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13th May 2021

Re. **PQ 22200/21: To ask the Minister for Health if he will request the HSE and the National Cancer Control Programme to collect and collate all data relating to the number of serious diagnoses made following delayed screening procedures in order that the full data on the impact of the Covid-19 restrictions will be made known (details supplied); and if he will make a statement on the matter.**
Details Supplied

With over 36,800 people waiting for Colonoscopies and many others waiting for similar screening procedures, it is vital that we learn the true impact of these delays and the cancellation of such screening procedures due to Covid 19. It is vital that the HSE collect and collate all data relating to the numbers of people who receive a cancer or other serious diagnoses following a delayed screening appointment; the length of time waiting and the stages of the diagnoses being made.

Dear Deputy McGrath

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

The impact of the ongoing COVID-19 pandemic on cancer stage at diagnosis and survival due to delayed diagnosis in Ireland is not yet quantifiable. It is important to note that there are many factors that may contribute to delayed cancer diagnoses as a result of the COVID-19 pandemic, including people delaying or deferring presentation to their General Practitioner (GP) with symptoms suggestive of cancer, delayed diagnostic investigation due to COVID-19, and pauses to the screening services. It is not possible to accurately quantify the relative contribution of each of these factors to delayed cancer diagnoses, and any associated change in stage at diagnosis, which may be associated with the pandemic.

It is important to understand the difference between people who are diagnosed with cancer because they have symptoms and people who are picked up through the screening services.

People with symptoms that could indicate cancer should consult their GP without delay. If the GP suspects that they may have cancer they can be referred for further evaluation and diagnostic testing. For example, if a patient notices blood in their stool they should consult their GP without delay. The GP may suspect bowel cancer, among other possible diagnoses, and can arrange for further evaluation and diagnostic testing (e.g. colonoscopy). Throughout the pandemic, efforts have been made to encourage people with symptoms of cancer to contact their GP without delay. Communications campaigns delivered by the National Cancer Control Programme (NCCP) and voluntary organisations such as the Irish Cancer Society have delivered information on the signs and symptoms of cancer and how to seek medical review, including in the context of COVID-19.

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Rapid Access Clinics (RACs), which allow for the timely evaluation of patients with symptoms/signs of prostate, lung or breast cancer, have continued to operate throughout the pandemic. In March and April of 2020 (first wave of the pandemic), there was a significant fall in referrals and attendances at the RACs. However, by end 2020 referrals and attendances had returned to near normal levels, with 2021 data indicating continuing recovery in RAC referral and attendance rates. By end 2020, the number of primary lung, breast and prostate cancers detected in the Rapid Access Clinics was 94.6% of 2019 figures. This figure relates only to three tumour types (lung, breast, prostate) and to diagnosis via the rapid access clinics, where an estimated 21% of all invasive cancers are diagnosed. It is too early to know whether cancers diagnosed during the COVID-19 pandemic were diagnosed at later stage disease. The National Cancer Registry of Ireland (NCRI) sources staging data from the medical records of patients, with a significant associated time lag. This type of information will normally only be made available 2 to 3 years after the year of incidence, in keeping with international standards.

Screening programmes are designed to detect risk markers for disease in people who do not have any symptoms of disease. People undergoing screening are typically less likely to have cancer compared to people who have symptoms, but they are being screened because of factors such as their age that increase their risk of having a particular cancer. A screening test is not a diagnostic test. If someone has a positive screening test, this indicates that they might have cancer and they will then be referred for further testing to determine whether they have the disease or not. In the case of BowelScreen, screening involves testing for blood in the stool sample of people invited for screening. If the amount of blood found in the stool sample is above the screening limit, the person will be referred for a colonoscopy. Blood can be present in the stool for many non-serious reasons, but it could also be an early warning sign that a person may be at risk of bowel cancer. It is very important to note that no screening test is 100% reliable. In Ireland, cancer screening is provided by the National Screening Service (NSS) who monitor and report uptake rates of screening and the number of cancers detected by the screening programme.

The assessment of the impact of the pandemic at the level proposed in this PQ would not be possible using routine data sources and would require a more sophisticated academic piece of work.

Impact of the COVID-19 pandemic on the National Screening Service (NSS)

Screening services for cervical and bowel screening were paused in March 2020 and resumed in the summer of 2020. Breast screening resumed in Autumn 2020. During the third wave of COVID-19 in January 2021, routine breast screening was paused while cervical and bowel screening operated at reduced capacity. Since March 2020, all screening services are operational. However, capacity has been affected by COVID-19. It is hoped that the screening service will return to full capacity by Autumn 2021.

Note on cancer data

The National Cancer Registry of Ireland (NCRI) collates information in relation to cancer incidence, prevalence, stage at diagnosis, treatment, survival and mortality. While information on the number of cancer cases may be available at an early stage, complete information on treatments and staging is obtained from the medical records of patients, with a significant associated time lag. This type of information will normally only be made available 2 to 3 years after the year of incidence, in keeping with international standards.

The National Cancer Control Programme (NCCP) has timely access to data on the activity of some elements of the cancer diagnostic pathway in Ireland, including GP referrals to rapid access clinics (RACs) and numbers of new attendances at RACs. The NCCP also monitors cancer surgery and day case treatment activity for radiation and systemic therapy through national Hospital In-Patient Enquiry (HIPE) data.

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Cancer screening is provided by the National Screening Service (NSS) who monitor and report uptake rates of screening and the number of cancers detected by the screening programme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Risteárd Ó Laoide', is positioned to the left of a vertical line.

Professor Risteárd Ó Laoide
National Director
National Cancer Control Programme