

*BreastCheck has  
provided over 690,600  
free mammograms to  
over 325,700 women  
and detected over  
4,300 breast cancers*

## 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 re-call 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](http://www.breastcheck.ie)

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# Overview of 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 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.

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

The role of the National Cancer Screening Service also includes policy, development and advice.

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

Governance of the former Irish Cervical Screening Programme 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 National Cancer Screening Service is currently preparing for the introduction of a national colorectal cancer screening programme in 2012.

On 1 April 2010 the National Cancer Screening Service joined with the National Cancer Control Programme (NCCP), part of the Health Service Executive. On 31 March 2010 the Board of the National Cancer Screening Service was dissolved.

The National Cancer Screening Services continues its work as a business unit within the National Cancer Control Programme, which is led by recently appointed Director, Dr Susan O'Reilly.

*The overall rate of acceptance of invitation to screening was 75.7 per cent, in excess of the programme target of 70 per cent*

# Message from the Director



Tony O'Brien

## Overview

I welcome you to the 2009-2010 programme report of BreastCheck – The National Breast Screening Programme. It outlines programme performance data for 2009 and highlights various activities and developments within BreastCheck up to the time of publication in December 2010.

BreastCheck was established in 1998 to provide the first quality assured, population-based breast screening programme in Ireland to 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. On 1 April 2010 the National Cancer Screening Service joined the National Cancer Control Programme (NCCP), part of the Health Service Executive.

The aim of BreastCheck is to detect breast cancer at the earliest possible stage. From January 2000 to 31 October 2010, BreastCheck provided over 690,600 free mammograms to over 325,700 women and detected over 4,300 breast cancers.

Quality assurance systems and service standards are in place throughout the programme. The performance of BreastCheck is continually audited against international quality assurance standards to ensure the most effective service is provided to eligible women aged 50 to 64 in Ireland.

Our programme standards are based on the 'European Guidelines for Quality Assurance in Mammography Screening' (fourth edition) and the 'Guidelines for Quality Assurance in Mammography Screening' (third edition) developed and published by the BreastCheck Quality Assurance Committee. The BreastCheck Women's Charter outlines the standards the programme adheres to and our commitment to the women we invite for screening. BreastCheck is regularly reviewed by the BreastCheck Quality Assurance Committee, currently chaired by Dr Gormlaith Hargaden.

A specialist multidisciplinary team provides the screening service to women. Quality assurance standards in place include the reading of all mammograms by two separate specially trained radiologists. Women who need further investigation are re-called to an assessment clinic where the triple assessment approach is utilised. State of the art digital imaging technology is used across the breast screening programme and assists in ensuring optimum levels of data quality. BreastCheck is considered to be the first screening programme worldwide to offer a fully digital mammography screening service.

## Numbers Screened

In 2009 and early 2010 BreastCheck – The National Breast Screening Programme provided free mammograms to 121,160 women – the highest number of women screened by the programme to date. The overall rate of acceptance of invitation to screening was 75.7 per cent, in excess of the programme target of 70 per cent.

Of the 121,160 women contacted and screened in 2009-2010, 5,600 were re-called for further assessment. Eight hundred and forty five women were diagnosed with breast cancer, representing 7.0 cancers per 1,000 women screened, compared to 7.3 cancers per 1,000 in 2008.

In 2009, 65,572 of the women screened were new to the programme and 55,588 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 previously attended a BreastCheck appointment), there is little difference between the age groups, with a high rate of uptake recorded across all.

Overall in 2009-2010:

- BreastCheck screened 121,160 women – the highest annual number of women screened by the programme to date, compared to 92,061 in 2008 and 66,527 women in 2007
- 845 breast cancers were detected, compared to 672 cancers in 2008 and 396 cancers in 2007
- The programme performed well against the majority of commitments identified in the BreastCheck Women's Charter



Members of the BreastCheck Multidisciplinary Consultants Quality Assurance Committee



BreastCheck Clinical Directors (l-r): Dr Alissa Connors, BreastCheck Southern Unit; Dr Ann O'Doherty, BreastCheck Merrion Unit (and Executive Lead Clinical Director); Dr Aideen Larke, BreastCheck Western Unit and Dr Fidelma Flanagan, BreastCheck Eccles Unit

## The BreastCheck Women's Charter

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

BreastCheck did not achieve target performance parameters in the following areas during 2009:

- Percentage of women offered an appointment for assessment clinic within two weeks of notification of abnormal mammographic result. In this regard BreastCheck achieved 89.3 per cent against a target of 90 per cent target.
- Percentage of women with a cancer offered hospital admission within three weeks of diagnosis of breast cancer. In this regard BreastCheck achieved 87.4 per cent against a target of 90 per cent and is below the standard to be achieved. However, this target was achieved within three weeks and two days (23 days) of diagnosis of breast cancer. Slippage of any target across the programme is not desirable, yet it

must be understood within the context of the pressures that our key hospitals are experiencing. Each host hospital works closely with BreastCheck and makes enormous efforts to accommodate and admit BreastCheck women who are referred for surgery. We will continue to address this.

- Percentage of women who are re-invited for screening within 27 months of their invitation at previous round of screening. BreastCheck achieved 80.9 per cent against a target of 90 per cent. Some screening round slippage occurred with the proportion of women re-invited for screening within two years however, 92.5 per cent of women were re-invited within 30 months of their invitation in the previous round. It is a challenge to balance the priority of first and subsequent women and BreastCheck will aim to maintain stable round lengths and to improve performance in the future.

## **Uptake of Invitation among Initial Women Living in the East**

Uptake rates in the east of the country among initial women (those who have not previously been screened) are lower than desired. Efforts are being made to educate all women on the benefits of screening and to encourage participation in the BreastCheck programme, particularly among 'harder to reach' or marginalised women. We will continue to strive and encourage participation with targeted and consistent promotion of the programme and its benefits.

