



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Breast Test Wales Annual Statistical Report 2023-24

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 2023-24

Date: March 2026

ISBN: 978-1-83766-819-9

Contact details

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

© 2026 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.....	9
Headline statistics	10
Data.....	11
Coverage.....	11
Screening Activity	14
Uptake	16
Referral for assessment.....	20
Assessment biopsy procedures	22
Cancer Detection Rate	25
Cancer type and size	28
Definitions.....	32
Production team	34
Programme contact details	35

Tables

Table 1: Referral for assessment, all ages, by invite/referral type, 2021-22 to 2023-24.....	21
Table 2: Referral for assessment and biopsy procedures, all ages, by invite/referral type, 2021-22 to 2023-24.....	24
Table 3: Cancer detection rate (per 1,000 screened), all ages, by invite/referral type, 2021-22 to 2023-24.....	26
Table 4: Invasive cancers detected, all ages, by invite/referral type, 2021-22 to 2023-24	29
Table 5: Size of invasive cancers detected, all ages, by invite/referral type, 2021-22 to 2023-24	30
Table 6: Non-invasive/micro invasive cancers detected, all ages, by invite/referral type, 2021-22 to 2023-24.....	31

Figures

Figure 1: Pathway for breast screening	9
Figure 2: Breast screening coverage percentage, women aged 53-70, by health board of residence, 2022-2024	13
Figure 3: 10-year total screening activity, women aged 49 years old and over, 2014-15 to 2023-24	15
Figure 4: 10-year uptake percentage of routine breast screening invitations, women aged 50-70, 2014-15 to 2023-24	17
Figure 5: Uptake percentage by screening unit, women aged 50-70, 2021-22 to 2023-24.....	18
Figure 6: Uptake percentage by invite type, women aged 50-70, 2021-22 to 2023-24	19
Figure 7: Cancer detection rate per 1,000 screened, by invite types, by screening unit, 2021-22 to 2023-24.....	27
Figure 8: Cancer detection rate per 1,000 screened, 2014-15 to 2023-24 by age group	27



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 2023 to the end of March 2024, 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 geographical divisions (North, South East and South West) 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.

Summary of activity in reported year

Over the period 2023/24 the programme increased overall activity, inviting more participants in order to recover 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. In 2023/24 174,364 were invited - this is the largest number invited in a year over the last 10 years.

Coverage returned to pre-pandemic levels and is now meeting standard, which is due to recovery of the round length from the impact of the Covid-19 pandemic. Achieving uptake standard has remained challenging over this period, however cancer detection rates have increased again, 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 continued to focus on improving overall timeliness of key programme indicators with particular emphasis on results turnaround times and delivering shorter waits to assessment clinics and recovery of the 36 month round length standard. Due to increased number of invitations the programme recovered backlog of participants delayed over 36 months in line with expected timescales in 2024.

Over the period BTW worked with Health Boards in Wales to develop a technical specification and implementation plan for a new all Wales Picture Archiving Communication System (PACS). A PACS is a digital platform used in hospitals and imaging departments to store, retrieve, view and share medical images such as X-rays, CT scans, MRIs and ultrasounds. This enables clinicians to access images securely from different locations, supporting faster diagnosis, reporting and collaboration. Breast Test Wales continues its work 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.

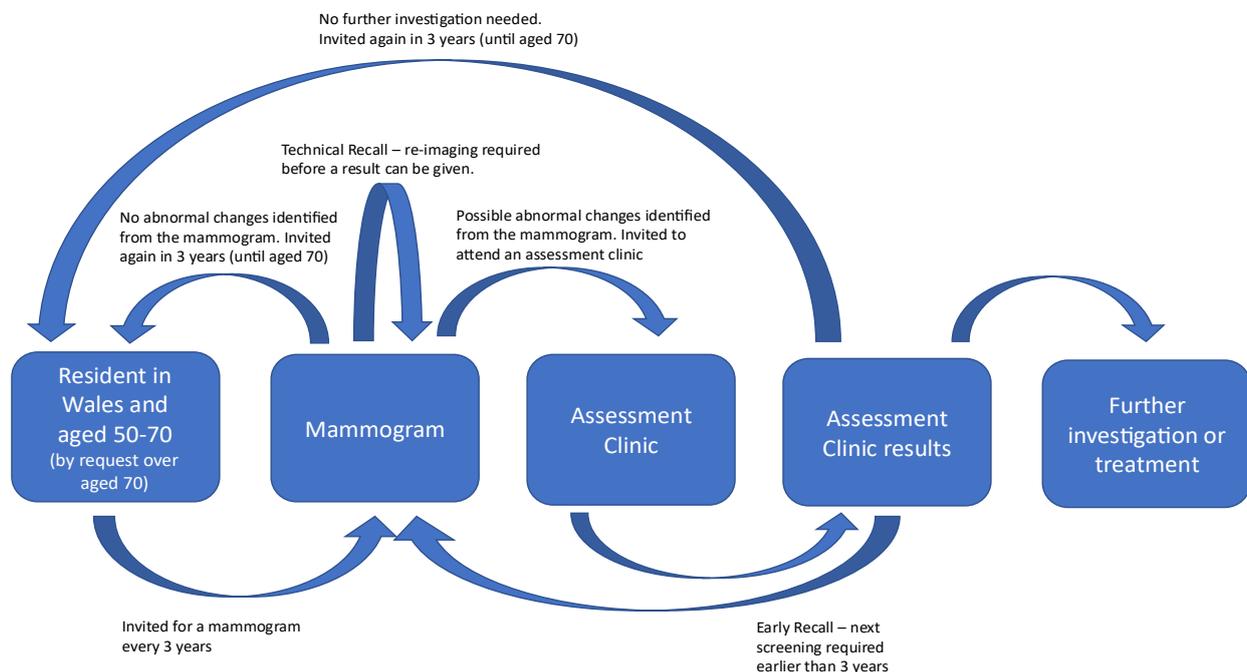


Figure 1: Pathway for breast screening



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Headline statistics

This report covers activity in the period April 2023 to March 2024.

