



National
Cancer
Screening
Service

Annual Report 2007–2008

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Introduction from the Chairperson

Introduction from the Chairperson



On behalf of the National Cancer Screening Service Board (NCSSB) it is my pleasure to welcome you to our first annual report.

The Board was established as part of the Government's multi-level response to the report of the second National Cancer Forum which recommended that the success of the BreastCheck programme should be leveraged and that breast and cervical screening programmes should be brought together under one framework of governance.

The Board has overseen the completion of the national expansion of BreastCheck and the introduction of CervicalCheck, Ireland's first national cervical screening programme. In addition, significant policy development work has been undertaken and this is detailed later in this report.

I would like to take this opportunity to thank Minister for Health and Children, Ms Mary Harney TD, for her ongoing support of the NCSS. I would like to acknowledge the commitment of my fellow Board Members (see pages 8-12) who have brought a wide range of experience and perspective to bear on our work. I express the Board's thanks to our Chief Executive, Mr Tony O'Brien, his management team and the entire staff of the organisation for their skill and dedication.



Dr Sheelah Ryan
Chairperson
National Cancer Screening Service Board

Introduction from the Chief Executive Officer

Introduction from the Chief Executive Officer



It is my pleasure and privilege to introduce the first Annual Report of the National Cancer Screening Service Board (NCSSB).

The NCSSB was established on 01 January 2007 and inherited the BreastCheck programme and the organisational capacity of the former National Breast Screening Board, together with the Irish Cervical Screening Programme Phase One which had been operating in the Mid-West since 2000 under the aegis of the Mid-Western Health Board and more recently the Health Service Executive (HSE).

On establishment of the National Cancer Screening Service (NCSS), governance of BreastCheck – The National Breast Screening Programme was transferred to the Board of the NCSS. The aim of BreastCheck is to detect breast cancer at the earliest possible stage. The pioneering clinical-led model developed for BreastCheck has been successful in minimising the risks associated with breast screening. To date the BreastCheck programme has provided over 206,800 women in Ireland with a quality assured programme that is a world leader in the use of advanced digital mammography. Full details of the BreastCheck Programme and activities can be found on pages 17-23 of this report.

One of the major features of the establishment of the NCSSB was the transfer out of the HSE of the former Irish Cervical Screening Programme, Phase One, based in Limerick. A clear and unambiguous objective of the Minister for Health and Children was to see a quality assured national cervical screening programme implemented nationally. The successful BreastCheck model has been used and adapted for CervicalCheck – The National Cervical Screening Programme. CervicalCheck became available to the 1.1 million

women aged 25 to 60 years living in Ireland on 01 September 2008 and a detailed report on the establishment of the programme can be found on pages 24-29.

A significant objective for the NCSS as stated in the Statutory Instrument is that the Board “shall implement special measures to promote participation in its programmes by disadvantaged persons”. Accordingly, the NCSS has developed a screening promotion team to develop practical initiatives to increase awareness of the health benefits of screening and encourage uptake of the service (see page 31).

The new Board’s mandate also includes a policy, development and advisory role. This has related initially to formulating a proposal for a colorectal screening programme (see page 32) and the establishment of an Expert Group on Hereditary Cancer Risk comprising of experts in the areas of breast cancer, colorectal cancer, cancer epidemiology and medical genetics (see pages 34-35).

At the request of the Minister for Health and Children, the Board of the NCSS undertook a thorough review of the role of Human Papilloma Virus vaccines in the prevention and control of cervical cancer (see page 35). The Board is also empowered to provide advice to the Minister for Health and Children relating to other screening developments (see pages 36-37).

Our Board has strongly supported the establishment of the National Cancer Control Programme and has facilitated its development to the greatest extent possible (see page 37). We will continue to work co-operatively with the programme in its efforts to bring about significant improvements in mainstream cancer services.

Wider context

The period since the establishment of the Board has coincided with unprecedented levels of debate and concern about the quality of mainstream cancer diagnostic and treatment services. This has been precipitated by a number of reported incidents of missed or delayed diagnosis.

It was imperative that the cohort of women eligible for BreastCheck retained their confidence in the service and were not deterred from attending their routine screening appointments. To dispel any potential confusion about the difference between symptomatic and asymptomatic screening among the general public, BreastCheck increased and focused its communications on clarifying the purpose of the service, to encourage women to attend their BreastCheck appointment and at all times, to remain breast aware.

Every effort was made to reassure women of the quality assured standards that form the foundation of the BreastCheck service. I am pleased to report that acceptance levels of invitation to screening have not declined. Had they been affected this would have been a double tragedy. At the same time we are conscious that no screening test is perfect, no system is foolproof.

We have built a system which is based on checks and balances, most notably double reading of mammograms which seeks to minimise the risk of error. BreastCheck will continue to ensure that every woman eligible for a BreastCheck mammogram can remain confident in the service and reassured of the levels of quality assurance on which the programme is built.

I wish to acknowledge the commitment and support of our Chairperson, Dr Sheelah Ryan and the entire Board who are unswervingly committed to ensuring quality services and an ambitious development agenda. I am particularly grateful for Board members' ongoing support and the individual and collective contribution to the work of the organisation which they make.

I wish to acknowledge the active support and assistance of the Minister for Health and Children, Ms Mary Harney TD, and officials in the Department of Health and Children and in particular the Cancer Policy Unit and the Office of the Chief Medical Officer.

The development of the National Cancer Screening Service Board has presented many challenges and opportunities for the entire team of the former and new, combined organisation. They have risen to this challenge magnificently leading to the growth and development of the organisation.

I wish to thank each member of staff that works daily with the NCSS to deliver world leading cancer screening programmes. In particular I wish to thank and acknowledge the support of Ms Majella Byrne, Head of Corporate Services and my deputy; Ms Sheila Caulfield, Head of Communications and Stakeholder Relations; Dr Ann O'Doherty, Lead Clinical Director, BreastCheck and her fellow Clinical Directors: Dr Fidelma Flanagan; Dr Aideen Larke and Dr Alissa Connors and Dr Marian O'Reilly, Head of Cervical Screening.

Since the inception of the NCSS exceptional growth and development has been accomplished. I look forward to the year ahead with enthusiasm in particular to completing the expansion of the BreastCheck service to all women living in the Western and Southern regions and full national roll-out of the CervicalCheck programme.



Mr Tony O'Brien
Chief Executive Officer
National Cancer Screening Service

The National Cancer Screening Service Board

The National Cancer Screening Service Board

The National Cancer Screening Service Board was established on 01 January 2007. Dr Sheelah Ryan, former Chairperson of the National Breast Screening Board was appointed as Chairperson. Mr Tony O'Brien was appointed as Chief Executive Officer. The Board, appointed by the Minister for Health and Children, consists of 12 members.



Dr Sheelah Ryan, Chairperson

Dr Sheelah Ryan was appointed Chair of the National Cancer Screening Service Board in January 2007. Dr Ryan previously chaired the National Breast Screening Board and has held this position since BreastCheck's inception.

Dr Ryan is a public health physician and a former Chief Executive Officer of the Western Health Board and also works as an advanced organisation development consultant.

Dr Gráinne Flannelly

Dr Gráinne Flannelly is a Consultant Gynaecologist and Lead Clinician of the Colposcopy Clinic in the National Maternity Hospital. Dr Flannelly is the interim Clinical Director, CervicalCheck.

Dr Flannelly is a Board member and Chair of the Medical Committee of the Irish Cancer Society and the Irish representative and Chair of the IT Subcommittee of the British Society for Colposcopy and Cervical Pathology.

Dr Marie Laffoy

Dr Marie Laffoy has recently been appointed as the Community Oncology Adviser for the National Cancer Control Programme.

Dr Laffoy is the former Assistant National Director for Strategic Health Planning within the Population Health Directorate of the HSE and was Regional Director of Public Health with the Eastern Regional Health Authority from 2002 - 2005.



