

# Breast Test Wales Annual Statistical Report 2018-19

March 2020



# About us

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

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

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

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

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

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

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

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

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

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

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

## Further information

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This report is a detailed summary of information on work undertaken by the Breast Screening Programme in Wales for the year April 2018 to the end of March 2019.

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

### **Quality Assurance Statement**

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

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# 1 Introduction

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

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

## 1.1 'Key messages' for women

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

## 1.2 Programme delivery

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

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

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

### **1.3 Screening pathway**

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

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

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

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

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



## 2 Headline statistics

This report covers activity in the period April 2018 to March 2019. All comparative annual data relates to financial years.

- As at 31 March 2019 coverage of women aged 53-70 was 72.8%, compared with 72.9% at the same point in 2018 and 73.6% in 2017
- Screening activity: nearly 115,000 women aged 49 and over were screened in 2018-19, compared with just over 114,000 last year
- Invitation and uptake: in 2018-19 more than 145,000 women aged 50-70 were invited for screening, compared to 148,000 last year. The uptake of screening for this group was 69.1%, compared to 69.0% in 2017-18 and 70.4% in 2016-17
- Assessment: Referrals for assessment were 4.5% of those screened in 2018-19. This compares to 4.8% last year and 5.3% in 2016-17
- Cancer detection: a total of 1,076 cancers were detected in women screened aged 49 and over. This represents 9.4 cases per 1,000 women screened. In comparison, there were 1,113 cancers detected in 2017-18 (9.8 per 1,000 screened) and 1,185 detected in 2016-17 (9.6 per 1,000 screened)
- Of the 1,076 cancers detected this year, 82.4% (887) were invasive lesions. In 2017-18 81.2% (904) were invasive and in 2016-17 77.8% (922)
- In 2018-19 50.1% (444) of the invasive cancers detected were classified as small (less than 15mm in size). This compares to 51.4% (465) in 2017-18 and 49.1% (453) in 2016-17

## 3 Data

### 3.1 Coverage

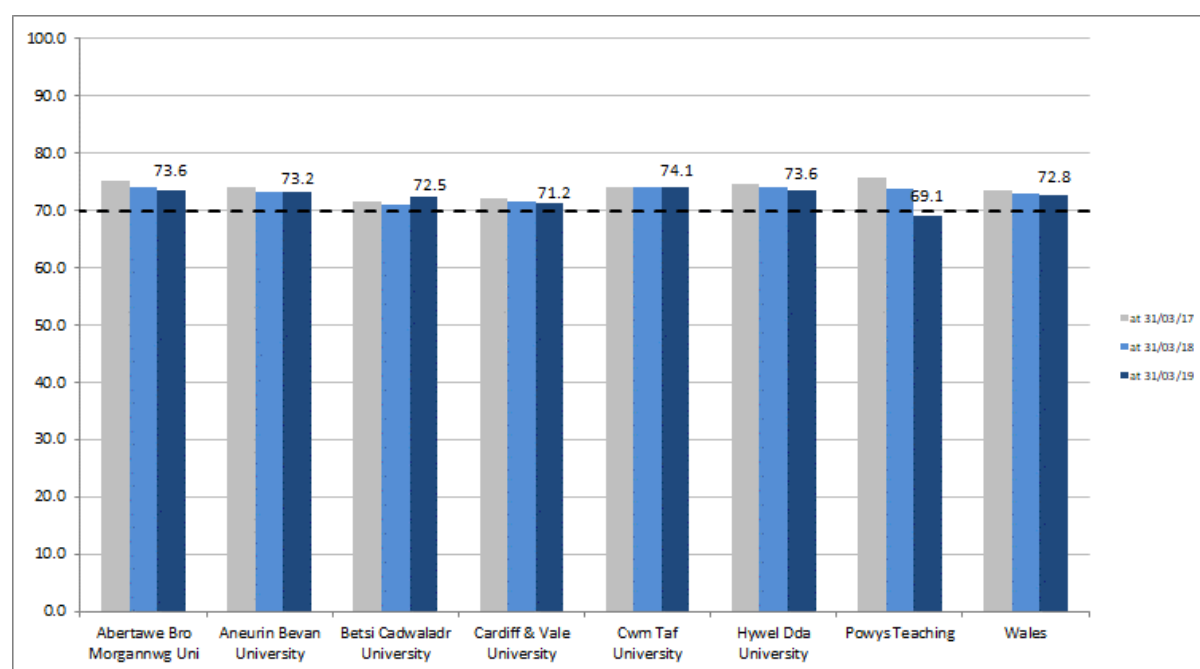
Coverage is defined as the percentage of women resident and eligible for breast screening at a particular point in time, who have been screened within the previous three years. Ineligible women include those who have undergone bilateral mastectomy.

