



**United Kingdom and Ireland Association of
Cancer Registries (UKIACR)**

**Performance Indicators Commentaries for
Tumours Diagnosed in 2020.**

England Commentary on 2020 PIs v1.2

Context

Processing of 2020 registrations was carried out both in the office and at home as hybrid working was adopted. Staff were able to use remote access whilst in the office which enabled follow-up of missing, conflicting and low-quality data. However, access to some trusts had been lost due to inactivity during lock-down and not all could be re-established.

The COVID-19 pandemic had an impact on 2020 incidence due to disruption in provision of services as the NHS focussed on the pandemic. People were also reluctant to attend medical services.

Commentary Based on Executive Summary

Stability of Incidence

As expected, given the impact of the COVID pandemic all countries are reporting a reduction in incidence.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	-10.3%	-10.1%	-10.2%	-9.7%	-8.0%	-12.6%
2019	3.6%	2.9%	3.9%	2.1%	3.3%	2.2%
2018	4.1%	3.8%	4.1%	4.6%	2.3%	4.1%

Largest proportionate falls for female breast and cervix which are consistent with the suspension of screening services. The only significant increase in incidence observed was for HPB.

Registry Creep

Lower, or the same, for all countries. England had potentially received a major proportion of late reported 2019 diagnoses before lockdown.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	0.3%	-0.1%	0.6%	-2.9%	1.0%	0.8%
2019	1.0%	1.1%	0.9%	1.3%	1.4%	0.8%
2018	1.3%	1.6%	1.2%	1.9%	2.8%	0.3%

Staging

England are the only country to report improved staging for 2020 diagnoses.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	75.1%	75.8%	75.5%	66.4%	81.2%	80.0%
2019	72.3%	75.8%	71.8%	68.5%	82.0%	81.1%
2018	79.9%	77.2%	81.3%	67.6%	80.4%	79.6%

Although coverage was not back to pre-pandemic levels, the ability to look-up missing or conflicting data on trust systems enabled registration staff to improve the quality of the data.

Registration teams benefit from the work that Data Liaison staff continue to do with trusts to improve the staging data they submit. Much progress has been made. However, the figure used to monitor trust submissions is the proportion of staging data received for stageable sites. This should be 100%. The measure here is different. It is the proportion of all sites which have a valid staging value. It will never reach 100% as not all sites are stageable.

Patient Information

England, Scotland and Wales have all been able to improve the completeness of their demographic data.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	98.9%	97.8%	99.3%	98.3%	100.0%	93.5%
2019	98.4%	97.0%	98.9%	98.1%	100.0%	91.2%
2018	98.6%	96.9%	99.2%	96.3%	100.0%	92.0%

Core Tumour Information

All countries are reporting a small reduction in the completeness of core tumour information. For England this is due to a reduction in the proportion of cases with a valid known type of growth(morphology of tumour), caused by fewer cases receiving morphological verification.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	96.4%	96.3%	96.5%	96.1%	96.3%	96.1%
2019	97.0%	96.9%	97.0%	96.6%	96.9%	96.9%
2018	97.3%	96.9%	97.5%	96.4%	96.7%	97.1%

Diagnosing Hospital Known

England's completeness has been maintained but is below pre-COVID levels.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	96.8%	96.8%	96.8%	95.5%	-	98.1%
2019	96.6%	96.4%	96.8%	94.2%	-	98.2%
2018	97.9%	96.7%	98.3%	94.1%	-	97.7%

Pre-pandemic England used to follow-up DCO notifications to establish whether there were any investigations or treatments prior to death that had not been reported in other data sources. This could also identify a diagnosing hospital. However, a decision was taken not to use remote access to follow-up DCO notifications which may account for the value remaining the same as 2019.

Death Certificate Only (DCO) Rates

All countries, apart from Wales, reported an increased DCO rate.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	2.1%	1.2%	2.3%	0.6%	0.9%	0.9%
2019	1.5%	0.9%	1.7%	0.3%	0.6%	1.0%
2018	0.6%	0.6%	0.6%	0.2%	0.3%	1.2%

There increase in DCO rate was most evident in the 80+ age group; the 'All NMSC' rate increasing from 5.7% to 7.1%. This is potentially an impact of the pandemic combined with the decision not to reinstate the use of remote access to follow up these cases.

