

BreastScreen

AUSTRALIA

A joint Australian, State and Territory Government Program

## (NATIONAL ACCREDITATION STANDARDS) (ANNUAL) DATA REPORT

Type of Data Report

Annual Data Report

Data Report Supporting Accreditation Application

Service/SCU

Name of Service/SCU

Reporting period

From

To

Completed by

Name

Position

Date

Is open biopsy performed within the program?

Yes

No

Is remote radiology used for assessment within the program?

Yes

No

STANDARD 1 — ACCESS AND PARTICIPATION			Performance in previous reporting periods			Current 12 month period ( — )				
Risk rating	NAS Measure	NAS Measure description	Performance ( )	Performance ( )	Performance ( )	Value 1 (numerator)	Value 2 (denominator)	Current performance	Compliance*	Service/SCU responsibility
Criterion 1.1 – The Service and/or SCU maximises the participation of women in the target age groups for screening and rescreening.										
2	1.1.1(a)	The Service and/or SCU monitors and reports the participation rate of women aged 50–74 years who participate in screening in the most recent 24-month period.								
	1.1.1(b)	≥ 70% of women aged 50–69 years participate in screening in the most recent 24-month period.								

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 1 — ACCESS AND PARTICIPATION</b> (continued)			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( — )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>2</b>	1.1.2(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–72 years who attend for their first screening episode within the Program who are rescreened within 27 months.								
	1.1.2(b)	≥ 75% of women aged 50–67 years who attend for their first screening episode within the Program are rescreened within 27 months.								
<b>2</b>	1.1.3(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–72 years who attend for their second and subsequent screen within the Program, who are rescreened within 27 months of their previous screening episode.								
	1.1.3(b)	≥90% of women aged 50–67 years who attend for their second and subsequent screens within the Program are rescreened within 27 months of their previous screening episode.								

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 1 — ACCESS AND PARTICIPATION</b> (continued)			<i>Performance in previous reporting periods</i>			<i>Current 12 month period (                      –                      )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 1.2 –</b> BreastScreen services are accessible to the target and eligible populations, especially women from indigenous; culturally and linguistically diverse; indigenous; rural/remote; and lower socio-economic backgrounds and women with a disability.										
<b>2</b>	1.2.1(a)	The Service and/or SCU monitors and reports participation of women 50–74 years from special groups and where rates are below that of the overall population, implements specific strategies to encourage their participation in screening. Consideration of equitable participation rates of at least the following groups is made: women from Indigenous, culturally and linguistically diverse, rural/remote and lower socio-economic backgrounds.								

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 1 — ACCESS AND PARTICIPATION</b> (continued)			<i>Performance in previous reporting periods</i>			<i>Current 12 month period (                      –                      )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
	1.2.1(b)	The Service and/or SCU monitors and reports participation of women 50–69 years from special groups and where rates are below that of the overall population, the Service and/or SCU implements specific strategies to encourage their participation in screening. Consideration of equitable participation rates of at least the following groups is made: women from Indigenous, culturally and linguistically diverse, rural/remote and lower socio-economic backgrounds.								

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<b>3</b>	1.2.2(a)	The Service and/or SCU monitors the proportion of all women screened aged 40–49 years and 75 years and over.	40-49							
			75+							
	1.2.2(b)	The Service and/or SCU monitors the proportion of all women recalled for assessment aged 40–49 years and 75 years and over.	40-49							
			75+							

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 2 — CANCER DETECTION</b>			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( — )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 2.1 – The Service and/or SCU maximises the detection of invasive breast cancer in the target population.</b>										
<b>1</b>	2.1.1(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their first screening episode who are diagnosed with invasive breast cancer.						per 10,000		
	2.1.1(b)	≥50 per 10,000 women aged 50–69 years who attend for their first screening episode are diagnosed with invasive breast cancer.						per 10,000 (CI )		
<b>1</b>	2.1.2(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their second or subsequent screening episode who are diagnosed with invasive breast cancer.						per 10,000		
	2.1.2(b)	≥35 per 10,000 women aged 50–69 years who attend for their second or subsequent screening episode are diagnosed with invasive breast cancer.						per 10,000 (CI )		

