

Collaborating in the Fight Against Cancer

The BCCA/Ireland Story



Susan O'Reilly MB, FRCPC
National Director
National Cancer Control Programme

Former Vice President
Cancer Care, BCCA

Tom Keane MB, MRCPI, FRCPC,
FFRCSI (Hon.)
Former National Director
National Cancer Control Programme

Former Head
Provincial Radiation Oncology
Programme, BCCA

BC Cancer Agency Provincial Cancer Control System

PROVINCIAL PROGRAM

Prevention	
Early Detection	
Diagnostics - imaging - path & lab	
T R E A T M E N T	Surgery
	Radiation Therapy
	Systemic Therapy
Support, Rehab Palliation End of Life	

SITES

Regional Cancer Centres - 4 (Vanc. Vic. Surrey Kelowna, Abbotsford 07/08)
Cancer Research Centre 1-2 sites
Community Cancer Centres/Clinics - 26
Community Cancer Services - 6

PROVINCIAL NETWORKS

Tumour Groups
SMPBC
Colposcopy
Hereditary Cancer
Surgical Oncology Council/Network
Paediatric Oncology Council/Network
Family Practice Oncology Network
Palliative Care
Consultative Clinics
Psychosocial
Nutrition
Oral Oncology

COMMON SERVICES

Web Site
Clinical Practice Guidelines
Priorities & Evaluation Cttee
Professional Practice Standards
Registry, Surveillance & Outcomes
Professional Education

Outline of Presentation

- History of engagement between BCCA and Ireland
- BCCA as a model for cancer control in Ireland
- The Irish Cancer Strategy
- Implementation challenges 2007-2010
- Present status and progress

BCCA – IRELAND Relationship

- Initial visits to BCCA by senior health officials in 2004 and by Minister of Health in 2005
- Temporary secondment of Tom Keane to Ireland in November 2006 for 4 months to assist in National Radiation Oncology project
- BCCA- HSE sign M.O.U. 2007
- BCCA agrees to second TK to serve as Director of NCCP for 2 years in Nov. 2007



A Strategy for **Cancer Control** in Ireland

National Cancer Forum

2006



“The current fragmented arrangements for the delivery of cancer services are not in accordance with best practice and their continuation cannot be recommended”

National Cancer Forum 2006

Age standardised survival at 5 years for cancers diagnosed
in
2000 - 2002 (all), 2002 - 2006 (Ireland)
and 2005 – 2007 (others)

	Colorectal		Lung		Breast		Ovary	
	2000-2002	2005-2007	2000-2002	2005-2007	2000-2002	2005-2007	2000-2002	2005-2007
New South Wales	65.1	66.4	16.2	17.6	87.4	87.8	39.6	39.9
Victoria	61.2	65.5	13.6	16.2	86.5	88.5	34.1	34.2
Alberta	58	58.3	13.1	15.1	84.9	82.6	34.9	36.9
British Columbia	61.5	64	14	17.7	87.5	89.1	37.8	44.1
Manitoba	59.6	63.3	19.4	20.1	83.9	86.8	37.1	28.8
Ontario	61.3	64.9	16.7	19.1	86.6	86.4	39.1	43.2
Denmark	51.7	55.8	9.6	10.9	81.5	82.4	33.7	36.1
Norway	58.8	62	11	14.4	83.8	85.5	40.2	39.7
Swedish regions	60.6	62.6	11.6	16.3	89.3	88.5	NA	NA
Ireland	54.3	54.9	10.9	11.7	76.2	80.6	NA	32.1
England	51.2	53.7	8	8.7	78.8	81.6	34.3	36.4
Northern Ireland	54.3	55.2	9.7	11	81.6	84.1	37.8	36.5
Wales	50.3	52.3	7.6	9	76.7	81	33.8	36.3

Source: Irish data NCRI 2008 & international data Lancet 2010

The Challenges in Ireland 2007

Governance

No effective clinical governance in place
Consultants had minimal accountability

Health System Reform

Despite 3 major attempts at reform since 1975 all ultimately failed because of opposition from vested interests and a lack of political will.