## **Screening Locations**

BreastCheck provides free mammograms to women aged 50 to 64, sequentially, on an area by area basis every two years. Typically BreastCheck visits each county every two years. During 2009 and 2010, BreastCheck was active in the following counties: Carlow, Cavan, Clare, Cork, Donegal, Dublin, Galway, Kerry, Kildare, Kilkenny, Laois, Leitrim, Limerick, Longford, Louth, Meath, Mayo, Monaghan, Offaly, Roscommon, Sligo, Tipperary north and south, Waterford, Westmeath, Wexford and Wicklow. Women were screened at one of BreastCheck's four static units or 16 mobile digital screening units.

## National Expansion

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 Misericordiae 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 185,000 eligible women aged 50 to 64.

Since 2007 screening of women in the south and west is managed by the BreastCheck Southern Unit and BreastCheck Western Unit. These units and an additional eight mobile digital screening units provide the BreastCheck service to approximately 149,000 women living in the southern and western regions. Screening commenced at both units in December 2007.

The BreastCheck Western Unit is located on the campus of Galway University Hospital. The BreastCheck Southern Unit is located adjacent to South Infirmity Victoria University Hospital.

When screening commenced in the south and the west in December 2007 BreastCheck indicated that it would take in excess of 24 months to commence screening of women living in 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.

Since expansion began first round screening has either commenced or been completed in all 13 counties in the expansion area. In a number of counties including Cork, Galway, Limerick, Mayo, Roscommon, north Tipperary and Waterford second round screening has commenced.

The number of women screened from the BreastCheck Southern Unit from commencement of screening in December 2007 to end of October 2010 was over 65,000. The number of women screened from the Western Unit from commencement of screening to the end of October 2010 was over 50,000.

A BreastCheck mobile reached its third and final location in County Kerry in August 2010 with a mobile unit placed in Caherciveen to provide approximately 875 women with their free mammograms. To mark the near completion of screening in Kerry, local members of the medical community and public representatives were invited to a celebration hosted by BreastCheck at the mobile.



BreastCheck mobile unit on location in Caherciveen, County Kerry with staff and local community representatives

BreastCheck has completed screening of over 5,300 women living in Donegal Town and surrounding areas. BreastCheck then relocated the mobile unit to Letterkenny in late October 2010 and placed an additional mobile screening unit in Buncrana to supplement the current screening service in the county.

In September 2010 BreastCheck entered its final stage of national expansion with the location of a mobile digital screening unit in Ennis, County Clare. BreastCheck had encountered some delays in bringing the service to the women of County Clare. To commence screening in the county, women living in north County Clare were invited for screening at the BreastCheck Western Unit in August 2009.



## **Changes to Symptomatic Services at the South Infirmery 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 Infirmery Victoria University Hospital (SIVUH) have been transferred to Cork University Hospital. 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.

## **BreastCheck Southern Unit Surgery Admissions**

Following the transfer of surgery to Cork University Hospital, women who were diagnosed following a screening mammogram in 2010 through the BreastCheck Southern Unit were initially experiencing an interval to surgery greater than the three weeks specified in the BreastCheck Women's Charter. BreastCheck in close co-operation with the management of Cork University Hospital and the HSE Southern Hospitals Group rapidly developed a service response to address this issue.

Additional theatre capacity was made available as necessary at weekends and as a result waiting times for surgery now comply with Charter requirements.

## **Mobile Unit Introduced to Cork City's Northside**

There are approximately 35,257 eligible women aged 50 to 64 living in Cork City and County. Due to the high number of women eligible for screening it was necessary to introduce a supplementary screening service.

In November 2010 additional breast screening was provided to women in Cork from a mobile digital screening unit located in St Mary's Orthopaedic Hospital, Gurrabraher. The mobile unit supplements the screening service being provided at the BreastCheck Southern Unit in Cork City.

BreastCheck commissioned a mobile digital screening unit from Nuffield Health, a leading provider of breast screening services in the UK, to locate in Gurrabraher. The unit uses the same high standard digital mammography equipment as BreastCheck and is staffed by Nuffield Health radiographers who operate within the quality assurance guidelines of BreastCheck.

All mammograms taken at the mobile unit are read by two specially trained BreastCheck radiologists at the BreastCheck Southern Unit. Any woman who requires further assessment following her mammogram is invited to the BreastCheck Southern Unit in Cork City.

## Future Plans

Our focus is on continuing to provide high quality screening on an ongoing basis. We wish to satisfy the increasing screening demands which reflect the completion of national expansion whilst maintaining the high standards achieved to date across the programme nationally.

BreastCheck currently provides free mammograms to women aged 50 to 64 as the incidence of breast cancer is high amongst this age group. Following full completion of national expansion, in line with Government policy and the Cancer Control Strategy (2006) and subject to the provision of additional resources, the upper screening age limit will be extended to women aged 69 in accordance with the European Council's recommendation. It is not feasible to extend the screening age within the current resources available and there is a general shortage of radiologists and mammographers in Ireland. Accordingly there is currently no timetable in place for an extension.

As a national breast screening service we continually review and assess new and emerging evidence in screening benefits, including the optimum age range for screening. Accordingly in 2009 the then Board of the National Cancer Screening Service carried out an internal review to examine the evidence for reducing the lower screening age limit from 50 to 47 years.

In Ireland over 70 per cent of breast cancers occur in women over 50 years of age. While the incidence of breast cancer in women aged 40-49 is increasing, the incidence is still approximately 50 per cent lower than that for the 50-59 age range.

Despite lower mortality from breast cancer at younger ages, the effectiveness of screening below age 50 remains an issue of debate. Several randomised controlled trials in screening have included younger age groups but have not confirmed significant reduction in mortality in the 40-49 age group.