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<b>1</b>	2.1.3(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their first screening episode who are diagnosed with small ( $\leq 15$ mm) invasive breast cancer.						per 10,000		
	2.1.3(b)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their second or subsequent screening episode who are diagnosed with small ( $\leq 15$ mm) invasive breast cancer.						per 10,000		
	2.1.3(c)	$\geq 25$ per 10,000 women aged 50–69 years who attend for screening are diagnosed with small ( $\leq 15$ mm) invasive breast cancer.						per 10,000 (CI )		

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 2 — CANCER DETECTION</b> (continued)			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( — )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>2</b>	2.1.4(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend annually for screening, who are diagnosed with invasive breast cancer.						per 10,000		
	2.1.4(b)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend annually for screening, who are diagnosed with small (≤15mm) invasive breast cancer.						per 10,000		
	2.1.4(c)	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years who attend annually for screening, who are diagnosed with invasive breast cancer.						per 10,000		

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<b>2</b>	2.1.5	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who are diagnosed with invasive breast cancer.	40-49 (R 1)					per 10,000		
			75+ (R 1)					per 10,000		
			40-49 (R 2)					per 10,000		
			75+ (R 2)					per 10,000		

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

STANDARD 2 — CANCER DETECTION (continued)			Performance in previous reporting periods			Current 12 month period ( – )				
Risk rating	NAS Measure	NAS Measure description	Performance ( )	Performance ( )	Performance ( )	Value 1 (numerator)	Value 2 (denominator)	Current performance	Compliance*	Service/SCU responsibility
2	2.1.6	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who are diagnosed with small (≤ 15mm) invasive breast cancer.	40-49					per 10,000		
		75+					per 10,000			
Criterion 2.2 – The Service and/or SCU maximises the detection of ductal carcinoma in situ (DCIS).										
2	2.2.1(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their first screening episode who are diagnosed with DCIS.						per 10,000		
	2.2.1(b)	≥12 per 10,000 women aged 50–69 years who attend for their first screening episode are diagnosed with DCIS.						per 10,000 (CI )		

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<b>STANDARD 2 — CANCER DETECTION</b> (continued)			<b>Performance in previous reporting periods</b>			<b>Current 12 month period ( — )</b>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>2</b>	2.2.2(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their second or subsequent screening episode who are diagnosed with DCIS.						per 10,000		
	2.2.2(b)	≥7 per 10,000 women aged 50–69 years who attend for their second or subsequent screening episode are diagnosed with DCIS.						per 10,000 (CI )		
<b>3</b>	2.2.3	The Service and/or SCU monitors and reports the number of women aged 50–74 years who attend annually for screening, who are diagnosed with DCIS.						per 10,000		

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<b>2</b>	2.2.4	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who are diagnosed with DCIS.	40-49 (R 1)					per 10,000		
			75+ (R 1)					per 10,000		
			40-49 (R 2)					per 10,000		
			75+ (R 2)					per 10,000		

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<b>Criterion 2.3 – The Service and/or SCU minimises the number of invasive interval breast cancers.</b>										
<b>2</b>	2.3.1(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for screening who are diagnosed with an interval invasive breast cancer in the first calendar year following a negative screening episode.						per 10,000		
	2.3.1(b)	<7.5 per 10,000 women aged 50–69 years who attend for screening are diagnosed with an interval invasive breast cancer in the first calendar year following a negative screening episode.						per 10,000 (CI )		
	2.3.1(c)	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who are diagnosed with an interval invasive breast cancer in the first calendar year following a negative screening episode.	40-49  75+					per 10,000  per 10,000		

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<b>STANDARD 2 — CANCER DETECTION</b> (continued)			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( — )</i>				
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<b>2</b>	2.3.2(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for screening who are diagnosed with an interval invasive breast cancer in the second calendar year following a negative screening episode.						per 10,000		
	2.3.2(b)	≤15 per 10,000 women 50–69 years who attend for screening are diagnosed with an interval invasive breast cancer in the second calendar year following a negative screening episode.						per 10,000 (CI )		
	2.3.2(c)	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who are diagnosed with an interval invasive breast cancer in the second calendar year following a negative screening episode.	40-49  75+					per 10,000  per 10,000		

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

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<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 2.4 – The Service and/or SCU ensures high quality screen reading.</b>										
<b>2</b>	<b>2.4.1</b>	All screen readers read at least 2,000 mammographic screening cases within the Program per year.				Readers	Reads			

