



NHS breast screening programme and Association of Breast Surgery

An audit of screen detected breast cancers for the year of screening April 2016 to March 2017

Public Health England leads the NHS Screening Programmes

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Foreword

This publication presents results of the National Health Service Breast Screening Programme audit of results and outcomes for April 2016 to March 2017 inclusive. This annual audit is now in its 22nd year. Despite all the many different challenges facing the breast screening programme, the fact that it audits itself assiduously, painstakingly and with sincere intent to improve the welfare of the population marks it out as a world leader in healthcare. Very few, if any, national audits exist with similar levels of granular outcome data, especially when published annually.

This degree of continuous self-assessment would not be possible without the attentive and conscientious contributions of the screening offices throughout the nation. The Association of Breast Surgery and Public Health England would like to thank and to pay tribute to all our colleagues in all screening units for their contributions.

This year we continue on the theme of examining all screening related data but focussing on key performance indicators (KPIs) for the disciplines involved in screening; radiology, surgery and pathology. These are presented within this audit and ABS would value all constructive comments relating to these or future KPIs. As in recent times, the results are presented in succinct, bulleted format rather than the traditional full text prose seen in earlier years of the report. It is hoped that this makes the publication more digestible and allows busy readers to find information relevant to their needs with greater ease.

The stewardship of the annual audit report rests with the multidisciplinary Screening Audit Group each of whom donate an extraordinary amount of their time to its production. They are listed in subsequent pages and I would like to thank them wholeheartedly for their contributions. In addition, there should be a special thanks to Shan Cheung and Helen Price of PHE Screening for their unstinting professionalism in helping produce this audit report.

Mr Ashu Gandhi

Chair, NHSBSP & ABS Breast Screening Audit Group

Acknowledgements

The 2016/17 UK NHS breast screening programme (UK NHSBSP) and Association of Breast Surgery (ABS) audit of screen-detected breast cancers was designed and directed by the NHSBSP and ABS Screening Audit Group:

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Mr Mark Sibbering, Member, Advisory Committee for Breast Cancer Screening Consultant Surgeon, Royal Derby Hospital.

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- clinical and administrative staff working in the NHS breast screening programme
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- PHE Chief Knowledge Officer Directorate staff in the West Midlands who extracted previous cancer data from the Cancer Analysis System
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Contents

Foreword	3
Acknowledgements	4
Contents	6
Executive summary	7
Introduction Aims and objectives	10 10 11
Key performance indicators 2017 key performance indicators Radiology Pathology Surgery Oncology Summary table of KPI outliers	15 16 17 19 22
Cancer detection Randomised controlled age extension trial in the NHSBSP Previous breast cancer history	
Diagnosis Non-operative diagnosis	32
Tumour characteristics	35
Surgical treatment Type of surgeryImmediate breast reconstruction	40
Surgical caseload	43
Repeat operations	44
Axilla Non-operative assessment	
Adjuvant Therapy	49
Survival	51

Executive summary

Cancer detection

Between 1 April 2016 and 31 March 2017, 2,387,040 women were screened by the UK NHSBSP in England, Northern Ireland and Wales. This is a slight decrease from the previous year as data from Scotland continues to be unavailable as the programme there migrates from one IT system to another. It is hoped that imminent iterations of the screening audit will be able to include Scottish data.

The cancer detection rate seems to have plateaued in the last decade and this year's figure of just over 8 women being diagnosed with cancer for every 1000 screened is broadly in line with the figure for the past 15 years. Of these women given a malignant diagnosis, 4 of every 5 were diagnosed with invasive lesions and 1 of 5 with preinvasive/microinvasive lesions.

Just over half of all diagnosed invasive cancers were less than 15mm in size. The cancer detection rate for these small invasive cancers (3.5 per 1,000 women screened) has also remained consistent over the past 15 years.

In England and Northern Ireland, 1,398 (7%) women diagnosed with breast cancer through screening had a previous breast cancer history recorded. Approximately two thirds of these women had a previous diagnosis of invasive cancer and the remainder non-invasive cancer.

Randomised age extension trial

This trial, which applies to 67 screening units in England only, is evaluating breast screening for women in the 47 to 49 and 71 to 73 years age groups. Over the 6 years of the trial the proportion of women diagnosed with cancer within the trial has risen, particularly within the younger of the 2 age groups:

47–49 years: 2.8% to 5.3%71–73 years: 4.1% to 6.5%

Non-operative diagnosis

Non-operative diagnosis, for example, diagnosis by needle biopsy in an outpatient setting prior to therapeutic surgery, is the desired method of diagnosis and management for all breast cancers. It permits treatment discussions with the patient advised by the recommendation of a multidisciplinary team.

Pleasingly, almost all units exceeded both the minimum and target standards for invasive cancers with 99% of women receiving a non-operative diagnosis.

Non-operative diagnosis for non-invasive cancers continues to present challenges. Nationally, 92% of women received their diagnosis non-operatively which exceeds the target standard for non-invasive malignancy. However, 11 screening services did not meet the minimum standard of 85% (3 units fewer than 2015/16) and it this should be a source of reflection for these units.

Number of assessment clinic visits

Screening units should strive, wherever possible, to keep the number of visits to the assessment clinic to a minimum as it is widely recognised that these visits can themselves provoke anxiety and concern amongst women. Audit data shows that only one assessment clinic visit to establish a definitive diagnosis in 9 of every 10 women with a screen detected malignancy.

Tumour characteristics

There were 3,802 non-invasive cancers (DCIS & LCIS) and 14,740 invasive breast cancers diagnosed excluding previous cancer cases. Out of 3,688 DCIS cases that underwent surgical treatment, 36% of tumours were less than 15mm in diameter, 17% were larger than 40mm and a total of 62% were high nuclear grade.

Of 14,376 women who were diagnosed with invasive cancer and who underwent surgical treatment, 53% had an invasive tumour smaller than 15mm and 2% had a tumour larger than 50mm. Grade 1 tumours were noted in 25% and grade 3 tumours in 20% of women. The oestrogen receptor (ER) status was known for almost 100% of women with invasive cancer and the vast majority of these (91%) were ER positive. Similarly, HER2 receptor status was known for 99% of cases and in 10% of women were positive.

Surgical treatment

In total, 23% of women with DCIS underwent mastectomy. It would be clinically reasonable to consider sentinel node biopsy on this group of patients and 91% underwent this procedure.

A slightly lower figure for mastectomy, 17%, was seen in women with invasive disease. If we examine those women with invasive tumours below 15mm in size, 1 in 10 had mastectomy. The commonest reasons for this would be concomitant non-invasive disease extending beyond a size suitable for breast conservation or patient preference. Importantly, lymph node status was known in 99% of women and 20% were found to be lymph node positive.

Proportionately, almost twice as many women undergoing mastectomy for non-invasive cancers underwent immediate breast reconstruction compared with those with invasive disease; 50% v 27% respectively.

Neo-adjuvant therapy

A total of 1,128 women with invasive breast cancer received neo-adjuvant therapy of whom 57% received neo-adjuvant chemotherapy and the remainder neo-adjuvant endocrine therapy.

Surgical caseload

During 2016/17, 623 consultant breast surgeons treated women with breast cancer from the NHS BSP. Of these 149 (24%) treated fewer than 10 screen detected cases during this audit year. These surgeons should ensure that over a 3 year audit cycle, they treat a total of 30 screen detected breast cancer patients.

Repeat operations

The incidence of repeat operations (defined as more than one operation needed to complete the primary cancer surgery) is 18% overall. It is much higher, 42%, in those 465 women who did not have a non-operative diagnosis. Women with a diagnosis of pre-invasive cancer had a higher incidence of repeat surgery (21%) than those with a diagnosis of invasive cancer (17%).

The axilla

The practice of pre-operative ultrasound assessment of the axilla is now firmly established with 99% of women with a non-operative diagnosis of invasive cancer undergoing this investigation and 97% of those found to have an ultrasonagraphically abnormal node proceeding to needle biopsy. The positive predictive value of an abnormal axillary ultrasound scan was 47% and the negative predictive value 84%.

Adjuvant therapy

Due to changes in the audit process in England the quality of the adjuvant therapy data available for the audit period remains disappointing. As a result the report can only reliably look at radiotherapy after breast conserving surgery for invasive disease.

For the 2015/16 timeframe (the adjuvant therapy audit trails the diagnosis and treatment audit by one year) only 40% of patient started their radiotherapy treatment within 60 days of final surgery. This remains a source of concern that requires investigation.

Survival

5 year survival figures for women diagnosed with cancer in the NHS BSP during 2011/12 are presented. These show an adjusted 5 year survival for all invasive cancers of 98.7%. The 5 year survival is highest amongst smaller tumours (<15mm), grade 1 tumours and node negative tumours.

Introduction

Aims and objectives

The 2016/17 UK NHS Breast Screening Programme (NHSBSP) and Association of Breast Surgery (ABS) Audit of screen-detected breast cancer was undertaken to examine UK NHSBSP clinical practice in the period 1 April 2016 to 31 March 2017 and adjuvant therapy undertaken in the period 1 April 2015 to 31 March 2016. The audit is designed to assess clinical performance by comparison of data with as many as possible of the clinical quality assurance (QA) standards recommended by the UK NHS Breast Screening Programme. These include the standards set in the following publications:

- quality assurance guidelines for surgeons in breast cancer screening NHSBSP Publication No. 20, 4th edition, March 2009
- guidelines for quality assurance visits
- NHSBSP Publication No. 40, Revised, October 2000

Organisation of the audit

The format of the audit was designed by the NHSBSP & ABS Screening Audit Group. The organisation of data collection, data evaluation and publication are described in Appendix 1.

Use of the audit data

The annual NHSBSP & ABS Breast Screening Audit data should be used to celebrate high-quality services not just to focus on those not meeting screening QA standards. Achievement of standards and delivery of high quality services should also be recorded and recognised as a tribute to dedicated professionals working within breast services.

Actions following receipt of the audit

At national level

The NHSBSP & ABS Breast Screening Audit data should be considered formally at meetings of the Clinical Professional Groups for Surgery, Radiology and Pathology. This will provide opportunities to recognise areas of good practice and identify areas where breast screening performance could improve. Resultant recommendations for future modification of the audit including any suggested changes to key performance indicators should be communicated to the Audit Group by the relevant disciplinary representatives.

At local/sub regional/regional/Celtic country level

The annual NHSBSP & ABS Breast Screening Audit data should be discussed locally at a meeting of the lead breast surgeons as a minimum. SQAS staff and the relevant QA PCAs should take steps to acknowledge high quality performance of individual screening services in a variety of settings, such as programme boards. When appropriate SQAS should identify recommendations for action if it is confirmed that performance does not meet national screening QA standards and/or key performance indicators (KPIs). Recommendations for action could include training, improvements in the management and/or organisation of services and visits to high performing screening services from whom good practice could be learned.

Your comments

The NHSBSP & ABS Breast Screening Audit has developed over the years, with improvements in design and organisation resulting in improved data quality and increasingly useful results. We wish to continue this development process and your comments and suggestions are welcome.

If you have comments or suggestions about the 2016/17 audit report or the development of future NHSBSP & ABS Breast Screening Audits please contact:

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Provision of data for the 2016/17 audit

The map below shows the areas covered by the 8 English QA sub regions and the breast screening information centres in Wales, Scotland and Northern Ireland. There are now 4 QA regions in England, combining the sub regions outside of London:

- London
- Midlands and East (East Midlands, West Midlands and East of England)
- North (North West and North East Yorkshire & Humber)
- South (South West and South East)



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Screening service participating in the 2016/17 audit

		Screening Units Participating in the N	HSBSP & AI	BS Audit		
Subregion or	Unit		Women	Total	Invasive	Non/Micro-
Celtic Country	code	Unit Name	Screened	Cancers	Cancers	invasive Cancers
East Midlands	CDN	Chesterfield/North Derby	17434	158	133	25
	CDS	Derby	25284	217	161	56
	CLE	Leicester	41201	335	269	65
	CLI	Lincolnshire	29211	243	200	43
	CNN	North Nottingham	10938	73	57	16
	CNO	Nottingham	29970	236	197	39
	KKE	Kettering	15793	116	98	18
	KMK	Milton Keynes	11101	90	73	17
	KNN	Northampton	16430	151	123	28
East of England	DCB	Cambridge & Huntingdon	18448	149	126	23
_	DGY	Great Yarmouth & Waveney	12681	78	68	10
	DKL	King's Lynn	6848	78	55	23
	DNF	Norfolk & Norwich	25584	201	172	28
	DPT	Peterborough	11554	86	63	23
	DSU	East Suffolk	18460	141	120	21
	DSW	West Suffolk	13054	117	94	23
	ELD	Beds & Herts	63327	491	389	102
	FCO	Chelmsford & Colchester	33941	240	194	46
	FEP	West Essex (Epping)	12286	102	82	20
	FSO	South Essex	25903	199	173	26
London	EBA	North London	63580	493	375	118
	ECX	West London	50201	382	294	88
	FBH	Outer North East London	29361	207	158	49
	FLO	Central and East London	33030	278	210	68
	GCA	South East London	55444	424	336	88
	HWA	South West London	48836	438	315	123
North East,	AGA	Gateshead	36025	252	214	38
Yorkshire &	ANE	Newcastle	40198	341	270	71
Humber	ANT	North Tees	39900	333	258	75
	AWC	North Cumbria	15065	112	79	33
	BHL	Humberside	46212	341	290	50
	BHU	Pennine	39409	334	265	69
	BLE	Leeds Wakefield	42973	386	296	
	BYO	North Yorkshire	35230	311	245	66
	CBA	Barnsley	12324	80	66	
	CDO	Doncaster/Bassetlaw	17110	140	120	20
	CRO	Rotherham	11527	109	101	8
	CSH	Sheffield	20354	187	157	30
North West	NCH	Chester	8465	91	76	15
	NCR	Crewe	13524	81	64	17
	NLI	Liverpool	35732	268	210	57
	NMA	East Cheshire & Stockport	21560	193	158	35
	NWA	Warrington, Halton, St Helens & Knowsley	24730	231	168	63
	NWI	Wirral	15546	154	125	29
	PBO	Bolton	28105	260	200	60
	PLE	East Lancashire	20905	192	158	34
	PLN	North Lancashire & South Cumbria	36616	335	269	66
	PMA	Manchester	53767	441	375	
	PWI	South Lancashire	28874	220	174	46

		Screening Units Participating in th	e NHSBSP & Al	BS Audit		
Subregion or Celtic Country	Unit code	Unit Name	Women Screened	Total Cancers	Invasive Cancers	Non/Micro- invasive Cancers
South East		Aylesbury & Wycombe	22940	203	144	
	KOX	Oxfordshire	26856	203	153	
	KRG	West Berkshire	19392	146	116	
	KWI	East Berkshire	18464	169	129	
	GBR	Brighton	32331	261	203	
		Canterbury	32280	309	255	
		Maidstone	22431	204	165	
		Medway	26526	215	179	
	HGU	Guildford	54413	563	410	153
	HWO	Worthing	32648	262	213	49
South West	JBA	North & Mid Hants	22531	196	146	50
	JDO	Dorset	37952	345	264	81
	JIW	Isle of Wight	8999	75	60	15
	JPO	Portsmouth	21786	207	155	52
	JSO	Southampton & Salisbury	26357	273	227	46
	JSW	Wiltshire	25913	214	176	37
	LAV	Avon	44715	386	303	83
	LCO	Cornwall	19935	166	129	37
	LED	North & East Devon	26048	207	151	56
	LGL	Gloucestershire	27152	252	203	49
	LPL	West Devon	21418	185	138	47
	LSO	Somerset	23215	204	175	29
	LTB	South Devon	13507	109	86	23
West Midlands	MAS	South Staffordshire	24791	214	175	39
	MBS	South Birmingham	41422	345	267	78
	MBD	City, Sandwell & Walsall	15008	123	98	25
	MCO	Warwickshire, Solihull & Coventry	45232	396	312	84
	MDU	Dudley & Wolverhampton	21195	189	144	45
	MHW	Hereford & Worcester	35901	301	256	45
	MSH	Shropshire	20961	175	146	29
	MST	North Staffordshire	21188	186	134	52
Northern Ireland	ZNE	Eastern	26603	188	149	38
	ZNI	Northern	15889	107	81	25
	ZNS	Southern	12737	85	75	
	ZNW	Western	11892	86	68	
Wales		North Wales	30306	280	246	
		South Wales	60263	570	431	
		West Wales	31792	335	245	

Key performance indicators

Benchmarking individual breast screening services against key performance indicators (KPIs) continues to be a useful method of assessing the quality of service offered to women in the breast screening programme. The discipline specific KPIs are considered and chosen by the multidisciplinary Screening Audit Group based on consideration of the key moments of a woman's journey through the breast screening process. KPIs may vary annually or the Screening Audit Group may wish to return to previously examined topics to ensure year on year improvement in quality. The KPIs for the 2016/17 audit are presented below.

Highlighting of outlier performance

Statistical methods allow for identification of services with outlier performance which are unlikely to occur by chance alone. There is a balance to be drawn between setting the confidence limits too narrowly, resulting in a higher chance of incorrectly identifying as outliers those whose performance is no worse than average; and setting the limits too widely, with the risk that sub-standard performance may be missed.

Identification of a service as an 'outlier' is not in itself evidence of poor practice, rather a reason to investigate the possible reasons for outlier performance in more detail. Any such investigation should be undertaken in a supportive and collaborative manner, so that best practice is ensured, and be fully documented. Issues of data quality are frequently the cause of outlying event rates.

Throughout the text where services have not achieved or are outliers for a quality assurance (QA) standard or key performance indicator this is highlighted in text boxes.

2017 key performance indicators

Radiology

- R1 Proportion of B3 diagnosed lesions that go on to have surgery.
- R2 Referral to assessment at prevalent round (age 50-52): target >=10% referred.

Pathology

- P1 Invasive cancers with positive ER status: 1-year and 3- year 99.7% high and low outlier services for positive invasive cancer ER status.
- P2 Invasive cancers with positive lymph node status: 1-year and 3-year 99.7% high and low outlier services for lymph node positivity, excluding OSNA centres.
- P3 Invasive cancer grade: 1-year and 3-year 99.7% high and low outlier services for invasive cancer grade status.

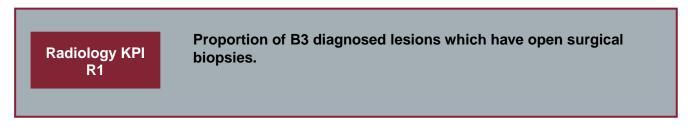
Surgery

- S1 Reconstruction for non-invasive cancers: 5-year low outlier units with immediate reconstruction following mastectomy for non-invasive cancer cases.
- S2 Surgical examination of axillary lymph nodes: 3-year high outlier units with more than 5 nodes obtained from node negative invasive cancers (excluding cases with neo-adjuvant therapy).
- Re-excision for non-invasive cancers: 3-year high outliers for women who did not have re-excision when margins are < 1mm for cases of BCS for non-invasive cancer cases.

Oncology

O1 Radiotherapy after breast conserving surgery: 1-year high outlier services for invasive cancers treated with breast conserving surgery with no adjuvant radiotherapy or unknown adjuvant radiotherapy.

Radiology



Of the 8,857 women diagnosed with B3 in England, 51% (4,473 women) were managed with vacuum alone and 41% (3,625) had surgery (Figure 1).

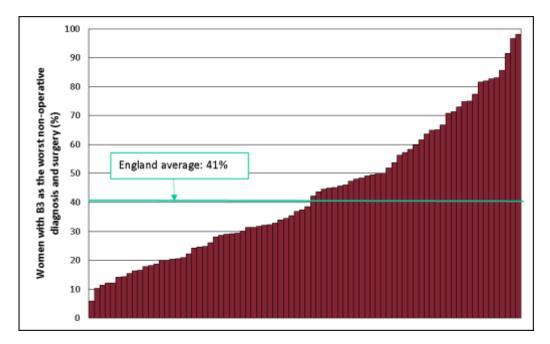


Figure 1: Percentage of women with B3 as their worst non-operative diagnosis who went on to have surgery.

Of the 3,062 women with atypia, 52% (1,594) had a vacuum biopsy alone and 41% (1,262) had surgery. The latter includes women who may also have had a second line vacuum biopsy.

Of the 2,798 women without atypia, 55% (1,535) had a vacuum biopsy alone and 35% (993) had surgery. The latter includes women who may also have had a second line vacuum biopsy.

In the cohort where the atypia status was unknown (n=2,997), 45% (1,344) had a vacuum biopsy alone and 46% (1,375) had surgery. The latter includes women who may also have had a second line vacuum biopsy.

This is a new KPI introduced this year and the data has to be interpreted with caution:

- the assessment guidance document was published November 2016 and therefore not all units will have implemented the new guidance regarding management of B3 lesions in this audit year (16/17)
- the terms vacuum assisted excision (VAE) and vacuum assisted biopsy (VAB) have been used interchangeably and changes have been made to NBSS to ensure more accurate recording regarding VAB and VAE

For these reasons, outliers have not been calculated for this year's audit. Individual units are asked to review their policy regarding management of B3 lesions and aim to ensure that the number of B3 lesions proceeding to surgery is minimised. Going forward, once documentation of B3 coding and biopsy type is standardised, we will produce upgrade rates for the different atypia groups.

Radiology KPI R2

Referral to assessment at prevalent round (age 50-52):

Target: less than or equal to 10% referred to assessment clinic, achievable: less than or equal to 7%.

In England and Wales, 492,228 women who were aged 50 to 52 were screened for the first time through NHSBSP in the 3-year period 2014 to 2017. Of these, 7.9% were recalled for assessment. Of the 83 units providing the data, 7 units have less than 500 women screened in this cohort over the 3 year period. This is due to differences in the age cohort of women in the prevalent screen at these services. These units have been excluded from the following analyses. Regarding the recall rate, 26 of 76 services met the achievable target of less than or equal to 7% in 2014 to 2017; 12 services did not meet the acceptable target and had a recall rate more than 10%.

Proportion of women that had a referral to assessment

Sub region	Unit	%
London	HWA	10.3
North West	NWI	14.6
North West	PBO	10.1
North West	PWI	11.3
South East	HGU	10.8
South West	JDO	10.2
South West	LAV	11.2
South West	LPL	12.0
West Midlands	MDU	10.3
West Midlands	MST	12.0
Wales	WNM	10.2
Wales	WSE	10.2
England and Wales	7.9	

To examine the relationship between recall to assessment rates and positive predictive value (PPV) of assessment, the proportion of women recalled for assessment and diagnosed with cancer (including those with open biopsy) was explored for women aged 50 to 52 at prevalent round (Figure 2). 9 out of the 10 England units with high recall to assessment rate have a PPV for assessment lower than average; whereas all the 26 services who met the achievable target have PPV higher than average. There is a trend that units with a higher recall to assessment rate have a lower positive predictive value (PPV) for assessment. Therefore, the higher recall rate is not associated with a higher cancer detection rate. Units are advised to audit their recalls and see if measures can be put in place to reduce the number of benign lesions being recalled back for assessment.

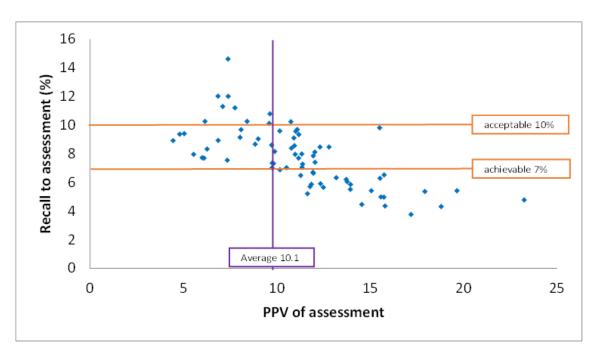
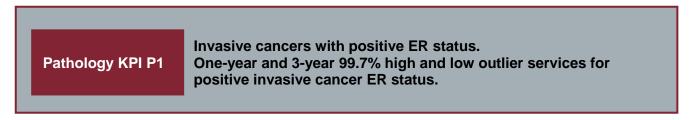


Figure 2: Recall to assessment rate vs PPV of assessment (prevalent round age 50 to 52), using England data from the audit year 2014 to 2017.