Both uptake and round length (invitations issued within 36 months of previous screen) can affect coverage. To allow all women time to have received their first invitation, the coverage is presented for the 53-70 age range. As at 31 March 2019 coverage of women aged 53-70 was 72.8%, compared with 72.9% at the same point in 2018 and 73.6% in 2017.

Round length performance continues to improve following the necessary disruption caused by the implementation of the digital mammography service.

However, while round length has improved, uptake has been declining and this explains the small fall in coverage over the three year analysis period. Nevertheless, coverage remains above the 70% standard for nearly all health boards (Graph 1).

**Graph 1:** Breast screening coverage percentage (%), women aged 53-70, by health board of residence, 2017-2019

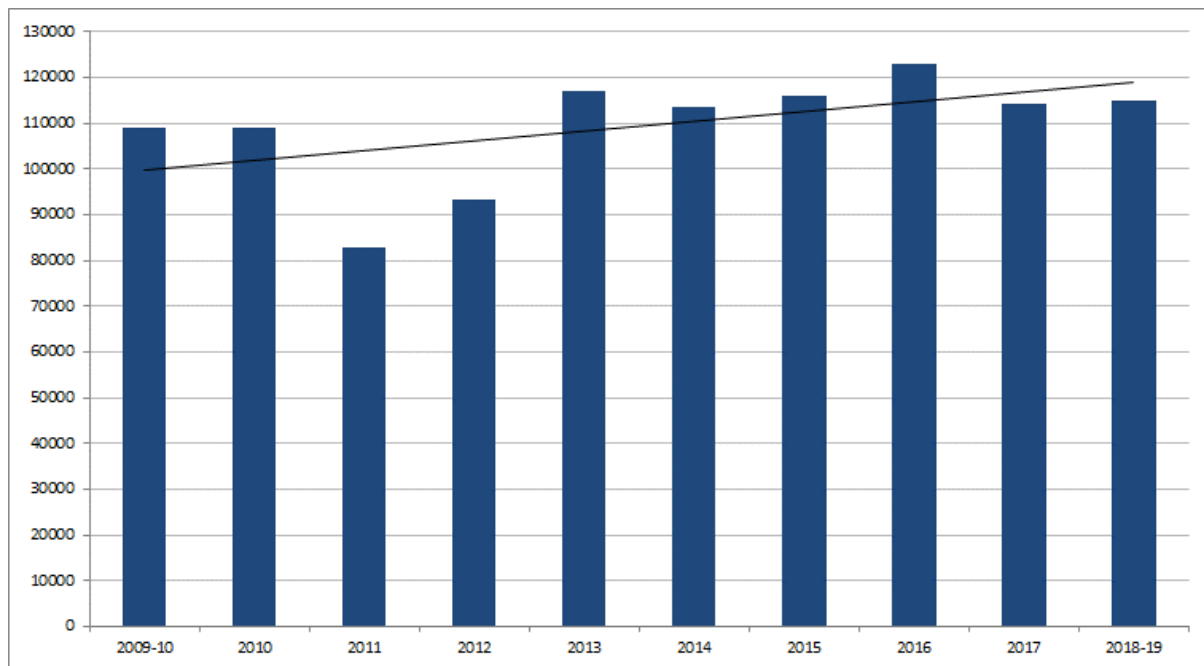


## 3.2 Screening Activity

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

The programme is maintaining activity following the two years of disruption in 2011 and 2012 associated with digital implementation. Graph 2 illustrates the general trend of increasing screening numbers over the financial years.

114,968 women aged 49 and over were screened in 2018-19.

