

Scottish Needs Assessment Programme



Breast Cancer in Women in Scotland

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AUGUST 1998

Acknowledgements

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A summary of the report was presented at the SIGN meeting on Breast Cancer at the Royal College of Physicians of Edinburgh, April 1997.

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Commissioning Cancer Services in Scotland - Scottish Cancer Co-ordinating and Advisory Committee

INTRODUCTORY NOTE

With the imminent publication in 1997 of several reports relating to breast cancer, SNAP agreed that a full needs assessment on the topic would not be appropriate. Instead, the authors were asked to provide a concise summary of the current evidence for those involved in the planning of breast cancer services and improving the management of patients with this condition in Scotland.

1 INTRODUCTION

1.1 In recent years a number of reports produced by international agencies¹, British Government committees^{2,3}, cancer specialists⁴, the British Association of Surgical Oncologists⁵ and voluntary organisations⁶ have highlighted the importance of public awareness and the need for appropriately organised services if the burden of cancer in the community is to be reduced. Targets have been set for the reduction in the rate of specific cancers to be met by the year 2000.

1.2 Cancer is the second most common cause of death in men and women in Scotland, with heart disease being the most common and stroke taking third place. In Scotland, based on the most recently published figures from the Scottish Cancer Registry, 14,617 cancers in men and 15,076 cancers in women were diagnosed during 1995. The number of deaths from cancer in 1995 were 7,768 men and 7,456 women.⁷

1.3 In Scotland, as in the rest of the UK, breast cancer is the most common cancer in women. It occurred in 3,148 women and accounted for 1,244 deaths in 1995. Additionally, survival after diagnosis of one year, three years and five years respectively is currently of the order of 90%, 75% and 65% so that many women with breast cancer require prolonged monitoring, treatment, care and support.⁷ Lung cancer occurs less often but, because of its poorer prognosis, it causes the greatest number of cancer deaths in women in Scotland.⁷

1.4 This report is concerned with breast cancer in Scotland and aims to provide an overview for those commissioning health services by addressing the following questions:

- what is known about the causes of breast cancer and its natural history?
- what is the incidence and prevalence of and survival from breast cancer in Scotland?
- what is the potential for increasing health gain from interventions including screening and treatment?
- what type of service do women want?
- how is breast cancer treated in Scotland and is there room for improvement?
- what should Health Boards commission?

1.5 This short report provides an overview of a number of documents being produced in relation to breast cancer by the Scottish Needs Assessment Programme (Cancer Services in Scotland), Scottish Health Purchasing Information Centre (Breast Cancer) and the clinical guidelines from the Scottish Cancer Therapy Network/Scottish Intercollegiate Guideline Network (SCTN/SIGN) on best practice for the treatment of breast cancer. All these reports are at final draft stage. Together they form a useful review of the subject and provide guidance for best practice.

2 NATURAL HISTORY AND PROGRESSION OF BREAST CANCER

2.1 Causes of breast cancer

The cause of breast cancer remains unknown. A variety of interrelated environmental, hormonal and genetic factors have been implicated⁸ but no single factor, either alone or in combination with others has been identified. The following factors have been associated with an increased risk of breast cancer: obesity; never having been pregnant; age over 30 at first pregnancy; high socio-economic status; early onset of periods; late menopause; high fat diet; benign breast disease. The use of oral contraceptives, hormone replacement therapy and excess alcohol intake may increase the risk. These are all, however, weak risk factors with a relative risk of no more than 2 except for some types of benign breast disease where the risk can be greater.⁹

A family history of breast cancer is a widely recognised risk factor. Having two first degree relatives with breast cancer is associated with a relative risk of 4-6. The recent advances in the science of genetics which has included the identification of the BRCA1 and BRCA2 genes found in 5% of women with breast cancer, predominantly those with a family history, is probably only the beginning of our understanding of the relative contribution of the various risk factors.⁹ Environmental factors have also been shown to contribute to the risk of breast cancer. This is based on evidence from studies of Japanese women, whose low fat diets are thought to be the main reason for the very low rates of breast cancer found in Japan. When Japanese women moved to the USA and adopted the high fat American diet their breast cancer rate became the same as the host population within one or two generations.⁹

2.2 Natural history of the disease

There is evidence that metastatic potential is highly correlated with tumour size, and that disease progression can be altered by early diagnosis and treatment. Inflammatory presentation of breast cancer also indicates a potentially poor prognosis, but there is evidence of benefit from early chemotherapy.¹⁰

2.3 Progression of the disease

Breast cancer occurs mainly in the epithelium of the secreting lobule of the breast. It is initially non-invasive and is confined by the basement membrane of the cell.¹¹ Changes in the malignant cells enable them to break down the basement membrane and to migrate into the vascular and lymphatic capillaries which drain from the breast tissue, allowing the formation of micro-tumours (metastases) in other parts of the body. Death may occur from metastatic disease many years later.¹² It is thought that many cancers start as ductal carcinoma in situ and then progress to invasive cancers.

3 INCIDENCE, PREVALENCE AND SURVIVAL

3.1 Incidence

Breast cancer is a disease which occurs mainly in western developed countries. The incidence of breast cancer in Scotland, like the other countries of the UK, is amongst the highest in the world, but international comparisons are notoriously difficult. It is predominantly a disease of women with only 0.5% of cases occurring in men. In Scotland in 1995 there were 3,148 women in whom breast cancer occurred and were registered with the Scottish Cancer Registry. The numbers of and rates of breast cancers in Scotland registered by Health Board between 1987 and 1995 by age of woman are given in Appendix 1 and illustrated in Figure 1 (Appendix 2). It has been calculated that for any woman in Scotland, free from other life-threatening disease, the theoretical risk of developing breast cancer up to the age of 74 years is 7.2% or 1 in 14.⁷

3.2 Prevalence

At any one time general practitioners will have a number of women with a diagnosis of breast cancer, some of whom are receiving treatment, but others will be symptom free. In the breast screening age group (50-64 years) the rate of detection by screening of breast cancer in the prevalent round is between 6 and 8/1000 women screened. In one general practice, with around 10,000 male and female patients, there are on average 36 women with a diagnosis of breast cancer recorded on the practice database. (Duffus, personal communication)

3.3 Survival

Many factors known to affect a woman's chances of survival from breast cancer include her age, the stage of the disease process (the tumour size, whether tumour is found in the lymph nodes of the axilla), oestrogen receptor status, the type of treatment she receives and where she receives it. In Scotland, the 5 year breast cancer survival rate for those cancers detected and treated during 1983-1987 has been reported as 64.3%, an improvement of 7% compared to cancers detected 25 years before.¹³ Appropriate input from specialist services improves outcome.

3.4 Survival rates in other countries

Women resident in the countries of the UK appear to have a higher incidence and poorer survival rates than those resident in many other European countries. Why this should be so is not known, but poorer survival may relate to inadequate treatment and socio-economic factors.¹⁴ It is necessary however to appreciate the difficulties of international comparisons. Information about cancers are obtained from cancer registries and the accuracy of the rates will depend on complete coverage (obtaining information about all cancers, including those in the private sector); the correct diagnosis; the timing of registration (whether at diagnosis or death); and the completeness of the linkage between cancer and death registries. In a population-based study of European registries for patients diagnosed with breast cancer in 1981-1982, the five year relative survival rate ranged from 53% in the Polish registries to 77% in Finland. The rate in Scotland was 62% and in the English Registries it was 63%.¹⁵

4 WHAT IS THE POTENTIAL FOR HEALTH GAIN?

4.1 Breast cancer is the most common cancer in women, resulting in the death of a third of them within five years. As the cause of breast cancer is not known, efforts to reduce mortality from the condition range from reducing risk of developing breast cancer, diagnosing the condition early and providing appropriate and timely treatment.

4.2 Reducing risk of developing breast cancer

International studies have shown a strong correlation between dietary fat intake, obesity and breast cancer. Health promotion dietary programmes therefore, designed to reduce the risk of developing heart disease and bowel cancer, may also have an effect on breast cancer. There is preliminary evidence that Tamoxifen may reduce the incidence of breast cancer in women at very high risk and the long term results from a national trial are awaited.

4.3 Early diagnosis

The best results in relation to survival from breast cancer are obtained if there is early detection of the tumour before secondary spread has occurred. A Working Party of the four UK Departments of Health chaired by Sir Patrick Forrest¹⁶ was therefore set up in 1985 to consider whether a national breast screening programme should be introduced in the UK. As the cause of breast cancer was not known, there was no way of preventing it and as the condition caused so much morbidity and mortality, the Working Party concluded that early detection using mammography should be introduced. They recommended that women aged 50-64 years (the age group in whom screening had been shown in research studies to be effective) should be invited for screening at 3 yearly intervals. It was estimated that mortality from breast cancer in the screening age group would be reduced by 30% - a saving of 115 lives per annum in Scotland (subsequently revised to 25%: 40% for those screened). The national breast screening programme in Scotland was phased in with the first two screening centres opening in 1988 and the seventh (and last) opening in 1991. The lower age limit for screening (50 years) was chosen because of lack of evidence of the benefit of population screening for younger women. At present, mammography involves two views at first screen and one view at subsequent screens. Women between the ages of 65 and 69 years are encouraged to attend, but are currently not sent an invitation. Studies are currently underway to review the age evidence in relation to screening.

