

# PUBLIC HEALTH AND THE NATIONAL CANCER CONTROL PROGRAMME (NCCP)

## – THE ROLE OF COMMUNITY ONCOLOGY

Triona McCarthy, Eileen Nolan, Marie Laffoy  
FPHMI Summer Scientific Meeting 25<sup>th</sup> May 2010

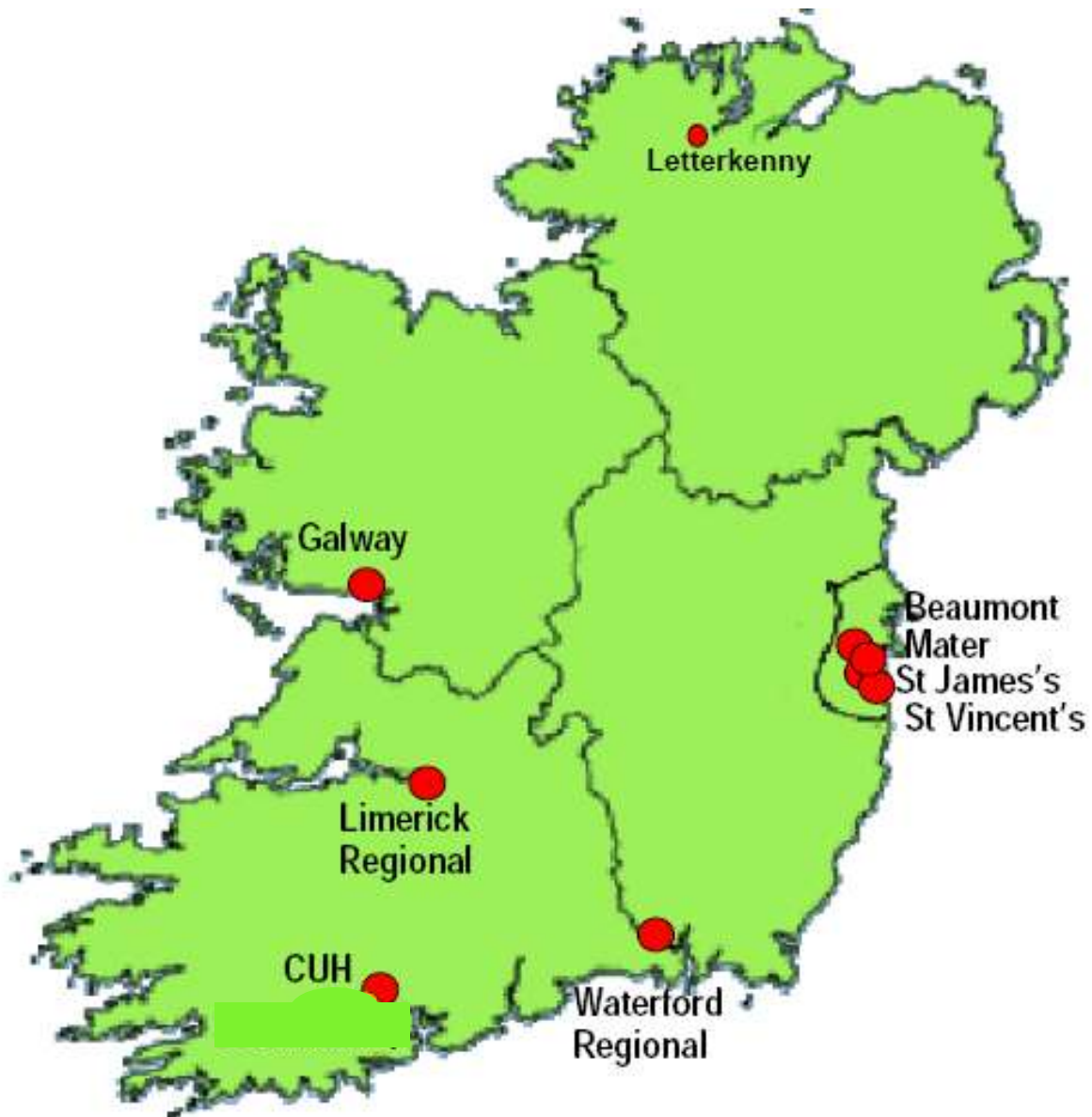


# A Strategy for **Cancer Control** in Ireland

National Cancer Forum  
2006





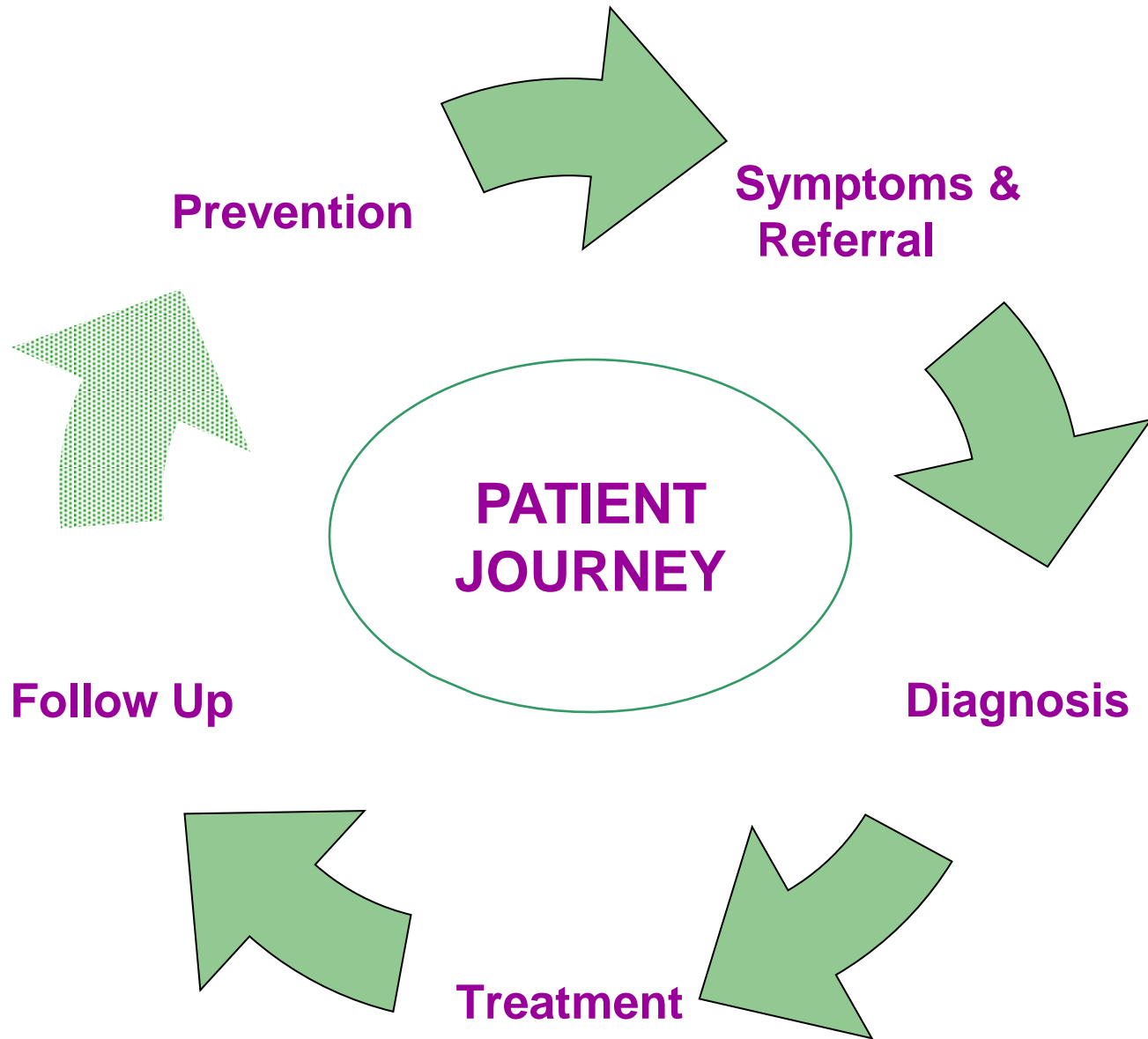


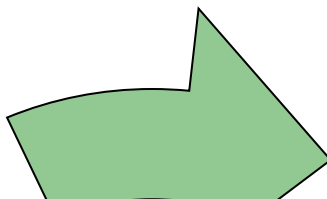
# The National Cancer Control Programme

- The Programme will manage, organise and deliver cancer control on a **whole population basis**.
- **All cancer control activities** will be controlled by the Programme.
- The Programme will **integrate all elements of cancer control** through a variety of settings, and will ensure a programmatic approach to cancer control through the application of evidence-based policy to clinical practice and all other components of cancer control.
- The Programme will be **implemented through regional cancer centres and their networks**.