**Graph 2:** 10-year total screening activity, all ages, 2009-10 to 2018-19

### 3.3 Invitation and Uptake

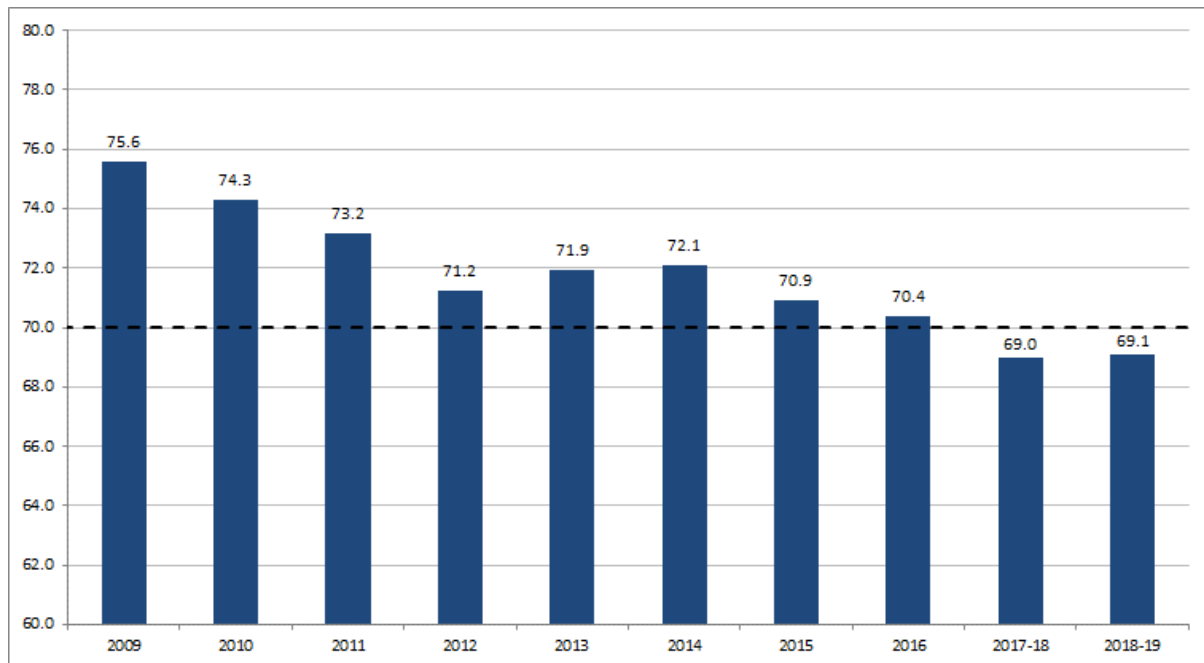
The minimum standard for uptake of a routine invitation in those aged 50-70 has been set at 70%. With the exception of financial years 2013 and 2014, Breast Test Wales had observed a gradual decline in uptake since 2009. This year has seen that decline halted.

145,428 women aged 50-70 were invited to screening in 2018-19.

In 2018-19 uptake was 69.1%, compared to 69.0% in 2017-18 and 70.4% in 2016-17. This is the second consecutive year the minimum standard has not been achieved. Graph 3 shows uptake of screening amongst the routinely invited population.

*(Note: The 2018-19 Screening Division Annual Report describes breast screening uptake as 72.5%. This refers to an entire three year screening round as at November 2019 which is a more robust figure.)*

**Graph 3:** 10-year uptake percentage (%) of routine breast screening invitations, aged 50-70, 2009-10 to 2018-19

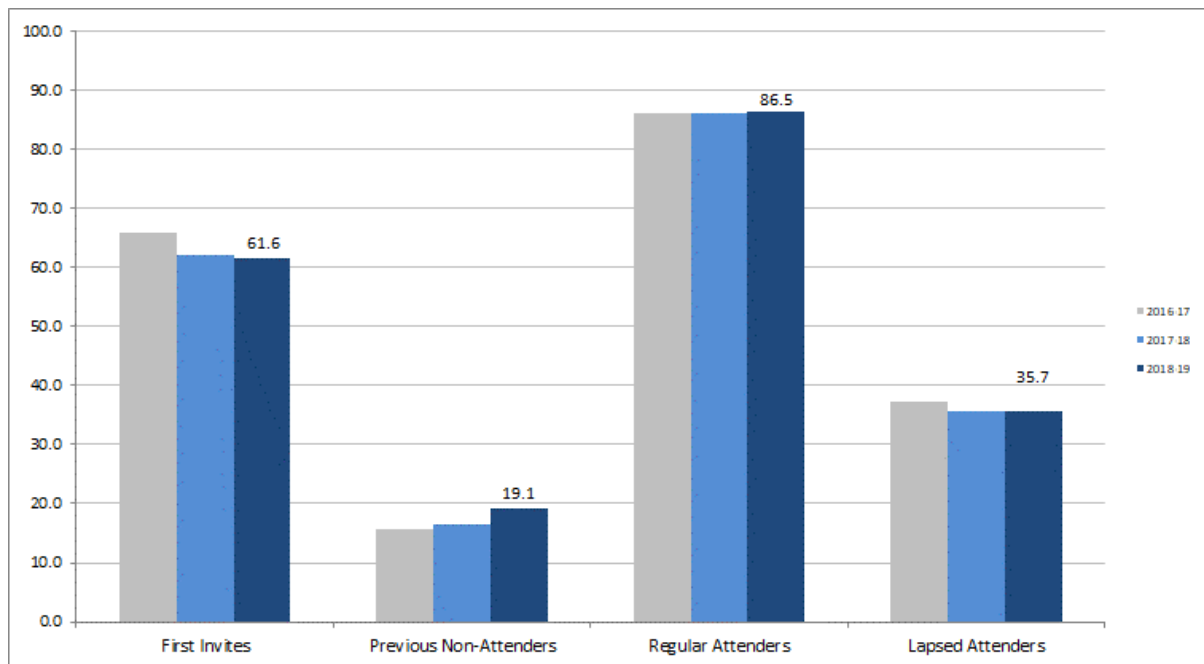


Uptake can vary according to the type of invitation. Routine invitations can be sub-divided into the following groups:

