for women that require treatment. I thank our colleagues at the Cancer Policy Unit of the Department of Health and Children and in particular the Minister for Health and Children, Ms Mary Harney T.D.

Finally, I thank the women across the country that participate in the BreastCheck Programme and the hard work and commitment of all our management and staff involved in delivering BreastCheck to them. Each member of the team is committed to our ultimate goal of reducing mortality from breast cancer through early detection.

Tony O'Brien

Chief Executive Officer
National Cancer Screening Service

Lead Clinical Director's Report

Dr. Ann O'Doherty

The primary objective of breast screening is to reduce mortality from breast cancer through early detection among women in Ireland.

Dr. Ann O'Doherty
Lead Clinical Director, BreastCheck, Clinical Director, BreastCheck Merrion Unit and Consultant Radiologist St. Vincent's Healthcare Group

Over the last year tremendous achievements were made including the highest numbers of women screened by BreastCheck to date and the expansion of the BreastCheck programme into the southern and western regions. Additionally the planning and implementation of a national cancer control strategy under the auspices of the National Cancer Control Programme, is underway and involves a restructuring of the delivery of cancer care services and centralising breast cancer diagnosis and surgery within eight hospitals across the country designated as specialist symptomatic breast centres.

There are both positive and negative effects of screening. In order to achieve maximum benefit from a breast screening programme, sensitivity and specificity need to be optimised and adverse effects minimised. Such aims can only be achieved by a highly skilled, well motivated multidisciplinary team and with a fully comprehensive quality assurance programme applied to the entire organisation. Quality assurance must include every individual and process involved in breast screening. Quality assurance standards form the foundation of the BreastCheck service.

The BreastCheck clinical-led model has been successful in minimising the risks associated with breast screening. No screening test is 100 per cent accurate and so we must ensure that the service we deliver to women in Ireland is of the highest possible standard. The comprehensive quality assurance approach aims to achieve this.

There is strong evidence that women aged 50 to 64 should be offered and attend routine screening as the incidence of breast cancer is high among this age group. It is important that all eligible BreastCheck women are encouraged and facilitated in attending their routine screening appointments. We endeavour to deliver a woman-oriented service.

We seek to help the general public and broader audiences understand the role of screening programmes. We aim to communicate clearly and continue to dispel any potential confusion around the difference between screening and symptomatic breast services. The distinction between screening and diagnostic/symptomatic services is important. Breast screening is for women who are apparently well and have no symptoms. The aim of the symptomatic services is to investigate and treat women with breast complaints using designated specialist breast centres.

Finally, our challenge in the future is to maintain the high service levels and quality standards accomplished to date across the BreastCheck programme in pursuit of the overall aim to successfully reduce mortality from breast cancer amongst women aged 50 to 64 in Ireland.

Programme Statistics 2008

The National Breast Screening Programme
Programme Statistics relating to 2008

The figures reported relate to those women contacted by BreastCheck between 1 January and 31 December 2008. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (4th Edition) and the third edition of the Guidelines for Quality Assurance in Mammography Screening.

The major increase in activity reflects the extension of screening in the south and west (Table 1, Figure 1). In 2008 121,440 women were invited for screening; 118,971 of these were eligible for screening and of these, 92,061 women attended for screening. Both acceptance rates that we present (based on eligible target and known target populations of women) were in excess of the standard of 70 per cent. The Standardised Detection Ratio (SDR) is a useful composite score for comparing between programmes, and this is also showing good overall programme performance by BreastCheck (Table 1).

