BreastCheck
The National Breast Screening Programme

Programme Report

2012-2013

CONTENTS

BreastCheck 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

Overview of the National Screening Service

OVERVIEW OF THE NATIONAL SCREENING SERVICE

The National Screening Service (NSS), formerly known as the National Cancer Screening Service (NCSS), was part of the Health Service Executive National Cancer Control Programme during the thirteenth year of the BreastCheck programme, the period covered in this report (relating to women invited between 1 January and 31 December 2012).

The National Screening Service has responsibility for four population-based screening programmes in Ireland:

- BreastCheck – The National Breast Screening Programme which offers women aged 50-64 (over 360,000 women) a free mammogram every two years and commenced screening from February 2000. www.breastcheck.ie
- CervicalCheck – The National Cervical Screening Programme which offers free smear tests to women aged 25 to 60 (over 1.1 million women). Regular smear tests at recommended intervals can prevent cervical cancer. Since CervicalCheck launched in September 2008, almost 1.65 million smear tests have been processed for more than 875,000 women. www.cervicalcheck.ie
- BowelScreen – The National Bowel Screening Programme, for the early detection of bowel cancer in men and women aged 55 to 74 (over one million people). The programme is initially aimed at people aged 60 to 69 years (500,000) and the first round began in late 2012 and may take up to three years to complete, after which each round should be completed in two years. www.bowelscreen.ie
- Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme, for the early detection of diabetic retinopathy, is aimed at all people with Type 1 or Type 2 diabetes aged 12 and over (approximately 190,000 people). The programme, which commenced its first round in early 2013, signalled the expansion for NSS into non-cancer related conditions and is a population-based call, re-call screening programme.

When all four population-based screening programmes are fully operational, over two million people in Ireland will be eligible to participate in one or more of the programmes.

The National Screening Service has a commitment to implement special measures to promote participation in its programmes by harder-to-reach individuals and communities within the population.

The National Screening Service is dedicated to continued delivery of screening programmes, sharing expertise and learning across national screening programmes and driving effectiveness through strengthening the single governance model in place for screening.

Background

NCSS, now the NSS, was established in January 2007 following the launch of 'A Strategy for Cancer Control in Ireland 2006' by the Cancer Control Forum and the Department of Health, which advocated a comprehensive cancer control policy programme in Ireland. The strategy set out recommendations regarding the prevention, screening, detection, treatment and management of cancer in Ireland. It recommended the establishment of the National Cancer Screening Service Board, which was later dissolved when the NCSS joined the Health Service Executive National Cancer Control Programme (NCCP) in 2010.

SUMMARY OF OVERALL SCREENING ACTIVITY

2011/2012	2012/2013	
172,076 Number of women invited	183,632 Number of women invited	▲
168,129 Number of eligible women invited*	179,222 Number of eligible women invited*	▲
125,329 Number of women screened	128,002 Number of women screened	▲
74.5% Eligible women acceptance rate* (including women who opted out of the programme)	71.4% Eligible women acceptance rate* (including women who opted out of the programme)	▼
37,429 Initial women screened	29,035 Initial women screened	▼
87,900 Subsequent women screened	98,967 Subsequent women screened	▲
5,242 Number of women re-called for assessment	5,255 Number of women re-called for assessment	▲
6.60 Cancers detected per 1,000 women screened	6.7 Cancers detected per 1,000 women screened	▲
832 Number of cancers detected	858 Number of cancers detected	▲

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

MESSAGE FROM
MAJELLA BYRNE, HEAD OF SCREENING SERVICE
DR ANN O'DOHERTY, LEAD CLINICAL DIRECTOR

Majella Byrne
Head of Screening Service

Dr Ann O'Doherty
Lead Clinical Director
BreastCheck – The National Breast Screening Programme

Introduction

BreastCheck – The National Breast Screening Programme plays a central role in diagnosis and management of breast cancer in Ireland, providing free mammograms to women aged 50-64 every two years.

Breast cancer remains the most commonly diagnosed cancer in women in Ireland with over 2,700 women diagnosed each year. Survival has improved as a result of screening, symptomatic detection and improved treatment options.

Risk of breast cancer increases with age, and 76 per cent of breast cancer cases in Ireland occur in women over the age of 50. The cumulative risk of a woman developing breast cancer before the age of 40 is 1 in 209, before the age of 50 is 1 in 48 and before the age of 65 is 1 in 15[1].

Through providing regular mammograms, BreastCheck works to reduce mortality by detecting breast cancer at the earliest stage, when a woman has more treatment options available and her chosen treatment is likely to be less extensive and more successful.