Zero Day Survivors

All countries report an increase in zero day survivors.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	2.8%	1.7%	3.1%	1.2%	1.1%	1.7%
2019	2.1%	1.3%	2.4%	0.5%	0.6%	1.6%
2018	1.2%	1.0%	1.2%	0.5%	0.5%	1.9%

A large proportion of these cases are created from death certificate notifications where there is a post-mortem to confirm diagnosis i.e. not a DCO according to the technical notes.

Microscopically Verified

All countries reported a reduction in cases with microscopic verification (MV).

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	81.0%	80.8%	81.2%	79.2%	83.4%	79.6%
2019	83.9%	83.7%	84.2%	81.9%	85.8%	83.1%
2018	84.8%	84.3%	85.1%	82.4%	85.7%	84.1%

This was to be expected given the reduction in surgical procedures during lockdown.

Non-Specific Codes

All countries apart from England reported a decrease in the proportion of cases with morphological verification where a non-specific code has been provided.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	1.4%	1.1%	1.5%	0.9%	1.2%	0.9%
2019	1.5%	1.5%	1.5%	1.0%	2.6%	1.0%
2018	1.2%	1.1%	1.2%	0.9%	1.6%	0.7%

We reviewed these cases as part of our QA process. Remote access was available for some, but not all, providers.

Grade

All countries reported a reduction in the proportion of cases with grade.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	56.1%	57.3%	55.9%	57.3%	59.6%	56.5%
2019	58.7%	59.1%	58.7%	58.3%	59.7%	59.5%
2018	60.0%	60.9%	59.9%	59.7%	63.0%	60.9%

This is likely to be a result of the reduction in the investigative and diagnostic procedures carried out during the pandemic.

Treatment

All countries reported a fall in the percentage of cases receiving treatment.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2020	85.4%	82.0%	85.9%	86.1%	74.8%	81.2%
2019	86.8%	85.0%	87.3%	86.3%	84.5%	81.7%
2018	88.2%	85.6%	88.8%	85.6%	-	82.5%

For England the reduction in treatment is due to the reduction in treatment for the 80+ age group; the group at highest risk from COVID infection.

Breast Screening Data: screen detected cases for ages 50-64

Due to the required exchanges with the screening programme these data are reported for a diagnosis year behind the rest of the report i.e. 2019 cases.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2019	50.5%	51.4%	50.3%	50.4%	49.7%	55.1%
2018	50.5%	52.0%	50.1%	52.1%	52.0%	53.9%
2017	49.1%	51.3%	48.7%	50.1%	-	55.1%

Cervical Screening Data: screen detected cases for ages 25-60

Due to the required exchanges with the screening programme these data are reported for a diagnosis year behind the rest of the report i.e. 2019 cases.

Incidence Year	Country average (population) ¹	Country average (country) ¹	England	Scotland	Northern Ireland	Wales
2019	20.4%	44.2%	13.5%	54.3%	63.1%	45.9%
2018	26.4%	44.2%	20.6%	50.4%	61.3%	44.8%
2017	23.6%	23.8%	22.1%	49.3%	-	0.0%

These results reflect the continued difficulty NCRAS are having in establishing a routine exchange with the cervical screening programme.

Bowel Screening Data: screen detected cases for ages 60-69

Due to the required exchanges with the screening programme these data are reported for a diagnosis year behind the rest of the report i.e. 2019 cases.

Incidence Year	Country average (population)¹	Country average (country)¹	England	Scotland	Northern Ireland	Wales
2019	5.8%	22.1%	0.0%	37.1%	26.6%	24.9%
2018	6.1%	20.4%	0.0%	35.2%	18.8%	27.6%
2017	4.3%	19.0%	0.0%	29.4%	-	27.5%

NCRAS continued to work with the screening programme to try and obtain an extract to use to pilot a new method of loading screening data files on the Encore 'waterfall'.

For England, 0% reflects the unavailability of screening data to NCRAS. NCRAS continued to work with the screening programme to try and obtain an extract to use to pilot a new method of loading screening data files on the Encore 'waterfall'.