- As of 31 March 2024, coverage of women aged 53-70 years old was 70.0%.
- 133,339 women aged 49 years old and above were screened.
- 174,364 women aged 50-70 years old were invited. The uptake of screening for this group was 68.5%.
- 3.6% of those screened were referred for further assessment.
- 1,303 cancers were detected in women screened aged 49 years old and over. This represents 9.8 cases per 1,000 women screened.
- Of the cancers detected, 83.0% (1081) were invasive lesions.
- 40.0% (432) 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 2023-2024

As of 31 March 2024, coverage of women aged 53-70 was 70.0%.

Three-year trend

Coverage was 70.0% at 31 March 2024, 56.1% at 31 March 2023, and 56.5% at 31 March 2022.

Geographic overview

Breast screening coverage, by health board of residence ranges from 67.8% to 72.4% (Figure 2).

Comment

During 2023-24, uptake decreased slightly however coverage has increased (70.0%) from 2023 (56.1%), and now meeting standard.

Key Observations:

1) Overall Increase in Coverage:

Breast screening coverage has increased, at a national level, from 56.1% at 31/03/23 to 70.0% at 31/03/24. This pattern is replicated across all health boards of residence. This is due to the recovery of the round length following the impact of the Covid-19 pandemic. Currently, in all but two health board of residences (Cardiff & Vale University and Cwm Taf University) coverage is above the target standard.

2) Variation Among Health Board of Residence:

There is a range in coverage across health board of residence. In 2024, Cardiff and Vale had the lowest coverage (67.8%) and Powys the highest (72.4%). However, there is variability across the three-year period.

Figures and tables

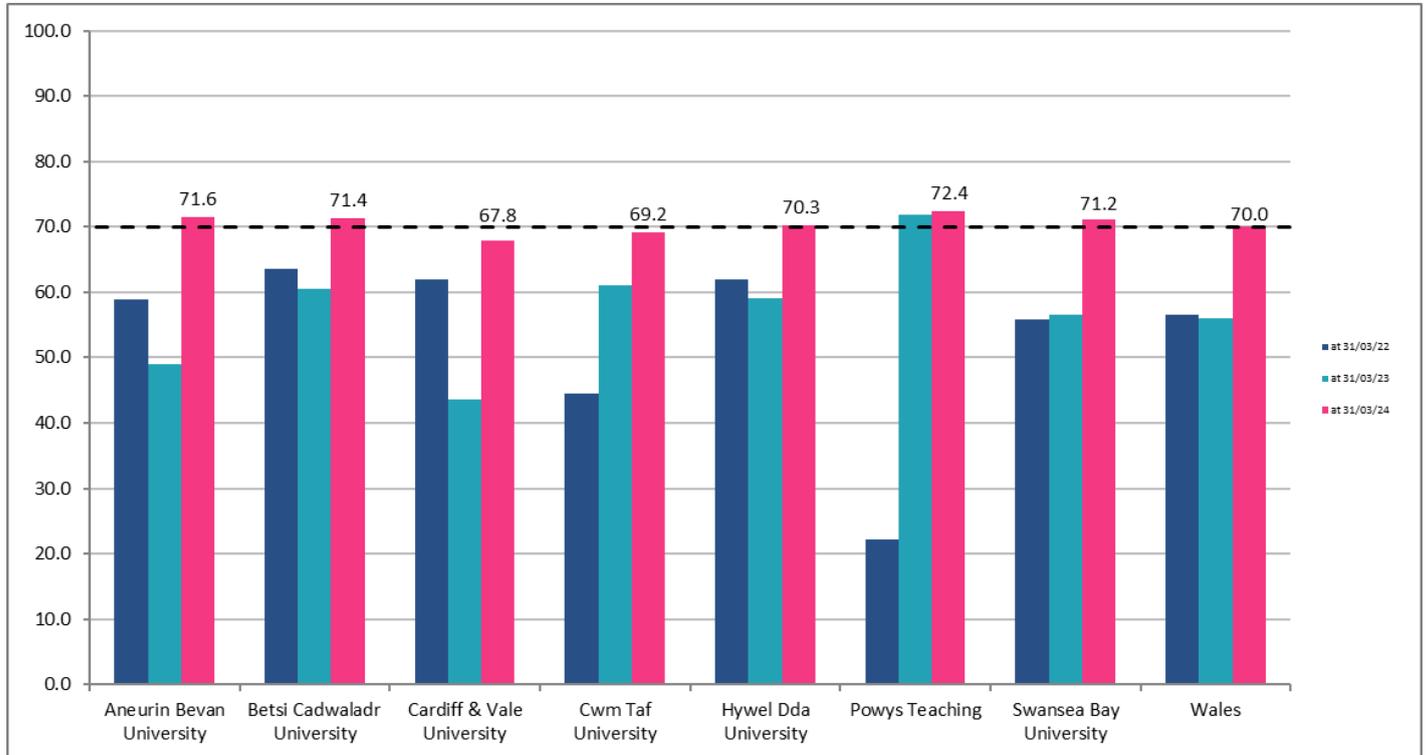


Figure 2: Breast screening coverage percentage, women aged 53-70, by health board of residence, 2022-2024

Coverage is provided for three specific dates: 31/03/22, 31/03/23, and 31/03/24 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 2023-24

133,339 women aged 49 and over were screened (Figure 3).