The review concluded that while a reduction in screening age might be of some benefit to some younger women, the merits of extending the programme age range downwards from a population-based screening perspective is still a matter of debate.

The review did not change the overall view that while the case for extending the age downwards is now stronger than it used to be, the case for extending the programme to older women was still stronger.

Irrespective of the economic situation, adherence to quality assurance will not be compromised. The focus is to continue delivering a vital quality assured breast cancer screening programme to eligible women in Ireland. We will continue to work closely with the National Cancer Control Programme to ensure ongoing and positive developments in breast cancer services across the country.

It is this focus that has ensured that the women we screen can have confidence in the service they receive from BreastCheck.

## Conclusion

I am pleased to report the positive developments and progress made by BreastCheck in the last 12 months. Over 121,000 women participated in the BreastCheck programme during 2009 and 845 breast cancers were detected.

I would like to pay tribute to Dr Ann O'Doherty, Executive Lead Clinical Director of BreastCheck (and Clinical Director, BreastCheck Merrion Unit) and Clinical Directors Dr Fidelma Flanagan (BreastCheck Eccles Unit), Dr Alissa Connors (BreastCheck Southern Unit) and Dr Aideen Larke (BreastCheck Western Unit) and to Majella Byrne, Deputy Director. Together with their teams at each of the screening units and every member of the National Cancer Screening Service, they work daily to deliver and maintain a breast screening programme that is dedicated to our ultimate aim of reducing mortality from breast cancer through early detection and treatment. I would also like to acknowledge the contribution of each member of the BreastCheck Quality Assurance Committee and the Breast Executive Management Team.



On 1 April 2010 the National Cancer Screening Service joined the National Cancer Control Programme, part of the Health Service Executive. On 31 March the Board of the NCSS was dissolved. I wish to extend my gratitude to the former Board and in particular its Chairperson Dr Sheelah Ryan for their role in shaping BreastCheck.

I thank the staff of the host hospitals for their support in ensuring admission to hospital for women that require treatment.

Finally, I thank the women across the country who participated in the BreastCheck programme.

**Tony O'Brien**

Director, National Cancer Screening Service

Tony is also Associate Director, National Cancer Control Programme and Chair of the National Cancer Registry of Ireland

*In 2009 BreastCheck  
screened 121,160  
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to date*



Dr Ann O'Doherty

# Report of Executive Lead Clinical Director

In 2009 and early 2010, BreastCheck screened the highest number of women nationally since the programme began. Significant improvements have been made across breast cancer services in Ireland. An independent audit by the Health Information and Quality Authority (HIQA) found that the National Cancer Control Programme's Symptomatic Breast Service had in place all the essential elements for a quality service across its eight designated cancer centres.

Final transfer of breast cancer services took place in December 2009 and the National Cancer Control Programme since established a Symptomatic Breast Services Forum with expert teams from the eight centres and others in breast cancer to allow the sharing of good practice, the promotion of learning and the building of the network of centres to ensure standardisation and service improvement.

In providing a breast screening service we aim to reduce mortality from breast cancer by early detection among women aged 50 to 64 in Ireland.

Ireland has already experienced a significant increase in breast cancer survival rates over the past two decades and this is expected to increase over the coming decade. Ireland's five year breast cancer survival rate of 80 per cent is expected to steadily improve over the next 10 years.

The BreastCheck clinician delivered model has been successful in minimising the risks associated with breast screening. We are clear that no screening test is 100 per cent accurate and we must ensure that the breast screening service is quality assured and is provided to the highest possible standard. 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 vital that all women eligible for BreastCheck are encouraged and facilitated in attending their routine screening appointments. We endeavour to explain the benefits of screening, with honest and accurate information and to allow the woman to make an informed choice.

The co-operation and encouragement of General Practitioners (GPs) and Practice Nurses (PNs) is essential for the continued success of the BreastCheck programme. Since the beginning of the programme, our uptake rates have consistently exceeded the target 70 per cent rate. 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 yet they will seek out accurate information and impartial advice. For this, many women will turn to their health professional.

It is important that the public understands the role of screening. We aim to communicate clearly and to prevent confusion about the important differences between asymptomatic and symptomatic breast services. Breast screening is for asymptomatic women who are apparently well and have no breast symptoms. The aim of the symptomatic services is to investigate and treat women with breast complaints at specialist breast centres.

In the next decade our challenge is to maintain the high service levels and quality standards established in BreastCheck and to successfully improve survival rates of breast cancer amongst women aged 50 to 64 in Ireland.

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

# Business Updates

## Radiographers' Ongoing Training and Study Day

The annual Radiographers' Study Day took place in May 2010 in the Freeman Auditorium of the Mater Hospital. BreastCheck radiographers from all screening units were in attendance as part of their programme of ongoing training and clinical updates. The day provided the latest updates on a range of topics including the relevance of clinical re-call in a breast screening unit, lateral arm biopsy technique, ergonomics and mammography, technical improvements on the transition from analogue to digital mammography and the results of a comprehensive dose survey for screening mammography.

The radiographers were updated about the provisions and progress of the CervicalCheck programme and on the development of the national colorectal cancer screening programme.



BreastCheck Imaging Quality Assurance (QA) Group. Pictured (l-r): Niall Phelan, Senior Physicist; James McCullagh, Medical Physicist; Joanne Hammond, National Radiography Manager; Lisa Dunne, PACS Manager; Catherine Vaughan, Radiography Services Manager (RSM), BreastCheck Eccles Unit; Claire O'Sullivan, RSM, BreastCheck Merrion Unit; Aoife Stoddart, Deputy RSM, BreastCheck Merrion Unit; Gillian Egan, Medical Physicist; Liz Keavey, Medical Physicist; Sinead O'Sullivan, QA Radiographer, BreastCheck Merrion Unit.



