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# Breast Test Wales Annual Statistical Report 2021-22



# About us

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

We are part of the NHS and report to the Minister for Health and Social Services in the Welsh Government.

Our vision is for a healthier, happier and fairer Wales. We work locally, nationally and, with partners, across communities in the following areas:

**Health protection** – providing information and advice and taking action to protect people from communicable disease and environmental hazards

**Primary, community and integrated care** – strengthening its public health impact through policy, commissioning, planning and service delivery

**Microbiology** – providing a network of microbiology services which support the diagnosis and management of infectious diseases

**Safeguarding** - providing expertise and strategic advice to help safeguard children and vulnerable adults

**Screening** – providing screening programmes which assist the early detection, prevention and treatment of disease

**Health intelligence** – providing public health data analysis, evidence finding and knowledge management

**NHS quality improvement and patient safety** – providing the NHS with information, advice and support to improve patient outcomes

**Policy, research and international development** – influencing policy, supporting research and contributing to international health development

**Health improvement** – working across agencies and providing population services to improve health and reduce health inequalities

## Further information

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This report is a detailed summary of information on work undertaken by the Breast Screening Programme in Wales for the year April 2021 to the end of March 2022.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg. Byddwn yn ateb gohebiaeth yn Gymraeg heb oedi / We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.

### **Quality Assurance Statement**

Screening data records are constantly changing. The databases used by Public Health Wales Screening Division are updated on a daily basis when records are added, changed or removed (archived). This might relate to when a person has been identified as needing screening; has had screening results that need to be recorded, or has a change of status and no longer needs screening respectively. Data is received from a large number of different sources with varying levels of accuracy and completeness. The Screening Division checks data for accuracy by comparing datasets – for example GP practice data – and corrects the coding data where possible. It should be noted that there are sometimes delays in data collection – for example a person might not immediately register with their GP if they move address. These delays will therefore affect the completeness of the data depending on individual circumstances. In addition, the reader should be aware that data is constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing.

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This document is also available in Welsh.

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## 1 Introduction

The aim of the breast screening programme is to reduce mortality from breast cancer. Women aged 50 to 70 who are resident in Wales, and registered with a General Practitioner, are invited for a mammogram (X-ray of the breasts) every three years.

Breast Test Wales is divided into three geographical divisions with centres in Cardiff, Swansea, Llandudno and Wrexham. Eleven mobile units work across Wales to provide local screening to women who live some distance from a centre, visiting over 100 sites in every three year round of screening.

### 1.1 'Key messages' for women

- Breast screening reduces your risk of dying from breast cancer
- Women aged 50 to 70 are invited for a breast X-ray every three years. Women over the age of 70 are not routinely invited as there is no evidence of a reduction in mortality from screening women in this age range
- Screening can find cancers when they are too small to see or feel. Finding and treating cancer early gives you the best chance of survival
- Breast screening is a free NHS test that is carried out at screening centres and accessible mobile units across Wales
- If you notice a change in your breasts, visit your GP immediately
- Screening will miss some cancers, and some cancers cannot be cured
- Taking part in breast screening is your choice. Read the information leaflet carefully to help you make your decision

### 1.2 Programme delivery

The Screening Division of Public Health Wales is responsible for managing, delivering and quality assuring the breast screening programme in Wales and has Director of Screening and Consultant in Public Health Lead for the cancer screening programmes. Breast Test Wales employs a Head of Programme, Quality Assurance (QA) Surgeon, QA Radiologist, QA Pathologist and an All-Wales Screening Pathway

Programme Manager who leads an administration pathways team, and there is medical secretarial support. There is a large specialist multidisciplinary clinical team, including clinic support, breast care nurses, clinic nurses, radiographers, consultant radiographers, breast clinicians, breast surgeons and consultant radiologists, who deliver the breast screening service.

Women aged 50-70 who are resident in Wales, and registered with a GP, are offered screening at either a mobile unit in their locality or at one of the centres in Llandudno, Wrexham, Swansea or Cardiff.

During 2021 to 2022 the breast screening programme was working to recover from the impact of the pandemic and the temporary pause in March 2020 during the first stages of the pandemic. The programme was also working during this time to undertake a full replacement of imaging equipment which included digital equipment to centres and replacement of the mobiles.

### **1.3 Screening pathway**

Women aged between 50 and 70 are invited for breast screening every three years. The invitation process depends on the GP surgery of registration. Breast Test Wales will invite all women for their first breast screening before their 53rd birthday. Occasionally this means that some women will be invited just before they reach 50 years of age.

Women aged between 50 and 70 who are being followed up at a hospital breast clinic will still receive an invitation from Breast Test Wales.

Women over the age of 70 are not routinely invited as there is no evidence of a reduction in mortality from screening women in this age range.

Women who attend for screening have a mammogram (X-ray of their breasts). If there are any abnormalities observed on the mammogram the woman is invited to an assessment clinic for further tests.

More information about the programme and copies of previous statistical reports are available at [www.breasttestwales.wales.nhs.uk](http://www.breasttestwales.wales.nhs.uk)

## 2 Headline statistics

This report covers activity in the period April 2021 to March 2022. All comparative annual data relates to financial years.