Pathology



The ER status of breast cancers plays an important role in treatment planning and use of endocrine treatment. When this same KPI was examined 5 years ago (2011/12 audit cycle) there were 11 high outliers and 11 low outliers.

In this year's audit, there were no outliers for this KPI.

Proportion of invasive cancers with positive ER status

Sub-region	Unit	2016/17 No.	%	3-year 2014/15- 2016/17 %
	No outliers			
UK Total		13131	91.4	91.4

99.7% low outlier for positive ER status
95% low outlier for positive ER status

99.7% high outlier for positive ER status 95% high outlier for positive ER status

Pathology KPI P2

Invasive cancers with positive lymph node status

One-year and 3-year 99.7% high and low outlier services for lymph node positivity, excluding OSNA centres.

This KPI looks at differences between screening services in axillary lymph node positivity rates. Centres using One Step Nucleic acid Amplification (OSNA) technique, or similar, are excluded from this particular KPI as this method is recognised to produce higher lymph node positivity rates than standard histochemistry.

Of the 83 screening services in the UK, no service was a low outlier for this KPI.

Proportion of invasive cancers with positive lymph node status

Sub- region	Unit	2016 <i>,</i> No.	/17 %	3-year 2014/15- 2016/17 %
No	Outliers			
UK Total		2636	22	20

99.7% low outlier for positive lymph node status 95% low outlier for positive lymph node status

Pathology KPI P3

Invasive cancer grade

One-year and 3-year 99.7% high and low outlier services for invasive cancer grade status.

Invasive cancer grade is a prognostic factor that plays an important role in pre- and post- operative treatment planning. Of the 83 screening services in the UK, 8 services were outliers for this KPI, which is less than the 19 outliers in the previous year's audit. 5 of these services were outliers in the previous year's audit. This data has been reviewed in September 2018.

We see that for Grade 1 tumours there were 4 low and 2 high outlier units. 5 years ago, in the 2011/12 audit, there were 14 low and 12 high outliers.

For Grade 2 tumours there were 2 low and 2 high outlying units, whereas 5 years ago there were 7 low and 7 high outliers.

For Grade 3 cancers, there were 1 low and 1 high outlier units. 5 years ago, there were 7 low and 11 high outlying units.

These figures suggest improving consistency across the screening service in tumour grade estimation.

Proportion of invasive cancers by invasive grade										
Sub-region	Unit	Grade 1 2016/17	Grade 1 3-year 2014-17	Grade 2 2016/17	Grade 2 3-year 2014-17	Grade 3 2016/17	Grade 3 3-year 2014-17			
		%	%	%	%	%	%			
East of England	FSO	36.8	27.8	38.0	44.1	25.2	28.1			
London	EBA	26.5	26.2	60.9	59.6	12.3	12.7			
NEYH	ANE	36.5	32.8	40.6	45.1	22.1	21.2			
NEYH	ANT	16.1	18.5	62.3	63.1	21.6	18.4			
North West	PWI	40.2	38.1	45.1	48.4	14.0	13.3			
South East	KWI	12.7	16.6	64.4	61.2	21.2	20.9			
South West	LAV	10.8	15.8	68.9	64.8	19.9	19.2			
Northern Ireland	ZNW	7.6	11.5	50.0	54.7	42.4	33.3			
UK Total		25.0	25.2	54.7	54.8	19.7	19.5			

99.7% low outlier for invasive grade 99.7% high outlier for invasive grade

Surgery

Surgery KPI S1

Reconstruction for non-invasive cancers

Five-year low outlier units with immediate reconstruction following mastectomy for non-invasive cancer cases.

The decision on whether to proceed with immediate breast reconstruction following mastectomy for non-invasive cancers, eg ductal carcinoma in situ (DCIS) is multifactorial. Therefore, it is not appropriate to have a target figure for this KPI. However, it is reasonable to expect most screening units to fall between 3 standard deviations of the mean figure for the nation. Outlying units are not inevitably practicing suboptimal surgery but may wish to reflect on their practice to establish the reason for their numbers. Over the 5 year period of 2012 to 2017, 15 services were low outliers, 5 at the 99.7% confidence level. In 2016/17 there were 4 outliers for this KPI.

Reconstruction rates following mastectomy for pure DCIS (5 years), units lower than the 95% lower control limit

	95% lower co				
Sub-region	Unit	5 year 2012/13-20:	2016/:	17	
		No.	%	No.	%
East Midlands	CNN	6/27	22.2	<5	50.0
East Midlands	KKE	16/46	34.8	3/7	42.9
East of England	DCB	7/23	30.4	<5	33.3
East of England	DSW	7/24	29.2	<5	0.0
East of England	ELD	32/86	37.2	9/16	56.3
London	FBH	18/50	36.0	9/16	56.3
North West	PBO	29/75	38.7	10/20	50.0
Northern Ireland	ZNI	3/18	16.7	<5	50.0
Northern Ireland	ZNS	0/11	0.0	0/5	0.0
South East	KOX	19/53	35.8	5/10	50.0
South East	KRG	17/50	34.0	4/5	80.0
South West	LPL	8/36	22.2	1/6	16.7
Wales	WNM	13/43	30.2	2/12	16.7
Wales	WSW	30/113	26.5	14/39	35.9
West Midlands	MSH	17/50	34.7	2/6	40.0
UK total		2250/4519	49.8	435/836	50.4

^{*}Units where the denominator is less than 5 have been anonymised

99.7% low outlier for immediate reconstruction 95% low outlier for immediate reconstruction

Surgery KPI S2

Surgical examination of axillary lymph nodes

3-year 95% high outlier services with more than 5 nodes obtained from node negative invasive cancers (excluding cases with neo-adjuvant therapy).

Unnecessary removal of excessive axillary lymph nodes can cause potentially avoidable morbidity for patients.

In 2014 to 2017, there were 11 services who were 95% high outliers and 7 of them are higher than the 99.7% control limit. 8 of these services were outliers in the previous year's audit. These 11 services should examine their results and review areas for possible improvement. In 2016/17, 4 services were 95% high outliers for this KPI.

Outlier units in KPI S2 and their proportion of node negative invasive cancers with more than 5 nodes obtained

Sub-region	Unit	3-year 2014-17		2016/1	7	Previous 2015/16		
		No.	No. %		%	%		
East Midlands	CNN	14/137	10.2	0/34	0.0	7.0		
East of England	DSW	16/189	8.5	5/66	7.7	10.3		
East of England	ELD	64/690	9.3	17/242	7.1	10.9		
East of England	FCO	30/435	7.0	7/121	6.0	8.2		
London	ECX	32/507	6.3	4/182	2.2	6.8		
NEYH	ANT	44/551	8.0	10/187	5.5	8.9		
South East	GBR	40/463	8.6	11/132	8.3	4.6		
South East	GCT3	31/350	8.9	4/120	3.3	14.4		
South East	KRG	19/256	7.5	8/72	11.4	6.3		
South West	JIW	11/115	9.6	3/40	7.7	10.4		
Wales	WNM	37/585	37/585 6.3		7.4	6.2		
UK total		1279/32964	3.9	321/10823	3.0	3.7		

99.7% high outlier for nodes obtained 95% high outlier for nodes obtained

Surgery KPI S3

Re-excision for non-invasive cancers

3-year 95% high outlier services for women who did not have reexcision when margins are < 1mm for cases of BCS for non-invasive cancer cases.

The UK guidance from the Association of Breast Surgery is that for non-invasive cancers a minimum 1mm margin clearance should be obtained. This applies to DCIS but not necessarily to all lobular carcinoma in situ (LCIS) cases.

Over the 3 year period of 2014 to 2017, 4 services were high outliers for this KPI.

Women who did not have re-excision when margins are < 1mm for cases of BCS for pure DCIS. 3 year high outliers

Sub-region	Unit	3-yea 2014-1		2016/	17
		No.	%	No.	%
London	EBA	24/43	55.8	7/16	43.8
South East	GBR	7/15	46.7	<5	25.0
South East	HGU	22/84	26.5	8/31	26.7
South East	KWI	15/32	46.9	4/13	30.8
UK total		289/1782	16.2	104/596	17.5

^{*}Units where the denominator is less than 5 have been anonymised



99.7% high outlier for re-excision 95% high outlier for re-excision

Oncology

Oncology KPI O1

Radiotherapy after breast conserving surgery

One-year 95% high outlier services for invasive cancers treated with breast conserving surgery with no or unknown adjuvant radiotherapy

Adjuvant radiotherapy is accepted as an essential part of treatment for the majority of women with invasive breast cancers treated by breast conserving surgery. In the 87 screening services in the UK (excluding Scotland), 9 services were high outliers for this KPI.

Proportion of invasive cancers treated with breast conserving surgery with no or unknown adjuvant radiotherapy

With hoor driking					
Sub region	Unit	2015/16		3-year 2012-16*	Previous 2013/14
		No.	%	%	%
London	EBA	60	22.1	18.6	15.6
London	ECX	35	22.7	12.9	13.9
London	HWA	32	15.5	8.6	5.5
North West	NWA	23 20.7		8.3	4.0
North West	PLN	26	19.4	11.8	8.2
South East	GBR	40	24.4	14.6	11.1
South East	HGU	60	17.3	11.6	13.9
South East	HWO	36	19.1	13.2	16.5
South East	KHW	30	21.9	11.9	7.5
South East	KOX	28	24.6	11.1	7.0
South West	JBA	22	18.3	12.8	12.5
South West	JSO	26	15.1	9.9	7.7
South West	JSW	40	35.1	13.3	2.1
West Midlands	MHW	61	29.9	13.6	4.5
UK Total		1107	9.6	6.2	4.9

^{*} consists of 2012/13, 2013/14 and 2015/16 data

99.7% high outlier for no or unknown adjuvant therapy 95% high outlier for no or unknown adjuvant therapy

Summary table of KPI outliers

Sub region - Service	Radi	ology		Pathology							Oncology	Total outlier topics	
	R1	R2	P1	P2	P3	P3-G1	P3-G2	P3-G3	S1	S2	S3	01	•
East Midlands – CDN													0
East Midlands – CDS													0
East Midlands – CLE													0
East Midlands – CLI													0
East Midlands – CNN									Υ	Υ			2
East Midlands – CNO													0
East Midlands – KKE									Υ				1
East Midlands – KNN													0
East of England – DCB									Υ				1
East of England – DGY													0
East of England – DKL													0
East of England – DNF													0
East of England – DPT	+												0
East of England – DSU													0
East of England – DSW									Υ	Υ			2
East of England – ELD									Y	Y			2
East of England – FCO									•	Y			1
East of England – FEP										•			0
East of England – FSO					Υ		Υ						1
London – EBA					Y		•	Υ			Υ	Υ	3
London – ECX					1			•		Υ	ı	Y	2
London – FBH									Υ	1		1	1
London – FLO									ı				0
London – GCA													0
London – HWA		Υ										Υ	2
NEYH – AGA		T										T	
NEYH – AGA					Υ	Υ	Υ						<u>0</u> 1
					Y	Y	T			Υ			
NEYH – ANT					T	Y				T			2
NEYH – AWC					Υ			Υ					<u>0</u> 1
NEYH – BHL					T			Y					
NEYH – BHU													0
NEYH – BLE													0
NEYH – BYO													0
NEYH – CBA													0
NEYH – CDO													0
NEYH – CRO													0
NEYH - CSH													0
North West – NCH													0
North West – NCR													0
North West – NLI													0
North West – NMA													0
North West – NWA												Υ	1
North West – NWI		Υ											1
North West – PBO		Υ							Υ				2
North West – PLE					Υ			Υ					1
North West – PLN												Υ	1
North West – PMA													0
North West – PWI		Υ			Υ	Υ							2

Sub region - Service	Radi	Pathology						Surgery			Oncology	Total outlier topics	
	R1	R2	P1	P2	P3	P3-G1	P3-G2	P3-G3	S1	S2	S3	01	
South West – JBA												Υ	1
South West – JIW										Υ			1
South West – JPO													0
South West – JSO												Υ	1
South East – KHW												Y	1
East Midlands – KMK													0
South East – KOX									Υ			Y	2
South East – KRG									Υ	Υ			2
South East – KWI					Υ	Υ					Υ		2
South East – GBR					Υ			Υ		Υ	Υ	Y	4
South East - GCT1													0
South East - GCT2													0
South East - GCT3										Υ			1
South East - HGU		Υ									Υ	Y	3
South East - HWO												Y	1
South West - JDO		Υ											1
South West - JSW												Υ	1
South West - LAV		Υ			Υ	Υ	Υ						2
South West - LCO													0
South West - LED													0
South West - LGL													0
South West - LPL		Υ							Υ				2
South West - LSO													0
South West - LTB													0
West Midlands - MAS													0
West Midlands - MBS													0
West Midlands - MBD													0
West Midlands - MCO													0
West Midlands - MDU		Υ											1
West Midlands - MHW												Υ	1
West Midlands - MSH									Υ				1
West Midlands - MST		Υ							-				1
Northern Ireland - ZNE1		•			Υ			Υ					1
Northern Ireland - ZNI1					<u> </u>			•	Υ				1
Northern Ireland - ZNS1									Y				1
Northern Ireland - ZNW1					Υ	Υ		Υ	•				1
Wales - WNM		Υ				•			Υ	Υ			3
Wales - WSE		Y											1
Wales - WSW									Υ				1
United Kingdom	0	12	0	1	12	6	3	6	15	11	4	14	<u>.</u> 69

Audit results

Cancer detection

2,387,040 women were screened by the NHSBSP.

Data is included for 87 screening services across England, Wales and Northern Ireland (no data was received for the Scottish services due to an IT system migration).

22-year comparison: Number of cancers detected												
Year of data collection	Number of invasive cancers	Number of <15mm cancers	Number of non/ micro- invasive cancers	Total	Number	Cancer detection rates per 1,000 women screened						
				Total cancers	of women screened	Invasive	Invasive (<15mm)	Non/ micro- invasive	Total			
1995/96	5,496	-	1,332	6,857	-	-	-	-	-			
1996/97	5,860	-	1,468	7,410	1,340,175	4.4	-	1.1	5.5			
1997/98	6,427	-	1,726	8,215	1,419,287	4.5	-	1.2	5.8			
1998/99*	6,337	-	1,634	8,028	1,308,751	4.7	-	1.2	6.1			
1999/00	7,675	-	2,076	9,797	1,550,285	5.0	-	1.3	6.3			
2000/01	7,945	4,190	2,080	10,079	1,535,019	5.2	2.7	1.4	6.6			
2001/02	7,911	4,244	2,218	10,191	1,507,987	5.2	2.8	1.5	6.8			
2002/03	8,931	4,971	2,416	11,593	1,579,165	5.7	3.1	1.5	7.3			
2003/04	10,400	5,488	2,868	13,290	1,685,661	6.2	3.3	1.7	7.9			
2004/05	11,063	5,869	2,953	14,040	1,748,997	6.3	3.4	1.7	8.0			
2005/06	12,600	6,673	3,317	15,944	1,942,449	6.5	3.4	1.7	8.2			
2006/07	12,491	6,577	3,337	15,856	1,955,825	6.4	3.4	1.7	8.1			
2007/08	13,305	7,005	3,466	16,792	2,042,497	6.5	3.4	1.7	8.2			
2008/09	13,532	7,028	3,491	17,045	2,116,588	6.4	3.3	1.6	8.1			
2009/10	13,672	7,169	3,333	17,013	2,133,189	6.4	3.4	1.6	8.0			
2010/11	14,219	7,314	3,612	17,838	2,221,938	6.4	3.3	1.6	8.0			
2011/12	14,911	7,764	3,810	18,745	2,261,942	6.6	3.4	1.7	8.3			
2012/13	15,287	7,876	4,024	19,339	2,303,332	6.6	3.4	1.7	8.4			
2013/14	16,768	8,626	4,421	21,195	2,447,675	6.9	3.5	1.8	8.7			
2014/15*	16,231	8,435	4,378	20,613	2,414,795	6.7	3.5	1.8	8.5			
2015/16*	17,081	8,916	4,382	21,466	2,503,938	6.9	3.6	1.8	8.7			
2016/17*	15,880	8,288	4,161	20,049	2,387,040	6.7	3.5	1.7	8.4			

^{*} Data from Scotland are absent in 1998/99 and 2016/17. West of Scotland screening service data are absent in 2014/15. East of Scotland screening service data are absent in 2015/16.

Table 1: Annual number and rates of cancers detected from the inception of the ABS audit

20,049 new cancers were detected in women of all ages:

- this includes women with a previous breast cancer diagnosis
- 15,880 (79.2%) invasive
- 4,027 (20.1%) non-invasive
- 134 (0.7%) micro-invasive
- 8 cancers invasive status unknown

UK Cancer detection rates (excluding Scotland):

- all cancers: 8.4 per 1,000 women screened
- small invasive cancers: 3.5 per 1,000 women screened

(<15mm in diameter)</p>

4 screening services had cancer detection rates below 3.0 per 1,000 women screened for small invasive cancers (<15mm) each year throughout the period 2014–17; these same 4 units are also significant low outliers in 2016/17. Each of these 4 services screened more than 15,000 women in 2016/17.

Randomised controlled age extension trial in the NHSBSP

This trial is evaluating breast screening for women aged 47 to 49, and 71 to 73 years in England. As of 31 March 2017, 67 of 80 screening services in England are participating in the trial. The proportion of cancers diagnosed in the age groups increased as follows from 2010/11 to 2016/17:

47–49 years: 2.8% to 5.3%71–73 years: 4.1% to 6.5%

The Age Extension trial is ongoing and results that would inform decision making regarding routine implementation of breast screening in these age groups are not expected until the 2020s. There is currently no equivalent trial in Northern Ireland and Wales.

Previous breast cancer history

Women diagnosed with screen detected breast cancer in England and Northern Ireland were checked to see if they had a previous breast cancer diagnosis.

1,398 (7%) women had at least one previous breast cancer recorded:

- 61% had previous invasive/micro-invasive breast cancer
- 41% had previous non-invasive breast cancer

An audit of screen detected breast cancers for the Year of Screening April 2016 to March 2017

- the proportion of women with a previous breast cancer increased with age, the proportion for women aged >64 years being 10%
- as Wales did not provide previous cancer data, women with previous breast cancer could not be excluded from their analysis

Women with a previous breast cancer history are included in the numbers for the cancer detection, diagnostic open biopsies and surgical caseload sections of the report [pages 30, 35, 45]. However, they have been excluded from some analyses where previous surgery and/or treatment may confound this year's audit figures.

Diagnosis

Non-operative diagnosis

The data below **exclude** women with a previous diagnosis of breast cancer.

Quality Objective

To minimise unnecessary surgery (ie to reduce diagnostic open surgical biopsies that prove to be malignant)

Minimum Standard

90% of all invasive cancers should have a non-operative pathological diagnosis
85% of all non-invasive cancers should have a non-operative pathological diagnosis

95% of all invasive cancers should have a non-operative pathological diagnosis
90% of all non-invasive cancers should have a non-operative pathological diagnosis
90% of all non-invasive cancers should have a non-operative pathological diagnosis

(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4th Edition, March 2009)

Of 18,651 cancers detected in women of all ages (excluding previous cancers):

- 98% had a confirmed non-operative diagnosis by needle biopsy
- 2% did not have a non-operative diagnosis (n=465)
- 12 cases had C5 cytology only to achieve a non-operative diagnosis

14,740 were invasive cancers:

- 99% had a confirmed non-operative diagnosis by needle biopsy
- all services met the 90% minimum standard
- all but one service met the 95% target standard

3,688 were non-invasive cancers (excluding 223 cases of Lobular Carcinoma in Situ (LCIS)):

- 92% had a confirmed non-operative diagnosis by needle biopsy
- 11 services did not meet the 85% minimum standard
- 20 services did not meet the 90% target standard

Core biopsy and surgical outcome:

 in 2016/17, 82 (0.4%) cancers had a malignant but B5c categorisation at core biopsy, (ie the invasive status was either not assessable or unknown)

- 498 (12%) of 3,990 cases diagnosed as non-invasive (B5a) on diagnostic core biopsy were upgraded from non-invasive to invasive cancer at surgery
- 138 (1%) of 12,969 cancers diagnosed as B5b (invasive) on non-operative diagnostic biopsy (excluding cases which had neo-adjuvant therapy) were found to have non-invasive or micro-invasive cancer with no associated invasive disease following surgery. The likely causes of this are either that the invasive focus was removed by the core biopsy or incorrect interpretation of the core biopsy as showing invasive disease. These cases require additional audit by the units involved

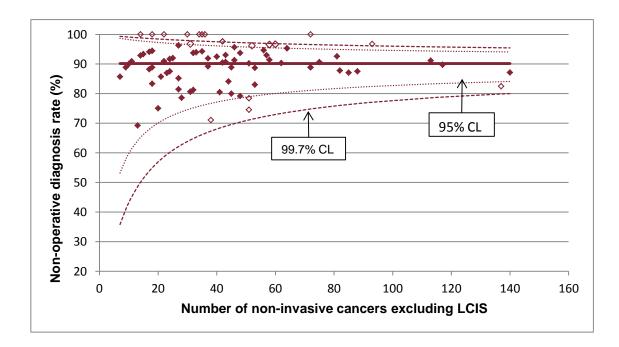


Figure 3: Screening service variation in non-operative diagnosis rate of non-invasive cancers (excluding LCIS) (2016/17)

For the 3-year period 2014 to 2017, 17 services had a non-operative diagnosis rate for non-invasive cancers below 85%.

Number of assessment clinic visits

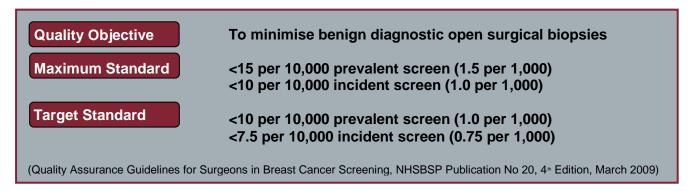
It is possible that the drive to improve non-operative diagnosis performance could inadvertently result in increased anxiety, with women having to return to assessment clinic for repeated diagnostic tests before receiving a definitive diagnosis:

- of the 18,651 women diagnosed with screen detected breast cancer in the UK (excluding Scotland), 16,967 (91%) had one assessment clinic visit to obtain the first malignant diagnosis on the breast
- 617 (4%) of women with invasive cancer and 570 (4%) of women with non-invasive had more than one visit to obtain a malignant diagnosis

In 2016/17, there were 266 (6%) invasive cancers and 165 (8%) non-invasive cancers where a malignant needle biopsy result (either B5 core biopsy or C5 cytology) was obtained at the first visit, but where a repeat needle biopsy was undertaken at a subsequent visit usually to aid surgical planning.

Diagnostic open biopsies

The data below **include** women with a previous diagnosis of breast cancer.



In 2016/17, 1,549 diagnostic open biopsies were performed. Of these:

- 69% were benign
- 31% were malignant

Benign open biopsies (n=1,063)

The overall benign biopsy rate has fallen from 1.5 per 1,000 women screened in 1996/97 to 0.4 per 1,000 screened in the current year. This reflects the improvement in non-operative diagnosis. The exact benign biopsy rates for this year's audit are:

- 1.17 per 1,000 for prevalent (first) screens
- 0.32 per 1,000 for incident (subsequent) screens

For prevalent (first) screens, 46 services achieved the target standard of 1.0 per 1,000 women, but 21 services performed more biopsies than the maximum standard of 1.5 per 1,000 women (Figure 4).