4.4 The effect of the introduction of screening

Twenty one percent (538/2,549) of all breast cancers registered in 1993 and included in the Scottish Breast Cancer Audit were screen detected.¹⁷ This figure rose to 49% in the screening age group of 50-64 years (486/992). In this age group compared with 1987, there was a significant increase in the proportion of women whose cancer was clinical stage 1 (38% vs 16%) and who were node negative (58% vs 35%). As the programme has only been running for nine years and the prevalence round for Scotland was not completed until 1994, it is too early to expect a reduction in case fatality. It is very encouraging, however, that the targets set in relation to numbers of cancers detected and tumour size have been met and surpassed.

4.5 Providing appropriate and timely treatment

The general practitioner obviously plays a key role in the care of women with breast abnormalities. Many women present at the surgery with breast problems and the general practitioner requires clear protocols agreed with the staff of local trusts about referral for management of women who may have breast cancer. Scottish guidelines have been developed and should be discussed by the local primary health care team and hospital staff and local protocols agreed.

During the last few years a number of reports have been published which have provided guidance about best practice in the management of breast cancer. These are:

King's Fund Consensus Statement¹²: A multidisciplinary group of professional and lay members in consultation with a number of experts produced the King's Fund Consensus statement on the treatment of primary breast cancer. In summary the panel concluded that there was "no consensus about optimum treatment" but key areas in the organisation of breast services were identified relating to the role of the general practitioner, the importance of care provided by multidisciplinary teams and the important role played by the woman in decision making, were stressed.

Marie Curie Consensus Statement⁶: Six years later a consensus conference organised by the Marie Curie charity considered the question "do women in Scotland receive appropriate treatment for small breast cancer tumours?" The conclusion was that women treated by specialist multidisciplinary teams did so, but that many women did not have access to such teams and many health professionals did not have appropriate training and resources to provide such a service. The panel recommended that the best treatment for breast cancer be the norm in Scotland and a clear consensus was reached on certain treatment issues as follows:

- in appropriate patients, there is no significant difference between survival rates in patients having breast conservation therapy followed by radiotherapy compared with mastectomy;
- all patients with benign disease should be informed immediately of the outcome of their tests;
- lymph node histology must be obtained in every patient with invasive breast disease;
- pre-menopausal patients with involved lymph nodes should receive cytotoxic chemotherapy;
- post-menopausal patients should receive adjuvant Tamoxifen (five years or until relapse) regardless of node status.

It was noted that "there is still no agreement regarding standardisation of radiotherapy regimes".

Provision of breast services in the UK: the advantages of specialist breast units - report of a working party of the British Breast Group (BBG)⁴ which was prepared in response to the Calman/Hine document 'A Policy Framework for Commissioning Cancer Services'.² The group's recommendations included:

- Women with breast disease should have access to high quality care by a multidisciplinary team working together in a specialist breast unit. The key

components of a specialist breast unit are as follows: core named personnel; regular combined review meetings to confirm the diagnosis of cancer and plan treatment; adequate facilities (e.g. for imaging, pathology and surgery); locally agreed protocols/guidelines covering all aspects of care; close liaison with general practitioners and other primary care services and with other specialists involved in a patient's care; new patients should be seen at dedicated breast clinics, which should be held at least weekly and have services for diagnostic imaging.

- Because many women with breast cancer require radiotherapy at some point of their treatment it is essential that specialist breast units in district general hospitals have close working relationships with a Cancer Centre.
- A critical mass of patients will be needed to ensure that the specialist breast unit is viable. The BBG recommends that in general 70-100 new patients per annum should be managed with the minimum number being 50.

NHS Executive guidance for purchasers 'Improving Outcomes in Breast Cancer'^{18,19} This systematic review and grading of the literature provides the research evidence which backs up the recommendations of the good practice groups summarised above. For example, the reviewers found that there is fairly strong evidence that specialisation of care by providers working together either in a defined cancer centre or cancer clinic improves 5 year survival. Overall, five studies about breast cancer survival found that specialisation was associated with a reduction in 5 year mortality of about 18% (95% confidence interval: 12-23%). The authors warn, however, that the estimate should be treated with caution as the five papers referred to were about observational studies which are susceptible to bias and the definition of specialisation in the papers was highly variable. There is also fairly strong evidence that specialist centres are more likely to provide up to date treatment as well as weak evidence that specialisation is associated with better diagnostic outcome. There is fairly strong evidence demonstrating the value of specialist nurses leading to improved understanding by the patient of her condition; enhanced patient involvement in decision making; reduced anxiety and depression and increased levels of self-esteem among patients and improved general health and reduced somatic symptoms.

5 THE TYPE OF SERVICE WOMEN WANT

5.1 All women need to have information about breast problems and the action they should take if they detect any abnormality. The on-going health education campaign 'Be Breast Aware' provides such information. Breast cancer screening services have made modifications to improve acceptability and attendance. Women who have detected an abnormality and may have breast cancer want access to a service that will give them an accurate and timely diagnosis. If cancer is found women want appropriate treatment and follow-up. This should include access to skilled psychological support, and access to other specialist facilities if necessary.

5.2 At all stages women want effective communication about the diagnosis, the disease status and the aims and possible side effects of treatment. Research undertaken by Fallowfield and her colleagues shows that effective communication improves patients' satisfaction, increases compliance with treatment and enhances their quality of life.^{20,21} It is important for the women therefore that there is effective communication between the general practitioners and the hospital team providing the specialist care.

5.3 It must be remembered that not all women have the same views about how they would like to be cared for. Although most women want to be involved in decisions regarding their management, this is not so for everyone and research studies suggest that women are most satisfied with their care when they can choose whether or not to take such decisions.

6 HOW BREAST CANCER IS TREATED IN SCOTLAND

6.1 The most complete information we have about how women with breast cancer are treated in Scotland comes from the audits carried out in 1987 and 1993 by the Scottish Breast Cancer Focus Group arm of the Scottish Cancer Therapy Network.¹⁷ The aims of this audit were:

- to examine the patterns of care and management of patients presenting with breast cancer in Scotland;
- to see whether these had changed over time;
- to assess the extent to which recognised best practice was carried out;
- for the earlier cohort (1987) to examine the factors affecting outcome.

6.2 The audit aimed to include all new cases of invasive breast cancer registered with the Scottish Cancer Registry in 1987 and 1993. In 1987 only 89% of cases (2,148/2,401) were found as one hospital had a policy of destroying the notes of patients three years after death. In 1993 a greater percentage - 97% (2,549/2,632) - of cases were found, giving a total of 4,697 case records reviewed. The introduction of breast screening accounted for most of the increase in the number of cancers detected in the two time periods (see section 5). The results of the audits have been reviewed in relation to some of the factors which are known to affect prognosis - i.e. surgical management including surgical case load; non surgical management; pathological findings including tumour size, node status and histological grade; oestrogen receptor status and 5 year survival.

6.3 Surgical findings

Case load

In 1987 there were 150 surgeons in Scotland who operated on women because of breast cancer. This number fell slightly to 145 in 1993. When the findings for 1993 are compared with 1987, there was an increase from 35% to 57% of patients treated by surgeons who worked in teams operating on at least 50 cases per annum. In 1993, however, there still remained 16% of cases (256 women) who were operated on by a surgeon whose breast cancer case load was less than 10 cases per year.

Surgical management

In patients who had surgery and did not have metastatic disease conservation management increased from 40% in 1987 to 52% in 1993. In 1987 there were 976 mastectomies and 643 breast conservation operations compared with 990 mastectomies and 1,079 conservation operations in 1993.

Radiotherapy to the treated breast

After conservation surgery there was an increased number of patients in 1993 (75% compared to 55% in 1987) being given radiation to the treated breast, which has been shown to reduce the risk of local recurrence.

Use of adjuvant treatment following surgery

Between 1987 and 1993 there was an increased use of endocrine therapy (65% to 92%) and chemotherapy (8% to 19%). The use of adjuvant treatment was influenced by clinical variables but not by deprivation category. There was an unexplained variation between Health Boards in the use of adjuvant therapy.

6.4 Non surgical management

In both years a significant proportion of patients was managed non-surgically - 25% in 1987 and 19% in 1993. The main reasons for this were the presence of metastatic disease or that the patients were elderly and were managed with primary hormone therapy.