- As at 31 March 2022 coverage of women aged 53-70 was 56.5%, compared with 58.4% at the same point in 2021 and 71.7% in 2020.
- Screening activity: just over 108,000 women aged 49 and above were screened in 2021-22, compared with approximately 47,000 in 2020-21.
- Invitation and uptake: in 2021-22 nearly 132,000 women aged 50-70 were invited for screening, compared to 64,000 in 2020-21. The uptake of screening for this group was 70.0%, compared to 67.1% in 2020-21 and 68.9% in 2019-20.
- Assessment: Referrals for assessment were 4.8% of those screened in 2021-22. This compares to 5.4% in 2020-21 and 4.4% in 2019-20.
- Cancer detection: a total of 1,121 cancers were detected in women screened aged 49 and over. This represents 10.4 cases per 1,000 women screened. In comparison, there were 484 cancers detected in 2020-21 (10.4 per 1,000 screened) and 1,050 detected in 2019-20 (8.7 per 1,000 screened).
- Of the 1,121 cancers detected in 2021-22, 81.7% (916) were invasive lesions. In 2020-21 80.2% (388) were invasive and in 2019-20 83.1% (873).
- In 2021-22 42.7% (391) of the invasive cancers detected were classified as small (less than 15mm in size). This compares to 51.5% (200) in 2020-21 and 50.3% (439) in 2019-20.

## 3 Data

### 3.1 Coverage

Coverage is defined as the percentage of women resident and eligible for breast screening at a particular point in time, who have been screened within the previous three years. Ineligible women include those who have undergone bilateral mastectomy.

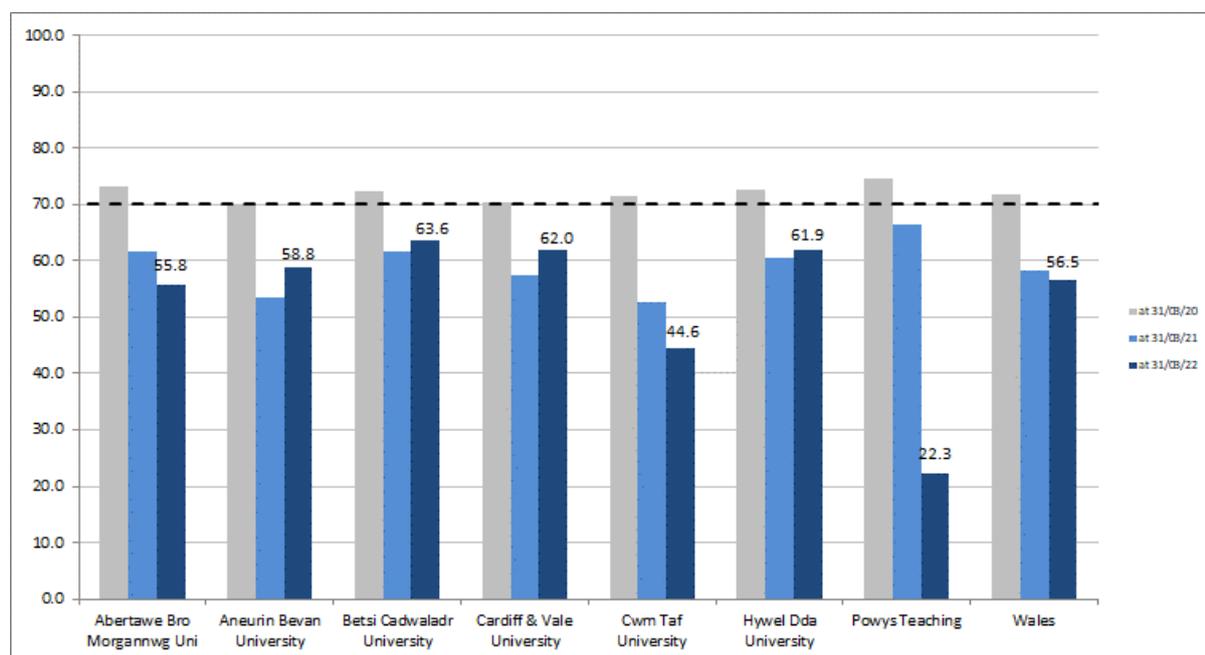
Both uptake and round length (invitations issued within 36 months of previous screen) can affect coverage. To allow all women time to have received their first invitation, the coverage is presented for the 53-70 age range. As at 31 March 2022 coverage of women aged 53-70 was 56.5%, compared with 58.4% at the same point in 2020 and 71.7% in 2020. Following the temporary pause of breast screening due to the COVID pandemic, a risk-based approach to restarting the programme was agreed in April 2020, seeing women with the highest risk invited first, when the programme re-commenced screening in August 2020.

There was a significant reduction in capacity going forward into 2021, with approximately 60% of the pre-Covid capacity available as the programme put in place social distancing of participants and new decontamination procedures. This reduction in capacity persisted into mid-2021.

The recovery plan focused on implementing additional capacity over this period to prevent the round length from increasing further. Where possible additional activity was undertaken on weekends to increase the number of available slots to prevent further slippage and extending mobile breast screening unit site length.

Static centre activity was reviewed and optimised where possible. Open appointment invitations were used to maximise appointment slot utilisation in the cohort of prevalent round women.