A small number of women will have a cancer detected by screening. A specialised team supports women to make an informed decision on treatment. Throughout her interaction with the programme she will be supported by a team, comprising of radiographers, radiologists, surgeons, pathologists, breast care nurses and administrative staff who are experienced and committed to optimising her care.

1 Figures provided by National Cancer Registry, Ireland

Achievements and challenges

BreastCheck is now in its fifteenth year of screening in Ireland, and has provided more than 963,500 mammograms to over 408,600 women and detected more than 6,342 cancers.

Participation

BreastCheck achieved and surpassed its target uptake of 70 per cent in the period covered by this report. There was also a moderate increase in screening numbers and related activity with over 2,500 more women attending during 2012 when compared with 2011.

Women who have attended BreastCheck previously are likely to attend again. However trends are showing that attendance by women new to the programme (i.e. 50-54 year olds) is dropping overall.

A key challenge is maintaining high levels of screening over time, particularly with women new to the programme. This is experienced by population screening programmes internationally. A targeted campaign to encourage women aged 50-64 to participate and to provide additional online resources is planned for 2014.

Effective communication with eligible women is essential to raise awareness and drive understanding of the importance of regular mammograms and breast awareness for breast health. BreastCheck utilises a multi-layered approach which uses traditional mediums such as advertising and public relations along with specific initiatives to encourage eligible women, particularly those who are harder-to-reach.

BreastCheck encourages the almost 400,000 women on the register to ensure their details are up to date and to contact the programme to arrange a new appointment if the timing is not convenient.

Age range extension

A decision was taken that the age range extension to women aged 69 outlined in the Programme for Government is deferred in the short-term. However, it remains as an objective of the Programme for Government. A business plan has been submitted to the Department of Health.

It is important to note that while the extension has been deferred, continued Government commitment signals recognition of the value of population-based screening programmes as worthwhile health initiatives. It has long been the intention to extend the programme and there is clear evidence to support this.

Women who have completed or are coming towards the end of their participation in BreastCheck are urged to continue to be breast aware, to know what is normal for their own breasts and what to look for, and to discuss any concerns with their GP (family doctor).

International debate

International debate about the benefits and limits of breast screening continued during 2013 and early 2014. An independent review of the breast screening programme in the United Kingdom, published in October 2012, concluded that screening is a valuable tool in the reduction

of mortality from breast cancer, but that it is vitally important that women have access to information for decision making. BreastCheck is committed to providing unbiased, easy-to-understand information about breast screening to women and actively reviews information and materials provided directly to women in leaflets, letters, factsheets, through the Freephone line and online.

Additional detail has been included in information leaflets around increased detection rates of Ductal Carcinoma in Situ (DCIS).

While low grade DCIS may not progress to invasive cancer, most (90 per cent) of DCIS identified in the reporting year was of high or intermediate grade, which has greater likelihood of progressing to invasive disease.

In addition to provision of information about DCIS prior to attending for a mammogram, in the small number of cases where a cancer is diagnosed, the woman is involved in and offered treatment choices and information after diagnosis to assist her make an informed decision on her treatment.

Recruitment

As is reflected throughout the wider health services in Ireland, the last number of years has posed challenges during a sustained recruitment moratorium and resultant staff shortages. BreastCheck vigilantly works to maintain staffing levels, particularly among radiographers and other health professionals. This is particularly important in maximising the number of women offered a first mammogram within two years of becoming known to the programme and receiving subsequent invitations at two yearly intervals. It is through a regular mammogram every two years that BreastCheck will deliver the most benefit to the population screened. BreastCheck continues to encourage women within the eligible age-range to attend their free regular mammogram and works to promote breast awareness among women regardless of age.

Health and Wellbeing Directorate

The National Screening Service manages four population-based screening programmes, one of which is BreastCheck. As part of the ongoing health reform programme, the National Screening Service now falls under the remit of the Health and Wellbeing Directorate of the health services.

However ongoing collaboration will continue with the National Cancer Control Programme, which formerly provided overall governance for the National Screening Service.

We would like to thank all involved in the programme for their hard work and commitment.

On behalf of the programme thank you to each of the 128,002 women who attended during the period covered by this report. We encourage women new to the programme during 2014 to become informed about BreastCheck, ask family and friends about their own experiences and to contact the programme with any questions they may have.

Screening Statistics

SCREENING STATISTICS

The figures reported relate to women invited by BreastCheck between 1 January and 31 December 2012 and who were screened or treated in 2012 and/or 2013. Programme standards, against which performance is measured, are based on 'European Guidelines for Quality Assurance in Mammography Screening' (4th edition) and the BreastCheck 'Guidelines for Quality Assurance in Mammography Screening' (3rd edition).

