

BreastScreen Aotearoa
MONITORING REPORT No. 6

Women screened
between 1 July and 30 September 2000

BreastScreen Aotearoa Independent Monitoring Group
Report to the Ministry of Health

19 March 2001

Technical Report No. 30
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Under contract with the Ministry of Health the monitoring group is required to monitor and evaluate aspects of BreastScreen Aotearoa, the national breast-screening programme. The measures of performance assessed by the monitoring group were specified by the Health Funding Authority (now the Ministry of Health). The list of agreed measures of performance to be included in quarterly and annual monitoring reports to the Ministry of Health was stated in Monitoring Report no 1, Appendix A. The monitoring group can also recommend to the Ministry of Health additional monitoring and evaluation that it considers to be required.

The monitoring group received data for this report on November 28, 2000. The draft report was written in December 2000 and January 2001 and was sent to the Ministry of Health on 29 January 2001 for comment.

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Executive Summary

By 30 September 2000, 139,286 women had been screened in BreastScreen Aotearoa. This represents 49.4% of women aged 50-64 in New Zealand. The results in this quarter are encouraging. All lead providers are now successfully meeting the performance indicators for technical repeats, open surgical biopsy rate, and specificity. All lead providers have appropriate cancer detection rates for prevalence and incidence screening rounds (BreastScreen HealthCare and BreastScreen Midland are performing mainly incidence screening). All lead providers except BreastScreen HealthCare notified women of their screening results in a timely manner.

BreastScreen HealthCare showed an improvement in assessment rate, specificity, and false positive rate in this quarter. It can be difficult to reduce referrals to assessment while endeavouring to maintain sensitivity. The false positive rate has decreased, which suggests that fewer women have been referred unnecessarily in this quarter.

Recommendations:

1. Coverage, overall, was lower than expected, with only BreastScreen HealthCare and BreastScreen South likely to achieve 70% coverage of the eligible population within two years. BreastScreen Auckland and North have considerably lower coverage than other lead providers. Registration and coverage overall are lower among Maori and Pacific women. This should be monitored by lead providers to ensure equity of access to screening for Maori and Pacific women.
2. Technical recall rates were very low for BreastScreen Auckland and North, however, there is uncertainty about whether appropriate data from lead providers is downloaded from the National Monitoring Indicator Set (NMIS) for BSAIMG to calculate technical recalls. This should continue to be investigated by Ministry of Health information technology personnel.
3. No lead provider achieved the performance indicator for timely reporting of biopsy results to women after assessment. Delays in receiving biopsy results will cause considerable anxiety in women. It is recommended that lead providers address this urgently.
4. It is recommended that the Ministry of Health continue to work with lead providers to obtain further information on the clinical management of women with outstanding assessment records in the national monitoring data set.
5. It is recommended that the Ministry of Health continue to survey women who chose to be assessed outside the programme to ascertain their views.
6. BreastScreen HealthCare has a particular problem with many indicators of timeliness of reporting or appointments. This lead provider failed to meet performance criteria for notification of screening (only 22% of women screened in this quarter received their results within 10 working days). Scheduling assessment appointments without undue delay is also a continuing problem for BreastScreen HealthCare, with only 33% of women offered an appointment within 14 working days of their screening visit. It is recommended that BreastScreen HealthCare urgently review its administrative systems.

Table 1. Summary of Lead Provider and BreastScreen Aotearoa results against indicators to 30 September 2000.