The Challenges in Ireland 2007

Cancer Surgery delivered everywhere

- 32+ hospitals: low volumes; poor outcomes; breast and colon cancer scandals; delayed diagnostics and treatment
- Lack of national policies, treatment guidelines, Quality Assurance
- No co-ordinated national plan for screening, surgery, radiation or medical oncology

Breast cancer – changes in service provision following misdiagnoses

The management of Rebecca O'Malley's concerns about the accuracy of her original diagnosis was hampered by there being no effective system-wide approach initiated, involving both clinical and managerial staff, and no single nominated lead to manage the response – HIQA

Following the misdiagnosis of Rebecca O'Malley, HIQA made recommendations, backed by the Department of Health, that HIQA also stated that “HSE should urgently review its communication processes”

Lessons to be learned by HSE

WHEN Ann Moriarty died of cancer, having previously been given the all-clear in Ennis General Hospital, the Health Service Executive said that her's was an isolated case. It turns out it was not. Edel Kelly, who had breast cancer but was misdiagnosed in the same hospital, died

The tragedies won't stop until sad truth is exposed

Cancer misdiagnosis victim **Rebecca O'Malley** believes the health service urgently needs to

My belief and trust in those that lead that organisation is near breaking point, not just as a result of how they dealt with certain issues associated with my own misdiagnosis case, but also arising from my experiences as a patient advocate

watchdog that is only occasionally allowed out of its kennel, and whose bark and bite is severely regulated?

HIQA should be let off its leash and allowed to roam freely through the corridors of our hospitals and clinics.

No more 'Russian roulette' with patients' lives

by **DAN DANAHER**

A WELL-known health campaigner has claimed she was the victim of a perverse game of “Russian roulette – Health Service Executive (HSE)- style” following the publication of a new report

Mid-Western Regional Hospital, Limerick after her general practitioner found a small lump in her breast. Over a year later, she was referred back to the hospital and was told that she had invasive breast cancer and required a mastectomy.

In addition to the mastec-

derdeveloped and i management system the hospitals.”

In a statement *The Clare Cham* O'Malley stated the sponded to this “di erecting, through or inertia, a wall of

Man in talks with HIQA over wife's misdiagnosis

by **Evelyn Ring**

KARL HENRY, the husband of a patient who died after her breast cancer was misdiagnosed, spent almost three hours

explain why he believes there should be an independent investigation.

Ms O'Malley, who went public after being wrongly given the all-clear for breast cancer, said Mr Henry has

Vision for Structure

- Single National Cancer Control Programme (NCCCP)
- Separate business unit within the Health Service Executive (HSE)
- Consolidate all cancer control services within NCCCP
- All cancer funding in public sector to flow through NCCCP
- Consolidate all cancer surgery within 8 centres
- Develop 4 cancer networks (1 network/2 cancer centres)



2007-2009

- Tom Keane appointed as Interim National Director, 2007 – on secondment from BC Cancer Agency, Vancouver
- National Cancer Control Program formally recognised as separate entity within the HSE
- 8 Designated Cancer Centres established in 4 networks
- All breast cancer surgical and diagnostic services consolidated into 8 centres

Breast Cancer - Initial Diagnosis & Surgery (number of hospitals providing service)

June 2007	33
Sept 2007	20
June 2008	16
Dec 2008	12
May 2009	10
Dec 2009	8

No cancer services, no votes

"No cancer services, no votes" is the heading on leaflets due to be distributed throughout the North West this week by consultants and campaigners opposed to the

Posters are being launched to urge people not to vote for the Government in the June elections.

Consultants at the hospital who are united in their opposition to the transfer



Meeting on Sligo cancer services

MARESE McDONAGH
in Sligo

CONSULTANTS AND campaigners who are opposed to the transfer of breast cancer services from Sligo General Hospital are set to intensify their efforts following angry scenes at the hospital last weekend.