Ms Edel Moloney

Ms Edel Moloney is an Organisational Psychologist with Speedpak, a successful commercial company that provides work experience and training to people who have been long term unemployed. The Speedpak model is designed to rebuild confidence and self-esteem and to promote behaviours and skills required in the modern workplace.

Ms Moloney is a member of the Psychological Society of Ireland (PSI) and a member of its division of Work and Organisational Psychologists.

Ms Moloney is a consumer representative to the Board and was previously a member of the National Breast Screening Board prior to the establishment of the current Board. Ms Moloney serves as a member of the National Cancer Screening Service Board Audit Committee.

Ms Moloney is actively involved in various community organisations including membership of the Board of the Northside Counselling Service and a member of the Subcommittee of the Northside Partnership Child Care Bureau.

Mr Jack Murray

Mr Jack Murray is the Managing Director of Mediacontact.ie and also of the public relations firm JMedia.

Mr Murray has over 10 years' experience in marketing, journalism and media relations. A former spokesperson for the Progressive Democrats (1999 to 2002), he also worked as a Government advisor.

He formed the public relations consultancy JMedia in 2003, which specialises in media relations, media training and public affairs. In 2006 he purchased the Irish Media Contacts Directory. Over the last two years he has developed the Directory into Mediacontact.ie, a media publishing and jobs portal that acts as an information hub for media services in Ireland.

Mr Murray holds a business degree from the University of Limerick and a Post Graduate Diploma in Journalism from the Dublin Institute of Technology. He is a member of the Public Relations Institute of Ireland and the Marketing Institute of Ireland.

Dr Ailís ní Riain

Dr ní Riain has been a Project Director at the Irish College of General Practitioners for 10 years where she established the Women's Health Programme and contributed to the development of Distance Learning. Her current responsibilities include Professional Competency and Advocacy and the development of Indicators of Quality.

Dr ní Riain was a member of the Medical Council from 1999 to 2008 and Vice-President from 2007 to 2008. She holds the Membership of the Irish College of General Practitioners. She has a Masters in Business Administration (MBA) in Healthcare at the Smurfit Business School, University College Dublin and the Healthcare Management Centre, Royal College of Surgeons Ireland.



Dr Ann O'Doherty
(Appointed June 2008)

Dr Ann O'Doherty was appointed Clinical Director, BreastCheck Merrion unit and Consultant Radiologist St. Vincent's Healthcare Group in 1999. More recently she was appointed Lead Clinical Director, BreastCheck in August 2008. Prior to BreastCheck, she was the Clinical Director appointed to the Eastern Health Board in 1989 to introduce Breast Screening in Northern Ireland. In 1990 she was appointed Quality Assurance Radiologist for Northern Ireland. In 1992 she was appointed Quality Assurance Director for the Breast Screening Programme in Northern Ireland.

Dr O'Doherty was a member of the Quality Assurance Committee (appointed by An Tánaiste) to produce Guidelines and Performance Indicators for Symptomatic Screening and is a Member of The National Quality Assurance Committee for Breast Cancer Screening.

Dr O'Doherty was author of the 2008 report on a clinical review of mammography service at the Midland Regional Hospital, Portlaoise for the HSE Dublin Mid-Leinster region and co-author of the report for Symptomatic Breast Services commissioned by the National Cancer Forum 2000.

Professor Martin O'Donoghue

Professor Martin O'Donoghue is a Fellow Emeritus of Trinity College Dublin, having retired from his career as a lecturer and Associate Professor of Economics there. Professor O'Donoghue served as a Government Minister and as Economic Adviser to former Taoiseach, Jack Lynch.

Professor Niall O'Higgins
(Until June 2008)

Professor Niall O'Higgins is the retired Chair of Surgery and Senior Professor of Surgery at University College Dublin and retired Consultant Surgeon at St. Vincent's University Hospital, Dublin.

Professor O'Higgins resigned from the NCSSB Board in June 2008 following his appointment as the Professor and Chairman, Department of Surgery and Director of Senior Cycle for the Medical University of Bahrain.



Dr Donal Ormonde

Dr Donal Ormonde has been a Consultant Radiologist at Waterford Regional Hospital since 1975 and was appointed Director of the Radiology Department in 1994.

Dr Ormonde has also served as a member of Comhairle na nOspidéal for six terms which included two terms as Vice Chairman.



Mr Eamonn Ryan

Mr Eamonn Ryan is Chairman of the Food Safety Authority of Ireland (FSAI). Prior to his appointment Mr Ryan was Executive Director of IDA Ireland.

Mr Ryan was Executive Director International of IDA Ireland's global operations based in New York, where, under his leadership and management, the agency attracted substantial levels of the most technologically-advanced foreign direct investment from the USA, Europe and Asia Pacific.

Mr Ryan is a graduate of University College Dublin, with further academic pursuits in Columbia University and Carnegie Mellon. He is a Board Member of Georgia Tech Ireland.



Professor Frank Sullivan

Frank Sullivan is Professor and Chair of the Department of Radiation Oncology and Consultant Radiation Oncologist at Galway University Hospital. He was formerly the Cancer Center Director for Holy Cross Health, Silver Spring MD as well as CEO and Medical Director of Maryland Regional Cancer Care (MRCC) (a network of seven radiation centers in Montgomery and Prince Georges Co. Maryland) before being recruited to University Hospital Galway in 2005.

Professor Sullivan has practiced medicine in the USA for over 18 years and held senior appointments in both the private and public sectors. He continues to hold Adjunct Faculty appointments at the National Cancer Institute (USA), and Georgetown University (Washington DC).



Dr Jane Wilde

Dr Jane Wilde is the Chief Executive of the Institute of Public Health in Ireland which promotes co-operation for public health between Northern Ireland and the Republic of Ireland through research and information, public health capacity and policy advice.

Dr Wilde is a public health doctor, founding director of the Health Promotion Agency for Northern Ireland and holds honorary professorships in Queen's University, Belfast and University of Ulster. Her experience has focused on public health policy, particularly the social determinants of health and health inequalities.



Mr Tony O'Brien, Chief Executive Officer

Mr Tony O'Brien was appointed Director of BreastCheck in 2002 and Chief Executive of the National Cancer Screening Service Board on its establishment on 01 January 2007.

Mr O'Brien was Project Director of the National Plan for Radiation Oncology and lead advisor to the HSE on the implementation of the National Cancer Strategy. He advised on the establishment of the National Cancer Control Programme (NCCP). At the request of Professor Tom Keane, interim Director of the NCCP, Mr O'Brien was appointed Deputy Director of the Programme and is its Chief Administrative Officer.

Mr O'Brien holds an MSc (Management) from Trinity College Dublin and is a member of the Work and Organisational Psychology Group at Aston Business School, Aston University.

He was previously Chief Executive of the UK and Irish Family Planning Associations and has worked with the UN Fund for Population Advancement.



Ms Majella Byrne, Secretary to the Board and Head of Corporate Services

Ms Byrne has worked as NCSS Head of Corporate Services since October 2007 with responsibility across both the breast and cervical screening programmes and in addition, has recently taken on the role of Secretary to the Board. She joined the National Breast Screening Board in 2000 as Administration Manager and moved into the role of Chief Operations Officer in 2006. Prior to that Ms Byrne worked in healthcare in the Middle East and Ireland and spent a number of years in private industry in Ireland.

Ms Byrne has recently completed an MSc (Management) degree at Trinity College, Dublin.

Overview of the National Cancer Screening Service

Overview of the National Cancer Screening Service



National Cancer Screening Service

A - Establishment of the National Cancer Screening Service

The National Cancer Screening Service Board was established by the Minister for Health and Children in January 2007. The establishment followed the launch of 'A Strategy for Cancer Control in Ireland 2006', which advocates a comprehensive cancer control policy programme in Ireland by the Cancer Control Forum and the Department of Health and Children.

The Strategy set out recommendations regarding prevention, screening, detection, treatment and management of cancer in Ireland in coming years and recommended the establishment of a National Cancer Screening Service Board.

The governance, quality assurance and business models developed by the former National Breast Screening Board were recognised as key to the success of the BreastCheck programme. It was considered a logical development for the breast screening model to be extended to other screening domains and to develop an organisation capable of managing multiple screening programme activities.