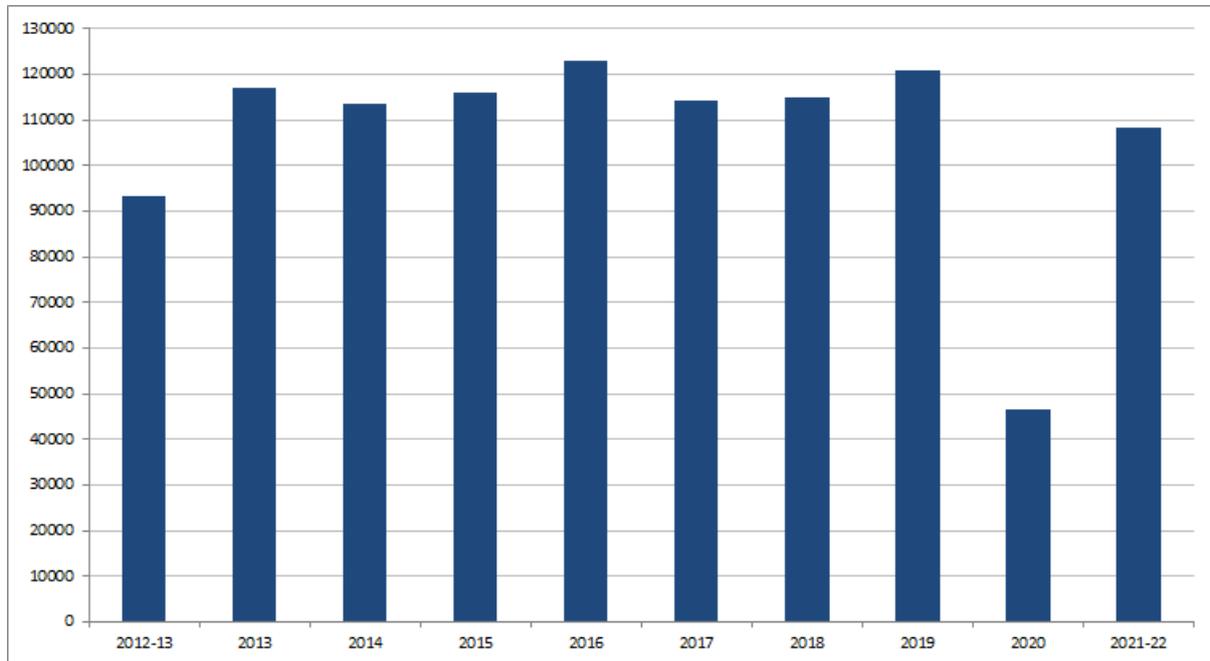
**Graph 1:** Breast screening coverage percentage (%), women aged 53-70, by health board of residence, 2020-2022



### 3.2 Screening Activity

Women are routinely invited to attend breast screening if they are aged between 50 and 70 (or aged 49 if they turn 50 in the year their practice is screened). Screening activity numbers also include women older than 70 who have contacted the service to request screening. It is important to note there is no robust evidence that routine screening saves lives in this older age group. All women who notice a change in their breasts should contact their GP immediately.

Despite the constraints on the capacity of the service due to the pandemic the number of women invited and screened returned to near usual numbers during 2021-22 as the programme started to recover from the impact of the pandemic. The recovery efforts continued over this period to maximise the number of invitations sent and the number of women screened. 108,191 women aged 49 and over were screened in 2021-22.

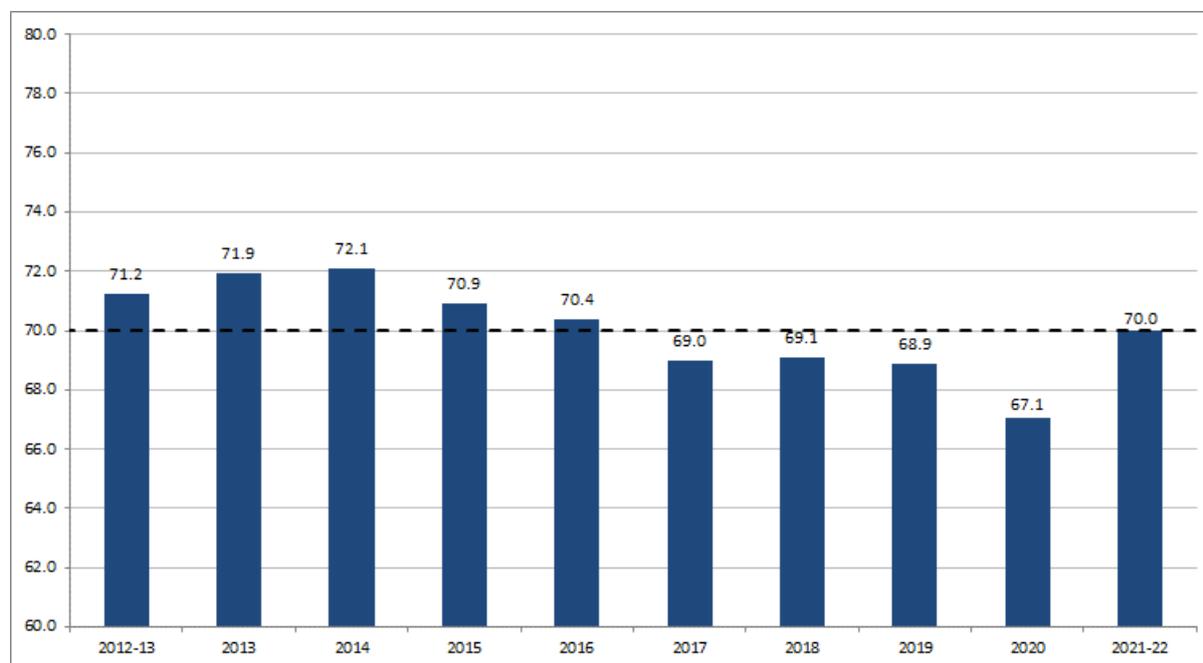
**Graph 2:** 10-year total screening activity, all ages, 2012-13 to 2021-22

### 3.3 Invitation and Uptake

131,611 women aged 50-70 were invited to screening in 2021-22.