6.5 Pathological findings

Tumour size

Tumour size was not recorded in 21% of surgical cases in 1987 and 12% of cases in 1993. The percentage of cases diagnosed with small tumours, less than 2 centimetres, increased from 39% in 1987 to 54% in 1993, this difference being consistent with the effect of the screening programme.

Node status

In 1987, node status was not known in 27% of surgical cases and there were no nodes involved in 37% of cases. In 1993, node status was not known in 13% of cases and there were no nodes involved in 54% of cases.

Histological grade

The histological grade was unknown in 53% of surgical cases in 1987 and in 25% of cases in 1993.

Oestrogen receptor status

The oestrogen receptor status of the surgical cases was unknown in 39% of cases in 1987 and in 46% of cases in 1993. This trend requires to be reversed because recent analyses²² demonstrate that patients of all ages benefit from Tamoxifen therapy, if their tumour is oestrogen receptor positive.

6.6 Survival

In the multivariate analysis of the 1987 cases, survival was influenced not only by clinical factors, but also by Health Board of first treatment. The difference by Health Board was thought to be due partly to differences in the use of adjuvant therapy. Selection of patients for surgery may also be a factor. Surgical case load and deprivation were not significant predictors of survival when other factors were taken into account.

6.7 Conclusions

The two audits show a change in management of women with breast cancer between 1987 and 1993 with a move to the type of care recommended in the 'good practice' reports. The conclusion of the report of the audits, however, is that "there is need to develop comprehensive specialist breast cancer services with integrated surgery, chemotherapy, radiotherapy, radiology, pathology and psychology support. Restructuring surgical practice alone will not provide optimal patient care".

7 WHAT SHOULD HEALTH BOARDS COMMISSION FOR HEALTH GAIN?

7.1 Existing guidance

The publication of 'A Policy Framework for Commissioning Cancer Services' for England and Wales² was followed by the report 'Commissioning Cancer Services in Scotland' prepared by the Scottish Cancer Co-ordinating and Advisory Committee (SCCAC)³. The key principles which should govern the provision of cancer care outlined in these reports obviously apply to women with breast cancer (Appendix 3). The SCCAC report recommends that Cancer Centres, which would deliver a full range of cancer services, already exist in Aberdeen, Dundee, Edinburgh, Glasgow and Inverness. Cancer Units would normally serve a population of at least 100,000 and would have the potential to have sufficient caseloads to manage the four most common cancers, i.e. breast (114 new cases/100,000 female population per annum in Scotland); colorectal 96 new cases/100,000 population); lung (92 new cases/100,000 population) and skin (80 new cases/100,000 population). Thus, apart from the island Health Boards, all Boards are large enough to establish cancer units. All Health Boards have received a planning framework for the provision of cancer services including milestones and timetable²³ and should now have implemented purchasing plans for cancer services through contracts with Trusts.

7.2 Need for a systematic approach

It is therefore essential that Boards have a systematic approach to ensuring the provision of breast cancer services. This will include a range of services provided in a seamless way, i.e.

- the provision of information for women and for general practitioners;
- a screening programme at the recommended intervals for women;
- appropriate management of women with the established condition;
- appropriate follow-up;
- the management of women with recurrence;
- the provision of palliative care when required;
- appropriate training and continuing professional education of staff;
- on-going audit of all aspects of the service.

7.3 Information needs

Women require information about what to look for in relation to breast cancer. The leaflet 'Be Breast Aware' should, therefore, be readily available. They also need easy access to health professionals who can expand upon written information.

Information is also required for professionals and lay people about incidence, prevalence and survival rates at national and Health Board level. This is available at ISD and should be published at regular intervals in an easily digestible form, e.g. Cancer Registration Statistics Scotland 1981-1990²⁴ provides useful information about all cancers. There might be value in providing separate information sheets about individual cancers.

Information should be readily available about the breast screening programme¹⁹. Leaflets such as Breast Cancer in Scotland - produced by the Scottish Breast Screening Programme - should be available in clinics attended by women and in

general practitioner surgeries. Consideration should also be given to providing general information about the screening programme for partners of women in the screening age group so that they can be informed about the programme.

7.4 The guidance role of the general practitioner

Trusts should be asked to provide information about their local services for women with breast cancer, for women and for general practitioners, so that women know what to expect. Trusts should also make easily accessible information from the voluntary organisations that provide support for women with breast cancer, e.g. Marie Curie; Breast Cancer Care; Taktent; Backup and so on.

General practitioners and Primary Care teams have crucial roles extending from health promotion and education through presentation and referral of breast problems to involvement in the management of breast cancer, including roles in shared care follow-up, palliation and terminal care.

7.5 The breast screening programme

The Scottish Breast Screening Programme was set up as a national programme and managed centrally. In 1996/97 funding²⁵ was devolved to Health Boards, but national guidelines from the Central Co-ordinating Unit have to be followed. It is important that Health Boards adhere to these to achieve optimum effectiveness and allow the benefits of the national programme to be quantified in years to come. Boards should monitor the breast screening programme provided for women resident in their Health Board area to ensure that all women in the relevant age group are being invited to attend and that the service offered meets the national standards. The current uptake of the screening programme is in the region of 70%. Increasing it to 80% will require more input from primary care staff and additional resources, particularly as demographic projections indicate larger actual numbers of women in the target age ranges. Existing links with primary care should be reviewed and strengthened if required. In those Health Boards where uptake is low (usually in areas of deprivation) efforts to improve acceptability and uptake should be made. A number of strategies can be used, e.g. local publicity campaigns, checking accuracy of primary care lists, personal invitations from the general practitioner, raising awareness of the programme with primary health care staff and so on. Most Health Boards have initiatives tailored to local circumstances. A multi-pronged approach in Greater Glasgow is showing encouraging results, but it is too early to be conclusive.

7.6 Establishing cancer units for breast cancer

All mainland Health Boards have at least 50 women resident in their area who develop breast cancer each year (the yearly average for 1993-95 was 65 cases in the Borders and 93 cases in Dumfries and Galloway) and should at least be establishing cancer units for the care of women with breast cancer. It must be remembered that for every ten women presenting with breast problems, only one, on average, will have breast cancer. In nearly all cases, however, the diagnosis of cancer can only be made at a hospital visit. Thus the smallest breast unit (treating 65 breast cancers per annum) will see, on average, approximately 12 new patients per week presenting with breast problems. The core personnel of a specialist breast unit are consultant surgeon, consultant radiologist, consultant histopathologist/cytologist, consultant oncologist, breast care nurse specialist,

chemotherapy nurse specialist, diagnostic radiographer. The service should be provided on-site by a multidisciplinary team (surgeon, pathologist, radiologist, specialist nurse/counsellor) as well as the following facilities described by the British Breast Group⁴.

- appropriate outpatient facilities for clinical assessment and counselling;
- radiology (especially mammography, ultrasound and nuclear medicine);
- pathology (histopathology including ER status immunochemistry and cytology);
- a prosthesis fitting service. A wide range of prostheses should be available together with the appropriate environment for fitting them. This service may be provided directly by the breast care nurse specialist, but at the least she should have input into the provision of the service;
- physiotherapy (NB may be involved in the management of lymphoedema);
- pharmacy (to support the chemotherapy service).

In addition:

- the following services are essential but may not necessarily be available on-site, i.e. radiotherapy; chemotherapy; liaison psychiatry/clinical psychology; palliative care; clinical genetics; plastic surgery;
- an inherent part of services is the requirement to integrate appropriately the assessment and care of women diagnosed by screening of having suspected breast cancer and women diagnosed following presentation with breast problems;
- it is imperative that “the breast team have established and continuing joint working between relevant cancer units and centres to determine common treatment protocols, movement between sites, involvement of patients in trials and devolution of work”.²³

Health Boards will need to consider the impact of these arrangements upon other services, including resource implications.

7.7 Guidelines for all aspects of care

Scottish Breast Cancer Guidelines have been developed by a multidisciplinary group on behalf of the Scottish Cancer Therapy Network. These guidelines have been developed according to SIGN principles and are currently being discussed by those involved in planning and providing breast cancer services. Health Boards will have to ensure that local protocols are developed following publication of the guidelines. This should involve collaboration between Health Boards, local Trusts and general practitioners and should include processes for review of local protocols at regular intervals. Protocols should include topics such as, accessibility to palliative care from an early stage, integration of cancer services, entry to approved clinical trials, choices for breast reconstruction and specific local factors such as the particular needs of ethnic minority groups.

7.8 Ensuring a system of on-going audit

Health Boards must ensure that audit and quality assurance systems are in place to monitor outcomes in relation to the clinical condition and the treatment given as well as to determine women’s views about the standard of care and support that they received. To aid this, a minimum data set for auditing the clinical condition and on-going management is included in the breast cancer guidelines. Clinical audit should

not only cover initial presentation and treatments, but also the care and management of subsequent morbidity. It must be appreciated by those commissioning and those providing services for women with breast cancer that audit is an important component of the service and that appropriate funding is made available for it.