Indicator	LEAD PROVIDERS						
	BSAN	BSM	BSCtoC	BSC	BSS	BSHC	BSA
Coverage (%)							
<i>- Indicator > 70% in two years, equivalent to 52.5% in 18 months</i>							
Overall	41.6	49.9	48.3	44.8	61.5	63.2	49.4
Maori	37.2	30.6	25.7	25.6	32.1	29.0	31.2
Pacific	31.3	37.4	26.3	23.9	38.2	26.9	30.5
Other	40.9	52.6	48.5	43.3	59.6	62.8	49.4
(not stated)†	1,229	164	1,179	929	1,542	342	5,385
Technical recall (%)							
<i>- Indicator (Fixed < 0.5%; Mobile < 3%)</i>							
Fixed	0.04	0.3	0.3	0.9	0.3	0.3	0.3
Mobile	0.3	3.7	5.9	1.3	2.1	0.8	1.9
Technical repeat (definition 2) (%)							
<i>Indicator < 3%</i>							
Fixed	1.2	0.9	1.2	2.1	1.6	1.2	1.3
Mobile	0.3	0.8	1.3	0.6	0.6	0.1	0.6
Assessment (%)							
<i>Indicator – prevalence screen - indicator is <10%, expected indicator is <7%</i>							
<i>- incidence screen - indicator is <5%, expected indicator is <4%</i>							
	7.8	5.5	5.3	6.5	6.9	8.0	6.8
False positive rate (%)							
<i>Indicator – prevalence round, indicator is <9%, expected indicator <6%</i>							
<i>- incidence round, indicator is <4%, expected indicator <3%</i>							
	6.7	4.9	4.4	5.4	6.1	6.9	5.9
Open surgical biopsy rate (%)							
<i>Indicator <1%</i>							
	0.4	0.2	0.3	0.2	0.2	0.7	0.3
Benign biopsy weight (%) #							
<i>Indicator 80% or more benign open biopsy should weigh <20g</i>							
	46.0	#	#	#	40.9	76.6	53.9

† number of women where ethnicity was not recorded

default values entered by some lead providers where actual weights unavailable

....continued

Table 1 (continued).

Summary of Lead Provider and BreastScreen Aotearoa results against indicators to 30 September, 2000.

Indicator	LEAD PROVIDERS						BSA
	BSAN	BSM	BSCtoC	BSC	BSS	BSHC	
Needle biopsy rate (%)							
<i>Indicator – none. * Women who have both FNA and core needle procedures.</i>							
FNA	0.3	0.4	0.1	0.3	1.0	0.6	0.4
Core needle	2.6	1.2	1.4	0.7	1.9	0.8	1.7
Both*	0.2	0.01	0.01	1.4	0.1	0.04	0.2
Total	3.0	1.5	1.4	2.4	2.9	1.4	2.3
Specificity (%)							
<i>Indicator >93%</i>							
	93.2	95.1	95.5	94.5	93.9	93.1	94.4
Cancer detection rate (per thousand women screened)							
<i>Indicator – prevalence - ≥ 6 per 1000 women screened</i>							
<i>- incidence - ≥ 3 per 1000 women screened</i>							
	8.4	4.9	6.8	6.9	7.0	5.5	6.9
Time taken providing results of screening (%)							
<i>Indicator – at least 95% notified within 10 days</i>							
	97.5	99.0	99.0	98.0	97.7	61.9	94.6
Time taken from screening visit to first offer of an assessment appointment (%)							
<i>Indicator – at least 90% offered an assessment appointment within 14 working days of their final screening visit</i>							
	71.1	85.2	87.6	82.4	82.2	33.5	74.6
Time taken from assessment to final diagnostic biopsy (%)							
<i>Indicator 1 – at least 90% of women requiring needle biopsy procedure have that procedure completed within 7 days of their assessment</i>							
	100	76.1	94.3	94.2	86.6	96.7	92.4
<i>Indicator 2 – at least 90% of women requiring open biopsy procedure offered that procedure within 3 weeks of their assessment</i>							
	51.0	16.7	29.5	67.7	56.5	88.5	53.7
Time taken from final diagnostic biopsy to reporting assessment result (%)							
<i>Indicator – results reported to at least 90% of women within 7 days of final diagnostic biopsy</i>							
	71.2	75.3	83.1	86.4	59.7	60.0	70.4
Time taken from reporting assessment results to first date offered for primary treatment (%)							
<i>Indicator – at least 90% of women offered primary treatment within 3 weeks of the final diagnosis being reported to the women</i>							
	*	*	*	*	*	*	*

* Invalid or insufficient data available for reporting - treatment data are not yet recorded as part of the national data set.

1. Data Summary

The key to the tables which appear in this document is:

BSAN = BreastScreen Auckland and North

BSM = BreastScreen Midland

BSCtoC = BreastScreen Coast to Coast

BSC = BreastScreen Central

BSS = BreastScreen South

BSHC = BreastScreen HealthCare

1.1 Registration rate - overall

The numbers of women registered by BreastScreen Aotearoa are shown in Table 1.1.

Table 1.1. Overall registration rates by lead provider.