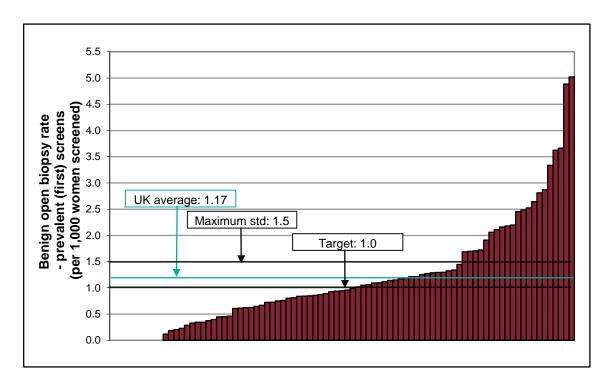


Figure 4: Variation between screening services in benign diagnostic open biopsy rates for prevalent (first) screens expressed as the number of diagnostic open biopsies undertaken per 1,000 women screened (2016/17)

For incident (subsequent screens after the first one) screens, 76 services achieved the target standard of 0.75 per 1,000 women, and 2 service performed more biopsies than the maximum standard of 1.0 per 1,000 women.

Malignant open biopsies (n=486)

The overall malignant open biopsy rate has fallen from 2.04 per 1,000 women screened in 1996/97 to 0.20 per 1,000 in the current year. Of the cases undergoing a malignant open biopsy.

96 were invasive cancers:

- 37 had a suspicious needle biopsy result (either B4 core biopsy or C4 cytology).
 Of these, one case had a C4 cytology result only
- 46 had an equivocal needle biopsy result (either B3 core biopsy or C3 cytology).
 Of these, one had a C3 cytology result only
- 7 cases were B2/C2, 2 were B1/C1, 4 had no non-operative diagnosis results

388 were non-invasive/micro-invasive:

- 89 had a suspicious (B4/C4) needle biopsy result
- 280 had an equivocal (B3/C3) needle biopsy result
- 10 cases were B2/C2, 6 were B1/C1 and 3 had no non-operative diagnosis

Of 326 cancers which had B3/C3 non-operative results, 74 (23%) had only LCIS in the surgical specimen, and in 2 cases the invasive status was unknown.

Tumour characteristics

The data below **exclude** women with a previous diagnosis of breast cancer.

Non-invasive cancers (n=3,802)

- 3,688 (97%) were Ductal Carcinoma in Situ (DCIS)
- 114 (3%) were Lobular Carcinoma in Situ (LCIS) only at surgery

Ductal Carcinoma in Situ (n=3,688)

3,571 (97%) underwent surgical treatment

Size:

- of these, 94% had complete information on size
- 36% were less than 15mm in diameter
- 17% were larger than 40mm
- for 9 cases the size was not assessable
- in 195 cases (5%) no evidence of DCIS was found in the surgical specimen. In these cases the DCIS was presumably removed on the diagnostic needle biopsy
- each of these cases must be reviewed by the screening services involved

Grade:

- of those undergoing surgery, 99% had complete information on grade
- 62% were high nuclear grade
- 28% were intermediate nuclear grade
- 10% were low nuclear grade

In 2016/17, 10 services had significantly higher and 9 services had significantly lower proportions of high nuclear grade DCIS than the national average of 59% (95% confidence intervals).

Nodal status:

Axillary staging surgery is not routinely recommended for patients having treatment for DCIS alone. It may be considered in patients at high risk of occult invasive disease, for example, cases with micro-invasion on core biopsy or mass lesion on radiology.

913 (26%) of the 3,571 surgically treated cases of DCIS had known nodal status:

- 91% (781/859) of women with DCIS treated with mastectomy had known nodal status
- 5% (132/2,712) of women with DCIS treated with breast conserving surgery had known nodal status
- 14 had positive nodal status recorded (12 mastectomy, 2 breast conserving surgery)

In 2016/17, nodal status was known for more than 10% of DCIS treated by breast conserving surgery in 19 services and for more than 20% in 5 services. Nodal status was known for 100% of cases of DCIS treated by mastectomy in 42 services and for less than 60% in 3 services.

The proportion of DCIS with ER status varied widely between services from 0 to 100%. 83% of DCIS cases with known ER status were ER positive. Progesterone receptor (PR) status was known for 17% of cases.

Lobular Carcinoma in Situ (n=114) only at surgery

- 73 (64%) had a B3 non-operative diagnosis
- 31 (27%) had a B5a non-operative diagnosis
- 110 (96%) were treated with breast conserving surgery
- 4 were treated with mastectomy (3 B5a and 1 B4 on core biopsy)
- 11 cases had 2 or more operations to the breast
- 3 cases had axillary operations (2 B5a and 1 B4 on core biopsy)

Invasive cancer (n=14,740)

14,376 invasive cancers (98%) were surgically treated

Size:

- 7,621 (53%) had an invasive tumour diameter < 15mm
- 303 cases (2%) had an invasive tumour diameter > 50mm
- whole tumour size was not provided for 526 (4%) cancers

Grade:

- 25% grade 1
- 55% grade 2
- 20% grade 3

 grade was not assessable for 56 (0.4%) cancers and unknown for 25 (0.2%) cancers

There were 12 services which were 99.7% high or low outliers for invasive cancer grade for the 2016/17 audit and also over the period 2014 to 2017 (Pathology KPI P3- page 22).

Nodal status:

- 14,224 (99%) had known nodal status (152 cases unknown)
- overall, including all screening services, 20% were node positive (n=2,806)
- the rates of node positivity varied from 9% to 32% in individual services
- 1,690 (12%) had one positive node at the first axillary operation:
 - o 625 (37%) contained micrometastasis
 - 1049 (62%) contained macrometastasis

Excluding services using molecular assays (eg OSNA) for sentinel node assessment, there was one service which was a low outlier (99.7% C.I.) for positive nodal status for 2016/17 and 2014 to 2017 (Pathology KPI P2- page 22)

It is known from previous audit that, for nodal status, a number of high outlier services are served by hospitals using molecular methods for nodal assessment, with higher rates of positive nodes containing micrometastases.

Nottingham Prognostic Index

The Nottingham Prognostic Index (NPI) may be used to estimate the prognosis of surgically treated invasive breast cancers. For surgically treated invasive cancers (with no known neoadjuvant therapy) the NPI could be calculated for 13,128 (97%). Of these:

- 21% were in the excellent prognostic group (EPG)
- 39% in the good prognostic group (GPG)
- 35% in the moderate prognostic group (MPG)
- 5% in the poor prognostic group (PPG)

The NPI was unknown for 349 cases. Seven screening services had over 5% of cases with unknown Nottingham Prognostic Index.

During 2016/17, one service was a 95% high outlier for poor prognosis (PPG) cancer, 6 services were 95% low outliers for excellent/good prognosis (EPG/GPG) cancers.

Receptor status

- of the 14,740 invasive cancers, ER status was unknown for 53 (0.4%)
- of the 14,687 invasive cancers with known ER status, 91% were ER positive

In 2016/17, no screening services were high outliers for numbers of ER-positive invasive cancers diagnosed (99.7% Confidence interval) (Pathology KPI P1- page 19).

- progesterone receptor PR status was known for 8,865 (60%) of invasive cancers:
 - 76% were positive
- of the 1,261 invasive cancers with negative ER status:
 - 83% had known PR status
 - o 3% were PR positive
- HER2 status data were available for 99% (14,559 cases) of invasive cancers
- 33 services had complete HER2 status for all their invasive cancers
- of the invasive cancers with known HER2 status, 10% were positive, 88% were negative and 2% were borderline on immunohistochemistry. Borderline cases will usually undergo fluorescence in situ hybridization (FISH) testing

Surgical treatment

The data below **exclude** women with a previous diagnosis of breast cancer.

Type of surgery

- 3,802 non-invasive cancers (including LCIS):
 - 2,822 (74%) treated with breast conserving surgery
 - 863 (23%) treated with mastectomy
 - 115 had no surgery recorded within the audit period and 2 had unknown operation type
- 14,740 invasive breast cancers:
 - 11,817 (80%) of patients had breast conserving surgery (22 had axillary surgery only)
 - o 2,556 (17%) had mastectomy
 - o 364 (2%) had no surgery recorded within the audit period
 - 63% of these women had neo-adjuvant therapy
 - 3 had unknown operation type
- small (<15mm invasive size) invasive cancers (n= 7,621)
 - 11% had mastectomy

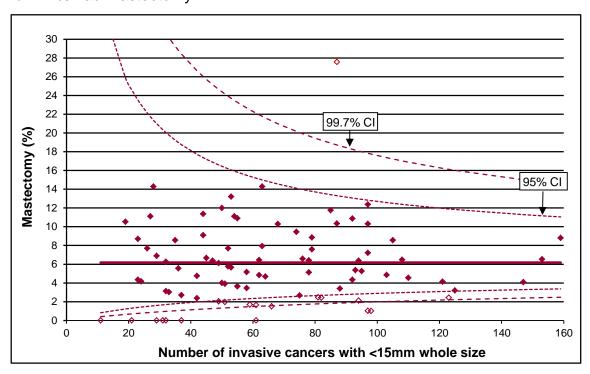


Figure 5: Screening service variation in proportion of mastectomies for whole tumour size <15mm (2016/17)

- whole tumour size refers to size of invasive component plus size of surrounding noninvasive component:
 - 6% of cancers with whole tumour size <15mm were treated with mastectomy (Figure 5)
 - 77% of small invasive (<15mm) cancers, but with whole tumour diameter >50mm due to surrounding non-invasive disease, were treated with mastectomy
 - the presence of non-invasive disease which extends beyond the invasive lesion appears to account for a proportion of the mastectomies performed on small invasive cancers.

From 2014–17, 5 services had significantly higher mastectomy rates for small <15mm whole size cancers and 12 had significantly lower rates at 95% confidence level.

Immediate breast reconstruction

- immediate reconstruction was recorded for 33% of cases undergoing mastectomy
- immediate reconstruction rates after mastectomy were almost twice as high for micro/non-invasive cancers (50%) compared to invasive cancers (27%)
- for the most recent 3 years, the national picture on the percentage of cases having an immediate reconstruction has been stable

IMMEDIATE RECON	STRUCTION F	RATES FOR BR	EAST CANCER	R PATIENTS TR	REATED BY MA	ASTECTOMY
Invasive status	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Invasive	23%	24%	24%	27%	27%	27%
Non/micro-invasive	42%	44%	47%	54%	52%	50%
Overall	27%	29%	30%	34%	33%	33%

Table 2. Rate of mastectomies with immediate reconstruction by invasive status

- for invasive cancers, breast service immediate reconstruction rates varied from 0 to 75% (Figure 6)
- for non/micro-invasive cancers, breast service immediate reconstruction rates varied 0 to 100%

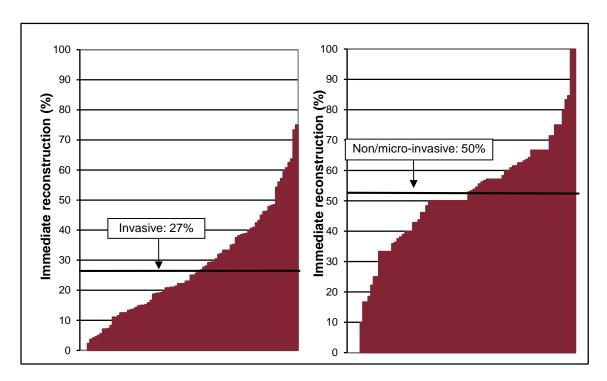


Figure 6: Variation between screening services in immediate reconstruction rates for invasive (left) and non/micro-invasive cancers (right) (2016/17)

Neo-adjuvant therapy

- 1,146 women received neo-adjuvant therapy:
 - 1,128 (98%) had invasive breast cancer
 - 16 (1%) had non-invasive breast cancer (all of whom had neo-adjuvant endocrine therapy)
- 63% of the 364 women with invasive breast cancer who did not have surgery up to the end of the follow up period had neo-adjuvant therapy recorded (Appendix 1)
- Neo-adjuvant endocrine therapy was used in 526 (3%) of 20,049 women:
 - o 149 (28%) of these 526 women had no surgery in the audit period
 - 96% had cancers that were ER and/or PR positive
 - 4 cancers were recorded to be ER and PR negative
 - 508 was prescribed for women with invasive cancers; 16 was for non-invasive cancers
- there were 528 women older than 75 years diagnosed with breast cancer by the screening programme during 2016/17:
 - o 39 of these 528 women had neo-adjuvant endocrine treatment
 - of these 39 women, 14 had surgery within the follow-up period
- Neo-adjuvant chemotherapy is recorded for 648 (4%) of 14,740 invasive cancers
 - o in this group, there were 242 cases that were 20mm or less on ultrasound, 17 cases

which were grade 1 and 344 cases did not have a B5 or C5 lymph node biopsy result. Neo adjuvant chemotherapy is not usually expected in good prognosis cases. It is expected to be mainly used in node positive, higher grade, ER negative and HER2 positive cases. However, in some patients with lower risk disease, the MDT may consider neo-adjuvant chemotherapy to be suitable

- 67 women with invasive cancer were recorded as having received neo-adjuvant trastuzumab
 - of these, 9 women (13%) had no neo-adjuvant chemotherapy recorded

Surgical caseload

Quality Objective

To ensure specialist surgical care

Outcome Measure

Breast cancer surgery should be performed only by surgeons with a specialist interest in breast disease (defined as at least 30 surgically treated cancer cases per annum [screening and symptomatic]). Each surgeon involved in the NHSBSP should maintain a surgical caseload of at least 10 screen-detected cancers per year averaged over a three-year period

(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4 Edition, March 2009)

- in 2016/17, 623 consultant breast surgeons treated women diagnosed in the NHSBSP:
 - 80% of women were treated by a surgeon with a screening caseload of more than 30 cases
 - amongst women who had their first screening appointment in the screening round 2016/17, there were149 surgeons who treated fewer than 10 patients with screen detected breast cancer (Table 49 of Appendix 2)
- from April 2014 to March 2017, 816 surgeons treated women diagnosed in the NHSBSP:
 - o 300 surgeons (37%) had an annual average caseload of fewer than 10 cases
 - the highest proportions of surgeons with a screening caseload of fewer than 10 screening cases per year were in London (53%) East of England (43%) and Scotland (40%)

Repeat operations

Quality objective

To minimise the number of therapeutic operations in women undergoing conservation surgery for an invasive cancer

Minimum standard > 95% of patients should have 3 or fewer operations

Target standard 100% of patients should have 3 or fewer operations

(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4th Edition, March 2009)

- 3,320 (18%) surgically treated breast cancers had 2 or more operations
- of 465 surgically treated breast cancers that were diagnosed by open surgical biopsy (ie without a non-operative diagnosis):
 - 195 (42%) had more than one operation; this includes further breast or axillary surgery
 - 79% of invasive cancers and 33% of non/micro-invasive cancers without a non-operative diagnosis had a repeat operation
 - repeat operations for cancers without a non-operative diagnosis formed only 6% of all repeat operations
- of 17,703 surgically treated breast cancers with a non-operative diagnosis:
 - 3,125 (18%) had more than one operation; this includes further breast or axillary surgery
 - 17% of invasive cancers and 21% of non/micro-invasive cancers had more than one operation
 - 33 cases (0.2% of surgically treated cancers with a non-operative diagnosis) initially treated by breast conserving surgery had more than 3 therapeutic operations
- 498 invasive cancers had a B5a (non-invasive) core biopsy result:
 - the repeat operation rate was 58%
 - 232 (47%) had the first axillary operation performed at the repeat operation
- of the 12,083 women who had breast conserving surgery as the first operation for an invasive cancer:
 - the repeat operation rate was 17% (any type of operations)
 - the breast repeat operation rate was 13% (n=1,630)
 - 12,065 (99.9%) had 3 or fewer breast operations

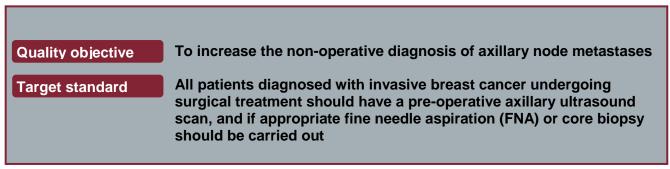
In 2016/17, all screening services have achieved the >95% minimum standard for 3 or fewer operations, and 72 screening services achieved the 100% target.

- of 9,210 surgically treated invasive cancers without non-invasive component (whole tumour size = invasive size), excluding neo-adjuvant treatment cases
 - 8,075 had breast conserving surgery as the first operation; of which 748 (9%) required a repeat operation to the breast
- of 3,004 non-invasive cancers initially treated by breast conserving surgery, 755
 (25%) required a repeat breast operation to obtain clear margins
- of 2,633 women who had non-invasive cancers with a non-operative diagnosis and initially treated by breast conserving surgery:
 - 596 had margin distance less than 1mm or a reached margin with unknown distance; Of these 104 had no re-excision

In 2014 to 2017, 4 screening services are 95% high outliers for not having reexcision in non-invasive cancers with a non-operative diagnosis initially treated by breast conserving surgery. Of these, 2 of them are also 99.7% high outliers. (Surgery KPI S3 - page 26)

Axilla

Non-operative assessment



(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4th Edition, March 2009)

A total of 14,076 cancers in the UK (excluding Scotland) had a non-operative diagnosis of invasive cancer on core biopsy (B5b):

- 13,960 (99%) had an axillary ultrasound recorded:
 - 11,720 (84%) had a normal ultrasound result
 - 2,240 (16%) had an abnormal ultrasound result
 - 2,164 (97%) cases with an abnormal axillary ultrasound had a biopsy of an axillary node
- 978 (7%) women with a non-operative diagnosis of the invasive cancer in the breast also had a non-operative confirmation of axillary lymph node metastasis
- of the 2,806 invasive cancers with proven axillary metastasis, 28% (784) had nonoperative confirmation of axillary lymph node metastasis
- 1,834 invasive cancers cases had an abnormal axillary ultrasound (excluding neo-adjuvant therapy cases):
 - 1,780 had axillary surgery and 864 had one or more positive node obtained, giving a
 positive predictive value (probability of being node positive) of an abnormal ultrasound of
 47%. At service level positive predictive value ranged from 13% to 92%
- 11,600 invasive cancers cases had a normal axillary ultrasound (excluding neo-adjuvant therapy cases):
 - 11,406 had axillary surgery and 9,776 had only negative nodes obtained, giving a negative predictive value (probability of being node negative) of a normal ultrasound of 84%. At service level negative predictive value ranged from 73% to 94%

Axillary surgery

Minimum Standard

>90% of women treated for early invasive cancers should have an axillary staging procedure carried out if metastatic nodal metastasis is not confirmed non-operatively

100% of women treated for early invasive cancers should have an axillary staging procedure carried out if metastatic nodal metastasis is not confirmed non-operatively

(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4" Edition, March 2009)

- in 2016/17 in the UK (excluding Scotland), of the 14,376 surgically treated invasive cancers:
 - o 14,240 (99%) had an axillary operation
 - o 14,224 (99%) had known nodal status
 - 152 cases had unknown nodal status
 - 19 cases had an axillary operation but the nodal status is unknown
 - 17 cases: no nodes harvested; 2 cases: Unknown number
 - 71 cases had < 4 nodes obtained from sampling or clearance without sentinel lymph node biopsy (SLNB)
- of the 14,224 invasive cancers with known nodal status:
 - 2,806 (20%) were node positive
 - 608 (4%) were known to only have micro-metastases

Quality Objective

To minimise morbidity from axillary surgery to obtain staging information

Outcome Measure

Sentinel node biopsy using the combined blue dye/radioisotope technique is a recommended axillary staging procedure for the majority of patients with early invasive breast cancer

(Quality Assurance Guidelines for Surgeons in Breast Cancer Screening, NHSBSP Publication No 20, 4th Edition, March 2009)

- 13,012 (91%) of surgically treated invasive cancers had sentinel lymph node biopsy (SLNB):
 - median number of nodes taken was 2
 - 1,928 (15%) were node positive
 - 85% used isotope and blue dye
 - 9% used isotope only
 - 6% used blue dye only

- 1,228 (9%) of surgically treated invasive cancers had sampling or clearance without SLNB:
 - 876 (71%) were node positive
- of the 14,224 invasive cancers with known nodal status:
 - 13,531 (95%) had 1 axillary operation
 - 167 had a SLNB and sampling at the same operation
 - 172 had a SLNB and clearance at the same operation
 - o of the 240 cases which had sampling without SLNB, median: 5 nodes taken
 - o of the 980 cases which had clearance without SLNB, median:15 nodes taken
 - o 690 (5%) had 2 or more axillary operations
 - 97% had positive nodes at the first axillary operation
- of the 14,740 invasive cancers:
 - 24 cases had no nodes harvested at the first axillary operation
 - 7 had a repeat axillary operation
- of the 13,477 surgically treated invasive cancers without neo-adjuvant therapy:
 - o 10,823 were node negative; 321 (3%) had more than 5 nodes examined

In 2014/17 period, 11 services were 95% high outliers in having more than 5 nodes examined from node negative invasive cancers. Of these, 4 are also 99.7% high outliers. (Surgery KPI S2 – page 25)

- of the 101 surgically treated micro-invasive cancers:
 - 58 (57%) had known nodal status
 - 94% treated with mastectomy had known nodal status
 - 38% treated with breast conserving surgery had known nodal status
- of the 3,687 surgically treated non-invasive cancers (LCIS cases excluded):
 - o 916 (25%) had known nodal status
 - 91% treated with mastectomy had known nodal status
 - 5% treated with breast conserving surgery had known nodal status
 - 14 had positive nodal status recorded
 - 892 (24%) had sentinel lymph node biopsy:
 - 89% of those treated with a mastectomy had SLNB
 - 13 cases had mastectomy and axillary clearance
- of the 2,822 non-invasive cancers treated with breast conserving surgery:
 - 129 (5%) had axillary operations

Adjuvant Therapy

The adjuvant audit data for 2015/16 are obtained from the Cancer Analysis System (CAS) held by Public Health England (PHE). The sources for CAS include basic cancer registration data, the radiotherapy dataset (RTDS) and the national chemotherapy database (SACT) and the Cancer Outcomes and Services Dataset (COSD). Whereas, the adjuvant audit data was obtained manually for Northern Ireland and Wales. Scotland did not provide any adjuvant audit data.

There were issues with the older 'manual' method of data collection. Scotland did not provide data for the adjuvant audit and some UK regions struggled to provide reasonably complete data which, in some circumstances, was supplemented with cancer registry data or data from other sources. Manual data entry performed by staff in screening services was a significant and often unwelcome burden fully dependent on motivated individuals who took on this responsibility. In addition, the distinction between an adjuvant treatment definitely not given (no) and the uncertainty as to whether an adjuvant treatment was given or not (unknown) was perhaps not made sufficiently prominent in previous years.

For England, data completeness is approximately 24-38% for systemic therapy in invasive cancers and 84-97% for radiotherapy after breast conserving surgery (BCS) in invasive cancers. Therefore, the only area where data completeness is perhaps sufficient to conduct meaningful audit is radiotherapy after BCS for invasive disease. Only Wales and Northern Ireland have very low data incompleteness.

The tables in Appendix 3 provide data for adjuvant therapies but the audit along with the associated outlier management is confined solely to the use of radiotherapy after breast conserving surgery.

As in previous years, the audit reports the number of patients who had a prior diagnosis of any cancer. This is around 12% of the total. Around a half of this group had a prior breast cancer and clearly previous surgical and adjuvant therapy will affect adjuvant therapy decisions for the screen-detected index breast cancer. There is a decreased use of adjuvant radiotherapy in this group.