Screening numbers and related activity show a sustained increase in the reporting period (Table 1, Figure 1). Invitations for screening were issued to 183,632 women in 2012. Of these 179,222 were eligible for screening and 128,002 women attended for screening, which reflects an increase of over 2,500 women compared to the figure of 125,329 in 2011. The uptake rates based on the eligible target population surpassed the target of 70 per cent.

The standardised detection ratio (SDR) is a useful composite score by which to measure the performance of a screening programme. The increase in the overall SDR to from 1.18 in 2011 to 1.26 in 2012 reflects the good overall programme performance by BreastCheck in the reporting year (Table 1).

Table 1: Screening activity overall

Performance parameter	2012
Number of women invited	183,632
Number of eligible women invited*	179,222
Number of women who opted out of the programme	1,607
Number of women attended for screening	128,002
Eligible women uptake rate* (including women who opted out of the programme)	71.4%
Known target population uptake rate**	69.1%
Number of women re-called for assessment	5,255
Number of open benign biopsies	184
Number of cancers detected	858
Cancers detected per 1,000 women screened	6.7
Number Invasive cancers	661
Number of in situ cancers	197
Number of invasive cancers < 15mm	315
Standardised Detection Ratio	1.26

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

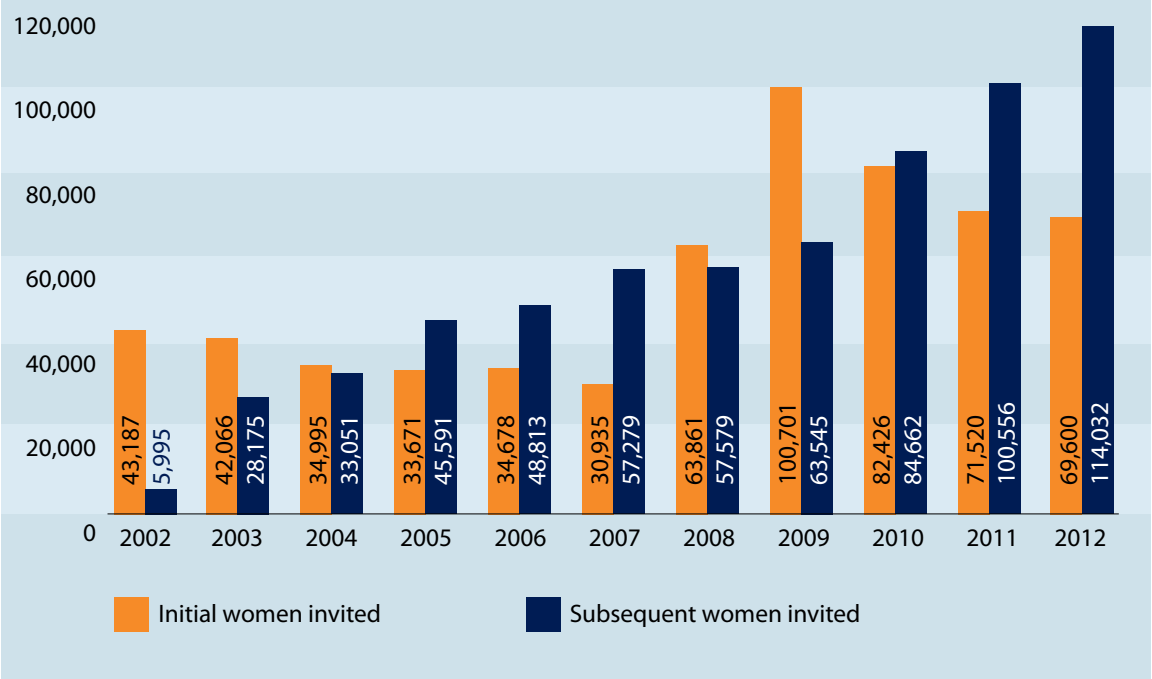
** Known target population refers to all women of screening age that are known to the programme.

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 within the last year, women who opt to wait until the next round, women who wished to defer appointment, women unwilling to reschedule or other.

Figure 1. Numbers invited 2002-2012 - initial and subsequent women



In 2012, the number of women invited for the first time fell and the number of women invited and screened for the second or subsequent time continued to rise. This reflects the progression towards a steady state, following completion of the first round of the national expansion of BreastCheck in 2010. This also reflects small numbers of younger women (aged 50 to 51) entering the programme and large numbers of women re-attending BreastCheck (aged 52 to 64) (Table 2, Figures 1 and 2).

For those invited for the first time uptake rates have fallen and remain outside the target of 70 per cent (Table 2).