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Appendix 1

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95 Numbers of registrations, with age-specific rates, crude and age-standardised rates; by health board, age and year of diagnosis

Argyll & Clyde

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	1
20-24	0	0	1	0	0	1	0	1	0	0
25-29	3	0	2	1	1	0	2	3	0	1
30-34	3	2	0	4	3	9	0	2	7	5
35-39	3	10	8	3	4	12	8	13	9	10
40-44	10	14	11	13	9	16	10	14	14	10
45-49	25	13	18	22	18	25	25	27	29	29
50-54	19	24	17	18	31	33	33	35	23	35
55-59	28	29	15	22	39	39	42	40	27	37
60-64	30	25	22	26	23	55	44	37	34	27
65-69	29	27	27	32	32	41	24	22	22	30
70-74	27	21	15	20	19	30	19	32	24	24
75-79	17	20	21	29	22	23	20	24	19	21
80-84	11	16	24	20	23	17	17	20	20	22
85+	9	12	20	22	9	17	21	18	15	14
All ages	214	213	201	232	233	318	265	288	243	266

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.9
20-24	0.0	0.0	5.7	0.0	0.0	6.2	0.0	6.8	0.0	0.0
25-29	17.7	0.0	11.7	5.8	5.7	0.0	11.6	17.5	0.0	6.1
30-34	20.4	13.4	0.0	25.5	18.5	53.8	0.0	11.7	40.3	28.6
35-39	19.0	66.8	54.8	20.6	27.4	82.7	54.2	85.2	57.3	61.7
40-44	74.8	98.8	75.6	87.9	59.5	103.6	68.1	98.1	98.5	69.8
45-49	189.8	99.9	137.5	167.4	138.6	191.6	180.2	188.7	199.8	195.6
50-54	147.6	186.0	132.7	139.1	238.1	257.6	260.4	275.2	179.2	275.4
55-59	218.0	227.0	116.6	172.1	308.6	312.6	335.0	318.4	213.5	291.5
60-64	240.9	203.9	183.7	215.3	188.1	451.3	362.2	302.5	280.3	224.2
65-69	252.8	232.4	225.2	264.6	275.5	359.6	214.4	200.8	198.7	268.7
70-74	261.0	205.6	153.1	212.1	195.2	299.6	185.7	305.9	228.7	238.8
75-79	202.4	237.5	251.1	342.9	261.3	277.2	242.8	304.8	249.7	268.0
80-84	205.6	296.3	433.8	353.2	397.4	287.8	284.0	330.4	332.9	366.7
85+	254.2	320.9	509.2	538.6	219.4	399.0	472.9	395.0	321.8	291.9
Crude rate	92.8	93.0	88.2	102.2	102.6	140.8	118.0	128.5	108.5	119.0
EASR	84.6	82.7	73.5	85.1	90.3	125.8	105.0	112.6	93.4	103.7

WASR 62.5 59.8 53.2 61.1 64.7 92.8 76.4 82.4 68.8 75.8

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Ayrshire & Arran

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	2	0	1	0
25-29	0	0	0	1	0	0	1	0	0	1
30-34	1	3	5	4	3	2	3	4	3	2
35-39	7	13	10	8	6	3	9	7	6	6
40-44	10	14	7	12	22	16	10	17	15	12
45-49	16	10	21	14	13	35	24	22	20	32
50-54	23	21	20	16	22	27	32	31	28	28
55-59	19	22	32	19	23	36	40	26	26	24
60-64	17	28	20	30	20	44	43	28	31	26
65-69	27	20	23	15	30	27	28	25	19	25
70-74	20	22	25	17	17	22	14	18	24	30
75-79	14	26	17	21	25	15	21	18	16	21
80-84	16	9	11	11	18	16	17	18	13	13
85+	15	17	16	12	16	14	15	16	26	17
All ages	185	205	207	180	215	257	259	230	228	237

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	15.3	0.0	8.3	0.0
25-29	0.0	0.0	0.0	7.3	0.0	0.0	7.0	0.0	0.0	7.3
30-34	8.0	23.5	38.9	30.6	22.2	14.5	21.7	28.4	21.0	13.8
35-39	50.8	99.4	78.2	63.4	47.5	23.6	69.4	53.3	44.8	43.8
40-44	83.0	109.3	53.0	88.6	161.6	116.5	76.6	132.7	118.2	94.5
45-49	144.3	89.0	184.8	120.3	111.0	294.5	189.9	167.7	149.0	235.8
50-54	213.4	194.9	183.7	146.4	198.5	244.9	286.2	273.7	243.0	241.1
55-59	173.1	199.9	292.1	174.3	213.4	337.3	375.8	242.1	239.7	218.6
60-64	155.1	262.0	187.3	279.6	185.2	409.2	400.4	262.8	292.6	248.2
65-69	268.7	191.1	213.4	136.3	285.3	262.5	279.8	248.0	188.8	246.3
70-74	217.0	244.7	288.8	203.8	196.1	245.0	150.6	189.6	248.9	324.1
75-79	191.1	347.9	225.2	276.8	327.2	199.0	286.8	256.1	237.5	296.4
80-84	346.2	188.7	222.2	216.1	347.7	302.7	314.9	331.3	239.0	237.8
85+	519.0	550.7	490.5	345.6	447.6	367.2	380.1	387.8	612.2	383.3
Crude rate	94.6	104.7	105.7	91.8	109.7	131.0	132.3	117.4	116.4	120.9
EASR	82.8	90.6	93.4	79.1	91.7	117.8	117.6	101.5	98.2	101.8
WASR	59.6	65.3	67.6	58.0	66.1	87.2	86.3	74.2	71.4	74.5

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Borders

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	1	0	1	0	0	1	0	0	0
30-34	1	1	1	0	0	0	2	1	2	0
35-39	2	1	0	2	3	3	1	3	4	1
40-44	4	4	3	2	2	3	1	4	5	4
45-49	4	2	7	5	3	9	10	5	5	6
50-54	2	3	4	3	13	3	5	10	6	3
55-59	7	5	2	8	14	1	10	15	5	0
60-64	10	7	8	7	22	0	2	10	0	7
65-69	6	6	4	6	7	7	7	8	5	8
70-74	9	8	3	2	8	3	8	7	14	10
75-79	5	6	2	7	7	1	4	9	2	4
80-84	3	9	5	8	3	5	4	7	6	4
85+	1	8	5	4	7	5	9	3	7	4
All ages	54	61	44	55	89	40	64	82	61	51

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	29.7	0.0	29.2	0.0	0.0	28.4	0.0	0.0	0.0
30-34	31.7	30.5	29.7	0.0	0.0	0.0	54.3	26.4	52.3	0.0
35-39	54.0	29.1	0.0	60.4	90.0	88.0	28.6	83.5	108.6	26.2
40-44	127.4	114.9	83.3	54.2	52.3	77.9	27.9	112.9	140.6	113.3
45-49	136.9	68.7	234.6	163.6	95.9	277.0	274.4	134.2	130.5	150.6
50-54	68.7	102.0	134.5	99.0	430.5	98.3	162.8	318.2	188.3	93.1
55-59	234.8	170.1	68.2	265.9	455.0	32.5	317.9	478.3	157.6	0.0
60-64	306.8	218.9	249.5	221.4	706.9	0.0	65.0	326.6	0.0	222.4
65-69	203.6	195.6	124.2	179.3	215.9	217.7	220.0	251.8	161.2	262.4
70-74	296.6	280.2	113.4	79.2	309.2	112.2	282.2	235.4	458.7	336.4
75-79	198.2	237.0	78.2	277.9	273.3	39.4	165.7	398.1	93.3	182.0
80-84	171.0	504.2	278.6	432.2	161.6	274.9	211.5	368.8	314.6	204.5
85+	83.0	652.0	378.8	288.0	498.9	339.2	583.7	188.4	430.2	242.3
Crude rate	101.9	114.9	82.7	102.9	165.3	74.1	117.5	149.8	111.1	92.6
EASR	82.3	79.9	66.8	77.8	139.4	58.8	91.2	123.0	82.4	66.6
WASR	61.4	57.3	50.4	56.8	101.0	45.0	66.7	88.6	60.3	49.6

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Dumfries & Galloway

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	1	0	2	0	1	1
30-34	0	2	1	0	2	3	2	1	1	2
35-39	1	1	3	1	2	0	1	1	0	2
40-44	2	4	8	7	5	5	4	4	6	3
45-49	9	10	7	6	11	10	15	6	5	8
50-54	9	6	8	12	8	10	13	17	9	8
55-59	12	7	7	7	10	13	13	12	6	7
60-64	8	15	10	10	12	12	13	17	11	12
65-69	10	14	13	13	8	5	6	21	9	7
70-74	15	10	10	8	11	5	7	13	4	10
75-79	9	17	10	8	9	9	6	8	10	7
80-84	4	10	6	3	4	5	10	8	5	9
85+	3	5	6	5	8	12	5	13	8	8
All ages	82	101	89	80	91	89	97	121	75	84