Lead provider	Quarterly number registered (% of projected population)		Cumulative number registered (% of projected population)	
BSAN	3,652	3.8	41,951	43.5
BSM	7,369	16.3	34,750	76.7
BSCtoC	2,138	5.6	19,410	50.5
BSC	1,422	4.5	14,404	46.0
BSS	5,463	10.8	32,843	65.0
BSHC	2,112	9.9	14,180	66.4
TOTAL	22,156	7.8	157,538	55.6

In this quarter, registration with BreastScreen Aotearoa has increased from 47.8% to 55.6% of eligible women.

1.2 Registration rate – ethnicity

Lead provider	Quarterly number registered (% of projected population)				Cumulative number registered (% of projected population)			
	Maori	Pacific	Other	Not stated	Maori	Pacific	Other	Not stated
BSAN	334 (4.1)	301 (5.0)	2,983 (3.6)	9	3,226 (39.4)	2,067 (34.2)	35,409 (43.0)	1,249
BSM	664 (10.2)	42 (9.7)	6,431 (16.8)	221	3,449 (52.9)	269 (62.1)	30,215 (78.8)	817
BSCtoC	123 (2.6)	9 (3.1)	1,980 (5.9)	25	1,288 (26.8)	81 (27.7)	16,852 (50.6)	1,189
BSC	67 (3.1)	90 (6.8)	1,252 (4.5)	11	564 (26.3)	335 (25.1)	12,573 (45.1)	932
BSS*	195 (10.5)	22 (6.8)	7,943 (16.4)		646 (34.6)	132 (40.6)	30,479 (63.1)	1,586
BSHC	36 (4.2)	3 (2.8)	2,052 (10.1)	21	211 (24.3)	30 (27.8)	13,589 (66.7)	350
TOTAL	1,419 (5.8)	467 (5.5)	22,641 (9.0)		9,384 (38.5)	2,914 (34.1)	139,117 (55.5)	6,123

* BreastScreen South retrospectively improved the collection of ethnic affiliation and the total number of women with no stated ethnicity was lower at the end of this quarter than previously. As a consequence the quarterly figure has been excluded from the table.

Registration of Maori and Pacific women continues to be lower than for non-Maori, non-Pacific women.

1.3 Coverage - overall

Definition – this is a population-based measure of the proportion of women 50-64 years of age who have had a screening mammogram in the programme.

Indicator - > 70% of women aged 50-64 are to be screened by the programme within each two year screening cycle.

Table 1.3. Overall number of women screened and per cent coverage by lead provider.

Lead provider	Quarterly number screened (% of projected population)		Cumulative number screened since December 1998 (% of projected population)	
	BSAN	4,141	4.3	39,842
BSM	4,491	10.0	22,510	49.9
BSCtoC	2,220	5.8	18,638	48.3
BSC	1,479	4.8	13,854	44.8
BSS	5,312	10.5	31,073	61.5
BSHC	1,391	6.6	13,369	63.2
TOTAL	19,034	6.8	139,286	49.4

In this quarter, BreastScreen Aotearoa coverage has increased from 42.7% to 49.4% of eligible women. BreastScreen Auckland and North had the lowest coverage in this quarter.

Table 1.3.1 below is provided to enable lead providers calculate their expected coverage, based on target of 70% coverage, according to the month of commencement of screening. For units, which commenced screening in December 1998 the target, represents 64.2% of the eligible population to 30 September 2000.

Table 1.3.1. Expected coverage by 30 September 2000, according to month of commencement of screening (assuming at least 70% coverage of the indicator population)

Date screening commenced	Expected coverage to 30 September 2000
1 December 1998	64.2%
1 January 1999	61.3%
1 February 1999	58.3%
1 March 1999	55.4%
1 April 1999	52.5%
1 May 1999	49.6%
1 June 1999	46.7%
1 July 1999	43.8%
1 August 1999	40.8%
1 September 1999	37.9%

1.4 Coverage - by age group

The number of women screened and coverage for the 50-54, 55-59 and 60-64 year age groups are shown by lead provider in Table 1.4.

Table 1.4. Age specific number of women screened and per cent coverage by lead provider.

