

An Clár Náisiúnta Rialaithe Ailse

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National Cancer Control Programme

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Mark Ward TD Sinn Fein Leinster House Kildare Street Dublin 2

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## PQ 24842/23

To ask the Minister for Health the counselling services available for individuals with inherited predispositions to cancer; the counselling services there are for individuals who test positive for cancer associated BRCA variants; the counselling services available for individuals who test negative for cancer associated BRCA variants; and if he will make a statement on the matter.

Dear Deputy Ward,

Genetic counselling is an essential aspect of care for those with, or suspected of, an inherited predisposition. The importance of access to genetic counselling has been highlighted in both the *National Strategy for Accelerating Genetic and Genomic Medicine in Ireland* (Dec 2022) and, from a cancer predisposition perspective, in the recently published *Hereditary Cancer Model of Care*. This includes pretest counselling, i.e. prior to undergoing a genetic test for cancer predisposition, and post-test counselling, to discuss implications of the test results and next steps, including whether a variant is found or not. The HSE National Cancer Control Programme has continued to invest in genetic counselling staffing through the 2021 and 2022 service plan. Priorities now include further investment in the workforce, including career pathway developments to improve recruitment and retention of genetic counsellors, and the development of mainstreamed testing, with training of local oncology teams to deliver pre-test counselling to those already with a cancer diagnosis.

There is also a recognised need for psychological support services to be available at various stages of the BRCA patient journey, e.g. for distress related to dealing with test results and the implication of a diagnosis of cancer predisposition, or related to risk reducing surgeries. This patient need has also been highlighted in the recently published Hereditary Cancer Model of Care and will be a necessary component of the service developments for those with BRCA and their families.

Of note, psycho-oncology services have seen significant investment in recent years for those with a diagnosis of cancer, though currently these will not all be able to meet the needs of those with inherited



cancer predisposition and without a cancer diagnosis. To date since 2020, the NCCP has been able to fund circa 45 posts for Psycho-Oncology teams around the country, allowing NCCP to implement the multidisciplinary networks needed for patients diagnosed with cancer. This investment has allowed cancer patients to be assessed at the time of diagnosis if they are presenting with psychological distress and to receive appropriate psychological intervention from the most relevant discipline.

Yours sincerely,

Dr Caitríona McCarthy

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