Three-year trend

Screening activity was 133,339 in 2023-24, 122,190 in 2022-23, and 108,191 in 2021-22.

Comment

Whilst the programme was back to pre-pandemic screening activity in 2022-23, activity in 2023-24 has exceeded the usual activity levels. 133,339 is the largest number screened in a year in the last 10 years.

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

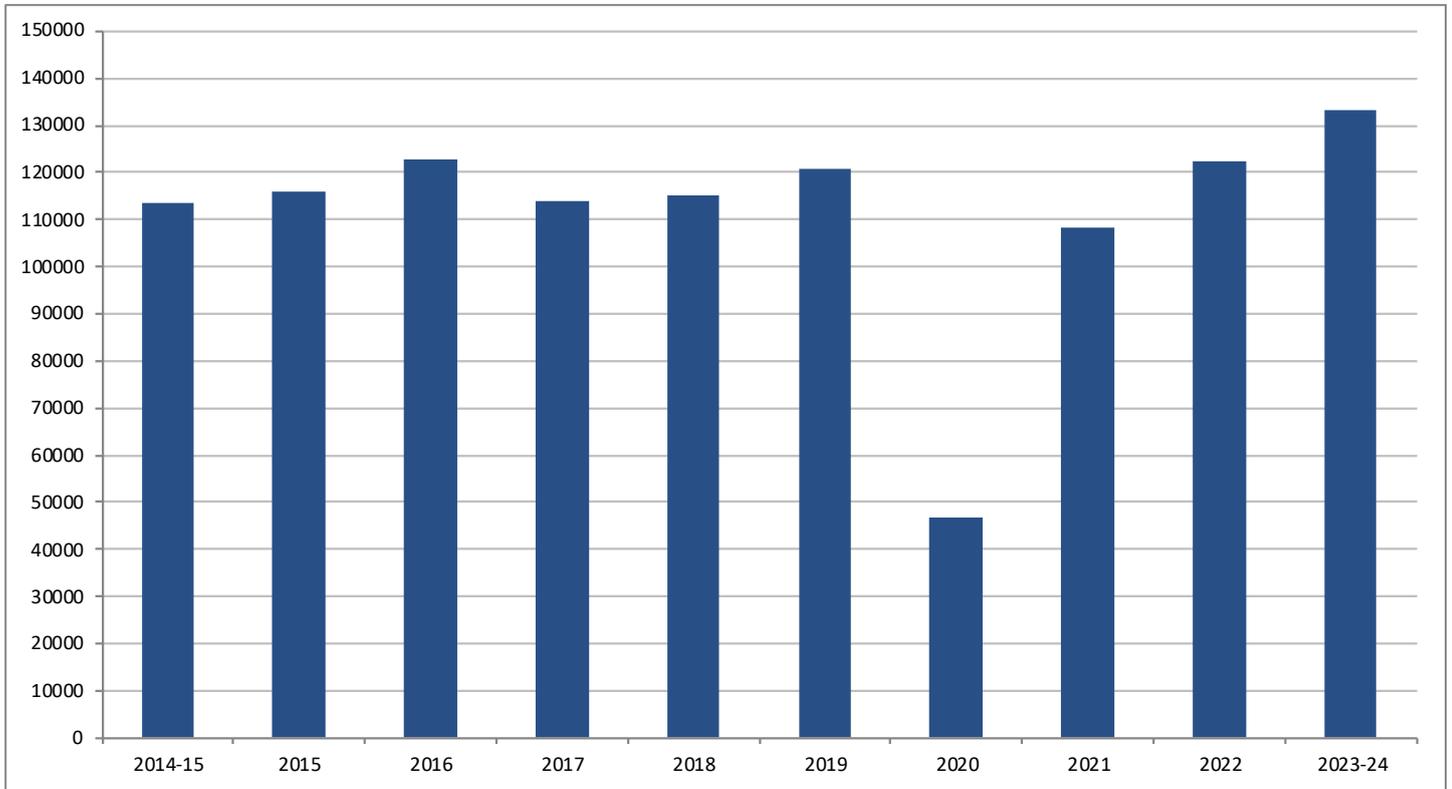


Figure 3: 10-year total screening activity, women aged 49 years old and over, 2014-15 to 2023-24



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 2023-2024

174,364 women aged 50-70 were invited to be screened, with 68.5% taking up their invite (Figure 4).

Three-year trend

Uptake was 68.5% in 2023-24, 69.5% in 2022-23, and 70.0% 2021-22.

Geographic overview

In terms of regional variation, uptake this year is highest in South East Wales (69.4%) followed by South West Wales (68.3%) then North Wales (66.8%) (Figure 5). There is geographical variation in uptake across Wales at Health Board level and also a social gradient in uptake with increasing deprivation associated with reduced uptake.

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 (86.3%) and lowest among previous non-attenders (19.9%). 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 and reduce inequalities of uptake in breast screening. There has been an improvement in uptake of first attenders for this period which is encouraging as participants who have taken up their offer are more likely to take up their subsequent offers.