In 2021-22 uptake was 70.0%, compared to 67.1% in 2020-21 and 68.9% in 2019-20. This is first time in 5 years that the minimum standard has been achieved. Graph 3 shows uptake of screening amongst the routinely invited population.

**Graph 3:** 10-year uptake percentage (%) of routine breast screening invitations, aged 50-70, 2012-13 to 2021-22

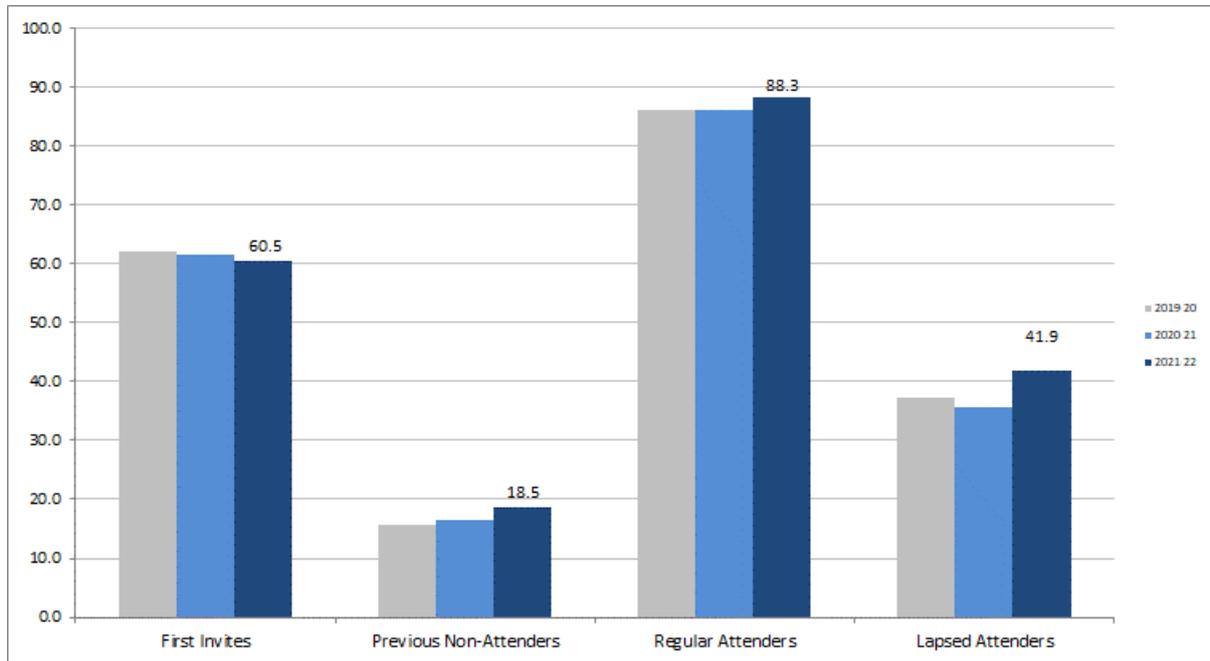


Uptake can vary according to the type of invitation. Routine invitations can be sub-divided into the following groups:

- First invitation
- Invitation to a previous non-attender
- Invitation to a regular attender
- Invitation to a lapsed attender

As Graph 4 demonstrates, uptake is highest among the regular attendees (88.3%) and lowest among previous non-attenders (18.5%). Breast Test Wales provides literature with its invitations to support women in making an informed choice when deciding whether or not to attend for breast screening. In all groups other than first invitation the uptake is higher than the previous two years. Work is underway within the programme to look at how text messaging and digital social media can support uptake in breast screening.

