Significant Achievements in Breast Cancer Care in Ireland

Abstract:

Although complacency has no place in any discussion on cancer, it is worthwhile to recall the success achieved in establishing breast cancer services in Ireland. In 1997, the then Minister for Health, Mr Michael Noonan, concerned about the unsatisfactory provision of cancer care, established the National Cancer Forum and thereby instigated a process for reform. Screening for breast cancer, that is the investigation of women who consider themselves to be free of disease, has been an undoubted success since it was established in 2000[1]. It is offered free of charge, it has been extended nationally and it has achieved or surpassed the very many measures of quality laid down by the combined expertise of international panels of cancer specialists. A unique feature of the BreastCheck Screening service is that it does not end at the time of diagnosis of cancer but continues to the end of primary treatment. The Irish programme is admired and respected everywhere. Of course, the age range of the service, currently from 50 to 64 years of age, should be extended and this is part of the policy of the National Cancer Control Programme.

Evidence from other European countries and North America was accumulating rapidly during the 1990s indicating significant benefit, both in survival and quality of life, for women whose breast cancer is treated by trained cancer specialists (surgical oncologists, medical oncologists, radiation oncologists and pathologists and breast care nurses), working together in co-ordinated teams and caring for a high volume of patients. Furthermore, this multidisciplinary and multiprofessional arrangement increases diagnostic accuracy and minimises error. It was a distressing anomaly that a high quality service was available to women with no symptoms (screening) and a haphazard service for worried women with breast complaints. In the early 1990s, about 34 public hospitals and many private facilities were involved in the investigation and treatment of patients with breast symptoms. There was no control over clinical, technical or administrative quality, no accurate data, no accountability, monitoring or clinical audit. Survival for patients with breast cancer was poor compared with most countries in the European Union, almost certainly because of fragmentation of services.

Reform in the organisation of symptomatic services has been complex and difficult. Detailed recommendations on the establishment of Specialist Breast Centres, proposed in 2000 in the[2] Report on the Development of Services for Symptomatic Breast Disease and accepted by government, were thwarted by lack of political will and by regional concerns among medical and political interests. It was not until 2007 that strong action by the Minister of Health led the setting up of a national system of Specialist Breast Centres, each required to follow quality markers defined in detail in a report on National Quality Assurance Standards for Symptomatic Breast Disease Services[3].The development of this programme was further impelled by public pressure arising from well-publicised instances of serious errors and delays in diagnosis of breast cancer. Although the location of the centres was, and remains, controversial, the system was put in place by the efforts of many and driven by Professor Tom Keane, the Director of the National Cancer Control Programme, appointed in 2007. The strong advocacy of groups, such as the Irish Cancer Society, Europa Donna Ireland and the Marie Keating Foundation was of inestimable value in promoting the drive towards excellence.

At present, the number of hospitals in the public sector treating patients with breast disease has been reduced to eight specialist centres. Analysis by the Health Information and Quality Authority of services provided in these hospitals has demonstrated a high standard of diagnosis and treatment and admirable compliance with internationally-established criteria of quality[4]. Thus, in 10 years, the service has been transformed from an incoherent shambles to a system of high-quality care with equality of access and scrupulous accountability. Accurate data now exist providing a solid bedrock of information upon which research and improved services can be based. Research should be intrinsic to a system of breast cancer services because, in spite of advances, the disease too frequently remains lethal. The Specialist Breast Centres --they cannot, and should not, yet be called â centres of excellenceâ -- must continue to develop collaborative research projects with each other and with the research institutions in Ireland where basic science research is being carried out to a standard as high as anywhere.

Deficiencies remain. Justifiable concern remains around the (i) capability of all centres to maintain compliance with the key performance indicators of quality (ii) inconsistency in the flow of information among hospitals

and to general practitioners (iii) variability in organisation and delivery of radiation therapy and (iv) lack of co-ordination of continuing care. Nonetheless, the breast cancer arrangement represents a successful model and one that should be applied to other medical services. Plans for screening for colorectal cancer and management of people with bowel complaints are underway. The association between with high volume multidisciplinary care and survival applies to most cancers, hence the need for specialist centres to treat these conditions also.

Training of cancer specialists in Ireland is suboptimal. The Royal Colleges of Surgeons and Physicians, together with their Faculties of Radiology and Pathology should come together to devise a training programme so that every trainee cancer specialist should spend time, perhaps a minimum of three months, working in another cancer discipline. Thus, surgical trainees wishing to become cancer specialists should spend time working in medical oncology and radiation oncology departments, as well as spending some time in aspects of oncology in x-ray and pathology departments and in palliative care medicine. In this way, each of the cancer-related medical disciplines will come to better understand the scope and potential of the other. This will improve patient care and point the way to avenues of research. It is to be hoped that medical leadership in Ireland will be forthcoming to develop training systems that will be in tune with modern trends for the training of cancer specialists.

N Oâ Higgins
University College Dublin, St Vincentâ s University Hospital, Elm Park, Dublin 4
Email: niall.ohiggins@ucd.ie

References

1. BreastCheck Programme Report 2009-2010. The National Cancer Screening Service. 2010.
2. Development of Services for Symptomatic Breast Disease. Report of the Sub-Group of the National Cancer Forum. 2000.
3. National Quality Assurance Standards for Symptomatic Breast Disease Services. Developing Quality Care for Breast Services in Ireland. Health Information and Quality Authority. 2007.
4. Report of the National Quality Review of Symptomatic Breast Disease. Health Information and Quality Authority. 2010

Comments: