



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Breast Test Wales Annual Statistical Report 2022-23

Version 1

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh

Publication details

Title: Breast Test Wales Annual Statistical Report 2022-23

Date: July 2025

ISBN: 978-1-83766-623-2

Contact details

Guy Stevens, Interim Lead Informatics and Data Services Manager, Informatics Division, Floor 6, Public Health Wales, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ

Email: screening.information@wales.nhs.uk

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.

QA 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. We occasionally suppress numbers lower than five when the data is potentially sensitive.

Copyright information

© 2025 Public Health Wales NHS Trust.

Material contained in this document may be reproduced under the terms of the Open Government Licence (OGL) www.nationalarchives.gov.uk/doc/open-government-licence/version/3/ provided it is done so accurately and is not used in a misleading context.

Acknowledgement to Public Health Wales NHS Trust to be stated. Copyright in the typographical arrangement, design and layout belongs to Public Health Wales NHS Trust.

This document is also available in Welsh.



Contents

Contents.....	4
Tables.....	5
Figures	5
Key messages	6
Introduction.....	7
Background	7
Programme delivery	8
Screening pathway.....	8
Headline statistics	10
Data.....	11
Coverage.....	11
Screening Activity	14
Uptake	16
Referral for assessment.....	20
Assessment biopsy procedures	22
Cancer Detection Rate	24
Cancer type and size	27
Definitions.....	31
Production team	33
Programme contact details	34

Tables

Table 1: Referral for assessment, all ages, by invite/referral type, 2020-21 to 2022-23.....	21
Table 2: Referral for assessment and biopsy procedures, all ages, by invite/referral type, 2020-21 to 2022-23.....	23
Table 3: Cancer detection rate (per 1,000 screened), all ages, by invite/referral type, 2020-21 to 2022-23.....	25
Table 4: Invasive cancers detected, all ages, by invite/referral type, 2020-21 to 2022-23	28
Table 5: Size of invasive cancers detected, all ages, by invite/referral type, 2020-21 to 2022-23	29
Table 6: Non-invasive/micro invasive cancers detected, all ages, by invite/referral type, 2020-21 to 2022-23.....	30

Figures

Figure 1: Pathway for breast screening	9
Figure 2: Breast screening coverage percentage, women aged 53-70, by health board of residence, 2021-2023	13
Figure 3: 10-year total screening activity, women aged 49 years old and over, 2013-14 to 2022-23	15
Figure 4: 10-year uptake percentage of routine breast screening invitations, women aged 50-70, 2013-14 to 2022-23	17
Figure 5: Uptake percentage by screening unit, women aged 50-70, 2020-21 to 2022-23.....	18
Figure 6: Uptake percentage by invite type, women aged 50-70, 2020-21 to 2022-23	19
Figure 7: Cancer detection rate per 1,000 screened, by invite types, by screening unit, 2020-21 to 2022-23.....	26
Figure 8: Cancer detection rate per 1,000 screened, 2013-14 to 2022-23 by age group	26



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Key messages

- Breast screening reduces the 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 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.
- All women who notice a change in their breasts should contact their GP immediately.
- Screening will miss some cancers, and some cancers cannot be cured.
- Taking part in breast screening is individual choice. Information leaflets are available which can assist in helping with decision making.



Introduction

Background

This report is a detailed summary of information of the work undertaken by the Breast Screening Programme in Wales for the year April 2022 to the end of March 2023, presenting key data, achievements, and areas for improvement.

The primary aim of breast screening is to reduce mortality rates by identifying breast cancer in its early stages, often before symptoms appear. Women aged 50 to 70 years old who are resident in Wales and registered with a General Practitioner, are invited for a mammogram (X-ray of the breasts) every three years.

Eligibility

Screening is offered to eligible individuals based on established guidelines, ensuring access to high-quality care and resources.

Women aged between 50 and 70 years old 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.

Sources of additional information

More information about the programme and copies of previous statistical reports are available at the Breast Test Wales website: <https://phw.nhs.wales/services-and-teams/screening/breast-screening/>

Screening locations

Breast Test Wales is divided into three geographical divisions with centres in Cardiff, Swansea, Llandudno and Wrexham. Twelve 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.

Summary of activity in reported year

Over the period 2022/23 the programme increased overall activity, inviting more participants in order to reduce the screening round length that extended following the pandemic. The pandemic

impacted breast screening causing a reduction in overall capacity and longer waits for screening invitations.

Achieving uptake and coverage standards remained challenging over this period, however cancer detection rates showed improvement, and a significant amount of the invasive cancers detected were less than 15mm, therefore small and unlikely to have been detected by palpation.

Developments since the reported year

In 2023/24 the programme focused on improving overall timeliness of key programme indicators with particular emphasis on results turnaround times and delivering shorter waits to assessment clinics and the full recovery of the 36 month round length standard.

There are a number of key workstreams that have been progressed during this period including the development of a new demographics system to ensure long term stability of the systems required to identify and invite eligible participants (DEWIS). The fleet of mobile breast screening units and the assessment clinics have completed a comprehensive equipment upgrade and operate state of art mammography systems.

Breast Test Wales is working with Health Boards in Wales to develop a NICE compliant pathway for women at very high risk of breast cancer, ensuring they have access to MRI scans and the appropriate breast screening frequency across Wales.

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 a Director of Screening and Consultant in Public Health Lead. 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.

Screening pathway

Women aged 50-70 years old 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.

Women aged between 50 and 70 years old 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 years old 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.

