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1st February 2023

Re:

PQ63672/22: To ask the Minister for Health the total number of all prostate cancer diagnoses made as a result of a person's attendance at a prostate rapid access clinic in each of the years 2015 to 2021 and to date in 2022, in tabular form; and if he will make a statement on the matter.

PQ63674/22: To ask the Minister for Health the total number of all lung cancer diagnoses made as a result of an individual's attendance at a lung rapid access clinic in the years 1 January 2016 to 30 November 2022, in tabular form; and if he will make a statement on the matter.

PQ63676/22: To ask the Minister for Health the total number of all breast cancer diagnoses made as a result of a person's attendance at symptomatic breast disease clinics in each of the years 1 January 2015 to 2022 and date in 2023, in tabular form; and if he will make a statement on the matter.

Dear Deputy Burke,

The rapid access assessment services for Symptomatic Breast Disease (SBD) Clinics, Rapid Access Lung Clinics (RALC) and Rapid Access Prostate Clinics (RAPC) operate in each of the 8 designated cancer centres, with one additional breast satellite clinic, and provide a streamlined pathway to diagnostic evaluation and specialist review for these three major cancers. It is important to note that these are symptomatic patients being assessed for suspected cancer, the majority of whom will not be diagnosed with cancer.

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. However, not all breast, lung and prostate cancers are diagnosed through the SBD/RAC services. While it is estimated that almost all symptomatic patients attending public hospitals and subsequently diagnosed with breast cancer are diagnosed via the symptomatic breast disease clinics, only about half of all lung cancers and a third of prostate cancers are diagnosed via the rapid access route.

The National Cancer Control Programme (NCCP) collect data on the number of newly referred patients attending rapid access assessment services for symptomatic breast, lung and prostate cancer across the eight cancer centres plus one additional breast satellite clinic. The total number of primary cancers diagnosed in new patients attending these services is given in Table 1.

| Primary Cancers Diagnosed in New Patients Attending SBD/RAC Services | Total Primary Cancers | | | | | | | |
|---|-----------------------|-------|-------|-------|-------|-------|-------|-------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| Urgent Breast | 1,826 | 1,849 | 1,912 | 1,890 | 1,946 | 1,989 | 2,140 | 2,109 |
| Non-Urgent Breast | 234 | 227 | 188 | 207 | 176 | 162 | 177 | 222 |
| Lung | 1,046 | 1,085 | 1,154 | 1,124 | 1,183 | 1,128 | 1,143 | 1,191 |
| Prostate | 1,020 | 1,043 | 1,230 | 1,256 | 1,463 | 1,114 | 1,156 | 1,219 |

Table 1 - Total number of primary cancers detected at symptomatic breast disease and rapid access clinics for lung and prostate cancer; 2015 to 2022. Data Source: NCCP KPI dataset.

Please note the following caveats:

1. The data is for those new patients having first attendance at rapid assessment cancer clinics.
2. 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 (urgent SBD referral cancer detection rate ~9%) is approximately 10 times higher than the latter (non-urgent SBD referral cancer detection rate <1%). Consequently, the proportion of non-urgent attendances relative to urgent attendances has dropped in 2020-2022 compared with that seen in 2019.
3. Please note that some cancers detected in 2022 may not yet have been notified to the National Cancer Control Programme and that some case counts for 2022 can be expected to increase on those shown above. This is especially the case for prostate cancer, where the lag between first attendance at RAC and date of diagnosis is typically longer than it is for breast and lung cancer.
4. The cancer case figures in Table 1 only pertain to breast, lung and prostate cancers detected via the publicly delivered rapid access services. NCCP does not collect data on numbers of cancers diagnosed outside the rapid access pathways, via private services or through the screening programmes (BreastCheck). Data on all cancer cases which occur in Ireland are collated by the National Cancer Registry of Ireland (NCRI).
5. All data is subject to change/revision and was taken from a live snapshot of the NCCP KPI dataset on 24.01.2023.

Yours sincerely



Patrick Cafferty
Assistant National Director
National Cancer Control Programme