# Community Oncology

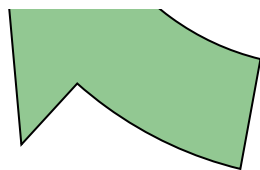
- address patient needs within the community at each stage of the patient journey
- empower community health care professionals to participate in cancer control



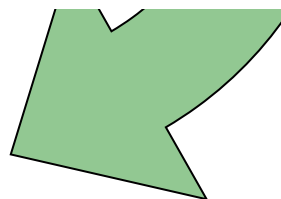


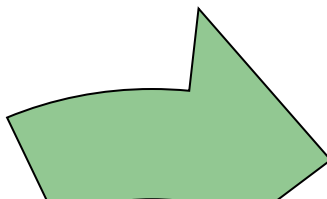
Prevention

# Prevention



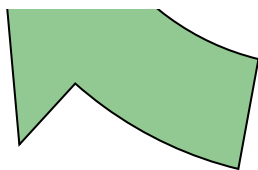
Treatment



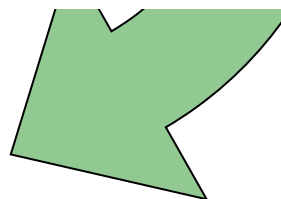


Diagnosis

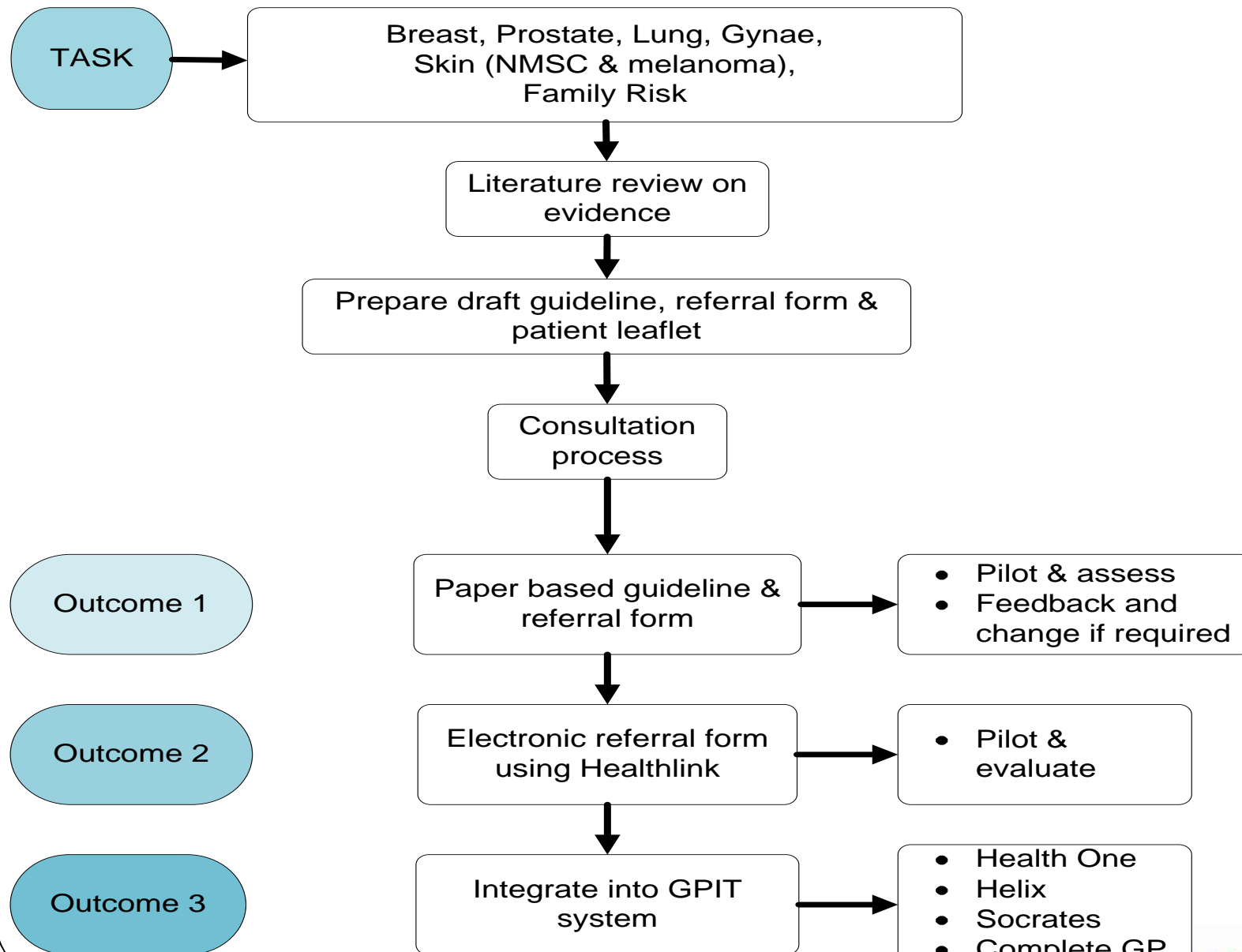
# Referral

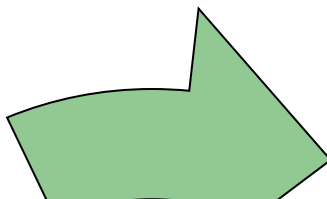


Treatment



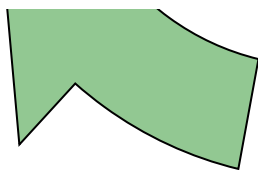
# Developing GP Cancer Referral Guidelines



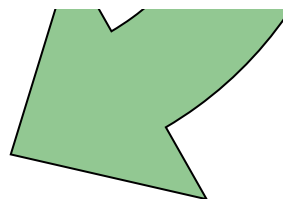


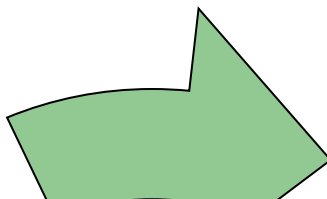
Symptoms

# Diagnosis



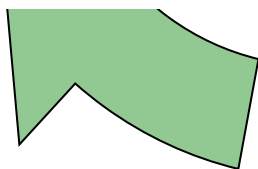
Treatment



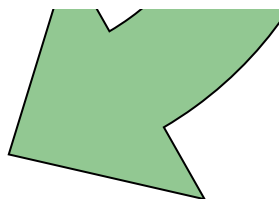


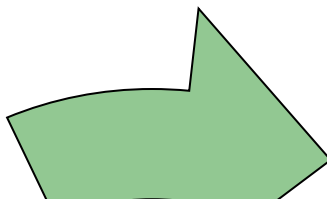
Symptoms

# Treatment



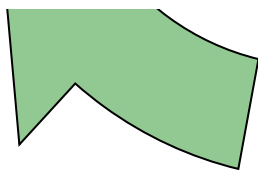
Treatment



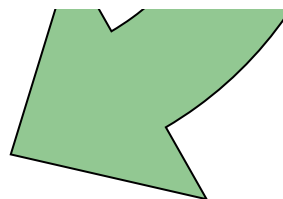


Diagnosis

# Follow Up



Treatment



# Follow Up

- GP follow up
  - Discharge planning
  - Ongoing role of acute service
  - Education & training needs in community
  
- Rehabilitation & support
  - Psychooncology
  - Patient information needs

How has public health  
contributed?

# Public Health Skills

- Critical appraisal skills
- Epidemiology, statistics
- Research, Audit, Evaluation
  
- Clinical understanding
- Understanding of health service organisation

# Public Health Leadership Role

- Advocacy
- GP-hospital interface
- People management

3<sup>rd</sup> Floor, King's Inn House, 200 Parnell Street, Dublin 1



[triona.mccarthy@cancercontrol.ie](mailto:triona.mccarthy@cancercontrol.ie) 01 828 7100

Breast cancer is the leading cause of cancer in women (excluding skin cancer). Nearly 2,500 women are diagnosed with breast cancer in Ireland each year. 75% of patients are over the age of 50. The cumulative risk of a woman developing breast cancer before the age of 40 is 1 in 201, before the age of 50 is 1 in 48, before the age of 65 is 1 in 16 and before the age of 75 is 1 in 11.