The National Cancer Screening Service (NCSS) encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme. In addition, the NCSS established an Expert Group who examined the benefit of introducing a colorectal screening programme.

B - The role of the National Cancer Screening Service

The National Cancer Screening Service has the following functions as part of its remit:

- To carry out or arrange to carry out a national breast screening service for the early diagnosis and primary treatment of breast cancer in women;
- To carry out or arrange to carry out a national cervical cancer screening service for the early diagnosis and primary treatment of cervical cancer in women and;
- To advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated;
- To advise the Minister, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer; and
- To implement special measures to promote participation in its programmes by disadvantaged people.

The National Cancer Screening Service aims to maximise expertise across screening programmes and improve efficiency by developing a single governance model for cancer screening.

C - The National Cancer Screening Service Board Audit Committee

The primary function of the Audit Committee is to assist the Board in fulfilling its oversight responsibilities under the Code of Practice for the Governance of State Agencies by reviewing:

- The financial reports and other financial information provided by the organisation;
- The organisation's systems of internal controls for finance and accounting that management and the Board have established and the system on Risk Management;
- The organisation's auditing, accounting, financial reporting and corporate governance processes generally.

The primary responsibility for internal control within the organisation rests with the Chief Executive Officer and Management. The Audit Committee shall assist the Chief Executive Officer to fulfill his responsibilities by providing assurance on the adequacy of the system of internal control.

The Audit Committee includes the following members:

- Mr David Flood – External Member
- Ms Edel Moloney – Board member
- Professor Martin O'Donoghue – Chairperson of the Audit Committee and Board member
- Dr Donal Ormonde – Board member
- Mr Eamonn Ryan – Board member

Overview of screening programmes and activities

Overview of screening programmes and activities



A - BreastCheck – The National Breast Screening Programme

BreastCheck – The National Breast Screening Programme is a Government funded service that provides free breast x-rays (mammograms) to women aged 50 to 64 on a two-yearly cycle.

Screening of women in the North East, East, Midlands and parts of the South East is managed by the BreastCheck Eccles Unit, located on the campus of the Mater Misericordiae University Hospital and the BreastCheck Merrion Unit, located at St Vincent's University Hospital. These units and an additional eight mobile digital screening units provide the service to approximately 185,000 eligible women aged 50 to 64.

BreastCheck began offering free breast screening to women aged 50 to 64 in February 2000. Since the introduction of BreastCheck in the East, the service has been expanded to include counties Dublin, Kildare, Kilkenny, Carlow, Wexford, Wicklow, Meath, Louth, Cavan, Monaghan, Offaly, Longford and Laois.

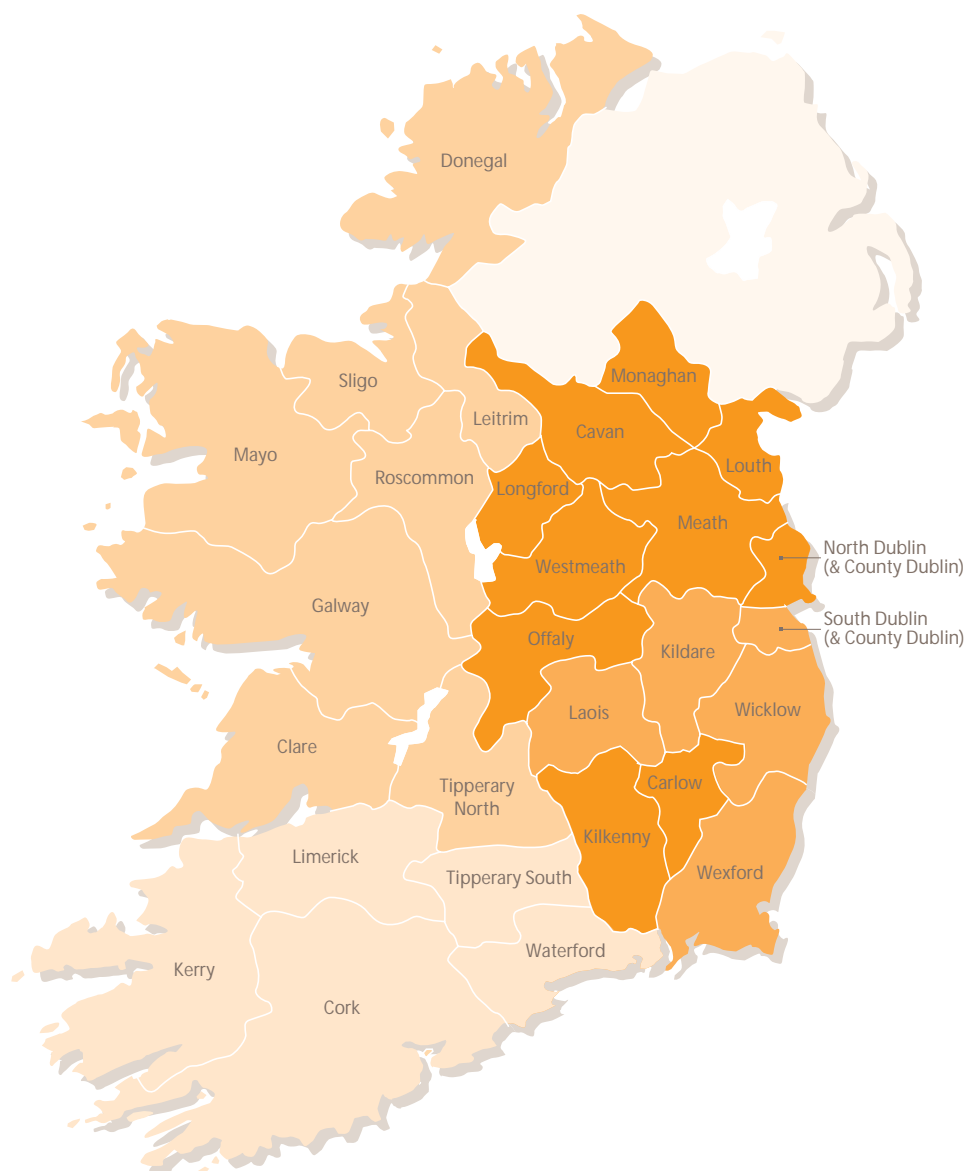
Since the service began, a total of 442,612 BreastCheck mammograms have been provided to women aged 50 to 64 and 2,717 breast cancers have been detected and treated (2000 – September 2008).

Based on an average uptake rate of 75%, it is expected that BreastCheck will continue to screen approximately 69,000 women in the Eastern area each year. The expected cancer detection rate in each year during the initial round is 7 per 1,000 women screened or 117 breast cancers detected. The expected cancer detection rate each year in subsequent rounds is 4.5 per 1,000 women screened or 237 breast cancers detected. Therefore we would expect approximately 354 cancers per annum to be detected in the Eastern area.

Overview of screening programmes and activities (continued)

Map of BreastCheck screening regions

- BreastCheck Eccles Unit:** North Dublin (& County Dublin), Cavan, Carlow, Kilkenny, Longford, Louth, Meath, Monaghan, Offaly, Westmeath
- BreastCheck Merrion Unit:** South Dublin (& County Dublin), Kildare, Laois, Wexford, Wicklow
- BreastCheck Western Unit:** Clare, Donegal, Galway, Leitrim, Mayo, Roscommon, Sligo, Tipperary North
- BreastCheck Southern Unit:** Cork, Kerry, Limerick, Waterford, Tipperary South



Overview of screening programmes and activities (continued)

BreastCheck screening units



BreastCheck Eccles Unit



BreastCheck Merrion Unit



BreastCheck Southern Unit



BreastCheck Western Unit

National expansion

The former National Breast Screening Board received approval from the Department of Health and Children to expand BreastCheck nationwide in May 2005. Once approval was received, work began immediately on the construction of two new purpose-built screening units to serve women in the West and South of the country.

