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# National Cancer Registry

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- Variation in waiting times for cancer treatment
- Almost 200 deaths annually from radon
- Cancer performance indicators

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## Women and cancer in Ireland 1994-2001

The Registry, in collaboration with the Women's Health Council, has published a report on cancer in women in Ireland. The report covers the period 1994-2001 and describes cancer incidence, mortality, treatment and survival for the commoner cancers in women. It also contains a survey of cancer policy in Ireland over the past decade and a series of recommendations on the further development of cancer services for women. Among the key points in the report are

- Approximately 1 woman in every 7 will develop cancer by the age of 65 and 1 woman in every 4 by the age of 75.
- All-cancer incidence in women in Ireland is amongst the highest in western Europe. The rate in Ireland is exceeded only by those in Sweden and Denmark. Similarly, the all-cancer mortality rate in women in Ireland is second only to that for women in Denmark.
- An estimated 79,400 women are living with cancer in Ireland, twice as many as the number of male cancer survivors (37,600).
- All-cancer survival has risen slightly over time. Five-year survival was 49.3% for women diagnosed in 1994-1997 and 52.2% for women diagnosed in 1998-2001.

### *The report recommends that action be taken to*

- Encourage healthy lifestyles There is a need to raise awareness of cancer and its risk factors among Irish women and to strengthen health promotion measures.
- Improve the accessibility of cancer services, in order to ensure that all women in Ireland have access to optimal cancer care and that the particular needs of socially disadvantaged and older women are addressed.
- Promote equitable access to specialist care. Analyses of cancer survival have shown that countries with more cancer specialists rank higher in overall survival.
- Improve access to support services, such as rehabilitation care and counselling. The large numbers of women now living with cancer will need access to support services such as rehabilitation care or counselling.
- Properly resourced palliative care services. For those who are not expected to survive, palliative care services must be properly resourced to deal with the increasing numbers of older women with cancer in the population.

A copy of the report can be obtained by returning the enclosed pre-paid card, by email from [info@ncri.ie](mailto:info@ncri.ie), or downloaded from our website at <http://www.ncri.ie/pubs/pubfiles/Women%20and%20Cancer.pdf>

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## Trends in cancer mortality in Ireland

The Registry will shortly publish an analysis of trends in cancer mortality in Ireland since the 1950s. This report will describe trends in the 16 most common cancers for persons of all ages and for those under 65s. In addition, statistical modelling techniques have been used to predict cancer mortality up to 2020.

The report shows that, although the overall risk of dying of cancer is falling, demographic changes, and in particular the aging of the population, will result in an increasing number of cancer deaths over the next two decades.

This information will be important in monitoring the results of cancer policies to date and also in predicting the future burden of cancer on the population, if current trends continue.

A second volume of predictions, describing cancer incidence trends since 1994 and also giving predictions to 2020, will follow the report on cancer mortality.

A copy of the report can be obtained by returning the enclosed pre-paid card, by email from [info@ncri.ie](mailto:info@ncri.ie), or downloaded from our website when published.

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*...the aging of the population will result in an increasing number of cancer deaths over the next two decades.*

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## Recent peer-reviewed publications

*A population-based study of skin cancer incidence and prevalence in renal transplant recipients.*

Moloney FJ, Comber H, O'Lorcain P, O'Kelly P, Conlon PJ, Murphy GM. Br J Dermatol. 2006 154(3):498-504.

This paper describes skin cancer risk in a cohort of 1558 patients who had renal transplants between 1986 and 2001. There was a biphasic increase in skin cancer incidence following renal transplantation, determined by the age at transplantation. There was a steady increase in risk for older patients (age 50+ years) from year 2 post-transplant, whereas the increased risk in younger patients (age < 50 years) occurred later but much more significantly, reaching 200 times the risk for an age-matched non-transplanted population by six years after transplant.

*Patients with longer waiting times generally had less advanced disease and better survival, suggesting that typical delays are not of clinical significance*

*Delays in treatment in the cancer services: impact on cancer stage and survival.*

Comber H, Cronin DP, Deady S, Lorcain PO, Riordan P. Ir Med J. 2005 Sep;98(8):238-9.