Figures and tables

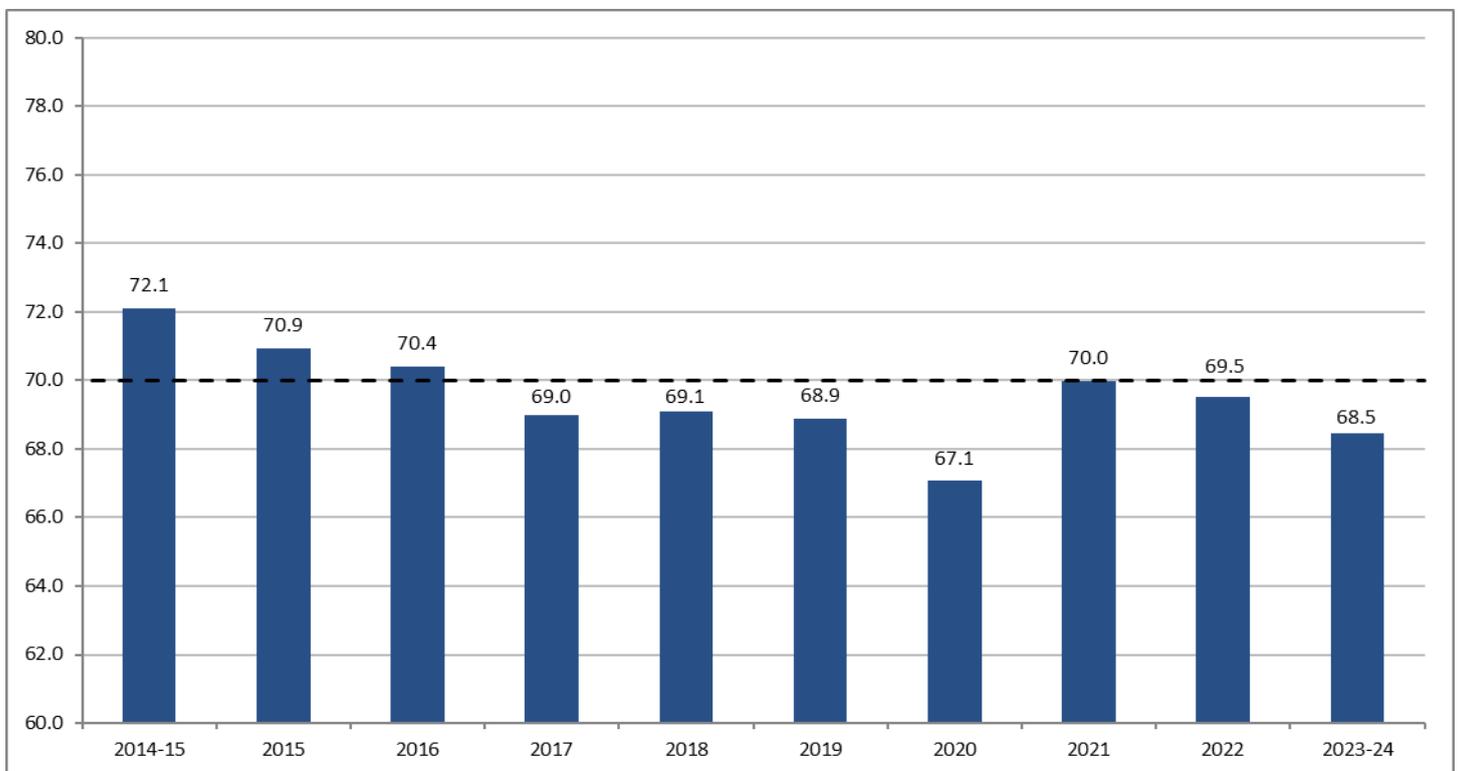


Figure 4: 10-year uptake percentage of routine breast screening invitations, women aged 50-70, 2014-15 to 2023-24