BreastCheck Radiography Management (back row l-r): Colleen Bennett, Radiography Services Manager (RSM), BreastCheck Southern Unit; Joanne Hammond, National Radiography Manager; Catherine Vaughan, RSM, BreastCheck Eccles Unit; Anne Teape, National Radiography Training Co-ordinator; (front row l-r) Joan Raftery, RSM, BreastCheck Western Unit; Orla Laird, General Manager, NCSS Breast Screening Division; Claire O'Sullivan, RSM, BreastCheck Merrion Unit

## **BreastImaging – The 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 train mammographers required across the programme. BreastImaging students receive training at one of BreastCheck's static units in Dublin, Cork or Galway, using state of the art digital mammography equipment.

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).

In 2010 BreastImaging welcomed its fourth intake of mammography students.

## **BreastCheck Eccles and Merrion Units Celebrate 10 Years of Screening**

During 2010 the BreastCheck Eccles and BreastCheck Merrion Units marked 10 years of screening. BreastCheck screening began from the Eccles and Merrion Units in February 2000 and during the first year of operation they screened 45,321 women. When BreastCheck began in 2000, women living in the then Eastern Regional Health Authority, North Eastern and Midland Health Board were the first to be invited for screening.

## **Communications and Screening Promotion**

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

The approach 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 varied reasons including fear, anxiety, intellectual and physical disabilities, literacy difficulties and language barriers. There is a designated national communications and screening promotion team whose aim is to maintain and further develop an equitable, quality assured, innovative and women-centred approach to increasing awareness and participation in the BreastCheck programme, particularly among 'harder to reach' and marginalised women.

Throughout the reporting period the team implemented specific initiatives to reduce barriers, promote informed choice 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, family resource centres, women's networks, traveller primary health care projects, community network groups, charities, representative groups for asylum seekers and refugees and women with special needs.



**BreastCheck**  
The National Breast Screening Programme

**It's quick, it's easy and it's free**

- For women aged 50-64
- Free breast x-ray (mammogram) every two years
- Appointments take about half an hour
- If you find any changes before your next BreastCheck appointment please talk to your GP immediately

For further information, to register or to check you're on the register  
**Freephone 1800 45 45 55**  
[www.breastcheck.ie](http://www.breastcheck.ie)

BreastCheck is a service of the National Cancer Control Service

**BreastCheck**  
The National Breast Screening Programme

**It's quick, it's easy and it's free**

BreastCheck invites women aged 50-64 to a free breast x-ray (mammogram) every two years

**Make sure you're registered**

**Freephone 1800 45 45 55**  
or  
[www.breastcheck.ie](http://www.breastcheck.ie)

BreastCheck is a service of the National Cancer Control Service

**BreastCheck**  
The National Breast Screening Programme

**Make time for your breast health**

There's a good reason to get your breast checked every two years. It's not just to find out if you have any changes before your next BreastCheck appointment. It's also to make sure you're registered for the service. If you're not registered, you won't be invited to a free breast x-ray (mammogram) every two years. So, if you're not registered, please call the Freephone 1800 45 45 55 or visit [www.breastcheck.ie](http://www.breastcheck.ie) to register. It's quick, it's easy and it's free.

Do I need to register? Yes, you need to register for the service. If you're not registered, you won't be invited to a free breast x-ray (mammogram) every two years. So, if you're not registered, please call the Freephone 1800 45 45 55 or visit [www.breastcheck.ie](http://www.breastcheck.ie) to register. It's quick, it's easy and it's free.

Free breast screening service for women aged 50-64

**BreastCheck**  
The National Breast Screening Programme

**About breast screening**

**It's quick, it's easy and it's free**

Free breast screening service for women aged 50-64

**BreastCheck**  
The National Breast Screening Programme

**About your BreastCheck appointment**

**It's quick, it's easy and it's free**

Free breast screening service for women aged 50-64

**BreastCheck**  
The National Breast Screening Programme

**About your re-call for assessment**

**It's quick, it's easy and it's free**

Free breast screening service for women aged 50-64

**BreastCheck**  
The National Breast Screening Programme

**Registration form**

**Make sure you receive your first mammogram**

**It's quick, it's easy and it's free**

Free breast screening service for women aged 50-64

BreastCheck information leaflets and marketing materials – used for the provision of information and education to women



## BreastCheck and CervicalCheck Shortlisted for a Crystal Clear Award

In 2010 the BreastCheck and CervicalCheck programmes were shortlisted in the Best Health Promotion Project category of Crystal Clear Health Literacy Awards.

The award recognised the importance of developing a suite of information leaflets and tailored materials for both programmes with simple, sensitive and easy to understand language to address barriers to screening which include fear, literacy difficulties, language barriers and embarrassment. The award also acknowledged the work of the screening promotion team in local communities, their programme of peer education and their partnership with the Irish Cancer Society in delivering the play 'Unravelling the Ribbon' nationwide.



Pictured receiving a Crystal Clear Finalist Certificate are (l-r): Ciara O'Rourke, External Affairs Director, MSD; Orla Walsh, Screening Promotion Officer, NCSS; Clare Manning, Communications Executive, NCSS; Maeve Cusack, Screening Promotion Manager, NCSS; Inez Bailey, Director, National Adult Literacy Agency

## BreastCheck Consumer Research

Market research was commissioned in late 2009 to find out more about women's levels of awareness, understanding, attitudes and experience of the BreastCheck service and to ensure that the programme was effectively communicating with the women it invites for screening.

