Glossary

Background incidence rate:	The breast cancer incidence rate expected in the absence of screening
Invasive breast cancer detection rate:	The number of histologically proven malignant lesions of the breast (invasive) detected at screening per 1000 women
Total breast cancer detection rate:	The number of histologically proven malignant lesions of the breast: in-situ (ductal only, not lobular) and invasive detected at screening per 1000 women
Breast cancer incidence rate:	The rate at which new cases of breast cancer occurs in a population. The numerator is the number of newly diagnosed cases of breast cancer that occurs in a defined period. The denominator is the population at risk of a diagnosis of breast cancer during this defined period, sometimes expressed in person-time.
Breast cancer mortality rate:	The rate at which deaths from breast cancer occur in a population. The numerator is the number of breast cancer deaths that occurs in a defined time period. The denominator is the population at risk of dying from breast cancer during this defined period, sometimes expressed as person–time.
Breast cancer register:	Recording of information on all new cases of and deaths from breast cancer occurring in a defined population
Delay time:	The time between when a cancer could be detected by screening and when it is actually detected
Efficacy:	The reduction in breast cancer mortality in randomized trials, under ideal conditions
Effectiveness:	The reduction in breast cancer mortality in screening practice, under real conditions
Eligible population:	The adjusted target population, i.e. the target population minus those women who are excluded according to screening policy on the basis of eligibility criteria other than age, sex and geographical location
Further assessment:	Additional diagnostic steps (either non-invasive or invasive) performed to clarify the nature of an abnormality detected at screening, either at the time of screening or on recall
Interval cancer:	A primary breast cancer diagnosed in a woman who had a result in a screening test, with or without further assessment, that was negative for malignancy, either: • before the next invitation to screening was due or • within a period equal to a screening interval for a woman who has reached the upper age limit for screening

Interval cancer rate:	The number of interval cancers diagnosed within a defined period since the last negative result in a screening examination per 1000 women with negative results
Lead time:	Period between when a cancer is found by screening and when it would be detected from clinical signs and symptoms (not directly observable)
Length bias:	The bias towards detection of cancers with longer sojourn times and therefore a better prognosis by screening
Open biopsy:	Surgical removal of (part of) a breast lesion
Organized screening:	Screening programmes organized at national or regional level, with an explicit policy, a team responsible for organization and for health care and a structure for quality assurance
Opportunistic screening:	Screening outside an organized or population-based screening programme, as a result of e.g. a recommendation made during a routine medical consultation, consultation for an unrelated condition, on the basis of a possibly increased risk for developing breast cancer (family history or other known risk factor) or by self-referral
Overdiagnosis:	Detection of breast cancers that might never have progressed to become symptomatic during a woman's life
Participation rate:	Number of women who have a screening test as a proportion of all women who are invited to attend for screening
Population access:	Proportion of the national population of elegible women who have access to a screening programme
Positive predictive value:	Proportion of all positive results at screening that lead to a diagnosis of cancer
Recall:	Physical recall of women to the screening unit, as a consequence of the screening examination, for: • a repeat mammogram because of technical inadequacy of the screening mammogram (technical recall); or • clarification of a perceived abnormality detected at screening, by performance of an additional procedure (recall for further assessment).
Recall rate:	The number of women recalled for further assessment as a proportion of all women who were screened
Refined mortality:	Mortality rate among women, excluding those in whom breast cancer was diagnosed before screening began
Screening interval:	Fixed interval between routine screenings decided upon in each programme, depending on screening policy
Screening policy:	Specific policy of a screening programme which dictates the targeted age and sex group, the geographical area, the screening interval (usually 2 or 3 years), etc.

Screening test:	Test applied to all women in a programme, consisting of a single or two-view mammogram with or without clinical examination
Sensitivity:	The proportion of truly diseased persons in the screened population who are identified as diseased by the screening test. The more general expression for 'sensitivity of the screening programme' refers to the ratio of true positives (breast cancers correctly identified at the screening examination) / true positives + false negatives (breast cancers not identified at the screening examination, detected as interval cases).
Sojourn time:	Detectable preclinical phase; time between that at which a tumour could be found by screening and that at which it would appear symptomatically (not directly observable)
Specificity:	Proportion of truly non-diseased persons in the screened population who are identified as non-diseased by the screening test (i.e. true negatives / true negatives + false positives)
Target population:	The age-eligible population for screening, e.g. all women offered screening according to the policy