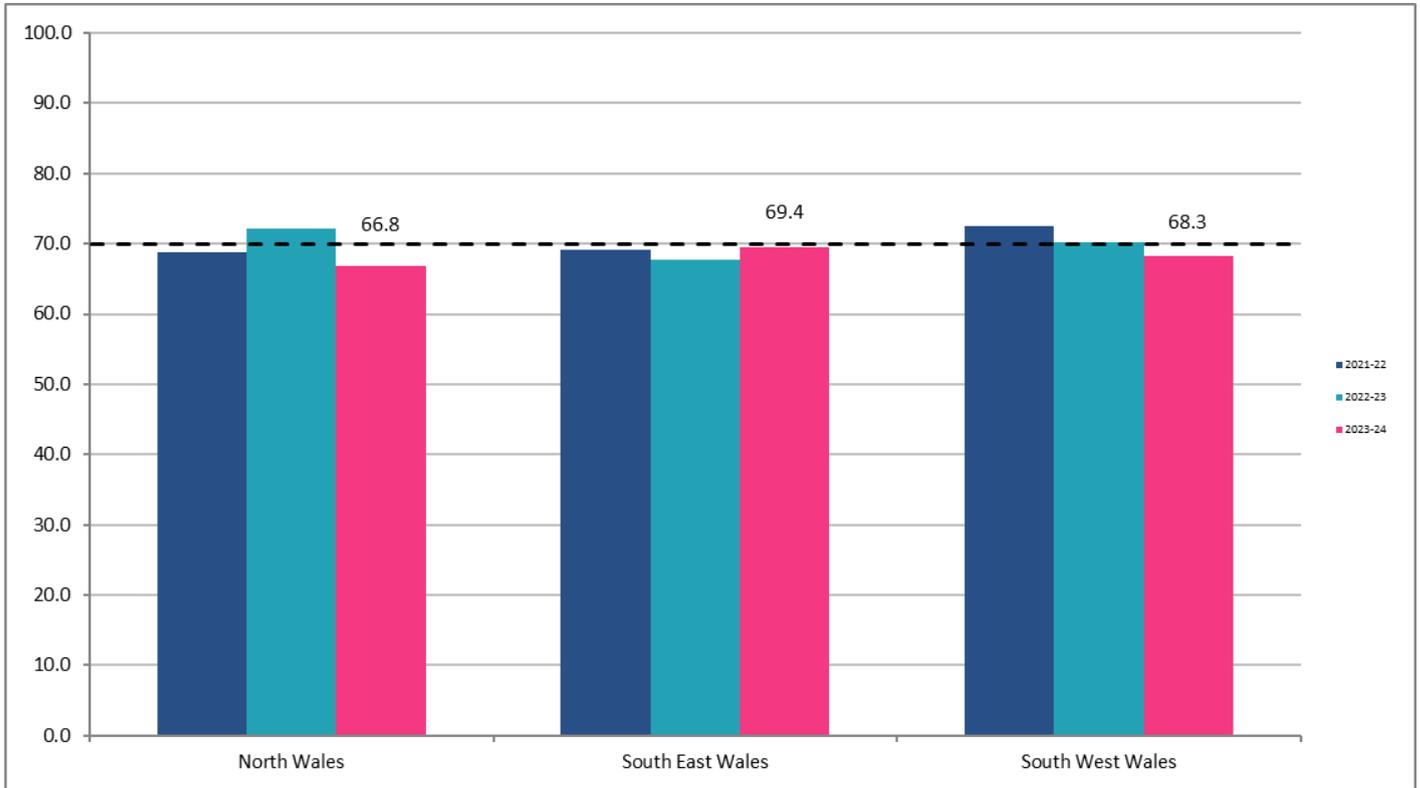


Figure 5: Uptake percentage by screening unit, women aged 50-70, 2021-22 to 2023-24

South East Wales at 69.4%, is just below standard ($\geq 70\%$) whilst South West Wales is 1.7% below and North Wales 3.2% below.

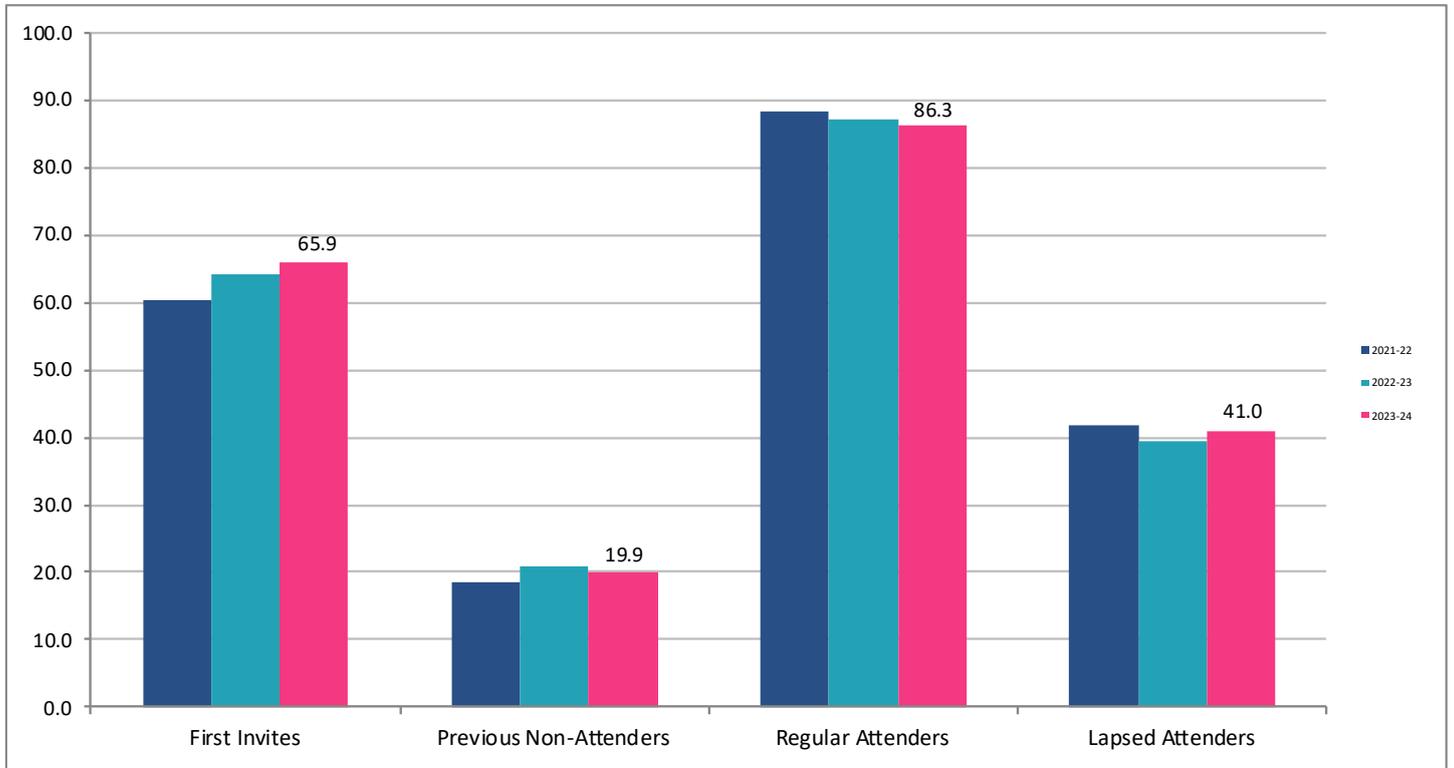


Figure 6: Uptake percentage by invite type, women aged 50-70, 2021-22 to 2023-24



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 less than 9%. The incident referral rate standard is less than 4%.