Lead provider	Quarterly number screened (% of projected population)			Cumulative number screened (% of projected population)		
	50-54	55-59	60-64	50-54	55-59	60-64
BSAN	1,989 (4.9)	1,264 (4.1)	888 (3.7)	17,454 (42.8)	12,438 (40.2)	9,950 (41.2)
BSM	1,958 (11.0)	1,469 (10.0)	1,064 (8.5)	7,913 (44.3)	7,626 (52.1)	6,971 (55.5)
BSCtoC	990 (6.4)	664 (5.4)	566 (5.3)	7,696 (49.4)	5,824 (47.2)	5,118 (47.7)
BSC	712 (5.4)	454 (4.6)	313 (4.0)	5,865 (44.5)	4,541 (46.1)	3,448 (43.8)
BSS	2,322 (11.0)	1,620 (10.1)	1,370 (10.1)	13,046 (62.0)	9,602 (60.1)	8,425 (62.3)
BSHC	495 (5.7)	441 (6.6)	455 (7.9)	5,259 (60.6)	4,380 (65.5)	3,730 (64.4)
TOTAL	8,466 (7.2)	5,912 (6.5)	4,656 (6.2)	57,233 (48.9)	44,411 (49.1)	37,642 (50.4)

For most lead providers coverage in this quarter was greatest among women aged 50-54.

1.5 Coverage - ethnicity

Table 1.5. Overall number of women screened and per cent coverage by ethnic group.

Lead provider	Quarterly number screened (% of projected population)				Cumulative number screened (% of projected population)			
	Maori	Pacific	Other	Not stated	Maori	Pacific	Other	Not stated
BSAN	372 (4.5)	328 (5.4)	3,407 (4.1)	34	3,046 (37.2)	1,895 (31.3)	33,672 (40.9)	1,229
BSM	316 (4.9)	27 (6.2)	4,137 (10.8)	11	1,995 (30.6)	162 (37.4)	20,189 (52.6)	164
BSCtoC	127 (2.6)	8 (2.7)	2,045 (6.1)	40	1,239 (25.7)	77 (26.3)	16,143 (48.5)	1,179
BSC	76 (3.6)	88 (6.6)	1,256 (4.5)	59	548 (25.6)	319 (23.9)	12,058 (43.3)	929
BSS	133 (7.1)	21 (6.5)	5,003 (10.4)	155	598 (32.1)	124 (38.2)	28,809 (59.6)	1,542
BSHC	22 (2.5)	2 (1.9)	1,352 (6.6)	15	195 (29.0)	29 (26.9)	12,803 (62.8)	342
TOTAL	1,046 (4.3)	474 (5.6)	17,200 (6.9)	314	7,621 (31.2)	2,606 (30.5)	123,674 (49.4)	5,385

There has been an improvement in the collection of ethnic affiliation in this quarter, with a reduction in the number of women with their ethnic affiliation not stated.

2. Provision of high quality screening and assessment

2.1 Screened women who have no more than 4 films taken.

Indicator - Minimum of 80% of women screened have 4 films or less.

From the data available, the number of films per women by lead provider and mobile and fixed screening centres are shown in Table 2.1.

Table 2.1. Proportion of women having 4 films or less at screening by lead provider.

Lead Provider	Quarter (%)		Cumulative rate (%)	
	Fixed	Mobile	Fixed	Mobile
BSAN	82.2	84.2	88.8	96.2
BSM	87.4	86.0	87.6	83.7
BSCtoC	87.2	86.6	87.7	84.6
BSC	87.5	93.3	89.1	96.5
BSS	75.7	74.8	70.0	72.2
BSHC	73.9	69.6	44.7	73.4
TOTAL	81.6	82.1	82.9	83.6

The proportion of women having 4 or fewer films at screening continues to be influenced by the choice by providers of large versus small films for screening mammography.

2.2 Technical recall rate

Definition - Number of women recalled for technical repeats as a percentage of number screened.

Indicator - Mobile < 3%
- Fixed < 0.5%

The indicator given above has been taken from the Data Management Manual and is different from that listed in the Interim National Quality Standards. The number of women recalled for technical reasons as a percentage of the number of women screened is shown in Table 2.2.

Table 2.2. Technical recall rates per 100 women screened (per cent) by lead provider.

Lead Provider	Quarter (%)		Cumulative rate (%)	
	Fixed	Mobile	Fixed	Mobile
BSAN	0.1	2.1	0.04	0.3
BSM	0.4	4.3	0.3	3.7
BSCtoC	0.5	4.3	0.3	5.9
BSC	1.4	3.0	0.9	1.3
BSS	0.4	2.4	0.3	2.1
BSHC	0.6	1.5	0.3	0.8
TOTAL	0.4	3.3	0.3	1.9

There is some uncertainty about whether appropriate data is captured in the National Monitoring Indicator Set (NMIS) for this indicator. Ministry of Health information technology personnel are investigating this. From the available data it appears that BreastScreen Midland and BreastScreen Coast to Coast have higher than expected technical recall rates at their mobile units.

