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28<sup>th</sup> October 2020

**Re. PQ 30153/20 and PQ 30154/20**

Dear Deputy Cullinane

The HSE National Cancer Control Programme has been requested to reply directly to you in relation to the above Parliamentary Questions, which you submitted to the Minister for Health for response.

**PQ 30153/20**

**To ask the Minister for Health the number of cancer procedures by type conducted in the first nine months of 2019 compared to the same period in 2020; and if he will make a statement on the matter.**

The NCCP does not routinely collect data on the type of cancer procedures. As there are hundreds of different types of cancers and thousands of different types of procedures, this piece of work would require a substantial amount of data extraction, analysis and reporting as well as time and staffing to undertake. The NCCP does not have this resource at this time.

**PQ 30154/20**

**To ask the Minister for Health the number of cancer surgeries made in the first nine months of 2019 compared to the same period in 2020; and if he will make a statement on the matter.**

The number of patients aged 16+ years undergoing cancer surgery is given in Table 1 and was generated from HIPE using search criteria based on a diagnosis of cancer and associated surgical procedure blocks.

Surgical Oncology	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
2020	1,226	1,235	1,252	487	584	725	1,016	6,525
2019	1,154	1,145	1,293	1,304	1,429	1,256	1,347	8,928
2020 as % of 2019	106.2%	107.9%	96.8%	37.3%	40.9%	57.7%	75.4%	73.1%

Table 1 – Number of HIPE cases having a diagnosis of cancer and surgical procedure by month of discharge for 2020 and 2019.

## **Caveats**

The HIPE data presented here was taken from a live instance of the national HIPE data on 28/10/2020.

HIPE data is based on patient discharges, not admissions, so is retrospective in nature and it should be noted that discharges in any particular month are typically not due for submission to HIPE until the end of the following month. Not all hospitals make this target so with every upload from the hospitals to the national system there will be additional cases to reconsider in previously reported monthly totals.

These caveats mean that using HIPE data as a monitoring tool on a monthly basis, the NCCP can be confident that the data is robust for trends but is only indicative for absolute numbers or percentages for recent months and that numbers and percentages will change with every iteration of the data. In normal times, it takes 6 months after the year end for the data to be validated and finalised.

It is important to note that public surgical cases that were outsourced to private facilities are not included in these figures and as such the actual case counts for 2020 during the period of outsourcing will be higher than is presented in Table 1.

The data presented here is for cancer surgery and does not include diagnostics.

Yours sincerely



Professor Risteárd Ó Laoide  
National Director  
National Cancer Control Programme