



National
Cancer
Screening
Service

Implementing Ireland's First National Population-based Colorectal Cancer Screening Programme

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Foreword

The following background briefing has been prepared by the National Cancer Screening Service (NCSS) to demonstrate how Ireland's first national population-based colorectal cancer screening programme will be developed and implemented. Work has already begun.

The NCSS has significant expertise in implementing and managing successful national cancer screening programmes in Ireland. The NCSS currently governs BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

In 2007 the Minister for Health and Children asked the Board of the NCSS to explore the potential for a national, quality assured colorectal cancer screening programme in Ireland. Having evaluated the clinical and organisational requirements for the establishment of an effective, efficient and quality assured service, the Board of the NCSS made its recommendations to the Minister.

The NCSS has been working closely with the Minister and her officials at the Department of Health and Children for some time examining ways in which the NCSS can deliver a quality assured, timely and cost effective national programme.

We welcome the opportunity to implement this programme. While there will be a significant pre-implementation phase involved, preparations are already underway, and we look forward to the introduction of Ireland's first national colorectal cancer screening programme, and the first programme to introduce screening for men.

We warmly welcome and appreciate the Minister's decision to proceed with this programme at this time of fiscal restraint.



Tony O'Brien
Chief Executive Officer
National Cancer Screening Service

Section 1

Introduction of Ireland's First National Population-based Colorectal Cancer Screening Programme

- The NCSS has now recommended the phased implementation of a population-based colorectal cancer screening programme for men and women, in line with international best practice and consistent with the EU Council Recommendation
- In Ireland colorectal cancer is the second most commonly diagnosed cancer in men and women
- The incidence of colorectal cancer is highest among the 55-74 age group
- Colorectal cancer rates increase with age
- 50% of all cases of colorectal cancers in the 55-74 age group are diagnosed in men and women in the 60-69 year age group. In 2012 the screening population aged 60-69 will be 407,655
- The purpose of screening is to identify the population most at risk of colorectal cancer and most likely to benefit from early detection and treatment
- A phased approach to screening is reasonable and ethical in order to build up significant capacity to screen men and women aged 55-74
- This phased model is based on a clear commitment to reaching the full target population (55-74) as quickly as possible
- In considering the age range to begin a national screening programme, the age group with the highest colorectal cancer incidence and mortality but with considerable remaining life expectancy was prioritised
- From a population perspective the age group that will most benefit in the initial phase of the implementation model is the 60-69 year age group
- Over time the programme will be expanded to include younger and older individuals until the full 55-74 age group is reached
- The maximum benefit in reduction in incidence, mortality and cost-effectiveness will be available when the programme targets the full 55-74 year population
- Phased implementation allows quality assured screening capacity to be gradually built into the healthcare system
- The initial screening phase of the programme (60-69 age group) will begin in 2012 following completion of the two year implementation phase (2010-2011)
- The programme will be extended to include the full age group (55-74) on a phased basis as soon as possible

Section 2

Next Steps – Preparation and Timing

In preparation for the introduction of a national population-based colorectal cancer screening service in 2012 seven work streams have been identified by the NCSS. In no particular order these are:

- A. Colonoscopy capacity, accreditation and training
- B. Quality Assurance framework development and implementation
- C. Procurement of Faecal Immunochemical Test (FIT) service
- D. Development of population communications
- E. Creation of client support systems
- F. Enhanced organisational capacity
- G. Creation of data and programme evaluation systems

A. Colonoscopy Capacity, Accreditation and Training

- The NCSS will focus on immediately identifying and building sufficient capacity in colonoscopy services nationwide to sustain the implementation of the programme, but also maintaining and enhancing the symptomatic service capability
- The NCSS has already requested expressions of interest from all publicly funded hospitals that wish to be considered as a screening centre as part of a national programme
- The NCSS will undertake a baseline analysis of endoscopy facilities that have expressed interest. This will be conducted in partnership with the representative professional bodies, the Royal Colleges and the National Endoscopy Team who have acted as advisors to the Joint Advisory Group on Gastroenterology (JAG) in the UK
- Baseline analysis visits will be completed by Quarter 2 (Q2) 2010
- Minor capital requirements plan to be completed by the NCSS by end Q2 2010
- Progress of minor capital works and equipping Q3 2010-Q4 2010
- Development of an appropriate Service Level Agreement (SLA) with each host hospital Q3 2010-Q3 2011
- Identification of human resources requirements Q2-Q3 2010
- Appointment of candidate Advanced Nurse Practitioners (ANPs) Q2 2010