Time to radiotherapy is variable and it is clear that some services continue to struggle to provide timely adjuvant radiotherapy. Of the 10,646 invasive cancer who had radiotherapy after an operation (excluding cases with chemotherapy):

40% of patients started their radiotherapy treatment within 60 days of final surgery;
 ranging from 6% in a service with 155 cases to 95% in a service with 86 cases

- only 3 services had at least 80% of their patients starting their radiotherapy treatment within 60 days of final surgery
- 72% started their radiotherapy treatment within 90 days of final surgery; ranging from 39% in a service with 102 cases to more than 90% in 2 services

9 services are higher than 99.7% control limits and another 5 are higher 95% control limits for no or unknown radiotherapy after BCS for invasive disease (Oncology KPI O1 – page 27). These services need to review their data handling to identify whether the apparent low use of radiotherapy is a data problem or a governance concern. Most of these services have previously recorded lower than expected radiotherapy use.

Survival

Of the 18,772 women with breast cancer submitted to the survival audit for the period 1 April 2011 to 31 March 2012, 18,280 (97%) were eligible for inclusion in the analyses. Wales did not provide data for the survival audit this year.

Of the 14,615 women with invasive breast cancer (followed-up to 31 March 2017):

- deaths were recorded for 940 (6%)
 - 42% were due to breast cancer
 - 19% due to another type of cancer
 - o 32% to non-cancer related causes
 - 7% had an unknown cause
- the UK 5-year relative survival is 98.7% for invasive cancers

The 5 year relative survival rates were strongly influenced by:

- size 101% survival for tumours less than 15mm to 89% for tumours larger than 50m
- grade 101% for grade 1, 100% for grade 2 and 94% for grade 3 tumours
- nodal status 96% for node positive cases, 99% for node negative cases

Appendix 1: Organisation of the audit

The format of the audit was designed by the UK NHSBSP & ABS Screening Audit Group.

Organisation of data collection

The audit includes:

- the main audit: women that were offered a screening appointment in the period 1
 April 2016 to 31 March 2017, followed up until November 2017
- the adjuvant therapy audit: women that were offered a screening appointment in the period 1 April 2015 to 31 March 2016, followed up until March 2017
- the survival audit: women screened during the period 1 April 2011 to 31 March 2012, followed up until March 2017

The responsibility for English regional and Celtic country data collection for the main audit was devolved to breast screening services in England and screening information centres in the Celtic countries. Data for the adjuvant and survival audit are obtained from the Cancer Analysis System within Public Health England (PHE). The format of the audits was designed by the UK NHSBSP & ABS Screening Audit Group and was subject to comment from surgery, radiology and pathology Professional and Clinical Advisors (PCAs) and Senior QA advisors in order to ensure that, as far as possible, ambiguities were eliminated. Guidance notes and data collection forms can be requested from: phe.nhsbspabs@nhs.net.

Data analyses were carried out by audit staff within SQAS. Control charts with Wilson-score control limits are used in this audit report to demonstrate the differences in proportions between screening units. For the survival audit, cumulative relative survival probabilities for women in the general UK population were calculated using the Ederer II method with probability of life tables supplied by the Government's Actuary Department.

Unit level data

Data for 87 screening units were included in the 2016/17 NHSBSP & ABS Breast Screening Audit. No data were received from Scotland.

Responsibility for data collection

In England, breast screening services extracted the NHSBSP & ABS audit data from the National Breast Screening System (NBSS) and uploaded it on to the Breast Screening Information System (BSIS). Data quality was ensured by completing data validation checks within BSIS. In the Celtic countries, information centre staff were responsible for

ensuring that data were collected from their breast screening units and submitted to the West Midlands SQAS for collation.

All data, excluding that from Celtic countries, were then downloaded from BSIS by the West Midlands SQAS Office for collation and assessment. Further checks and data evaluation were undertaken prior to analysis.

Publication of audit data

The NHSBSP & ABS 2016/17 Breast Screening Audit is published in electronic format (pdf) only. Once published, the booklet will be available to download from the Association of Breast Surgery website: www.associationofbreastsurgery.org.uk.

Referencing this document

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Appendix 2: Main audit data tables (1 - 88)

Data from the 2016/2017 audit of screen-detected breast cancers in women all ages for the period 1 April to 31 March 2017

	Tab	le 1:	Numbe	er aı			e statu tal woi				ected	brea	st cancers			
	Invas	sive	Invasi (<15m		Mici invas	ro-	No: invas	n-	Sta	itus nown	Tota	al	Total women	Micro/ Non- invasive	Invasive cancer	Invasive <15mm
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	screened	cancer rate	rate	rate
East Midlands	1311	81	735	45	6	0	301	19	1	0	1619	100	197362	1.6	6.6	3.7
East of England	1536	82	805	43	16	1	329	17	1	0	1882	100	242086	1.4	6.3	3.3
London	1688	76	790	36	6	0	528	24	0	0	2222	100	280452	1.9	6.0	2.8
N East, Yorks & Humber	2361	81	1306	45	20	1	544	19	1	0	2926	100	356327	1.6	6.6	3.7
North West	1977	80	1017	41	14	1	474	19	1	0	2466	100	287824	1.7	6.9	3.5
South East	1967	78	1059	42	27	1	540	21	1	0	2535	100	288281	2.0	6.8	3.7
South West	2213	79	1153	41	27	1	578	21	1	0	2819	100	319528	1.9	6.9	3.6
West Midlands	1532	79	764	40	12	1	385	20	0	0	1929	100	225698	1.8	6.8	3.4
Northern Ireland	373	80	206	44	2	0	89	19	2	0	466	100	67121	1.4	5.6	3.1
Wales	922	78	453	38	4	0	259	22	0	0	1185	100	122361	2.1	7.5	3.7
United Kingdom	15880	79	8288	41	134	1	4027	20	8	0	20049	100	2387040	1.7	6.7	3.5

Table 2	: Breas	t can	cer case	es by a	ge at fir	rst off	ered scr	eenin	g appoi	intme	nt		
	<50		50-64		65-7	70	71-7	75	76	+	Total	>7	70
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	Total	No.	%
East Midlands	115	7	849	52	447	28	152	9	56	3	1619	208	13
East of England	97	5	980	52	569	30	146	8	90	5	1882	236	13
London	173	8	1328	60	536	24	135	6	50	2	2222	185	8
N East, Yorks & Humber	165	6	1574	54	873	30	238	8	76	3	2926	314	11
North West	142	6	1359	55	720	29	192	8	53	2	2466	245	10
South East	157	6	1390	55	698	28	201	8	89	4	2535	290	11
South West	158	6	1462	52	842	30	257	9	100	4	2819	357	13
West Midlands	128	7	1054	55	546	28	158	8	43	2	1929	201	10
Northern Ireland	7	2	316	68	124	27	14	3	5	1	466	19	4
Wales	13	1	709	60	335	28	83	7	45	4	1185	128	11
United Kingdom	1155	6	11021	55	5690	28	1576	8	607	3	20049	2183	11

	Table 3: Number of cases with previous cancers														
				Had pre	vious	No prev	rious								
	Total	Total pt	%	cance	ers	cance	ers								
Sub-region	cases	matched	matched	No.	%	No.	%								
East Midlands	1619	1618	100	208	13	1410	87								
East of England	1882	1881	100	239	13	1642	87								
London	2222	2209	99	247	11	1962	89								
NEYH	2926	2926	100	497	17	2429	83								
North West	2466	2465	100	320	13	2145	87								
South East	2535	2530	100	411	16	2119	84								
South West	2819	2818	100	406	14	2412	86								
West Midlands	1929	1929	100	320	17	1609	83								
England	18398	18376	100	2648	14	15728	86								
Northern Ireland	466	429	92	81	19	348	81								

^{*} Wales did not supply previous cancer data in 2016/17. All Wales cases are included in the analysis.

		Table 4:	Type of p	revious car	ncers				
		Total		Invasive	/micro-ir	nvasive		Non-inv	/asive
	Total	previous		Gynae-		Haema-			
Sub-region	matched	cancers	Breast	cological	Bowel	tological	Other	Breast	Other
East Midlands	1618	208	66	23	15	7	16	49	40
East of England	1881	239	85	18	9	10	16	62	57
London	2209	247	87	18	10	10	25	60	57
NEYH	2926	497	160	47	25	15	50	96	141
North West	2465	320	111	29	15	10	49	47	82
South East	2530	411	137	26	22	18	47	107	85
South West	2818	406	107	40	23	18	51	97	107
West Midlands	1929	320	98	32	11	13	33	50	120
England	18376	2648	851	233	130	101	287	568	689
% of previous cancers	-	100	32	9	5	4	11	21	26
% of matched	100	14	5	1	1	1	2	3	4
Northern Ireland	429	81	7	6	1	1	4	2	64

^{*} Wales did not supply previous cancer data in 16/17. All Wales cases are included in the analysis.

		T	able	5: Non	-opera	ative diag	nosis	rate					
	Total	C5 only C5 & B5 B5 only		axi	itive llary sy only	Non operat diagno	ive	oper	non- ative nosis				
Sub-region	cancers	No	%	No	%	No	%	No	%	No	%	No	%
East Midlands	1505	0	0	4	0	1470	98	2	0	1476	98	29	2
East of England	1736	0	0	3	0	1696	98	2	0	1701	98	35	2
London	2078	0	0	7	0	2014	97	4	0	2025	97	53	3
N East, Yorks & Humber	2672	0	0	10	0	2615	98	5	0	2630	98	42	2
North West	2311	3	0	15	1	2254	98	4	0	2276	98	35	2
South East	2298	0	0	2	0	2212	96	5	0	2219	97	79	3
South West	2619	5	0	4	0	2503	96	3	0	2515	96	104	4
West Midlands	1789	0	0	1	0	1755	98	1	0	1757	98	32	2
Northern Ireland	458	4	1	202	44	242	53	0	0	448	98	10	2
Wales	1185	0	0	0	0	1139	96	0	0	1139	96	46	4
United Kingdom	18651	12	0	248	1	17900	96	26	0	18186	98	465	2

	Table	6: No	n-o _l	perativ	e dia	gnosis rat	e (inva	sive ca	ncers)				
	Total	C5 only C5 8		C5 & B5 B5 only		Positive axillary biopsy only		Non-ope diagno		No r opera diagr			
Sub-region	cancers	No	%	No	%	No	%	No	%	No	%	No	%
East Midlands	1223	0	0	4	0	1213	99	2	0	1219	100	4	0
East of England	1414	0	0	3	0	1400	99	2	0	1405	99	9	1
London	1571	0	0	6	0	1552	99	4	0	1562	99	9	1
N East, Yorks & Humber	2157	0	0	9	0	2133	99	5	0	2147	100	10	0
North West	1843	2	0	14	1	1812	98	4	0	1832	99	11	1
South East	1779	0	0	1	0	1763	99	5	0	1769	99	10	1
South West	2052	3	0	4	0	2027	99	3	0	2037	99	15	1
West Midlands	1413	0	0	1	0	1406	100	1	0	1408	100	5	0
Northern Ireland	366	1	0	202	55	161	44	0	0	364	99	2	1
Wales	922	0	0	0	0	911	99	0	0	911	99	11	1
United Kingdom	14740	6	0	244	2	14378	98	26	0	14654	99	86	1

Table 7: Non-operative diagnosis rate (non-invasive cancers)														
	Total cancers	C5 (C5 only		k B5	В5 с	only	Non-op diagr		No r opera diagr	ative			
Sub-region		No. %		No.	%	No.	%	No.	%	No.	%			
East Midlands	276	0	0	0	0	252	91	252	91	24	9			
East of England	309	0	0	0	0	283	92	283	92	26	8			
London	504	0	0	1	0	459	91	460 91		44	9			
N East, Yorks & Humber	500	0	0	1	0	467	93	468	94	32	6			
North West	453	0	0	1	0	428	94	429	95	24	5			
South East	501	0	0	1	0	433	86	434	87	67	13			
South West	546	1	0	0	0	456	84	457	84	89	16			
West Midlands	366	0	0	0	0	340	93	340	93	26	7			
Northern Ireland	88	2	2	0	0	79	90	81	92	7	8			
Wales	259	0	0	0	0	224	86	224	86	35	14			
United Kingdom	3802	3	0	4	0	3421	90	3428	90	374	10			

Table	8: Invasive s	tatus of th	he diagno	stic core	biopsy		
	Total Cancers with B5	_	5a ivasive)		5b sive)	(Micro-	5c invasive, sessable known)
Sub-region		No.	%	No.	%	No.	%
East Midlands	1474	293	20	1165	79	16	1
East of England	1699	337	20	1351	80	11	1
London	2021	526	26	1492	74	3	0
N East, Yorks & Humber	2625	539	21	2074	79	12	0
North West	2269	510	22	1754	77	5	0
South East	2214	496	22	1712	77	6	0
South West	2507	538	21	1955	78	14	1
West Midlands	1756	385	22	1360	77	11	1
Northern Ireland	444	96	22	346	78	2	0
Wales	1139	270	24	867	76	2	0
United Kingdom	18148	3990	22	14076	78	82	0

Table 9: B5a (Non-invasive) core biopsy: histological status of surgical specimen														
	Inva	sive		ro- sive	No inva		No res	sidual our	Unkr	nown	Total surg			
Sub-region	No.			%	No.	%	No.	%	No.	%	No.	%		
East Midlands	41	14	4	1	231	81	8	3	2	1	286	100		
East of England	44	13	12	4	263	79	12	4	0	0	331	100		
London	65	13	3	1	376	77	45	9	0	0	489	100		
N East, Yorks & Humber	61			3	416	79	35	7	0	0	526	100		
North West	70	14	13	3	386	78	27	5	0	0	496	100		
South East	48	10	16	3	399	83	17	4	0	0	480	100		
South West	68	13	19	4	408	78	29	6	0	0	524	100		
West Midlands	41	11	9	2	312	83	16	4	0	0	378	100		
Northern Ireland	17	18	2	2	75	78	0	0	2	2	96	100		
Wales	43	16	4	1	213	80	7	3	0	0	267	100		
United Kingdom	13	96	2	3079	79	196	5	4	0	3873	100			

 $^{^{\}star}$ No residual cases have non-invasive disease reported in the non-operative core biopsy, but no malignant disease found in the surgical specimen.

Table 10: B5b (Invasive) core biopsy: histological status of surgical specimen														
	Invas	sive	Mic inva	ro- sive	No inva		No res		Unkn	own	Total surg			
Sub-region	No.			%	No.	%	No.	%	No.	%	No.	%		
East Midlands	1124	99	0	0	6	1	7	1	3	0	1140	100		
East of England	1273	97	2	0	18	1	17	1	2	0	1312	100		
London	1349	96	0	0	18	1	35	2	1	0	1403	100		
N East, Yorks & Humber	1990	98	3	0	21	1	23	1	0	0	2037	100		
North West	1665	97	2	0	15	1	31	2	0	0	1713	100		
South East	1623	97	1	0	29	2	17	1	1	0	1671	100		
South West	1862	97	4	0	26	1	16	1	3	0	1911	100		
West Midlands	1291	97	4	0	22	2	19	1	0	0	1336	100		
Northern Ireland	338	98	0	0	3	1	3	1	0	0	344	100		
Wales	837	99	1	0	6	1	4	0	0	0	848	100		
United Kingdom	13352	97	17	0	164	1	172	1	10	0	13715	100		

^{*} No residual cases have invasive disease reported in the non-operative core biopsy, but no malignant disease found in the surgical specimen.

	Table 11: Number of assessment visits for each patient														
		0	1			2	3+		Unk	nown	То	tal	Repe (2+) v		
Sub-region	No	%	No	%	No	%	No	%	No	%	No	%	No	%	
East Midlands	0	0	1262	84	216	14	27	2	0	0	1505	100	243	16	
East of England	0	0	1563	90	163	9	10	1	0	0	1736	100	173	10	
London	0	0	1738	84	311	15	29	1	0	0	2078	100	340	16	
N East, Yorks & Humber	0	0	2316	87	327	12	29	1	0	0	2672	100	356	13	
North West	0	0	1955	85	318	14	38	2	0	0	2311	100	356	15	
South East	0	0	1999	87	275	12	24	1	0	0	2298	100	299	13	
South West	0	0	2169	83	409	16	41	2	0	0	2619	100	450	17	
West Midlands	0	0	1493	83	266	15	30	2	0	0	1789	100	296	17	
Northern Ireland	0	0	418	91	36	8	4	1	0	0	458	100	40	9	
Wales	0	0	1094	92	86	7	5	0	0	0	1185	100	91	8	
United Kingdom	0	0	16007	86	2407	13	237	1	0	0	18651	100	2644	14	

Table 12	2: The ass	essment	visit wit	h the ea	rliest	core/c	ytology r	esult		
	1		2	2	3	+	То	tal	Fin core/ 2+ v	•
Sub-region	No	%	No	%	No	%	No	%	No	%
East Midlands	1451	1451 97 52 3 0 0		1503	100	52	3			
East of England	1690	97	43	2	1	0	1734	100	44	3
London	1993	96	79	4	1	0	2073	100	80	4
N East, Yorks & Humber	2615	98	52	2	1	0	2668	100	53	2
North West	2221	96	82	4	4	0	2307	100	86	4
South East	2215	97	77	3	1	0	2293	100	78	3
South West	2482	95	130	5	3	0	2615	100	133	5
West Midlands	1733	97	53	3	1	0	1787	100	54	3
Northern Ireland	451	99	6	1	0	0	457	100	6	1
Wales	1171	99	14	1	0	0	1185	100	14	1
United Kingdom	18022	97	588	3	12	0	18622	100	600	3

Table 13: Numl	ber of visit	h a co	iopsy/cyt	ology r	esult	for ca	ses v	vith a n	on-opera	itive o	diagno	sis			
		Inv	asive				Non	-Invas	ive			C	Overall		
	1		2+			1		2+			1		2+		
Sub-region	No	%	No	%	Total	No	%	No	%	Total	No	%	No	%	Total
East Midlands	1140	94	77	6	1217	205	81	47	19	252	1350	92	124	8	1474
East of England	1367	97	36	3	1403	245	87	38	13	283	1624	96	75	4	1699
London	1492	96	66	4	1558	382	83	78	17	460	1877	93	144	7	2021
N East, Yorks & Humber	2068	97	74	3	2142	393	84	75	16	468	2475	94	150	6	2625
North West	1737	95	91	5	1828	357	83	72	17	429	2107	93	165	7	2272
South East	1700	96	64	4	1764	384	88	50	12	434	2100	95	114	5	2214
South West	1953	96	81	4	2034	386	84	71	16	457	2359	94	153	6	2512
West Midlands	1349	96	58	4	1407	292	86	48	14	340	1649	94	107	6	1756
Northern Ireland	350	96	14	4	364	71	88	10	12	81	424	95	24	5	448
Wales	875	96	36	4	911	199	89	25	11	224	1078	95	61	5	1139
United Kingdom	14031	96	597	4	14628	2914	85	514	15	3428	17043	94	1117	6	18160

Table 14: Worst core/cy	tology bi	r non-ir	nvasive								
	C5, B bot	-	- ,	B4 or oth	/	33 or oth	- ,	B2 or oth	C1, E	31 or oth	
Sub-region	No	%	No	%	No	%	No	%	No	%	Total
East Midlands	223	88	7	3	11	4	8	3	3	1	252
East of England	258	91	9	3	7	2	3	1	6	2	283
London	402	87	8	2	38	8	8	2	4	1	460
N East, Yorks & Humber	414	88	9	2	29	6	8	2	8	2	468
North West	385	90	11	3	23	5	4	1	6	1	429
South East	402	93	8	2	16	4	3	1	5	1	434
South West	407	89	16	4	19	4	4	1	11	2	457
West Midlands	315	93	6	2	14	4	2	1	3	1	340
Northern Ireland	76	94	0	0	2	2	3	4	0	0	81
Wales	213	95	2	1	5	2	1	0	3	1	224
United Kingdom	3095	90	76	2	164	5	44	1	49	1	3428

	Table 15: Any further v					after	core/cy	ytology	biopsy	result					
			Invasive	9			No	on-Invas	sive				Overall		
			No fur	ther		Fur	ther	No fu	rther		Further		er No furtl		
	Furthe	er visit	vis	it		vi	sit	vis	sit		vi	sit	visi	t	
Sub-region	No	%	No	%	Total	No	%	No	%	Total	No	%	No	%	Total
East Midlands	50	4	1171	96	1221	11	4	265	96	276	61	4	1442	96	1503
East of England	36	3	1376	97	1412	12	4	297	96	309	48	3	1686	97	1734
London	89	6	1478	94	1567	31	6	472	94	503	121	6	1952	94	2073
N East, Yorks & Humber	115	5	2038	95	2153	29	6	471	94	500	144	5	2524	95	2668
North West	88	5	1751	95	1839	20	4	433	96	453	108	5	2199	95	2307
South East	75	4	1700	96	1775	23	5	477	95	500	99	4	2194	96	2293
South West	110	5	1938	95	2048	29	5	517	95	546	140	5	2475	95	2615
West Midlands	107	8	1304	92	1411	23	6	343	94	366	132	7	1655	93	1787
Northern Ireland	5	1	360	99	365	3	3	85	97	88	8	2	449	98	457
Wales	8	1	914	99	922	2	1	257	99	259	10	1	1175	99	1185
United Kingdom	683	5	14030	95	14713	183	5	3617	95	3800	871	5	17751	95	18622

Table 16: Stat	tus of diagnostic	open biopsies	
	Benign b	iopsy rate	Malignant
Sub-region	Prevalent	Incident	biopsy rate
East Midlands	0.84	0.19	0.14
East of England	0.91	0.18	0.14
London	1.24	0.31	0.19
N East, Yorks & Humber	0.71	0.18	0.12
North West	0.76	0.28	0.12
South East	1.73	0.49	0.26
South West	0.89	0.25	0.32
West Midlands	0.76	0.28	0.14
Northern Ireland	1.04	0.50	0.15
Wales	2.21	0.48	0.38
United Kingdom	1.17	0.32	0.19

Tal	ole 17: Invasive	status o	f maligna	ant diagr	nostic op	en biops	ies		
	Total malignant	Inva	sive	Micro-ii	nvasive	Non-in	vasive	Sta unkr	tus iown
Sub-region	open biopsies	es No. %		No.	%	No.	%	No.	%
East Midlands	29	4	14	1	3	24	83	0	0
East of England	35	9	26	0	0	26	74	0	0
London	53	9	17	0	0	44	83	0	0
N East, Yorks & Humber	42	10	24	0	0	32	76	0	0
North West	35	11	31	0	0	24	69	0	0
South East	79	10	13	1	1	67	85	1	1
South West	104	15	14	0	0	89	86	0	0
West Midlands	32	5	16	1	3	26	81	0	0
Northern Ireland	10	2	20	0	0	7	70	1	10
Wales	46	11	24	0	0	35	76	0	0
United Kingdom	465	86	18	3	1	374	80	2	0

Table 18: I	Non-operative	history fo	or invasiv	e cancer	s with m	alignant	open bio	psy	
	Total malignant open	oper	non- rative edures	_	ology nly		biopsy nly		ytology e biopsy
Sub-region	biopsies	No. %		No.	%	No.	%	No.	%
East Midlands	4	0 0		0	0	4	100	0	0
East of England	9	0	0	0	0	9	100	0	0
London	9	0	0	0	0	9	100	0	0
N East, Yorks & Humber	10	0	0	0	0	10	100	0	0
North West	11	1	9	1	9	9	82	0	0
South East	10	0	0	0	0	9	90	1	10
South West	15	1	7	0	0	14	93	0	0
West Midlands	5	1	20	0	0	4	80	0	0
Northern Ireland	2	1	50	0	0	0	0	1	50
Wales	11	0	0	0	0	11	100	0	0
United Kingdom	86	4	5	1	1	79	92	2	2

Table 19: Non-o	perative histor	y for mic	ro/non-ir	vasive c	ancers w	ith malig	nant ope	n biopsy	
	Total malignant open	oper	non- ative dures		ology nly	Core to	piopsy nly	Both cytology and core biops	
Sub-region	biopsies	No. %		No.	%	No.	%	No.	%
East Midlands	25	0 0		0	0	25	100	0	0
East of England	26	0	0	0	0	26	100	0	0
London	44	1	2	0	0	43	98	0	0
N East, Yorks & Humber	32	0	0	0	0	31	97	1	3
North West	24	0	0	0	0	24	100	0	0
South East	68	1	1	1	1	64	94	2	3
South West	89	0	0	0	0	88	99	1	1
West Midlands	27	0	0	0	0	27	100	0	0
Northern Ireland	7	0	0	0	0	5	71	2	29
Wales	35	0	0	0	0	34	97	1	3
United Kingdom	377	2	1	1	0	367	97	7	2

Table 20: Highe	st cytology a	nd core		result p		maligna	nt diag	nostic o	pen bio	psies	
	Total malignant open	oper	non- ative dures	C4, E	34 or oth	,	33 or oth		32 or oth	C1, E	31 or oth
Sub-region	biopsies	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	4	0	0	3	75	0	0	1	25	0	0
East of England	9	0	0	5	56	4	44	0	0	0	0
London	9	0	0	3	33	4	44	2	22	0	0
N East, Yorks & Humber	10	0	0	5	50	4	40	0	0	1	10
North West	11	1	9	3	27	7	64	0	0	0	0
South East	10	0	0	2	20	8	80	0	0	0	0
South West	15	1	7	7	47	6	40	1	7	0	0
West Midlands	5	1	20	1	20	3	60	0	0	0	0
Northern Ireland	2	1	50	0	0	1	50	0	0	0	0
Wales	11	0	0	2	18	6	55	2	18	1	9
United Kingdom	86	4	5	31	36	43	50	6	7	2	2

Table 21: Highest	t cytology ar				prior to		ant dia	gnostic	open b	iopsies	
	Total malignant open	No nopera	on- ative	C4, E	34 or oth	C3, E	33 or oth		32 or oth	C1, E	31 or oth
Sub-region	biopsies	No.			%	No.	%	No.	%	No.	%
East Midlands	25	0	0	6	24	19	76	0	0	0	0
East of England	26	0	0	3	12	20	77	3	12	0	0
London	44	1	2	3	7	39	89	1	2	0	0
N East, Yorks & Humber	32	0	0	13	41	17	53	2	6	0	0
North West	24	0	0	8	33	15	63	1	4	0	0
South East	68	1	1	9	13	56	82	0	0	2	3
South West	89	0	0	29	33	58	65	1	1	1	1
West Midlands	27	0	0	9	33	16	59	0	0	2	7
Northern Ireland	7	0	0	1	14	6	86	0	0	0	0
Wales	35	0	0	6	17	27	77	1	3	1	3
United Kingdom	377	2	1	87	23	273	72	9	2	6	2

Table 22: Da	ata comple	teness for	surgically	y treated r	non-invasi	ve cancers	3
		nown ear grade		nown ze	Unkr cytonucle and/o		Total with surgery
Sub-region	No.	%	No.	%	No.	%	No.
East Midlands	2 1		10	4	12	4	269
East of England	2 1		12	4	13 4		303
London	10 2		49	10	53	11	469
N East, Yorks & Humber			37	8	37	8	487
North West	2	0	26	6	26	6	439
South East	3	1	20	4	21	4	485
South West	1	0	25	5	26	5	532
West Midlands	0	0	18	5	18	5	359
Northern Ireland	0 0		2	2	2	2	88
Wales	0 0		9 4		9	4	256
United Kingdom	22	0.6	208	6	217	6	3687

	Table	23: Si	ze of su	rgically	y treate	d non-i	nvasive	cance	rs			
	<15	mm	15-≤4	0mm	>40	mm		not sable	Si unkr	ze nown	To non-in with s	vasive
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	92	34	111	41	50	19	6	2	10	4	269	100
East of England	104	34	119	39	51	17	17	6	12	4	303	100
London	141	30	175	37	91	19	13	3	49	10	469	100
N East, Yorks & Humber	155	32	207	43	81	17	7	1	37	8	487	100
North West	146	33	179	41	78	18	10	2	26	6	439	100
South East	173	36	184	38	78	16	30	6	20	4	485	100
South West	203	38	207	39	69	13	28	5	25	5	532	100
West Midlands	133	37	138	38	64	18	6	2	18	5	359	100
Northern Ireland	37	42	36	41	9	10	4	5	2	2	88	100
Wales	87	34	109	43	49	19	2	1	9	4	256	100
United Kingdom	1271	34	1465	40	620	17	123	3	208	6	3687	100

Table 2	4: Cyto	nucle	ar grad	e of su	rgicall	y treat	ed non	-invasiv	e cance	ers		
	Hi	gh	Interm	ediate	Lo	ow		lot ssable	Unkn	own	Total invas with su	sive
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	159	59	74	28	28	10	6	2	2	1	269	100
East of England	198	65	67	22	19	6	17	6	2	1	303	100
London	253	54	135	29	58	12	13	3	10	2	469	100
N East, Yorks & Humber	307	63	136	28	34	7	8	2	2	0	487	100
North West	258	59	127	29	41	9	11	3	2	0	439	100
South East	279	58	124	26	48	10	31	6	3	1	485	100
South West	312	59	143	27	48	9	28	5	1	0	532	100
West Midlands	239	67	89	25	24	7	7	2	0	0	359	100
Northern Ireland	51	58	21	24	12	14	4	5	0	0	88	100
Wales	145	57	70	27	39	15	2	1	0	0	256	100
United Kingdom	2201	60	986	27	351	10	127	3	22	1	3687	100

	Tab	le 25:	Invasive	size o	f surgica	ally tr	eated in	ıvasiv	e brea	ast o	cance	rs				
	<10m	ım	10- <15m		15- ≤20m	m	>20- ≤35m		>35· ≤50m		>50m	m	Unkno	own	Tota	I
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	349	29	324	27	264	22	193	16	34	3	25	2	9	1	1198	100
East of England	360	26	370	27	330	24	222	16	47	3	24	2	22	2	1375	100
London	368	25	353	24	302	20	297	20	73	5	49	3	43	3	1485	100
N East, Yorks & Humber	615	29	577	27	462	22	348	16	51	2	29	1	38	2	2120	100
North West	452	25	496	28	399	22	313	17	69	4	36	2	36	2	1801	100
South East	460	26	484	28	350	20	296	17	65	4	47	3	35	2	1737	100
South West	512	26	538	27	472	24	370	18	45	2	39	2	29	1	2005	100
West Midlands	338	24	368	27	314	23	260	19	50	4	27	2	31	2	1388	100
Northern Ireland	88	24	116	32	66	18	70	19	12	3	6	2	6	2	364	100
Wales	237	26	216	24	229	25	153	17	34	4	21	2	13	1	903	100
United Kingdom	3779	26	3842	27	3188	22	2522	18	480	3	303	2	262	2	14376	100

	Tabl	le 26:	Whole s	size o	f surgica	ally tr	eated in	ıvasiv	e brea	ıst c	ancer	S				
	<10m	m	10- <15m	m	15- ≤20m	m	>20 ≤35m		>35 ≤50m		>50m	m	Unkno	wn	Tota	ıl
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	209	17	274	23	287	24	272	23	76	6	46	4	34	3	1198	100
East of England	227	17	327	24	344	25	300	22	78	6	45	3	54	4	1375	100
London	218	15	298	20	302	20	352	24	117	8	113	8	85	6	1485	100
N East, Yorks & Humber	399	19	502	24	508	24	461	22	108	5	73	3	69	3	2120	100
North West	290	16	422	23	427	24	388	22	115	6	87	5	72	4	1801	100
South East	295	17	426	25	364	21	382	22	108	6	84	5	78	4	1737	100
South West	316	16	457	23	484	24	496	25	111	6	82	4	59	3	2005	100
West Midlands	221	16	318	23	348	25	300	22	87	6	57	4	57	4	1388	100
Northern Ireland	56	15	102	28	80	22	82	23	22	6	19	5	3	1	364	100
Wales	143	16	184	20	214	24	217	24	80	9	50	6	15	2	903	100
United Kingdom	2374	17	3310	23	3358	23	3250	23	902	6	656	5	526	4	14376	100

	Table	27: Gi	rade of	surgica	Illy trea	ted inv	asive c	ancers				
	Gra	de 1	Grad	de 2	Grad	de 3	Ne asses		Unkr	nown	Tot	al
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	306	26	663	55	227	19	2	0	0	0	1198	100
East of England	345	25	721	52	297	22	10	1	2	0	1375	100
London	394	27	827	56	258	17	3	0	3	0	1485	100
N East, Yorks & Humber	545	26	1157	55	409	19	6	0	3	0	2120	100
North West	474	26	945	52	375	21	5	0	2	0	1801	100
South East	423	24	978	56	321	18	12	1	3	0	1737	100
South West	451	22	1167	58	370	18	11	1	6	0	2005	100
West Midlands	327	24	744	54	307	22	5	0	5	0	1388	100
Northern Ireland	78	21	187	51	99	27	0	0	0	0	364	100
Wales	254	28	476	53	170	19	2	0	1	0	903	100
United Kingdom	3597	25	7865	55	2833	20	56	0	25	0	14376	100

		nown ve size		nown status		nown ade		nown PI*	Total
Sub-region	No.	%	No.	%	No.	%	No.	%	invasive
East Midlands	7	0.6	5	0.4	0	0.0	12	1.1	1136
East of England	16	1.3	6	0.5	1	0.1	28	2.2	1255
London	28	2.1	25	1.8	2	0.1	49	3.6	1353
N East, Yorks & Humber	26	1.3	18	0.9	2	0.1	47	2.3	2034
North West	23	1.4	12	0.7	1	0.1	36	2.1	1675
South East	27	1.7	20	1.2	2	0.1	54	3.3	1629
South West	20	1.1	19	1.0	3	0.2	45	2.4	1867
West Midlands	23	1.8	8	0.6	5	0.4	32	2.5	1291
Northern Ireland	5	1.4	8	2.2	0	0.0	13	3.6	357
Wales	12	1.4	19	2.2	1	0.1	33	3.8	880
United Kingdom	187	1.4	140	1.0	17	0.1	349	2.6	13477

^{*} NPI is unknown if size, grade or nodal status are unknown or grade if not assessable

Table 29: NPI Group of	surgicall	y treate	ed invasi	ve can	cers (wi	th knov	vn NPI e	xcludir	ng cases	with neo-	adjuvant	therapy)
	EP	G	GP	G	MP	G1	MP	G2	Р	PG		ith known NPI
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	248	22	446	40	279	25	105	9	46	4	1124	100
East of England	261	21	491	40	292	24	125	10	58	5	1227	100
London	293	22	483	37	321	25	144	11	63	5	1304	100
N East, Yorks & Humber	435	22	813	41	445	22	194	10	100	5	1987	100
North West	362	22	628	38	405	25	177	11	67	4	1639	100
South East	328	21	634	40	382	24	153	10	78	5	1575	100
South West	361	20	744	41	456	25	183	10	78	4	1822	100
West Midlands	268	21	482	38	306	24	136	11	67	5	1259	100
Northern Ireland	56	16	134	39	99	29	29	8	26	8	344	100
Wales	193	23	289	34	236	28	82	10	47	6	847	100
United Kingdom	2805	21	5144	39	3221	25	1328	10	630	5	13128	100

	Table	30: ER st	atus (invas	sive cance	ers)		
	Pos	sitive	Neg	ative		one or nown	Total
Sub-region	No.	%	No.	%	No.	%	
East Midlands	1109	91	111	9	3	0	1223
East of England	1285	91	126	9	3	0	1414
London	1411	90	140	9	20	1	1571
N East, Yorks & Humber	1938	90	216	10	3	0	2157
North West	1663	90	178	10	2	0	1843
South East	1640	92	124	7	15	1	1779
South West	1907	93	142	7	3	0	2052
West Midlands	1300	92	109	8	4	0	1413
Northern Ireland	333	91	33	9	0	0	366
Wales	840	91	82	9	0	0	922
United Kingdom	13426	91	1261	9	53	0.4	14740

	Ta	ble 31: Pg	R status (invasive)			
	Pos	itive	Nega	ative		one or nown	Total
Sub-region	No.	%	No.	%	No.	%	1
East Midlands	445	36	143	12	635	52	1223
East of England	657	46	209	15	548	39	1414
London	878	56	247	16	446	28	1571
N East, Yorks & Humber	408	19	246	11	1503	70	2157
North West	1138	62	363	20	342	19	1843
South East	1066	60	242	14	471	26	1779
South West	847	41	245	12	960	47	2052
West Midlands	694	49	205	15	514	36	1413
Northern Ireland	215	59	75	20	76	21	366
Wales	410	44	132	14	380	41	922
United Kingdom	6758	46	2107	14	5875	40	14740

Table 32:	PgR stati	us of invas	sive cance	rs with ne	gative ER	status	
	Pos	itive	Neg	ative		one or nown	Total
Sub-region	No.	%	No.	%	No.	%	1
East Midlands	2	2	73	66	36	32	111
East of England	6	5	105	83	15	12	126
London	1	1	111	79	28	20	140
N East, Yorks & Humber	6	3	156	72	54	25	216
North West	7	4	152	85	19	11	178
South East	3	2	115	93	6	5	124
South West	5	4	101	71	36	25	142
West Midlands	3	3	97	89	9	8	109
Northern Ireland	2	6	28	85	3	9	33
Wales	3	4	68	83	11	13	82
United Kingdom	38	3	1006	80	217	17	1261

	Table	33: HE	R-2 status	for inv	asive ca	ncers			
	Posi	tive	Negat	ive	Borde	rline		one or nown	Total
Sub-region	No.	%	No.	%	No.	%	No.	%	
East Midlands	136	11	1032	84	45	4	10	1	1223
East of England	140	10	1223	86	6	0	45	3	1414
London	167	11	1330	85	44	3	30	2	1571
N East, Yorks & Humber	224	10	1904	88	12	1	17	1	2157
North West	180	10	1582	86	72	4	9	0	1843
South East	148	8	1580	89	16	1	35	2	1779
South West	227	11	1787	87	23	1	15	1	2052
West Midlands	165	12	1224	87	7	0	17	1	1413
Northern Ireland	29	8	331	90	6	2	0	0	366
Wales	100	11	812	88	7	1	3	0	922
United Kingdom	1516	10	12805	87	238	2	181	1	14740

	Total HER2 unknown/not)mm ive size	Gra	de 1	_	ve nodal atus
Sub-region	done	No	%	No	%	No	%
East Midlands	10	5	50	4	40	7	70
East of England	45	11	24	22	49	31	69
London	30	8	27	5	17	9	30
N East, Yorks & Humber	17	7	41	4	24	10	59
North West	9	3	33	3	33	3	33
South East	35	12	34	5	14	16	46
South West	15	6	40	5	33	9	60
West Midlands	17	6	35	4	24	15	88
Northern Ireland	0	0	-	0	-	0	-
Wales	3	1	33	0	0	0	0
United Kingdom	181	59	33	52	29	100	55

Ta	able 35: EF	R status (n	nicro/non-	invasive c	ancers)		
	Pos	itive	Neg	ative	Not do Unkr	one or nown	Total
Sub-region	No.	%	No.	%	No.	%	
East Midlands	15	5	5	2	261	93	281
East of England	39	12	11	3	271	84	321
London	160	32	25	5	322	64	507
N East, Yorks & Humber	82	16	16	3	416	81	514
North West	250	54	45	10	172	37	467
South East	114	22	31	6	373	72	518
South West	198	35	40	7	328	58	566
West Midlands	17	5	5	1	354	94	376
Northern Ireland	19	21	5	6	66	73	90
Wales	34	13	8	3	221	84	263
United Kingdom	928	24	191	5	2784	71	3903

	Table 36: Treatment for non-invasive breast cancers												
	Conser surç		Mastectomy		No su	ırgery	Unkr	nown	Total				
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%			
East Midlands	195	71	74	27	7	3	0	0	276	100			
East of England	229	74	74	24	6	2	0	0	309	100			
London	367	73	100	20	35	7	2	0	504	100			
N East, Yorks & Humber	377	75	110	22	13	3	0	0	500	100			
North West	324	72	115	25	14	3	0	0	453	100			
South East	379	76	106	21	16	3	0	0	501	100			
South West	428	78	104	19	14	3	0	0	546	100			
West Midlands	279	76	80	22	7	2	0	0	366	100			
Northern Ireland	68	77	20	23	0	0	0	0	88	100			
Wales	176	68	80	31	3	1	0	0	259	100			
United Kingdom	2822	74	863	23	115	3	2	0	3802	100			

	Conservation surgery		Mastectomy		No su	ırgery	Unknown		Total	
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	3	60	2	40	0	0	0	0	5	100
East of England	8	67	4	33	0	0	0	0	12	100
London	2	67	1	33	0	0	0	0	3	100
N East, Yorks & Humber	10	71	4	29	0	0	0	0	14	100
North West	8	57	6	43	0	0	0	0	14	100
South East	13	76	4	24	0	0	0	0	17	100
South West	11	55	9	45	0	0	0	0	20	100
West Midlands	7	70	3	30	0	0	0	0	10	100
Northern Ireland	1	50	1	50	0	0	0	0	2	100
Wales	3	75	1	25	0	0	0	0	4	100
United Kingdom	66	65	35	35	0	0	0	0	101	100

Table 3	Table 38: Treatment for non-invasive breast cancers size >40mm													
	Conservation surgery		Maste	ctomy	Unkr	nown	Total							
Sub-region	No.	%	No.	%	No.	%	No.	%						
East Midlands	15	30	35	70	0	0	50	100						
East of England	11	22	40	78	0	0	51	100						
London	33	36	58	64	0	0	91	100						
N East, Yorks & Humber	21	26	60	74	0	0	81	100						
North West	18	23	60	77	0	0	78	100						
South East	24	31	54	69	0	0	78	100						
South West	24	35	45	65	0	0	69	100						
West Midlands	16	25	48	75	0	0	64	100						
Northern Ireland	1	11	8	89	0	0	9	100						
Wales	12	24	37	76	0	0	49	100						
United Kingdom	175	28	445	72	0	0	620	100						

Table 39: Trea	Table 39: Treatment of high cytonuclear grade non-invasive cancers (>40mm)													
	Conservation surgery		Maste	ctomy	Unkr	nown	Total							
Sub-region	No.	%	No.	%	No.	%	No.	%						
East Midlands	9	24	28	76	0	0	37	100						
East of England	7	17	35	83	0	0	42	100						
London	23	33	47	67	0	0	70	100						
N East, Yorks & Humber	18	25	54	75	0	0	72	100						
North West	11	19	47	81	0	0	58	100						
South East	17	27	45	73	0	0	62	100						
South West	16	29	39	71	0	0	55	100						
West Midlands	14	24	44	76	0	0	58	100						
Northern Ireland	1	14	6	86	0	0	7	100						
Wales	8	22	28	78	0	0	36	100						
United Kingdom	124	25	373	75	0	0	497	100						

	Table 40: Treatment for invasive breast cancers													
	Conservation surgery		Maste	ctomy	No Su	ırgery	Unkr	nown	Total					
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%				
East Midlands	966	79	232	19	25	2	0	0	1223	100				
East of England	1142	81	233	16	39	3	0	0	1414	100				
London	1186	75	296	19	86	5	3	0	1571	100				
N East, Yorks & Humber	1793	83	327	15	37	2	0	0	2157	100				
North West	1464	79	337	18	42	2	0	0	1843	100				
South East	1460	82	277	16	42	2	0	0	1779	100				
South West	1684	82	321	16	47	2	0	0	2052	100				
West Midlands	1134	80	254	18	25	2	0	0	1413	100				
Northern Ireland	305	83	59	16	2	1	0	0	366	100				
Wales	683	74	220	24	19	2	0	0	922	100				
United Kingdom	11817	80	2556	17	364	2	3	0	14740	100				

	Table 41: Mastectomy rate with invasive tumour size												
	<15	5mm 15-≤20mm >20-≤35mm		>35-≤	50mm	>50mm							
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%			
East Midlands	81	12	47	18	53	27	24	71	25	100			
East of England	75	10	42	13	65	29	26	55	22	92			
London	91	13	38	13	79	27	40	55	39	80			
N East, Yorks & Humber	110	9	61	13	90	26	29	57	23	79			
North West	101	11	59	15	92	29	42	61	32	89			
South East	80	8	41	12	72	24	34	52	41	87			
South West	117	11	65	14	79	21	21	47	30	77			
West Midlands	81	11	39	12	69	27	32	64	23	85			
Northern Ireland	15	7	15	23	18	26	5	42	6	100			
Wales	82	18	55	24	47	31	15	44	19	90			
United Kingdom	833	11	462	14	664	26	268	56	260	86			

Table 42: Mastectomy rate with whole tumour size													
	<15mm		15-≤2	15-≤20mm		35mm	>35-≤	50mm	>50mm				
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%			
East Midlands	34	7	39	14	67	25	43	57	41	89			
East of England	35	6	38	11	64	21	38	49	42	93			
London	27	5	26	9	72	20	53	45	93	82			
N East, Yorks & Humber	42	5	52	10	97	21	53	49	61	84			
North West	34	5	48	11	94	24	66	57	73	84			
South East	31	4	28	8	80	21	46	43	68	81			
South West	61	8	47	10	91	18	47	42	58	71			
West Midlands	38	7	38	11	62	21	48	55	48	84			
Northern Ireland	9	6	15	19	16	20	6	27	13	68			
Wales	40	12	38	18	60	28	34	43	42	84			
United Kingdom	351	6	369	11	703	22	434	48	539	82			

Table 43:	Mastect	omy rate	for <15r	nm inva	sive can	cers by v	whole tu	mour siz	:e	
		e Size mm		e size :0mm	_	e size 35mm	_	e size 50mm	Whole >50	
Sub-region	No.	%	No. %		No.	%	No.	%	No.	%
East Midlands	34	7	6	8	17	25	12	46	12	75
East of England	35	6	6	8	12	19	11	69	8	80
London	27	5	8	11	16	22	12	57	27	90
N East, Yorks & Humber	42	5	20	14	15	17	16	53	15	75
North West	34	5	13	12	15	22	17	74	22	79
South East	31	4	6	7	17	22	8	33	15	75
South West	59	8	10	8	21	23	13	45	11	65
West Midlands	36	7	10	11	10	23	13	65	9	75
Northern Ireland	9	6	2	8	1	7	0	0	3	43
Wales	40	12	5	11	14	32	9	38	12	86
United Kingdom	347	6	86	10	138	22	111	51	134	77

Table 4	4: Immedi	ate recon	struction v	with maste	ectomy (al	I cancers			
	Immediate reconstruction		No imn	nediate truction	Unkr	nown	Total mastectomies		
Sub-region	No.	%	No.	%	No.	%	No.	%	
East Midlands	99	32	209	68	0	0	308	100	
East of England	109	35	202	65	0	0	311	100	
London	126	32	271	68	0	0	397	100	
N East, Yorks & Humber	162	37	279	63	0	0	441	100	
North West	161	35	295	64	2	0	458	100	
South East	142	37	243	63	2	1	387	100	
South West	139	32	295	68	0	0	434	100	
West Midlands	110	33	227	67	0	0	337	100	
Northern Ireland	14	18	66	83	0	0	80	100	
Wales	75	25	226	75	0	0	301	100	
United Kingdom	1137	33	2313	67	4	0	3454	100	

	Table 45: Any neo-adjuvant therapy													
	Had tre	atment		t have ment	Unkr	nown	Total							
Sub-region	No.	%	No.	%	No. %		1							
East Midlands	78	5	1427	95	0	0	1505							
East of England	151	9	1585	91	0	0	1736							
London	192	9	1886	91	0	0	2078							
N East, Yorks & Humber	109	4	2563	96	0	0	2672							
North West	166	7	2145	93	0	0	2311							
South East	121	5	2177	95	0	0	2298							
South West	165	6	2454	94	0	0	2619							
West Midlands	116	6	1673	94	0	0	1789							
Northern Ireland	8	2	450	98	0	0	458							
Wales	40	3	1145	97	0	0	1185							
United Kingdom	1146	6	17505	94	0	0	18651							

	Table 4	6: Neo-ad	juvant end	ocrine the	rapy		
	Had tre	atment	Did no treat	t have ment	Unkr	nown	Total
Sub-region	No.	%	No.	%	No.	%	1
East Midlands	31	2	1474	98	0	0	1505
East of England	89	5	1647	95	0	0	1736
London	73	4	2005	96	0	0	2078
N East, Yorks & Humber	47	2	2625	98	0	0	2672
North West	90	4	2221	96	0	0	2311
South East	46	2	2252	98	0	0	2298
South West	64	2	2555	98	0	0	2619
West Midlands	52	3	1737	97	0	0	1789
Northern Ireland	6	1	452	99	0	0	458
Wales	28	2	1157	98	0	0	1185
United Kingdom	526	3	18125	97	0	0	18651

Table	Table 47: Neo-adjuvant chemotherapy for invasive cancers												
	Had tre	atment		t have ment	Unkr	nown	Total						
Sub-region	No.	%	No.	%	No.	%							
East Midlands	51	4	1172	96	0	0	1223						
East of England	65	5	1349	95	0	0	1414						
London	124	8	1447	92	0	0	1571						
N East, Yorks & Humber	63	3	2094	97	0	0	2157						
North West	79	4	1764	96	0	0	1843						
South East	77	4	1702	96	0	0	1779						
South West	104	5	1948	95	0	0	2052						
West Midlands	70	5	1343	95	0	0	1413						
Northern Ireland	3	1	363	99	0	0	366						
Wales	12	1	910	99	0	0	922						
United Kingdom	648	4	14092	96	0	0	14740						

	Table	e 48: Neo-	adjuvant T	raztuzuma	ab		
	Had tre	eatment		t have ment	Unkr	nown	Total
Sub-region	No.	%	No.	%	No.	%	
East Midlands	1	0	1504	100	0	0	1505
East of England	6	0	1730	100	0	0	1736
London	2	0	2076	100	0	0	2078
N East, Yorks & Humber	r 15 1		2657	99	0	0	2672
North West	12	1	2299	99	0	0	2311
South East	7	0	2291	100	0	0	2298
South West	12	0	2607	100	0	0	2619
West Midlands	10	1	1779	99	0	0	1789
Northern Ireland	0	0	458	100	0	0	458
Wales	2	0	1183	100	0	0	1185
United Kingdom	67	0	18584	100	0	0	18651

		<	10	10-	29	30-	49	50-	79	80-	99	10	0+	
	Total	cas	ses	cas	es	cas	es	cas	es	cas	es	cas	ses	
Sub-region	surgeons	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Median
East Midlands	48	8	17	7	15	23	48	10	21	0	0	0	0	35
East of England	65	19	29	15	23	19	29	11	17	1	2	0	0	28
London	91	37	41	27	30	13	14	8	9	3	3	3	3	14
N East, Yorks & Humber	82	18	22	19	23	27	33	13	16	5	6	0	0	34
North West	81	21	26	19	23	27	33	11	14	3	4	0	0	30
South East	73	16	22	16	22	30	41	6	8	3	4	2	3	32
South West	76	7	9	24	32	27	36	16	21	2	3	0	0	34
West Midlands	65	17	26	17	26	19	29	11	17	1	2	0	0	29
Northern Ireland	18	1	6	11	61	5	28	1	6	0	0	0	0	23
Wales	24	5	21	2	8	4	17	10	42	3	13	0	0	57
United Kingdom	623	149	24	157	25	194	31	97	16	21	3	5	1	30

^{*} The surgeons in each sub-region are credited with their total UK screening caseload.

Table 50: Proportion of	f women ref	erred to	cons	ultant s	urgeor	ns acco	rding t	o annu	al case	load of	surge	on (201	6/17)
	Total	<′ cas	l0 ses	10- cas		30- cas		50- cas		80- cas	-99 ses	10 cas	
Sub-region	(referred)	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1586	22	1	193	12	794	50	577	36	0	0	0	0
East of England	1833	75	4	296	16	827	45	543	30	92	5	0	0
London	2098	142	7	578	28	491	23	398	19	253	12	236	11
N East, Yorks & Humber	2875	61	2	458	16	1091	38	803	28	462	16	0	0
North West	2419	58	2	392	16	1034	43	690	29	245	10	0	0
South East	2474	84	3	385	16	1180	48	346	14	264	11	215	9
South West	2764	22	1	548	20	998	36	1014	37	182	7	0	0
West Midlands	1901	78	4	350	18	736	39	655	34	82	4	0	0
Northern Ireland	466	8	2	207	44	181	39	70	15	0	0	0	0
Wales	1185	12	1	49	4	171	14	685	58	268	23	0	0
United Kingdom	19601	562	3	3456	18	7503	38	5781	29	1848	9	451	2

Та	ble 51: Annu	ial scre	ening	surgio	al cas	seload	per s	urgeo	n (201	4/15-20	016/17	<u>')</u>		
			10	10-		30-		50-		80-			0+	
	Total	cas	cases		es	cas	es	cas	es	cas	es	cas	ses	3 years
Sub-region	surgeons	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	median
East Midlands	64	21	33	16	25	17	27	10	16	0	0	0	0	81.5
East of England	79	34	43	12	15	25	32	7	9	1	1	0	0	66.0
London	120	63	53	28	23	17	14	11	9	1	1	0	0	26.0
N East, Yorks & Humber	95	30	32	21	22	26	27	14	15	3	3	1	1	78.0
North West	90	30	33	23	26	28	31	7	8	2	2	0	0	77.0
South East	84	25	30	19	23	28	33	8	10	2	2	2	2	84.5
South West	94	23	24	25	27	24	26	19	20	3	3	0	0	84.5
West Midlands	82	31	38	22	27	20	24	8	10	1	1	0	0	56.0
Northern Ireland	20	4	20	8	40	6	30	2	10	0	0	0	0	68.0
Scotland*	58	23	40	19	33	10	17	5	9	1	2	0	0	30.5*
Wales	30	11	37	3	10	4	13	8	27	4	13	0	0	127.5
United Kingdom	816	300	37	200	25	201	25	95	12	17	2	3	0	65.5

^{*}No data were submitted from Scotland for 16/17 audit. Median of Scottish cases is calculated using caseload from the 14/15 and 15/16 audit.

			_	<u> </u>	20		40		-			4.0	
	Total	<1	-	10-		30-		50-		80-		10	
	(referred)	cas	ses	cas	es	cas	es	cas	es	cas	ses	cas	ses
Sub-region	(referred)	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	4982	178	4	1044	21	1957	39	1803	36	0	0	0	0
East of England	5677	293	5	986	17	2922	51	1215	21	261	5	0	0
London	6213	653	11	2073	33	1409	23	1809	29	269	4	0	0
N East, Yorks & Humber	8297	332	4	1402	17	2950	36	2533	31	780	9	300	4
North West	6941	322	5	1442	21	3259	47	1410	20	508	7	0	0
South East	7613	364	5	1429	19	3257	43	1320	17	519	7	724	10
South West	8555	182	2	1630	19	2647	31	3322	39	774	9	0	0
West Midlands	5718	369	6	1289	23	2342	41	1432	25	286	5	0	0
Northern Ireland	1398	26	2	433	31	639	46	300	21	0	0	0	0
Scotland*	2410	139	6	755	31	742	31	602	25	172	7	0	0
Wales	3559	79	2	190	5	649	18	1566	44	1075	30	0	0
United Kingdom	61363	3076	5	13183	21	22726	37	16882	28	4472	7	1024	2

^{*}No data were submitted from Scotland for 16/17 audit.

		Invasive		Non/	micro-inv	asive
Sub-region	Total	No.	%	Total	No.	%
East Midlands	1198	169	14	274	53	19
East of England	1375	289	21	315	69	22
London	1485	253	17	472	103	22
N East, Yorks & Humber	2120	297	14	501	109	22
North West	1801	295	16	453	88	19
South East	1737	318	18	502	128	25
South West	2005	335	17	552	135	24
West Midlands	1388	273	20	369	88	24
Northern Ireland	364	57	16	90	14	16
Wales	903	174	19	260	71	27
United Kingdom	14376	2460	17	3788	858	23

	without a non-	Invasive		Non/	micro-inva	sive
Sub-region	Total	Re-op	%	Total	Re-op	%
East Midlands	4	4	100	25	11	44
East of England	9	8	89	26	3	12
London	9	5	56	44	10	23
N East, Yorks & Humber	10	8	80	32	13	41
North West	11	8	73	24	10	42
South East	10	9	90	68	17	25
South West	15	12	80	89	30	34
West Midlands	5	4	80	27	12	44
Northern Ireland	2	1	50	7	1	14
Wales	11	9	82	35	18	51
United Kingdom	86	68	79	377	125	33

Table 55: Number of	f therapeu	ıtic op	eration	s (inva	sive c	ancers) with	initial	BCS ar	nd a no	on-operat	ive dia	gnosis	
	_												Repeat	2+
	1		2		3	3	4	+	Unkn	own	Total ca	ncers	ops	,
Sub-region	No	%	No	%	No	%	No	%	No	%	No	%	No	%
East Midlands	833	85	130	13	11	1	1	0	0	0	975	100	142	15
East of England	935	81	212	18	12	1	1	0	0	0	1160	100	225	19
London	998	84	170	14	14	1	1	0	0	0	1183	100	185	16
N East, Yorks & Humber	1583	87	217	12	21	1	3	0	0	0	1824	100	241	13
North West	1246	84	225	15	20	1	1	0	0	0	1492	100	246	16
South East	1216	82	249	17	24	2	3	0	0	0	1492	100	276	18
South West	1407	83	259	15	31	2	6	0	0	0	1703	100	296	17
West Midlands	928	80	209	18	21	2	1	0	0	0	1159	100	231	20
Northern Ireland	261	83	50	16	3	1	0	0	0	0	314	100	53	17
Wales	549	79	139	20	6	1	1	0	0	0	695	100	146	21
United Kingdom	9956	83	1860	16	163	1	18	0	0	0	11997	100	2041	17

Table 56: Number of	therape	utic op	eration	ns (nor		o-invas nosis	sive ca	ncers)	with ir	nitial B	CS and a	non-o	perativ	е
	1		2	<u>.</u>	3	3	4	+	Unkn	own	Total ca	ncers	Repe op	
Sub-region	No	%	No	%	No	%	No	%	No	%	No	%	No	%
East Midlands	151	79	30	16	8	4	1	1	0	0	190	100	39	21
East of England	175	75	50	21	7	3	2	1	0	0	234	100	59	25
London	263	77	71	21	7	2	2	1	0	0	343	100	80	23
N East, Yorks & Humber	297	79	72	19	6	2	0	0	0	0	375	100	78	21
North West	260	78	64	19	10	3	1	0	0	0	335	100	75	22
South East	253	71	73	21	20	6	8	2	0	0	354	100	101	29
South West	272	73	84	23	16	4	1	0	0	0	373	100	101	27
West Midlands	215	78	47	17	14	5	0	0	0	0	276	100	61	22
Northern Ireland	54	82	11	17	1	2	0	0	0	0	66	100	12	18
Wales	107	69	43	28	6	4	0	0	0	0	156	100	49	31
United Kingdom	2047	76	545	20	95	4	15	1	0	0	2702	100	655	24

Table 57: Number o	f therap	eutic o	operatio	ns for i	nvasive	cancer	s with E	35b (inv	asive) c	ore bio	psy resi	ılt
	1		2	2	3	+	Unkı	nown	То	tal	Rep (2+)	eat rate
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1007	88	122	11	11	1	0	0	1140	100	133	12
East of England	1064	81	237	18	11	1	0	0	1312	100	248	19
London	1187	84	203	14	13	1	3	0	1406	100	216	15
N East, Yorks & Humber	1785	88	233	11	19	1	0	0	2037	100	252	12
North West	1472	86	223	13	18	1	0	0	1713	100	241	14
South East	1391	83	256	15	24	1	0	0	1671	100	280	17
South West	1634	86	244	13	33	2	0	0	1911	100	277	14
West Midlands	1090	82	224	17	22	2	0	0	1336	100	246	18
Northern Ireland	298	87	43	13	3	1	0	0	344	100	46	13
Wales	710	84	132	16	6	1	0	0	848	100	138	16
United Kingdom	11638	85	1917	14	160	1	3	0	13718	100	2077	15

Table 5	8: Num		therap (non-in		•			ve can	cers wit	:h		
	1	l I		2	3			nown	То	tal	Rep (2+)	eat rate
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	15	37	26	63	0	0	0	0	41	100	26	63
East of England	13	30	29	66	2	5	0	0	44	100	31	70
London	34	52	29	45	2	3	0	0	65	100	31	48
N East, Yorks & Humber	27	44	29	48	5	8	0	0	61	100	34	56
North West	27	39	40	57	3	4	0	0	70	100	43	61
South East	21	44	24	50	3	6	0	0	48	100	27	56
South West	25	37	37	54	6	9	0	0	68	100	43	63
West Midlands	20	49	21	51	0	0	0	0	41	100	21	51
Northern Ireland	8	47	9	53	0	0	0	0	17	100	9	53
Wales	17	40	25	58	1	2	0	0	43	100	26	60
United Kingdom	207	42	269	54	22	4	0	0	498	100	291	58

Table 59: Number	of thera	•	opera (non-in						nvasive	cance	rs with	
	1	Боа	2		3.		Unkn		То	tal		eat rate
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	203	83	33	13	9	4	0	0	245	100	42	17
East of England	221	77	57	20	9	3	0	0	287	100	66	23
London	331	78	84	20	9	2	2	0	426	100	93	22
N East, Yorks & Humber	369	79	90	19	6	1	0	0	465	100	96	21
North West	349	82	66	15	11	3	0	0	426	100	77	18
South East	322	75	82	19	28	6	0	0	432	100	110	25
South West	354	78	87	19	15	3	0	0	456	100	102	22
West Midlands	262	78	61	18	14	4	0	0	337	100	75	22
Northern Ireland	67	85	11	14	1	1	0	0	79	100	12	15
Wales	172	77	47	21	5	2	0	0	224	100	52	23
United Kingdom	2650	78	618	18	107	3	2	0	3377	100	725	21

Table 60: Repeat B	CS (all cancers) with initial BCS and	l a non-operative di	agnosis		
	All cancers with initial BCS	Repeat BCS			
Sub-region	(with non-op diagnosis)	No	%		
East Midlands	1165	109	9		
East of England	1395	162	12		
London	1526	183	12		
N East, Yorks & Humber	2199	199	9		
North West	1828	187	10		
South East	1846	246	13		
South West	2076	291	14		
West Midlands	1435	206	14		
Northern Ireland	380	36	9		
Wales	851	122	14		
United Kingdom	14701	1741	12		

	All cancers with initial BCS	Converte	d to Mx	
Sub-region	(with non-op diagnosis)	No	%	
East Midlands	1165	36	3	
East of England	1395	58	4	
London	1526	38	2	
N East, Yorks & Humber	2199	61	3	
North West	1828	69	4	
South East	1846	80	4	
South West	2076	60	3	
West Midlands	1435	44	3	
Northern Ireland	380	14	4	
Wales	851	34	4	
United Kingdom	14701	494	3	

Table 62: Dat	a completene	ss of margin ir	nformation	
Sub-region	Total cases with surgery to the breast	Complete margin data	% complete margin data	Not complete margin data
East Midlands	1451	1321	91	130
East of England	1657	1589	96	68
London	1866	1803	97	63
N East, Yorks & Humber	2561	2527	99	34
North West	2193	2140	98	53
South East	2202	2080	94	122
South West	2509	2443	97	66
West Midlands	1722	1691	98	31
Northern Ireland	449	440	98	9
Wales	1151	1024	89	127
United Kingdom	17761	17057	96	704

Table 63	: Margin inform	ation of fin	al operation	ons for case	s treated b	y BCS	
	Total cases with	Margin	clear	Margin	not clear	Margin u	nknown
Sub-region	surgery	No.	%	No.	%	No.	%
East Midlands	1146	1141	100	3	0	2	0
East of England	1350	1326	98	23	2	1	0
London	1481	1476	100	5	0	0	0
N East, Yorks & Humber	2125	2097	99	24	1	4	0
North West	1745	1713	98	31	2	1	0
South East	1818	1788	98	29	2	1	0
South West	2081	2042	98	32	2	7	0
West Midlands	1392	1373	99	19	1	0	0
Northern Ireland	369	361	98	8	2	0	0
Wales	852	840	99	12	1	0	0
United Kingdom	14359	14157	99	186	1	16	0

Table 64: Ma	rgin informatio	n of final o	perations	for cases tr	eated by ma	astectomy			
	Total cases with	Margir	Margin clear		not clear	Margin u	Margin unknown		
Sub-region	surgery	No.	%	No.	%	No.	%		
East Midlands	305	289	95	10	3	6	2		
East of England	307	290	94	9	3	8	3		
London	385	373	97	9	2	3	1		
N East, Yorks & Humber	436	421	97	9	2	6	1		
North West	448	429	96	15	3	4	1		
South East	384	366	95	13	3	5	1		
South West	428	408	95	18	4	2	0		
West Midlands	330	322	98	7	2	1	0		
Northern Ireland	80	79	99	1	1	0	0		
Wales	299	289	97	8	3	2	1		
United Kingdom	3402	3266	96	99	3	37	1		

Table 65	Table 65: Axillary ultrasound record for invasive cancers											
		Had axillary ultrasound Unknown			nown	Total						
Sub-region	No.	%	No.	%	No.	%						
East Midlands	1220	100	3	0	0	0	1223					
East of England	1374	97	34	2	6	0	1414					
London	1555	99	12	1	4	0	1571					
N East, Yorks & Humber	2131	99	26	1	0	0	2157					
North West	1827	99	16	1	0	0	1843					
South East	1777	100	2	0	0	0	1779					
South West	2031	99	21	1	0	0	2052					
West Midlands	1406	100	7	0	0	0	1413					
Northern Ireland	361	99	5	1	0	0	366					
Wales	868	94	54	6	0 0		922					
United Kingdom	14550	99	180	1	10	0	14740					

Table 66: A	Table 66: Axillary ultrasound result for invasive cancers											
	Nor	mal	Abno	Total								
Sub-region	No.	%	No.	%	Total							
East Midlands	1019	84	201	16	1220							
East of England	1166	85	208	15	1374							
London	1267	81	288	19	1555							
N East, Yorks & Humber	1713	80	418	20	2131							
North West	1548	85	279	15	1827							
South East	1586	89	191	11	1777							
South West	1752	86	279	14	2031							
West Midlands	1197	85	209	15	1406							
Northern Ireland	278	77	83	23	361							
Wales	710	82	158	18	868							
United Kingdom	12236	84	2314	16	14550							

Table 67: Axillary bio	psy for inv	asive can	cers with	an abnorn	nal axillary	ultrasour	nd result	
					Had axillary biopsy		nown	Total
Sub-region	No.	%	No.	%	No.	%	1	
East Midlands	195	97	6	3	0	0	201	
East of England	203	98	5	2	0	0	208	
London	275	95	13	5	0	0	288	
N East, Yorks & Humber	408	98	10	2	0	0	418	
North West	271	97	8	3	0	0	279	
South East	175	92	16	8	0	0	191	
South West	275	99	4	1	0	0	279	
West Midlands	204	98	5	2	0	0	209	
Northern Ireland	71	86	12	14	0	0	83	
Wales	156	99	2	1	0	0	158	
United Kingdom	2233	96	81	4	0	0	2314	

Table 68: Worst axillary b	iopsy resi	ult for	invasiv	e can	cer case	s with	n an abn	orma	l axillary	/ ultra	sound resu
	C1/B	C1/B1		C2/B2		C3/B3		34	C5/B5		Total
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	
East Midlands	14	7	80	41	0	0	0	0	101	52	195
East of England	15	7	93	46	1	0	1	0	93	46	203
London	12	4	129	47	4	1	4	1	126	46	275
N East, Yorks & Humber	22	5	206	50	4	1	7	2	169	41	408
North West	12	4	138	51	1	0	5	2	115	42	271
South East	16	9	64	37	0	0	2	1	93	53	175
South West	39	14	111	40	0	0	3	1	122	44	275
West Midlands	16	8	93	46	3	1	0	0	92	45	204
Northern Ireland	4	6	45	63	1	1	2	3	19	27	71
Wales	7	4	82	53	3	2	0	0	64	41	156
United Kingdom	157	7	1041	47	17	1	24	1	994	45	2233

Table 69: Worst axillary b	iopsy resu	It for	invasive	cano	er case	s with	a norma	l axil	ary ultra	soun	d result
Sub-region	C1/B1		C2/E	C2/B2		C3/B3		4	C5/B5		Total
_	No.	%	No.	%	No.	%	No.	%	No.	%	
East Midlands	2	50	1	25	0	0	0	0	1	25	4
East of England	0	0	0	0	0	0	0	0	0	0	0
London	0	0	6	86	0	0	0	0	1	14	7
N East, Yorks & Humber	1	13	6	75	0	0	1	13	0	0	8
North West	0	0	1	100	0	0	0	0	0	0	1
South East	0	0	3	50	1	17	0	0	2	33	6
South West	3	30	3	30	1	10	0	0	3	30	10
West Midlands	0	0	1	33	0	0	0	0	2	67	3
Northern Ireland	2	11	12	63	0	0	1	5	4	21	19
Wales	0	0	2	100	0	0	0	0	0	0	2
United Kingdom	8	13	35	58	2	3	2	3	13	22	60

Table 70: Positive predictive abno			axillar nal axil					ve car	ncers w	ith an
Sub-region	C1/B1		C2/B2		C3/B3		C4/B4		C5/B5	
G	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	4	31	6	8	0	-	0	-	66	97
East of England	2	18	16	21	0	0	0	-	50	96
London	4	44	24	21	1	33	3	75	58	97
N East, Yorks & Humber	7	37	34	17	1	50	5	71	127	99
North West	1	10	21	17	0	0	4	100	72	96
South East	5	36	10	18	1	100	2	100	44	94
South West	11	31	24	24	0	0	2	100	61	91
West Midlands	5	31	11	13	0	0	0	-	57	100
Northern Ireland	2	40	11	20	0	0	1	50	16	76
Wales	3	50	15	19	1	50	0	-	55	98
United Kingdom	44	32	172	18	4	29	17	81	606	96

^{*}Excluded cases with neo-adjuvant therapy.

	Total with positive nodal	-	Had positive pre-op ax assessment			
Sub-region	status	No	%			
East Midlands	214	66	31			
East of England	225	51	23			
London	250	58	23			
N East, Yorks & Humber	379	127	34			
North West	308	72	23			
South East	301	44	15			
South West	350	61	17			
West Midlands	228	57	25			
Northern Ireland	64	16	25			
Wales	195	55	28			
United Kingdom	2319	607	26			

^{*}Excluded cases with neo-adjuvant therapy.

	Table 72: Nodal positivity for invasive cancers without neo-adjuvant therapy and without/with unknown pre-op axillary assessment									
	Total without/unknown	Positive nodal state								
Sub-region	pre-op ax	No	%							
East Midlands	978	138	14							
East of England	1108	156	14							
London	1141	160	14							
N East, Yorks & Humber	1657	205	12							
North West	1450	210	14							
South East	1493	239	16							
South West	1646	252	15							
West Midlands	1122	155	14							
Northern Ireland	264	34	13							
Wales	721	121	17							
United Kingdom	11580	1670	14							

^{*}Excluded cases with neo-adjuvant therapy.

Table 73: Ax	illary bi	opsy r	esults	for inv	asive o	cancer	s with	positiv	e noda	al statu	S
Sub-region	C1/	C1/B1		C2/B2		В3	C4/	В4	C5	/B5	Invasive cases with positive
_	No.	%	No.	%	No.	%	No.	%	No.	%	nodal status
East Midlands	4	2	6	3	0	0	0	0	66	31	214
East of England	2	1	16	7	0	0	0	0	51	23	225
London	4	2	24	10	1	0	3	1	58	23	250
N East, Yorks & Humber	7	2	34	9	1	0	5	1	127	34	379
North West	1	0	21	7	0	0	4	1	72	23	308
South East	5	2	10	3	1	0	2	1	44	15	301
South West	11	3	24	7	0	0	2	1	61	17	350
West Midlands	5	2	11	5	0	0	0	0	57	25	228
Northern Ireland	2	3	11	17	0	0	1	2	16	25	64
Wales	3	2	15	8	1	1	0	0	55	28	195
United Kingdom	44	2	172	7	4	0	17	1	607	24	2514

Table 74: <i>A</i>	Availability o	of lymph r	node stat	us for sur	gically tre	ated inva	sive can	cers		
	Total invasive cancers with	Nodal status known		obtain	des ed but nknown		odes ined	Unknown if nodes obtained		
Sub-region	surgery	No.	%	No.	%	% No.		No.	%	
East Midlands	1198	1192	99	0	0	6	1	0	0	
East of England	1375	1368	99	0	0	7	1	0	0	
London	1485	1455	98	1	0	25	2	4	0	
N East, Yorks & Humber	2120	2102	99	0	0	18	1	0	0	
North West	1801	1788	99	0	0	12	1	1	0	
South East	1737	1714	99	0	0	23	1	0	0	
South West	2005	1985	99	0	0	20	1	0	0	
West Midlands	1388	1380	99	0	0	8	1	0	0	
Northern Ireland	364	356	98	0	0	8	2	0	0	
Wales	903	884	98	0	0	19	2	0	0	
United Kingdom	14376	14224	99	1	0	146	1	5	0.0	

Table 75: Sentinel ly	mph nod	e proced	dure for in	nvasive (cancers w	ith axilla	ry surger	у
	With SLNB		Withou	t SLNB	Unknow procedu		Total	
Sub-region	No. %		No.	%	No.	%	No.	%
East Midlands	1065	89	127	11	0	0	1192	100
East of England	1254	92	114	8	0	0	1368	100
London	1341	92	115	8	0	0	1456	100
N East, Yorks & Humber	1902	90	202	10	0	0	2104	100
North West	1648	92	143	8	0	0	1791	100
South East	1578	92	140	8	0	0	1718	100
South West	1833	92	155	8	0	0	1988	100
West Midlands	1272	92	109	8	0	0	1381	100
Northern Ireland	321	90	35	10	0	0	356	100
Wales	796	90	90	10	0	0	886	100
United Kingdom	13010	91	1230	9	0	0	14240	100

Table 7	6: Nodal status of inva	asive cancer	s with know	n status	
	Total known nodal	Pos	itive	Neg	ative
Sub-region	status	No.	%	No.	%
East Midlands	1192	237	20	955	80
East of England	1368	264	19	1104	81
London	1455	293	20	1162	80
N East, Yorks & Humber	2102	404	19	1698	81
North West	1788	348	19	1440	81
South East	1714	340	20	1374	80
South West	1985	401	20	1584	80
West Midlands	1380	250	18	1130	82
Northern Ireland	356	65	18	291	82
Wales	884	204	23	680	77
United Kingdom	14224	2806	20	11418	80

Table 77: Number of nodes taken for invasive cases without SLNB/ with unknown nodal procedure type										
	Total with		0 node obtained		1,2,3 nodes obtained		des ined	Unknowr		
Sub-region	axillary surgery	No.	%	No.	%	No.	%	No.	%	
East Midlands	127	0	0	3	2	124	98	0	0	
East of England	114	0	0	8	7	106	93	0	0	
London	115	0	0	5	4	110	96	0	0	
N East, Yorks & Humber	202	1	0	14	7	187	93	0	0	
North West	143	0	0	5	3	137	96	1	1	
South East	140	3	2	5	4	132	94	0	0	
South West	155	1	1	11	7	143	92	0	0	
West Midlands	109	1	1	8	7	100	92	0	0	
Northern Ireland	35	0	0	5	14	30	86	0	0	
Wales	90	1	1	5	6	84	93	0	0	
United Kingdom	1230	7	1	69	6	1153	94	1	0	

		With	SLNB		Withou	t SLNB		
	Pos	itive	Nega	tive	Pos	itive	Negative	
Sub-region	No.	%	No.	%	No.	%	No.	%
East Midlands	150	14	915	86	87	69	40	31
East of England	187	15	1067	85	77	68	37	32
London	203	15	1135	85	90	78	27	23
N East, Yorks & Humber	256	13	1645	86	148	73	53	26
North West	242	15	1404	85	106	74	36	25
South East	250	16	1327	84	90	64	47	34
South West	284	15	1547	84	117	75	37	24
West Midlands	178	14	1094	86	72	66	36	33
Northern Ireland	45	14	276	86	20	57	15	43
Wales	133	17	662	83	71	79	18	20
United Kingdom	1928	15	11072	85	878	71	346	28

Table 79: Number of no	des obta	ined for	invasive	e cancer	s with po	sitive no	dal statu	s determ	ined fro	m SLNB
		1-<4 r	nodes ol	otained			4+ n	odes obt	tained	
	1 Ax op 2+ Ax		x ops	cops		1 Ax op		x ops	Total	
Sub-region	No.	%	No.	%	Total	No.	%	No.	%	Total
East Midlands	78	99	1	1	79	33	46	38	54	71
East of England	54	100	0	0	54	32	24	101	76	133
London	93	100	0	0	93	36	33	74	67	110
N East, Yorks & Humber	113	100	0	0	113	60	42	83	58	143
North West	125	100	0	0	125	35	30	82	70	117
South East	110	100	0	0	110	63	45	77	55	140
South West	135	99	1	1	136	92	62	56	38	148
West Midlands	75	100	0	0	75	29	28	74	72	103
Northern Ireland	14	100	0	0	14	10	32	21	68	31
Wales	62	100	0	0	62	19	27	52	73	71
United Kingdom	859	100	2	0	861	409	38	658	62	1067

	Table	80: Statu	s of inv	vasive	cases w	th <4 r	nodes	obtained					
	Total with nodes obtained	determin	odal status termined on assis of <4 procedure(s) Positive sentinel (Other) procedure		inel	Nega (Ot	Unknown status						
Sub-region		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1192	892	74.8	79	6.6	1	0.1	810	68	2	0.2	0	0
East of England	1368	939	68.6	54	3.9	0	0.0	877	64	8	0.6	0	0
London	1456	1098	75.4	93	6.4	2	0.1	997	68	5	0.3	1	0
N East, Yorks & Humber	2102	1540	73.3	113	5.4	3	0.1	1413	67	11	0.5	0	0
North West	1788	1360	76.1	125	7.0	0	0.0	1230	69	5	0.3	0	0
South East	1714	1271	74.2	110	6.4	0	0.0	1156	67	5	0.3	0	0
South West	1985	1532	77.2	136	6.9	2	0.1	1385	70	9	0.5	0	0
West Midlands	1380	1039	75.3	75	5.4	0	0.0	956	69	8	0.6	0	0
Northern Ireland	356	257	72.2	14	3.9	0	0.0	238	67	5	1.4	0	0
Wales	884	656	74.2	62	7.0	2	0.2	589	67	3	0.3	0	0
United Kingdom	14225	10584	74	861	6.1	10	0.1	9651	68	61	0.4	1	0

Table 81: Availab	oility of lymph no	de stati	us for si	urgically	treated	non-in	vasive c	ancers	
	Total non-invasive cancers		Nodes Nodal status obtained but status unknown		No no		Unknown if nodes obtained		
Sub-region		No. % N		No.	%	No.	%	No.	%
East Midlands	269	66	25	0	0	203	75	0	0
East of England	303	77	25	0	0	226	75	0	0
London	469	115	25	0	0	352	75	2	0
N East, Yorks & Humber	487	117	24	0	0	370	76	0	0
North West	439	120	27	0	0	319	73	0	0
South East	485	104	21	0	0	381	79	0	0
South West	532	120	23	0	0	412	77	0	0
West Midlands	359	90	25	0	0	269	75	0	0
Northern Ireland	88	24	27	0	0	64	73	0	0
Wales	256	83	32	0	0	173	68	0	0
United Kingdom	3687	916	25	0	0	2769	75	2	0

Table 82:	Treatment	for non-inva	asive cancers wit	h known no	dal status	
		ation with odal status	Total Conservation	Mastecto known no	Total mastectomy	
Sub-region	No.	%		No.	%]
East Midlands	8	4	195	58	78	74
East of England	18	8	229	59	80	74
London	23	6	367	92	92	100
N East, Yorks & Humber	13	3	377	104	95	110
North West	13	4	324	107	93	115
South East	11	3	379	93	88	106
South West	19	4	428	101	97	104
West Midlands	13	5	279	77	96	80
Northern Ireland	5	7	68	19 95		20
Wales	9	5	176	74 93		80
United Kingdom	132	5	2822	784 91		863

	Table 83: Nodal sta	tus of non-in	vasive cancers	3	
	Total known nodal	Pos	sitive	Neg	ative
Sub-region	status	status No. %		No.	%
East Midlands	66	1	2	65	98
East of England	77	2	3	75	97
London	115	2	2	113	98
N East, Yorks & Humber	117	0	0	117	100
North West	120	1	1	119	99
South East	104	4	4	100	96
South West	120	3	3	117	98
West Midlands	90	1	1	89	99
Northern Ireland	24	0	0	24	100
Wales	83	0	0	83	100
United Kingdom	916	14	2	902	98

Table 84: Sentine	l lymph	node	e proce	dure	for no	n-invas	sive ca	ncers v	with a r	nastec	tomy and knov	vn nodal s	status
						Withou	ıt SLNI	3					
	-	With SLNB		t ling	A clear		Unkn		inter A proce	nded x	Total with mastectomy	Total known nodal status	% determined on basis of SLNB
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%			
East Midlands	54	73	4	5	0	0.0	0	0.0	0	0.0	74	58	93
East of England	57	77	1	1	0	0.0	0	0.0	1	1.4	74	59	97
London	91	91	0	0	1	1.0	0	0.0	0	0.0	100	92	99
N East, Yorks & Humber	102	93	2	2	0	0.0	0	0.0	0	0.0	110	104	98
North West	104	90	2	2	1	0.9	0	0.0	0	0.0	115	107	97
South East	91	86	0	0	2	1.9	0	0.0	0	0.0	106	93	98
South West	99	95	1	1	0	0.0	0	0.0	1	1.0	104	101	98
West Midlands	77	96	0	0	0	0.0	0	0.0	0	0.0	80	77	100
Northern Ireland	17	85	1	5	1	5.0	0	0.0	0	0.0	20	19	89
Wales	70	88	0	0	3	3.8	0	0.0	1	1.3	80	74	95
United Kingdom	762	88	11	1	8	0.9	0	0.0	3	0.3	863	784	97

Table 85: Sent	inel lyn	nph n	ode pr	oced	ure for	non-in	vasive	cance	rs with	BCS a	and known n	odal statu	ıs
						Withou	ut SLN	В					
		With SLNB		Ax sampling		x ance	Unkr proce		inter A proce	nded x	Total with BCS	Total known nodal status	% determined on basis of SLNB
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%			
East Midlands	8	4	0	0	0	0.0	0	0.0	0	0.0	195	8	100
East of England	16	7	0	0	0	0.0	0	0.0	2	0.9	229	18	89
London	23	6	0	0	0	0.0	0	0.0	0	0.0	367	23	100
N East, Yorks & Humber	13	3	0	0	0	0.0	0	0.0	0	0.0	377	13	100
North West	13	4	0	0	0	0.0	0	0.0	0	0.0	324	13	100
South East	10	3	1	0	0	0.0	0	0.0	0	0.0	379	11	91
South West	19	4	0	0	0	0.0	0	0.0	0	0.0	428	19	100
West Midlands	13	5	0	0	0	0.0	0	0.0	0	0.0	279	13	100
Northern Ireland	5	7	0	0	0	0.0	0	0.0	0	0.0	68	5	100
Wales	7	4	0	0	0	0.0	0	0.0	2	1.1	176	9	78
United Kingdom	127	5	1	0	0	0.0	0	0.0	4	0.1	2822	132	96

	Total		Conservation	on		Mastectom	ıy
Sub-region	known nodal status	Mean	Median	Maximum	Mean	Median	Maximum
East Midlands	66	2	2	3	2	2	8
East of England	77	2	2	8	2	2	7
London	115	2	2	7	3	2	9
N East, Yorks & Humber	117	2	2	4	2	2	6
North West	120	2	2	4	2	2	9
South East	104	2	2	3	2	2	10
South West	120	2	2	3	3	2	7
West Midlands	90	2	2	4	2	2	18
Northern Ireland	24	2	2	3	2	2	6
Wales	83	2	2	4	2	2	11
United Kingdom	916	2	2	8	2	2	18

Т	able 87:	Propor	rtion of inv	vasive	can	cers	with	axillary	/ sur	gery at	the f	irst a	and late	er oper	ation			
			(exc	cluding	j no	surg	ery/u	nknow	n su	rgery o	cases)						
			B5b						C5 (only					B5	a		
	Total						Total	% had	Ax	in 1st	Ax	in	Total	% had			Ax in	later
	B5b	Ax	Ax in 1s	st op	late	r op	C5	Ax	(ор	late	r op	B5a	Ax	Ax in 1	st op	op)
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1140	99	1134	99	0	0	0	ı	0	ı	0	-	41	100	17	41	24	41
East of England	1312	100	1307	100	0	0	0	-	0	-	0	-	44	98	19	43	24	44
London	1403	99	1388	99	1	0	0	•	0	•	0	-	65	88	36	55	21	65
N East, Yorks & Humber	2037	100	2033	100	0	0	0	1	0	1	0	-	61	85	25	41	27	61
North West	1713	100	1709	100	0	0	2	100	2	100	0	0	70	93	29	41	36	70
South East	1671	99	1660	99	0	0	0	1	0	1	0	-	48	83	20	42	20	48
South West	1911	99	1901	99	0	0	3	100	3	100	0	0	68	94	32	47	32	68
West Midlands	1336	100	1329	99	2	0	0	1	0	1	0	-	41	98	24	59	16	41
Northern Ireland	344	99	338	98	1	0	1	100	1	100	0	0	17	88	6	35	9	53
Wales	848	99	837	99	0	0	0	ı	0	ı	0	-	43	91	16	37	23	53
United Kingdom	13715	99	13636	99	4	0	6	100	6	100	0	0	498	92	224	45	232	47

		t 1st Ax p		IB at 1st	Total node positive	Total with repeat Ax	% repeat Ax op after
Sub-region	No	%	No	%	invasive	ор	SLNB
East Midlands	38	16	1	0	237	39	97
East of England	101	38	4	2	264	105	96
London	74	25	1	0	293	75	99
N East, Yorks & Humber	82	20	4	1	404	86	95
North West	82	24	1	0	348	83	99
South East	77	23	1	0	340	78	99
South West	57	14	1	0	401	58	98
West Midlands	74	30	0	0	250	74	100
Northern Ireland	21	32	1	2	65	22	95
Wales	52	25	0	0	204	52	100
United Kingdom	658	23	14	0	2806	672	98

Appendix 3: Adjuvant therapy data tables (89 – 114)

Adjuvant therapy audit with tumour data from the 2015/2016 audit of screen-detected breast cancers

Т	able 89: Numb	er of cases	with previou	us cancers	5		
	Total			Had pr	evious	No prev	ious
	submitted	Total pt	%	cand	cers	cance	ers
Sub-region	cases	matched	matched	No.	%	No.	%
East Midlands	1678	1677	100	185	11	1492	89
East of England	1803	1803	100	210	12	1593	88
London	2109	2092	99	202	10	1890	90
N East, Yorks & Humber	2783	2782	100	389	14	2393	86
North West	2209	2208	100	216	10	1992	90
South East	3441	3430	100	397	12	3033	88
South West	2167	2166	100	242	11	1924	89
West Midlands	1940	1938	100	251	13	1687	87
Northern Ireland	543	416	77	33 8		383	92
Wales	1078	1018	94	75 7		943	93
United Kingdom	20617	20238	98	2333	12	17905	88

		Table 9	0: Type of	f previous car	ncers				
		Total		Invasive/	micro-inva	asive*		Non-inv	asive*
Sub-region	Total matched	previous cancers	Breast	Gynae- cological	Bowel	Haema- tological	Other	Breast	Other
East Midlands	1677	185	65	20	17	7	24	16	43
East of England	1803	210	83	21	8	10	20	31	55
London	2092	202	75	21	12	12	27	22	43
N East, Yorks & Humber	2782	389	134	34	26	16	43	35	131
North West	2208	216	82	24	13	12	33	15	56
South East	3430	397	163	37	17	13	56	30	99
South West	2166	242	101	23	8	11	34	30	62
West Midlands	1938	251	98	43	15	7	25	13	69
Northern Ireland	416	33	16	6	4		3	3	1
WALES	1018	75	61	18	10	6	22	19	51
United Kingdom	20238	2333	915	259	136	100	310	234	654
% of previous cancers	-	100	39	11	6	4	13	10	28
% of matched	100	12	5	1	1	0	2	1	3

^{*} A patient can have more than one previous cancer.

Table	91: Adjuvant treatme	ent of case	es with pre	vious breas	st cancers		
	Women with previous breast	Had	d RT	Нас	I CT	Нас	I ET
Sub-region	cancers	No.	%	No.	%	No.	%
East Midlands	82	31	38	29	35	27	33
East of England	118	50	42	24	20	42	36
London	94	27	29	17	18	23	24
N East, Yorks & Humber	166	75	45	55	33	98	59
North West	97	31	32	25	26	17	18
South East	157	55	35	28	18	36	23
South West	162	57	35	39	24	73	45
West Midlands	111	48	43	27	24	40	36
Northern Ireland	18	10	56	3	17	12	67
Wales	75	26	35	14	19	50	67
United Kingdom	1080	410	38	261	24	418	39

Tabl	Table 92: 2015/16 cases supplied to the NHSBSP adjuvant audit														
	Total		data plied	Exclude	d cases	Total E	ligible	Comple	te data*						
Sub-region	Cancers	No.	%	No.	%	No.	%	No.	%						
East Midlands	1768	0	0	82	5	1686	1686 95		11						
East of England	1904	0	0	118	6	1786	94	204	11						
London	2109	0	0	94	4	2015	96	48	2						
N East, Yorks & Humber	2783	0	0	166	6	2617	94	398	14						
North West	2209	0	0	97	4	2112	96	90	4						
South East	2587	0	0	157	6	2430	94	87	3						
South West	3021	0	0	162	5	2859	95	173	6						
West Midlands	1940	0	0	111	6	1829	94	88	5						
Northern Ireland	543	49	9	18	3	476 88		463	85						
Wales	1166	0	0	75	6	1091 94		1067	92						
United Kingdom	20030	49	0	1080	5	18901 94 2808			14						

^{*} Cases which are eligible and with complete RT, CT and HT data.

-	Table 93: D	ata comp	leten	ess for ad	juvant	therapy			
	Total	Complet	e RT	Comple	te CT	Comple	te ET	Comp RT, CT	
Sub-region	Eligible	No.	%	No.	%	No.	%	No.	%
East Midlands	1686	1262	75	469	28	594	35	190	11
East of England	1786	1371	77	445	25	831	47	204	11
London	2015	1332	66	419	21	373	19	48	2
N East, Yorks & Humber	2617	1950	75	796	30	1432	55	398	15
North West	2112	1412	67	442	21	652	31	90	4
South East	2430	1657	68	496	20	494	20	87	4
South West	2859	1995	70	568	20	1262	44	173	6
West Midlands	1829	1308	72	417	23	579	32	88	5
Northern Ireland	476	475	100	473	99	463 97		463	97
Wales	1091	1082	99	1078	99	1074 98		1067	98
United Kingdom	18901	13844	73	5603	30	7754 41		2808	15

				Invas	ive					No	n-in	vasive		
	RT		No	RT	Unkno RT	wn	R	Γ	No	RT	Unkn		Non- invasive	
Sub-region	No.	%	No.	%	No.	%	total	No.	%	No.	%	No.	%	total
East Midlands	1084	80	0	0	266	20	1350	174	53	0	0	153	47	327
East of England	1194	82	0	0	258	18	1452	168	53	0	0	151	47	319
London	1116	74	0	0	396	26	1512	203	42	0	0	282	58	485
N East, Yorks & Humber	1689	81	0	0	394	19	2083	252	49	0	0	266	51	518
North West	1247	74	0	0	439	26	1686	153	38	0	0	251	62	404
South East	1478	77	0	0	439	23	1917	167	34	0	0	329	66	496
South West	1749	78	0	0	500	22	2249	233	39	0	0	357	61	590
West Midlands	1145	79	0	0	312	21	1457	159	44	0	0	204	56	363
Northern Ireland	334	87	50	13	1	0	385	44	50	44	50	0	0	88
Wales	686	78	191	22	7	1	884	92	46	108	53	2	1	202
United Kingdom	11722	78	241	2	3012	20	14975	1645	43	152	4	1995	53	3792

		Table 95:	Radiothe	rapy						
				Overal	I					
	RT	1	No I	RT	Unknov	vn RT	Overall			
Sub-region	No.	%	%	total						
East Midlands	1262	75	424	25	1686					
East of England	1371	1371 77 0 0 415 23								
London	1332	1332 66 0 0 683 34								
N East, Yorks & Humber	1950	75	0	0	667	25	2617			
North West	1412	67	0	0	700	33	2112			
South East	1657	68	0	0	773	32	2430			
South West	1995	70	0	0	864	30	2859			
West Midlands	1308	72	0	0	521	28	1829			
Northern Ireland	381	80	94	20	1	0	476			
Wales	781	72	301	28	9	1	1091			
United Kingdom	13449	13449 71 395 2 5057 27 189								

				Tab	le 96: Cł	nemo	therapy							
				Invasi	ive					Micro	/non	-invasi	ve	
	СТ	•	No	СТ	Unkno CT		Invasive	C	Γ	No	СТ	Unkne C1		Micro/n on-
Sub-region	No.	%	No.	%	No.	%	total	No.	%	No.	%	No.	%	invasive total
East Midlands	465	34	0	0	885	66	1350	4	1	0	0	332	99	336
East of England	441	30	0	0	1011	70	1452	4	1	0	0	329	99	333
London	415	27	0	0	1097	73	1512	4	1	0	0	499	99	503
N East, Yorks & Humber	787	38	0	0	1296	62	2083	9	2	0	0	524	98	533
North West	433	26	0	0	1253	74	1686	9	2	0	0	416	98	425
South East	490	26	0	0	1427	74	1917	6	1	0	0	507	99	513
South West	564	25	0	0	1685	75	2249	4	1	0	0	606	99	610
West Midlands	414	28	0	0	1043	72	1457	3	1	0	0	369	99	372
Northern Ireland	92	24	290	75	3	1	385	0	0	91	100	0	0	91
Wales	220	25	652	74	12	1	884	0	0	206	100	1	0	207
United Kingdom	4321	29	942	6	9712	65	14975	43	1	297	8	3583	91	3923