Early expansion in the West was achieved in 2007 with the location of a mobile screening unit in Roscommon in April. During the period April 2007 – May 2008 when screening was completed, almost 1,800 women in the county received a free BreastCheck mammogram.

The construction of two new BreastCheck screening units in Cork and Galway was completed on time and on budget in November 2007. Screening began in December 2007 at the BreastCheck Southern Unit based at the South Infirmary Victoria University Hospital and BreastCheck Western Unit based at University College Hospital Galway.

Following a major recruitment drive, the majority of new posts required to facilitate expansion were filled with new teams in the South and West led by Clinical Directors Dr Alissa Connors and Dr Aideen Larke respectively. Posts included medical, paramedical and administration roles.

The BreastCheck Southern Unit and four mobile digital screening units will provide the service to approximately 81,000 women aged 50 to 64 living in Counties Cork, Kerry, Limerick, Waterford and Tipperary South.

Based on an average uptake rate of 75%, it is expected that BreastCheck will screen 30,500 women in the Southern area per year. In the first screening round (initial round) the expected cancer detection rate is 7-9 per 1,000 women screened or 213 breast cancers detected.

The BreastCheck Western Unit and four mobile digital screening units will provide the service to approximately 68,300 women living in Counties Clare, Donegal, Galway, Leitrim, Mayo, Roscommon, Sligo, Tipperary North.

Based on an average uptake rate of 75%, it is expected that BreastCheck will screen 25,600 women in the Western area per year. In the first screening round (initial round) the expected cancer detection rate per year is 7-9 per 1,000 women screened or 179 breast cancers detected.



BreastCheck mobile digital screening unit

A fleet of eight mobile digital screening units have been commissioned to provide screening in broader counties. Four units will be attached to the BreastCheck Southern Unit, serving women in Cork, Kerry, Limerick, Waterford and Tipperary South and four will be attached to the BreastCheck Western Unit, providing screening to women in Clare, Donegal, Galway, Leitrim, Mayo, Roscommon, Sligo, Tipperary North.

It is estimated that there are more than 149,000 women to be screened in the expansion area and that the first round of screening will take over 24 months to complete since commencing in December 2007.

At the time of publication (December 2008), screening is either complete or has been commenced in more than half of the Western and Southern counties with the remainder to follow shortly. This is the expected pattern for a programme which is designed to screen in each area in an alternating two-year cycle. Screening of eligible women has been completed in County Roscommon and has been introduced to Counties Cork, Galway, Limerick, Mayo, Tipperary North, Tipperary South and Waterford.

The hard work and dedication of the entire BreastCheck team is to be acknowledged. The team is led by Clinical Directors: Dr Fidelma Flanagan; Dr Ann O'Doherty; Dr Aideen Larke and Dr Alissa Connors, BreastCheck Radiography Services Managers, Ms Claire O'Sullivan; Ms Catherine Vaughan; Ms Joan Raftery and Ms Muriel Rose and Unit Managers Ms Liz Denieffe; Ms Linda Wilson; Ms Jennifer Kelly and Ms Belinda Carroll.

A full BreastCheck programme performance and statistical report will be published separately.

Digital mammography

Following a comprehensive review of the evidence base and a period of clinical evaluation in the screening programme, BreastCheck transferred to full digital mammography throughout the country in April 2008.

The transfer to digital mammography was managed by a team of physicists and radiographers led by BreastCheck Chief Physicist Niall Phelan. Clinical Directors, Consultant Radiologists and National Radiography Adviser Joanne Hammond provided their support and assistance to the process and ensured a seamless, phased transfer with no disruption to the screening service. The BreastCheck service is now the first and only screening programme worldwide to offer full digital mammography. The occasion was marked with a visit by Minister for Health and Children Mary Harney TD at a mobile digital screening unit in Leopardstown, Co Dublin.

Digital technology allows mammograms to be acquired directly in a digital format without the need for film and film processing as used in conventional mammography. A state of the art PACS (picture archiving and communications system) is used for managing and storing the clinical image data and for presenting the images to radiologists for reporting. Digital mammography allows images to be acquired in a shorter time. There is a smaller dose of ionising radiation. It is possible to manipulate images at the time of reporting to obtain better specificity. Early literature evidence suggests there may be a higher cancer detection rate using digital equipment. There is no longer a requirement for large volumes of films to be returned to the static unit for reporting. All images can be transferred on a computer disk.

BreastImaging – The National Radiography Training Centre

BreastImaging – The National Radiography Training Centre was established in association with University College Dublin (UCD). BreastImaging welcomed its first intake of students in September 2007 and they graduated in July 2008. The Centre will assist BreastCheck in its efforts to recruit and train the large number of mammographers required to facilitate national expansion. All BreastImaging students receive training at one of BreastCheck's static units in Dublin, Cork or Galway, using state of the art digital mammography equipment.

BreastImaging will prove a vital addition to mammography training for both BreastCheck and symptomatic services. The Centre currently offers a year long UCD Graduate Certificate in Mammography and one day clinical update training programmes for mammographers from both BreastCheck and symptomatic services to maintain their continuous professional development.

Portlaoise review

Following concerns about symptomatic breast services in the Midland Regional Hospital in Portlaoise, Dr Ann O'Doherty, Clinical Director at the BreastCheck Merrion Unit (and now Lead Clinical Director of BreastCheck and NCSS Board member) was requested by the HSE to carry out a review of mammograms performed at the hospital since November 2003. With BreastCheck Merrion Unit colleagues Dr Susan Pender, Dr Louise Coffey, breast care nurses and radiographers, the team reviewed over 3,000 mammograms and provided professionalism and clinical excellence during the review process. This effort served to ensure that any changed diagnosis was arrived at as quickly as possible so that effective treatment could be given.

Moving forward

The absolute priority for BreastCheck – The National Breast Screening Programme remains the completion of expansion of the service to all women aged 50 to 64 living in the Western and Southern regions.

BreastCheck currently provides free mammograms to women aged 50 to 64 as the incidence of breast cancer is highest amongst this age group. Following the national expansion of the breast screening programme and subject to the provision of additional resources, the Board of the National Cancer Screening Service has approved extending the upper screening age limit to women aged 69, in accordance with the European Council's recommendation. This decision has been taken in line with Government policy and the National Cancer Control Strategy (2006).

As a national screening service, it is our duty to continually assess new and emerging evidence in screening benefits, including the optimum age range for screening. Accordingly, the Board of the National Cancer Screening Service has commissioned an internal review to examine the evidence for reducing the lower screening age limit from 50 to 47 years. This is under examination and no decision will be made until a thorough review is complete.

BreastCheck Lead Clinical Director

Dr Ann O'Doherty was appointed as Lead Clinical Director in August 2008. Dr O'Doherty will serve in this capacity for the next five years. With the development of BreastCheck as a truly national organisation, it is important to establish this post to support and foster clinical cohesion across the entire organisation and to provide a focal point for BreastCheck's leadership role in breast cancer in Ireland.

General Manager NCSS Breast Screening Division

Ms Orla Laird was appointed as General Manager NCSS Breast Screening Division in August 2008. The main focus of the role of the General Manager is to support and facilitate the Clinical Directors and unit management in the optimal delivery of the BreastCheck programme, maximising correlation between centrally provided screening support services and the screening units.



B - CervicalCheck – The National Cervical Screening Programme

The Irish Cervical Screening Programme (ICSP) Phase One had been in operation in the Mid-West since 2000. Following the establishment of the National Cancer Screening Service in January 2007, governance of the ICSP was transferred to the Board of the NCSS.

It was our pleasure to then welcome 27 colleagues from the HSE into the new organisation. Together, with the existing team, we began a root and branch review of the programme model and concluded early on that significant changes should be made.

In particular these included:

- Putting in place a formal contractual relationship between the programme and the key service providers on which it depended including: a contract for smeatakers; cytology and colposcopy services
- Procuring the provision of cytology services on the basis of independent quality accreditation, a 10 day turnaround and value for money
- Bringing together the funding of these under the governance of the NCSSB
- Putting in place a Women's Charter (see appendix 2) with deliverable commitments on a range of key quality considerations
- Establishing a strong consumer brand for the new programme.