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

As Graph 4 demonstrates, uptake is highest among the regular attendees (86.5%) and lowest among previous non-attenders (19.1%). Breast Test Wales provides literature with its invitations to support women in making an informed choice when deciding whether or not to attend for breast screening. Work is underway within the programme to look at how text messaging and digital media can support uptake in breast screening.

**Graph 4:** Uptake percentage (%) by invite type, aged 50-70, 2016-17 to 2018-19

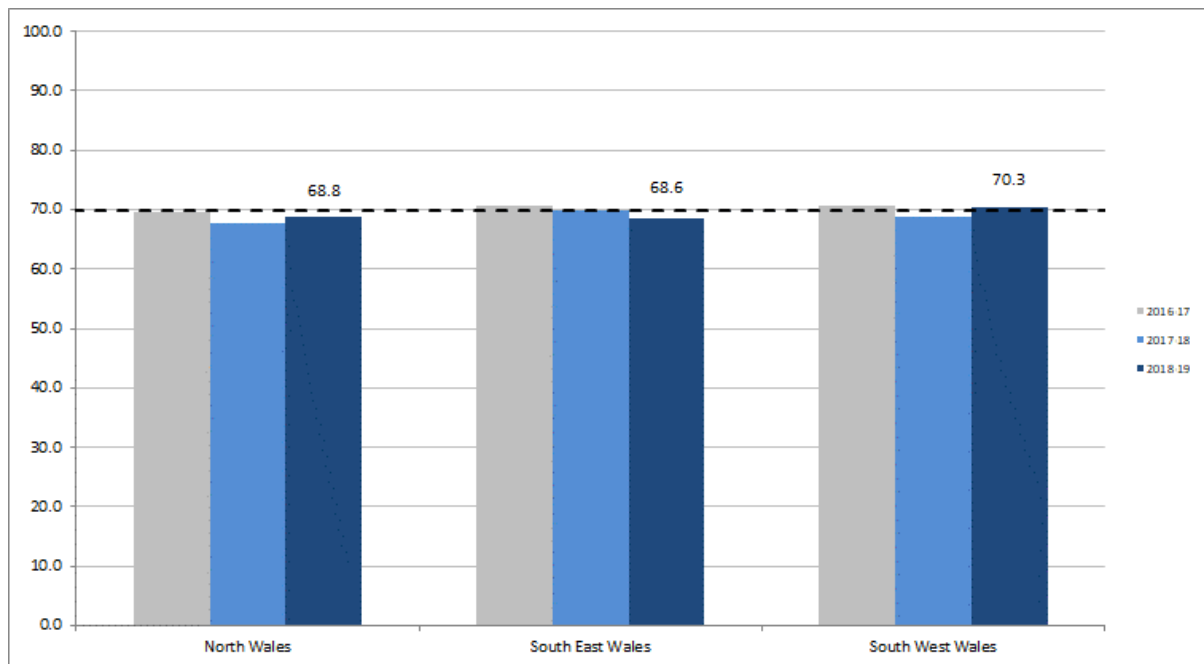


The four percentage point drop in uptake amongst the first invite women compared to 2016-17 is of particular concern because continued lower attendance in this group means the number of non-attenders in subsequent years is more likely to grow.

In terms of regional effect, uptake this year is highest in South West Wales with the area tipping back into standard (Graph 5). The South East saw another drop in uptake, in contrast to the increases witnessed in North and South West Wales.