Result for 2023-2024

3.6% of all women screened, all ages, were referred for assessment. For prevalent screened women the referral rate was 5.0% and for incident screened women 3.1% (Table 1).

Three-year trend

3.6% overall (5.0% prevalent, 3.1% incident) in 2023-24, 4.0% overall (5.9% prevalent, 3.3% incident) in 2022-23, and 4.8% overall (7.0% prevalent, 4.0% incident) in 2021-22.

Geographic overview

In 2023-24, of the total screened in North Wales, 4.2% were referred for assessment, in South East Wales, 3.5% were referred for assessment, while in South West Wales the rate was 3.3%.

In North Wales 6.3% of prevalent screened women were referred and 3.3% incident screened women were referred. In South East Wales 4.8% prevalent and 3.0% incident were referred. Finally, in South West Wales the referral rates were 4.2% prevalent and 2.9% incident.

Comment

Over three years, referral rates have decreased, with all figures in 2023-24 below the defined standards.

Regional Variations:

North Wales has the highest prevalent screen referral rate (6.3%), and the highest incident screen referral rate (3.3%) but these achieve the standards.

Figures and tables

Table 1: Referral for assessment, all ages, by invite/referral type, 2021-22 to 2023-24

	2021-22			2022-23			2023-24		
	Screen	Refer	%	Screen	Refer	%	Screen	Refer	%
Total	108,191	5141	4.8	122,190	4860	4.0	133,339	4816	3.6
Prevalent Screen	19,641	1379	7.0	21,303	1256	5.9	25,662	1289	5.0
Incident Screen	76,460	3057	4.0	87,535	2917	3.3	97,857	2992	3.1
First invite for routine screening	16,402	1141	7.1	16,184	968	6.0	19,833	953	4.8
Routine invite to previous non-attenders	3599	238	6.6	5119	288	5.6	5829	336	5.8
Routine invite to previous attenders, last screen within 5 years	72,341	2823	3.9	82,875	2705	3.3	91,957	2694	2.9
Routine invite to previous attenders, last screen more than 5 years previously	4119	234	5.7	4660	212	4.5	5900	298	5.1
Early recalls	34	34	100	52	52	100	38	38	100
Self/GP referrals	12,056	671	5.6	13,300	635	4.8	9782	497	5.1

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 2023-2024

Of the 4,816 women referred for assessment, 48.8% (2351) underwent wide bore needle and/or vacuum assisted biopsy, while 0.9% (41) required an open surgical biopsy (Table 2).

Three-year trend

48.8% underwent wide bore needle/vacuum assisted biopsy, 0.9% required an open biopsy in 2023-24, 45.7% underwent needle biopsy, 0.7% open biopsy in 2022-23, 44.2% underwent needle biopsy, 0.9% open biopsy in 2021-22.

Comment

Core biopsy involves using a spring-loaded needle to remove small cylindrical samples of breast tissue under imaging guidance, usually ultrasound, stereotactic mammography or MRI. It is commonly used to diagnose abnormalities seen on imaging or felt clinically and provides enough tissue for histological analysis with minimal invasiveness.

Vacuum-assisted breast biopsy (VAB) uses a hollow probe connected to a vacuum to draw tissue into the device, where a rotating cutter removes multiple larger samples through a single skin incision. It yields more tissue than standard core biopsy.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Vacuum-assisted excision (VAE) builds on the VAB technique to remove a larger volume of tissue, sometimes aiming to completely excise a small lesion such as a benign mass or microcalcifications and can be an alternative to surgery.

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, 2021-22 to 2023-24

	2021-22					2022-23					2023-24				
	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%
Total	5141	2274	44.2	44	0.9	4860	2223	45.7	33	0.7	4816	2351	48.8	41	0.9
Prevalent Screen	1379	609	44.2	13	0.9	1256	564	44.9	8	0.6	1289	649	50.3	16	1.2
Incident Screen	3057	1339	43.8	24	0.8	2917	1316	45.1	18	0.6	2992	1439	48.1	24	0.8
First invite for routine screening	1141	494	43.3	12	1.1	968	441	45.6	6	0.6	953	469	49.2	10	1.0
Routine invite to previous non-attenders	238	115	48.3	1	0.4	288	123	42.7	2	0.7	336	180	53.6	6	1.8
Routine invite to previous attenders, last screen within 5 years	2823	1215	43.0	21	0.7	2705	1188	43.9	16	0.6	2694	1292	48.0	23	0.9
Routine invite to previous attenders, last screen more than 5 years previously	234	124	53.0	3	1.3	212	128	60.4	2	0.9	298	147	49.3	1	0.3
Early recalls	34	1	2.9	1	2.9	52	9	17.3	1	1.9	38	3	7.9	0	0.0
Self/GP referrals	671	325	48.4	6	0.9	635	334	52.6	6	0.9	497	260	52.3	1	0.2



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 2023-2024

A total of 1303 cancers were detected in women screened aged 49 and over. This represents 9.8 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 9.2 per 1,000 screened (Table 3).

Three-year trend

1303 cancers (9.8 per 1,000 women screened overall, 8.5 per 1,000 prevalent screen women, 9.2 per 1,000 incident screen women) in 2023-24, 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, and 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.

Geographic overview

Examination of cancer detection rates at screening unit level shows an overall decrease in South East Wales from 2022-23 but an increase in the North and South West (Figure 7).