The NCSS is responsible for establishing and implementing CervicalCheck – Ireland's first national cervical screening programme for the 1.1 million women living in Ireland aged 25 to 60 years.

On average, 180 new cases of cervical cancer are diagnosed each year in Ireland and the average age of a woman at diagnosis is 46 years. The average age at death from cervical cancer is 56 and on average 73 women die from cervical cancer annually in Ireland.

The contract for provision of cytology services was awarded to Quest Diagnostics Incorporated. It would not have been viable to contemplate continuing the pre-existing situation in which women availing of cervical testing could have no firm indication of when they would receive their test results. This would have fatally undermined the national programme.

A successful National Cervical Screening Programme has the potential to cut current incidence rates from cervical cancer by up to 80% in Ireland. The NCSS launched CervicalCheck – The National Cervical Screening Programme on 01 September 2008. Efforts and preparations were made to ensure that a quality assured, organised, cost effective programme be made available free of charge to all eligible women living in Ireland aged 25 to 60.

At the time of print (December 2008) over 3,800 smeatakers (general practitioners, medical practitioners and practice nurses) in over 1,400 locations had signed up to participate in the CervicalCheck programme. This invaluable support of the primary care community is appreciated and has enabled CervicalCheck to become a truly national programme.

The key objective of CervicalCheck is to deliver a quality assured screening service to women living in Ireland in line with best international practice. The NCSS is delighted to deliver a screening programme that can make a real difference to women's lives by significantly reducing the incidence of cervical cancer in Ireland.

The enormous efforts by colleagues in the Limerick and Dublin offices are to be acknowledged. Without their support and work this programme would not now be in place. Also gratitude is due to the Board members for their huge commitment in bringing the national programme into being.

Quality assurance

In June 2007 the NCSS established a Quality Assurance (QA) Committee in preparation for the introduction of the National Cervical Screening Programme. The role of the Committee is to review international standards; recommend best practice; monitor and evaluate achievement of the recommended standards and monitor and support adherence to standards by service providers. The QA Committee reports to the CEO of the National Cancer Screening Service Board who has overall responsibility for quality assurance in the programme.

Three speciality groups, Smertaker/Primary Care Group, Cytology/Histology Group and Colposcopy/Gynae Oncology Group support the QA Committee and link with international bodies and professional advisers. The work of the QA Committee members is to be acknowledged and in particular Mr Simon Kelly, Chair of the Committee. Mr Kelly is the former Chief Executive Officer of the National Standards Authority of Ireland.

Smertaker contract

A contract for the provision of smertaking services was developed and published in draft format in January 2008 inviting comment and feedback from potential service providers including the Irish College of General Practitioners, Irish Medical Organisation, women's interest groups, women's health groups and individual GPs and medical practitioners. On completion of this consultation process and discussion with potential smertakers, the NCSS published and made available a final contract for the provision of smertaking services as part of the national programme.

During October and November 2007, the NCSS also carried out consultations with a variety of interested stakeholders providing them with an opportunity to contribute views regarding a national programme.

Cytology arrangements

A procurement process for the provision of cytology laboratory services commenced in December 2007 with the publication of a notice in the Official Journal of the European Communities and it was open to laboratories in Ireland and internationally. The closing date for receipt of submissions was mid-February 2008. The NCSS was not obliged to operate a public procurement process however chose this route to ensure transparency and fairness in securing a quality assured cytology laboratory suitable for a national cervical screening programme.

The objective of undertaking a public procurement process is to deliver the best quality service for women in Ireland. Independent third party accreditation from a recognised accreditation body to International Standard ISO was part of the necessary criteria and a requirement in order to ensure necessary high standards for a national programme.

This rigorous procurement process was conducted in two stages and in order to qualify for the tender evaluation stage, each applicant was required to meet certain criteria, namely:

- Hold third party accreditation from a recognised accreditation body to International Standard ISO 17025 or ISO 17011
- Capacity to screen a minimum of 25,000 cervical smear samples per annum at each proposed laboratory
- Capacity and ability to process smears within a 10 day turnaround in order to facilitate the delivery of results to women within four weeks of their smear test.

Each submission was considered equally against a range of quality-led criteria. On completion of the procurement process, Quest Diagnostics Inc., the world's leading diagnostic testing company, was appointed for provision of cytology laboratory services. Quest Diagnostics Inc. will operate to the highest levels of quality standards set by the NCSS and each slide analysed by Quest Diagnostics Inc. under the National Cervical Screening Programme will be examined twice by two separate cytologists. Results will be issued within 10 days of receipt.

Colposcopy services

Women that have precancerous cell changes detected by their smear test are referred for colposcopy. Colposcopy services as part of the National Cervical Screening Programme will be delivered through a multidisciplinary team approach and will provide the facilities for diagnosis, treatment and follow-up of women with an abnormal smear test result. The aim of colposcopy is to reduce the risk of a woman developing cervical cancer and return her to normal smear test screening as part of the CervicalCheck programme.

Colposcopy services are an integral part of a population based screening programme. Of the expected 300,000 women to be screened annually, approximately 2-5% will require access to colposcopy services.

The roll out of CervicalCheck provided an opportunity to focus on the development and organisation of colposcopy services in Ireland.

In December 2007 members of the NCSS Colposcopy/Gynae Oncology Group began visiting colposcopy clinics nationwide. The purpose of the visits was to analyse and review current practice and to consider ways of achieving a standard of excellence in those clinics which aspire to become part of the national programme.

This service-by-service analysis examined facilities, staffing, systems management, information management, information technology and governance. A key aim of the CervicalCheck programme is to ensure that women can access colposcopy services within international best practice timeframes and that the service they are provided with is quality assured.

The Group met with colposcopy clinic staff and management locally to increase awareness within the hospital team of the NCSS QA colposcopy standards which are based on the Guidelines for the NHS Cervical Screening Programme and British Society for Colposcopy and Cervical Pathology requirements. The visits continued until March 2008. An assessment report was provided following each visit and was agreed and signed-off by the local service providers and the NCSS Colposcopy / Gynae Oncology Group.

The result of the assessment showed that existing public services were at different stages of operational development and accordingly, some services were more prepared to meet the needs of the National Cervical Screening Programme. On the basis of this analysis, 11 services were initially identified as most prepared to receive referrals from the National Cervical Screening Programme.

These services are based in Sligo General Hospital, St Munchin's Hospital, Limerick; Tralee General Hospital, University College Hospital, Galway; St Finbarr's Hospital, Cork; South Tipperary General Hospital, Clonmel; Wexford General Hospital; Adelaide & Meath Hospital, Incorporating the National Children's Hospital; Tallaght Hospital; The Coombe Women's Hospital, Dublin; The Rotunda Hospital, Dublin and the National Maternity Hospital, Dublin. Whether these locations continue to provide colposcopy services into the future will be based on compliance with Service Level Agreements that will govern the relationship between the NCSS and colposcopy service providers. The NCSS is confident that adequate provision of service will be available for those women (2-5%) that require access to a colposcopy service.

The NCSS will support the development of services in each location. Following a wide range of service enhancements, the NCSS has identified a further four colposcopy services to support the CervicalCheck programme. These are based in Letterkenny General Hospital, Waterford Regional Hospital, Mayo General Hospital and University College Hospital Galway. A submission from the Louth/Meath Hospital Group to provide an additional colposcopy service in the North East has been submitted and approved. The overall configuration of services is likely to evolve over time and as the programme develops.

The NCSS will be responsible for the monitoring and audit of colposcopy services to ensure the quality assured standards (based on those defined by the Royal College of Obstetricians and Gynaecologists) are adhered to.

Screening intervals

In line with best international practice, screening will be provided every three years to women aged 25 to 44 and then, once a woman has had two consecutive 'no abnormality detected' results, every five years between the ages of 45 and 60.

The purpose of cervical screening is to identify and treat pre-cancerous cell changes before they ever have a chance to develop into cancer. The vast majority of abnormalities detected will be pre-cancerous changes, not cervical cancer.