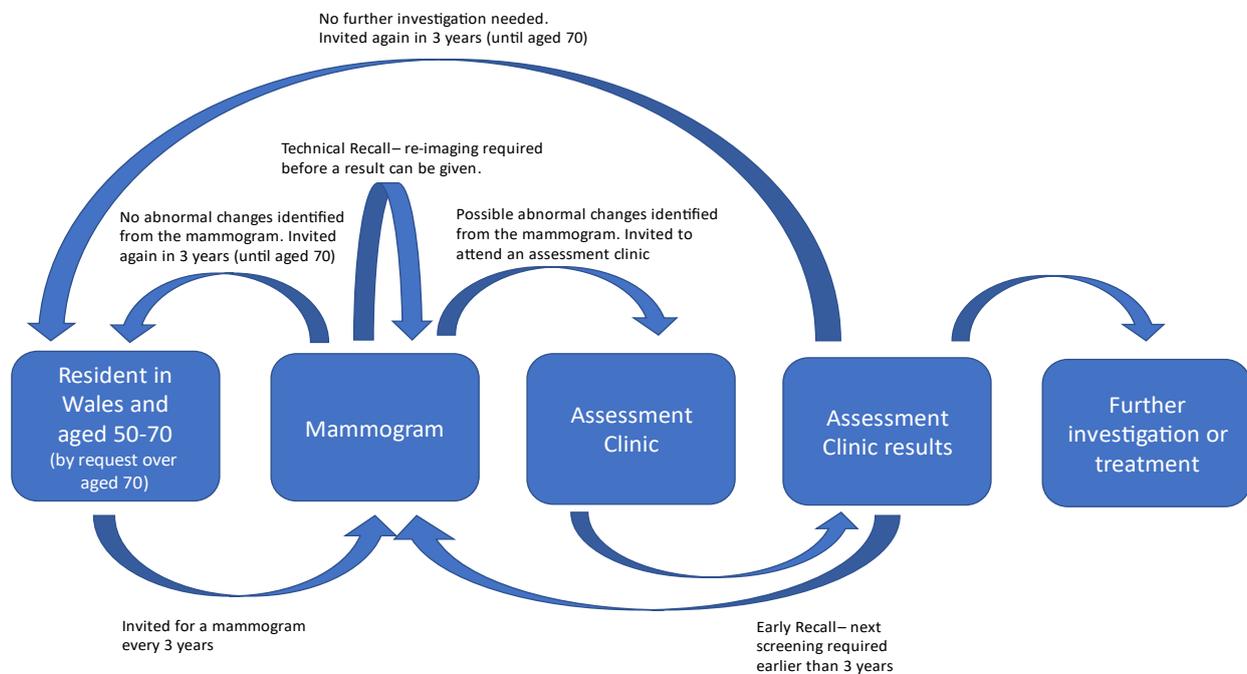


Figure 1: Pathway for breast screening



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Headline statistics

This report covers activity in the period April 2022 to March 2023.

- As of 31 March 2023 coverage of women aged 53-70 years old was 56.1%.
- 122,190 women aged 49 years old and above were screened.
- 151,155 women aged 50-70 years old were invited. The uptake of screening for this group was 69.5%.
- 4.0% of those screened were referred for further assessment.
- 1,182 cancers were detected in women screened aged 49 years old and over. This represents 9.7 cases per 1,000 women screened.
- Of the cancers detected, 83.0% (981) were invasive lesions.
- 41.3% (405) of the invasive cancers detected were classified as small (less than 15mm).



Data

Coverage

Definition and standard

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.

Standard: $\geq 70\%$

Result for 2022-2023

As of 31 March 2023 coverage of women aged 53-70 was 56.1%.

Three-year trend

Coverage was 56.1% on 31 March 2023, 56.5% at 31 March 2022, and 58.4% at 31 March 2021.

Geographic overview

Breast screening coverage, by health board of residence ranges from 43.5% to 71.9% (Figure 2).

Comment

During 2022-23, round length continued to recover following the impact of the Covid pandemic and is back to pre-pandemic levels. Whilst coverage has reduced slightly (56.1%) from 2022 (56.5%), the impact of the round length recovery will start to be demonstrated in the coverage figures of the next annual report.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Key Observations:

1) Overall Decline in Coverage:

Breast screening coverage has fallen, at a national level, from 58.4% in 31/03/21 to 56.1% in 31/03/23. While this pattern is replicated across five health boards of residence (without the stepped manner observed at a national level), in two instances coverage has increased. Currently, in all but one health board of residence (Powys Teaching) coverage is markedly below the target standard.

As coverage looks back at the previous 3 years and is affected by both uptake and round length, the significant impact from the disruption of the Covid pandemic will have impacted upon these figures.

2) Variation Among Health Board of Residence:

There is a noted range in coverage across health board of residence. In 2023, Cardiff and Vale had the lowest coverage (43.5%) and Powys the highest (71.9%). However, there is variability across the three-year period.