The consultants who have already lobbied Minister for Health Mary Harney will once

Fight is not over say cancer services group

By Jim Gray

subsequent to the letter being sent by Professor to the Irish strategy, several significant changes out of BreastCheck in the North West failed to mention South about 500 timescale of the area

Cancer campaign by candlelight



Sligo Protest and Rally Concert

By Nicola O'Loughlin & Jenny Armstrong
news@sligopost.com

On Saturday night, April 26, some of Sligo's greatest musicians will take to the stage to endorse the campaign to retain breast cancer services at Sligo General hospital.

Be prepared to hear live music blast from O'Connell Street as acts such as Tommy Fleming, Dervish and Tabby Callaghan all step out to show their support for the good cause.

2007-2009... continued

- Agreement with unions on framework for transferring staff from cancer units being closed
- HSE agrees to give NCCP oversight and budget control for all new consultant appointments with a significant oncology component.
- Agreement with Faculty for Pathology, and Radiology, to partially fund national quality assurance programs

2007-2009... continued

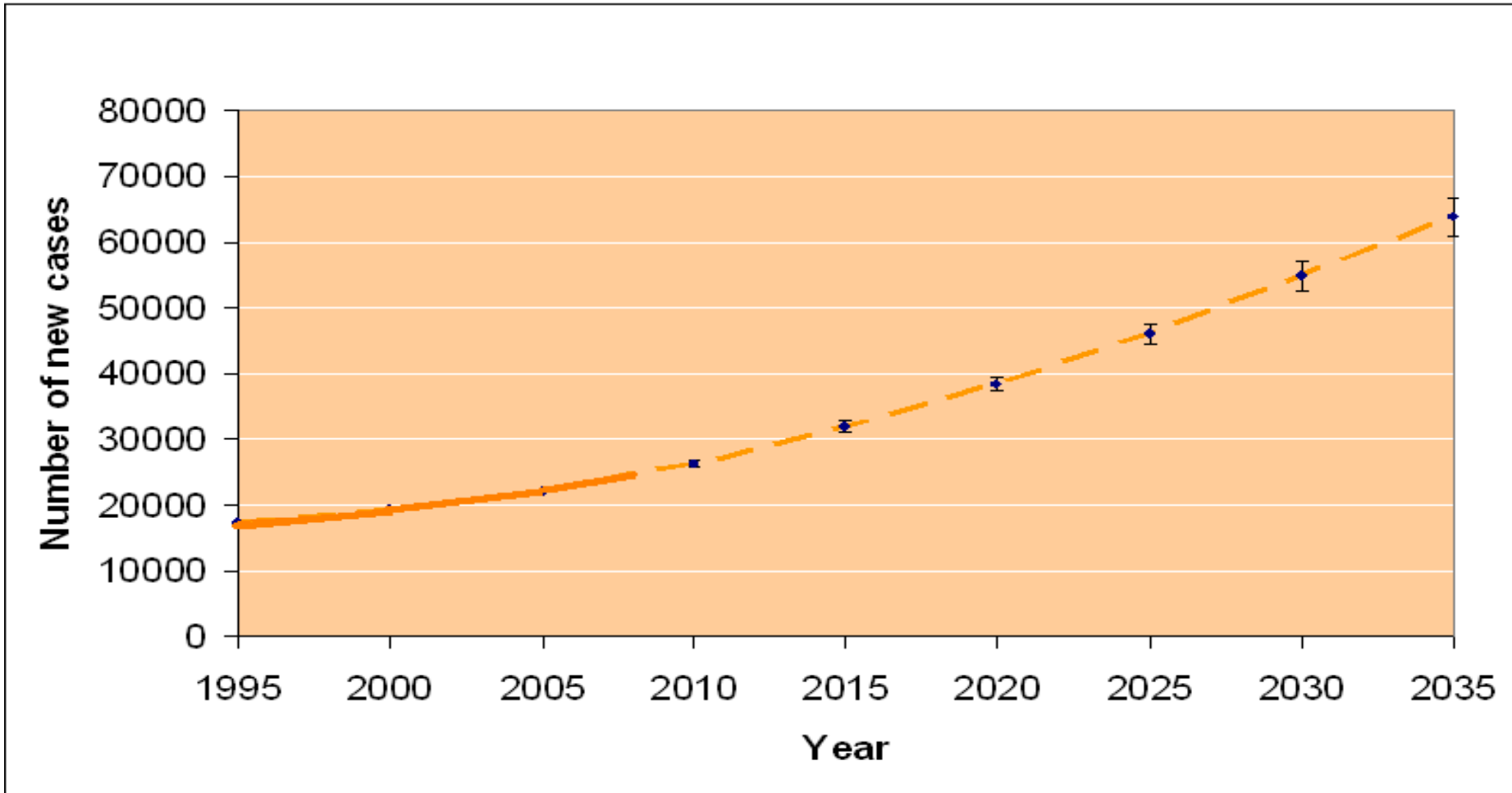
- Brain, lung, rectal, oesophageal, pancreatic cancers centralised
- National Radiation Oncology Program phase 1 implemented. Phase 2 planned as PPP.
- Government agreement to for the creation of a national RT network as part of NCCP
Legislation passed to transfer Screening services into NCCP