2.3 Technical repeat rate

2.3.1 Technical repeat rate – Definition 1

Definition 1 (from the Data Management Manual) – Number of women with technical repeats (including technical recalls) as a percentage of number screened.

Indicator - <3%

BSAIMG consider that the definition of technical repeats in the Data Management Manual is incorrect. This will be addressed in the Ministry of Health review of the Interim National Quality Standards. The definition preferred by BSAIMG, is Definition 2, the number of technical repeat films as a percentage of the total number of films taken.

2.3.2 Technical repeat rate – Definition 2

Definition 2 - Number of technical repeat films as a percentage of the total number of films taken.

Indicator - < 3%.

The technical repeat rate as defined by the monitoring group (definition 2) is shown in Table 2.3.2.

Table 2.3.2. Technical repeat rate per 100 films taken by lead provider.

Lead Provider	Quarterly technical repeat rate		Cumulative technical repeat rate	
	Fixed	Mobile	Fixed	Mobile
BSAN	1.1	0.9	1.2	0.3
BSM	1.1	0.3	0.9	0.8
BSCtoC	1.0	1.2	1.2	1.3
BSC	2.7	1.4	2.1	0.6
BSS	1.3	1.0	1.6	0.6
BSHC	1.3	0.1	1.2	0.1
TOTAL	1.3	0.7	1.3	0.6

All lead providers met this performance indicator.

2.4 Assessment rate

Definition - Number referred to assessment as a percentage of number screened.

Indicator – prevalence screen: indicator is < 10% and the expected indicator is < 7%
incidence screen: indicator is < 5% and the expected indicator is < 4%

The rates of referral to assessment are shown in Table 2.4 below.

Table 2.4. The rate of referral to assessment per 100 women screened by lead provider.

Lead Provider	Quarterly assessment rate % (n)	Cumulative assessment rate % (n)
BSAN	9.8 (407)	7.8 (3,095)
BSM	4.8 (215)	5.5 (1,226)
BSCtoC	6.5 (144)	5.3 (980)
BSC	9.0 (133)	6.5 (903)
BSS	8.2 (437)	6.9 (2,127)
BSHC	7.1 (98)	8.0 (1,074)
TOTAL	7.5 (1,434)	6.8 (9,405)

The assessment rate for BreastScreen HealthCare shows some improvement in this quarter (although it is based on relatively small numbers of women), but it continues to be above the indicator set for incidence screening.

2.5 Assessment records of the National Monitoring Data Set

The Ministry of Health in liaison with lead providers have investigated the number of women with outstanding assessment results to 30 September 2000. Of the 291 women who were identified as having outstanding assessment results at 30 September 2000, the Ministry of Health investigation found that:

- 148 women had now completed the assessment process (and have presumably received a definitive diagnosis). These women will be recalled for routine re-screening in two years.
- 53 had chosen to have their assessment performed outside the programme.
- 29 women have exited, as they prefer to have their assessment performed by a different surgeon. The Ministry of Health advised BSAIMG that in regions where there are large numbers of women exiting the programme that these women will be surveyed to identify any areas for improvement in the programme.
- 16 women were incorrectly reported as referred to assessment when they should have been reported as return to routine rescreening. Lead providers have advised the Ministry of Health that these women's records have been corrected and that the underlying cause of these issues have been resolved.
- 32 women were undergoing extended assessment.

- 13 women are still undergoing the assessment process. These women have not completed their assessment for a variety of reasons, including being absent overseas and not attending assessment appointments. Lead providers have reported that all of these women are accounted for and are being closely monitored.

The results from these assessments will be needed if the sensitivity and specificity of mammography in BreastScreen Aotearoa are to be calculated appropriately.

2.6 False positive rate

Definition - Number with false positive screening results as a percentage of number screened.

Indicator -prevalence round: indicator is < 9% and the expected indicator is < 6%
-incidence round: indicator is < 4% and the expected indicator is < 3%

Table 2.6. False positive rate per 100 women screened by lead provider.