Figures and tables

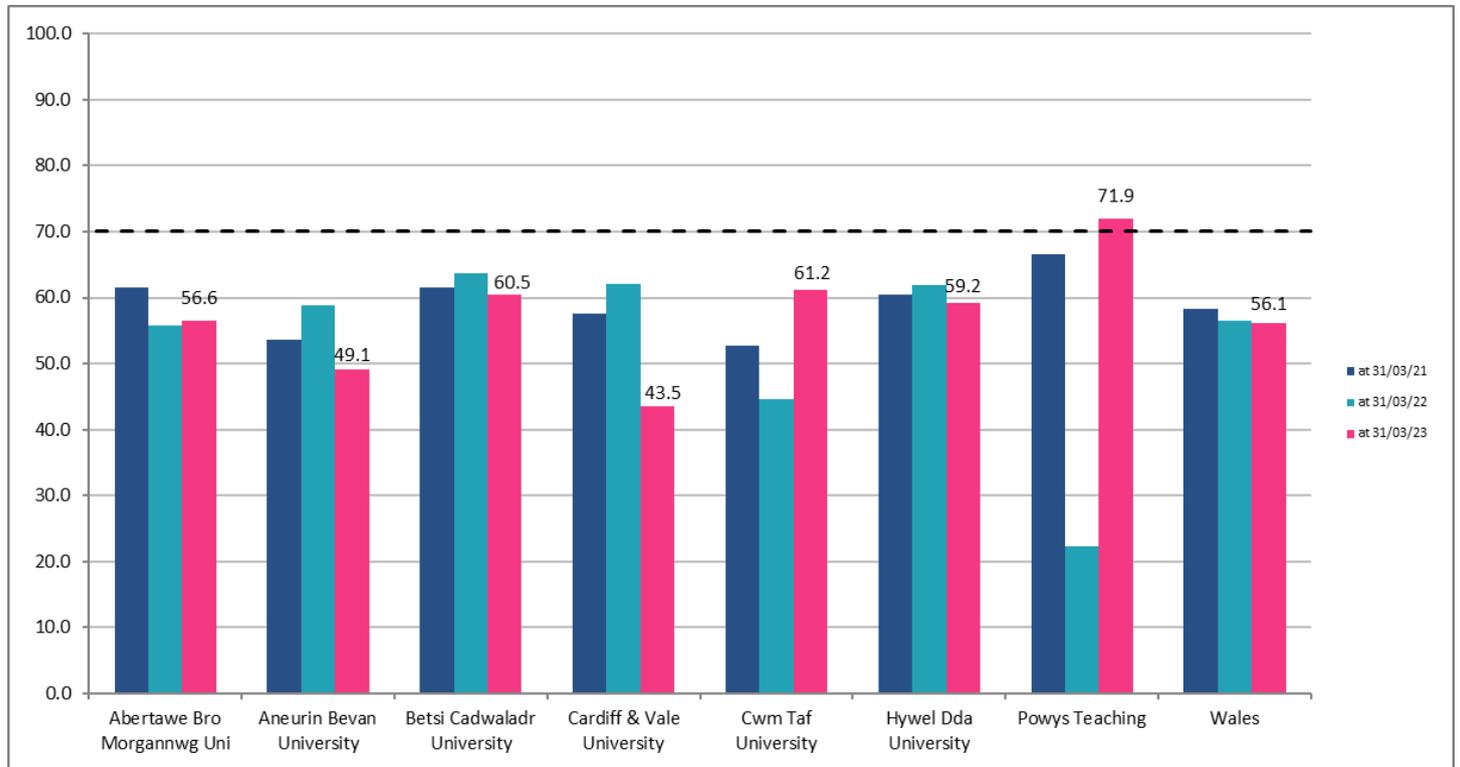


Figure 2: Breast screening coverage percentage, women aged 53-70, by health board of residence, 2021-2023

Coverage is provided for three specific dates: 31/03/21, 31/03/22, and 31/03/23 and the programme target of 70% is represented by a dashed line.



Screening Activity

Definition and standard

Women are routinely invited to attend breast screening if they are aged between 50 and 70 years old (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.

Standard: No standard exists.

Result for 2022-23

122,190 women aged 49 and over were screened (Figure 3).

Three-year trend

Screening activity was 122,190 in 2022-23, 108,191 in 2021-22, and 46,723 in 2020-21.

Comment

Whilst the programme showed good recovery of screening activity during 2021-22 following the Covid pandemic, 2022-23 activity is back to pre-pandemic levels.

Whilst women over 70 years old may contact the programme 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.



Figures and tables

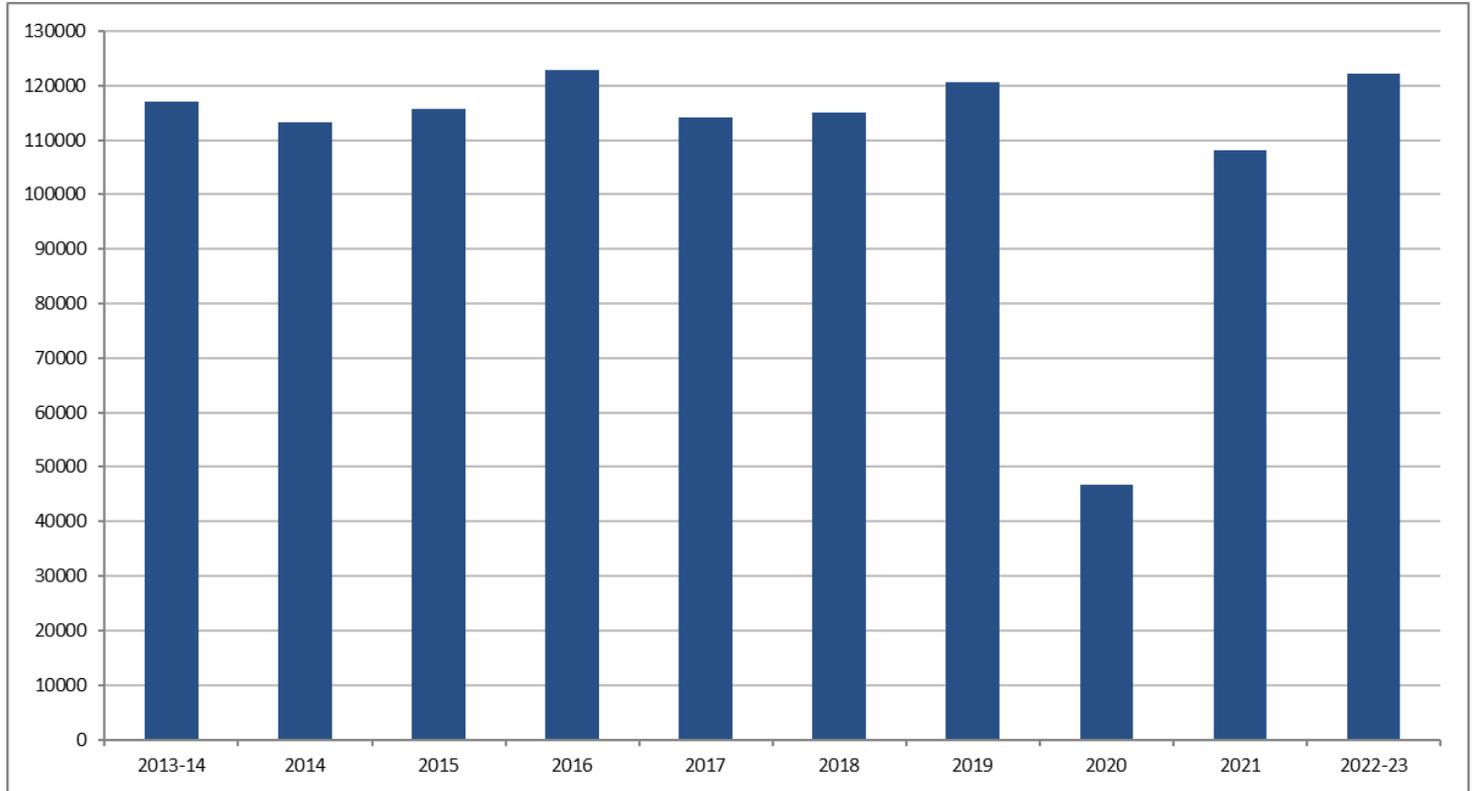


Figure 3: 10-year total screening activity, women aged 49 years old and over, 2013-14 to 2022-23



Uptake

Definition and standard

The percentage of routinely invited women (aged 50-70) who attend for screening within six months of their invitation.

Standard: $\geq 70\%$

Result for 2022-2023

151,155 women aged 50-70 were invited to be screened, with 69.5% taking up their invite (Figure 4).

Three-year trend

Uptake was 69.5% in 2022-23, 70.0% in 2021-22, and 67.1% 2020-21.

