

Joint Committee
on
Health

OPENING STATEMENT

Dr. Colm Henry
Chief Clinical Officer

10th April 2024



Introduction

Good morning, Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to consider *the funding and implementation of the National Cancer Strategy*. I am joined by my colleague(s):

- Professor Ristéard Ó Laoide, National Director, National Cancer Control Programme
- Ms. Fiona Murphy, Chief Executive of the National Screening Services
- Dr. Triona McCarthy, Consultant in Public Health Medicine, National Cancer Control Programme

Cancer, its prevention, diagnosis and treatment, is a major challenge for our society. One in two people in Ireland will develop cancer at some point in their lifetime. In Ireland, approximately 24,500 people are diagnosed with invasive cancer each year, excluding non-melanoma skin cancer. The National Cancer Registry predicts that the incidence of cancer may double between the years 2015 and 2045, arising from demographic change and our growing and aging population. Cancer is the leading cause of death in Ireland, accounting for approximately 29% of all deaths in Ireland in 2022.

Cancer survival is improving in Ireland and the number of people living with and after a cancer diagnosis is increasing. At the end of 2021, there were 215,000 people living with or after a diagnosis of invasive cancer.

Funding and implementation of the cancer strategy

The National Cancer Strategy 2017-2026 sets out current government policy for the development of cancer services in Ireland. At the time of publication in 2017, the cost of implementation in full was estimated at an additional €140 million revenue funding by 2026. The estimated increase by 2024 was €125m (cancer control €110m, cancer screening €15m). The National Cancer Control Programme received a budget increase of nearly €70m by 2024.

Despite challenges, including the impact of the COVID-19 pandemic in 2020 and 2021, a lot of progress has been made on implementing the National Cancer Strategy since 2017.

The World Health Organisation estimates that between 30% and 50% of cancer cases could be prevented through changes to modifiable lifestyle and environmental factors.

Focusing on cancer prevention, the most cost-effective long-term approach to cancer control, a Cancer Prevention Network, has been established with partner charities, and priorities include health inequalities, at-risk groups and skin cancer prevention.

The National Screening Service (NSS)

The NSS delivers four national population-based screening programmes, bowel, breast and cervical cancer, and retinopathy for people with diabetes. These programmes aim to reduce morbidity and mortality in the population through prevention and/or early recognition of disease. In Ireland, approximately 5% of all cancers are detected during screening representing a small but significant contribution to cancer detection.

Population-based screening programmes have a key role in reducing morbidity and mortality related to cancer. The cancer strategy includes recommendations to:

- extend breast screening from age of 65 up to 69 - delivered in 2020.
- change to HPV primary screening in cervical screening - which was achieved in 2020, and preliminary evidence shows is a key factor in our drive towards cervical cancer elimination.
- increase the age range for bowel screening to 55-74 - which began in 2023 following COVID delays and is planned for further expansion as funding becomes available.

The 2022 National Cancer Registry Ireland report on national trends for cancers with population-based screening showed positive trends in incidence, stage, survival and/or mortality consistent with improvements in early detection and patient outcomes, with clear evidence for the additional benefits of screening. Detection, survival and death rates are all improving for people who have participated in screening.

Increasing the uptake of screening is a priority in the NSS strategic plan. Uptake is crucial to ensure screening is effective and that all eligible people can access our services. Research is ongoing to provide an understanding of uptake rates for screening, and strategies have been developed under the newly published Equity Framework to encourage and enable more people to choose screening.

Early diagnosis can significantly mitigate the impact of a cancer diagnosis. A sustained focus on achieving timely diagnosis for people with symptoms of suspected cancer is essential, through the ongoing implementation of the NCCP Early Diagnosis of Symptomatic Cancer Plan 2022-25.

Implementation has commenced on the NCCP's 2023 Hereditary Cancer Model of Care to improve services required for those with an inherited predisposition to cancer, to reduce their morbidity and mortality from cancer.

The over-arching model of care for cancer is to provide multidisciplinary treatment planning and primary surgery in designated cancer centres, with further treatments and supports as close to the patient's home as possible.

Investment has been made in the resourcing of rapid access clinics to support timely diagnosis, tumour conferences and multi-disciplinary teams to ensure coordinated cancer treatment planning. New patient pathways are being introduced, including a mammography-only pathway for symptomatic breast disease, and a dedicated pathway for people with a family risk of breast cancer and pathways for self-managed follow-up for prostate cancer, where patients have a more personalised approach to managing their follow-up care.

The centralisation of cancer surgery has continued. New radiation oncology centres have opened in Galway and Cork, providing state-of-the-art facilities for patients. Development of radiation oncology services has continued in other locations and stereotactic ablative radiotherapy (SABR) introduced. In systemic anti-cancer therapy, repatriation of chimeric antigen receptor (CAR)-T cell therapy and Peptide Receptor Radionuclide Therapy (PRRT) has been achieved and new drug treatments have been made available. The Acute Oncology Nursing Service has been implemented nationally, supporting people undergoing systemic therapy to avoid Emergency Department attendance, where appropriate. There has also been a greater focus on rare cancers, including sarcoma, neuroendocrine tumours and childhood cancer.

The Strategy emphasised supporting the quality of life of people living with and after cancer and their families. The appointment of a Clinical Lead for Psycho-Oncology to improve services enabled the implementation of the Psycho-oncology Model of Care in the cancer centres.

The establishment of the Alliance of Community Cancer Support Centres and Services led to a collaborative framework for community-based cancer support. Funding has been provided to support these centres in 2024. Targeted programmes to support people living with and after cancer include "Life and Cancer – Enhancing Survivorship (LACES)", the "Cancer Thriving and Surviving programme" and "CLIMB® (Children's Lives Include Moments of Bravery)".

We have published numerous national clinical guidelines, pathways and treatment protocols to support front-line care. The National Cancer Information System, is a patient-centred, longitudinal, and accessible care record that is now live in 18 of 26 hospitals nationally. Work has commenced on the first Cancer Patient Experience Survey, with the HIQA. The National Cancer Research Group is in place with a National Clinical Lead for Cancer Research appointed to drive the cancer research agenda in line with the strategy.

These developments illustrate how targeted funding for the implementation of the strategy results in real impacts for patient care. Key challenges remain; amongst these is the need to address infrastructure requirements and to optimise the configuration of this infrastructure. This includes theatres, radiation oncology facilities, aseptic compounding units, cancer treatment day wards, inpatient wards and outpatient facilities.

Given the importance of early diagnosis and treatment planning for cancer outcomes, expanding access to diagnostics is key and the HSE is currently examining how best to improve on this. The ability to recruit and retain the specialist, multi-disciplinary workforce needed to deliver on the cancer strategy is essential.

International research published in Lancet Oncology in 2022 found that jurisdictions which implement cancer control policies that are consistent over time were more successful in improving survival for a wide range of cancers.

Concluding remarks

The HSE has a dedicated workforce providing care directly to patients and service users, others who plan and oversee these services and many others in supportive roles. The successful implementation of cancer strategy is indicative of the commitment of the multidisciplinary teams who provide cancer services throughout Ireland. I would like to conclude by thanking staff for their dedication, often in the face of significant challenges, to prevent cancer, provide cancer screening and deliver the best care they can to people living with and after cancer.

This concludes my Opening Statement.

Thank you.