UKIACR QA Measures 2023 (2020 diagnosis): Overview Report for Scotland

This commentary is focused primarily on the Executive Summary table.

Overall, these figures reflect an extraordinary year during which the impacts of the COVID-19 pandemic on cancer diagnoses were considerable. All aspects of diagnostic activity were disrupted and all three cancer screening programmes were suspended for a few months in 2020.

Stability

Overall stability for Scotland is -9.7%. This reduction was mainly caused by the impact of COVID-19. The reduction in recorded cancer incidence in Scotland was typical of the other UK & I nations in 2020.

Registry creep

The figure for Scotland is -2.9%. This is due to the implementing the ENCR Incidence date where some previously reported 2019 incidence registrations were reported using the traditional earlier Scottish Incidence date have shifted to a later ENCR Incidence date.

Staging

The proportion of staged cancers in Scotland is 66.4% which is a slight reduction from the previous year. This small reduction may be due to staging information not being available/assigned due to changing diagnostic practices during COVID. For the main sites and/or those cancers for which there are screening programmes, staging completeness was as follows:

Cancer site	Scotland	UKIACR Average
Lower GI	65.2%	84.2%
Lung	92.0%	90.7%
Breast	84.2%	86.0%
Cervix	90.6%	87.9%
Prostate	78.4%	84.2%

Within lower GI, rectal cancer staging fell from 64% to 61% between 2019 and 2020, while colon staging fell by a greater proportion from 86% in 2019 to 79% in 2020. Among the other lower GI sites in 2020, staging was 38% for appendiceal tumours, 33% for small intestinal tumours and no anal canal tumours were staged. It is possible that changes in diagnostic work-up during the pandemic meant that more patients were diagnosed without full staging but it does not explain a difference between Scotland and other countries. We will explore how to improve staging for the non-colorectal cancers.

Prostate stage completion fell from 84% in 2019 to 78.4% in 2020. Again, this might be due to more conservative investigations during 2020 but it is not clear why this would differ from other parts of the UK.

Work continues to extend our stage collecting to include haematological malignancies.

Average of core patient information complete

The figure for Scotland (98.3%) is similar to the UKIACR average.

We have managed to slightly improve our ethnicity from 86.9.4% for 2019 to 88.1% in 2020.

Average of core tumour information complete

The figure for Scotland (96.1%) is similar to the UKIACR average of 96.4%.

Diagnosing hospital known

The figure for Scotland is 95.5%. This will not include primary care, breast screening or private hospital locations in Scotland. This is consistent with previous years.

DCO rates

Consistent with previous years, Scotland has the lowest proportion of death certificate only (DCO) cases (0.6% compared with the UKIACR average of 2.1%) We have an increase of 0.3% from 2019 - this is due to the availability of some Health Boards' primary care notes during COVID movement restrictions.

Zero day survivors

Scotland has the lowest proportion of zero-day survivors (1.2% compared with the UKIACR average of 2.8%). Our zero-day survivors percentage has doubled from 2019 this is also reflected in our increase in DCO rates.

Microscopically verified

The figure for Scotland is 79.2% compared to the UKIACR average (81.0%). Both Scotland and UKIACR average have reduce slightly from 2019. The proportion of microscopically verified cases depends to a large extent on case-mix – for example, countries with a higher proportion of lung cancer cases might be expected to have a lower proportion of microscopically verified cases.

Non-specific [morphology] codes

Scotland has a low proportion of non-specific morphology codes recorded (0.9% compared with the UKIACR average of 1.4%).

Grade [of differentiation]

The proportion of cancers recorded with a known grade of differentiation is similar in Scotland (57.3%) to the UKIACR average (56.1%).

Treatment

The figure for Scotland 86.1% is similar to the UKIACR average of 85.4%

Breast Screening Data

Scotland's figure of 50.4% of breast cancers detected by screening in the age range 50-64 years in 2019 is similar to the UKIACR average of 50.5%. Scotland's percentage has slightly decreased. It is not clear to what extent this measure reflects uptake of screening, quality of Registry data or pausing of the screening programme during 2020.

Cervical Screening Data

Scotland's percentage of cervical cancers detected by screening in the age range 25-60 years is 54.5%. This is between NI (63%) and Wales (46%) and we would interpret this as being comparable. It is not clear why the proportion in England is much lower (13.5%) but it brings the UKIACR average down considerably.