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

**Graph 5:** Uptake percentage (%) by screening unit, aged 50-70, 2016-17 to 2018-19



## 3.4 Assessment

### 3.4.1 Referral for assessment

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

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



**Table 1:** Referral for assessment, all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17			2017-18			2018-19		
	Screen	Refer	%	Screen	Refer	%	Screen	Refer	%
<b>Total</b>	<b>122,903</b>	<b>6458</b>	<b>5.3</b>	<b>114,117</b>	<b>5532</b>	<b>4.8</b>	<b>114,968</b>	<b>5180</b>	<b>4.5</b>
<b>Prevalent Screen</b>	<b>20,590</b>	<b>1931</b>	<b>9.4</b>	<b>20,899</b>	<b>1784</b>	<b>8.5</b>	<b>20,532</b>	<b>1585</b>	<b>7.7</b>
<b>Incident Screen</b>	<b>92,695</b>	<b>3943</b>	<b>4.3</b>	<b>84,200</b>	<b>3201</b>	<b>3.8</b>	<b>82,647</b>	<b>2953</b>	<b>3.6</b>
First invite for routine screening	17,495	1637	9.4	17,602	1501	8.5	16,568	1279	7.7
Routine invite to previous non-attenders	3095	294	9.5	3297	283	8.6	3964	306	7.7
Routine invite to previous attenders, last screen within 5 years	87,862	3643	4.1	80,102	2984	3.7	78,611	2698	3.4
Routine invite to previous attenders, last screen more than 5 years previously	4833	300	6.2	4098	217	5.3	4036	255	6.3
Early recalls	69	69	100	93	92	98.9	72	72	100
Self/GP referrals	9471	510	5.4	8925	455	5.1	11,717	570	4.9

### 3.4.2 Assessment biopsy procedures

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

The needle procedures are mostly conducted at a Breast Test Wales unit while an open biopsy is a surgical operation which requires a hospital visit. Of the 5,180 women referred for assessment in 2018-19, 40% (2072) underwent fine needle aspiration and/or wide bore needle, while 0.9% (49) required an open biopsy (Table 2).

**Table 2:** Referral for assessment biopsy procedures, all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17					2017-18					2018-19				
	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%	Refer	Needle Bx	%	Open Bx	%
<b>Total</b>	<b>6458</b>	<b>2502</b>	<b>38.7</b>	<b>140</b>	<b>2.2</b>	<b>5532</b>	<b>2199</b>	<b>39.8</b>	<b>62</b>	<b>1.1</b>	<b>5180</b>	<b>2072</b>	<b>40</b>	<b>49</b>	<b>0.9</b>
<b>Prevalent Screen</b>	<b>1931</b>	<b>737</b>	<b>38.2</b>	<b>64</b>	<b>3.3</b>	<b>1784</b>	<b>717</b>	<b>40.2</b>	<b>24</b>	<b>1.3</b>	<b>1585</b>	<b>639</b>	<b>40.3</b>	<b>16</b>	<b>1.0</b>
<b>Incident Screen</b>	<b>3943</b>	<b>1515</b>	<b>38.4</b>	<b>70</b>	<b>1.8</b>	<b>3201</b>	<b>1256</b>	<b>39.2</b>	<b>33</b>	<b>1.0</b>	<b>2953</b>	<b>1154</b>	<b>39.1</b>	<b>28</b>	<b>0.9</b>
First invite for routine screening	1637	620	37.9	57	3.5	1501	603	40.2	18	1.2	1279	509	39.8	14	1.1
Routine invite to previous non-attenders	294	117	39.8	7	2.4	283	114	40.3	6	2.1	306	130	42.5	2	0.7
Routine invite to previous attenders, last screen within 5 years	3643	1377	37.8	62	1.7	2984	1149	38.5	33	1.1	2698	1039	38.5	24	0.9
Routine invite to previous attenders, last screen more than 5 years previously	300	138	46.0	8	2.7	217	107	49.3	0	0	255	115	45.1	4	1.6
Early recalls	69	5	7.2	0	0	92	18	19.6	2	2.2	72	6	8.3	0	0
Self/GP referrals	510	242	47.5	6	1.2	455	208	45.7	3	0.7	570	273	47.9	5	0.9

## 3.5 Cancer Detection

### 3.5.1 Cancer detection rate

A total of 1,076 cancers were detected in women screened aged 49 and over during the period April 2018 to March 2019. This represents 9.4 cases per 1,000 women screened. In comparison, there were 1,113 cancers detected in 2017-18 (9.8 per 1,000 screened) and 1,185 detected in 2016-17 (9.6 per 1,000 screened).