Data Source: National Cancer Registry, Ireland.

## WOMEN WHO CAN BE MANAGED INITIALLY BY THE GENERAL PRACTITIONER

- Asymptomatic women, whose only family history of breast cancer is one first degree relative who was diagnosed over the age of 40, should be reassured and given advice on lifestyle and routine screening
- Young women with tender, lumpy breasts and older women with symmetrical nodularity, provided that they have no localised abnormality
- Women with minor and moderate degrees of breast pain who do not have a palpable lesion
- Women aged under 50 who have nipple discharge that is bilateral or is intermittent and is not blood-stained

## GENERAL RECOMMENDATIONS

A patient who presents with symptoms suggestive of breast cancer should be referred to one of the national symptomatic breast clinics. Primary healthcare professionals should encourage all patients, including women over 50 years of age, to be breast aware in order to minimise delay in the presentation of symptoms. It is best practice **not to aspirate breast cysts or biopsy breast lumps** in GP practices.

To make a referral, **FAX** or **POST** a **SYMPTOMATIC BREAST CLINIC REFERRAL FORM** to one of the Symptomatic Breast Clinics. Electronic breast cancer referral will be introduced in 2009. Additional breast cancer referral forms can be obtained by ringing the National Cancer Control Programme on **(01) 828 7100** or by logging onto <http://cancercontrol.hse.ie>.

**GPs should refer any patient whom they deem to have a suspicion of cancer regardless of age.**

*Please refer to ONLY ONE of the National Symptomatic Breast Clinics to avoid duplication and waste of appointments slots.*

## NATIONAL SYMPTOMATIC BREAST CLINICS

Beaumont Hospital, PO Box 1297, Dublin 9.	Tel: (01) 809 3932	Fax: (01) 809 3999
Cork University Hospital, Wilton, Cork.	Tel: (021) 492 0189	Fax: (021) 492 2391
Galway University Hospital, Newcastle Road, Galway.	Tel: (091) 543 446	Fax: (091) 542 877
Satellite Centre: Letterkenny General Hospital, Co. Donegal.	Tel: (074) 9123 737	Fax: (074) 9188 816
Limerick Regional Hospital, Dooradoyle, Limerick.	Tel: (061) 482 832	Fax: (061) 482 572
Mater Misericordiae University Hospital, Eccles St., Dublin 7.	Tel: (01) 803 4269	Fax: (01) 803 2369
St. James's Hospital, Dublin 8.	Tel: (01) 416 2192	Fax: (01) 410 3415
St. Vincent's University Hospital, Dublin 4.	Tel: (01) 221 3778	Fax: (01) 221 3678
Waterford Regional Hospital, Dunmore Road, Waterford.	Tel: (051) 842 044	Fax: (051) 848 844

## REFERRALS FOR SUSPECTED BREAST DISEASE

Patient presents with

### URGENT REFERRALS

- Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)
- Ulceration
- Skin distortion
- Nipple eczema
- Recent nipple retraction or distortion (less than 3 months)
- Blood-stained nipple discharge
- Patients with an acute abscess should be referred immediately to the next available breast clinic

### URGENT REFERRALS

(to be seen within 2 weeks)

### EARLY REFERRALS

- Inflammation that persists after antibiotics
- Persistently refilling or recurrent cyst
- Unilateral discharge (not blood-stained)
- Intractable pain that does not respond to reassurance or to measures such as wearing a well-fitting bra, or a 3 month course of evening primrose oil or common analgesic drugs
- Discrete lump in women under 35 years
- Asymmetrical nodularity that persists at review after menstruation

### EARLY REFERRALS

(to be seen within 6 weeks)