Comment

Breast cancer incidence is generally higher in older age groups. For the routinely invited women, in 2023-24 the cancer detection rate for women aged 50-54 was 6.8 per 1,000 screened, rising to 12.4 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, 2021-22 to 2023-24

	2021-22			2022-23			2023-24		
	Screened	Cancers	Rate	Screened	Cancers	Rate	Screened	Cancers	Rate
Total	108,179	1121	10.4	122,189	1182	9.7	133,338	1303	9.8
Prevalent Screen	19,641	184	9.4	21,303	181	8.5	25,662	219	8.5
Incident Screen	76,460	754	9.9	87,535	790	9.0	97,857	901	9.2
First invite for routine screening	16,042	137	8.5	16,184	133	8.2	19,833	151	7.6
Routine invite to previous non-attenders	3599	47	13.1	5119	48	9.4	5829	68	11.7
Routine invite to previous attenders, last screen within 5 years	72,341	681	9.4	82,875	712	8.6	91,957	816	8.9
Routine invite to previous attenders, last screen more than 5 years previously	4119	73	17.7	4660	78	16.7	5900	85	14.4
Early recalls	34	1	29.4	52	4	76.9	38	1	26.3
Self/GP referrals	12,056	182	15.1	13,300	207	15.6	9782	182	18.6

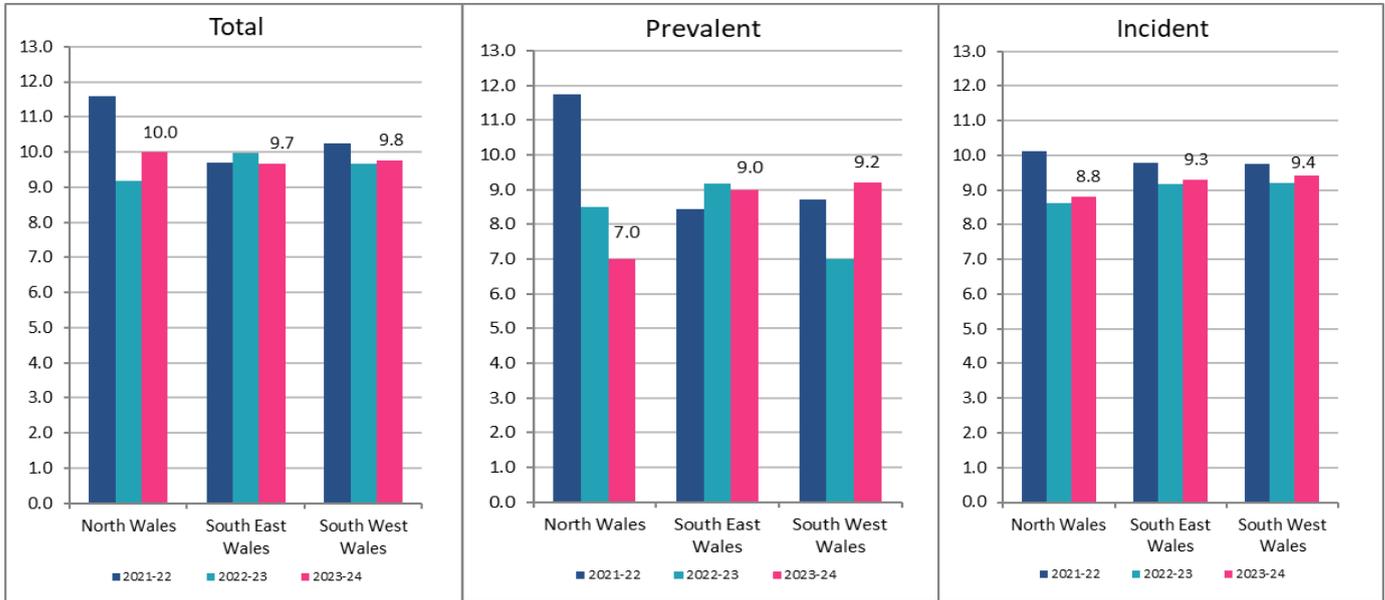


Figure 7: Cancer detection rate per 1,000 screened, by invite types, by screening unit, 2021-22 to 2023-24