Bowel Screening Data

Scotland's figure of 37.1% of bowel cancers detected by screening in the age range 60-69 years in 2019 has slightly increased, 2018 was reported at 29.4%. The proportion is higher than in NI or Wales. England has not submitted figures for this measure, so it is difficult to comment further with regards to UKIACR average. Scotland has the highest bowel screen detected rate compared to Wales and Northern Ireland. It is not clear to what extent this

measure reflects uptake of screening or quality of Registry data. Bowel screening, as with all 3 cancer screening programmes, was suspended for a few months in 2020.

Commentary for Northern Ireland Overview

The Northern Ireland Cancer Registry (NICR) is part of Queen's University Belfast and is funded by the Public Health Agency (PHA) of Northern Ireland (NI). Like all Cancer Registries, NICR uses data provided by patients and collected by the Health and Social Care (HSC) service as part of their care and support.

With 2020 being the first year of the COVID-19 pandemic there were disruptions to health services and wider society. Reductions in the number of cancer patients having surgery, being diagnosed pathologically or via 2-week wait, and pauses in screening programs have been reported. In 2022 a hybrid system of working was still in place for NICR staff who worked between home and NICR offices while adhering to COVID-19 guidelines. There were periods of time where there were limited access to health care systems. The final dataset used for the 2020 performance indicators was extracted and finalised in February 2023 as NICR Official Statistics for 2020 patients were released in phases based on tumour site. This phased approach allowed finalised Official Statistics outputs for a smaller number of cancer sites to be produced at the earliest opportunity while Cancer Intelligence Officers (CIOs) continued to work on remaining tumour sites. NICR analysts published all-cancers official statistics on 9th February 2023.

Up to 2019 there has been a steady year-on-year increase in the number of registered invasive cancers excluding non-melanoma skin cancers (9,861 registered in 2017, 10,298 registered in 2019) and with an ageing population this increasing trend was predicted to continue in 2020. However, during the first year of the pandemic in 2020 over 1,000 fewer registrations were recorded (n = 9,273) than in 2019. A significant decrease in registrations were recorded in all age-groups except for the youngest age group (0 to 24 year-olds) where the decrease was non-significant.

There was a decrease in registrations for all invasive cancer sites in 2020 except for Hepato-Pancreato-Biliary (HPB) and Thyroid & other endocrine glands which both recorded a non-significant increase in registrations. Sites with a significant decrease in registrations included: Haematological malignancies, Head and Neck, lower GI, malignant melanoma, breast, other female genitals, non-melanoma skin cancer and kidney. In-situ breast and cervix also saw significant decreases. All other sites had modest non-significant decreases in registrations.

The decrease in registrations for breast cancer and breast in-situ, cervix and cervix in-situ and lower GI cancers may be partly due to the temporary cessation of NHS cancer screening services, the partial closure of private groups such as Action Cancer, and the impact of COVID-19 regulations on people's access of health care services.

Registry creep: This decreased from 1.41% in 2019 to 1.0% for 2020 and is higher than the UK average of 0.3%.

DCO rate: NICR continues to achieve a DCO rate well below the 2% target, with a level of 0.9% for invasive cancer excluding NMSC and 0.63% for all registrations. This is an increase from the 2019 data when 0.59% of invasive cancer excluding NMSC and 0.36% of all registrations were DCO. The DCO rate is low across most tumour groups, except for cancers of unknown primary (CUP) where it is 6.63%, other invasive cancers where it is 3.47% and in other female genital cancers where it is 2.23%. Higher DCO rates in CUPs and other invasive cancers are not unexpected as many patients in these groups have short survival which often mean that it was not possible to fully investigate and provide an accurate cancer diagnosis prior to death.

Zero-day survivors: At 1.1%, the percentage of zero-day survivors for NI was below the UKIACR country average of 2.8%. Zero-day survival was below 1.1% for all cancer sites except for patients over 80 years (3.82%), head and neck cancers (1.63%), upper GI cancers (1.33%), cervical cancers (1.37%), other female genital cancers (2.23%), CUPs (5.52%) and other invasive cancers (3.47%).