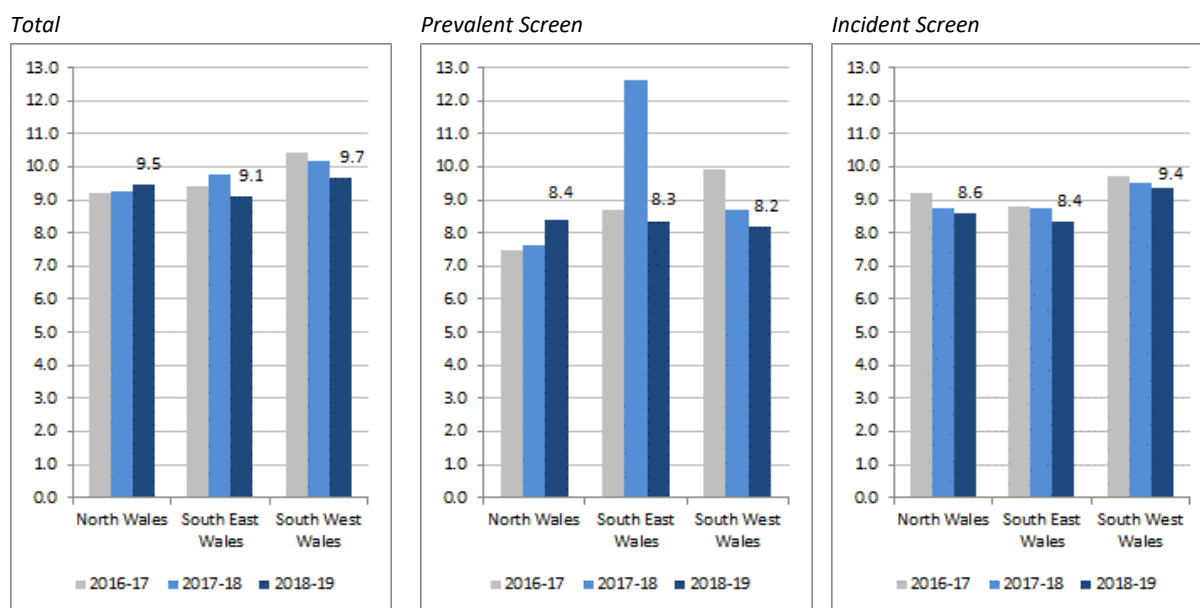
Cancer detection amongst prevalent screen women was 8.3 per 1,000 screened, compared to 10.3 per 1,000 in 2017-18 and 8.6 per 1,000 in 2016-17. For incident screen women the rate was 8.7 per 1,000 screened in 2018-19, 9.0 in 2017-18 and 9.2 in 2016-17 (Table 3).

**Table 3:** Cancer detection rate (per 1,000 screened), all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17			2017-18			2018-19		
	Screened	Cancers	Rate	Screened	Cancers	Rate	Screened	Cancers	Rate
<b>Total</b>	<b>122,903</b>	<b>1185</b>	<b>9.6</b>	<b>114,117</b>	<b>1113</b>	<b>9.8</b>	<b>114,968</b>	<b>1076</b>	<b>9.4</b>
<b>Prevalent Screen</b>	<b>20,590</b>	<b>178</b>	<b>8.6</b>	<b>20,899</b>	<b>216</b>	<b>10.3</b>	<b>20,532</b>	<b>171</b>	<b>8.3</b>
<b>Incident Screen</b>	<b>92,695</b>	<b>849</b>	<b>9.2</b>	<b>84,200</b>	<b>754</b>	<b>9.0</b>	<b>82,647</b>	<b>719</b>	<b>8.7</b>
First invite for routine screening	17,495	143	8.2	17,602	175	9.9	16,568	132	8.0
Routine invite to previous non-attenders	3095	35	11.3	3297	41	12.4	3964	39	9.8
Routine invite to previous attenders, last screen within 5 years	87,862	774	8.8	80,102	694	8.7	78,611	654	8.3
Routine invite to previous attenders, last screen more than 5 years previously	4833	75	15.5	4098	60	14.6	4036	65	16.1
Early recalls	69	0	0	93	4	43.0	72	1	13.9
Self/GP referrals	9471	158	16.7	8925	139	15.6	11,717	185	15.8