Table 1: Screening Activity Overall

PERFORMANCE PARAMETER	2008
Number of women invited	121,440
Number of eligible women invited*	118,971
Number of women who opted not to consent	1,297
Number of women attending for screening	92,061
Eligible women acceptance rate (including women who opted not to consent)	77.4%
Known target population acceptance rate**	75.0%
Number of women re-called for assessment	4,119
Number of open benign biopsies	182
Number of cancers detected	672
Cancers detected per 1,000 women screened	7.3
Number of in situ cancers	145
Number of invasive cancers < 15mm	264
Standardised Detection Ratio	1.15

* 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, previous 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 2002-2008 – Initial and Subsequent

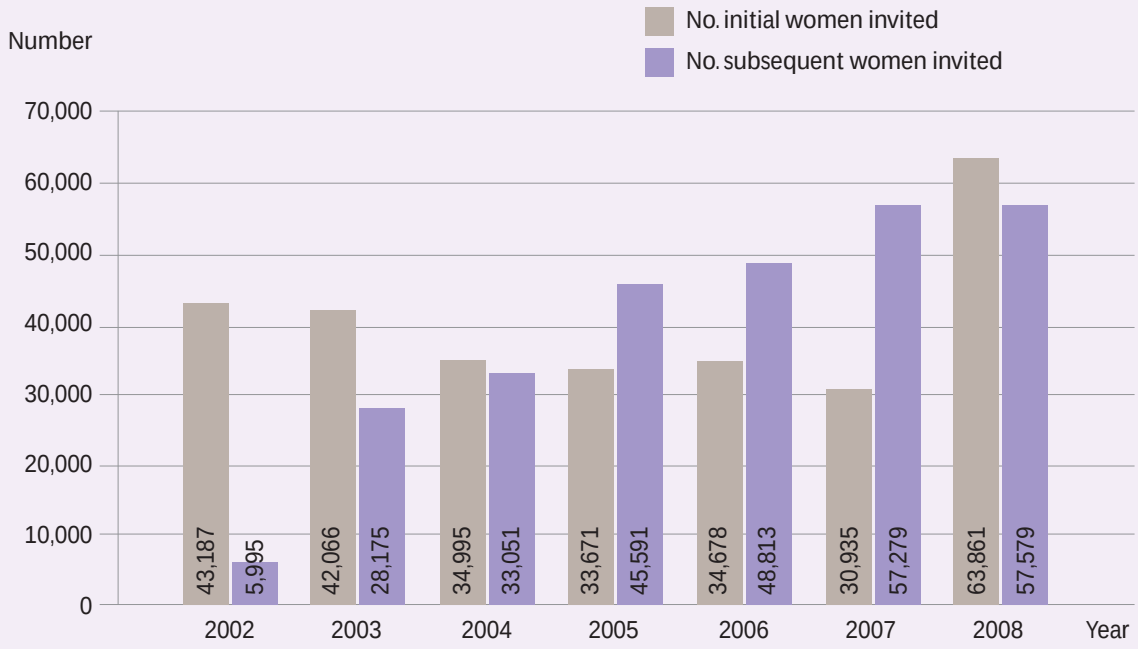


Table 2: Screening Activity by Type of Screen

In 2008 there was a large increase in the numbers of women invited and screened for the first time (Figure 2). The eligible women acceptance rate was over the 70 per cent standard among these women. The acceptance rate among women invited for subsequent screening is greater than 90 per cent i.e. of every 10 eligible women re-invited for screening by BreastCheck, nine women return. This reflects well on satisfaction of women with the screening experience.

PERFORMANCE PARAMETER	FIRST INVITED POPULATION	PREVIOUS NON-ATTENDERS	SUBSEQUENT POPULATION
Number of women invited	55,873	7,988	57,579
Number of eligible women invited	53,128	7,988	57,855
Number of women who opted not to consent*	255	-	1,042
Number of women screened	38,400	1,402	52,259
Eligible women acceptance rate (including women who opted not to consent)	72.3%	17.6%	90.3%
Known target population acceptance rate	68.4%	17.6%	89.1%