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

STANDARD 2 — CANCER DETECTION <i>(continued)</i>			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( – )</i>				
Risk rating	NAS Measure	NAS Measure description	Performance ( )	Performance ( )	Performance ( )	Value 1 (numerator)	Value 2 (denominator)	Current performance	Compliance*	Service/SCU responsibility
Criterion 2.5 – The Service and/or SCU ensures high quality imaging.										
3	2.5.1	The Service and/or SCU monitors and reports the percentage of women who have up to 4 images per screen, including technical repeats.								
3	2.5.2	The overall technical repeat rate for the Service and/or SCU is ≤2% of all screening images.								
Criterion 2.6 – Investigations and recall for assessment of non-malignant lesions is minimised.										
2	2.6.1(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for annual screening.								
	2.6.1(b)	≤ 10% of women aged 50–69 years attend for annual screening.								
3	2.6.2	The Service and/or SCU monitors and reports the proportion of women who attend for annual screening, aged 40–49 years and 75 years and over.	40-49  75+							

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<b>2</b>	2.6.3(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their first screening episode and are recalled for assessment.								
	2.6.3(b)	<10% of women aged 50–69 years who attend for their first screening episode are recalled for assessment.								
	2.6.3(c)	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who attend for their first screening episode and are recalled for assessment.	40-49  75+							

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<b>2</b>	2.6.4(a)	The Service and/or SCU monitors and reports the proportion of women aged 50–74 years who attend for their second or subsequent screening episode and are recalled for assessment.								
	2.6.4(b)	<5% of women aged 50–69 years who attend for their second or subsequent screening episode are recalled for assessment.						(CI )		
	2.6.4(c)	The Service and/or SCU monitors and reports the proportion of women aged 40–49 years and 75 years and over who attend for their second or subsequent screening episode and are recalled for assessment.	40-49  75+							

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2	2.6.5	The Service and/or SCU monitors and reports the positive predictive value of a recall to assessment for detecting invasive breast cancer or DCIS in women aged 50–74 years who attend for their first screening episode.								
2	2.6.6	The Service and/or SCU monitors and reports the positive predictive value of a recall to assessment for detecting invasive breast cancer or DCIS in women aged 50–74 years who attend for their second or subsequent screening episode.								
2	2.6.7	<0.2% of women who attend for screening are recommended for early review for further assessment.						(CI )		

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 3 — ASSESSMENT</b>			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( – )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 3.1 – The Service and/or SCU maximises the efficacy of assessment.</b>										
<b>2</b>	3.1.1	<5% of all percutaneous needle biopsies of malignant breast lesions are classified as benign or inadequate/insufficient.						(CI )		
<b>2</b>	3.1.2(a)	0% of benign lesions assessed by percutaneous needle biopsy have a false positive cancer diagnosis, when the definitive needle biopsy result is achieved after performance of the final needle biopsy at an assessment episode(s). A false positive FNA which is followed by a true negative core biopsy, prior to recommendation for surgery or treatment, is not considered to be a false positive “percutaneous needle biopsy” for the purpose of this standard.								
	3.1.2(b)	Where part a) is not met, an investigation that included an examination of root causes on 100% of false positive cancer diagnoses is conducted by the Service and/or SCU.								

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<b>2</b>	3.1.3	The absolute sensitivity of a diagnosis of breast cancer based on percutaneous needle biopsy is > 90%.						(CI )		
<b>1</b>	3.1.4	≤0.35% of women who attend for their first screening episode are found not to have invasive breast cancer or DCIS after diagnostic open biopsy.						(CI )		
<b>1</b>	3.1.5	≤0.16% of women who attend for their second or subsequent screening episode are found not to have invasive breast cancer or DCIS after diagnostic open biopsy.						(CI )		

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<b>STANDARD 3 — ASSESSMENT</b> (continued)			<b>Performance in previous reporting periods</b>			<b>Current 12 month period ( — )</b>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>3</b>	3.1.6	All women with impalpable lesions undergoing excision have specimen imaging recorded.								
<b>1</b>	3.1.7	≥95% of all lesions are correctly identified at first excision.						(CI )		
<b>1</b>	3.1.8(a)	≥ 85% of invasive breast cancers or DCIS are diagnosed without the need for excision preoperatively.						(CI )		
	3.1.8(b)	Where part a) is not met, the Service and/or SCU provides the proportion of breast cancers that are diagnosed as invasive and DCIS without the need for excision preoperatively.								