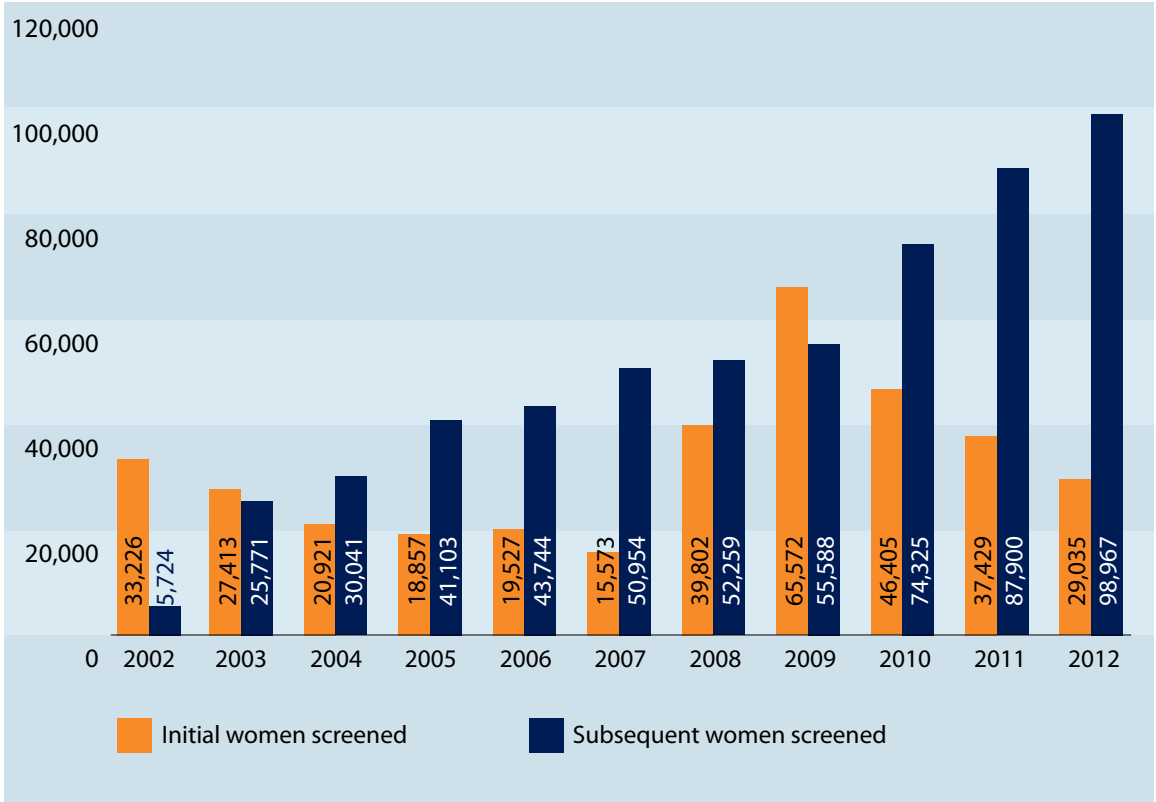
Among those invited in the previous round who have not attended (known as previous non-attenders) the uptake rate is low. As these women are on the register and have neither attended nor opted out of the programme they continue to receive invitations.

Uptake rates among those women who have previously attended and are re-invited for subsequent screening remain well above 80 per cent.

Table 2: Screening activity by screening invitation type

Performance parameter	First invited population	Previous non-attenders	Subsequent population
Number of women invited	42,226	27,374	114,032
Number of eligible women invited	38,102	27,374	113,746
Number of women who opted out of the programme	56	0	1,551
Number of women screened	25,284	3,751	98,967
Eligible women uptake rate (including women who opted out of the programme)	66.4%	13.7%	87.0%
Known target population uptake rate	59.8%	13.7%	85.6%

Figure 2: Numbers screened 2002-2012 - initial and subsequent women



Screening activity by type of screen and age group

In 2012 there was a continued fall in uptake among women invited for the first time in all age groups compared to previous years. Uptake remains highest in younger women invited for the first time (Table 3). The uptake among previous non-attenders decreases in the higher age-groups, reflecting not only a difference due to age but also the effect of those women who have never attended, in the calculation of rates in the older age groups (Table 4). Among those invited for subsequent screening the pattern of similarly high uptake rates in all age groups persists (Table 5).