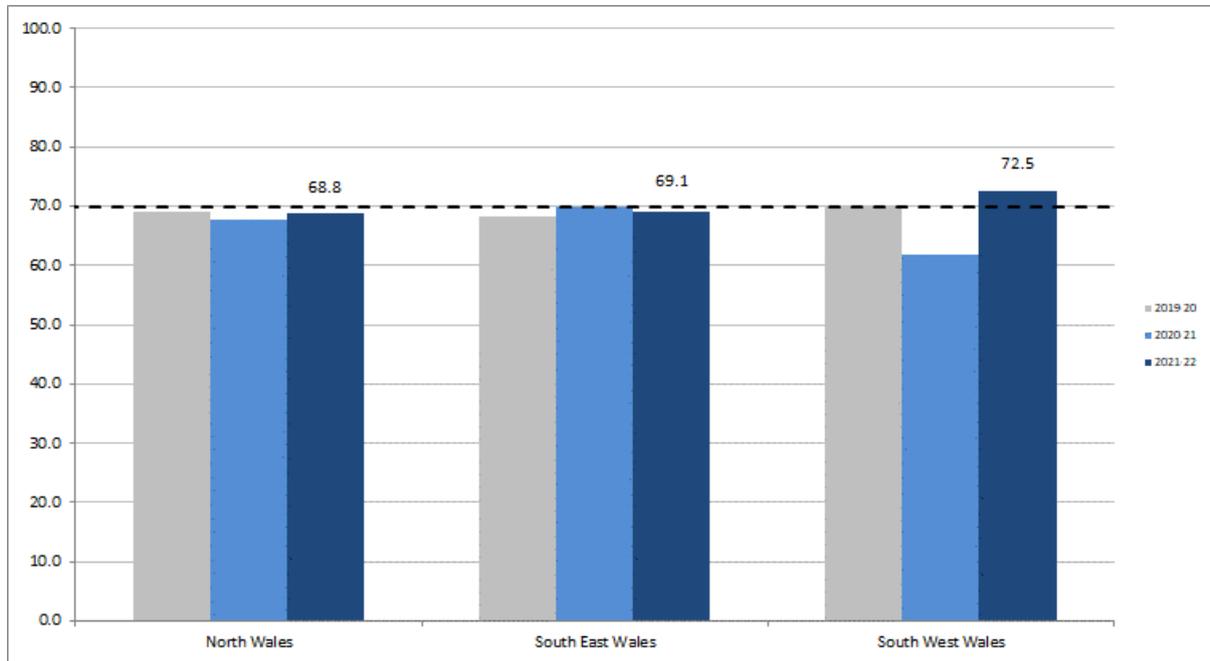
**Graph 4:** Uptake percentage (%) by invite type, aged 50-70, 2019-20 to 2021-22



In terms of regional effect, uptake this year is highest in South West Wales and the area is within standard, while both North and South East Wales fall short (Graph 5).

Working groups have been established both within the Screening Division and the Breast Screening Programme to assess and implement interventions to support uptake. Greater emphasis is being placed on developing interventions that reduce inequalities and improve the health of their target population.

**Graph 5:** Uptake percentage (%) by screening unit, aged 50-70, 2019-20 to 2021-22



## 3.4 Assessment

### 3.4.1 Referral for assessment

If any abnormalities suggestive of cancer are observed on the screening mammogram, the woman will be recalled to an assessment clinic for further assessment tests. It is expected that more women are recalled to assessment following their first screen (the prevalent screen) as there are no prior images to inform the recall decision.

Referral rates for women who have been screened previously (the incident screen) are likely to be lower because they will present with more recent disease and the screening history can assist the image reader in their interpretation of the image. (Table 1).

**Table 1:** Referral for assessment, all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Screen	Refer	%	Screen	Refer	%	Screen	Refer	%
<b>Total</b>	<b>120,662</b>	<b>5258</b>	<b>4.4</b>	<b>46,723</b>	<b>2531</b>	<b>5.4</b>	<b>108,191</b>	<b>5141</b>	<b>4.8</b>
<b>Prevalent Screen</b>	<b>20,664</b>	<b>1580</b>	<b>7.6</b>	<b>12,732</b>	<b>978</b>	<b>7.7</b>	<b>19,641</b>	<b>1379</b>	<b>7.0</b>
<b>Incident Screen</b>	<b>90,292</b>	<b>3126</b>	<b>3.5</b>	<b>31,788</b>	<b>1373</b>	<b>4.3</b>	<b>76,460</b>	<b>3057</b>	<b>4.0</b>
First invite for routine screening	16,455	1286	7.8	10,806	851	7.9	16,402	1141	7.1
Routine invite to previous non-attenders	4209	294	7.0	1926	127	6.6	3599	238	6.6
Routine invite to previous attenders, last screen within 5 years	85,772	2910	3.4	29,984	1254	4.2	72,341	2823	3.9
Routine invite to previous attenders, last screen more than 5 years previously	4520	216	4.8	1804	119	6.6	4119	234	5.7
Early recalls	50	50	100	42	42	100	34	34	100
Self/GP referrals	9,656	502	5.2	2161	138	6.4	12,056	671	5.6

### 3.4.2 Assessment biopsy procedures

As part of the assessment process further mammograms and a breast examination is undertaken. If, following these further tests and an ultrasound scan there remains a concern there is a cancer then a biopsy procedure is required to make a diagnosis. Most biopsies are carried out in assessment clinic and use wide bore needle technique. A very small number of fine needle aspirations of the breast are performed each year but this is normally in addition to obtaining a tissue sample. A small number of women require an open surgical biopsy to achieve a definitive diagnosis. The programme wide adoption of vacuum assisted biopsy for certain lesions has led to a reduction in referral for open biopsy procedures.

The needle procedures are mostly conducted at a Breast Test Wales unit while an open biopsy is a surgical operation which requires a hospital visit. Of the 5,141 women referred for assessment in 2021-22, 44.2% (2274) underwent fine needle aspiration and/or wide bore needle, while 0.9% (44) required an open biopsy (Table 2).

