# national monitoring of the **breast cancer** screening programme in the Netherlands 2020

#### most important results

Due to the COVID-19 pandemic the percentage invited women decreased to 55.1%, participation rate decreased to 70.4%.

The percentage of women invited for their next routine invitation within  $24 \pm 2$ months decreased to 15%.

Referral rate slightly increased to 2.74%.

### introduction

The main aim of the Netherlands breast cancer screening programme is to detect breast cancer in an early stage, which can lead to better prognosis. Women 50 to 75 years of age are invited biennially for a mammography. The breast cancer screening programme is coordinated by the National Institute of Public Health and the Environment (RIVM). The RIVM has commissioned the Netherlands Comprehensive Cancer Organisation (IKNL) to carry out an annual national monitoring of the breast cancer screening programme. Monitoring ensures the quality of the breast cancer screening programme and identifies trends and bottlenecks.

The current monitoring is based on data from the management report system from the national breast cancer screening programme, based on a predefined set of indicators (reference date 14 June 2021).

It presents the interim results regarding the participation to the national breast cancer screening programme

In March 2020, the breast cancer screening programme was temporarily halted due to the COVID-19 pandemic. Mid-June the programme was restarted with limited capacity, which has increased to around 80% in autumn 2020. Furthermore, in autumn 2020 the screening interval of 2 years was extended to a maximum of 3 years due to the COVID-19 pandemic and a shortage in the screening workforce.



This monitor is available on: www.iknl.nl/en/screening and on: www.rivm.nl/en/breast-cancer-screening-programme

Disclaimer: the information in this monitor has been based on the management report system of the national breast cancer screening programme (reference date 1 June 2021). Results could be updated in the future.



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## table 1 screening process

• •	2019	2020
net target population	1,349,710	1,375,725
of which invited	1,310,693 (97.1%)	757,533 (55.1%)
of which participated <sup>1</sup>	996,447 (76.0%)	533,256 (70.4%)
screening examination in year <sup>2</sup>	923,724	530,430
of which referred	22,079 (2.39%)	14,552 (2.74%)

<sup>1</sup> Participation could have been in the following year. <sup>2</sup> The number screened in the reporting year.

## invitations, participation rate and referrals

## table 2 main results until 2020 with regard to participation compared with 2019

	2019	2020
target population per year <sup>1</sup>	1,431,368	1,460,224
net target population per year	1,349,710	1,375,725
screen examinations	996,447	533,256
invited	97.1%	55.1%
participation rate	76.0%	70.4%
- participation initial invitation	73.0%	60.6%
- participation reminder	17.4%	31.4%
re-participation <sup>2</sup>	91.2%	93.8%
proportion women over 51 at first invitation	7.1%	11.4%
referral rate	2.39%	2.74%
- referral with BI-RADS 5	0.13%	0.17%
- referral with BI-RADS 4	0.99%	1.10%
- referral with BI-RADS 0	1.26%	1.48%
next routine invitation within $24 \pm 2$ months	63%	15%
screening interval < $2.5$ years	93%	54%
result of screening examination < 10 working days	99.8%	99.9%
non-responders	16.8%	22.4%
non-participants	7.2%	7.2%

<sup>1</sup> Source: Municipal basic administration. <sup>2</sup> Calculated over the last two screening rounds.

• In 2020 the target population was based on a biennial screening interval.

- Data were based on data from the management report system from the national breast cancer screening programme and results could be updated in the future.
- From 16 March 2020 onwards, the breast cancer screening programme was temporarily halted due to the COVID-19 pandemic. Mid-June the programme was restarted with limited capacity, which was increased to around 80% in autumn 2020. These changes largely influenced the results of the screening programme in 2020.
- In 2020 less women were invited (55.1% of the target population) and less women participated (70.4%) compared to 2019.
- In 2020 the percentage of women with a screening interval < 2.5 years decreased to 54%. The percentage of women with their next routine invitation within 24 ± 2 months decreased to 15%.

- Besides the effect of the COVID-19 pandemic, the shortage in the screening workforce influenced the screening process, resulting in a lower screening capacity.
- In 2020 the participation rate after the initial invitation was lower, while the participation rate after the reminder increased. This might partly be due to a change in the method of sending the invitations when the screening programme restarted in June 2020, which took the limitations due to COVID-19 into account. Invitations were send to the women in which they were asked to make their own appointment, instead of receiving an invitation with a proposed timeslot. Reminders were send at shorter notice than in previous years.
- With a decreased participation rate, the percentage of non-responders increased, while the percentage of nonparticipants remained stable.



The Netherlands comprehensive cancer organisation is an independant knowledge and quality institute for oncological and palliative care, based on data collected from the Netherlands Cancer Registry.