Interviews were carried out with 625 women and in brief, the key findings include:

- Among the sample of 625 women aged 50 to 64, 100 per cent were aware of the BreastCheck service
- Regarding understanding of what an actual BreastCheck mammogram involves, 89 per cent of women were aware that it is an x-ray of the breast
- Overall, attitudes towards BreastCheck remain overwhelmingly positive, with the majority (92 per cent) feeling it is a vital service
- 90 per cent of women polled consider BreastCheck a convenient service and 92 per cent of women consider BreastCheck a very professional service
- The experience for those using the BreastCheck service continues to be very positive, with the majority claiming they will use the service when invited again
- 97 per cent of women who had attended a BreastCheck appointment felt well looked after by staff
- Consistent with the research that was carried out in 2008, women who are more actively involved in the community had more awareness of the BreastCheck service, and are more likely to attend a BreastCheck appointment and to listen to encouragement to attend from family, friends and local community groups. This reflects the ongoing work of the communications and screening promotion team.

In summary, the research indicated that BreastCheck has established a very positive profile among women aged 50 to 64 and that year on year there are both increasing awareness of and positive attitudes towards the service.

## BreastCheck User Survey

In 2009 the BreastCheck Quality Assurance Committee conducted a satisfaction survey among the women who use the service. The aim of the survey was to help BreastCheck to understand a woman's experience of all aspects of the screening appointment and to help improve the service accordingly. Women attending for their screening appointment were offered a survey to complete voluntarily. A total of 3,200 surveys were distributed. Over 2,590 women took part in late 2009 and early 2010.

The key findings include:

- 80 per cent of women surveyed were pleased when they received their BreastCheck appointment
- Receipt of the appointment caused 9 per cent of women to be worried
- 80 per cent found the invitation letter and information leaflet well explained
- 78 per cent cited the invitation letter as their influence to attend their appointment
- 46 per cent attended to achieve peace of mind
- 84 per cent of women surveyed did not feel any embarrassment during the mammogram
- 66 per cent of women felt a little discomfort during the mammogram
- 99 per cent of women found the service easy to access
- 100 per cent of women either agreed or strongly agreed that they were treated well (with courtesy, respect and sensitivity)
- 96 per cent of women would definitely attend again if invited for another BreastCheck appointment.

*In 2009, 845 breast cancers were detected, compared to 672 cancers in 2008 and 396 cancers in 2007*

# Programme Statistics Relating to 2009-2010

The figures reported relate to those women contacted by BreastCheck between 1 January and 31 December 2009. Programme standards, against which performance is measured, are based on European Guidelines for Quality Assurance in Mammography Screening (Fourth edition) and National Cancer Screening Quality Assurance (QA) standards.

The continuing increase in screening numbers and related activity reflects the increased availability of screening in the south and west (Table 1, Figure 1). In 2009 164,246 women were invited for screening. Of these 159,975 were eligible for screening and 121,160 women attended for screening. Both acceptance rates presented (based on eligible target and known target populations of women) surpassed the target uptake of 70 per cent.

The Standardised Detection Ratio (SDR) is a useful composite score to measure the performance of a screening programme. It is an age-standardised measure in which the observed number of invasive breast cancers detected is compared with the number which would have been expected. The reduction in the overall SDR from 1.15 in 2008/2009 reflects the lower cancer detection rate seen in 2009/2010, but still shows good overall programme performance by BreastCheck (Table 1).

**Table 1: Screening Activity Overall**

Performance Parameter	2009
Number of women invited	164,246
Number of eligible women invited	159,975
Number of women who opted not to consent	1,584
Number of women attending for screening	121,160
Eligible women acceptance rate (including women who opted not to consent) *	75.7%
Known target population acceptance rate**	73.1%
Number of women re-called for assessment	5,600
Number of open benign biopsies	228
Number of cancers detected	845
Cancers detected per 1,000 women screened	7.0
Number of in situ cancers	178
Number of invasive cancers < 15mm	306
Standardised Detection Ratio	1.04

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

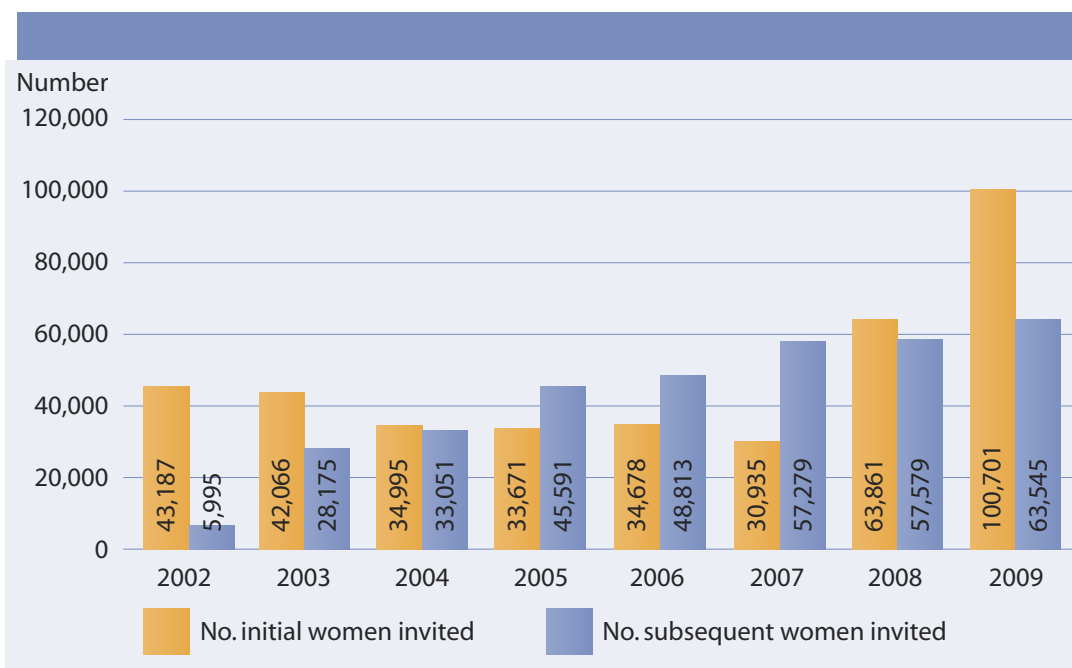
\*\* Known target refers to all women of screening age that are known to the programme.