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	0.0	0.0	0.0	18.7	0.0	37.7	0.0	19.7	20.4
30-34	0.0	43.5	21.4	0.0	39.6	58.6	37.7	18.6	18.3	36.4
35-39	20.0	20.7	62.9	21.2	42.5	0.0	20.6	20.4	0.0	38.6
40-44	43.2	82.8	165.0	141.1	98.1	96.8	79.3	80.0	122.9	61.5
45-49	210.7	229.6	153.0	127.7	232.2	208.8	299.8	119.6	97.8	154.1
50-54	209.8	139.7	187.1	279.5	180.9	223.8	285.8	358.4	186.8	164.4
55-59	256.5	152.0	153.1	153.1	223.6	294.3	294.0	273.0	136.7	158.1
60-64	176.0	329.9	221.5	216.2	255.7	253.2	278.6	369.1	243.2	268.4
65-69	248.6	331.4	293.4	285.3	179.5	113.3	136.3	483.3	202.8	156.3
70-74	402.8	276.2	286.0	233.0	311.5	138.8	184.4	326.1	98.2	249.9
75-79	288.2	541.6	319.0	256.7	288.0	291.7	202.0	280.9	358.4	240.9
80-84	201.3	496.0	285.6	137.4	179.7	222.1	438.2	352.6	223.7	397.4
85+	218.7	347.5	401.3	316.7	497.5	727.3	297.3	743.3	437.6	419.3
Crude rate	109.5	134.8	118.5	105.5	119.6	116.9	127.3	158.9	98.7	110.4
EASR	90.0	102.6	95.1	87.9	98.1	95.5	107.2	122.3	76.4	82.9
WASR	64.7	74.0	69.6	64.2	72.3	68.8	79.9	87.2	55.4	60.5

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Fife

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	1	0	2	0	2	1	1	0	2	0
30-34	3	2	5	2	4	1	4	4	6	3
35-39	8	9	8	5	3	8	9	7	8	7
40-44	11	17	9	9	11	17	15	17	7	9
45-49	11	17	16	15	9	23	22	29	13	29
50-54	16	20	18	16	27	45	16	18	25	15
55-59	15	20	14	24	18	46	21	19	42	19
60-64	12	20	10	16	13	57	21	12	47	16
65-69	21	18	21	23	33	20	24	17	23	24
70-74	36	23	20	24	24	19	20	20	19	27
75-79	14	13	14	20	20	21	21	12	22	17
80-84	10	12	12	12	8	10	19	17	18	18
85+	11	10	18	16	19	10	11	16	15	16
All ages	169	181	167	182	191	278	204	188	247	200

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	8.0	0.0	15.3	0.0	14.7	7.3	7.4	0.0	15.1	0.0
30-34	26.0	17.2	41.8	16.3	31.6	7.7	30.1	29.6	43.6	21.4
35-39	62.6	74.4	68.5	43.6	26.1	68.8	76.1	57.2	63.6	54.4
40-44	103.3	147.3	75.0	73.0	87.1	133.5	123.7	144.7	60.3	77.6
45-49	115.3	179.3	165.1	150.2	88.8	217.6	191.0	240.5	105.5	230.1
50-54	172.9	213.3	190.8	167.5	279.5	475.2	169.9	187.3	252.1	148.3
55-59	156.9	212.7	150.6	259.4	197.8	502.8	225.8	202.0	442.9	198.6
60-64	120.4	205.0	103.8	167.4	137.0	613.2	228.9	132.7	520.0	179.9
65-69	238.9	195.8	219.2	231.5	342.5	210.8	258.8	186.3	256.6	268.9
70-74	435.3	287.2	264.1	333.8	322.9	244.0	245.8	234.5	215.2	314.9
75-79	212.4	195.0	208.6	291.8	286.9	307.7	319.1	193.7	374.5	277.4
80-84	230.6	266.1	258.6	259.4	172.9	211.6	394.4	348.9	361.2	354.3
85+	399.3	341.8	587.3	488.3	566.8	285.1	303.7	425.7	381.7	399.7
Crude rate	95.3	102.0	94.1	102.2	106.8	155.1	113.7	104.5	136.7	110.7
EASR	82.8	93.6	82.5	88.1	92.2	151.4	98.0	91.0	122.0	91.4
WASR	60.0	69.1	60.1	62.7	65.9	111.4	71.9	67.2	88.2	66.5

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Forth Valley

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	1	1	0	0	0	0	0	0	0	0
25-29	2	0	1	0	0	1	0	0	1	2
30-34	2	3	3	3	2	2	5	0	2	6
35-39	7	7	5	3	3	1	6	1	7	8
40-44	14	11	18	16	8	14	4	11	9	10
45-49	8	17	18	15	16	11	9	11	22	16
50-54	12	19	15	14	16	15	35	18	12	31
55-59	17	18	16	23	10	21	29	28	7	35
60-64	13	8	12	14	16	22	47	18	10	36
65-69	11	10	8	19	14	17	15	22	20	7
70-74	12	9	17	11	14	12	24	14	18	21
75-79	18	18	18	17	9	13	8	12	17	12
80-84	6	8	7	10	4	13	12	11	7	9
85+	6	12	7	8	8	7	9	9	15	13
All ages	129	141	145	153	120	149	203	155	147	206

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	9.2	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	20.1	0.0	9.7	0.0	0.0	9.4	0.0	0.0	9.4	19.1
30-34	22.0	32.6	32.2	31.7	20.4	19.7	48.1	0.0	18.6	55.1
35-39	68.7	72.1	53.4	32.5	32.5	11.0	64.7	10.5	72.0	79.9
40-44	161.2	118.8	188.9	165.2	80.6	137.2	41.1	116.0	96.1	107.5
45-49	97.5	206.7	217.1	178.7	187.9	128.2	98.8	116.8	228.2	161.9
50-54	155.3	242.0	188.8	172.4	197.2	184.9	433.7	221.4	146.0	371.8
55-59	221.6	234.4	209.4	305.4	133.5	278.6	379.7	362.1	88.6	444.3
60-64	169.7	106.1	160.6	187.5	217.4	302.5	643.9	247.0	139.3	506.0
65-69	165.9	144.0	110.7	256.4	192.4	239.0	215.9	320.1	291.1	102.9
70-74	202.6	156.5	306.3	207.4	247.4	202.8	387.9	220.2	278.1	333.4
75-79	371.8	373.1	371.2	338.2	179.9	266.0	170.0	262.9	388.6	259.6
80-84	196.9	252.1	211.7	294.7	116.7	366.3	338.5	314.0	193.4	246.2
85+	288.7	547.7	308.4	339.6	330.2	280.6	340.0	325.1	530.2	451.4
Crude rate	92.1	100.5	103.5	109.2	85.3	105.9	144.4	110.1	104.3	146.0
EASR	84.2	93.0	95.1	97.9	78.4	93.6	133.5	97.7	87.2	133.9
WASR	61.9	67.4	70.3	71.2	57.9	68.1	97.1	69.9	63.9	98.2

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Grampian

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	1	0	0	0	0	0	0	0	0	0
25-29	3	2	2	3	1	2	2	1	2	1
30-34	2	5	9	4	8	13	6	9	8	3
35-39	13	8	9	14	8	16	9	11	10	12
40-44	16	19	19	24	22	20	23	21	20	14
45-49	17	28	31	23	23	28	31	27	31	40
50-54	22	24	22	22	35	38	39	42	24	32
55-59	23	23	26	24	52	34	37	38	29	42
60-64	20	27	29	33	38	55	30	29	27	48
65-69	22	27	27	31	26	35	20	20	31	26
70-74	26	27	23	23	21	31	23	24	28	39
75-79	19	23	29	22	25	21	38	22	25	13
80-84	18	19	15	22	26	16	20	22	34	20
85+	18	10	16	10	21	23	31	22	27	25
All ages	220	242	257	255	306	332	309	288	296	315

