

David Cullinane TD  
Sinn Féin  
Leinster House  
Kildare Street  
Dublin 2

e. [david.cullinane@oireachtas.ie](mailto:david.cullinane@oireachtas.ie)

7<sup>th</sup> October 2022

**PQ 44495/22: To ask the Minister for Health the number of persons who received a diagnostic test deemed as urgent at a symptomatic breast disease clinic in each of the years 2010 to 2021; and the percentage of these patients who received a diagnosis of cancer in tabular form**

**PQ 44496/22: To ask the Minister for Health the number of persons who received a diagnostic test deemed as non-urgent at a symptomatic breast disease clinic in each of the years 2010 to 2021; and the percentage of these patients who received a diagnosis of cancer following their diagnostic test in tabular form**

**PQ 44497/22: To ask the Minister for Health the number of persons who received a diagnostic test at a lung rapid access clinic in each of the years 2010 to 2021; and the percentage of these patients who received a diagnosis of cancer following their diagnostic test in tabular form**

**PQ 44498/22: To ask the Minister for Health the number of persons who received a diagnostic test at a prostate rapid access clinic in each of the years 2010 to 2021; and the percentage of these patients who received a diagnosis of cancer following their diagnostic test in tabular form.**

Dear Deputy Cullinane,

All new patients attending symptomatic breast disease and rapid access lung and prostate cancer clinics are clinically assessed and undergo one or more diagnostic tests as clinically indicated. The relevant data we can provide specifically relates to the number of new patients assessed at each of the rapid access cancer assessment services and the proportion who are subsequently diagnosed with a primary cancer.

The total number of new patients attending symptomatic breast disease and rapid access lung and prostate cancer clinics and the subsequent detection rate (diagnostic yield) for primary cancer is given as follows:

Service	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
<i>Symptomatic Breast Disease Clinic - Triage as Urgent</i>												
Total new patients	12,553	13,759	14,102	14,979	15,733	17,255	18,949	19,267	20,482	20,905	20,523	25,380
Detection rate - primary breast cancer	12.0%	12.2%	11.7%	11.6%	10.9%	10.6%	9.8%	9.9%	9.2%	9.3%	9.7%	8.4%
<i>Symptomatic Breast Disease Clinic - Triage as Non-Urgent</i>												
Total new patients	25,078	24,196	24,277	22,911	23,697	23,061	22,384	21,546	22,390	21,917	17,366	18,595
Detection rate - primary breast cancer	1.1%	1.0%	1.1%	1.1%	1.1%	1.0%	1.0%	0.9%	0.9%	0.8%	0.9%	0.9%
<i>Rapid Access Lung Clinic</i>												
Total new patients	*	*	2,751	2,890	3,060	3,128	3,247	3,426	3,565	3,606	3,338	3,678
Detection rate - primary lung cancer	*	*	33.0%	30.8%	31.7%	33.4%	33.4%	33.7%	31.5%	32.8%	33.8%	31.1%
<i>Rapid Access Prostate Clinic</i>												
Total new patients	*	*	2,744	2,583	2,580	2,559	2,582	3,018	3,362	3,822	3,052	3,623
Detection rate - primary prostate cancer	*	*	38.1%	40.7%	41.3%	39.9%	40.4%	40.8%	37.4%	38.3%	35.7%	31.9%

Please note the following caveats:

- The data is for those new patients having first attendance at rapid assessment cancer clinics.
- The increased demand on symptomatic breast disease clinics post pandemic has required symptomatic breast disease clinics to prioritise urgent referrals over non-urgent referrals, where the cancer detection rate in the former is 10 times higher than the latter. Consequently, the proportion of non-urgent attendances relative to urgent attendances has dropped in 2020/2021.
- Data prior to 2012 for lung/prostate rapid access clinics is incomplete and not available for comparison here.
- The cancer centres are currently validating their annual data for 2021 so some cancers that are yet to be notified may not have been included in the table above.
- Prior to 2018, some hospitals may have included primary cancers in those patients who were diagnosed at multi-disciplinary meeting but attended elsewhere for first assessment. Consequently, the diagnostic yield prior to 2018 may artificially appear slightly higher than following years, when hospitals were instructed to only record cancers in those that attended the rapid access clinic. Including cancer counts in those patients that attended elsewhere causes double counting as these cancers will have also been recorded by the Symptomatic Breast Disease/Rapid Access Clinic service of the hospital of first attendance.

Yours sincerely



Professor Risteárd Ó Laoide  
National Director  
National Cancer Control Programme