**Table 2:** Referral for assessment and biopsy procedures, all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20					2020-21					2021-22				
	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%
<b>Total</b>	<b>5258</b>	<b>2008</b>	<b>38.2</b>	<b>37</b>	<b>0.7</b>	<b>2531</b>	<b>1018</b>	<b>40.2</b>	<b>31</b>	<b>1.2</b>	<b>5141</b>	<b>2274</b>	<b>44.2</b>	<b>44</b>	<b>0.9</b>
<b>Prevalent Screen</b>	<b>1580</b>	<b>580</b>	<b>36.7</b>	<b>16</b>	<b>1.0</b>	<b>978</b>	<b>411</b>	<b>42.0</b>	<b>16</b>	<b>1.6</b>	<b>1379</b>	<b>609</b>	<b>44.2</b>	<b>13</b>	<b>0.9</b>
<b>Incident Screen</b>	<b>3126</b>	<b>1196</b>	<b>38.3</b>	<b>17</b>	<b>0.5</b>	<b>1373</b>	<b>547</b>	<b>39.8</b>	<b>14</b>	<b>1.0</b>	<b>3057</b>	<b>1339</b>	<b>43.8</b>	<b>24</b>	<b>0.8</b>
First invite for routine screening	1286	463	36.0	15	1.2	851	353	41.5	14	1.6	1141	494	43.3	12	1.1
Routine invite to previous non-attenders	294	117	39.8	1	0.3	127	58	45.7	2	1.6	238	115	48.3	1	0.4
Routine invite to previous attenders, last screen within 5 years	2910	1109	38.1	15	0.5	1254	489	39.0	14	1.1	2823	1215	43.0	21	0.7
Routine invite to previous attenders, last screen more than 5 years previously	216	87	40.3	2	0.9	119	58	48.7	0	0	234	124	53.0	3	1.3
Early recalls	50	6	12.0	0	0	42	6	14.3	1	2.4	34	1	2.9	1	2.9
Self/GP referrals	502	226	45.0	4	0.8	138	54	39.1	0	0	671	325	48.4	6	0.9

## 3.5 Cancer Detection

### 3.5.1 Cancer detection rate

A total of 1121 cancers were detected in women screened aged 49 and over during the period April 2021 to March 2022. This represents 10.4 cases per 1,000 women screened. In comparison, there were 484 cancers detected in 2020-21 (10.4 per 1,000 screened) and 1,050 detected in 2019-20 (8.7 per 1,000 screened).

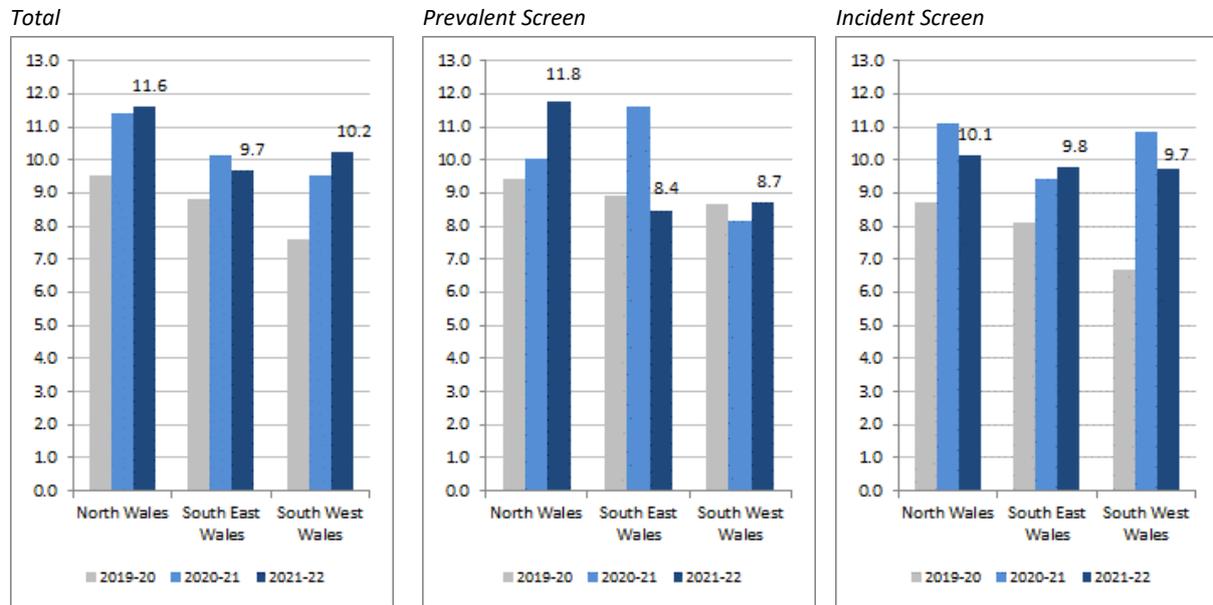
Cancer detection amongst prevalent screen women was 9.4 per 1,000 screened, compared to 10.1 per 1,000 in 2020-21 and 9.0 per 1,000 in 2019-20. For incident screen women the rate was 9.9 per 1,000 screened in 2021-22, 10.3 in 2020-21 and 7.9 in 2019-20 (Table 3).