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	4.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	15.1	10.0	10.0	14.8	4.9	9.7	9.6	4.8	9.5	4.9
30-34	11.1	27.3	49.0	21.2	41.6	65.6	29.5	42.8	37.3	13.8
35-39	68.5	44.3	51.3	79.4	44.7	87.8	47.9	56.9	50.4	59.3
40-44	106.3	116.2	110.9	133.8	118.8	105.3	125.7	116.2	110.0	76.1
45-49	124.6	203.4	221.8	160.9	158.9	186.6	188.7	155.7	171.0	214.4
50-54	163.1	179.7	164.4	163.3	256.8	280.5	283.4	299.3	168.7	223.0
55-59	172.5	171.0	194.8	179.0	390.4	254.4	279.0	285.7	217.9	313.0
60-64	155.1	211.2	225.6	255.4	291.6	423.6	229.3	222.8	207.5	372.9
65-69	194.2	229.5	219.6	241.5	209.2	284.1	162.9	163.8	255.4	213.0
70-74	240.0	259.3	231.9	241.5	212.3	304.5	215.8	215.3	241.0	347.8
75-79	206.7	250.3	316.1	241.3	276.0	232.9	437.7	267.1	319.2	158.4
80-84	280.6	287.5	222.9	325.8	383.8	237.0	294.8	324.1	508.5	300.1
85+	409.2	218.3	333.8	195.7	399.9	422.6	548.6	382.9	459.1	417.2
Crude rate	85.7	94.2	100.4	98.8	118.0	127.0	116.7	107.7	109.8	116.8
EASR	78.6	88.5	93.1	90.6	109.9	119.7	106.3	101.0	95.2	108.1
WASR	57.6	65.7	69.0	67.5	79.6	88.9	76.6	73.4	68.8	79.3

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Greater Glasgow

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	1	1	1	0
25-29	4	3	3	7	4	1	4	3	3	1
30-34	4	8	12	10	12	10	11	9	9	8
35-39	23	14	17	10	14	8	22	14	21	22
40-44	28	29	21	27	37	38	37	28	26	39
45-49	42	39	45	33	46	38	40	37	63	45
50-54	49	43	61	59	58	49	67	63	55	71
55-59	53	53	59	70	75	64	67	50	83	61
60-64	62	57	69	70	62	89	69	77	74	69
65-69	63	58	77	62	65	69	76	59	61	42
70-74	77	64	82	54	56	46	63	50	59	62
75-79	49	60	45	49	57	39	53	42	39	39
80-84	48	42	39	48	43	44	31	41	30	29
85+	34	33	33	51	36	45	36	30	37	41
All ages	536	503	563	550	565	540	577	504	561	529

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	2.5	2.6	2.7	0.0
25-29	10.2	7.5	7.5	17.3	9.8	2.5	9.8	7.4	7.4	2.5
30-34	12.8	24.8	36.1	29.2	34.0	27.4	29.6	23.8	23.2	20.4
35-39	78.0	49.3	60.8	35.4	48.9	26.9	71.3	43.7	63.4	64.3
40-44	109.0	106.9	76.3	96.9	130.3	133.0	133.9	103.3	94.7	140.1
45-49	155.7	149.1	174.5	130.3	184.8	152.5	152.8	137.9	230.7	162.4
50-54	173.1	155.7	224.2	218.3	220.5	190.8	267.9	254.6	225.3	295.1
55-59	181.0	182.4	207.7	253.0	275.9	240.7	259.5	196.2	327.2	245.5
60-64	212.6	201.2	246.8	253.2	228.1	331.8	260.0	296.7	292.2	276.0
65-69	242.0	216.5	283.1	224.4	245.9	267.5	303.7	238.5	249.0	173.9
70-74	317.3	277.0	373.5	257.9	260.2	209.5	279.5	218.2	253.7	277.7
75-79	249.5	305.8	232.1	253.5	298.9	207.8	296.1	246.5	240.5	231.3
80-84	361.0	314.7	290.1	358.3	323.9	331.9	236.5	314.1	228.7	223.3
85+	386.9	362.4	359.0	539.0	379.5	455.0	360.0	296.6	367.4	396.9
Crude rate	106.7	101.0	114.5	112.6	116.7	111.8	120.1	105.3	117.2	111.1
EASR	90.9	85.4	99.0	95.5	102.6	97.4	107.7	93.9	107.9	102.6
WASR	66.4	62.0	72.4	69.0	74.9	71.3	79.1	68.8	79.5	75.2

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Highland

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	1	0
25-29	0	0	0	0	0	1	1	0	1	0
30-34	4	0	1	1	1	0	2	1	1	1
35-39	7	7	2	5	5	5	6	5	7	2
40-44	6	8	6	6	10	9	9	10	10	6
45-49	13	7	13	8	7	9	12	14	8	14
50-54	12	12	9	10	15	14	15	17	21	19
55-59	15	12	18	9	9	15	26	13	15	16
60-64	17	15	15	11	16	14	26	14	20	16
65-69	8	12	19	12	12	23	20	18	20	13
70-74	12	12	7	8	24	17	14	10	14	26
75-79	13	9	13	9	10	11	20	14	17	5
80-84	6	8	6	7	8	6	15	16	9	12
85+	2	3	4	9	5	9	11	8	15	8
All ages	115	105	113	95	122	133	177	140	159	138

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.0	0.0
25-29	0.0	0.0	0.0	0.0	0.0	13.2	13.1	0.0	13.4	0.0
30-34	59.2	0.0	14.6	14.3	14.0	0.0	26.5	13.1	12.9	12.5
35-39	95.9	98.9	28.3	70.8	70.4	70.3	83.8	69.6	95.0	26.6
40-44	96.8	121.5	89.1	86.1	137.1	118.8	120.6	134.5	135.5	82.0
45-49	228.5	121.5	218.6	129.6	111.1	139.4	174.2	197.0	110.2	186.1
50-54	220.9	220.8	160.3	174.7	257.7	235.9	249.1	273.2	324.6	290.8
55-59	272.2	217.0	324.4	162.2	160.8	268.9	461.7	223.7	256.4	269.3
60-64	317.2	281.3	282.9	202.6	290.2	250.6	459.8	248.7	357.6	285.5
65-69	171.5	249.1	374.5	224.9	226.0	442.5	381.6	341.6	374.9	243.0
70-74	276.7	283.2	173.0	202.2	591.4	395.7	315.5	215.2	290.5	538.9
75-79	339.3	233.0	339.8	240.3	270.3	304.0	563.2	407.3	506.3	145.1
80-84	243.2	318.3	229.4	260.4	286.1	213.5	521.4	562.4	320.3	428.0
85+	119.7	170.8	217.2	463.4	253.7	424.1	493.5	342.2	618.1	322.5
Crude rate	113.6	103.8	111.4	93.2	118.5	128.0	168.8	132.9	150.5	130.2
EASR	106.9	94.5	100.8	80.3	103.1	111.1	143.5	111.3	126.1	108.6
WASR	79.3	69.4	73.7	58.2	74.9	80.8	103.1	80.6	91.3	78.4

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Lanarkshire

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	2	0	0	0	0	0	0	1	0
25-29	1	0	2	1	0	0	3	2	2	2
30-34	6	2	4	7	7	3	5	7	10	5
35-39	14	7	11	12	6	17	9	10	14	7
40-44	16	16	13	16	13	22	19	20	16	18
45-49	29	32	24	28	27	27	30	30	29	30
50-54	21	21	23	28	29	36	36	42	42	36
55-59	32	26	33	38	32	35	45	34	37	35
60-64	24	32	28	24	42	36	72	57	58	47
65-69	24	37	17	38	39	37	31	28	27	24
70-74	24	21	21	19	26	31	20	30	28	28
75-79	21	30	33	15	28	26	24	22	17	21
80-84	18	17	18	16	22	18	23	14	9	17
85+	17	14	12	16	13	20	9	11	15	15
All ages	247	257	239	258	284	308	326	307	305	285

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	8.4	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0
25-29	4.6	0.0	9.0	4.4	0.0	0.0	13.0	8.7	8.7	8.9
30-34	30.5	9.9	19.5	33.3	32.5	13.7	22.4	30.9	43.7	21.6
35-39	70.2	36.3	58.2	63.6	31.4	87.3	45.0	48.8	67.1	32.7
40-44	90.6	86.5	68.9	83.6	66.5	111.8	99.9	107.0	85.9	95.5
45-49	171.9	190.7	141.5	163.0	157.7	156.8	165.7	161.5	154.3	156.4
50-54	128.2	127.9	140.1	169.1	175.2	219.0	220.0	253.5	250.7	216.5
55-59	198.4	161.3	205.2	237.7	202.6	222.9	284.9	214.6	231.6	218.8
60-64	159.7	214.9	187.4	161.1	277.5	238.2	476.2	378.5	387.7	317.4
65-69	186.5	277.3	125.0	271.1	284.8	271.7	229.1	206.0	199.9	175.5
70-74	221.2	194.7	199.7	184.3	243.4	280.2	175.0	255.3	232.5	237.5
75-79	250.0	354.2	386.0	172.9	323.8	304.1	280.1	266.6	208.9	247.4
80-84	342.8	322.1	331.3	285.2	388.1	313.1	397.4	237.7	150.9	281.8
85+	543.5	418.3	335.8	421.1	329.9	485.7	214.9	253.7	337.5	324.1
Crude rate	85.1	88.7	82.8	89.3	98.2	106.7	112.9	106.4	105.8	98.8
EASR	82.6	84.0	77.7	85.4	90.8	99.8	106.7	100.7	100.4	91.4
WASR	59.8	61.0	55.7	62.5	65.5	72.4	78.7	74.4	74.6	66.9