Microscopic verification (MV): The percentage of MV cancer cases remained high at 83.4% but is slightly lower than 85.8% from 2019 and which is likely due to pandemic-related issues.

Demographics: Collection of data on ethnicity remains poor as this information is not recorded well within NICR's primary data sources.

Diagnosing Hospital Known: The NICR was unable to provide information on the diagnosing hospital this year.

Treatment: NICR found a drop in the number of patients receiving treatment, which may be related to the COVID-19 impact on access to operating theatres and oncology services. The table below compares the proportion receiving each therapeutic intervention modality in 2020 and 2019. All types of treatment modality experienced a decrease; however, surgery experienced the biggest overall percentage reduction of almost 14%. Watch and Wait and Palliative Care patients also experienced

relatively large percentage reductions but the figures reported are in line with other countries. Overall, the percentage of patients receiving treatment fell from 84.5% in 2019 to 74.8% in 2020.

Treatment Type	Year of Diagnosis	
	2019	2020
Surgery	52.5%	38.6%
Radiotherapy	24.8%	22.5%
Teletherapy	23.7%	21.5%
Chemotherapy	28.6%	25.5%
Hormone Therapy	20.2%	18.4%
Brachytherapy	1.1%	1.0%
Watch and Wait	7.4%	4.1%
Palliative Care	16.2%	7.8%
All Treatments	84.5%	74.8%

Screening: Cancer screening in 2020 was impacted by the COVID-19 pandemic with temporary cessation of screening services and restrictions placed on in-person GP access. The proportion of cancers detected by screening reduced, particularly cervical cancer which fell by almost 17%. The table below shows the proportion of cancers detected by screening in 2020 compared to 2019 figures.

Screening Type	Year of Diagnosis	
	2019	2020
Breast	49.7%	44.6%
Cervical	63.1%	46.3%
Bowel	26.6%	19.3%

Staging: NICR achieved a level of staging at 81.2%, which was above the UKIACR target of 70% and just slightly below what was achieved in the previous year, 82.0%. NICR have experienced Cancer Intelligence Officers (CIOs) who actively carry out manual staging across all tumour sites.

Grade: The percentage of cancers diagnosed in 2020 with a known grade was 59.6% which, only a 0.1% reduction from 2019 (59.7%) and just over the UKIACR country average of 56.1%. However, like staging, grade is not provided to the registry as a pre-populated data field that can be uploaded and consequently are manually recorded by the CIOs following examination pathology reports.

Conclusions

Despite the challenging environment faced by NICR in 2020 these performance indicators continue to highlight the consistently high-quality data produced by the registry. The PIs provide a welcome opportunity to monitor and benchmark our data, and support continued quality improvement within the registry.

Wales commentary on 2020 population-based registry data WCISU

Context

The backlog in processing data after registration was paused in early 2020 remained during the processing of 2020 registrations, particularly due to resource issues within the small registration team.

During the first year of the COVID 19 pandemic in 2020 preliminary non-registration data suggested large declines in cancer diagnoses as well as reduction in investigations and some treatment due to lockdowns and changes in NHS Wales practice and access, including cancer screening for a period. This in turn affected data availability on those treatment modalities and investigations which impacted registration.

As expected, therefore, there is a marked decline in overall registrations during 2020 compared to previous years, and this is likely mostly all a real decline, rather than a major issue with registration missing ascertaining diagnosed cases from the data.

Stability

Overall stability for Wales for the 2020 data is -12.6% and has increased compared with 2017-2019 data in previous PIs, this is above the UKIACR 2020 country average (country)¹ of -10.1%.

Registry creep

For 2020 data, registry creep has maintained at a low rate of 0.8%. This reflects continued improvements to business processes and some automation. The UKIACR country average (country)¹ is 0.1%.

Staging

The proportion of verified staged cancers (excluding NMSC) in Wales was 80% in 2020, which is significantly higher than the UKIACR country average (country)¹ of 75.8%.

