



19 December 2022

Deputy Neasa Hourigan
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Our Ref: HM/GM/Communications

PQ60671/22: To ask the Minister for Health the number of breast cancers that were detected by the National Screening Service in 2019, 2020, 2021 and to date in 2022 through BreastCheck in tabular form.

PQ60672/22: To ask the Minister for Health the number of pre-cancers and cancers that were detected by the National Screening Service in 2019, 2020, 2021 and to date in 2022 through CervicalCheck in tabular form.

PQ60673/22: To ask the Minister for Health the number of pre-cancers and cancers that were detected by the National Screening Service in 2019, 2020, 2021 and to date in 2022 through BowelScreen in tabular form.

Dear Deputy,

I refer to the above Parliamentary Questions, which I intend to answer as one. I trust you are agreeable with this approach.

BreastCheck

BreastCheck invites eligible women aged from 50 to 69 years, for breast screening on an area-by-area basis every two years. We call this process a screening 'round'. Along with many public services, BreastCheck was impacted by the COVID-19 pandemic. The programme was paused for several months in 2020 and 2021, and because of this, it is taking longer to get through the current screening round. Despite extra COVID-19 measures still being in place, BreastCheck is back to nearly normal numbers attending for screening daily.

The following table shows the number of breast cancers that were detected by the NSS in 2019, 2020 and 2021 through BreastCheck. Verified published data for 2022 is not yet available. Please note there is no category for pre-cancers in a population-based breast screening programme.

	2019	2020	2021
No. cancers detected	1,151	476	1,191

CervicalCheck

The purpose of cervical screening is to identify people in an apparently healthy population who are at higher risk of developing pre-cancerous cells, so that an early treatment or intervention can be offered. Screening is not the same as diagnosis. Screening invites people who do not have symptoms to undergo testing, whereas diagnostic tests are performed for people with symptoms.

From September 2008 to March 2020, CervicalCheck has provided almost 3.2 million cervical screening tests, and led to the detection of over 115,000 abnormalities (including 64,000 high-grade abnormalities). In the absence of screening, cervical cancer may not have been detected in these people until they developed physical signs or symptoms of disease. Early detection of

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abnormalities through screening is the primary aim of all screening programmes. In addition, 1,786 cases of cancer have been detected by the CervicalCheck programme.

The recent [NCRI report](#) showed that 292 women were diagnosed of cervical cancer in Ireland between 2017 and 2019. We know that 80% of cancers diagnosed via CervicalCheck are diagnosed at stage 1 which is the earliest possible stage. Unfortunately, we know that 40%-50% of all cervical cancers are diagnosed in women who have never had a screening test. They are likely to present with symptoms and tend to be diagnosed at a later stage in their disease.

Since CervicalCheck started in 2008, our most-recent data shows a continued decreasing incidence in the number of women who develop cervical cancer, with a 2.8% annual percentage decrease from 2010-2018. Please be advised that the CervicalCheck Programme Report 2017 to March 2020 has just been published [here](#).

Data

The following table highlights the number of high-grade and low-grade cell changes and of cancers detected through CervicalCheck from September 2019 to March 2020. Verified data for the primary HPV cervical screening programme, i.e. March 2020 - 2022 is not yet available.

	2019*	2020**	Total
Low grade pre-cancer	8,604	1,971	10,575
High grade pre-cancer	5,220	1,126	6,346
Cancer	113	25	138

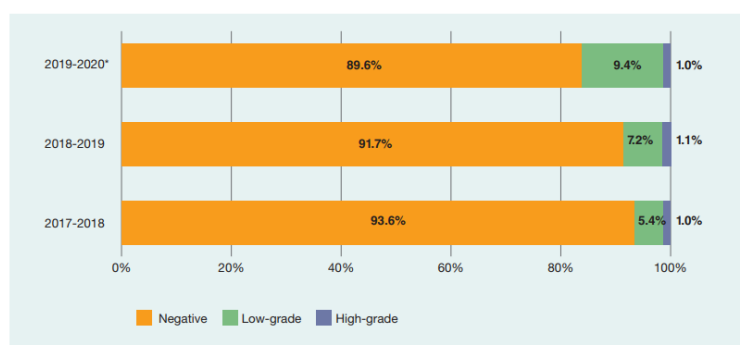
*12 months Aug 18-Sept 19

**6 months Sept19-Mar20

Annual CervicalCheck Laboratory Metrics (NHS Cervical Screening Programme Statistical returns).

Programme standard	2017/2018	2018/2019	2019/2020	Target
Low-grade results	5.4%	7.2%	9.4%	3-8%
High-grade results	1.0%	1.1%	1.0%	0.7-1.3%

Figure 9: Percentage of negative, high-grade and low-grade abnormalities on cytology samples



* The period 2019 to 2020 runs from September 2019 to end of March 2020 and is only 7 months long instead of the usual 12 months

The CervicalCheck programme was paused during April, May and June 2020 on public health advice because of the situation with COVID-19. Despite the many restrictions the pandemic

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placed on our operations. The programme issued all outstanding invites to women by December 2021. It may also reassure you to know that 94% of CervicalCheck results are being issued within the KPI of 4 weeks this year.

BowelScreen

People are eligible to take part in the BowelScreen programme once they reach the age of 60. Once the person gives consent they are issued with a FIT kit (screening) which is a test done at home and returned by post at their convenience.

People who receive a positive FIT result are contacted by a dedicated nurse from a BowelScreen endoscopy centre for a pre-assessment to establish their suitability for colonoscopy. This pre-assessment includes a telephone interview enquiring about their general health, any co-morbidities, and any medication they may be taking. This colonoscopy is known as an index colonoscopy.

Colorectal cancer screening is a preventative health measure. The primary objective of BowelScreen is to reduce people's risk of developing bowel cancer in the future, by detecting and removing pre-cancerous adenomas in the lining of the bowel. Also, if bowel cancer is found early through bowel screening, it's easier to treat and there's a better chance of recovery.

The following table highlights the number of cancers pre-cancers (adenomas) detected in index colonoscopies in 2019, 2020 and 2021. Verified published data for 2022 is not yet available.

	2019	2020	2021
Number of cancers detected	157	70	125
Number of pre-cancers (adenomas) detected	1,770	920	1,455

Screening

We continue to emphasise the importance of being symptom aware for all of our screening services. We encourage anyone with symptoms to contact their GP who will give them appropriate advice on follow-up care.

For other queries, programme participants can call the Freephone information line on 1800 45 45 55; email: info@screeningservice.ie; or contact their clinic directly. More information from our latest published programme reports [here](#).

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

Yours sincerely,

Fiona Murphy,
Chief Executive.