### ROUTINE REFERRALS

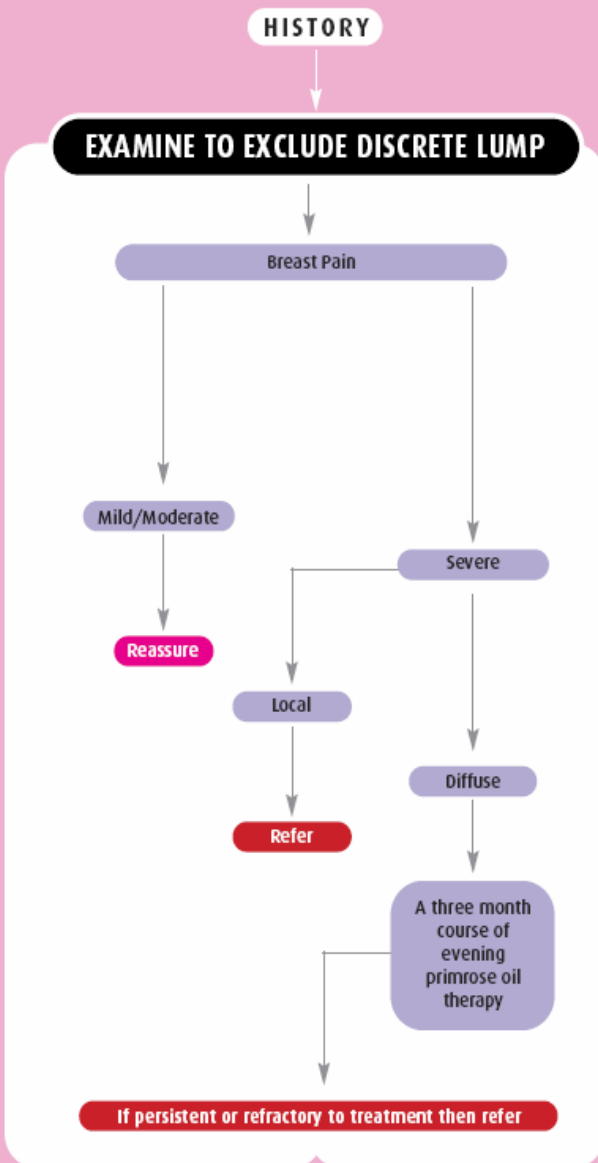
- A patient whom the referring doctor considers to require a specialist opinion or investigation at the specialist breast centre but where there is no clinical concern about breast cancer e.g.
- Minor or moderate degrees of persistent breast pain
  - Persistent bilateral nipple discharge (not blood-stained)

*While 12 weeks is the standard, we aim to see patients sooner.*

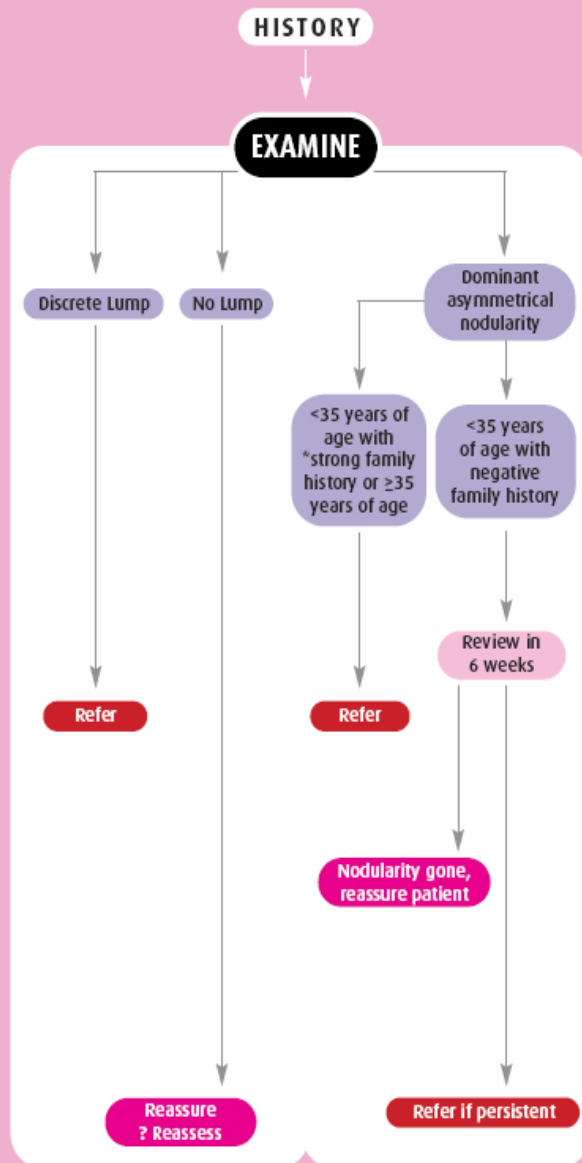
### ROUTINE REFERRALS

(to be seen within 12 weeks)

