

Opening Remarks

Thank you for inviting the Irish Cancer Society here today. My colleague, Rachel Morrogh, and I are pleased that the Oireachtas Committee on Health is continuing to focus on the impact of COVID-19 on cancer care.

I am here today to tell you that the Irish Cancer Society is incredibly worried for current and future cancer patients, as well as for those providing their care.

Cancer is a disease where time matters, but hammer blow after hammer blow to cancer services over the last 15 months means that patients are not guaranteed to get the care they need, when they need it.

Cancer is a continuum and Covid has disrupted every aspect of it. International experts are telling us that these disruptions will lead to more cancer deaths over the next 10 years. The level of that growth though is something that we can impact with the actions we take today.

GPs, our first line of defense against cancer, have been pleading alongside the Irish Cancer Society, for anyone with niggling health concerns to seek medical advice. Our research shows that in 2020, 1 in 4 people were not going to see their GP, even though they said they needed to. In our latest research which was conducted in May, 1 in 6 people reported that they are still choosing not to attend a GP with health concerns. The cancer workforce is already seeing the results of people presenting later, with patients presenting at more advanced stages for certain types of cancer.

We are seeing delays to diagnosis for symptomatic patients after they have been referred by their GP too. The long waiting times that characterised public healthcare before the pandemic have been further compounded by Covid.

We do not yet know how many pre-cancers and cancers will have gone undetected due to the disruption to cancer screening last year. However, we do know that Breastcheck was 70% behind its 2020 target of completed screenings, BowelScreen was 60% behind target and CervicalCheck was 44% behind targetⁱ. Cervical Check and BowelScreen routinely prevent cancers by the detection and removal of precancerous lesions. All three programmes reduce cancer burden by identifying early stage malignancies which are curable and thereby prevent them transitioning to more advanced disease.

And just as the screening and cancer services were starting to get back on their feet, the post-Christmas Covid crisis decimated cancer care for a third time. This put an unprecedented strain on healthcare workers and on cancer services.

January figures sent to NPHET by the National Cancer Control Programme showed that patients receiving chemotherapy were at just 70% of 2019 levels, while radiotherapy patients were at 80% of the same period in 2019.ⁱⁱ

But now, Covid is not the only enemy cancer services are battling. The devastating cyber-attack on the HSE is crippling a system that was already on its knees.

St. Vincent's Hospital said in a tweet, that referrals to its skin cancer clinic were down by over 90%.ⁱⁱⁱ Some Rapid Access Clinics that we have spoken to report that the cyber-attack has had a much worse impact than Covid.

As I speak to you today, our health system is under intolerable strain. Recent events have exposed the results of years of underinvestment in our cancer services and patients are suffering.

Our cancer services are delivered by some of the most passionate and dedicated healthcare professionals in the world but you will hear from the IMO and IHCA that our healthcare professionals are burnt out. Cancer patients are also at breaking point. Every day on our Support Line our cancer nurses hear the stress, anxiety and exhaustion in their voices.

For 15 months they have cocooned and socially distanced from their loved ones. They have attended appointments and heard the worst kind of news completely alone. They have recovered from surgery and endured chemotherapy without anyone to hold their hand.

The psychological and emotional effects of COVID on cancer patients will stay with them and their loved ones for the rest of their lives.

Cancer numbers are rising in the background but there has already been a drop in cancer diagnoses in Ireland since the start of the pandemic, Those cancers haven't gone away. They're hiding underneath the chaos that Covid has visited on our overwhelmed healthcare system. These cancers will eventually surface, but for some, at a later stage. This means more difficult treatment options for patients, reduced survival rates and a devastating impact on our already stretched cancer services.

We need to prepare for a surge in more advanced cases of cancer in the coming months and years^{iv}.

At the moment though, we're in the Stone Age when it comes to collecting real-time information on cancer services. This means we're fighting Covid and cancer blindfolded. I appeal to you to support the adoption of the Individual Health Identifier across cancer services and the development of robust data systems to inform policy, as a priority. Without this, we cannot be sure we are tackling the right issues or investing in the right places.

What we do now, today, really matters to the future of cancer patients in our country. This is an opportunity to blunt the worst of the impact of COVID and simultaneously revolutionise how we deliver cancer care.

We've made such advances in cancer care in this country but as things stand, our health and social care systems are not ready for the cancer epidemic that is coming down the tracks.

We must act now and build a sustainable and resilient cancer service that can cope with the inevitable surge in cases in the years ahead.

We need dedicated cancer infrastructure so cancer services no longer have to compete against emergency and unscheduled care.

Cancer screening needs to return to 100% screening capacity as soon as possible.

We need to establish diagnostic centres that can provide predictable and timely cancer diagnoses.

We need to develop and expand cancer services so that everyone has the best chance of surviving the disease.

There needs to be dedicated theatres, beds, day wards, ICU capacity, staff and equipment to ensure predictable pathways to treatment for cancer patients.

And underpinning this revolution needs to be a focus on our healthcare workers and future-proofing this vital workforce.

There is so much to do and it must be done urgently. Cancer has not stopped and nor can we.

I want to finish by appealing to you all to continue prioritising the crisis in cancer.

We need to rethink the way cancer care is delivered, not just play around the edges.

We must take immediate action to reduce the prospect of lives being lost needlessly in every community in Ireland.

ⁱ Response from National Screening Service to PQ16646/21 asked by Peadar Tóibín TD, 16.4.21

ⁱⁱ NCCP Update on Cancer Services, 21.1.21

ⁱⁱⁱ [SVUH Tweet](#), 26.5.21

^{iv} Presentation by Prof. Solange Peters, President of European Society for Medical Oncology, to Cross Party Group on Cancer, 31.03.21