Geographic overview

In terms of regional variation, uptake this year is highest in North Wales (72.1%) followed by South West Wales (70.2%), with both areas being within standard. South East Wales falls below standard (67.7%) (Figure 5).

Comment

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 Figure 6 demonstrates, uptake is highest among the regular attendees (87.3%) and lowest among previous non-attenders (20.7%). Breast Test Wales provides literature with its invitations to support women in making an informed choice when deciding whether to attend for breast screening or not

Working groups have been established both within the Screening Division and 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. Work is also underway looking at how text messaging and digital social media can support uptake in breast screening.

Figures and tables

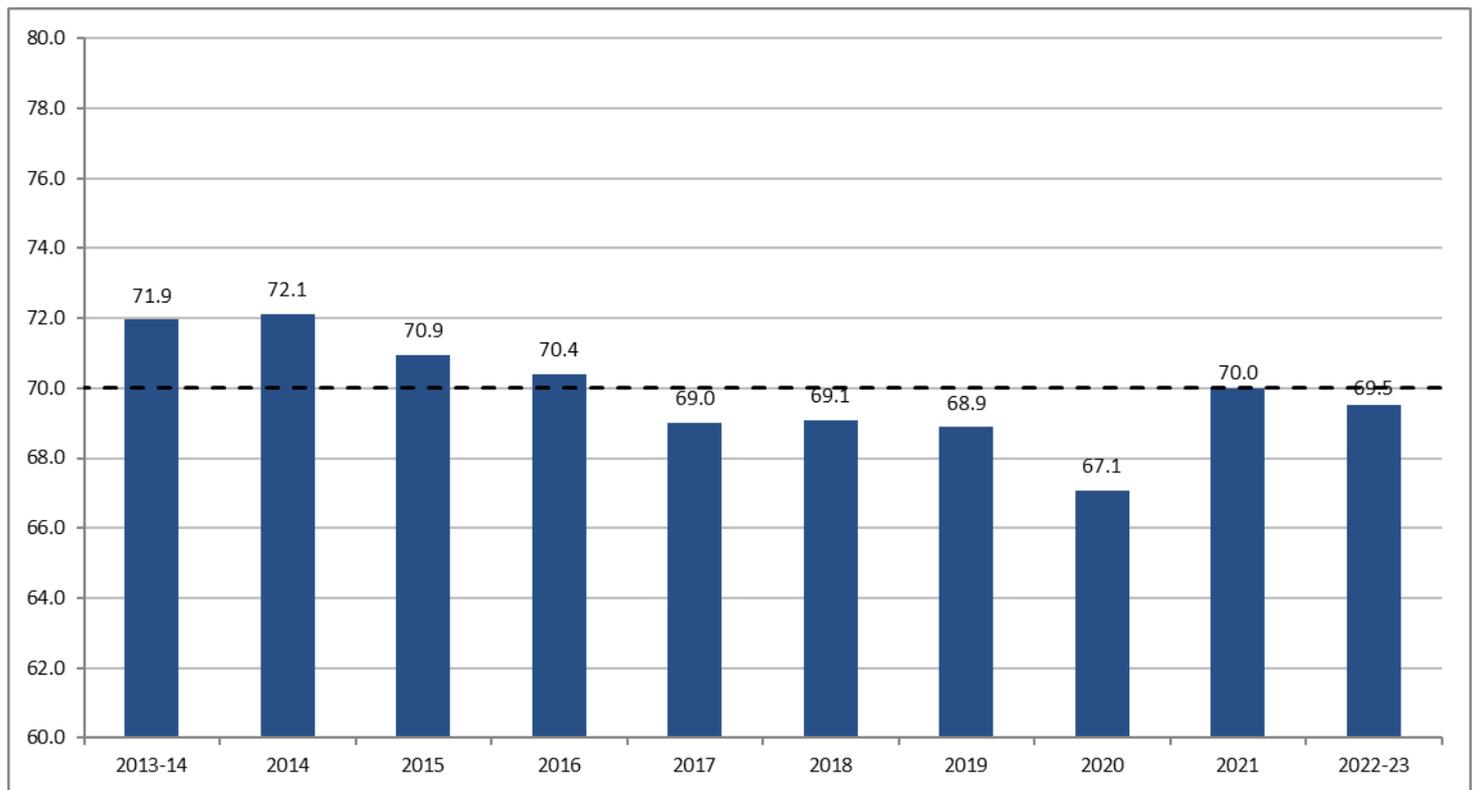


Figure 4: 10-year uptake percentage of routine breast screening invitations, women aged 50-70, 2013-14 to 2022-23