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

Figure 2: Numbers Screened 2002-2008 – Initial and Subsequent

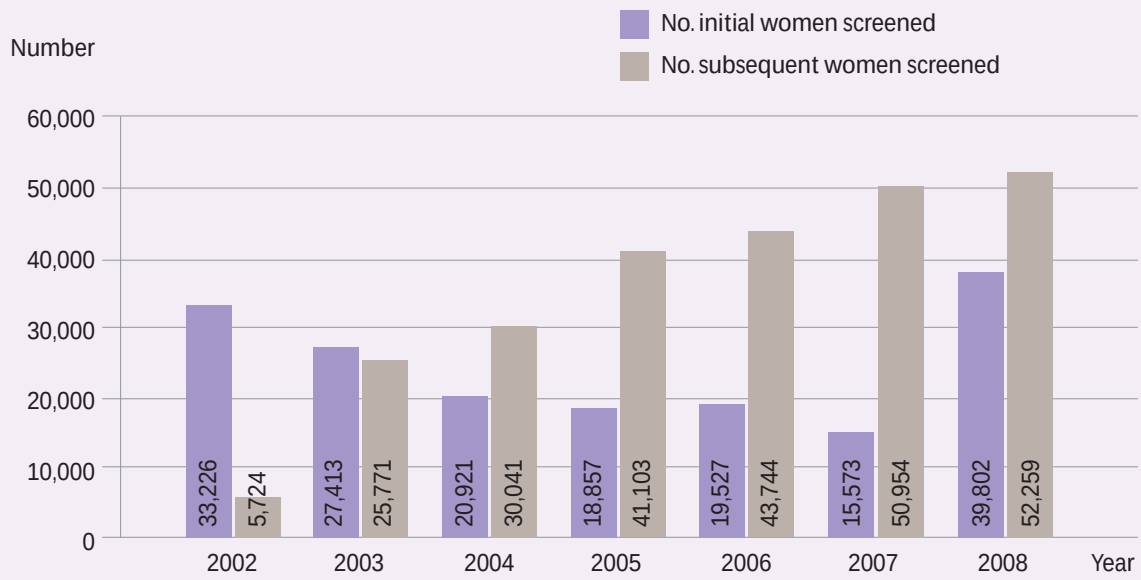


Table 3: Screening Activity by Type of Screen and Age Group

In 2008 we saw the same pattern as in previous years, with uptake highest in younger women invited for the first time. The age gradient is not seen in subsequent screening, with similar high acceptance rates in all age groups.

Table 3(i): First Invited Population

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women invited	27,705	14,890	12,704
Number of eligible women invited	26,553	14,000	12,019
Number of women who opted not to consent	85	60	85
Number of women screened	20,238	9,553	8,157
Eligible women acceptance rate (including women who opted not to consent)	76.2%	68.2%	67.9%
Known target population acceptance rate	72.8%	63.9%	63.8%

Table 3(ii): Previous Non-attenders

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of previous non-attenders invited	1,849	3,324	2,774
Number of women screened	548	538	299
Known target population acceptance rate	29.6%	16.2%	10.8%

Table 3(iii): Subsequent Invite

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women invited	12,347	24,787	20,325
Number of ineligible women*	185	314	259
Number of eligible women invited	12,305	24,872	20,566
Number of women who opted not to consent**	143	399	500
Number of women screened	11,001	22,568	18,456
Eligible women acceptance rate (including women who opted not to consent)	89.4%	90.7%	89.7%
Known target population acceptance rate	87.1%	88.2%	86.5%

* 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

The re-call rate among women screened for the first time is high again in 2008; this reflects the introduction and expansion of digital mammography in the Programme. Of women invited in 2008 672 were diagnosed with a cancer, with 527 of these invasive. This represents a major increase in cancer detection reflecting expansion of the Programme (Figure 3). Just over half of all invasive cancers detected were less than 15mm, with a corresponding better prognosis. Among women attending for subsequent screening, the re-call rate is much lower, as expected. A higher proportion of invasive cancers detected in these women were small. This high rate of small invasive cancer detection is a persistent finding in the Programme over many years (Figure 4). The SDR is high and well above standard required for both first screening and subsequent screening.