Lead Provider	Quarterly false positive rate (per 100 women)	Cumulative false positive rate (per 100 women)
BSAN	8.4	6.7
BSM	4.3	4.9
BSCtoC	5.5	4.4
BSC	7.3	5.4
BSS	7.2	6.1
BSHC	5.2	6.9
TOTAL	6.4	5.9

The false positive rate for BreastScreen HealthCare has improved in this quarter (although this is based on relatively small numbers of women). It is now approaching the indicator for incidence screening. BreastScreen Auckland and North had a relatively high false positive rate in this quarter.

2.7 Open surgical biopsy rate

Definition - Number of women having open biopsy as a percentage of women screened.

Indicator - < 1%

The open surgical biopsy rate is shown in Table 2.7.

Table 2.7. Rate of open surgical biopsy per 100 women screened and numbers of women by lead provider.

Lead Provider	Quarterly open surgical biopsy rate per 100 women screened (number of women)	Cumulative open surgical biopsy rate per 100 women screened (number of women)
BSAN	0.6 (24)	0.4 (145)
BSM	0.1 (3)	0.2 (48)
BSCtoC	0.2 (5)	0.3 (61)
BSC	0.3 (5)	0.2 (31)
BSS	0.2 (10)	0.2 (62)
BSHC	0.4 (5)	0.7 (87)
TOTAL	0.3 (52)	0.3 (434)

All lead providers met this performance indicator.

2.8 Benign biopsy weight

Definition - Number with benign open biopsy where weight of benign lesion is less than 20 grams as a percentage of number with benign open biopsy.

Indicator - 80% or more of open biopsies (benign result) should weigh < 20gm.

Table 2.8. Number and percent of benign open biopsies which weigh <20gm by lead provider.

Lead Provider	Quarterly percent of benign biopsies weighing less than 20gm (n)	Cumulative percent of benign biopsies weighing less than 20gm (n)
BSAN	53.3 (8)	46.0 (52)
BSM*		
BSCtoC*		
BSC*		
BSS	42.9 (3)	40.9 (18)
BSHC	0 (0)	76.6 (49)
TOTAL	47.8 (11)	53.9 (119)

* BreastScreen Midland, BreastScreen Coast to Coast and BreastScreen Central quarterly and cumulative records excluded, because specimen weights were not available for more than 90% of specimens.

The three lead providers for whom sufficient data is available have not met this indicator.

2.9 Needle biopsy rates

Definition

- Number of women undergoing fine needle aspiration (FNA) as a percentage of number screened.
- Number of women undergoing core biopsy as a percentage of number screened.

Indicator - None set

Table 2.9a. Quarterly rate of needle biopsy per 100 women screened and numbers of women undergoing needle biopsy (n) by lead provider.

Lead Provider	Quarterly Totals			
	FNA % (n)	Core needle % (n)	Both ^{††} % (n)	Total
BSAN	0.4 (16)	3.4 (139)	0.2 (7)	3.9
BSM	0.2 (10)	1.0 (46)	0 (0)	1.3
BSCtoC	0 (0)	1.5 (34)	0.1 (1)	1.6
BSC	0.6 (9)	1.0 (15)	1.8 (27)	3.5
BSS	0.9 (45)	2.4 (125)	0.1 (4)	3.3
BSHC	0.1 (2)	0.4 (5)	0 (0)	0.5
TOTAL	0.4 (82)	1.9 (364)	0.2 (39)	2.6

††Women who have both FNA and core needle procedures

Table 2.9b. Cumulative rate of needle biopsy per 100 women screened and numbers of women undergoing needle biopsy (n) by lead provider.

Lead Provider	Cumulative totals			
	FNA % (n)	Core needle % (n)	Both ^{††} % (n)	Total
BSAN	0.3 (105)	2.6 (1017)	0.2 (76)	3.0 (1,198)
BSM	0.4 (79)	1.2 (266)	0.01 (2)	1.5 (347)
BSCtoC	0.1 (10)	1.4 (251)	0.01 (1)	1.4 (262)
BSC	0.3 (37)	0.7 (95)	1.4 (197)	2.4 (329)
BSS	1.0 (297)	1.9 (590)	0.1 (17)	2.9 (904)
BSHC	0.6 (75)	0.8 (102)	0.04 (5)	1.4 (182)
TOTAL	0.4 (603)	1.7 (2,321)	0.2 (298)	2.3 (3,222)

††Women who have both FNA and core needle procedures

BreastScreen Central continues to have a relatively high proportion of women undergoing both FNA and core needle biopsy. This should be investigated.

2.10 Specificity of the Programme

Definition - Number with true negative screening results as a percentage of this number plus the number with false positive screening results.