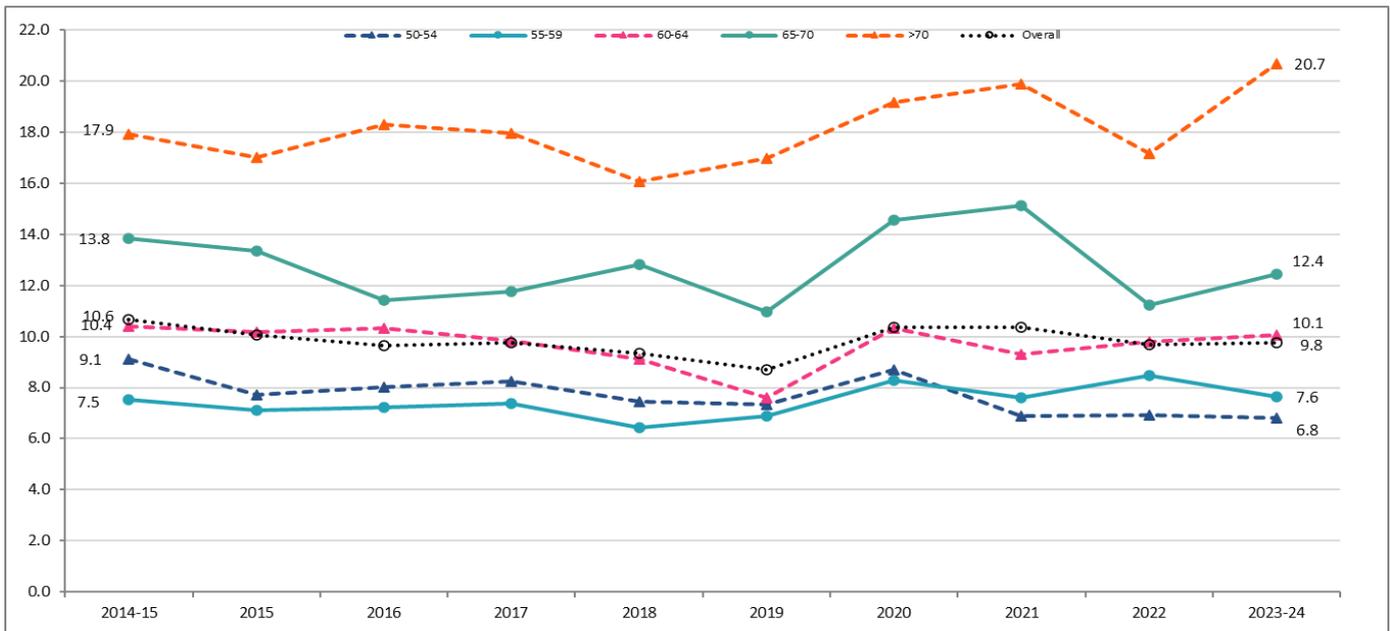


Figure 8: Cancer detection rate per 1,000 screened, 2014-15 to 2023-24 by age group



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 2023-2024

In 2023-24 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 40.0% of all the invasive cancers (Table 5).

Non-invasive or micro-invasive disease made up 17.0% of all cancers detected in 2023-24 (Table 6).

Three-year trend

83.0% invasive (40.0% of which less than 15mm) and 17.0% non-invasive in 2023-24, 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 in size) and 18.3% non-invasive 2021-22.

Comment

The proportion of larger (15mm+) cancers diagnosed has increased slightly over the three-year period. Whilst the prevalent round saw an increased proportion of 15mm+ cancers from 2021/22 to 22/23 this has now reduced in 2023/24.



Figures and tables

Table 4: Invasive cancers detected, all ages, by invite/referral type, 2021-22 to 2023-24

	2021-22			2022-23			2023-24		
	Cancers	Invasive	%	Cancers	Invasive	%	Cancers	Invasive	%
Total	1121	916	81.7	1182	981	83.0	1303	1081	83.0
Prevalent Screen	184	150	81.5	181	145	80.1	219	169	77.2
Incident Screen	754	605	80.2	790	651	82.4	901	758	84.1
First invite for routine screening	137	107	78.1	133	105	78.9	151	112	74.2
Routine invite to previous non-attenders	47	43	91.5	48	40	83.3	68	57	83.8
Routine invite to previous attenders, last screen within 5 years	681	544	79.9	712	591	83.0	816	686	84.1
Routine invite to previous attenders, last screen more than 5 years previously	73	61	83.6	78	60	76.9	85	72	84.7
Early recalls	1	1	100	4	3	75.0	1	1	100.0
Self/GP referrals	182	160	87.9	207	182	87.9	182	153	84.1



Table 5: Size of invasive cancers detected, all ages, by invite/referral type, 2021-22 to 2023-24

	2021-22					2022-23					2023-24				
	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%
Total	916	391	42.7	462	50.4	981	405	41.3	504	51.4	1081	432	40.0	566	52.4
Prevalent Screen	150	61	40.7	75	50.0	145	40	27.6	92	63.4	169	64	37.9	91	53.8
Incident Screen	605	271	44.8	301	49.8	651	292	44.9	319	49.0	758	318	42.0	390	51.5
First invite for routine screening	107	44	41.1	53	49.5	105	27	25.7	70	66.7	112	39	34.8	66	58.9
Routine invite to previous non-attenders	43	17	39.5	22	51.2	40	13	32.5	22	55.0	57	25	43.9	25	44.6
Routine invite to previous attenders, last screen within 5 years	544	250	46.0	266	48.9	591	269	45.5	289	48.9	686	293	42.7	347	50.6
Routine invite to previous attenders, last screen more than 5 years previously	61	21	34.4	35	57.4	60	23	38.3	30	50.0	72	25	34.7	43	59.7
Early recalls	1	1	100	0	0	3	1	33.3	2	66.7	1	0	0.0	1	100.0
Self/GP referrals	160	58	36.3	86	53.8	182	72	39.6	91	50.0	153	50	32.7	84	54.9

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, 2021-22 to 2023-24

	2021-22			2022-23			2023-24		
	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%
Total	1121	205	18.3	1182	201	17.0	1303	222	17.0
Prevalent Screen	184	34	18.5	181	36	19.9	219	50	22.8
Incident Screen	754	149	19.8	790	139	17.6	901	143	15.9
First invite for routine screening	137	30	21.9	133	28	21.1	151	39	25.8
Routine invite to previous non-attenders	47	4	8.5	48	8	16.7	68	11	16.2
Routine invite to previous attenders, last screen within 5 years	681	137	20.1	712	121	17.0	816	130	15.9
Routine invite to previous attenders, last screen more than 5 years previously	73	12	16.4	78	18	23.1	85	13	15.3
Early recalls	1	0	0	4	1	25.0	1	0	0.0
Self/GP referrals	182	22	12.1	207	25	12.1	182	29	15.9



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.



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
Guy Stevens	Interim Lead Informatics and Data Services Manager
Claire Ellis	Senior Informatics and Data Analyst
Phil Bothwell	Informatics and Data Analyst
Diane Rawlings	Personal Assistant
Dr Emma Richards	Public Health Researcher

Translation Services

Translated by NHS Wales Shared Services Partnership on behalf of 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