Table 3: First invited population

Performance parameter	Age group 50-54	55-59	60-64
Number of women invited	34,062	4,756	3,121
Number of eligible women invited	32,109	3,501	2,266
Number of women who opted out of the programme	39	9	8
Number of women screened	23,203	1,230	707
Eligible women uptake rate (including women who opted out of the programme)	72.3%	35.1%	31.2%
Known target population uptake rate	68.0%	25.8%	22.6%

Table 4: Previous non-attenders

Performance parameter	Age group 50-54	55-59	60-64
Number of previous non-attenders invited	7,007	11,151	9,134
Number of women screened	1,351	1,497	876
Known target population uptake rate	19.3%	13.4%	9.6%

Table 5: Subsequent invited population

Performance parameter	Age group 50-54	55-59	60-64
Number of women invited	23,273	47,184	43,033
Number of ineligible women*	375	716	728
Number of eligible women invited	23,124	46,972	43,126
Number of women who opted out of the programme **	226	504	821
Number of women screened	20,260	41,195	36,818
Eligible women uptake rate (including women who opted not to consent)	87.6%	87.7%	85.4%
Known target population uptake rate	85.4%	85.5%	82.4%

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

* * Opted out of the programme in a previous round, but remain in the target population.

Of those women invited in 2012 for either the first or a subsequent time, 858 were diagnosed with a cancer. Of these, 661 were invasive cancer representing a continuing high number of cancers detected corresponding with the expansion of the programme (Figure 3) to all women aged 50 to 64 in Ireland.

Among women screened for the first time the re-call rate at 8.2 per cent is higher than in 2011 (7.3 per cent) and remains above the standard. The invasive cancer detection rates for age 50-51 and 52-64 years are well within the required targets (Table 6), and over one third of all invasive cancers detected in this group were small (less than 15mm). Among women attending for subsequent screening the re-call rate is much lower, as is expected. In these women over half of invasive cancers detected were less than 15mm (Table 7). The SDR is above the standard required for both first screening and subsequent screening.

The rate of DCIS has increased since 2011. This is largely due to the use of digital mammography, which has increased sensitivity to detection of calcifications that are associated with DCIS. It is well recognised that low grade DCIS may not progress to invasive cancer and its detection may lead to a certain amount of overtreatment. Most (90 per cent) of the DCIS detected in the reporting year was of high or intermediate grade, which has a greater likelihood of progressing to invasive disease.

Figure 3: Number of women diagnosed with breast cancer overall and the proportion with an invasive breast cancer 2002-2012