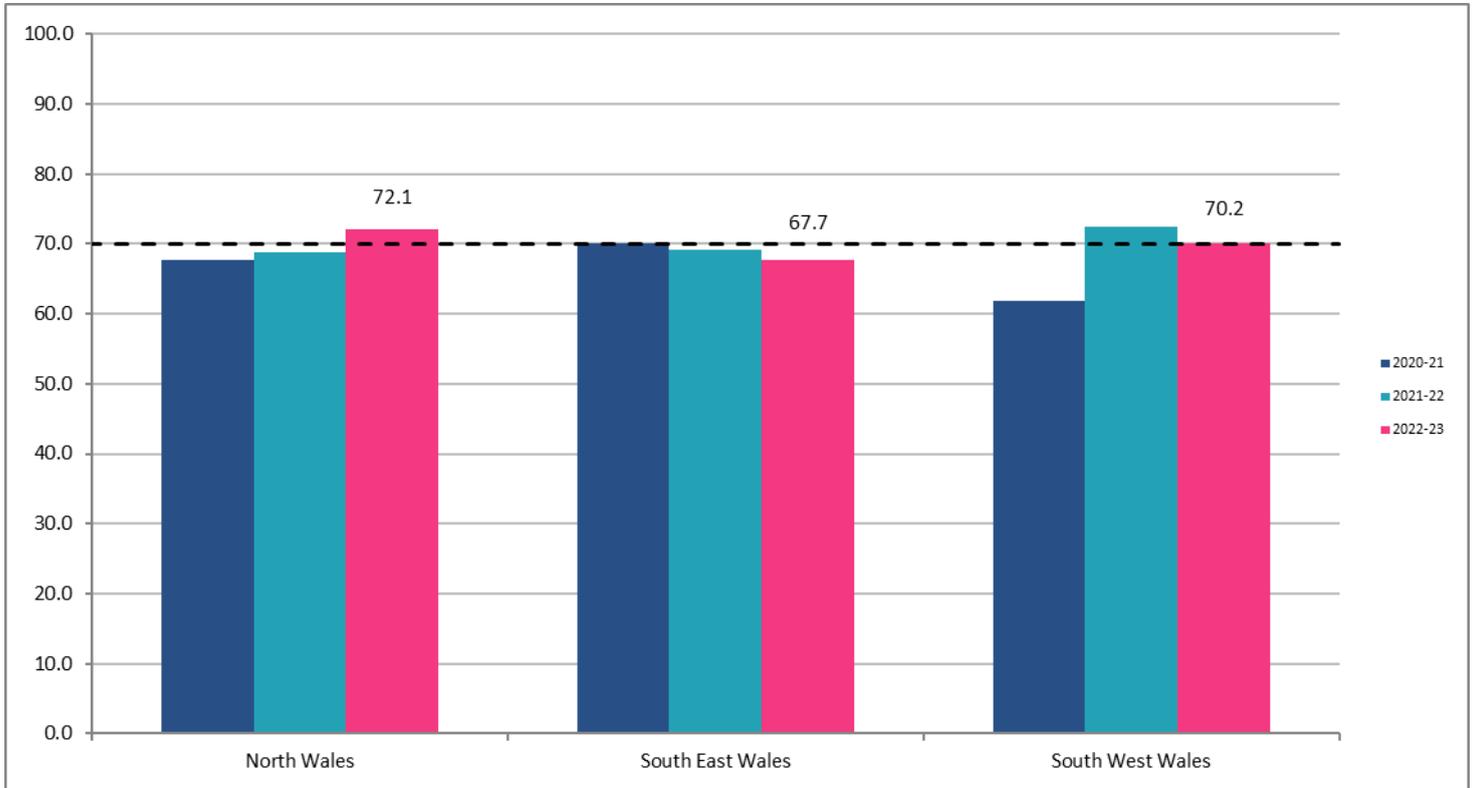


Figure 5: Uptake percentage by screening unit, women aged 50-70, 2020-21 to 2022-23

North Wales and South West Wales are both above standard ($\geq 70\%$) whilst South East Wales is 2.3% below.

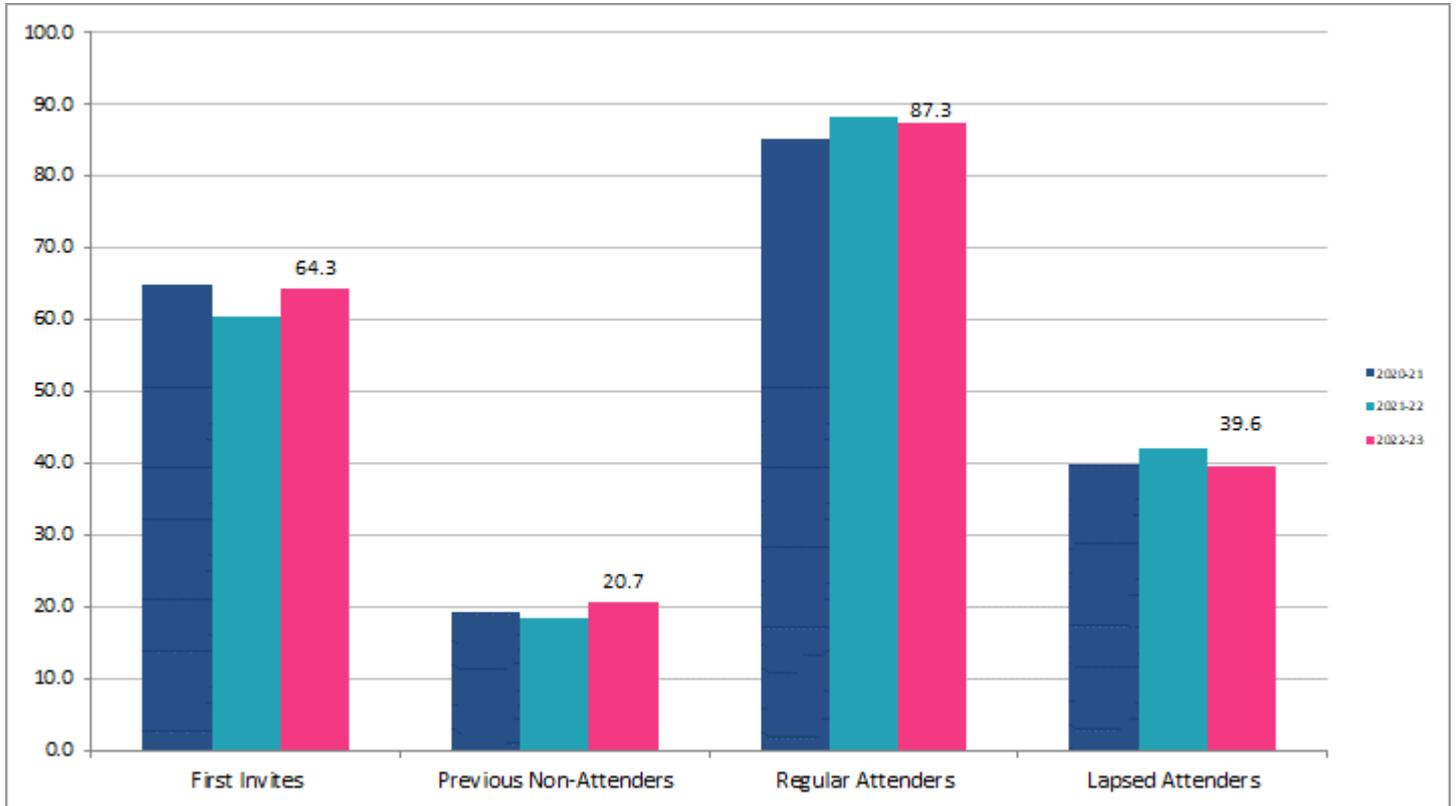


Figure 6: Uptake percentage by invite type, women aged 50-70, 2020-21 to 2022-23



Referral for assessment

Definition and standard

If any abnormalities suggestive of cancer are observed on the screening mammogram, the woman will be recalled to an assessment clinic for further tests. It is expected that more women are recalled 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 mammogram.

Standard: The prevalent referral rate standard is <9%. The incident referral rate standard is <4%.

Result for 2022-2023

4.0% of all women screened, all ages, were referred for assessment. For prevalent screened women the referral rate was 5.9% and for incident screened women 3.3% (Table 1).