Indicator - > 93%

Table 2.10. Specificity of the programme by lead provider.

Lead Provider	Quarterly specificity (%)	Cumulative specificity (%)
BSAN	91.5	93.2
BSM	95.2	95.1
BSCtoC	94.5	95.5
BSC	92.6	94.5
BSS	92.7	93.9
BSHC	94.7	93.1
TOTAL	93.5	94.4

All lead providers met the cumulative performance indicator, though some lead providers were slightly below the indicator for this quarter.

3. Early detection of breast cancer

3.1 Cancer detection rate

Definition – number with diagnosed breast cancer per 1000 women screened.

Indicator - prevalence round: indicator is ≥ 6 per 1000 women screened
 - incidence round: indicator is ≥ 3 per 1000 women screened

Table 3.1. Cancer detection rate by lead provider per 1000 women screened and the number of women with cancer detected.

Lead Provider	Quarterly cancer detection rate (number with cancer detected)	Cumulative cancer detection rate (number with cancer detected)
BSAN	10.1 (42)	8.4 (335)
BSM	1.6 (7)	4.9 (110)
BSCtoC	6.8 (15)	6.8 (127)
BSC	11.5 (17)	6.9 (95)
BSS	8.5 (45)	7.0 (216)
BSHC	4.3 (6)	5.5 (73)
TOTAL†	6.9 (132)	6.9 (956)

BreastScreen Midland and BreastScreen HealthCare are expected to have lower cancer detection rates than other providers because they are carrying out mainly incidence screening. Until treatment data is received by BSAIMG, the invasive cancer detection rate and the DCIS detection rate of providers and the programme overall will not be able to be provided. A summary of referral to assessment, specificity, the false positive rate and the cancer detection rate is recorded in Table 3.2 by lead provider for the quarter 1/7/00 to 30/09/00.

Table 3.2 Referral to assessment, specificity, false positive rate and cancer detection rate by lead provider for this quarter.

Lead provider	Referral to assessment per 100 women screened	Specificity (%)	False positive rate per 100 women screened	Cancer detection rate per 1000 women screened
BSAN	9.8	91.5	8.4	10.1
BSM	4.8	95.2	4.3	1.6
BSCtoC	6.5	94.5	5.5	6.8
BSC	9.0	92.6	7.3	11.5
BSS	8.2	92.7	7.2	8.5
BSHC	7.1	94.7	5.2	4.3
TOTAL	7.5	93.5	6.4	6.9

Higher referral to assessment rates are associated with a lower specificity of screening and a higher false positive rate. High referral to assessment rates can lead to difficulty in meeting timeliness for assessment and biopsy appointments. Accurate interval cancer rates and invasive cancer detection rates for providers would assist in determining the most practical referral to assessment rate for the provider's population.

4. Summary of treatment

The Ministry of Health has not forwarded data for this section.

5. Provision of an appropriate and acceptable service

5.1 Time taken providing results of screening

Definition - Date of providing results to women minus date of final screening visit.

Indicator - 95% notified within 10 working days.

From the national monitoring data set, the time taken to provide the results of screening to women for each lead provider is shown in Table 5.1.

Table 5.1. Time taken to provide results of screening to women for each lead provider.

Lead Provider	Quarterly % notified within 10 working days (number of women)	Cumulative % notified within 10 working days (number of women)
BSAN	98.8 (4,092)	97.5 (38,857)
BSM	98.2 (4,411)	99.0 (22,280)
BSCtoC	99.2 (2,202)	99.0 (18,442)
BSC	97.6 (1,443)	98.0 (13,578)
BSS	96.8 (5,142)	97.7 (30,369)
BSHC	22.1 (307)	61.9 (82,69)
TOTAL	92.5 (17,597)	94.6 (131,795)

All lead providers met this performance indicator except BreastScreen HealthCare. It is of concern that the performance of BreastScreen HealthCare has declined in this quarter.

5.2 Time taken from screening visit to first offer of an assessment appointment

Definition - Date of first available appointment offered for assessment minus date of final screening visit.

Indicator – At least 90% of women offered an assessment appointment within 14 working days of their final screening mammogram.

The time taken from screening visit to first offer of an assessment appointment is shown in Table 5.2.

Table 5.2. Time taken from screening visit to first offer of an assessment appointment for the women screened by each lead provider.