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Lothian

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	1	1	0	0	1	1	1	0	1	0
25-29	3	0	0	2	2	1	3	2	3	1
30-34	8	5	7	11	3	10	9	11	8	7
35-39	8	15	12	14	7	30	17	11	22	21
40-44	20	45	31	45	41	27	31	36	29	36
45-49	37	38	39	40	49	38	46	50	38	42
50-54	41	28	43	49	66	50	59	48	52	67
55-59	43	40	44	56	54	51	45	35	37	65
60-64	42	45	47	52	57	41	56	61	60	63
65-69	43	40	42	50	44	42	49	42	43	51
70-74	38	51	43	35	35	35	48	57	62	48
75-79	49	48	36	47	57	45	44	46	34	39
80-84	30	37	33	43	37	44	34	37	28	46
85+	42	31	34	32	28	41	43	42	38	40
All ages	405	424	411	476	481	456	485	478	455	526

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	2.8	2.8	0.0	0.0	3.0	3.0	3.0	0.0	3.2	0.0
25-29	9.8	0.0	0.0	6.1	6.0	3.0	8.9	5.9	8.9	3.0
30-34	30.8	18.9	25.9	39.1	10.3	33.2	29.6	35.3	24.9	21.3
35-39	29.4	57.5	47.2	55.4	27.6	117.6	65.1	40.9	79.0	72.8
40-44	90.0	187.2	123.3	173.6	154.1	100.4	120.5	142.4	116.0	143.0
45-49	177.1	181.5	186.7	188.6	229.5	172.7	193.8	201.0	148.3	159.5
50-54	199.1	138.0	210.8	237.9	319.7	244.9	289.1	234.3	249.7	319.5
55-59	206.4	192.8	213.3	275.6	269.7	257.2	230.8	177.7	186.3	327.1
60-64	202.9	220.2	232.7	260.3	285.8	206.4	284.3	312.6	312.5	331.7
65-69	231.0	208.0	212.9	244.9	225.7	220.5	261.4	226.2	234.0	277.7
70-74	214.4	298.5	264.6	228.5	219.7	212.8	284.4	327.5	345.0	279.3
75-79	326.0	318.9	241.1	315.7	387.3	312.9	317.3	348.1	274.7	299.4
80-84	291.0	354.2	315.2	400.2	346.8	415.1	320.8	351.0	268.1	440.4
85+	580.8	410.3	427.4	392.9	337.0	489.3	507.1	491.3	435.0	448.9
Crude rate	104.7	109.5	106.5	122.8	123.7	117.3	125.0	122.9	116.3	133.6
EASR	91.2	94.9	94.7	109.5	113.2	103.5	111.4	106.7	103.1	120.9
WASR	65.8	69.6	69.2	80.3	82.7	75.2	81.4	78.0	75.7	87.7

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Orkney

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	1	0	0	0
30-34	0	0	0	0	1	0	0	0	0	0
35-39	0	0	0	0	0	0	0	1	0	0
40-44	0	1	0	0	0	0	3	0	0	1
45-49	0	2	0	2	1	1	0	0	4	0
50-54	0	0	1	3	2	1	1	1	2	1
55-59	0	1	1	0	1	2	0	0	2	3
60-64	0	1	0	0	0	9	0	2	4	0
65-69	1	2	2	1	1	2	2	0	1	0
70-74	5	1	0	1	0	1	1	0	0	1
75-79	0	1	2	1	1	2	3	0	3	2
80-84	2	1	0	0	1	0	1	2	1	1
85+	1	0	2	0	2	1	0	2	0	0
All ages	9	10	8	8	10	19	12	8	17	9

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	0.0	0.0	0.0	0.0	0.0	145.6	0.0	0.0	0.0
30-34	0.0	0.0	0.0	0.0	156.0	0.0	0.0	0.0	0.0	0.0
35-39	0.0	0.0	0.0	0.0	0.0	0.0	0.0	152.2	0.0	0.0
40-44	0.0	149.0	0.0	0.0	0.0	0.0	428.6	0.0	0.0	146.8
45-49	0.0	335.0	0.0	304.4	155.3	148.2	0.0	0.0	583.1	0.0
50-54	0.0	0.0	191.9	555.6	339.0	172.7	165.6	157.0	302.1	152.9
55-59	0.0	191.6	191.9	0.0	207.0	408.2	0.0	0.0	362.3	500.8
60-64	0.0	207.9	0.0	0.0	0.0	1818.2	0.0	389.9	818.0	0.0
65-69	196.9	401.6	396.0	197.6	200.4	421.1	446.4	0.0	213.7	0.0
70-74	961.5	197.6	0.0	221.2	0.0	222.7	221.2	0.0	0.0	221.7
75-79	0.0	243.3	468.4	236.4	248.1	483.1	731.7	0.0	767.3	503.8
80-84	719.4	373.1	0.0	0.0	355.9	0.0	355.9	711.7	349.7	359.7
85+	531.9	0.0	921.7	0.0	885.0	421.9	0.0	869.6	0.0	0.0
Crude rate	92.6	103.0	82.1	81.4	101.2	191.0	120.0	80.1	169.6	89.7
EASR	49.2	86.4	59.4	79.5	83.3	175.3	94.5	57.0	152.0	71.4
WASR	31.4	65.3	38.5	58.8	58.6	130.6	72.6	40.5	113.1	47.8

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Shetland

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	1	0	0	0	0
35-39	1	0	0	0	0	0	0	0	1	1
40-44	1	2	2	1	2	0	0	2	0	0
45-49	0	1	1	0	1	0	0	1	1	1
50-54	3	1	1	0	0	0	2	0	1	3
55-59	0	3	0	0	0	1	2	0	2	2
60-64	1	2	0	3	3	0	3	0	1	5
65-69	1	2	2	1	1	2	1	1	0	1
70-74	1	1	0	1	3	2	0	4	2	0
75-79	1	2	2	4	2	2	4	1	1	2
80-84	0	1	1	1	1	1	1	1	0	1
85+	0	1	1	1	0	1	0	1	5	0
All ages	9	16	10	12	13	10	13	11	14	16

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
30-34	0.0	0.0	0.0	0.0	0.0	125.3	0.0	0.0	0.0	0.0
35-39	120.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	121.5	119.5
40-44	133.2	253.8	256.7	126.7	255.4	0.0	0.0	266.0	0.0	0.0
45-49	0.0	164.5	156.5	0.0	144.7	0.0	0.0	130.9	128.5	128.5
50-54	571.4	193.4	191.9	0.0	0.0	0.0	336.1	0.0	156.7	445.8
55-59	0.0	632.9	0.0	0.0	0.0	203.3	406.5	0.0	386.9	391.4
60-64	197.2	417.5	0.0	622.4	650.8	0.0	683.4	0.0	233.1	1084.6
65-69	203.7	399.2	394.5	192.7	200.0	419.3	218.3	216.9	0.0	228.8
70-74	214.1	213.7	0.0	245.7	683.4	447.4	0.0	851.1	418.4	0.0
75-79	234.7	480.8	489.0	978.0	503.8	516.8	1052.6	277.8	289.9	545.0
80-84	0.0	326.8	322.6	305.8	323.6	313.5	317.5	329.0	0.0	341.3
85+	0.0	446.4	438.6	440.5	0.0	401.6	0.0	361.0	1824.8	0.0
Crude rate	79.3	141.8	89.7	108.7	117.2	90.1	116.6	97.8	124.3	140.6
EASR	86.9	141.4	75.5	82.1	102.4	68.7	115.1	74.4	99.9	149.7
WASR	64.4	101.7	54.9	56.7	76.4	45.9	79.1	53.6	68.0	110.2

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Tayside

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	1	1	0	1	2	1	1	1	3
30-34	3	3	1	5	6	4	3	6	6	3
35-39	9	11	5	9	6	8	5	10	5	13
40-44	12	13	11	24	18	9	15	18	20	13
45-49	17	20	23	12	10	20	18	25	27	25
50-54	22	20	23	19	27	21	18	25	28	32
55-59	23	12	20	16	32	26	38	31	19	42
60-64	24	25	22	33	36	42	30	29	35	36
65-69	21	22	34	18	31	28	24	22	25	31
70-74	28	26	22	25	16	23	24	35	24	21
75-79	27	19	22	31	13	25	21	22	24	31
80-84	15	21	15	17	16	12	15	25	13	15
85+	22	16	20	13	17	17	22	22	14	19
All ages	223	209	219	222	229	237	234	271	241	284