PERFORMANCE PARAMETER	2008	STANDARD
Number of women screened for first time	39,802	
Number of women re-called for assessment	2,919	
Re-call rate	7.3%	<7%
Number of benign open biopsies	129	
Benign open biopsy rate per 1,000 women screened	3.24	<3.6
Number of women diagnosed with cancer	368	
Cancer detection rate per 1,000 women screened	9.25	
Number of women with in situ cancer (Ductal Carcinoma in Situ - DCIS)	76	
Pure DCIS detection rate per 1,000 women screened	1.91	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	20.7%	10-20%
Number of women diagnosed with invasive cancer	292	
Invasive cancer detection rate per 1,000 women screened	7.34	
Invasive cancer detection rate per 1,000 women screened for women aged 50-51	5.58	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	7.99	>5.2
Number of women with invasive cancers <15 mm	140	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	47.9%	≥ 40%
Standardised Detection Ratio	1.12	0.75

Table 5: Screening Quality – Subsequent Screen

PERFORMANCE PARAMETER	2008	STANDARD
Number of women returning for subsequent screen	52,259	
Number of women re-called for assessment	1,200	
Re-call rate	2.3%	<5%
Number of benign open biopsies	53	
Benign open biopsy rate per 1,000 women screened	1.01	<2
Number of women diagnosed with cancer	304	
Cancer detection rate per 1,000 women screened	5.82	≥ 3.5
Number of women with in situ cancer (DCIS)	69	
Pure DCIS detection rate per 1,000 women screened	1.32	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	22.7%	10-20%
Number of women diagnosed with invasive cancer	235	
Invasive cancer detection rate per 1,000 women screened	4.50	>2.4
Number of women with invasive cancers <15mm	124	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	52.8%	≥ 40%
Standardised Detection Ratio	1.19	0.75

Figure 3: Number of Women Diagnosed with Breast Cancer and Invasive Breast Cancer 2002-2008

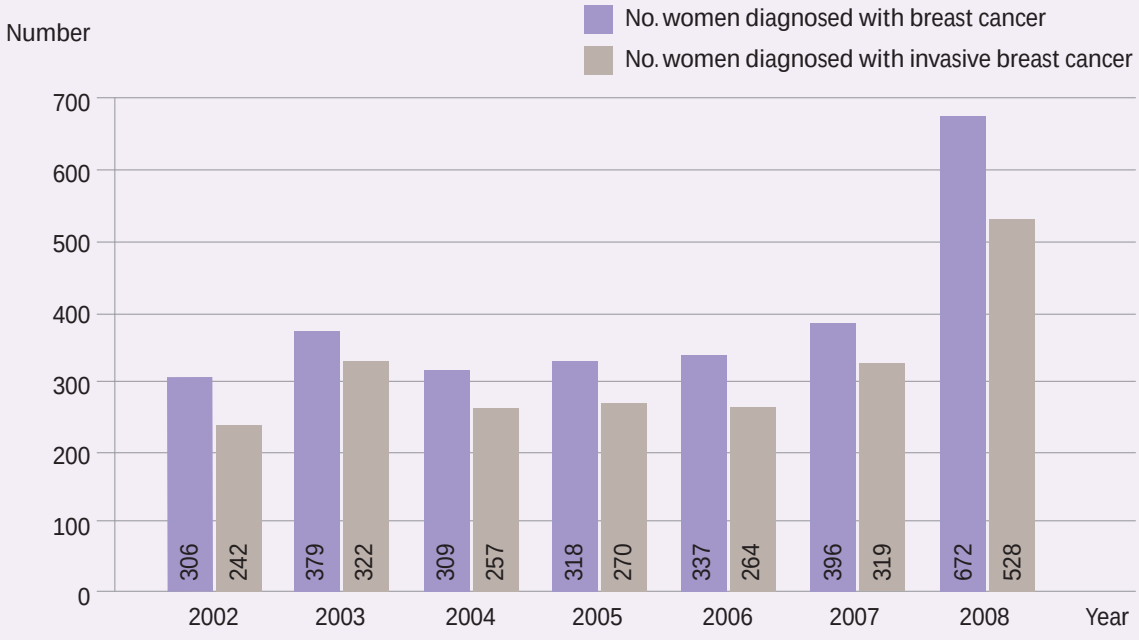


Figure 4: Women with Invasive Cancers <15mm as a Percentage of all Women with Invasive Cancers 2002-2008 – Initial and Subsequent