A national, quality assured cervical screening programme has the potential to cut current incidence rates from cervical cancer in Ireland by as much as

80% per annum. However no single screening test is 100% accurate and that is why the National Cervical Screening Programme will offer a woman repeat smears (up to 11 or more smears in her lifetime) at intervals dictated by international best practice using laboratory services that have been independently assessed as operating to the highest standards. This will minimise a woman's risk of cervical cancer and any possible risk of a false result.

CervicalCheck interim Clinical Director

Dr Gráinne Flannelly has been appointed interim Clinical Director of CervicalCheck. Dr Flannelly led the NCSS Colposcopy Project Team that was responsible for assessing and identifying colposcopy services to support the CervicalCheck programme. She will also facilitate appropriate clinical governance and leadership for the Programme.

Cessation of opportunistic screening

Smear tests performed as part of the National Cervical Screening Programme should replace those previously performed opportunistically and at times, inappropriately.

Screening is for asymptomatic women. Opportunistic smear taking is not effective and does not impact on levels of detection of cervical cancer.

Prior to the introduction of an organised national cervical screening programme, selected population groups (e.g. pregnant or post-natal women, women using contraception or HRT, women undergoing investigation for genital infection) were screened too frequently. Consistent with international best practice, opportunistic screening will be discouraged now the National Cervical Screening Programme is available to women aged 25 to 60 years nationwide.

Overview of screening programmes and activities (continued)



Promotion of CervicalCheck

CervicalCheck branding has been developed focusing initially on a TV, radio and print advertising campaign. This campaign will be accompanied by screening promotion efforts on the ground. Any advertising undertaken will aim to support and leverage to full effect the ongoing and extensive screening promotion programme that is carried out on an ongoing basis.

On 01 September 2008 a CervicalCheck website - www.cervicalcheck.ie - was made available. Details of registered smartakers can be viewed here as well as information about the programme, frequently asked questions, materials including a CervicalCheck Women's Charter (see appendix 2), a range of informative leaflets and news relating to CervicalCheck. In addition a dedicated 'health professionals' section for communicating with smartakers and the medical community has been developed that provides information on the programme, details of the training available and information on registering.

Smartaker Training Unit

A Smartaker Training Unit has been established in the Limerick office. The Unit has responsibility for the co-ordination and delivery of all smartaker educational initiatives. The introduction of a national cervical screening programme will lead to a demand for training potentially 3,800 smartakers on an ongoing basis. The Unit Manager will be supported by three regional smartaker co-ordinators, while clinical smartaker training will continue to be overseen by a network of 10 national clinical trainers.

Moving forward

The registration of smartakers has been steadily and quickly building since contracts were issued in August 2008. At time of publication (December 2008), CervicalCheck had registered over 3,800 smartakers (general practitioners, medical practitioners and practice nurses) in over 1,400 locations in Ireland, providing extensive national coverage for the 1.1 million women eligible for screening.

Overview of policy considerations

Overview of policy considerations

A - Social inclusion

A significant objective for the NCSS as stated in the Statutory Instrument is that the Board “shall implement special measures to promote participation in its programmes by disadvantaged persons”.

Inequalities in health are differences in the experience of health or health services between various groups, whether defined by age, sex, geography, ethnicity or social class. A key issue in screening services is to try to reduce these inequalities.

Health promotion aims to develop innovative, practical approaches to increase awareness and uptake of the national screening programmes.

We know from research that some women do not use available screening services. Barriers to screening include poor health motivation, denial of personal risk, fear, embarrassment and mistrust of cancer treatments. Socio-economic status has also been found to greatly impact on a person's access to effective healthcare. This clearly limits the ability of those in disadvantaged groups such as the Traveller community to take full advantage of health and screening promotion programmes.

These barriers often discourage or prevent attendance at screening appointments for early detection of breast and cervical cancer. It is the aim of the NCSS to ensure that its services are both accessible and culturally appropriate for all eligible women in the population.

Currently in the NCSS, screening/health promotion campaigns are planned and implemented across both screening programmes. Partnerships with health-related services, statutory agencies and voluntary sectors have been strengthened. This collaboration has succeeded in increasing the knowledge of the services provided by the NCSS. Collaboration with relevant professional bodies such as the Irish College of General Practitioners (ICGP) and the Irish Practices Nurses Association (IPNA) has progressed, providing education and awareness of the screening programmes.

The NCSS has appointed a team of Screening Promotion Officers to inform and educate the public about the benefits of screening and encourage uptake. The team is led by Ms Maeve Cusack, Screening Promotion Manager.

Members of the NCSS Expert Group on Colorectal Cancer Screening and the International Validation Panel



B - Colorectal cancer screening programme

In Ireland, colorectal cancer is the second most commonly diagnosed cancer among men and women. Approximately 1,900 new cases of colorectal cancer are diagnosed each year and approximately 500 men and 400 women die from colorectal cancer each year making it the second most common cause of cancer death in Ireland. The number of deaths has remained relatively constant over the last decade to the extent that Ireland now has colorectal cancer incidence rates higher than the EU average, the fourth highest mortality rate for colorectal cancer amongst men and the fifteenth highest mortality rate amongst women.

The burden of colorectal cancer is growing. Because of our increasing and ageing population the number of new cases of colorectal cancer diagnosed each year in Ireland is projected to increase by 79% in men and 56% in women by the year 2020.

The Minister for Health and Children requested the Board of the NCSS to explore a national colorectal cancer screening programme. In April 2007, the NCSS established the Expert Group on Colorectal Cancer Screening to make recommendations on the development of a population based colorectal screening programme in Ireland.

Members of the group include:

Professor Niall O'Higgins, Chairperson

Mr Patrick Cafferty, Planning and Risk Manager, National Cancer Screening Service*

Dr Helen Fenlon, Consultant Radiologist, BreastCheck and Mater Misericordiae University Hospital

Dr Padraic MacMathuna, Consultant Gastroenterologist, Mater Misericordiae University Hospital

Ms Ann Murphy, Clinical Nurse Specialist, Cork University Hospital

Mr Tony O'Brien, Chief Executive, National Cancer Screening Service*

Professor Ronan O'Connell, Professor of Surgery, University College Dublin

Professor Diarmuid O'Donoghue, Consultant Gastroenterologist, St. Vincent's University Hospital and University College Dublin

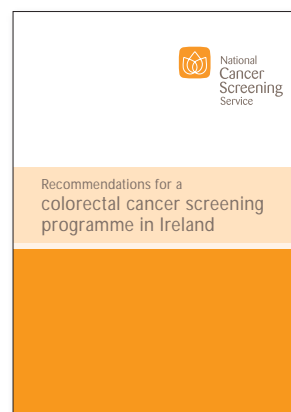
Professor Conor O'Keane, Consultant Pathologist, Mater Misericordiae University Hospital

Professor Colm O'Moráin, Professor of Medicine, Consultant Gastroenterologist Adelaide & Meath Hospital, Incorporating the National Children's Hospital, and Trinity College Dublin

Dr Sheelah Ryan, Chairperson National Cancer Screening Service Board*

Dr Alan Smith, Consultant in Public Health Medicine, National Cancer Screening Service*

*Ex-Officio member



Members of the Expert Group, who contributed to the first report and are now members of the Health Technology Assessment (HTA) Evaluation Team:

Dr Linda Sharpe, Epidemiologist, National Cancer Registry, Ireland

Professor Anthony Staines, Professor of Health Systems Research, Dublin City University

The Expert Group, having completed an extensive evaluation of current international practice, presented its first (interim) report to the Board of the NCSS in December 2007.

It is with great sadness that we record the death of one of the members of the group, Dr Michael Flynn, who died after a short illness in August 2008. He contributed to the work of the Expert Group through his extensive knowledge of medicine and his deep concern for patients.