Dr Susan O'Reilly appointed
Director,
National Cancer Control Programme
Sept 2010

Cancer Control in Ireland - A Vision for the Future



Number of new invasive cases (1995 to 2008) [solid line] with projected numbers to 2035



Actual Case Numbers of Invasive Cancers for 2005 and Projected Case Numbers for 2010 - 2035

	2005	2010	2015	2020	2025	2030	2035	% increase 2010 - 2020	% increase 2010 - 2030
Head and Neck	277	352	452	573	709	882	1078	55	129
Oesophagus	334	389	453	530	620	718	815	32	73
Stomach	453	468	491	516	545	569	581	10	21
Colorectal	2111	2422	2863	3402	4065	4805	5537	40	97
Pancreas	384	459	540	637	751	878	1016	39	91
Lung	1831	2084	2457	2906	3460	4086	4746	30	70
Melanoma skin	606	767	985	1247	1556	1918	2323	64	154
Female breast	2196	2720	3294	3976	4752	5670	6724	46	108
Gynaecological	1002	1146	1350	1587	1850	2154	2464	38	88
Kidney	375	501	542	625	731	870	1023	34	91
Bladder	474	497	543	594	650	705	745	19	42
Brain and CNS	306	382	448	530	634	757	896	39	97
Lymphoma	601	804	996	1231	1514	1852	2233	53	129
Prostate	2415	2871	3437	4093	4828	5668	6559	43	97
All excl NMSC	15678	19060	23187	28110	33831	40399	47296	47	111
All cancers	21973	26283	31798	38379	46049	54780	63845	46	108