Three-year trend

4.0% overall (5.9% prevalent, 3.3% incident) in 2022-23, 4.8% overall (7.0% prevalent, 4.0% incident) in 2021-22, and 5.4% overall (7.7% prevalent, 4.3% incident) in 2020-21.

Geographic overview

In 2022-23, of the total screened in North and South East Wales, 3.9% were referred for assessment while in South West Wales the rate was 4.2%.

In North Wales 7.4% of prevalent screened women were referred and 2.9% incident. In South East Wales 5.4% prevalent and 3.3% incident were referred. Finally, in South West Wales the referral rates were 5.3% prevalent and 3.8% incident.

Comment

Over three years, referral rates have decreased, with all figures in 2022-23 at or below the defined standards.

Regional Variations:

North Wales has the highest prevalent screen referral rate (7.4%), while South West Wales has the highest incident screen referral rate (3.8%).

Figures and tables

Table 1: Referral for assessment, all ages, by invite/referral type, 2020-21 to 2022-23

	2020-21			2021-22			2022-23		
	Screen	Refer	%	Screen	Refer	%	Screen	Refer	%
Total	46,723	2531	5.4	108,191	5141	4.8	122,190	4860	4.0
Prevalent Screen	12,732	978	7.7	19,641	1379	7.0	21,303	1256	5.9
Incident Screen	31,788	1373	4.3	76,460	3057	4.0	87,535	2917	3.3
First invite for routine screening	10,806	851	7.9	16,402	1141	7.1	16,184	968	6.0
Routine invite to previous non-attenders	1926	127	6.6	3599	238	6.6	5119	288	5.6
Routine invite to previous attenders, last screen within 5 years	29,984	1254	4.2	72,341	2823	3.9	82,875	2705	3.3
Routine invite to previous attenders, last screen more than 5 years previously	1804	119	6.6	4119	234	5.7	4660	212	4.5
Early recalls	42	42	100	34	34	100	52	52	100.0
Self/GP referrals	2161	138	6.4	12,056	671	5.6	13,300	635	4.8



Assessment biopsy procedures

Definition and standard

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, a biopsy procedure is required to make a diagnosis.

Most biopsies are carried out in an assessment clinic and use a 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 by wide bore needle or vacuum assisted biopsy. A further small number of women may require a vacuum assisted excision or an open surgical biopsy to achieve a definitive diagnosis.

Standard: No standard exists.

Result for 2022-2023

Of the 4,860 women referred for assessment, 45.7% (2223) underwent wide bore needle and/or vacuum assisted biopsy, while 0.7% (33) required an open surgical biopsy (Table 2).

Three-year trend

45.7% underwent wide bore needle/vacuum assisted biopsy, 0.7% required an open biopsy in 2022-23, 44.2% underwent needle biopsy, 0.9% open biopsy in 2021-22, 40.2% underwent needle biopsy, 1.2% open biopsy in 2020-21.

Comment

The programme wide adoption of vacuum assisted biopsy and vacuum assisted excision 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 requiring a hospital visit.



Figures and tables

Table 2: Referral for assessment and biopsy procedures, all ages, by invite/referral type, 2020-21 to 2022-23

	2020-21					2021-22					2022-23				
	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%
Total	2531	1018	40.2	31	1.2	5141	2274	44.2	44	0.9	4860	2223	45.7	33	0.7
Prevalent Screen	978	411	42.0	16	1.6	1379	609	44.2	13	0.9	1256	564	44.9	8	0.6
Incident Screen	1373	547	39.8	14	1.0	3057	1339	43.8	24	0.8	2917	1316	45.1	18	0.6
First invite for routine screening	851	353	41.5	14	1.6	1141	494	43.3	12	1.1	968	441	45.6	6	0.6
Routine invite to previous non-attenders	127	58	45.7	2	1.6	238	115	48.3	1	0.4	288	123	42.7	2	0.7
Routine invite to previous attenders, last screen within 5 years	1254	489	39.0	14	1.1	2823	1215	43.0	21	0.7	2705	1188	43.9	16	0.6
Routine invite to previous attenders, last screen more than 5 years previously	119	58	48.7	0	0	234	124	53.0	3	1.3	212	128	60.4	2	0.9
Early recalls	42	6	14.3	1	2.4	34	1	2.9	1	2.9	52	9	17.3	1	1.9
Self/GP referrals	138	54	39.1	0	0	671	325	48.4	6	0.9	635	334	52.6	6	0.9

Cancer Detection Rate

Definition and standard

The rate of cancers detected in women who have been screened, aged 49 and over. Cancer Detection Rates are provided for all ages and by invite/referral type.

Standard: There are a range of standards the programme has in place, dependant on the type of cancer:

Invasive cancer detection (prevalent): 3.6 per 1000 (min), 5.1 per 1000 (target)

Invasive cancer detection (incident): 4.1 per 1000 (min), 5.7 per 1000 (target)

Small invasive cancer detection (prevalent): 2.0 per 1000 (min), 2.8 per 1000 (target)

Small invasive cancer detection (incident): 2.3 per 1000 (min), 3.1 per 1000 (target)

Non-invasive cancer detection (prevalent): 0.5 per 1000 (target)

Non-invasive cancer detection (incident): 0.6 per 1000 (target)

Result for 2022-2023

A total of 1182 cancers were detected in women screened aged 49 and over. This represents 9.7 cancers per 1,000 women screened. Cancer detection amongst prevalent screen women was 8.5 per 1,000 screened. For incident screen women the rate was 9.0 per 1,000 screened (Table 3).

Three-year trend

1182 cancers (9.7 per 1,000 women screened overall, 8.5 per 1,000 prevalent screen women, 9.0 per 1,000 incident screen women) in 2022-23, 1121 cancers (10.4 per 1,000 women screened overall, 9.4 per 1,000 prevalent screen women, 9.9 per 1,000 incident screen women) in 2021-22, and 484 cancers (10.4 per 1,000 women screened overall, 10.1 per 1,000 prevalent screen women, 10.3 per 1,000 incident screen women) in 2020-21.

Geographic overview

Examination of cancer detection rates at screening unit level shows an overall decrease in North and South West Wales from 2021-22 but an increase in the South East (Figure 7).



Comment

Breast cancer incidence is generally higher in older age groups. For the routinely invited women, in 2022-23 the cancer detection rate for women aged 50-54 was 6.9 per 1,000 screened, rising to 11.2 per 1,000 in the 65-70 age group (Figure 8).