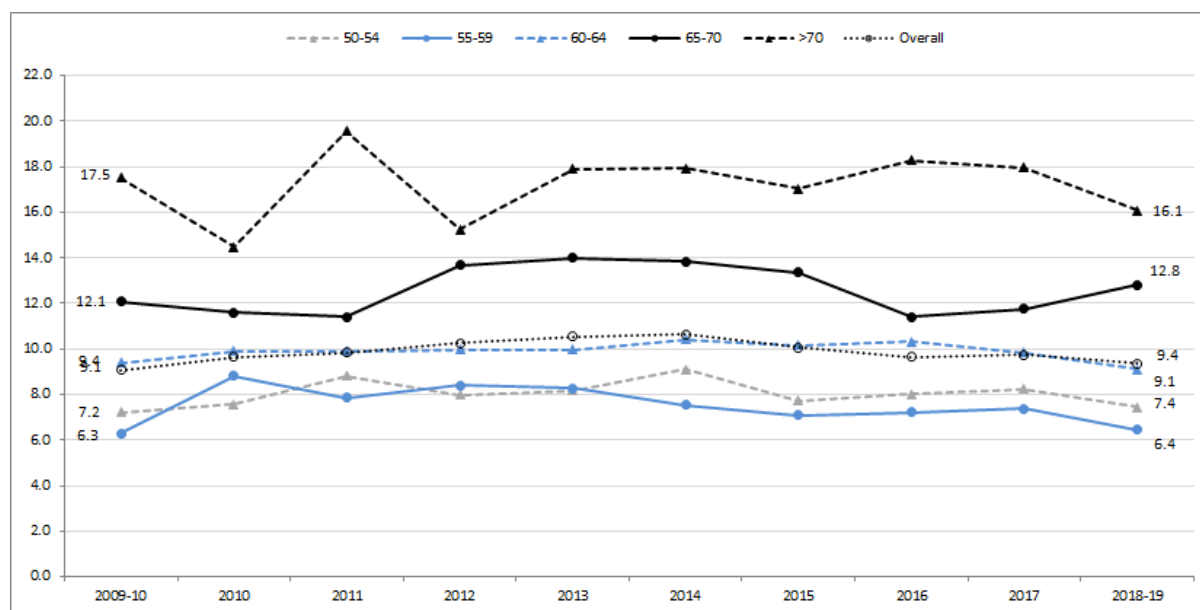
Examination of cancer detection rates at screening unit level (Graph 6) shows an overall increase in North Wales but falls in the South East and South West regions. Last year the South East prevalent rate stood out; while this is sensitive to small number fluctuation, the rate has fallen and is once again comparable to the other regions.

**Graph 6:** Cancer detection rate per 1,000 screened, by invite type, by screening unit, 2016-17 to 2018-19



Graph 7 plots cancer detection rates over a 10 year period and shows how breast cancer incidence is generally higher in older age groups. In 2018-19 the cancer detection rate for women aged 50-54 was 7.4 per 1,000 screened, rising to 9.1 per 1,000 for those aged 60-64 and 12.8 per 1,000 in the 65-70 age group.

**Graph 7:** Cancer detection rate (per 1,000 screened), 2009-10 to 2018-19, by age group



### 3.5.2 Cancer type and size

The breast cancers identified are described in two groups.

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

In 2018-19 82.4% of the cancers detected in women screened were invasive, compared to 81.2% in 2017-18 and 77.8% in 2016-17 (Table 4). The invasive cancers that are generally too small to feel (less than 15mm) accounted for 50.1% of all the invasive cancers detected in 2018-19 (Table 5). This compares to 51.4% last year and 49.1% in 2016-17.

Non-invasive or micro-invasive disease made up 17.6% of all cancers detected in 2018-19, while in 2017-18 they accounted for 18.8% and in 2016-17 22.2% (Table 6).

**Table 4:** Invasive cancers detected, all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17			2017-18			2018-19		
	Cancers	Invasive	%	Cancers	Invasive	%	Cancers	Invasive	%
<b>Total</b>	<b>1185</b>	<b>922</b>	<b>77.8</b>	<b>1113</b>	<b>904</b>	<b>81.2</b>	<b>1076</b>	<b>887</b>	<b>82.4</b>
<b>Prevalent Screen</b>	<b>178</b>	<b>131</b>	<b>73.6</b>	<b>216</b>	<b>176</b>	<b>81.5</b>	<b>171</b>	<b>135</b>	<b>78.9</b>
<b>Incident Screen</b>	<b>849</b>	<b>671</b>	<b>79.0</b>	<b>754</b>	<b>607</b>	<b>80.5</b>	<b>719</b>	<b>599</b>	<b>83.3</b>
First invite for routine screening	143	102	71.3	175	137	78.3	132	100	75.8
Routine invite to previous non-attenders	35	29	82.9	41	39	95.1	39	35	89.7
Routine invite to previous attenders, last screen within 5 years	774	609	78.7	694	558	80.4	654	548	83.8
Routine invite to previous attenders, last screen more than 5 years previously	75	62	82.7	60	49	81.7	65	51	78.5
Early recalls	0	0	0	4	3	75	1	1	100
Self/GP referrals	158	120	75.9	139	118	84.9	185	152	82.2