B. Quality Assurance Framework Development and Implementation

- As per the BreastCheck and CervicalCheck programmes it will be necessary to develop a multidisciplinary process to agree Quality Assurance (QA) processes and standards for a national programme
- An independent QA Chairperson, Clinical Consultant Chairpersons for three designated specialist sub-groups (endoscopy/radiology, laboratory/pathology, surgery) and members of each sub-group representing experts in each field will be appointed by the NCSS
- These sub-groups will develop a full suite of standards to be adopted and published by Q3 2011

C. Procurement of Faecal Immunochemical Test (FIT) Service

- The NCSS will commence a tendering process for the provision of the FIT service
- The tender process will include procurement of FIT kits, supply, distribution, receipt logging, result analysis and related data events
- The OJEU level procurement process will be completed by March 2011

D. Development of Population Communications

- The programme aims to reach, over time, a growing population of 750,000(+)
- The programme will be reliant on voluntary participation and will be the first screening programme in Ireland that will target men in addition to women
- In order to achieve the desired level of uptake (50-60%) it will be necessary to inform the eligible population of the benefits of participation
- As with BreastCheck and CervicalCheck it will be necessary to undertake detailed consumer research to identify the optimal means and channels of communication
- Research and brand development need to occur in the pre-implementation phase while marketing and screening promotion will need to occur during the lifetime of the programme

E. Creation of Client Support

- FIT test kits will only be sent to those who indicate that they are willing to take part in the programme
- It will be necessary to provide easily understandable materials and accessible channels of communication to potential users
- It is envisaged that a significant proportion of those who request and receive kits will need some level of client support to ensure they use the kit safely and correctly
- The NCSS does not envisage general practitioners (GPs) undertaking this role. A procurement process will lead to the selection of a call centre. The call centre will receive and manage calls from those who wish to participate in the programme and request a kit, general inquiries and those who need assistance in understanding how to use the kit
- The procurement process for a trained and dedicated call centre support team will need to be completed by Q2 2011