In women screened both for the first time and for a subsequent time, the overall cancer detection rate rises with increasing age (Tables 6 & 7). Benign open biopsy rates are highest among women aged 50 to 54 screened for the first time (Table 7), but overall rates of benign open biopsy are low in the Programme. Over 90 per cent of women with cancer are diagnosed prior to any surgery, usually by core biopsy taken by radiologists at the assessment clinic (Table 8).

Table 6: Screening Outcome – First Screen by Age Group

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women screened	20,786	10,091	8,456
Women re-called for assessment (%)	7.7%	7.3%	6.5%
Benign open biopsy rate per 1,000 women screened	3.85	2.58	2.72
Overall cancer detection rate per 1,000 women screened	7.3	11.0	11.7

Table 7: Screening Outcome – Subsequent Screen by Age Group

PERFORMANCE PARAMETER	AGE GROUP 50-54	55-59	60-64
Number of women screened	11,001	22,568	18,456
Women re-called for assessment (%)	2.6%	2.2%	2.2%
Benign open biopsy rate per 1,000 women screened	1.09	1.02	0.98
Overall cancer detection rate per 1,000 women screened	5.3	5.8	6.2

Table 8: Cancers with Non-operative Diagnosis

PERFORMANCE PARAMETER	INITIAL SCREENING	SUBSEQUENT SCREENING	STANDARD
Women with non-operative diagnosis of cancer (%)	92.4%	93.4%	≥ 70%

Table 9: Grade of DCIS and Size and Grade of Invasive Cancers

There has been a lot of controversy recently regarding over-diagnosis of questionable lesions by mammographic screening. Table 9 shows that for women invited in 2008 the number of low grade DCIS represented less than three per cent of total cancers detected or 2.1 per 10,000 women screened. Evidence has shown that many intermediate and high grade DCIS progress to invasive cancers over time if left untreated. These represent the majority of DCIS detected by BreastCheck.

In addition, half (50.1 per cent) of invasive cancers detected by the Programme are less than 15mm. A significant number of small invasive grade one and grade two cancers are detected (41.9 per cent of all invasive). Small cancers have improved prognosis over larger cancers and can translate into reduced mortality or improved survival. Additionally, small invasive cancers generally require less radical treatment than larger cancers resulting in less recovery time and less requirement for follow-up chemotherapy and radiotherapy. Eighteen per cent of grade one tumours had positive lymph nodes at surgery which demonstrates that the majority of these invasive tumours were localised and early stage.

DCIS				
GRADE				
LOW	INTERMEDIATE	HIGH	N/A	TOTAL
20	49	75	1	145

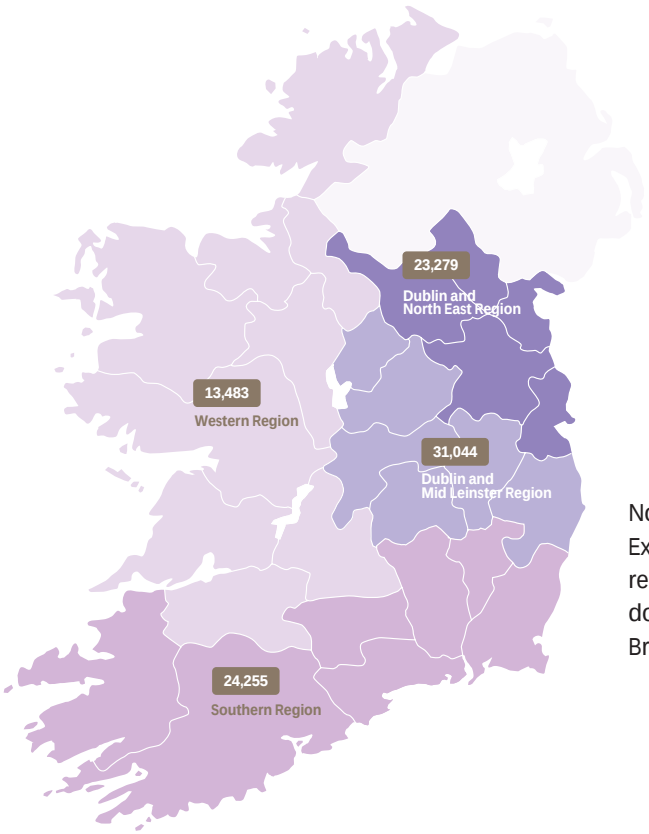
INVASIVE CANCERS				
GRADE				
SIZE (mm)	1	2	3	N/A	TOTAL
<15	83	138	41	2	264
≥15	33	141	66	1	241
n/a	0	4	2	16	22
Total	116	283	109	19	527