	Т	able 97:	Chemothe	erapy			
				Overal	I		
	СТ	•	No	СТ	Unknov	vn CT	Overall
Sub-region	No.	%	No.	%	No.	%	total
East Midlands	469	28	0	0	1217	72	1686
East of England	445	25	0	0	1341	75	1786
London	419	21	0	0	1596	79	2015
N East, Yorks & Humber	796	30	0	0	1821	70	2617
North West	442	21	0	0	1670	79	2112
South East	496	20	0	0	1934	80	2430
South West	568	20	0	0	2291	80	2859
West Midlands	417	23	0	0	1412	77	1829
Northern Ireland	92	19	381	80	3	1	476
Wales	220	20	858	79	13	1	1091
United Kingdom	4364	23	1239	7	13298	70	18901

				ne Therapy	,									
				Invasi	ve					Micr	o/noı	า-invas	ive	
	ET	ET No ET Unknown ET Invasive total							Γ	No	ET	Unkn		Micro/non -invasive
Sub-region	No.	%					totai	No.	%	No.	%	No.	%	total
East Midlands	594	44	0	0	756	56	1350	0	0	0	0	336	100	336
East of England	822	57	0	0	630	43	1452	9	3	0	0	324	97	333
London	355	23	0	0	1157	77	1512	18	4	0	0	485	96	503
N East, Yorks & Humber	1392	67	0	0	691	33	2083	40	8	0	0	493	92	533
North West	634	38	0	0	1052	62	1686	18	4	0	0	407	96	425
South East	479	25	0	0	1438	75	1917	15	3	0	0	498	97	513
South West	1239	55	0	0	1010	45	2249	23	4	0	0	587	96	610
West Midlands	579	40	0	0	878	60	1457	0	0	0	0	372	100	372
Northern Ireland	349	91	33	9	3	1	385	7	8	74	81	10	11	91
Wales	781	88	88	10	15	2	884	8	4	197	95	2	1	207
United Kingdom	7224	48	121	1	7630	51	14975	138	4	271	7	3514	90	3923

	Tab	ole 99: Ei	ndocrine 1	Therapy			
				Overa	I		
	ET	•	No	ET	Unknov	vn ET	Overall
Sub-region	No.	%	No.	%	No.	%	total
East Midlands	594	35	0	0	1092	65	1686
East of England	831	47	0	0	955	53	1786
London	373	19	0	0	1642	81	2015
N East, Yorks & Humber	1432	55	0	0	1185	45	2617
North West	652	31	0	0	1460	69	2112
South East	494	20	0	0	1936	80	2430
South West	1262	44	0	0	1597	56	2859
West Midlands	579	32	0	0	1250	68	1829
Northern Ireland	356	75	107	22	13	3	476
Wales	789	72	285	26	17	2	1091
United Kingdom	7362	39	392	2	11147	59	18901

(excluding	g neo-a	djuvan	t and i	ntra-c	perative	RTc	ases an	d cas	es with	chemo	therapy)	– inva	sive	
	≤ 14	days	≤ 3 day	-	≤ 60 d	ays	≤ 90 d	ays	≤ 120	days	≤ 200	days	Median	Total
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		No.
East Midlands	1	0	4	0	393	44	678	77	705	80	706	80	58	885
East of England	8	1	36	4	482	48	779	77	811	80	822	81	56	1009
London	0	0	4	0	493	45	735	67	778	71	786	72	55	1093
N East, Yorks & Humber	0	0	5	0	579	45	985	76	1036	80	1048	81	58	1296
North West	0	0	14	1	599	48	886	71	917	73	922	74	54	1253
South East	0	0	1	0	458	32	967	68	1029	72	1050	74	62	1426
South West	2	0	10	1	698	41	1237	73	1290	77	1298	77	58	1684
West Midlands	0	0	4	0	263	25	716	69	812	78	823	79	66	1043
Northern Ireland	0	0	7	2	146	50	231	79	247	84	249	85	56	293
Wales	0	0	0	0	164	25	420	63	461	69	464	70	64	664
United Kingdom	11	0	85	1	4275	40	7634	72	8086	76	8168	77	59	10646

Table 101: Time from final surgery to radiotherapy (excluding neo-adjuvant and intra-operative RT cases and cases with chemotherapy) – non - invasive														
(excluding ne	eo-adju	vant a	nd intra	a-ope	rative R	T cas	es and c	ases	with che	emothe	rapy) – r	non - in	vasive	
	≤ 14	days	≤ 3 day		≤ 60 d	ays	≤ 90 d	ays	≤ 120	days	≤ 200	days	Median	Total
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		No.
East Midlands	0	0	1	0	92	28	169	52	173	54	173	54	59	323
East of England	4	1	11	3	94	30	158	50	164	52	165	52	57	315
London	0	0	2	0	124	26	178	37	190	40	194	40	54.5	480
N East, Yorks & Humber	0	0	2	0	154	30	229	45	241	47	248	49	57	510
North West	0	0	1	0	99	25	147	37	148	37	148	37	53	395
South East	0	0	1	0	68	14	150	31	161	33	162	33	63	490
South West	0	0	0	0	127	22	213	36	228	39	228	39	59	586
West Midlands	0	0	0	0	49	14	139	39	157	43	158	44	68	361
Northern Ireland	0	0	1	1	33	38	42	48	42	48	43	49	52.5	88
Wales	0	0	0	0	33	16	72	36	80	40	82	41	63	202
United Kingdom	4	0	19	1	873	23	1497	40	1584	42	1601	43	58	3750

Table 102: Time from assessment to radiotherapy (excluding cases with chemotherapy) - invasive														
	≤ 14	days	≤ 3 day		≤ 60 d	ays	≤ 90 d	ays	≤ 120 c	lays	≤ 200	days	Media	Total
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	n	No.
East Midlands	0	0	0	0	10	1	346	39	614	69	692	78	91	885
East of England	0	0	1	0	39	4	364	36	664	66	810	80	94	1011
London	0	0	1	0	15	1	280	26	600	55	761	69	98	1097
N East, Yorks & Humber	0	0	0	0	17	1	435	34	877	68	1039	80	95	1296
North West	0	0	0	0	47	4	470	38	796	64	916	73	90	1253
South East	0	0	0	0	9	1	207	15	700	49	1027	72	111	1427
South West	0	0	1	0	13	1	437	26	1021	61	1273	76	99	1685
West Midlands	0	0	0	0	10	1	209	20	566	54	815	78	105	1043
Northern Ireland	0	0	0	0	29	10	140	48	197	67	248	85	85	293
Wales	0	0	0	0	5	1	146	22	349	53	460	69	101	664
United Kingdom	0	0	3	0	194	2	3034	28	6384	60	8041	75	98	10654

Table 103: Time from assessment to radiotherapy - Non - invasive														
< 14 days < 30 days ≤ 60 < 90 days < 120 days < 200 days														
	Median													
Sub-region	No. % No. % No. % No. % No. %											No.		
East Midlands	0	0	0	0	1	0	61	19	139	43	171	53	99	323
East of England	0	0	0	0	9	3	67	21	135	43	165	52	94	315
London	0	0	0	0	2	0	59	12	147	31	196	41	104	481
N East, Yorks & Humber	0	0	0	0	2	0	92	18	182	36	242	47	99	510
North West	0	0	0	0	2	1	62	16	122	31	145	37	93	395
South East	0	0	0	0	2	0	19	4	85	17	158	32	119	490
South West	0	0	0	0	0	0	69	12	155	26	224	38	105	586
West Midlands	0	0	0	0	1	0	27	7	94	26	157	43	112	361
Northern Ireland	0	0	1	1	2	2	25	28	40	45	44	50	83	88
Wales	0	0	0	0	0	0	21	10	54	27	80	40	112	202
United Kingdom	0	0	1	0	21	1	502	13	1153	31	1582	42	104	3751

Table 104: Median days	from final su		nerapy for
Sub-region	Median	First quartile	Third quartile
East Midlands	58	50	69
East of England	56	47	68
London	55	48	67
N East, Yorks & Humber	58	49	69
North West	54	46	65
South East	62	54	76
South West	58	49	70
West Midlands	66	57	78
Northern Ireland	56	47	71
Wales	64	56	76
United Kingdom	59	50	70

Table 105: Invasive cand surgery and received ra			
	surgery	/	<u>-</u>
	Within	52 days	Total invasive
Sub-region	No	%	with BCS
East Midlands	205	30	692
East of England	316	39	804
London	316	41	763
N East, Yorks & Humber	342	33	1025
North West	405	45	891
South East	231	23	1016
South West	420	34	1250
West Midlands	98	12	800
Northern Ireland	95	41	233
Wales	66	15	450
United Kingdom	2494	31	7924

	Table 106: Invasive status of cancers Invasive Micro-invasive Non-invasive Unknown Total														
	Inva	sive	Micro-i	nvasive	Non-in	vasive	Unkr	nown	То	tal					
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%					
East Midlands	1350	80	9	1	327	19	0	0	1686	100					
East of England	1452	81	14	1	319	18	1	0	1786	100					
London	1512	75	18	1	485	24	0	0	2015	100					
N East, Yorks & Humber	2083	80	15	1	518	20	1	0	2617	100					
North West	1686	80	21	1	404	19	1	0	2112	100					
South East	1917	79	17	1	496	20	0	0	2430	100					
South West	2249	79	20	1	590	21	0	0	2859	100					
West Midlands	1457	80	9	0	363	20	0	0	1829	100					
Northern Ireland	385	81	3	1	88	18	0	0	476	100					
Wales	884	81	5	0	202	19	0	0	1091	100					
United Kingdom	14975	79	131	1	3792	20	3	0	18901	100					

	1	Table 10	7: Treatr	nent of i	nvasive	cancers	3			
	Conse		Maste	ctomy	No Su	ırgery	Unkr	nown	То	tal
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1058	78	268	20	24	2	0	0	1350	100
East of England	1165	80	260	18	27	2	0	0	1452	100
London	1169	77	270	18	73	5	0	0	1512	100
N East, Yorks & Humber	1652	79	393	19	38	2	0	0	2083	100
North West	1319	78	338	20	29	2	0	0	1686	100
South East	1571	82	315	16	31	2	0	0	1917	100
South West	1794	80	424	19	31	1	0	0	2249	100
West Midlands	1161	80	272	19	24	2	0	0	1457	100
Northern Ireland	310	81	67	17	8	2	0	0	385	100
Wales	661	75	203	23	20	2	0	0	884	100
United Kingdom	11860	79	2810	19	305	2	0	0	14975	100

Table 108: Radiot	Table 108: Radiotherapy for invasive cancers treated by conservation surgery								
	Radiothe			o/unknown idiotherapy		tal			
Sub-region	No.	%	No.	%	No.	%			
East Midlands	1003	95	55	5	1058	100			
East of England	1106	95	59	5	1165	100			
London	987	84	182	16	1169	100			
N East, Yorks & Humber	1557	94	95	6	1652	100			
North West	1141	87	178	13	1319	100			
South East	1337	85	234	15	1571	100			
South West	1606	90	188	10	1794	100			
West Midlands	1045	90	116	10	1161	100			
Northern Ireland	301	97	9	3	310	100			
Wales	631	95	30	5	661	100			
United Kingdom	10714	90	1146	10	11860	100			

Table 109: Radioth	Table 109: Radiotherapy for non-invasive cancers treated by conservation surgery								
	Radiotherapy			known herapy	Total				
Sub-region	No.	%	No.	%	No.	%			
East Midlands	173	75	57	25	230	100			
East of England	167	70	72	30	239	100			
London	197	56	153	44	350	100			
N East, Yorks & Humber	250	65	135	35	385	100			
North West	151	49	155	51	306	100			
South East	162	44	210	56	372	100			
South West	231	50	233	50	464	100			
West Midlands	153	58	112	42	265	100			
Northern Ireland	42	64	24	36	66	100			
Wales	90	60	59	40	149	100			
United Kingdom	1616	57	1210	43	2826	100			

Table 110: Cytonuclear grade of non-invasive cancers treated by conservation surgery with no/unknown radiotherapy												
	Hi	gh	Interm	ediate	Lo	w		ot sable	Unkr	nown	То	tal
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	4	7	26	46	21	37	6	11	0	0	57	100
East of England	15	21	28	39	20	28	8	11	1	1	72	100
London	48	31	61	40	24	16	13	8	7	5	153	100
N East, Yorks & Humber	21	16	65	48	36	27	11	8	2	1	135	100
North West	34	22	88	57	26	17	4	3	3	2	155	100
South East	50	24	77	37	46	22	35	17	2	1	210	100
South West	76	33	95	41	34	15	27	12	1	0	233	100
West Midlands	26	23	52	46	23	21	10	9	1	1	112	100
Northern Ireland	2	8	10	42	6	25	6	25	0	0	24	100
Wales	9	15	30	51	19	32	1	2	0	0	59	100
United Kingdom	285	24	532	44	255	21	121	10	17	1	1210	100

Table 111: Size of non-	-invasiv	e canc	ers trea	ted by	conser	vation	surgery	with n	o/unkn	own ra	diother	ару
	<15	mm	15-≤4	0mm	>40	mm		ot sable	Unkr	nown	То	tal
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	26	46	21	37	0	0	5	9	5	9	57	100
East of England	41	57	16	22	0	0	8	11	7	10	72	100
London	69	45	35	23	5	3	14	9	30	20	153	100
N East, Yorks & Humber	73	54	26	19	4	3	11	8	21	16	135	100
North West	95	61	35	23	3	2	4	3	18	12	155	100
South East	104	50	48	23	8	4	35	17	15	7	210	100
South West	122	52	66	28	6	3	26	11	13	6	233	100
West Midlands	60	54	25	22	3	3	10	9	14	13	112	100
Northern Ireland	13	54	1	4	0	0	6	25	4	17	24	100
Wales	43	73	9	15	2	3	1	2	4	7	59	100
United Kingdom	646	53	282	23	31	3	120	10	131	11	1210	100

	Tab	le 112: E	R status	of all cas	ses			
	ER Po	sitive	ER Ne	gative	Unkr	nown	То	tal
Sub-region	No.	%	No.	%	No.	%	No.	%
East Midlands	1288	76	136	8	262	16	1686	100
East of England	1365	76	135	8	286	16	1786	100
London	1523	76	173	9	319	16	2015	100
N East, Yorks & Humber	2051	78	221	8	345	13	2617	100
North West	1831	87	181	9	100	5	2112	100
South East	1901	78	166	7	363	15	2430	100
South West	2310	81	192	7	357	12	2859	100
West Midlands	1366	75	120	7	343	19	1829	100
Northern Ireland	367	77	37	8	72	15	476	100
Wales	818	75	88	8	185	17	1091	100
United Kingdom	14820	78	1449	8	2632	14	18901	100

	Tabl	e 113: l	nvasive s	status of	ER pos	itive cas	es			
	Inva	sive	Micro-i	nvasive	Non-invasive		Unknown		То	tal
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%
East Midlands	1232	96	1	0	55	4	0	0	1288	100
East of England	1321	97	2	0	41	3	1	0	1365	100
London	1359	89	10	1	154	10	0	0	1523	100
N East, Yorks & Humber	1887	92	2	0	162	8	0	0	2051	100
North West	1562	85	12	1	256	14	1	0	1831	100
South East	1768	93	14	1	119	6	0	0	1901	100
South West	2096	91	8	0	206	9	0	0	2310	100
West Midlands	1341	98	1	0	24	2	0	0	1366	100
Northern Ireland	346	94	2	1	19	5	0	0	367	100
Wales	802	98	1	0	15	2	0	0	818	100
United Kingdom	13714	93	53	0	1051	7	2	0	14820	100

Table 114: Chemotherapy for node positive invasive cancers									
	СТ		No	СТ	Unkno	Unknown CT			
Sub-region	No.	%	No.	%	No.	%	Total		
East Midlands	164	64	0	0	91	36	255		
East of England	172	62	0	0	106	38	278		
London	193	60	0	0	130	40	323		
N East, Yorks & Humber	271	66	0	0	142	34	413		
North West	173	52	0	0	157	48	330		
South East	237	51	0	0	227	49	464		
South West	272	58	0	0	195	42	467		
West Midlands	177	67	0	0	88	33	265		
Northern Ireland	52	63	30	37	0	0	82		
Wales	94	56	71	43	2	1	167		
United Kingdom	1805	59	101	3	1138	37	3044		

Appendix 4: Survival analysis data tables (115-123)

Data obtained from the survival audit of screen-detected breast cancers for cancer patients screened between 1 April 2011 and 31 March 2012 - No data supplied from Wales

Table 11	Table 115: Cause of death of eligible invasive cancers with death before 31/03/2017										
	Breast	cancer	Other	cancer	Non-c	ancer	Unkr	nown	Total	deaths	No. of
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	eligible cases
East Midlands	29	33	19	22	34	39	5	6	87	7	1208
East of England	42	47	16	18	31	35	0	0	89	7	1280
London	34	46	9	12	25	34	6	8	74	6	1314
N East, Yorks & Humber	60	46	19	15	47	36	5	4	131	7	1960
North West	39	35	20	18	44	40	8	7	111	7	1643
South East	50	54	19	20	18	19	6	6	93	6	1671
South West	49	43	18	16	44	38	4	3	115	6	1862
West Midlands	38	41	21	23	27	29	6	7	92	7	1337
Northern Ireland	6	30	3	15	2	10	9	45	20	6	340
Scotland	32	37	23	26	14	16	18	21	87	6	1393
United Kingdom	379	42	167	19	286	32	67	7	899	6	14008

Table 116: 0	Table 116: Cause of death of eligible micro-invasive cancers with death before 31/03/2017										
	Breast	cancer	Other	cancer	Non-c	ancer	Unkr	nown	Total	deaths	No. of
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	eligible cases
East Midlands	0	•	0	-	0	-	0	-	0	0	10
East of England	0	-	0	-	0	-	0	-	0	0	26
London	0	-	0	-	0	-	0	-	0	0	12
N East, Yorks & Humber	0	-	0	-	0	-	0	-	0	0	19
North West	1	100	0	0	0	0	0	0	1	8	12
South East	0	0	0	0	1	100	0	0	1	7	15
South West	0	0	0	0	1	100	0	0	1	6	17
West Midlands	0	-	0	-	0	-	0	-	0	0	8
Northern Ireland	0	-	0	-	0	-	0	-	0	0	4
Scotland	0	-	0	-	0	-	0	-	0	0	6
United Kingdom	1	33	0	0	2	67	0	0	3	2	129

Table 117: 0	Cause of	death of	eligible	non-inv	asive ca	ncers w	ith death	before	31/03/20	17	
	Breast	cancer	Other	cancer	Non-c	ancer	Unkı	nown	Total	deaths	
Sub-region	No.	%	No.	%	No.	%	No.	%	No.	%	Total
East Midlands	2	22	3	33	3	33	1	11	9	4	225
East of England	4	36	2	18	4	36	1	9	11	3	318
London	2	14	8	57	3	21	1	7	14	4	345
N East, Yorks & Humber	4	27	6	40	3	20	2	13	15	3	457
North West	1	8	3	25	7	58	1	8	12	3	373
South East	2	15	3	23	4	31	4	31	13	3	413
South West	2	14	2	14	9	64	1	7	14	3	488
West Midlands	1	17	2	33	3	50	0	0	6	2	380
Northern Ireland	0	0	0	0	0	0	1	100	1	1	81
Scotland	0	0	1	20	2	40	2	40	5	2	290
United Kingdom	18	18	30	30	38	38	14	14	100	3	3370

Table 118: 5-year relative survival by region – primary invasive cancers only (95% confidence intervals in brackets)									
Sub-region	Un-adjusted	Adjusted							
East Midlands	97.6 (96.0,99.0)	97.5 (95.8,98.9)							
East of England	98.4 (96.8,99.7)	98.2 (96.7,99.5)							
London	99.3 (97.9,100.4)	99.1 (97.7,100.2)							
N East, Yorks & Humber	98.5 (97.3,99.5)	98.4 (97.2,99.4)							
North West	98.1 (96.8,99.3)	98.0 (96.6,99.1)							
South East	99.6 (98.3,100.6)	99.4 (98.2,100.4)							
South West	98.9 (97.7,99.9)	98.7 (97.5,99.7)							
West Midlands	98.2 (96.7,99.4)	98.1 (96.6,99.3)							
Northern Ireland	98.8 (95.7,100.7)	99.0 (95.9,101.0)							
Scotland	99.2 (97.8,100.4)	100.4 (98.9,101.5)							
United Kingdom	98.7 (98.2,99.1)	98.7 (98.2,99.1)							

Table 119: 5-year relati	ve survival by age for pr	imary invasive cancers
Age	Un-adjusted	Adjusted
<50	99.5 (97.9,100.2)	99.4 (97.9,100.2)
50-52	98.4 (97.5,99.1)	98.4 (97.5,99.1)
53-55	98.4 (97.3,99.3)	98.4 (97.3,99.3)
56-58	97.7 (96.4,98.7)	97.7 (96.4,98.7)
59-61	98.0 (96.8,99.0)	98.0 (96.8,99.0)
62-64	98.3 (97.2,99.2)	98.3 (97.2,99.2)
65-67	98.1 (96.9,99.1)	98.1 (96.8,99.1)
68-70	97.8 (96.2,99.2)	97.8 (96.2,99.2)
71+	104.2 (102.0,106.0)	104.2 (102.0,106.0)
All invasive cancers	98.7 (98.2,99.1)	98.7 (98.2,99.1)

Table 120: 5-year relative survival by invasive tumor size for primary invasive cancers				
Size	Un-adjusted	Adjusted		
<15mm	100.9 (100.4,101.3)	100.9 (100.4,101.3)		
15-≤20mm	99.7 (98.8,100.4)	99.6 (98.8,100.4)		
>20-≤35mm	95.8 (94.6,96.9)	95.8 (94.6,96.9)		
>35-≤50mm	93.4 (90.2,96.0)	93.4 (90.1,96.0)		
>50mm	88.8 (83.5,92.9)	88.8 (83.5,92.8)		
Unknown	76.0 (70.6,80.8)	76.0 (70.5,80.8)		
All invasive cancers	98.7 (98.2,99.1)	98.7 (98.2,99.1)		

Table 121: 5-year relative survival by invasive grade for primary invasive cancers				
Grade	Un-adjusted	Adjusted		
Grade 1	100.8 (100.1,101.4)	100.8 (100.1,101.4)		
Grade 2	99.8 (99.2,100.3)	99.8 (99.2,100.3)		
Grade 3	94.1 (92.9,95.2)	94.1 (92.9,95.2)		
Not assessable	100.4 (89.5,103.4)	100.4 (89.5,103.3)		
Unknown	66.5 (55.7,75.6)	66.6 (55.8,75.8)		
All invasive cancers	98.7 (98.2,99.1)	98.7 (98.2,99.1)		

Table 122: 5-year relative survival by nodal status for primary invasive cancers				
Nodal status	Un-adjusted	Adjusted		
Positive	95.8 (94.7,96.7)	95.8 (94.7,96.7)		
Negative	99.4 (99.0,99.9)	99.4 (99.0,99.9)		
Unknown	91.1 (40.3,102.2)	91.2 (40.3,102.3)		
All invasive cancers	98.7 (98.2,99.1)	98.7 (98.2,99.1)		

Table 123: 5-year relative survival by NPI prognostic group for primary invasive cancers				
NPI group	Un-adjusted	Adjusted		
EPG	101.3 (100.5,101.9)	101.2 (100.5,101.9)		
GPG	101.2 (100.6,101.7)	101.2 (100.6,101.7)		
MPG1	99.1 (98.3,99.9)	99.1 (98.3,99.9)		
MPG2	95.1 (93.5,96.5)	95.1 (93.5,96.5)		
PPG	87.9 (85.1,90.4)	87.9 (85.0,90.3)		
Unknown	79.1 (74.2,83.3)	79.1 (74.2,83.3)		
All invasive cancers	98.7 (98.2,99.1)	98.7 (98.2,99.1)		