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	7.1	7.0	0.0	6.8	13.7	6.9	6.9	7.0	21.5
30-34	24.4	23.8	7.9	38.8	44.5	28.6	20.8	41.0	40.5	19.9
35-39	65.6	85.6	39.4	72.0	47.7	63.1	38.4	75.7	37.1	93.5
40-44	103.8	104.0	84.2	176.4	130.1	64.0	112.9	137.4	155.4	101.3
45-49	152.6	178.5	205.7	107.3	88.1	170.9	141.6	188.0	195.1	177.9
50-54	192.9	178.6	202.4	167.3	236.9	187.0	159.2	220.8	248.2	279.7
55-59	195.3	101.7	172.9	138.1	277.7	228.2	338.2	271.4	167.9	369.7
60-64	198.2	209.8	186.1	280.9	308.2	359.6	256.9	253.9	308.1	321.6
65-69	199.0	201.0	297.4	150.2	265.8	243.7	211.0	195.9	224.5	279.7
70-74	270.0	258.1	233.3	280.6	173.3	243.0	242.7	339.7	223.6	202.6
75-79	305.5	216.1	250.4	357.6	152.3	294.9	254.8	283.9	328.1	407.5
80-84	255.0	345.6	243.4	269.1	249.7	188.0	235.7	394.6	208.3	240.9
85+	525.3	371.7	446.4	282.2	360.4	351.0	435.9	418.8	260.9	341.4
Crude rate	109.8	103.0	108.2	109.8	112.7	116.3	114.3	132.2	117.8	138.6
EASR	89.4	84.3	88.7	88.7	95.8	96.9	94.3	107.7	100.2	118.1
WASR	64.5	62.4	64.8	65.2	70.5	71.4	68.2	78.7	74.5	86.3

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Western Isles

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	1	0	0	0
30-34	0	0	0	0	1	0	1	0	0	0
35-39	2	0	0	0	0	0	0	0	0	0
40-44	2	0	0	2	2	0	0	5	1	1
45-49	2	1	1	1	2	0	0	3	2	2
50-54	2	1	0	3	3	2	1	3	2	1
55-59	3	4	3	2	1	0	0	10	4	1
60-64	0	4	0	1	4	0	0	7	5	2
65-69	1	0	2	4	2	1	2	2	1	3
70-74	2	1	0	2	0	0	1	3	1	6
75-79	2	3	1	4	2	0	3	2	2	2
80-84	2	2	2	0	4	0	1	2	5	3
85+	0	2	0	0	0	2	2	5	1	1
All ages	18	18	9	19	21	5	12	42	24	22

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25-29	0.0	0.0	0.0	0.0	0.0	0.0	112.5	0.0	0.0	0.0
30-34	0.0	0.0	0.0	0.0	117.9	0.0	112.7	0.0	0.0	0.0
35-39	204.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
40-44	251.6	0.0	0.0	223.2	209.2	0.0	0.0	526.9	107.4	110.7
45-49	235.9	120.2	122.4	120.6	247.8	0.0	0.0	350.9	222.0	207.9
50-54	255.8	126.3	0.0	373.6	364.1	237.8	119.8	356.7	241.6	123.5
55-59	386.1	520.2	386.6	267.7	133.7	0.0	0.0	1269.0	493.8	119.1
60-64	0.0	498.8	0.0	124.8	501.9	0.0	0.0	887.2	654.5	267.0
65-69	124.4	0.0	228.1	438.1	232.8	119.8	263.5	264.9	131.1	396.3
70-74	262.1	135.3	0.0	314.5	0.0	0.0	126.6	370.4	121.2	780.2
75-79	233.6	370.8	130.0	540.5	281.7	0.0	477.7	337.8	367.0	344.2
80-84	340.7	330.6	314.0	0.0	644.1	0.0	173.6	367.0	920.8	590.6
85+	0.0	477.3	0.0	0.0	0.0	418.4	403.2	965.3	193.1	187.3
Crude rate	116.1	118.2	59.5	126.6	140.9	33.9	81.6	284.5	163.3	150.6
EASR	110.4	93.0	46.6	110.3	120.2	25.6	53.8	248.7	129.7	105.4
WASR	82.8	64.7	32.5	79.9	91.2	17.6	39.9	182.1	93.4	75.6

Trends in incidence of cancer of the female breast (ICD-9 174) : 1986-95
Numbers of registrations, with age-specific rates, crude and age-standardised rates;
by health board, age and year of diagnosis

Scotland

Numbers of registrations

Age group	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	1
20-24	3	4	1	0	1	2	4	2	5	0
25-29	17	7	13	16	12	9	23	12	16	13
30-34	37	36	49	51	53	58	53	55	63	45
35-39	105	103	90	86	67	111	102	94	114	112
40-44	152	197	159	204	202	196	181	207	178	176
45-49	230	237	264	224	236	274	282	287	297	319
50-54	253	243	265	272	352	344	372	370	330	382
55-59	290	275	290	318	370	384	415	351	341	389
60-64	280	311	292	330	364	476	456	398	417	410
65-69	288	295	318	325	345	356	329	307	307	292
70-74	332	297	288	250	274	277	286	317	321	353
75-79	258	295	265	284	287	253	290	254	248	236
80-84	189	212	194	218	218	207	220	241	198	219
85+	181	174	194	199	189	224	224	218	238	221
All ages	2615	2686	2682	2777	2970	3171	3237	3113	3073	3168

Age-specific rates

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
0-4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
5-9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
20-24	1.4	1.9	0.5	0.0	0.5	1.0	2.0	1.0	2.7	0.0
25-29	8.7	3.5	6.5	7.9	5.8	4.3	11.1	5.8	7.8	6.4
30-34	21.5	20.5	27.5	27.8	28.0	29.9	26.8	27.3	30.6	21.6
35-39	58.2	59.8	53.4	51.2	39.6	64.8	58.1	52.2	61.6	58.8
40-44	99.3	120.5	94.4	118.1	114.2	109.3	105.2	122.5	105.8	104.1
45-49	157.1	162.5	179.8	150.9	158.5	180.7	173.9	170.9	172.5	181.3
50-54	174.2	168.4	183.3	187.0	241.7	238.6	258.6	254.9	225.1	259.9
55-59	196.9	187.2	199.2	220.4	259.3	271.3	294.9	248.3	240.1	273.8
60-64	191.8	216.8	205.2	232.4	256.5	337.4	324.3	285.9	302.8	300.8
65-69	221.9	219.7	229.7	228.0	250.7	263.4	247.6	232.9	234.0	222.8
70-74	275.2	254.2	258.4	234.4	248.0	243.0	242.3	260.5	257.3	292.9
75-79	259.6	295.9	266.5	285.3	290.0	259.7	307.0	282.1	288.2	262.9
80-84	286.9	315.9	283.6	313.4	311.8	294.5	311.6	341.3	280.5	309.9
85+	410.9	377.3	403.7	396.8	370.1	423.0	411.4	389.9	417.1	377.0
Crude rate	98.7	101.6	101.9	105.4	112.7	120.2	122.7	117.8	116.1	119.7
EASR	87.1	88.9	89.5	91.8	99.7	107.3	109.0	103.7	101.8	105.6
WASR	63.5	64.9	65.4	66.9	72.4	78.7	79.6	75.7	74.6	77.1

COMMISSIONING CANCER SERVICES INTERIM REPORT DECEMBER 1995

EXTRACT FROM A POLICY FRAMEWORK FOR COMMISSIONING CANCER SERVICES

GENERAL PRINCIPLES

The principles which should govern the provision of cancer care are:

- i) All patients should have access to a uniformly high quality of care in the community or hospital wherever they may live to ensure the maximum possible cure rates and best quality of life. Care should be provided as close to the patient's home as is compatible with high quality, safe and effective treatment.
- ii) Public and professional education to help early recognition of symptoms of cancer and the availability of national screening programmes are vital parts of any comprehensive programme for cancer care.
- iii) Patient, families and carers should be given clear information and assistance in a form they can understand about treatment options and outcomes available to them at all stages of treatment from diagnosis onwards.
- iv) The development of cancer services should be patient centred and should take account of patients', families' and carers' views and preferences as well as those of professionals involved in cancer care. Individuals' perceptions of their needs may differ from those of the professional. Good communication between professionals and patients is especially important.
- v) The primary care team is a central and continuing element in cancer care for both the patient and his or her family from primary prevention, pre-symptomatic screening, initial diagnosis, through to care and follow up or, in some cases, death and bereavement. Effective communication between sectors is imperative in achieving the best possible care.
- vi) In recognition of the impact that screening, diagnosis and treatment of cancer have on patients, families and their carers, psychosocial aspects of cancer care should be considered at all stages.
- vii) Cancer registration and careful monitoring of treatment and outcomes are essential.