Table 10: Outcome of First Screens by Region

The pattern of women screened across the four regions reflects the expansion of the first round of screening to the western and southern regions, with the greatest number of women screened for the first time in those regions. The acceptance rate is highest in those areas. The acceptance rate presented includes re-invitation of those who have not attended when first invited; numbers of these previous non-attenders are naturally higher in the regions where screening has been in place for several years.

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	4,090	50.4%	48.2%	41	10.0
Dublin and Mid Leinster Region	7,284	47.8%	45.7%	51	7.0
Southern Region	15,048	73.7%	70.6%	146	9.7
Western Region	13,380	77.2%	72.8%	130	9.7
Total	39,802	65.2%	62.1%	368	9.3

Figure 5: Map Indicating Health Service Executive Regions with Total Number of Women Screened following Invitation in 2008



Note: The Health Services Executive administrative regions shown on this map do not correspond with BreastCheck screening areas

Table 11: Outcome of Subsequent Screens by Region

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	19,189	90.1%	88.9%	123	6.4
Dublin and Mid Leinster Region	23,760	89.5%	88.2%	134	5.6
Southern Region	9,207	92.1%	91.1%	47	5.1
Western Region	103	80.5%	79.8%	0	0.0
Total	52,259	90.2%	89.0%	304	5.8

Table 12: Women's Charter Parameters

The Women's Charter standards set out by the Programme were achieved in most parameters evaluated. Almost all women receive seven days notice of appointment and receive their mammogram results within three weeks. Over 90 per cent of women re-called for assessment following a screening mammogram were offered an appointment within two weeks of an abnormal mammogram. The percentage of women with cancer offered hospital admission within three weeks of diagnosis is somewhat below the standard desired. However this target was achieved within 26 days of diagnosis of breast cancer.

In addition there is some screening round slippage, with the proportion of women re-invited for screening within 27 months below the target of 90 per cent. However 93 per cent of women were re-invited within 28 months of invitation at previous round.

PERFORMANCE PARAMETER	2008	WOMEN'S CHARTER STANDARD
Women who received 7 days notice of appointment (%)	98.6%	≥ 90%
Women who were sent results of mammogram within 3 weeks (%)	98.6%	≥ 90%
Women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result (%)	90.8%	≥ 90%
Women given results from Assessment Clinic within 1 week (%)	95.6%	≥ 90%
Women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer (%)	81.7%	≥ 90%
Women re-invited for screening within 27 months of invitation at previous round (%)	86.5%	≥ 90%
Women eligible for screening invited for screening within 2 years of becoming known to the Programme (%)	94.7%	≥ 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 cytology.

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 Examination
A physical examination 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.

Initial Screening
A woman's first visit to 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
Cancerous. Malignant tumours can invade surrounding tissues and spread to other parts of the body.

Mammogram
An x-ray of the breast.

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 when previously invited.

Radiologist
A doctor with special training in the use 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 woman's visit to a BreastCheck unit when she 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.

National Cancer Screening Service

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

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