Source: NCRP, 2008

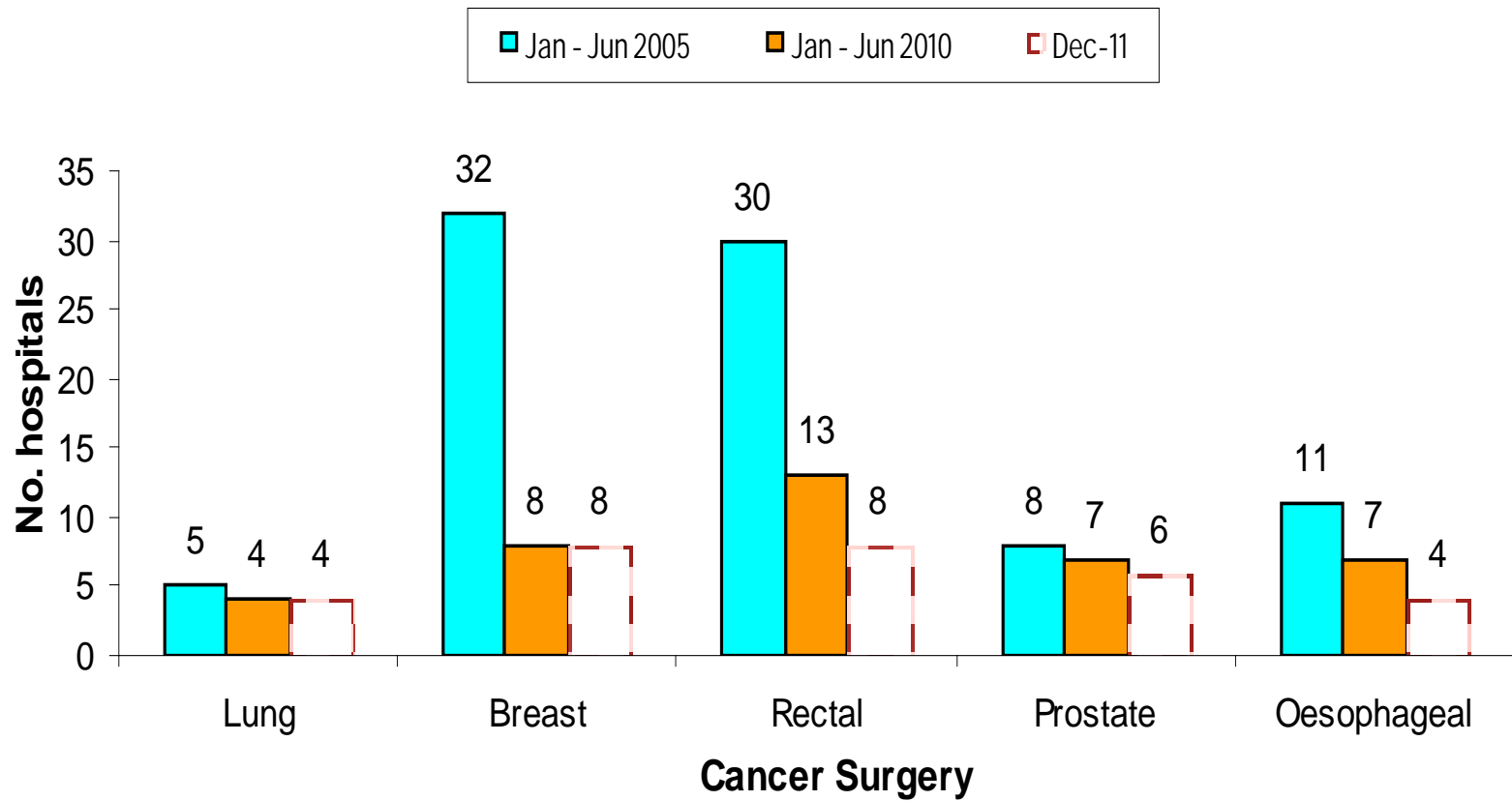
Managed Cancer Control Networks and Cancer Centres

Network	Cancer Centres
HSE Dublin – North East	Beaumont Hospital Mater Misericordiae Hospital
Dublin – Mid Leinster	St. James’s Hospital St. Vincent’s University Hospital
HSE South	Cork University Hospital Waterford Regional Hospital
HSE West	UCH Galway (satellite: Letterkenny) Limerick Regional Hospital

Multidisciplinary Team Meetings to plan individual patient treatment

- Diagnostic expertise:
 - Radiology (Xrays/CTscans/MRI/PET scans)
 - Pathology (Quality assured expert diagnostic testing and reporting)
- Surgeons with specialised cancer expertise & high volume practices
- Radiation and Medical Oncologists with sophisticated knowledge and experience plus access to hi-tech therapy
- Compassionate, caring environment with supportive nurses, social workers and other health care professionals

Comparison No. hospitals carrying out surgery Jan - Jun 2005, 2010



Symptomatic Breast Services – developments

2009

- Centralisation of Breast Cancer Surgery
- GP Referral guidelines & standardised referral form

2010

- Electronic GP referral via Healthlink
- National Lead Clinicians Network for Symptomatic Breast Disease
- EAG report on hereditary risk of Breast Cancer
- Report of the steering group on follow-up of breast cancer patients
- Inaugural SBD Audit, Quality and Risk Forum