F. Enhanced Organisational Capacity

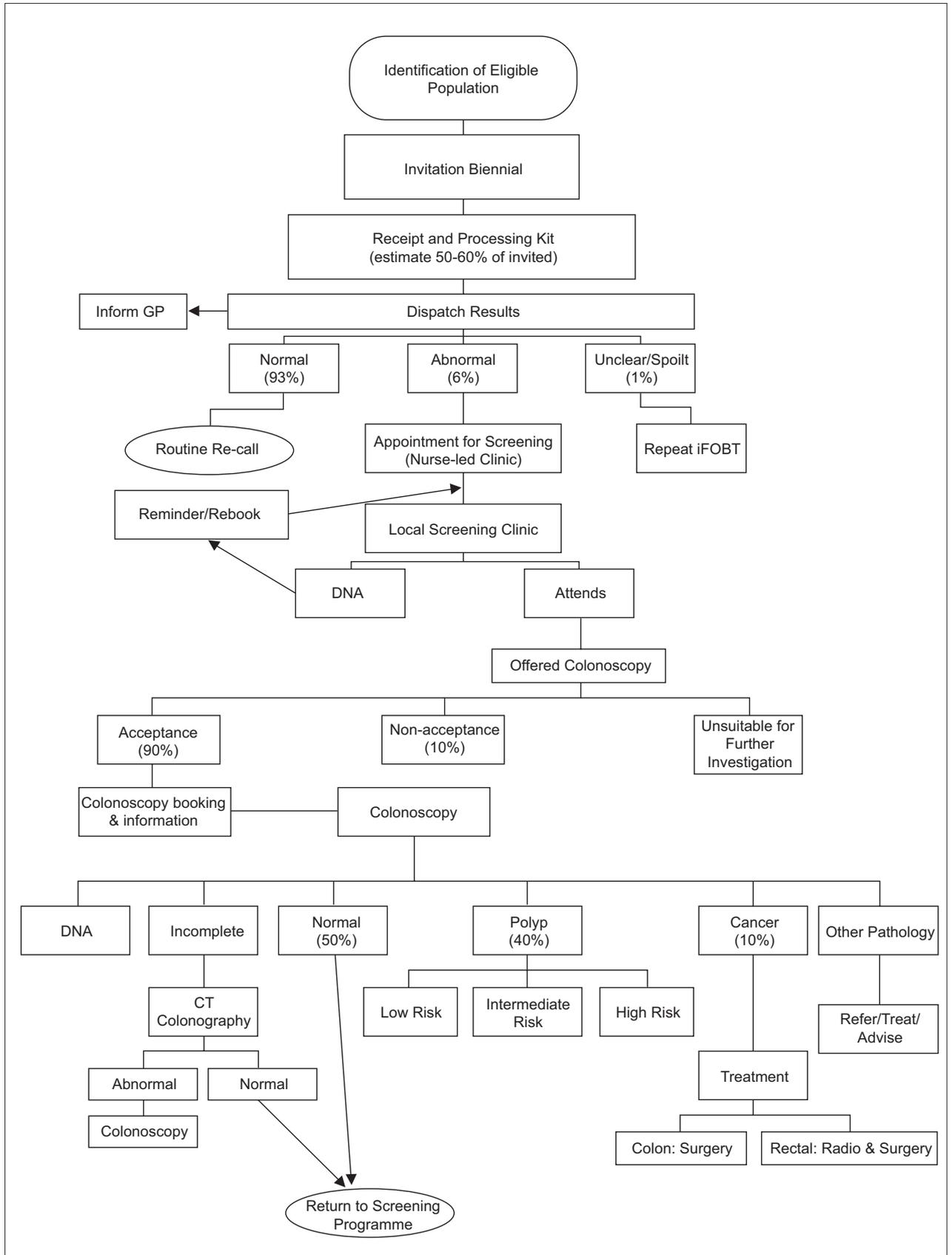
- It is essential to incorporate within the management of the NCSS appropriate clinical leadership in order to effect significant change in the philosophy and operation of colonoscopy services
- The NCSS will require governance of the service provided at each screening location
- The NCSS will reassign responsibilities among the existing management and public health leadership within the NCSS

G. Creation of Data and Programme Evaluation Systems

- It will be necessary to provide a joined-up client clinical data system for all services involved in providing colonoscopy as part of the programme
- The baseline analysis visits of endoscopy sites will identify specific issues in this regard
- The NCSS is also investigating the potential and cost of developing an integrated population register for all its screening programmes

Section 3

Colorectal Cancer Screening Programme Overview



Section 4

About Colorectal Cancer in Ireland

- Population screening for colorectal cancer has the potential to be one of the most effective public health interventions in the history of the Irish healthcare system
- In Ireland, colorectal cancer is the second most commonly diagnosed cancer among both men and women
- In 2007 there were 2,174 cases of colorectal cancer diagnosed – 1,277 in men and 897 in women
- Colorectal cancer is the second most common fatal cancer among men and women in Ireland
- Approximately 930 people die from colorectal cancer each year in Ireland, 525 men and 405 women
- Over the last 15 years the number of cases of colorectal cancer has risen by approximately 20% in both sexes
- By 2020 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
- This projected growth is primarily attributable to an increasing and ageing population

Section 5

Background to the Introduction of a National Colorectal Cancer Screening Programme

- The Minister for Health and Children asked the Board of the National Cancer Screening Service (NCSS) to explore the potential for the introduction of a national colorectal cancer screening programme
- One of the key advantages of a colorectal screening programme is that it can detect pre-cancerous adenomas and is therefore a preventative health measure
- In April 2007, the NCSS established an Expert Group on Colorectal Screening
- The Expert Group, chaired by Professor Niall O'Higgins, evaluated the clinical and organisational requirements for the establishment of an effective, efficient and quality assured screening service
- The Group presented its first (interim) Report to the Board of the NCSS in December 2007