### Details of the Ineligible Categories

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

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

**Figure 1: Numbers Invited 2002-2009 - Initial and Subsequent**



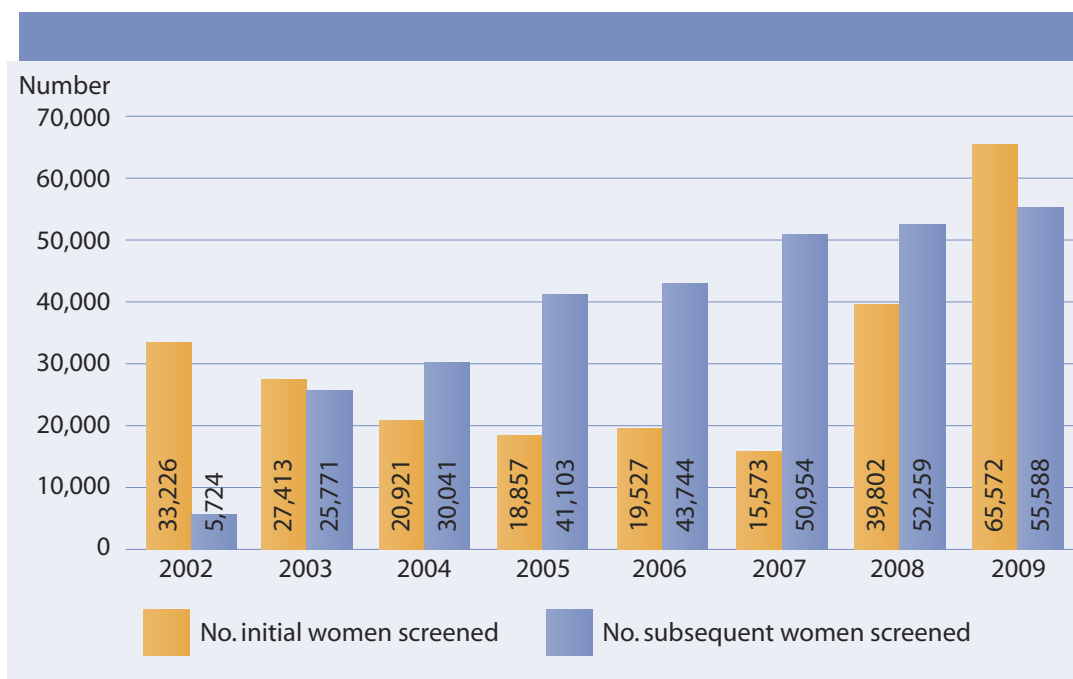
In 2009 the major increase in the numbers of women invited and screened were in those invited or screened for the first time (Table 2, Figures 1 and 2). The acceptance rate of invitation among eligible women has improved in those invited for the first time. Among those who have previously not attended the acceptance rate is low and continues to fall, due to persistent non-attendance by some women who neither attend nor opt out of the programme and so continue to be invited for screening. Among those women who have previously attended and are re-invited for subsequent screening the acceptance rates continue to be high.

**Table 2: Screening Activity by Type of Screen**

Performance Parameter	First Invited Population	Previous Non-attenders	Subsequent Population
Number of women invited	88,634	12,067	63,545
Number of eligible women invited	83,909	12,067	63,999
Number of women who opted not to consent	192	0	1,392*
Number of women screened	63,855	1,717	55,588
Eligible women acceptance rate (including women who opted not to consent)	76.1%	14.2%	86.9%
Known target population acceptance rate	71.9%	14.2%	85.6%

\* 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 2002-2009 - Initial and Subsequent**



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

In 2009 we saw an increase in uptake among women in the age groups 55-59 and 60-64 invited for the first time compared to previous years. However, uptake remains highest in younger women invited for the first time (Table 3). The age gradient is marked among previous non-attenders, reflecting not only a difference due to age but also the effect of persistent non-attenders in the calculation of rates in the older age groups. Again this year we do not see a marked age gradient among women invited for 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	43,261	23,857	20,357
Number of eligible women invited	41,273	22,390	19,156
Number of women who opted not to consent	74	59	48
Number of women screened	31,797	17,019	14,182
Eligible women acceptance rate (including women who opted not to consent)	77.0%	76.0%	74.0%
Known target population acceptance rate	73.4%	71.2%	69.5%



**Table 3(ii) Previous Non-attenders**

Performance Parameter	Age Group		
	50-54	55-59	60-64
Number of previous non-attenders invited	2,476	5,089	4,465
Number of women screened	684	665	354
Known target population acceptance rate	27.6%	13.1%	7.9%

**Table 3(iii) Subsequent Invites**

Performance Parameter	Age Group		
	50-54	55-59	60-64
Number of women invited	12,316	25,430	25,630
Number of ineligible women*	179	354	398
Number of eligible women invited	12,352	25,565	25,920
Number of women who opted not to consent**	215	489	688
Number of women screened	10,910	22,294	22,163
Eligible women acceptance rate (including women who opted not to consent)	88.3%	87.2%	85.5%
Known target population acceptance rate	85.6%	84.4%	82.1%

\* 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

Of those women invited in 2009 for either their first or subsequent screening appointment, 845 women were diagnosed with a cancer, with 667 of these invasive, representing a continued increase in cancers detected with national expansion of the programme (Figure 3). Among those women screened for the first time the re-call rate has returned to within the standard after a rise associated with introduction of digital mammography. Almost 42 per cent of invasive cancers detected in this group were small (less than 15mm), in excess of the target percentage (Table 4). Among those women attending for subsequent screening, the re-call rate is much lower, as expected. Over half of invasive cancers detected in these women were less than 15mm (Table 5). The SDR is above the standard required for both first screening and subsequent screening.