**Table 3:** Cancer detection rate (per 1,000 screened), all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Screened	Cancers	Rate	Screened	Cancers	Rate	Screened	Cancers	Rate
<b>Total</b>	<b>120,661</b>	<b>1050</b>	<b>8.7</b>	<b>46,722</b>	<b>484</b>	<b>10.4</b>	<b>108,179</b>	<b>1121</b>	<b>10.4</b>
<b>Prevalent Screen</b>	<b>20,664</b>	<b>186</b>	<b>9.0</b>	<b>12,732</b>	<b>128</b>	<b>10.1</b>	<b>19,641</b>	<b>184</b>	<b>9.4</b>
<b>Incident Screen</b>	<b>90,292</b>	<b>712</b>	<b>7.9</b>	<b>31,788</b>	<b>327</b>	<b>10.3</b>	<b>76,460</b>	<b>754</b>	<b>9.9</b>
First invite for routine screening	16,455	144	8.8	10,806	106	9.8	16,042	137	8.5
Routine invite to previous non-attenders	4209	42	10.0	1926	22	11.4	3599	47	13.1
Routine invite to previous attenders, last screen within 5 years	85,772	663	7.7	29,984	296	9.9	72,341	681	9.4
Routine invite to previous attenders, last screen more than 5 years previously	4520	49	10.8	1804	31	17.2	4119	73	17.7
Early recalls	50	4	80.0	42	0	0	34	1	29.4
Self/GP referrals	9656	148	15.3	2161	29	13.4	12,044	182	15.1

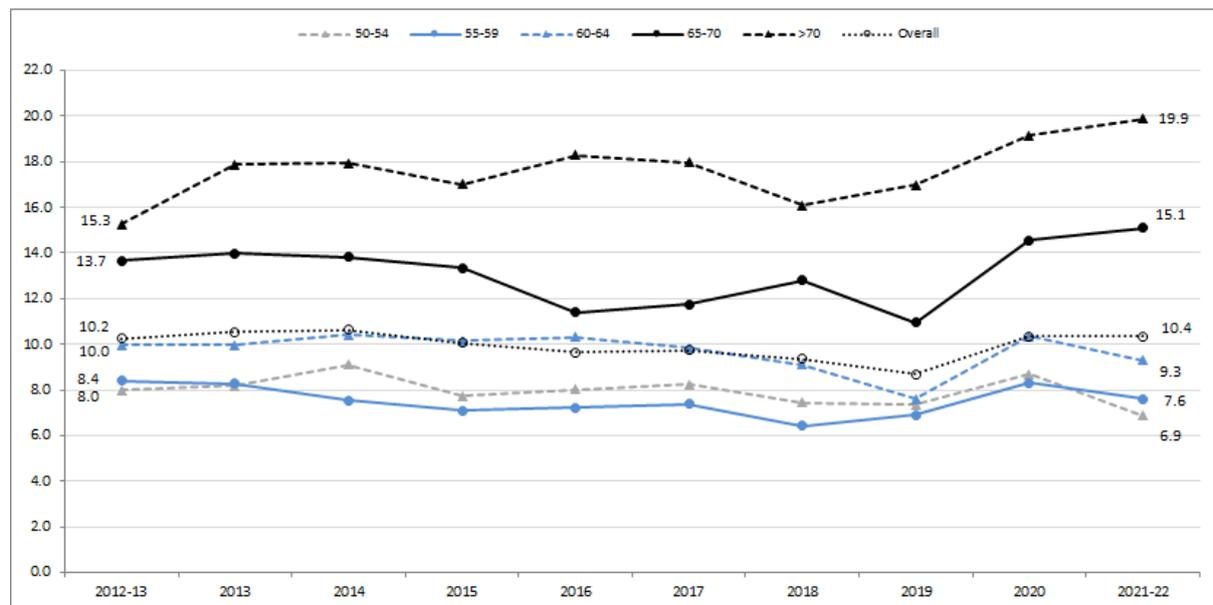
Examination of cancer detection rates at screening unit level (Graph 6) shows an overall increase in North and South West Wales but a drop in the South East. These increases and fall are attributable to rates among the prevalent round women.

**Graph 6:** Cancer detection rate per 1,000 screened, by invite type, by screening unit, 2019-20 to 2021-22



Graph 7 plots cancer detection rates over a 10 year period and shows how breast cancer incidence is generally higher in older age groups. In 2021-22 the cancer detection rate for women aged 50-54 was 6.9 per 1,000 screened, rising to 15.1 per 1,000 in the 65-70 age group.

**Graph 7:** Cancer detection rate (per 1,000 screened), 2012-13 to 2021-22, by age group



### 3.5.2 Cancer type and size

The breast cancers identified are described in two groups.

An invasive cancer is one which has spread into surrounding, healthy breast tissue. A non-invasive or micro-invasive cancer is contained within the ducts and lobules of the breast or may have started to spread but only by a very small amount (less than 1mm).

In 2021-22 81.7% of the cancers detected in women screened were invasive, compared to 80.2% in 2020-21 and 83.1% in 2019-20 (Table 4). The invasive cancers that are generally too small to feel (less than 15mm) accounted for 42.7% of all the invasive cancers detected in 2021-22 (Table 5). This compares to 51.5% last year and 50.3% in 2019-20.

Non-invasive or micro-invasive disease made up 18.3% of all cancers detected in 2021-22, while in 2020-21 they accounted for 19.8% and in 2019-20 16.9% (Table 6).

**Table 4:** Invasive cancers detected, all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Cancers	Invasive	%	Cancers	Invasive	%	Cancers	Invasive	%
<b>Total</b>	<b>1050</b>	<b>873</b>	<b>83.1</b>	<b>484</b>	<b>388</b>	<b>80.2</b>	<b>1121</b>	<b>916</b>	<b>81.7</b>
<b>Prevalent Screen</b>	<b>186</b>	<b>149</b>	<b>80.1</b>	<b>128</b>	<b>97</b>	<b>75.8</b>	<b>184</b>	<b>150</b>	<b>81.5</b>
<b>Incident Screen</b>	<b>712</b>	<b>586</b>	<b>82.3</b>	<b>327</b>	<b>268</b>	<b>82.0</b>	<b>754</b>	<b>605</b>	<b>80.2</b>
First invite for routine screening	144	111	77.1	106	77	72.6	137	107	78.1
Routine invite to previous non-attenders	42	38	90.5	22	20	90.9	47	43	91.5
Routine invite to previous attenders, last screen within 5 years	663	546	82.4	296	242	81.8	681	544	79.9
Routine invite to previous attenders, last screen more than 5 years previously	49	40	81.6	31	26	83.9	73	61	83.6
Early recalls	4	3	75.0	0	0	0	1	1	100
Self/GP referrals	148	135	91.2	29	23	79.3	182	160	87.9

**Table 5:** Size of invasive cancers detected, all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20					2020-21					2021-22				
	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%
<b>Total</b>	<b>873</b>	<b>439</b>	<b>50.3</b>	<b>390</b>	<b>44.7</b>	<b>388</b>	<b>200</b>	<b>51.5</b>	<b>160</b>	<b>41.2</b>	<b>916</b>	<b>391</b>	<b>42.7</b>	<b>462</b>	<b>50.4</b>
<b>Prevalent Screen</b>	<b>149</b>	<b>64</b>	<b>43.0</b>	<b>75</b>	<b>50.3</b>	<b>97</b>	<b>50</b>	<b>51.5</b>	<b>38</b>	<b>39.2</b>	<b>150</b>	<b>61</b>	<b>40.7</b>	<b>75</b>	<b>50.0</b>
<b>Incident Screen</b>	<b>586</b>	<b>315</b>	<b>53.8</b>	<b>243</b>	<b>41.5</b>	<b>268</b>	<b>141</b>	<b>52.6</b>	<b>112</b>	<b>41.8</b>	<b>605</b>	<b>271</b>	<b>44.8</b>	<b>301</b>	<b>49.8</b>
First invite for routine screening	111	46	41.4	57	51.4	77	39	50.6	30	39.0	107	44	41.1	53	49.5
Routine invite to previous non-attenders	38	18	47.4	18	47.4	20	11	55.0	8	40.0	43	17	39.5	22	51.2
Routine invite to previous attenders, last screen within 5 years	546	298	54.6	224	41.0	242	127	52.5	101	41.7	544	250	46.0	266	48.9
Routine invite to previous attenders, last screen more than 5 years previously	40	17	42.5	19	47.5	26	14	53.8	11	42.3	61	21	34.4	35	57.4
Early recalls	3	2	66.7	1	33.3	0	0	0	0	0	1	1	100	0	0
Self/GP referrals	135	58	43.0	71	52.6	23	9	39.1	10	43.5	160	58	36.3	86	53.8

Note: each year there are a number of invasive cancers that cannot be measured

**Table 6:** Non-invasive/micro invasive cancers detected, all ages, by invite/referral type, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%
<b>Total</b>	<b>1050</b>	<b>177</b>	<b>16.9</b>	<b>484</b>	<b>96</b>	<b>19.8</b>	<b>1121</b>	<b>205</b>	<b>18.3</b>
<b>Prevalent Screen</b>	<b>186</b>	<b>37</b>	<b>19.9</b>	<b>128</b>	<b>31</b>	<b>24.2</b>	<b>184</b>	<b>34</b>	<b>18.5</b>
<b>Incident Screen</b>	<b>712</b>	<b>126</b>	<b>17.7</b>	<b>327</b>	<b>59</b>	<b>18.0</b>	<b>754</b>	<b>149</b>	<b>19.8</b>
First invite for routine screening	144	33	22.9	106	29	27.4	137	30	21.9
Routine invite to previous non-attenders	42	4	9.5	22	2	9.1	47	4	8.5
Routine invite to previous attenders, last screen within 5 years	663	117	17.6	296	54	18.2	681	137	20.1
Routine invite to previous attenders, last screen more than 5 years previously	49	9	18.4	31	5	16.1	73	12	16.4
Early recalls	4	1	25.0	0	0	0	1	0	0
Self/GP referrals	148	13	8.8	29	6	20.7	182	22	12.1

## 4 Definitions

### **Coverage**

The percentage of women resident and eligible for breast screening at a particular point in time, who have been screened within the previous three years.

### **Early recall**

A second invitation to attend an assessment clinic at less than the routine (3 year) screening interval.

### **Health Board**

The health board of residence.

### **Lapsed attender**

More than three years elapsed since last screen and since re-invited.

### **Incident screen**

Screening of women previously screened within the NHS breast screening programme.

### **Invasive cancer**

When cancer cells have grown through the lining of the ducts and lobules of the breast into the surrounding tissue, therefore having the potential to spread to other parts of the body.

### **Prevalent screen**

Screening of women never previously screened within the NHS breast screening programme.

### **Uptake**

The percentage of women routinely invited for breast screening who take up their invitation and are screened within six months.

## 5 Production team

The production team for this report are all employed within Public Health Wales and are listed below.

Dean Phillips	Head of Breast Test Wales
Dr Sharon Hillier	Director of Screening Division
Helen Clayton	Lead Informatics and Data Services Manager
Guy Stevens	Deputy Informatics and Data Services Manager
Claire Ellis	Informatics and Data Analyst

Translation Services

Rhys George	Cofus CTF (Welsh translation)
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