- An independent peer review of the Report was sought from an international panel of experts on colorectal cancer screening (Prof Wendy Atkin & Prof Robert Steele [UK], Professor Jean Faivre [France] and Prof Michael O'Brien [USA]. The review was completed in August 2008
- The Expert Group completed its second and final report in October 2008 which was submitted to the Board of the NCSS for their consideration
- The Board of the NCSS requested the Health Information and Quality Authority (HIQA) to undertake a Health Technology Assessment (HTA) so that the cost-effectiveness of the proposed screening programme could be measured. The outcome of the HIQA report supported the recommendations made by the Board of the NCSS
- Having given due consideration to the reports of the Expert Group, the report of the International Validation Panel and the HIQA report, the Board of the NCSS provided its recommendations to the Minister for Health and Children on the organisation and implementation of a national, population-based screening programme in December 2008
- The Expert Group's clinical recommendations form the basis of a modern, best practice and quality assured screening programme for colorectal cancer. In brief the Board recommended that:
 - The eligible population for screening is men and women aged 55-74 years
 - The programme operates on a two yearly cycle
 - The faecal immunochemical test (FIT) which operates on an automated testing platform should be the primary screening tool. This would be one of the first population-based screening programmes for colorectal cancer to use this technology as the primary screening tool
 - Persons with a positive result from the primary screening test should be offered a full colonoscopy
 - When a screen-detected cancer is diagnosed the screening process should continue until the end of primary treatment, after which time the patient should join the symptomatic service for clinical follow-up
- In June 2009 the Minister asked HIQA to explore means of delivering a high quality colorectal screening programme within existing resources based on the advice offered in both reports
- The NCSS has played a central role in this process through the provision of detailed briefings, interviews, data and discussion
- The NCSS has subsequently prepared a model for the phased implementation of the screening programme which formed the basis of the Minister's policy decision

Section 6

The National Cancer Screening Service

Background

- The National Cancer Screening Service governs BreastCheck - The National Breast Screening Programme and CervicalCheck - The National Cervical Screening Programme
- BreastCheck was established in 1998 as a specialist agency with the sole remit of providing Ireland's first quality assured, population-based breast screening programme for women aged 50-64
- The aim of BreastCheck is to detect breast cancer at the earliest possible stage and the Programme is fully audited against a range of quality and client-centred criteria as set out in the BreastCheck Women's Charter
- BreastCheck performance is measured against this Charter to ensure the Programme is performing at optimal level
- Governance of BreastCheck was transferred to the Board of the National Cancer Screening Service (NCSS) on its establishment in January 2007. The NCSS is an integral element of the National Cancer Control Strategy
- During 2009 BreastCheck was extended to women aged 50-64 in all counties in Ireland
- To date the BreastCheck programme has provided almost 560,000 free mammograms to over 276,000 women and detected over 3,500 breast cancers
- BreastCheck is a world leader in the use of advanced digital mammography
- The successful clinical-led model developed for the BreastCheck programme has been used and adapted for CervicalCheck – The National Cervical Screening Programme
- The aim of CervicalCheck is to detect changes in the cells of the cervix before they become cancerous thereby reducing the incidence and the death rate from cervical cancer in Ireland
- Over time, a successful national programme, based on 80% uptake has the potential to reduce mortality from cervical cancer in Ireland by as much as 80%
- CervicalCheck became available to in excess of 1.1 million eligible women aged 25-60 on 1 September 2008
- The Programme is fully audited against a range of quality and client-centred criteria as set out in the CervicalCheck Women's Charter
- During its first year of operation, CervicalCheck has proved successful with an average 1,000 smear tests analysed per day as part of the Programme
- The NCSS has also established an Expert Group on Hereditary Cancer Risk, a Scientific Advisory Group on HPV Testing and has hosted the first ever interagency Lung Cancer Research Forum
- The NCSS will transition into the National Cancer Control Programme (NCCP) on 1 April 2010

