An tSeirbhís Náisiúnta Scagthástála
National Screening Service

07 August 2020

Deputy David Cullinane
David.cullinane@oireachtas.ie

Our Ref: GM/Communications

PQ17896/20: To ask the Minister for Health the number of cancers which have gone undetected due to the suspension of screening; and if he will make a statement on the matter.

Dear Deputy Cullinane,

I refer to the above Parliamentary Question.

The National Screening Service's (NSS) three cancer-screening programmes, BowelScreen, BreastCheck and CervicalCheck were paused in March 2020. This move was taken on public health advice due to the situation with COVID-19. The pause in screening was put in place to protect participants and staff by complying with social distancing guidelines. In addition, the HSE temporarily redeployed staff and resources to the response to COVID-19. However, clinical staff continued to work within the programmes.

Screening is a population health measure for people who are presumed healthy and do not have symptoms. The aim of a population screening programme is to reduce the incidence of disease in a population by picking up pre-cancerous changes or early stage cancers that are not symptomatic and so would not otherwise be found. This allows for earlier treatment than if a person presented with symptoms, and contributes to mortality rate reductions for the population.

The cancer screening programmes regularly call and recall people for screening between the ages of 25 and 70 every 2-5 years depending on the programme. There is no international standard for the frequency of screening e.g. BreastCheck in Ireland is in the enviable position of screening more frequently than many European countries; in the UK screening is every three years. Although we would not wish anyone to have a longer interval for screening in Ireland, there is no evidence that harm will accrue from a delayed screen.

Although cancers can behave differently in different people, for most people with early pre-cancer cell changes or even an early cancer a delay of months will not adversely affect their outcomes. This is one of the reasons people are called for repeated screening tests e.g. in cervical screening, women are called at different intervals depending on their age and level of risk. The natural history of cervical cancer would indicate that disease would normally develop over a period of 10-15 years and repeated screening offers an opportunity for picking up disease over time.

Screening is an opportunity for people who do not have symptoms to have an assessment of their risk. If the screening result suggests an increased risk they will have a diagnostic assessment. If cancer is confirmed it will be treated.

The three cancer screening programmes are now restarting on a phased basis. CervicalCheck restarted in early July; BowelScreen in August; and BreastCheck will restart in September/October, although this will be at a reduced capacity given the requirement for ongoing social distancing. The programmes continue to assess these risks during their restart phase.

All of the programmes have ensured that patients with an existing positive screen have been prioritised. Those who have been delayed due to COVID will be called chronologically over the next six to 12 months, assuming restrictions continue to ease. This may mean that people will experience a short delay in being called, and as a consequence in breast screening, it may take up to three years to complete this round.

As noted by Prof Ann O'Doherty at the Special Committee on COVID-19 Response meeting in the Oireachtas on 17 July 2020, it is not possible at this point in time to quantify the potential harm caused by the delay in screening which has resulted from the COVID-19 pandemic. Some cancers are slow growing and a delay of three to six months would not materially change the outcome for the patient after treatment. Some cancers are faster growing and this is why we encourage all people who have symptoms to immediately contact their GP and seek treatment, irrespective of when they were last screened.

Another factor to consider is that during the pause, BreastCheck services were redeployed to assist the acute hospitals in managing their waiting lists of women who had symptoms. This meant that urgent patients who had symptoms were seen quicker, with the aim of improving the outcome of any diagnosis. Symptomatic women have a significantly higher rate of cancer, and more time-dependent diagnosis, than healthy screened population. This means that the outcomes for symptomatic women who came forward for medical care may have been improved during the pause in screening. In assessing any potential harm caused by the delay in screening we must also factor in the additional resources screening provided to the assessment of symptomatic women during the pause, and their impact on mortality rates during this temporary change in practice.

While we recognise the desire for clarity, screening and the impact on cancer development is a complex system. While such an assessment is desirable, we will not be able to fully quantify the impact of the delay until after we complete this screening round.

In the meantime, we remain within the interval parameters of other countries and we will continue to use all means possible to reduce any delays.

I trust this information is of assistance to you, but should you have any further queries please contact me.

Fiona Murphy
Chief Executive
National Screening Service