Figures and tables

Table 3: Cancer detection rate (per 1,000 screened), all ages, by invite/referral type, 2020-21 to 2022-23

	2020-21			2021-22			2022-23		
	Screened	Cancers	Rate	Screened	Cancers	Rate	Screened	Cancers	Rate
Total	46,723	484	10.4	108,179	1121	10.4	122,189	1182	9.7
Prevalent Screen	12,732	128	10.1	19,641	184	9.4	21303	181	8.5
Incident Screen	31,788	327	10.3	76,460	754	9.9	87535	790	9.0
First invite for routine screening	10,806	106	9.8	16,042	137	8.5	16,184	133	8.2
Routine invite to previous non-attenders	1926	22	11.4	3599	47	13.1	5119	48	9.4
Routine invite to previous attenders, last screen within 5 years	29,984	296	9.9	72,341	681	9.4	82,875	712	8.6
Routine invite to previous attenders, last screen more than 5 years previously	1804	31	17.2	4119	73	17.7	4660	78	16.7
Early recalls	42	0	0	34	1	29.4	52	4	76.9
Self/GP referrals	2161	29	13.4	12,056	182	15.1	13,300	207	15.6

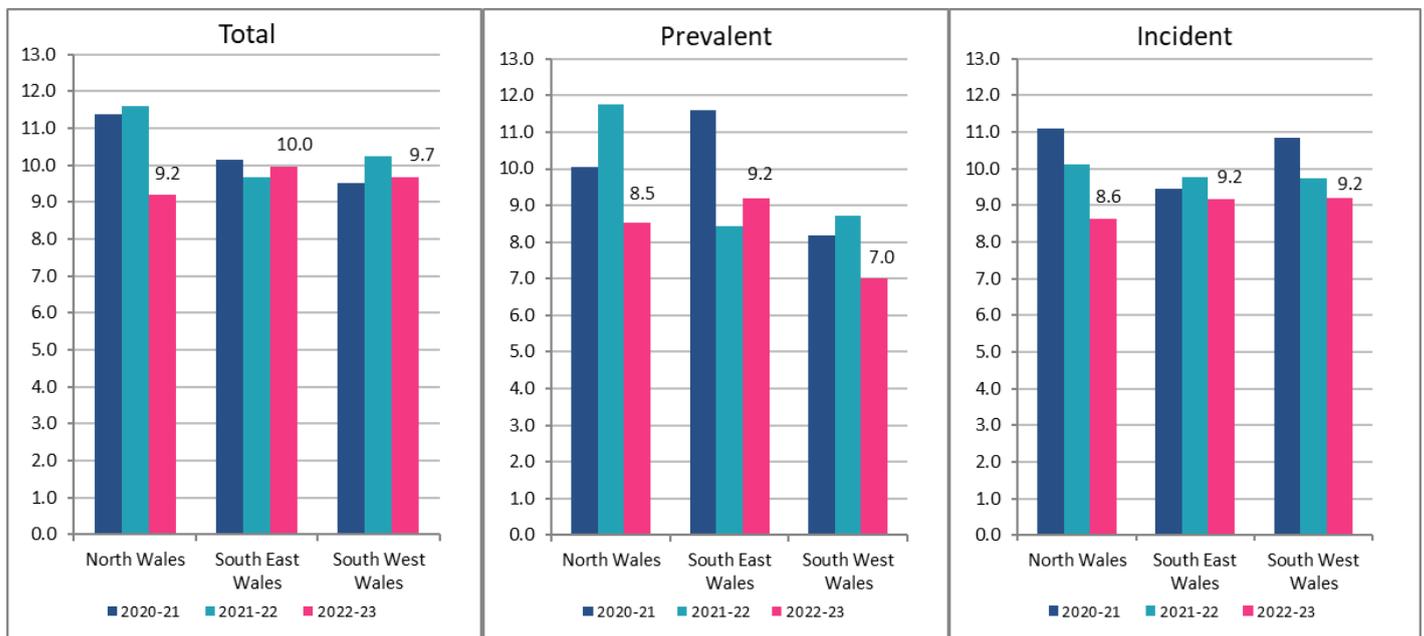


Figure 7: Cancer detection rate per 1,000 screened, by invite types, by screening unit, 2020-21 to 2022-23