Lead Provider	Quarterly % offered assessment within 14 working days (number of women)	Cumulative % offered assessment within 14 working days (number of women)
BSAN	93.4 (380)	71.1 (2,201)
BSM	86.5 (186)	85.2 (1,044)
BSCtoC	88.9 (128)	87.6 (858)
BSC	85.7 (114)	82.4 (807)
BSS	83.8 (366)	82.2 (1,748)
BSHC	32.7 (32)	33.5 (360)
TOTAL	84.1 (1,206)	74.6 (7,018)

Performance has improved for most lead providers. From the national monitoring data set, BreastScreen HealthCare is failing to provide timely assessment appointments.

5.3 Time taken from assessment to final diagnostic biopsy.

Definition

- Date of needle biopsy minus date of first level assessment.
- Date first offered for open surgical biopsy minus date of first level assessment.

Indicator

- At least 90% of women requiring needle biopsy procedure have that procedure completed within 7 days of their assessment.
- At least 90% of women requiring open biopsy procedure are offered that procedure within 3 weeks of their assessment.

This measure of performance is shown in Table 5.3.

Table 5.3. Percentage and numbers of women (n) receiving biopsy within 7 days of the date of first level of assessment for needle biopsy and 3 weeks for open surgical biopsy.

Lead Provider	Quarterly		Cumulative	
	Percentage for which needle biopsy completed within 7 days of assessment (n)	Percentage for which open biopsy offered within 3 weeks of assessment (n)	Percentage for which needle biopsy completed within 7 days of assessment (n)	Percentage for which open biopsy offered within 3 weeks of assessment (n)
BSAN*		62.5 (15)		51.0 (74)
BSM	73.2 (41)	33.3 (1)	76.1 (264)	16.7 (8)
BSCtoC	94.3 (33)	40.0 (2)	94.3 (247)	29.5 (18)
BSC	94.1 (48)	100 (5)	94.2 (310)	67.7 (21)
BSS	86.2 (150)	40.0 (4)	86.6 (783)	56.5 (35)
BSHC	100 (7)	100 (5)	96.7 (176)	88.5 (77)
TOTAL	90.9 (441)	61.5 (32)	92.4 (2,978)	53.7 (233)

* BSAN advised that the date recorded for needle biopsies was likely to be incorrect and therefore BSAIMG have excluded results in Tables 5.3 and 5.4.

Performance has improved for most lead providers reported in this quarter, however, most lead providers have considerable difficulty in timely offers of open biopsy to women after initial assessment. The number of women receiving open biopsy is low in each quarter.

5.4 Time taken from final diagnostic biopsy to reporting assessment results.

Definition - Date of reporting final biopsy results to woman minus date of final diagnostic biopsy.

Indicator - Results reported to at least 90% of women within 7 days of final diagnostic biopsy.

For all lead providers, the percentage of women receiving results within 7 days of their final diagnostic biopsy is shown in Table 5.4.

Table 5.4. Time taken from final diagnostic biopsy to reporting assessment results for women of each lead provider.

Lead Provider	Quarterly % results within 7 days (number of women)	Cumulative % results within 7 days (number of women)
BSAN*		
BSM	7.1 (4)	75.3 (268)
BSCtoC	87.2 (34)	83.1 (255)
BSC	92.2 (47)	86.4 (286)
BSS	95.5 (168)	59.7 (550)
BSHC	91.7 (11)	60.0 (147)
TOTAL	71.9 (358)	70.4 (2,723)

* BSAN advised that the date recorded for needle biopsies was likely to be incorrect and therefore BSAIMG have excluded results in Tables 5.3 and 5.4.

BreastScreen Midland continued to have difficulty meeting this performance indicator. The Ministry of Health should request explanation for the low quarterly result for BreastScreen Midland.

5.5 Time taken from reporting assessment results to first date offered for primary treatment.

Definition - Date first offered primary treatment minus date of reporting final biopsy results to woman.

Indicator – At least 90% of women offered primary treatment within 3 weeks of the final diagnosis being reported to the woman.

As treatment data is not yet recorded as part of the national monitoring data set this indicator cannot be measured. Table 5.5 has been left blank.

Table 5.5. Time from reporting assessment results to first date offered primary treatment for women of each lead provider.

Lead Provider	Quarterly % women offered Primary treatment within 3 weeks	Cumulative % women offered primary treatment within 3 weeks
BSAN		
BSM		
BSCtoC		
BSC		
BSS		
BSHC		
TOTAL		