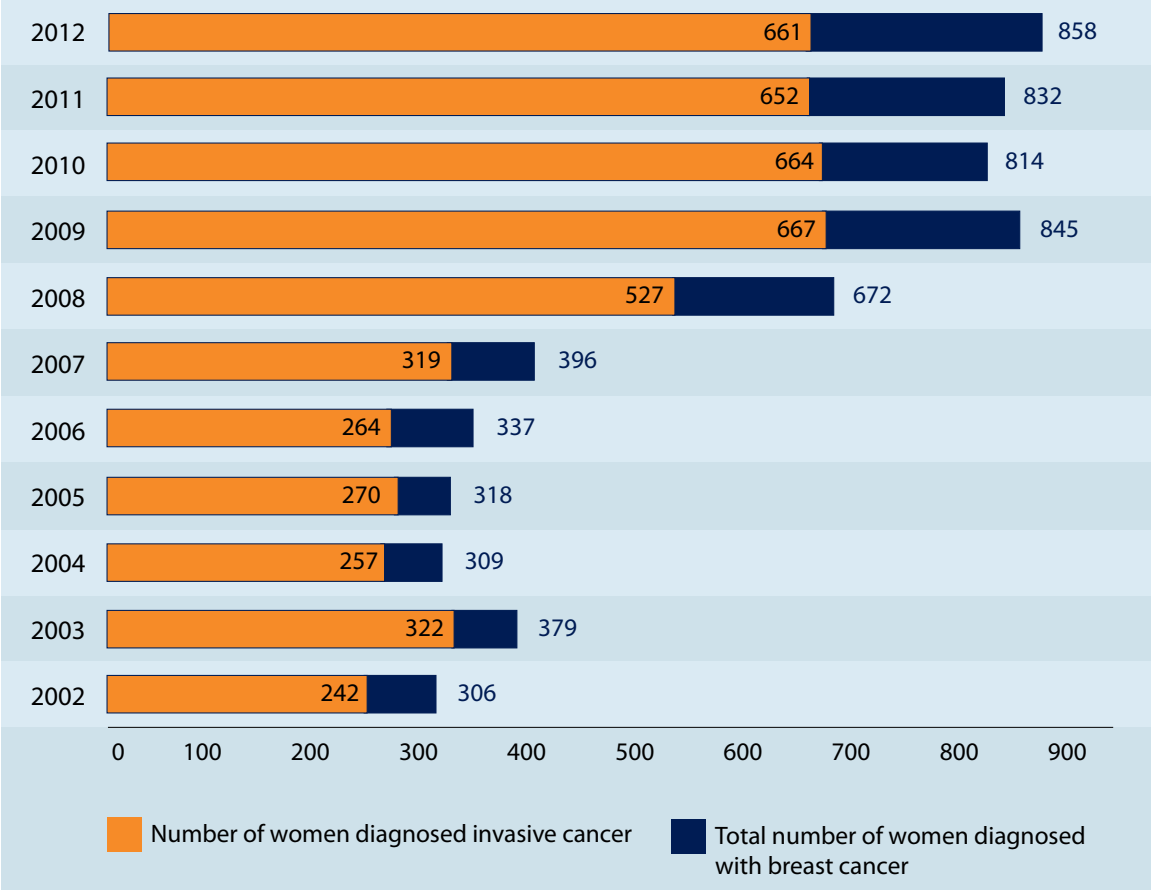


Table 6: Screening quality: First screen

Performance parameter	2012	Standard
Number of women screened for first time	29,035	
Number of women re-called for assessment	2,384	
Re-call rate	8.2%	<7%
Number of benign open biopsies	103	
Benign open biopsy rate per 1,000 women screened	3.55	<3.6
Number of women diagnosed with cancer	263	
Cancer detection rate per 1,000 women screened	9.06	≥7
Number of women with in situ cancer (DCIS)	71	
Pure DCIS detection rate per 1,000 women screened	2.45	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	27.0%	10-20%
Number of women diagnosed with invasive cancer	192	
Invasive cancer detection rate per 1,000 women screened	6.61	
Invasive cancer detection rate per 1,000 women screened for women aged 50-51	5.92	>2.9
Invasive cancer detection rate per 1,000 women screened for women aged 52-64	7.79	>5.2
Number of women with invasive cancers <15 mm	67	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	34.9%	≥40%
Standardised detection ratio	1.26	0.75

Table 7: Screening quality: Subsequent screen

Performance parameter	2012	Standard
Number of women returning for subsequent screen	98,967	
Number of women re-called for assessment	2,871	
Re-call rate	2.9%	<5%
Number of benign open biopsies	81	
Benign open biopsy rate per 1,000 women screened	0.82	<2
Number of women diagnosed with cancer	595	
Cancer detection rate per 1,000 women screened	6.01	≥3.5
Number of women with in situ cancer (DCIS)	126	
Pure DCIS detection rate per 1,000 women screened	1.27	
Number of women diagnosed with DCIS as % of all women diagnosed with cancer	21.2%	10-20%
Number of women diagnosed with invasive cancer	469	
Invasive cancer detection rate per 1,000 women screened	4.74	
Number of women with invasive cancers <15mm	248	
Number of women with invasive cancers <15 mm as % of all women with invasive cancers	52.9%	≥40%
Standardised detection ratio	1.26	0.75

In women screened both for the first time and for a subsequent time, the overall cancer detection rate rises with increasing age, reflecting the fact that age is a risk factor for breast cancer (Tables 8 & 9). Benign open biopsy rates are highest among women aged 50-54 screened for the first time (Table 8), but overall rates of benign open biopsy are within the programme targets (first screen <3.6; subsequent screen <2).

Table 8: Screening outcome: First screen by age group

Performance parameter	Age group		
	50-54	55-59	60-64
Number of women screened	24,563	2,729	1,586
Percentage of women re-called for assessment	8.3%	7.5%	8.0%
Benign open biopsy rate per 1,000 women screened	3.62	3.30	3.15
Overall cancer detection rate per 1,000 women screened	8.51	11.36	13.87

Table 9: Screening outcome: Subsequent screen by age group

Performance parameter	Age group		
	50-54	55-59	60-64
Number of women screened	20,260	41,195	36,818
Percentage of women re-called for assessment	3.2%	2.8%	2.9%
Benign open biopsy rate per 1,000 women screened	1.18	0.58	0.90
Overall cancer detection rate per 1,000 women screened	4.79	5.80	6.90

Eighty nine and 95 per cent of first screen and subsequent screen women with cancer, respectively, were diagnosed prior to any surgery by core biopsy or fine needle aspiration performed by radiologists at the assessment clinic (Figure 4). This is far in excess of the standard of ≥70 per cent. A non-operative diagnosis means that a woman will know her diagnosis prior to any surgical intervention and her surgical treatment can be planned in advance with the breast cancer surgeon. This has been an important feature of the programme since its inception.