Symptomatic Breast Clinics 2010

2010 Data	BEAUMONT	MATER	ST JAMES'S	SVUH	WATERFORD	CUH	LRH	GUH + L'KENNY	TOTAL
Urgent Referral: Patients	687	2215	811	1608	1517	1865	1460	2403	12566
Non-Urgent Referrals: Patients	3886	3025	3151	2912	1816	3236	1680	5375	25081
Total New Referrals	4573	5240	3962	4520	3333	5101	3140	7778	37647
Patients newly diagnosed with cancer	229	215	275	245	179	336	200	333	2012
Percentage of patients newly diagnosed with cancer	5.0	4.1	6.9	5.4	5.4	6.6	6.4	4.3	5.3

Rapid Access Lung Clinics

- Now commenced in 8 cancer centres
- Still in establishment mode.
- 426 people seen in the clinics in 2010
- 185 primary lung cancers diagnosed in 2010
- 1121 people seen Jan-July 2011
- Cancer diagnosed in 37%



Rapid Access Prostate Clinics

- 2010: commenced in 6 cancer centres
- Still in establishment mode
- 1,594 men seen in the clinic in 2010
- Over 600 cancers diagnosed
- 1460 men seen Jan-July 2011
- Cancer diagnosed in 39%

National Plan for Radiation Oncology

- Development of a National Network of Radiation Oncology services on six sites by 2016:
- Phase 1 completed 2011
 - New NCCP Radiotherapy facilities opened
 - St. James's and Beaumont sites, Spring 2011
 - 50% increase in treatment capacity in Dublin
- Phase 2 Plan for all 6 sites approved in Government Capital Plan in Nov. 2011

National Plan for Medical Oncology

In development 2011 onwards:

- Multidisciplinary human resource planning
- Evidenced-based national guidelines, treatment protocols
- Quality and safety policies for safe drug delivery
- NCCP Technology Review Committee for oncology drugs and related molecular tests implemented March 2011
- National oncology drug budget planned for 2012

National Tumour Groups

Initiated May 2011:

Gastrointestinal
Breast
Genitourinary
Lung
Gynaecology

Role:

Development and promulgation of site-specific, evidence-based multidisciplinary clinical practice guidelines.

- **Adopt**
- **Adapt**
- **Innovate**

Initial **leadership representatives** from:

Surgery
Medical Oncology
Radiation Oncology
Pathology
Diagnostic Imaging

Related experts e.g.

- Respiriology
- Gastroenterology

Cancer Screening Services

- The National Cancer Screening Service (NCSS) was established in January 2007 and became part of NCCP in 2010
- BreastCheck – The National Breast Screening Programme
- CervicalCheck – The National Cervical Screening Programme
- Ireland's first National Colorectal Screening Programme in development for 2012

BreastCheck

- BreastCheck provides free mammograms to women aged 50-64, using digital mammography, on an area-by-area basis, every two years
- BreastCheck is for women who have no symptoms of breast cancer
- The programme aims to detect breast cancer as early as possible. If detected, treatment is provided and there is a higher chance of a good recovery
 - 353,231 women screened
 - 768,812 mammograms
 - 4,830 breast cancers detected
 - Long term intent to extend upper age limit
 - 77% participation

Next steps in Breast Cancer

- Technology Review of surveillance mammography/MRI in women <50 with an elevated risk (moderate OR high) of breast cancer, either due to genetic predisposition or strong family history
- Gradual expansion of access to hereditary cancer testing and counselling
- Plan for expansion of eligibility for digital mammography screening for women ≥ 65 years

CervicalCheck

- Free smear tests to women aged 25-60 provided to women every three or five years, depending on their age
- Co-ordinated smearing, cytology and, if necessary, colposcopy
- Since screening began in September 2008, it has provided, on average 1,000 smear tests to women per day
- During the first two years of operation:
 - Provided over 593,000 smear tests to almost 565,000 women
 - Detected over 245 cervical cancers



**Irish cancer survival can
improve by up to 10% if
we successfully
implement well-organised
cancer control systems**

Conclusion :



Canadian Rockies, March 2009

**It takes a team to get to the top
and we're on our way!**