This study describes waiting times for cancer treatment in Ireland, tests for differences between health board areas and investigates if delay affected cancer stage or prognosis. We measured the times between referral, outpatient attendance and treatment for all patients diagnosed with five common cancers in Ireland in 1999. There was a four-fold spread of waiting time between the 25th and 75th centile. The time from referral to treatment was shortest for breast cancer (median 4 weeks), twice this for colorectal cancer, lung cancer and lymphoma, and 15 weeks for prostate cancer. Delays varied significantly, but not consistently, between health boards. Patients with longer waiting times generally had less advanced disease and better survival, suggesting that typical delays are not of clinical significance, but that patients with advanced disease are probably being "fast-tracked" by GPs and hospitals.

## Radon and cancer

The Radiological Protection Institute of Ireland and the National Cancer Registry have produced a joint statement on the risk due to radon in the Irish population, based on the most recent research.

Recently, the results of a joint analysis of 13 individual epidemiological studies of residential radon exposure in nine European countries was published. The principal conclusion reached is that, while the underlying lung cancer risk for active smokers was considerably higher than for lifelong non-smokers, the risk to both groups increased by approximately 16% for every 100 Bq/m<sup>3</sup> of radon exposure in the home. In addition, this risk seems to apply even at low radon concentrations, typically below the Reference Levels that apply in a number of countries. The risk to active smokers from radon was observed to be approximately 25 times greater than the risk to lifelong non-smokers.

When applied to Ireland, the risk estimates from this European study provide a best estimate value of approximately 13% of all lung cancer deaths every year in Ireland being caused by radon. This corresponds to 195 lung cancer deaths, of which 91.5% (178) would be observed in active and ex-smokers and 8.5% (17) in lifelong non-smokers. Thus the majority of all lung cancers will be observed in people whose lungs have been damaged by tobacco smoke. This includes ex smokers, who remain at increased risk from radon for a number of years after they have stopped smoking.

The Institute found no justification to revise the national Reference Level as it represented a level of risk to the population as a whole comparable to other everyday hazards. A diversion of resources to identifying and remediating those homes with radon concentrations in the range 100 to 200 Bq/m<sup>3</sup> is unlikely to be justified.

A full copy of the joint statement can be accessed at:

<http://www.rpii.ie/reports/2005/RadonStatement.htm>

*195 lung cancer deaths in Ireland each year are due to radon, 178 in smokers and 17 in lifelong non-smokers*

## EUROCHIP II—European cancer performance indicators

The EUROCHIP project (phase 1) was funded by the EU Commission to produce a set of standard performance indicators for cancer services across Europe. The project produced, in 2004 an agreed list of approximately 50 indicators (see <http://www.tumori.net/eurochip/>).

The second phase of the project is a feasibility study, looking at the availability of the data for these indicators in each country. The National Cancer Registry is taking the lead in the feasibility study in Ireland. At a recent meeting with colleagues from the UK, Italy, Spain, Portugal and France we will agreed a protocol to examine the feasibility of collecting routine data on quality of care.

The areas we have agreed to study are:

- Delays from diagnosis to treatment
- Compliance with accepted treatment protocols for breast colon and rectal cancer.

The project will last approximately twelve months. A steering group, representing clinicians and health services management, has been set up to co-ordinate the Irish part of the study.

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**Research on human papilloma virus and cervical cancer**

The Registry has been awarded funding, as part of the Irish Cervical Screening Consortium, to carry out two research projects on human papilloma virus in relation to cervical cancer. These are:

- A population survey of women's knowledge of, and attitudes to, human papilloma virus (HPV)
- The psychosocial impact of HPV testing in women with low-grade smears.

***The National Cancer Registry and the Health Information and Quality Authority***

As part of the health service reforms, the Health Information and Quality Authority (HIQA) will shortly be established and will assume the current functions of the National Cancer Registry, which will be integrated into HIQA. An interim HIQA has been established by the Minister to lay the groundwork for HIQA.

Although the precise arrangements with regard to the Registry are not yet clear, the interim HIQA has expressed the intention of retaining the Registry as a functioning entity within any new structures. The first annual report of iHIQA is available at: <http://www.hiqa.ie/the-hiqa/publications.asp>

***About the National Cancer Registry***

The National Cancer Registry was set up in 1991 to collect, store, analyse and report on all cancer cases and cancer deaths in Ireland. We have a staff of 30, half of whom are based in Cork and the other half distributed throughout the country.

Reporting of cases to the Registry is voluntary, relying on the help of pathology laboratories, HIPE units, medical records departments and

many others, to whom we wish to express our thanks. Information on cancer deaths is provided by the Central Statistics Office

The Registry is wholly funded by the Department of Health and Children.

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