Figure 4: Cancers with non-operative diagnosis

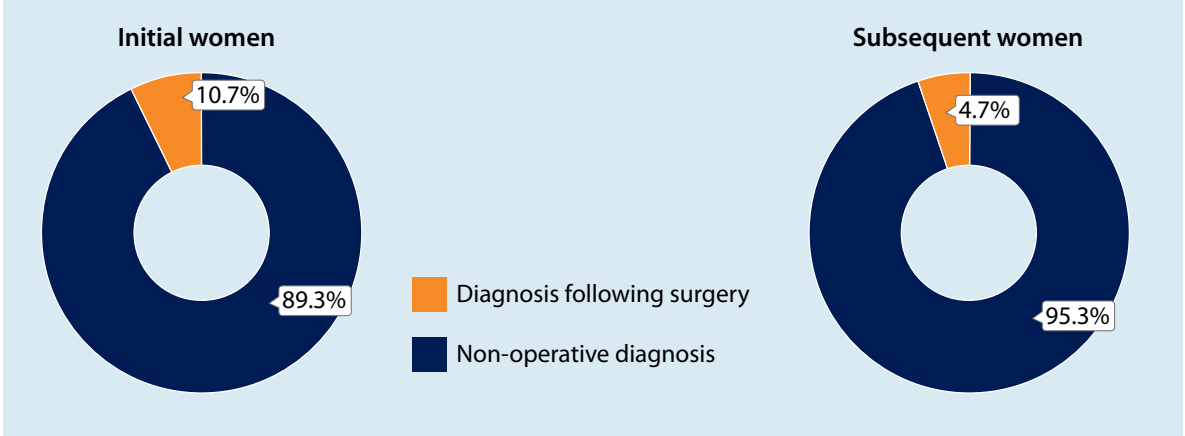
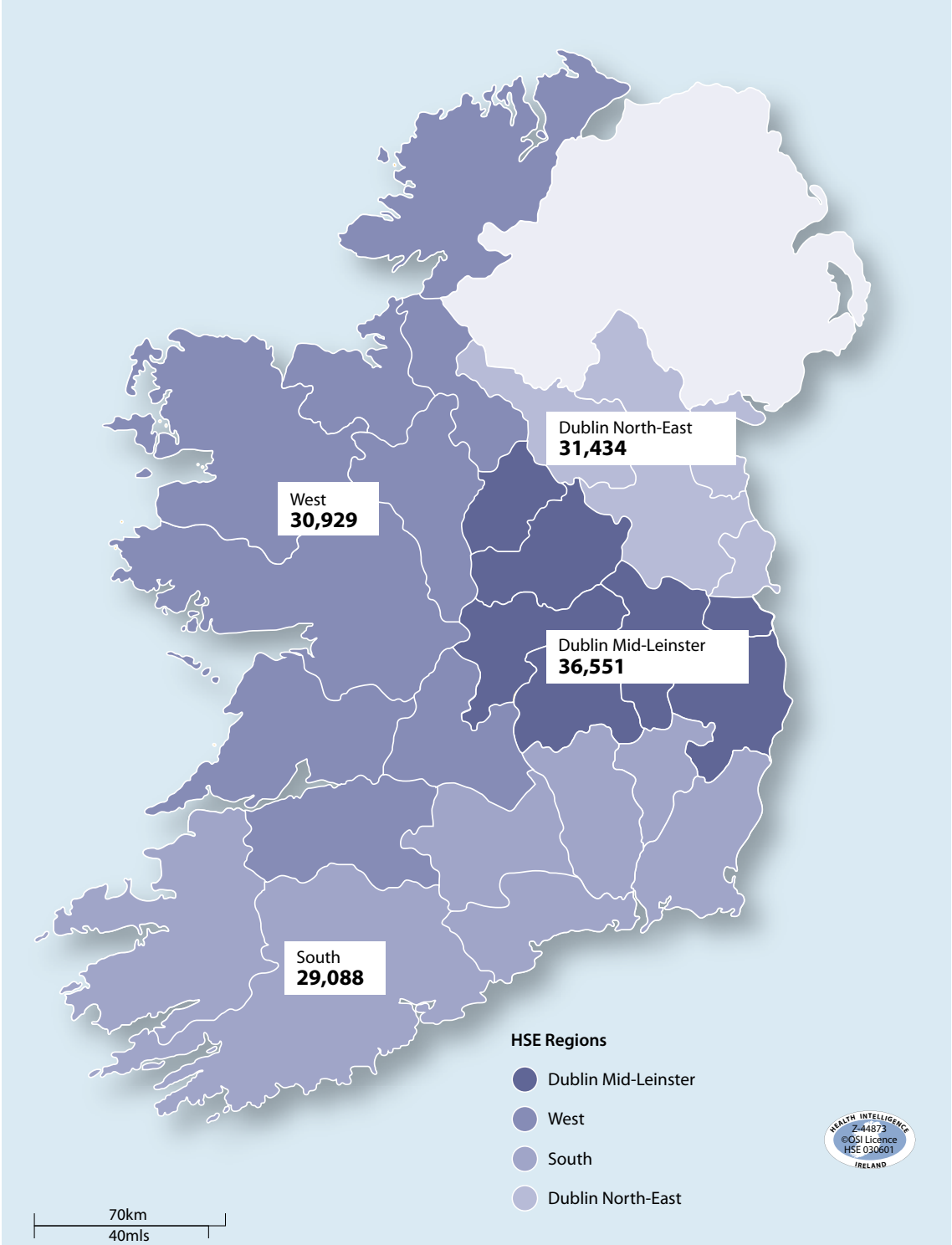