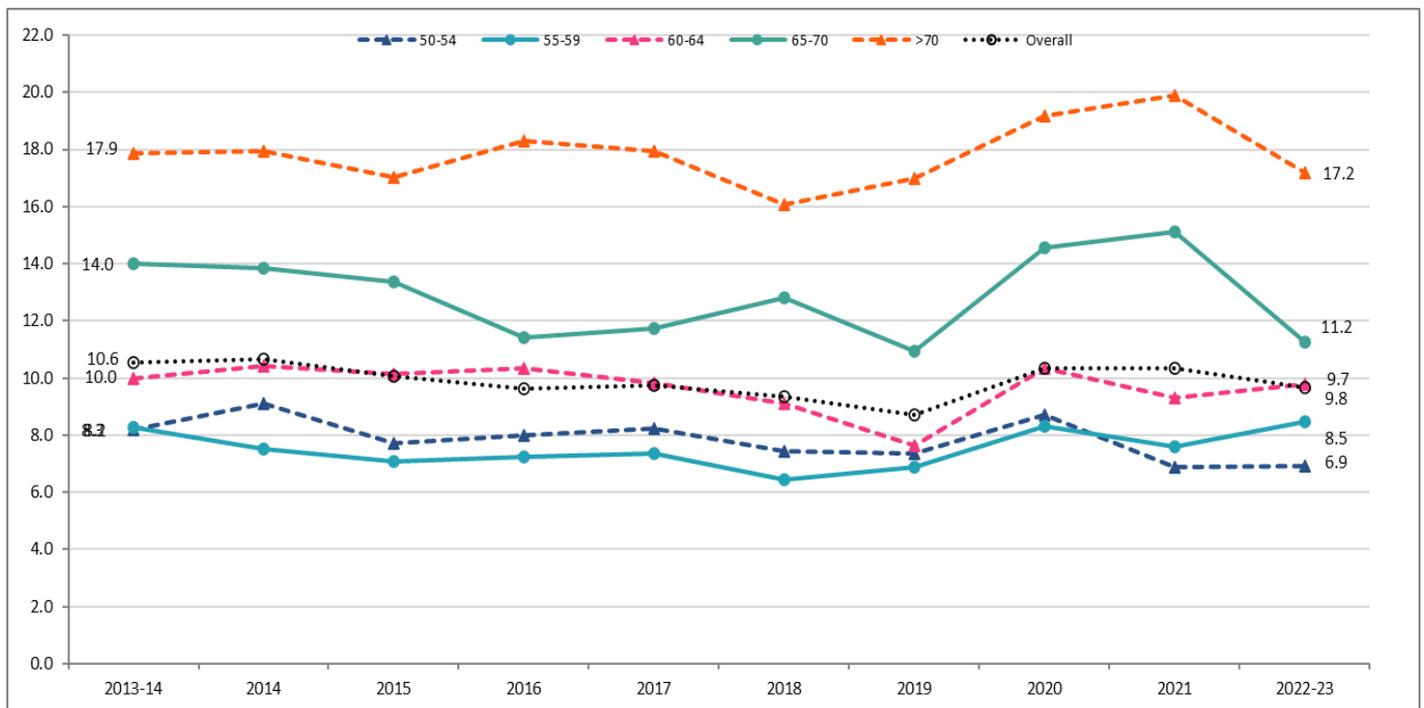


Figure 8: Cancer detection rate per 1,000 screened, 2013-14 to 2022-23 by age group



Cancer type and size

Definition and standard

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).

Standard: No standard exists.

Result for 2022-2023

In 2022-23 83.0% of the cancers detected in women screened were invasive (Table 4). The invasive cancers that are generally too small to feel (less than 15mm) accounted for 41.3% of all the invasive cancers (Table 5).

Non-invasive or micro-invasive disease made up 17.0% of all cancers detected in 2022-23 (Table 6).

Three-year trend

83.0% invasive (41.3% of which less than 15mm) and 17.0% non-invasive in 2022-23, 81.7% invasive (42.7% of which less than 15mm) and 18.3% non-invasive in 2021-22, 80.2% invasive (51.5% of which less than 15mm in size) and 19.8% non-invasive 2020-21.

Comment

The -proportion of larger (15mm+) cancers diagnosed has increased over the three years, particularly amongst prevalent women.

Figures and tables

Table 4: Invasive cancers detected, all ages, by invite/referral type, 2020-21 to 2022-23

	2020-21			2021-22			2022-23		
	Cancers	Invasive	%	Cancers	Invasive	%	Cancers	Invasive	%
Total	484	388	80.2	1121	916	81.7	1182	981	83.0
Prevalent Screen	128	97	75.8	184	150	81.5	181	145	80.1
Incident Screen	327	268	82.0	754	605	80.2	790	651	82.4
First invite for routine screening	106	77	72.6	137	107	78.1	133	105	78.9
Routine invite to previous non-attenders	22	20	90.9	47	43	91.5	48	40	83.3
Routine invite to previous attenders, last screen within 5 years	296	242	81.8	681	544	79.9	712	591	83.0
Routine invite to previous attenders, last screen more than 5 years previously	31	26	83.9	73	61	83.6	78	60	76.9
Early recalls	0	0	0	1	1	100	4	3	75.0
Self/GP referrals	29	23	79.3	182	160	87.9	207	182	87.9



Table 5: Size of invasive cancers detected, all ages, by invite/referral type, 2020-21 to 2022-23

	2020-21					2021-22					2022-23				
	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%
Total	388	200	51.5	160	41.2	916	391	42.7	462	50.4	981	405	41.3	504	51.4
Prevalent Screen	97	50	51.5	38	39.2	150	61	40.7	75	50.0	145	40	27.6	92	63.4
Incident Screen	268	141	52.6	112	41.8	605	271	44.8	301	49.8	651	292	44.9	319	49.0
First invite for routine screening	77	39	50.6	30	39.0	107	44	41.1	53	49.5	105	27	25.7	70	66.7
Routine invite to previous non-attenders	20	11	55.0	8	40.0	43	17	39.5	22	51.2	40	13	32.5	22	55.0
Routine invite to previous attenders, last screen within 5 years	242	127	52.5	101	41.7	544	250	46.0	266	48.9	591	269	45.5	289	48.9
Routine invite to previous attenders, last screen more than 5 years previously	26	14	53.8	11	42.3	61	21	34.4	35	57.4	60	23	38.3	30	50.0
Early recalls	0	0	0	0	0	1	1	100	0	0	3	1	33.3	2	66.7
Self/GP referrals	23	9	39.1	10	43.5	160	58	36.3	86	53.8	182	72	39.6	91	50.0

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, 2020-21 to 2022-23

	2020-21			2021-22			2022-23		
	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%
Total	484	96	19.8	1121	205	18.3	1182	201	17.0
Prevalent Screen	128	31	24.2	184	34	18.5	181	36	19.9
Incident Screen	327	59	18.0	754	149	19.8	790	139	17.6
First invite for routine screening	106	29	27.4	137	30	21.9	133	28	21.1
Routine invite to previous non-attenders	22	2	9.1	47	4	8.5	48	8	16.7
Routine invite to previous attenders, last screen within 5 years	296	54	18.2	681	137	20.1	712	121	17.0
Routine invite to previous attenders, last screen more than 5 years previously	31	5	16.1	73	12	16.4	78	18	23.1
Early recalls	0	0	0	1	0	0	4	1	25.0
Self/GP referrals	29	6	20.7	182	22	12.1	207	25	12.1



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

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.

Prevalent screen

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

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.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Uptake

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

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	Interim Lead Informatics and Data Services Manager
Claire Ellis	Senior Informatics and Data Analyst
Diane Rawlings	Personal Assistant

Translation Services

Translated by NHS Wales Shared Services Partnership on behalf of Public Health Wales



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Programme contact details

South East Wales

Breast Screening Centre

18 Cathedral Road, Cardiff, CF11 9LJ

south-breast-screening@wales.nhs.uk

029 2039 7222

North Wales

Breast Screening Centre

Maesdu Road, Llandudno, LL30 1QY

north-breast-screening@wales.nhs.uk

01492 860888

West Wales

Breast Screening Centre

24 Alexandra Road, Swansea, SA1 5DY

west-breast-screening@wales.nhs.uk

01792 459988

North East Wales

Breast Screening Centre

Ellice Way, Wrexham Technology Park,
Wrexham, LL13 7YT

north-breast-screening@wales.nhs.uk

01492 860888



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Gweithio gyda'n gilydd
i greu Cymru iachach

Working together
for a healthier Wales