

# Joint Committee on Health

## Opening Statement

Professor Risteárd Ó Laoide  
National Director,  
HSE National Cancer Control Programme

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## Introduction

A chathaoirligh agus comhalta an choiste, míle buíochas as ucht bhur gcuireadh anseo ar maidin.

I am joined by a number of colleagues this morning:

- Professor Arnie Hill, Surgical Oncology Clinical Advisor at the National Cancer Control Programme and Consultant Breast Cancer Surgeon at the RCSI Hospitals Group at Beaumont Hospital.
- Professor Clare Faul, Radiation Oncology Clinical Advisor at the National Cancer Control Programme and Consultant Radiation Oncologist at the St. Luke's Radiation Oncology Network; and
- Mr. Robert Kidd, Assistant National Director from Acute Operations in the HSE.

In this statement I will provide an overview of cancer in Ireland and outline the various approaches to improving services and outcomes, as well as the challenges facing cancer services in Ireland.

I would like to begin by thanking everyone working in cancer services in hospitals and community services across the country, who have continued to provide quality care to their patients through difficult circumstances over the past three years. I also want to thank those involved in the charitable and voluntary sector who support people living with cancer.

Our partnership approach with these organisations, as well as with our colleagues in the HSE, Department of Health, the National Cancer Registry and a broad range of stakeholders across research, education and service delivery only strengthens our collective ability to face the challenges presented by cancer in Ireland.

## **Cancer in Ireland**

The National Cancer Registry predicts that one in two people in Ireland will develop cancer at some stage in their life. Cancer prevention, diagnosis and treatment present major healthcare challenges. Over 35,000 invasive cancers are diagnosed each year in Ireland.

As with many other health conditions, the absolute number of people diagnosed with cancer is increasing, primarily because the population is growing and the number of people who are 65 years and older is rising. We see the impact of this on services, with an increase of over 20% in annual new attendances at urgent rapid access assessment services for suspected breast, lung and prostate cancer in recent years.

Encouragingly, mortality rates are falling for the four major cancers of prostate, breast, lung and colorectal, which account for over half of all malignant cancers. This fall in mortality rates is likely attributable to a combination of reduced incidence (partly due to success of tobacco control efforts), earlier detection (including through screening) and better treatments.

Given that between 30% and 50% of all cancer cases are preventable through changes to lifestyle and environmental factors, we must redouble our efforts to support the population to address these modifiable factors.

Early detection involves diagnosing cancer as early as possible, before it has grown bigger or spread to other parts of the body. For most types of cancer, diagnosing it early is a critical first step in achieving higher survival rates, reducing treatment severity and improving quality of life.

National Cancer Registry data show that five-year survival for people diagnosed with cancer in Ireland averaged 65% for patients diagnosed between 2014 and 2018 which is a substantial improvement from 42% twenty years previously and a testament to improved detection and treatments.

There are more than 200,000 people living with or after cancer in Ireland. The Cancer Strategy's particular focus on quality of life has led to targeted investment in survivorship and psycho-oncology services and other supports for these people.

## **The Cancer Strategies**

The cancer service has clear policy direction, through the three national cancer strategies, published in 1996, 2006 and 2017. Funding of €20 million in each of 2021 and 2022 has helped to address historic deficits in the cancer service and support implementation of the Cancer Strategy. This investment has allowed us to allocate more than 400 new front-line positions across all disciplines in the cancer service. However, it is crucial that multi-annual funding is sustained in order to implement the cancer strategy.

## **The importance of cancer control programmes**

The HSE National Cancer Control Programme was established in 2007 as a result of the Cancer Strategy 2006. The NCCP works with service providers to prevent cancer, treat cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions.

International research published in Lancet Oncology (2022) highlighted the association between cancer policy consistency and improved cancer survival. Ireland scored above average for policy consistency, and also demonstrated substantial improvements in survival for most cancers. The paper highlighted the likely impact of centralisation of lung, pancreas, rectal, and oesophageal cancer services on improvements in survival for these tumour types in Ireland.

An important feature of the work of the NCCP is the engagement of clinicians, in a voluntary capacity, in the development of cancer services. Across all disciplines, countless front-line providers contribute significantly to the work of the NCCP on top of their own busy clinical commitments. I would like to thank them for their continued contribution.

## **Challenges**

The cancer service is facing considerable challenges. While cancer care was prioritised by the Department of Health and the HSE during the COVID-19 pandemic, there remains an ongoing impact. We will not fully understand this impact for a number of years.

The most recent estimate from the National Cancer Registry is that 10-11% fewer cancers were diagnosed in 2020 compared to expected numbers. We do not yet have clear data on the impact on staging of cancer, but there are anecdotal reports of later stage presentations. Awareness campaigns continue to operate through the HSE, as well as through various voluntary and charitable partners, to encourage people to recognise the signs of cancer and to visit their GP without delay.

Another key challenge facing the cancer service is the recruitment and retention of staff, across almost all disciplines. This is a major challenge to sustained provision of services.

The availability of appropriate infrastructure is critical to ensuring that we can provide care to cancer patients in the most appropriate setting. This includes dedicated facilities for cancer care and the provision of theatres, beds, day wards and radiotherapy facilities.

While these challenges are common to many health systems around the world, any impact on individuals in Ireland facing cancer is regrettable. Cancer service staff around the country are working to minimise those impacts.

## **New initiatives**

Despite the challenges of the past three years, great progress has been made in the development of cancer services. In line with the Cancer Strategy, we are implementing models of care for systemic anti-cancer therapy, psycho-oncology and child, adolescent and young adult cancers. We have published numerous national clinical guidelines, pathways and treatment protocols to support front-line care.

We have implemented the Acute Oncology Nursing Programme, through which experienced cancer nurses assess cancer patients requiring acute care, so that attendance by cancer patients at emergency departments is minimised.

Through investment, we have been able to improve patient access to advanced treatments through the repatriation of Chimeric antigen receptor T cell (or CAR-T) therapy and Peptide Receptor Targeted Radionuclide Therapy (PRRT) and the implementation of stereotactic ablative radiotherapy (SABR). We have provided access to new cancer drugs. We are implementing the National Cancer Information System.

Collectively, these new initiatives have improved access to quality cancer care in the State and enhanced patient experience.

### **Future direction**

As we look towards the remaining years of the Cancer Strategy, we are focused on addressing the challenges outlined above. This includes completing the process of centralisation in designated cancer centres and developing comprehensive networks of care that align with the regional health areas and deliver on the principles of Sláintecare. We want to put in place a transparent process of accreditation of these networks so that we can continue to deliver quality cancer services to the people of Ireland.

This concludes my opening statement.

Míle buíochas as ucht bhur n-aird is bhur bhfoighne.