Verified staging completeness for main cancer sites

Cancer site	Wales 2020	UKIACR 2020 country average
Lower GI	91.5%	84.3%
Upper GI	82.7%	74.1%
Lung	92.6%	90.8%
Breast	85.5%	86.3%
Cervix	94.6%	88.0%
Prostate	91.0%	84.4%
Bladder	84.6%	76.6%
Kidney	85.6%	78.4%
Head and neck	93.0%	85.4%

Melanoma of skin	93.3%	85.5%
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Average of core patient information complete

The completeness for Wales is very high or 100% complete for most variables, except for ethnicity (54.73%). There is an ongoing problem with poor completion and accuracy of ethnicity in the underlying NHS Wales source datasets.

This has improved by over 16% from 2019 by data linkage with the Wales Cancer Patient Experience Survey (WCPES) data. However, further exploration on how we can improve the completeness of ethnicity in the registry database continues.

Average of core tumour information complete

Most variables are almost 100% complete, apart from 'type of growth' that is slightly lower at 84.78%. The overall completion is similar to the UKIACR country average (86.01%).

Diagnosing hospital known

The completion of this variable is very high (98.10%) and above the UKIACR country average 96.76%.

DCO rates

The death certificate only (DCO) cases in Wales have continued to reduce to 0.9%, where the UKIACR country average (country)¹ has risen from 0.9% in 2019 to 1.2% in 2020.

Scotland continues to have the lowest DCO cases of 0.6% compared with the UKIACR country average.

The improvement demonstrated in this year's DCO rate reflects the continued focus in this area to address registry enhancements where possible.

Area of note for Wales, all NMSC over 80+ cases demonstrate a higher percentage of DCO cases, of 3.02% and may be representative of an aging population and emergency presentations that are seen in Wales.

Cancer sites DCO % in Wales to UK average for 2020 data

	DCO% comparison 2020 v 2019			UK average 2020
	Wales 2019	Wales 2020	Year on Year change	
All invasive xnmisc	1.0%	0.93%	↓	2.1%
Haematology	1.85%	0.89%	↓	2%
Lower GI	0.48%	0.61%	↑	1.7%
Upper GI	1.15%	1.01%	↓	1.9%

HPB	1.32%	0.49%	↓	3.8%
Breast	0.53%	0.26%	↓	0.7%
Other female genitals	0.60%	1.05%	↑	1.7%
Prostate	0.57%	0.93%	↑	1.3%
Bladder	1.12%	1.46%	↑	3.4%
Thyroid & other endocrine glands	0.60%	0.91%	↑	0.7%
CUP	8.60%	6.80%	↓	14.0%

Zero day survivors

Wales zero day survivors in 2020 data is 1.7%, and compares to the UKIACR country (country)¹ average.

Microscopically verified

The 2020 figure for Wales is 79.6%, compared to 83.1% in 2019 Wales data, and the 2020 UKIACR country average (country)¹ of 80.8%.

Non-specific [morphology] codes

Wales has maintained a low proportion of non-specific morphology codes recorded of 0.9% compared to the UKIACR country average (country)¹ of 1.1%

Grade [of differentiation]

The proportion of cancers recorded with a known grade of differentiation for Wales has reduced from 59.5% in 2019 data to 56.5% in 2020, although comparable to the UKIACR country average (country)¹ 2020 of 57.3%.

Treatment

The treatment data was 81.2% complete in Wales for the 2020 data, compared to the UKIACR country average (country)¹ of 82.0%.

Screening Data

Screening data are reported at a UK level for a diagnosis year behind the rest of the report i.e. 2019 cases.

It is not clear, to what extent these measures reflect uptake of screening, route to diagnosis or quality of registry data.

Wales has an annual data exchange programme with NHS Public Health Wales Screening Services to allow Wales to reflect and report the current 2020 screening data for completeness.

Breast

In Wales, the 2020 cancer registry data included 55.1% of breast cancer cases detected by screening in the age range 50-64 years. This is higher than the UKIACR country average (country)¹ 2019 of 51.4%.

Cervical

In Wales, the 2020 cancer registry data included 45.9% of cervical cancer cases detected by screening in the age range 25-60 years. This is higher than the UKIACR country average (country)¹ 2019 of 44.2%.

Bowel

In Wales, the 2020 cancer registry data included 24.9% of bowel cancer cases detected by screening in the age range 60-69 years. This is higher than the UKIACR country average (country)¹ 2019 of 22.1%.