A crucial component of the work of the Expert Group was the completion in August 2008 of an international two-day peer review process of the preliminary recommendations contained in the first (interim) report. The international panel, comprising experts in colorectal epidemiology, gastroenterology, pathology and colorectal surgery included Professor Wendy Atkin, Professor Jean Faivre, Professor Michael J O'Brien and Professor Robert Steele. This process allowed the Expert Group to present a supplementary and final report to the Board of the NCSS in October 2008 recommending the introduction of a population based screening programme, targeting men and women aged 55 to 74 years every two years using an immunochemical faecal occult blood test as the primary screening tool.

The vast majority of colorectal cancer occurs in individuals without any identifiable risk factor. The NCSS Expert Advisory Group on Colorectal Cancer has focused on this population in its first and supplementary reports. However, as cancer in high risk groups frequently occurs outside the age range that has been recommended for population screening, a programme to detect cancers in such individuals will also be required to ensure a comprehensive programme of colorectal cancer screening. In that context the NCSS has established an Expert Group on Hereditary Cancer Risk which will submit its report in mid 2009 to the Board of the NCSS on the organisation and development of an integrated cancer control and screening service for those with an inherited familial pre-disposition to colorectal cancer.

Moving forward

The Expert Group has completed its evaluation and accordingly the Board of the NCSS has concluded that a programme should be planned as a national, population-based, colorectal cancer screening programme for men and women aged 55-74. The Board of the NCSS has submitted its recommendations for a colorectal cancer screening programme to the Minister for Health and Children. The NCSS has also commissioned a Health Technology Assessment (HTA) so that the cost-effectiveness of the proposed screening programme can be measured. The outcome will provide information that will be of considerable value to the Minister and to the Government. The HTA is being conducted at present and the results should be available in early 2009.

C - Hereditary cancer risk

The aetiology of cancer is multi-factorial, with genetic, environmental, medical and lifestyle factors interacting to produce a given cancer. A number of genes have been identified that play a part in the development of some cancers. For example BRCA1 was the first gene identified as playing a role in hereditary breast cancer. The most common cancers that may, in some cases, be due to a hereditary cancer risk are breast, ovary, bowel and endometrial cancer.

In many instances, screening will be relatively straightforward for doctors with a basic knowledge of familial cancer. But in higher risk populations, the evaluation may be more complex, calling for referral to genetics professionals for accurate risk assessment and identification of the individual (and family) at risk. This evaluation will also require the provision of effective genetic counselling and the use of screening procedures (including mammography and colonoscopy) that have been shown to be of benefit to the general population.

In 2008 the NCSS established the Expert Group on Hereditary Cancer Risk comprising of experts in the areas of breast cancer, colorectal cancer, cancer epidemiology and medical genetics.

Members of the group include:

Dr Fenton Howell, Chairperson, Director of Public Health, HSE

Mr Patrick Cafferty, Planning and Risk Manager, National Cancer Screening Service

Ms Nuala Cody, Genetic Counsellor, National Centre for Medical Genetics

Dr Harry Comber, Director, National Cancer Registry, Ireland

Dr John Coulter, Consultant in Obstetrics and Gynaecology, South Infirmary Victoria University Hospital

Ms Cathriona Dempsey, Clinical Nurse Specialist, Adelaide & Meath Hospital, Incorporating the National Children's Hospital

Ms Naomi Fitzgibbon, Irish Cancer Society

Dr Patricia Fitzpatrick, Director of Programme Evaluation Unit, National Cancer Screening Service

Dr Fidelma Flanagan, Consultant Radiologist, BreastCheck and Mater Misericordiae Hospital

Mr James Geraghty, Consultant in General Surgery, Adelaide & Meath Hospital, Incorporating the National Children's Hospital

Professor Andrew Green, Consultant in Medical Genetics, National Center for Medical Genetics

Dr Alan Smith, Consultant in Public Health Medicine, National Cancer Screening Service

Mr Karl Sweeney, Consultant Surgeon, BreastCheck and Galway University Hospital

Members continued:

Dr Padraic MacMathuna, Consultant Gastroenterologist, Mater Misericordiae Hospital

Dr Ray McDermott, Consultant in Medical Oncology, Adelaide & Meath Hospital, Incorporating the National Children's Hospital

Mr Stephen McMahon, Irish Patients' Association

Dr Shirley McQuaid, Principal Clinical Molecular Geneticist, National Centre for Medical Genetics

Dr Joseph Martin, General Practitioner

Ms Ann Murphy, Clinical Nurse Specialist, Cork University Hospital

Dr Deirdre Murray, Specialist in Public Health Medicine, Department of Public Health

Professor Kieran Sheahan, Consultant in Histopathology, St Vincent's University Hospital

Dr Pauline Smiddy, Consultant Radiologist, South Infirmary Victoria University Hospital

Dr Cecily Quinn, Consultant Pathologist, BreastCheck and St Vincent's University Hospital

The Expert Group will review and evaluate international evidence regarding best practice in screening for a hereditary colorectal cancer risk and will submit their report in mid-2009 to the Board of the NCSS on the organisation and development of an integrated cancer control and screening service for those with an inherited familial pre-disposition to breast and colorectal cancer.

D - Human Papilloma Virus Vaccines (HPV)

The NCSS has a remit to advise the Minister for Health and Children from time to time on health technologies, including vaccines. In 2007 the Minister requested the advice of the Board of the NCSS on the role of Human Papilloma Virus (HPV) vaccines in the prevention and control of cervical cancer.

On completion of its review, which included a NCSS commissioned Health Technology Assessment (HTA) undertaken by the National Centre for Pharmacoeconomics / Health Information and Quality Authority (HIQA), the Board of the NCSS recommended that the HPV vaccine has the potential to play an important long-term role in the prevention of cervical cancer and that a vaccination programme should be put in place.

However HPV vaccines do not eliminate the need for a cervical cancer screening programme as currently available HPV vaccines do not offer protection against all types of HPV that cause cervical cancer. Screening will also be necessary to protect women who have not been vaccinated. In due course it is anticipated that the impact of HPV vaccination on the incidence of cervical cancer will result in changes to the operational structure of a population based cervical screening programme.

E - Prostate cancer

Prostate cancer is undoubtedly an important health problem. Excluding non-melanoma skin cancer, prostate cancer was the most common cancer diagnosed overall in Ireland in 2005 with 2,407 cases. However uncertainty exists over the effectiveness of diagnostic tests and treatments available.

Prostate Specific Antigen (PSA) testing is generally considered to be acceptable as a screening test but confirmation of cancer requires trans-rectal ultrasound and biopsy, an uncomfortable procedure requiring prophylactic antibiotics. In addition, tumours are mostly slow growing and it is currently not possible to distinguish confidently between non-fatal lesions, which probably require no treatment, and fast growing tumours that metastasise quickly. Various treatments for prostate cancer are available that include active monitoring, radical prostatectomy and radiotherapy but high quality evidence as to which treatment is best for a particular individual or a particular type of prostate cancer is lacking. Each of the main treatments has risks.

Currently available evidence is insufficient to recommend a population based screening programme because of concerns that it may not improve survival or quality of life and may ultimately cause more harm than good. Two large international randomised controlled trials (RCTs) are currently underway with initial results expected from 2009/10 onwards. These trials should provide crucial information on the effectiveness of screening and treatment regimens for prostate cancer in the context of population based screening.

F - Lung cancer

On average, every year, there are 1,646 (1,035 men, 611 women) newly-diagnosed lung cancer cases in Ireland. On average, there are 1,511 (963 men, 548 women) deaths from lung cancer each year making it the most frequent cause of cancer death in Ireland. Treatment and survival are dependent on the stage of disease when the patient presents. Overall, survival rates for patients with lung cancer are very poor. In Ireland, only 7.9% of men and 10% of women survive to five years following diagnosis. In theory, a screening programme for high risk individuals (history of cigarette smoking, occupational exposure to carcinogens, exposure to second-hand smoke or a family history of lung cancer) resulting in earlier diagnosis and treatment should improve clinical outcomes.

It has been demonstrated convincingly that CT is highly sensitive for the detection of small lung cancers but uncertainty remains about whether screening with CT will decrease lung cancer mortality sufficiently to offset the harms and costs of screening. For lung cancer screening to be successful, earlier treatment must be proven to be more effective than later treatment and the benefits of earlier treatment must outweigh the harm of the screening process.