\***Compliance:** Compliance: M = Met, ME = Met with exception, U = Unmet, UA = Unable to be assessed

**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 4 — TIMELINESS</b>			<i>Performance in previous reporting periods</i>			<i>Current 12 month period ( — )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 4.1 – The Service and/or SCU ensures that women progress through the screening pathway in a timely manner.</b>										
<b>2</b>	4.1.1(a)	≥90% of women aged 50–74 years attend for a screening appointment within 28 calendar days of their booking date (fixed sites only).								
	4.1.1(b)	Where part a) is not met, the Service and or SCU records and reports the time taken to achieve 90% from booking to screening (fixed sites only).								
<b>2</b>	4.1.2	≥90% of women have a documented notification of the results of screening within 14 calendar days of the date of screening.								

\***Compliance:** Compliance: M = Met, ME = Met with exception, U = Unmet, UA = Unable to be assessed

**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 4 — TIMELINESS</b> (continued)			<b>Performance in previous reporting periods</b>			<b>Current 12 month period ( — )</b>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 4.2 – The Service and/or SCU ensures that women progress through the assessment pathway in a timely manner.</b>										
<b>1</b>	4.2.1(a)	≥90% of women requiring assessment attend an assessment visit within 28 calendar days of their screening visit.								
	4.2.1(b)	Where part a) is not met, the Service and/or SCU records and reports the number of days the Service and/or SCU takes to achieve 90%.								
	4.2.1(c)	Where part a) is not met, the Service and/or SCU records and reports the percentage of women who were offered assessment within 28 calendar days of their screening visit.								
<b>2</b>	4.2.2	≥95% of women not requiring percutaneous needle biopsy at assessment receive a definitive recommendation at their first assessment visit.								
<b>2</b>	4.2.3	≥95% of women require no more than two procedural assessment visits to receive a definitive recommendation from assessment.								

\***Compliance:** Compliance: M = Met, ME = Met with exception, U = Unmet, UA = Unable to be assessed



**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 4 — TIMELINESS</b> (continued)			<b>Performance in previous reporting periods</b>			<b>Current 12 month period ( — )</b>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Performance ( )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>2</b>	4.2.4	≥85% of women are verbally given the results of percutaneous needle biopsy within seven calendar days of the assessment procedure.								
<b>2</b>	4.2.5	≥95% of women complete all assessment within 15 calendar days.								
<b>2</b>	4.2.6	All women are notified of the results of their assessment in writing within 14 calendar days of the date of completion of assessment.								

\***Compliance:** Compliance: M = Met, ME = Met with exception, U = Unmet, UA = Unable to be assessed

**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)

<b>STANDARD 5 — DATA MANAGEMENT AND INFORMATION SYSTEMS</b>			<i>Performance in previous reporting periods</i>			<i>Current 12 month period (                      –                      )</i>				
<b>Risk rating</b>	<b>NAS Measure</b>	<b>NAS Measure description</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Performance (                      )</b>	<b>Value 1 (numerator)</b>	<b>Value 2 (denominator)</b>	<b>Current performance</b>	<b>Compliance*</b>	<b>Service/SCU responsibility</b>
<b>Criterion 5.1</b> – The Service and/or SCU ensures the collection of treatment information about women with breast cancer.										
<b>2</b>	5.1.1	≥95% of data dictionary compliant surgical histopathology information is received by the Service and/or SCU.								
<b>3</b>	5.1.2	≥95% of data dictionary compliant primary treatment information is received by the Service and/or SCU.								

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**NATIONAL ACCREDITATION STANDARDS DATA REPORT** (continued)**SMALL NUMBERS INDEX AUTOMATIC SUMMARY****Index by Standard**

Standard	Index	95% CI	85% CI	Indicator	Interpretation
Access and participation					
Cancer detection					
Assessment					
Timeliness					
Data management and Information systems					

**Index by level**

Level	Index	95% CI	85% CI	Indicator	Interpretation
1					
2					
3					

NOTE: For further information on this index please refer to the paper 'Assessing National Accreditation Standards (NAS) using an aggregation index'.

**List of NAS Measures that are unmet, unable to be assessed and met with exception**

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