**Table 5:** Size of invasive cancers detected, all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17					2017-18					2018-19				
	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%	Total inv	<15 mm	%	15+ mm	%
<b>Total</b>	<b>922</b>	<b>453</b>	<b>49.1</b>	<b>437</b>	<b>47.4</b>	<b>904</b>	<b>465</b>	<b>51.4</b>	<b>393</b>	<b>43.5</b>	<b>887</b>	<b>444</b>	<b>50.1</b>	<b>405</b>	<b>45.7</b>
<b>Prevalent Screen</b>	<b>131</b>	<b>62</b>	<b>47.3</b>	<b>64</b>	<b>48.8</b>	<b>176</b>	<b>86</b>	<b>48.9</b>	<b>83</b>	<b>47.2</b>	<b>135</b>	<b>63</b>	<b>46.7</b>	<b>65</b>	<b>48.1</b>
<b>Incident Screen</b>	<b>671</b>	<b>343</b>	<b>51.1</b>	<b>307</b>	<b>45.7</b>	<b>607</b>	<b>322</b>	<b>53</b>	<b>257</b>	<b>42.3</b>	<b>599</b>	<b>309</b>	<b>51.6</b>	<b>268</b>	<b>44.7</b>
First invite for routine screening	102	49	48.0	48	47.1	137	66	48.2	66	48.2	100	45	45.0	50	50.0
Routine invite to previous non-attenders	29	13	44.8	16	55.2	39	20	51.3	17	43.6	35	18	51.4	15	42.9
Routine invite to previous attenders, last screen within 5 years	609	319	52.4	272	44.7	558	299	53.6	235	42.1	548	291	53.1	238	43.4
Routine invite to previous attenders, last screen more than 5 years previously	62	24	38.7	35	56.4	49	23	46.9	22	44.9	51	18	35.3	30	58.8
Early recalls	0	0	0	0	0	3	1	33.3	1	33.3	1	0	0	0	0
Self/GP referrals	120	48	40.0	66	55.0	118	56	47.5	52	44.1	152	72	47.4	72	47.4

**Table 6:** Non-invasive/micro invasive cancers detected, all ages, by invite/referral type, 2016-17 to 2018-19

	2016-17			2017-18			2018-19		
	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%	Cancers	Non-invasive or microinv	%
<b>Total</b>	<b>1185</b>	<b>263</b>	<b>22.2</b>	<b>1113</b>	<b>209</b>	<b>18.8</b>	<b>1076</b>	<b>189</b>	<b>17.6</b>
<b>Prevalent Screen</b>	<b>178</b>	<b>47</b>	<b>26.4</b>	<b>216</b>	<b>40</b>	<b>18.5</b>	<b>171</b>	<b>36</b>	<b>21.1</b>
<b>Incident Screen</b>	<b>849</b>	<b>178</b>	<b>21.0</b>	<b>754</b>	<b>147</b>	<b>19.5</b>	<b>719</b>	<b>120</b>	<b>16.7</b>
First invite for routine screening	143	41	28.7	175	38	21.7	132	32	24.2
Routine invite to previous non-attenders	35	6	17.1	41	2	4.9	39	4	10.3
Routine invite to previous attenders, last screen within 5 years	774	165	21.3	694	136	19.6	654	106	16.2
Routine invite to previous attenders, last screen more than 5 years previously	75	13	17.3	60	11	18.3	65	14	21.5
Early recalls	0	0	0	4	1	25	1	0	0
Self/GP referrals	158	38	24.0	139	21	15.1	185	33	17.8



## 4 Definitions

### **Coverage**

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

### **Early recall**

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

### **Health Board**

The health board of residence.

### **Lapsed attender**

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

### **Incident screen**

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

### **Invasive cancer**

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

### **Prevalent screen**

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

### **Uptake**

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

## 5 Production team and pre-release list

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

Dean Phillips	Head of Breast Test Wales
Dr Ardiana Gjini	Consultant in Public Health Medicine
Dr Sharon Hillier	Director of Screening Division
Helen Clayton	Lead Informatics and Data Services Manager
Guy Stevens	Deputy Informatics and Data Services Manager
Claire Ellis	Informatics and Data Analyst
Chad Elliott	Communications Manager
Diane Rawlings	Personal Assistant

Rhys George	Cofus CTF (Welsh translation)
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These Official Statistics were sent to the people on this pre-release list five working days prior to publication in accordance with the Pre-publication Official Statistics Order Access (Wales) 2009.

### Public Health Wales

Jan Williams	Chair
Dr Tracey Cooper	Chief Executive
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director
Leah Morantz	Head of Communications

### Welsh Government

Dr Frank Atherton	Chief Medical Officer
Dr Andrew Goodall	Director General - Health and Social Services
Rebekah Tune	Head of Strategic Communications and Marketing
Prof Chris Jones	Deputy Chief Medical Officer / Medical Director NHS Wales
Neil Surman	Deputy Director of Public Health
Dr Heather Payne	Senior Medical Officer for Maternal & Child Health
Helen Tutt	Senior Executive for Screening, Immunisation and Sexual Health
Stephen Thomas	Head of Health Protection Branch