Figure 5: Health Service Executive regions with total number of women screened following invitation in 2012



The uptake 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 Dublin North-East region and the Dublin Mid-Leinster region where BreastCheck has been inviting women for screening for over a decade. For women invited for a subsequent screening appointment, uptake remains high in all regions (Table 11).

Table 10: Outcome of first screens by Health Service Executive region

Region of residence	Number of women screened	Eligible population uptake rate	Target population uptake rate	Number of cancers detected	Number of cancers detected per 1,000 women screened
Dublin North-East	6,537	40.2%	38.3%	67	10.25
Dublin Mid-Leinster	7,946	42.7%	40.0%	64	8.05
South	6,863	45.3%	42.4%	65	9.47
West	7,689	49.6%	46.4%	67	8.71
Total	29,035	44.3%	41.7%	263	9.06

Table 11: Outcome of subsequent screens by Health Service Executive region

Region of residence	Number of women screened	Eligible population uptake rate	Target population uptake rate	Number of cancers detected	Number of cancers detected per 1,000 women screened
Dublin North-East	24,897	85.9%	84.6%	157	6.31
Dublin Mid-Leinster	28,605	85.1%	83.7%	170	5.94
South	22,225	88.1%	86.8%	134	6.03
West	23,240	89.2%	87.8%	134	5.77
Total	98,967	86.9%	85.5%	595	6.01

The programme seeks to achieve or surpass all standards outlined in the BreastCheck Women's Charter. Most women receive seven days notice of appointment and receive their mammogram results within three weeks. Over 92 per cent 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 at 85.1 per cent remains outside the standard of 90 per cent. However, 93 per cent of women with cancer were offered hospital admission within four weeks of diagnosis.

The percentage of women re-invited for screening within 27 months of invitation at previous round is outside the target (Table 12). However, 91.4 per cent of women were re-invited within 28 months.

Although the proportion of eligible women invited for screening within two years of becoming known to the programme remains outside the target of 90 per cent it represents an improvement since 2011 when it was at 61.4 per cent. Over 90 per cent of eligible women were invited within 29 months of becoming known to the programme.

Table 12: Women's Charter parameters

Performance parameter	2012	Women's Charter standard
Women who received 7 days notice of appointment (%)	98.7%	≥90%
Women who were sent results of mammogram within 3 weeks (%)	99.3%	≥90%
Women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result (%)	92.4%	≥90%
Women given results from Assessment Clinic within 1 week (%)	94.7%	≥90%
Women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer (%)	85.1%	≥90%
Women re-invited for screening within 27 months of invitation at previous round (%)	85.6%	≥90%
Women eligible for screening invited within 2 years of becoming known to the programme (%)	76.8%	≥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 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, 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 appropriate reason will be excluded by the Programme and no further contact will be made unless requested by the woman.

First invited population
Women who have been invited by BreastCheck for a screening appointment for the first time.

Initial screening
A woman's first screening at BreastCheck.

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
Malignancy is a cancerous tumour. Malignant tumours can invade surrounding tissues and spread to other parts of the body.

Mammogram
An x-ray of the breast.

Previous non-attenders
Women who did not attend their BreastCheck screening appointment when invited in the previous round(s).

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
Repeat screening where a woman has previously attended for screening with BreastCheck.

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, may be suspended temporarily by the Programme until the appropriate time to attend for screening.

Symptom
Any sensation or change in bodily function experienced by a patient that is associated with a particular disease.

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

Uptake
Uptake is defined as completion of a mammogram in response to a routine invitation.

National
Cancer Screening
Service

The National Cancer Screening Service is part of the Health Service Executive. It encompasses BreastCheck – The National Breast Screening Programme, CervicalCheck – The National Cervical Screening Programme, BowelScreen – The National Bowel Screening Programme and Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme.

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