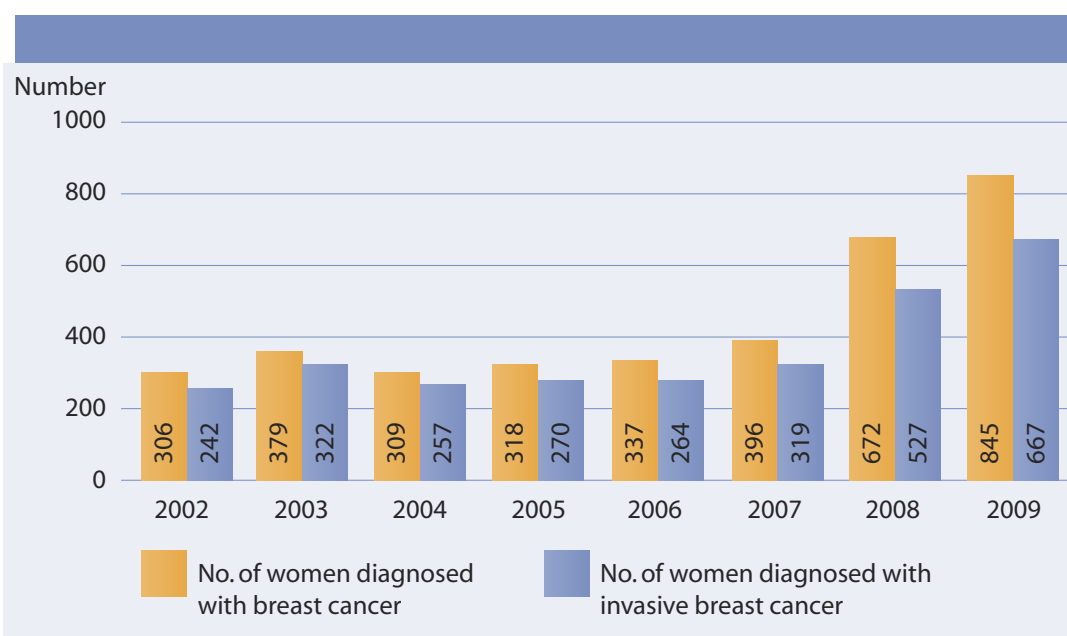
**Table 4: Screening Quality: First Screen**

Performance Parameter	2009	Standard
Number of women screened for first time	65,572	
Number of women re-called for assessment	4,259	
Re-call rate	6.5%	<7%
Number of benign open biopsies	166	
Benign open biopsy rate per 1,000 women screened	2.5	<3.6
Number of women diagnosed with cancer	503	
Cancer detection rate per 1,000 women screened	7.7	
Number of women with in situ cancer (Ductal Carcinoma in Situ - DCIS)	102	
Pure DCIS detection rate per 1,000 women screened	1.6	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	20.3%	10-20%
Number of women diagnosed with invasive cancer	401	
Invasive cancer detection rate per 1,000 women screened	6.1	
Invasive cancer detection rate per 1,000 women screened for women aged 50-51	5.3	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	6.3	>5.2
Number of women with invasive cancers <15 mm	167	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	41.6%	≥ 40%
Standardised Detection Ratio	0.92	0.75

**Table 5: Screening Quality: Subsequent Screen**

Performance Parameter	2009	Standard
Number of women returning for subsequent screen	55,588	
Number of women re-called for assessment	1,341	
Re-call rate	2.4%	<5%
Number of benign open biopsies	62	
Benign open biopsy rate per 1,000 women screened	1.1	<2
Number of women diagnosed with cancer	342	
Cancer detection rate per 1,000 women screened	6.2	≥ 3.5
Number of women with Ductal Carcinoma in Situ cancer (DCIS)	76	
Pure DCIS detection rate per 1,000 women screened	1.4	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	22.2%	10-20%
Number of women diagnosed with invasive cancer	266	
Invasive cancer detection rate per 1,000 women screened	4.8	> 2.4
Number of women with invasive cancers <15mm	139	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	52.3%	≥ 40%
Standardised Detection Ratio	1.29	0.75

**Figure 3: Number of Women Diagnosed with Breast Cancer and Invasive Breast Cancer 2002-2009**



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 50-54 screened for the first time (Table 7), but overall rates of benign open biopsy remain low in the programme.

**Table 6: Screening Outcome: First Screen by Age Group**

Performance Parameter	Age Group		
	50-54	55-59	60-64
Number of women screened	32,481	17,684	14,536
Percentage of women re-called for assessment	7.2%	5.9%	5.7%
Benign open biopsy rate per 1,000 women screened	3.4	1.9	1.6
Overall cancer detection rate per 1,000 women screened	6.7	7.6	9.6

