

Johnny Guirke TD  
 Sinn Féin  
 Leinster House  
 Kildare Street  
 Dublin 2, D02 XR20  
 e. [johnny.guirke@oireachtas.ie](mailto:johnny.guirke@oireachtas.ie)

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Re. **PQ 18203/21:** To ask the Minister for Health the number of persons that attended a symptomatic breast disease clinic for a diagnostic test in each month from January 2020 to January 2021; and the percentage of these appointments that were seen within the recommended timeframe in tabular form.

**PQ 18204/21:** To ask the Minister for Health the number of persons that received a diagnostic test at a rapid access lung clinic in each of the years 2018 to 2020; and the percentage of these patients that received a diagnosis of cancer in tabular form.

**PQ 18205/21:** To ask the Minister for Health the number of persons that received a diagnostic test at a rapid access prostate clinic in each of the years 2018 to 2020; and the percentage of these patients that received a diagnosis of cancer in tabular form.

**PQ 19025/21:** To ask the Minister for Health the number of patients who were on active cancer treatment in each of the years 2018, 2019 and 2020; and the percentage of these patients that were admitted to hospital for cancer treatment through emergency departments in tabular form.

Dear Deputy Guirke

The National Cancer Control Programme has been requested to reply directly to you in relation to the above PQs.

### **PQ 18203/21**

The national cancer control programme (NCCP) collect data on the following access key performance indicators across the eight cancer centres and Letterkenny hospital:

Urgent Breast New Attendance	Metric	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sep '20	Oct '20	Nov '20	Dec '20	Jan '21
National	%	83.5%	73.3%	74.2%	84.1%	86.3%	73.7%	64.7%	56.8%	55.2%	63.9%	67.8%	68.6%	68.2%
	N	1894	1737	1207	1190	1565	1675	1735	1491	2023	1950	2147	1909	1747

Table 1a – The total number of new patients triaged as urgent (N) by the cancer centre attending symptomatic breast disease clinics and the % attended/offered an appointment within the recommended timeframe of 10 working days from receipt of referral.

Non-Urgent Breast New Attendance	Metric	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sep '20	Oct '20	Nov '20	Dec '20	Jan '21
National	%	72.3%	64.7%	69.9%	76.5%	59.2%	51.2%	56.9%	49.9%	48.2%	46.2%	52.8%	60.3%	58.2%
	N	2161	1824	1013	149	603	1215	1453	1361	1885	1938	2028	1734	907

Table 1b – The total number of new patients triaged as non-urgent (N) by the cancer centre attending symptomatic breast disease clinics and the % attended/offered an appointment within the recommended timeframe of 12 weeks from receipt of referral.

NCCP felt it prudent to provide a brief outline of what is involved in a Symptomatic Breast Disease Clinics (SBD):

Each of the SBD Clinics nationally provide Triple Assessment Clinics (TACs) to patients referred. These clinics offer a three step process to help diagnose breast complaints. Not everyone needs all three steps. Sometimes all three steps happen on one day, sometimes on different days.

Step 1: The patient is examined by a doctor in the clinic and a full medical history is recorded.

Step 2: In the breast imaging section a mammogram (x-ray of the breast) and/ or an ultrasound scan is provided.

Step 3: Some people will also need a breast biopsy.

All the national Symptomatic Breast Disease (SBD) clinics remained open and accepted referrals during the Covid-19 Pandemic crises (waves 1-3); in the initial period, priority was given to the patients triaged as Urgent as this patient cohort has a high suspicion of malignancy. All Symptomatic Breast clinics have identified Covid-19 related patient backlogs and are actively addressing these backlogs with additional clinics, extended clinics and in some units access to mammography first.

After consultant-led assessment some patients will require further diagnostic investigations appropriate to their individual needs.

### **PQ 18204/21**

The National Cancer Control Programme (NCCP) collect data on the number of new patients attending **Rapid Access Lung Clinics (RALCs)** across the eight cancer centres and the number of primary lung cancers diagnosed.

Lung	2018	2019	2020
New Attendances	3,565	3,606	3,311
Primary Cancers Diagnosed	1,107	1,305	1,276
Detection Rate	31.1%	36.2%	38.5%

**Rapid Access Lung Clinics (RALCs)** nationally continued to provide a service during waves 1-3 of the Covid-19 Pandemic. Urgent referrals were seen, facilitated by virtual and face to face as required in line with National Clinical guidance.

After consultant-led assessment some patients will require further diagnostic investigations appropriate to their individual needs.

### **PQ 18205/21**

The National Cancer Control Programme (NCCP) collect data on the number of new patients attending Rapid Access Prostate Clinics (RAPCs) across the eight cancer centres and the number of primary prostate cancers diagnosed.

Prostate	2018	2019	2020
New Attendances	3,362	3,821	3,047
Primary Cancers Diagnosed	1,246	1,519	1,223
Detection Rate	37.1%	39.8%	40.1%

Rapid Access Prostate Clinics (RAPCs) continued to provide a service during waves 1-3 of the Covid-19 Pandemic.

After consultant-led assessment some patients will require further diagnostic investigations appropriate to their individual needs. In line with National Clinical Guidance, patient and staff safety, some diagnostic procedures were deferred during Wave 1. Prostate referral backlogs are continually monitored and all RAPCs are scheduling additional clinics and diagnostics procedures to address any patient Covid-19 backlogs.

**PQ 19025/21**

The National Cancer Control Programme (NCCP) collect limited data on **new** patients undergoing radiation oncology treatment and systemic anti-cancer therapy (SACT); specifically, new systemic parenteral treatment in the day ward setting.

Current data is tabulated as follows:

Treatment Modality	2018	2019	2020
Radiation Oncology	7,241	8,252	7,683
SACT	5,522	5,869	5,607

Please note that outsourced treatment of public patients in private facilities during Covid-19 protection measures will not be included in the 2020 SACT figures.

The wider number of patients on active cancer treatment and specifically those admitted through emergency departments is not part of any NCCP data set. This data would need to be sought from the individual hospitals and commented on by the specific hospital themselves.

Yours sincerely



Professor Risteárd Ó Laoide  
National Director  
National Cancer Control Programme