Currently available evidence is insufficient to recommend a population based lung cancer screening programme but results from international RCTs that are currently underway, and specifically designed to answer the question of whether CT lung cancer screening can impact on mortality, will provide crucial information in the future.

G - Bladder cancer

In Ireland from 1994-2005 there was an average of 466 cases of bladder cancer diagnosed per year - 335 cases in males and 131 in females. There are an average of 163 deaths from bladder cancer per year, 111 in males and 52 in females. The greatest known environmental risk factor in the general population is cigarette smoking, with individuals who smoke having a 4-7 times increased risk of developing bladder cancer than individuals who have never smoked.

The potential benefit of screening would at best be small primarily because (a) there is fair evidence that many of the cancers detected by screening have a low tendency to progress to invasive disease; (b) there is a relatively low overall prevalence of asymptomatic bladder cancer that would eventually lead to important clinical consequences and (c) there is limited evidence to suggest that early treatment of bladder cancer detected through screening improves long-term health outcomes. Screening also has the potential to do harm in that currently available tests have a low positive predictive value and yield many false positive results, leading to unnecessary invasive procedures.

Based on currently available evidence, the potential harms of screening for bladder cancer outweigh any potential benefits

H - Establishment of the National Cancer Control Programme

The Board of the NCSS welcomed the appointment of Professor Tom Keane as interim Director of the National Cancer Control Programme (NCCP) and has assured him of its support and co-operation. The Board and its staff look forward to working with Professor Keane in the context of cancer screening in Ireland, outlining the importance of screening and sharing the critical success factors and key learnings from our experiences to date.

In October 2008 the Minister for Finance announced in the Budget Day speech that the Government's long term intention is to include the NCSS and the National Cancer Registry within the governance framework of the NCCP.

At present there is no timetable for this evolution in governance arrangements. The Board of the NCSS, the Minister for Health & Children and Professor Tom Keane, interim Director of the NCCP are in agreement that such a transition should only occur when it is absolutely safe to do so, in terms of protecting the national screening programmes. It has been agreed that the NCSS will continue to be a distinct and recognisable business unit, with an identifiable budget, facilities, resources and ongoing internal Quality Assurance systems.

I - Key data issues – postcodes

The NCSS compiles a register (list) of individuals eligible for screening from information supplied by the Department of Social and Family Affairs, General Medical Services and private health insurance providers. The NCSS is permitted to source this information under The Health (Provision of Information) Act 1997.

There are some issues evident with this system (such as duplication on the register) that a unique identifier such as a postcode would improve. Postcodes would improve the quality of the data available to the NCSS and the accuracy of correspondence. This would assist the screening promotion approach of the NCSS within specific geographic locations and ultimately help the NCSS in increasing uptake rates across geographic locations.

Emerging awareness of the uptake rates of screening by disadvantaged people (low social economic status, disability status, members of the Traveller community and the immigrant population) is another key focus for the NCSS. The ability of the NCSS to identify and contact disadvantaged people to encourage the uptake of screening depends to a large degree on data management and the limits of our current systems.

With the use of postcodes, the NCSS could identify problem areas and direct educational support where needed. In this respect, postcodes would assist the NCSS in identifying very specifically where the problem is most acute allowing for further screening promotion activity.

In the absence of postcodes, improving attendance rates geographically, particularly amongst marginalised groups, is a significant challenge. However, while a postcode system would allow improvements in our services, the NCSS would also require additional data management systems, such as the GEO Directory (a complete database of buildings in the Republic of Ireland), to work in parallel to allow improvements to happen.

Appendices

BreastCheck Women's Charter

Screening commitment

- ★ All staff will respect your privacy, dignity, religion, race and cultural beliefs
- ★ Services and facilities will be arranged so that everyone, including people with special needs, can use the services
- ★ Your screening records will be treated in the strictest confidence and you will be assured of privacy during your appointment
- ★ Information will be available for relatives and friends relevant to your care in accordance with your wishes
- ★ You will always have the opportunity to make your views known and to have them taken into account
- ★ You will receive your first appointment within two years of becoming known to the Programme
- ★ Once you become known to the Programme you will be invited for screening every two years while you are aged 50 to 64 years
- ★ You will be screened using high quality modern equipment which complies with National Breast Screening Guidelines

We aim

- ★ To give you at least seven days notice of your appointment
- ★ To send you information about screening before your appointment
- ★ To see you as promptly as possible to your appointment time
- ★ To keep you informed about any unavoidable delays which occasionally occur
- ★ To provide pleasant, comfortable surroundings during screening
- ★ To ensure that we send results of your mammogram to you within three weeks

If recall is required

We aim

- ★ To ensure that you will be offered an appointment for an Assessment Clinic within two weeks of being notified of an abnormal result
- ★ To ensure that you will be seen by a Consultant doctor who specialises in breast care
- ★ To provide support from a Breast Care Nurse
- ★ To ensure you get your results from the Assessment Clinic within one week
- ★ To keep you informed of any delays regarding your results

If breast cancer is diagnosed

We aim

- ★ To tell you sensitively and with honesty
- ★ To fully explain the treatment available to you
- ★ To encourage you to share in decision-making about your treatment
- ★ To include your partner, friend or relative in any discussions if you wish
- ★ To give you the right to refuse treatment, obtain a second opinion or choose alternative treatment, without prejudice to your beliefs or chosen treatment
- ★ To arrange for you to be admitted for treatment by specialised trained staff within three weeks of diagnosis
- ★ To provide support from a Breast Care Nurse before and during treatment
- ★ To provide you with information about local and national cancer support groups and self-help groups

Tell us what you think

Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve

You have a right to make your opinion known about the care you received

If you feel we have not met the standards of the Women's Charter, let us know by telling the people providing your care or in writing to the Programme

We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service - one that satisfies you

Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you

You can help by

Keeping your appointment time

Giving at least three days notice if you wish to change your appointment

Reading any information we send you
Being considerate to others using the service and the staff

Please try to be well informed about your health

Let us know

If you change your address

If you have special needs

If you already have an appointment

Tell us what you think - your views are important.

Freephone 1800 45 45 55
www.breastcheck.ie



WOMEN'S CHARTER

Screening commitment:

- CervicalCheck – The National Cervical Screening Programme offers a free, complete quality assured programme of care
- You choose your smearer from a wide range of eligible service providers registered with the Programme
- You may change your preferred provider for subsequent Programme screening
- All Programme staff will respect your privacy, dignity, religion, race and cultural beliefs
- Your screening records will be treated in the strictest confidence
- You will always have the opportunity to make your views known and to have them taken into account
- Once you become known to the Programme you will be invited every three years for screening while you are aged 25 to 44 and every five years while you are aged 45 to 60
- Your smear test will be screened in an accredited quality assured laboratory
- Your result and any treatment recommendation will be provided to you and your nominated smearer by the Programme within four weeks.

We aim:

- To ensure pleasant and comfortable surroundings during screening.

If you require further treatment, we aim:

- To ensure that you will be offered an appointment at a quality assured colposcopy clinic (*within four weeks for high grade cell changes and within eight weeks for low grade cell changes*).

Tell us what you think:

- Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve
- You have a right to make your opinion known about the care you received
- If you feel we have not met the standards of this Charter, let us know by telling the people providing your care or in writing to the Programme
- We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service – one that satisfies you
- Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you.

Ways you can help us:

- Please make your appointment with a registered smearer on receipt of your invitation letter from the Programme
- Please bring your PPS number with you to your appointment
- Please read any information we send you
- Please try to be well informed about your health.

Let us know:

- If you change your address
- What you think – your views are important.

Freephone 1800 45 45 55
www.cervicalcheck.ie



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National Cancer Screening Service,
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T: 353 1 865 9300 F: 353 1 865 9333
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The National Cancer Screening Service encompasses
BreastCheck - The National Breast Screening Programme and
CervicalCheck - The National Cervical Screening Programme.

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