**Table 7: Screening Outcome: Subsequent Screen by Age Group**

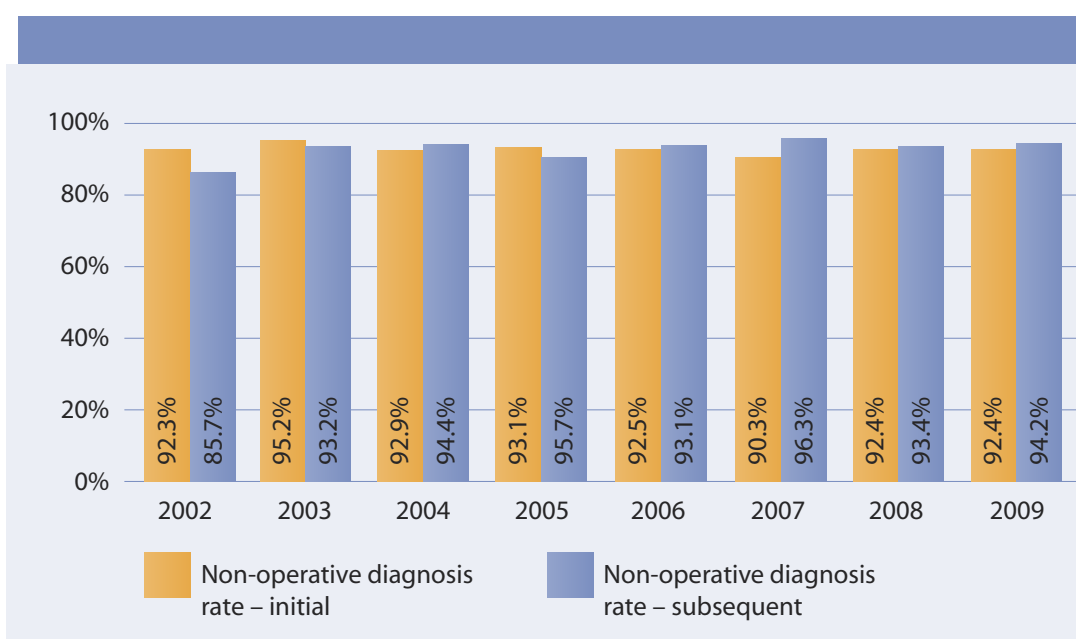
Performance Parameter	Age Group		
	50-54	55-59	60-64
Number of women screened	10,910	22,294	22,163
Percentage of women re-called for assessment	2.7%	2.5%	2.2%
Benign open biopsy rate per 1,000 women screened	1.3	1.2	1.0
Overall cancer detection rate per 1,000 women screened	4.2	6.0	7.3

Over 93 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, Figure 4). This high rate means that most women know their diagnosis prior to any surgical intervention and can plan their surgical treatment in advance. This has been a persistently positive feature of the programme since its inception.

**Table 8: Cancers with Non-operative Diagnosis**

Performance Parameter	Initial Screening	Subsequent Screening	Overall	Standard
Percentage of women with non-operative diagnosis of cancer	92.4%	94.2%	93.1%	≥ 90%

**Figure 4: Cancers with Non-operative Diagnosis 2002-2009 - Initial and Subsequent**



The pattern of women screened across the four regions reflects the expansion of the first round of screening to the west and south of the country, with the greatest number of women screened for the first time in those regions. The acceptance rate remains highest in those areas (Table 9). 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. For women invited for a subsequent screening appointment, uptake remains high in all regions (Table 10).

**Table 9: Outcome of First Screens by Health Service Executive 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	6,811	50.0%	47.9%	61	9.0
Dublin and Mid Leinster Region	8,186	47.6%	45.4%	60	7.3
Southern Region	24,424	77.6%	74.0%	166	6.8
Western Region	26,151	77.7%	73.3%	216	8.3
Total	65,572	68.4%	65.0%	503	7.7

**Table 10: Outcome of Subsequent Screens by Health Service Executive 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	14,600	83.7%	82.1%	122	8.4
Dublin and Mid Leinster Region	34,773	88.5%	87.3%	192	5.5
Southern Region	4,067	84.7%	83.8%	17	4.2
Western Region	2,148	86.6%	85.3%	11	5.1
Total	55,588	86.8%	85.5%	342	6.2

The programme seeks to achieve or surpass all Women’s Charter standards. Almost all women receive seven days notice of appointment and receive their mammogram results within two weeks. Just under the 90 per cent target of women re-called for assessment following a screening mammogram were offered an assessment appointment within two weeks of an abnormal mammogram. The percentage of women with cancer offered hospital admission within three weeks of diagnosis is below the standard desired. However this target was achieved within 23 days of diagnosis of breast cancer. In addition there is some round slippage, with the proportion of women re-invited for screening within twenty seven months below the target of 90 per cent (Table 11). However, 92.5 per cent of women were re-invited within 30 months of invitation in previous round.

**Table 11: Women’s Charter Parameters**

Performance Parameter	2009	Women’s Charter Standard
Women who received 7 days notice of appointment (%)	98.3%	≥ 90%
Women who were sent results of mammogram within 3 weeks (%)	99.4%	≥ 90%
Women offered an appointment for assessment clinic within 2 weeks of notification of abnormal mammographic result (%)	89.3%	≥ 90%
Women given results from assessment clinic within 1 week (%)	94.2%	≥ 90%
Women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer (%)	87.4%	≥ 90%
Women re-invited for screening within 27 months of invitation at previous round (%)	80.9%	≥ 90%
Women eligible for screening invited for screening within 2 years of becoming known to the programme (%)	92.9%	≥ 90%

# 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 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, women who have a physical /mental incapacity (while BreastCheck attempts to screen all eligible women, certain forms of physical or mental incapacity may preclude screening), terminal illness or 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 is part of the Health Service Executive National Cancer Control Programme. It encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

Seirbhís Náisiúnta Ailse-Scrúdaithe,  
National Cancer Screening Service,  
King's Inns House, 200 Parnell Street, Dublin 1  
T: 353 1 865 9300 F: 353 1 865 9333  
Email: [info@cancerscreening.ie](mailto:info@cancerscreening.ie)  
[www.cancerscreening.ie](http://www.cancerscreening.ie)



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