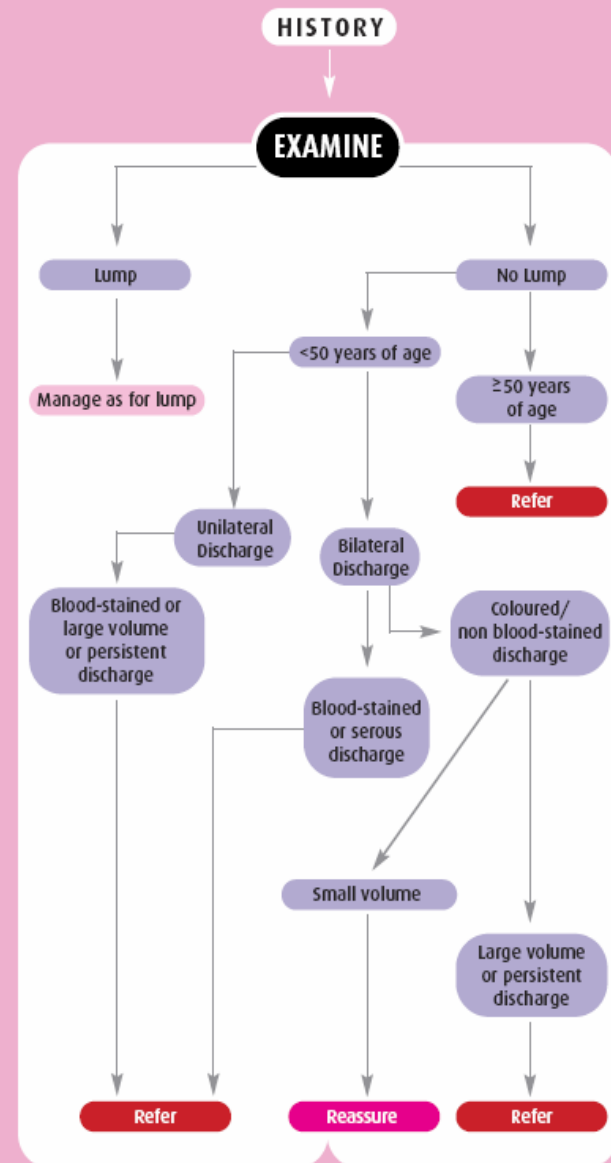
## ALGORITHM FOR REFERRAL OF PATIENTS WITH BREAST PAIN



## ALGORITHM FOR REFERRAL OF PATIENTS WITH BREAST LUMPS



## ALGORITHM FOR REFERRAL OF PATIENTS WITH NIPPLE DISCHARGE



\*A strong family history is someone with two or more first degree relatives (i.e. parents, siblings, child) with a history of breast cancer.

**Background:** In recent years around 1,800 people are diagnosed with lung cancer annually – approximately 1,100 men and 700 women. Incidence rates are decreasing for men but increasing for women. Less than 1% of all new cases occur before the age of 40. More than 90% of patients are symptomatic at presentation. Currently over a third of patients have distant metastases by the time of diagnosis.

**Risk Factors:** Smoking, including passive smoking and smoking marijuana; radon exposure; exposure to heavy metals such as arsenic; radiation; asbestos dust; previous history of cancer (e.g. head & neck cancer). Smoking avoidance/ cessation is the most important preventive strategy as over 90% of lung cancer can be attributed to cigarette smoke. However lung cancer can occur in patients without any of the listed risk factors.

## ABOUT RAPID ACCESS SERVICES FOR LUNG CANCER

Rapid Access Services provide initial investigations, such as CT and bronchoscopy, to patients with suspected lung cancer, usually within one or two hospital visits. This reduces multiple hospital visits and patient anxiety and shortens the time period to diagnosis.

Patients should be assessed in the lung cancer rapid access service by a respiratory physician within **2 weeks** of receipt of request.

### Who can refer your patient to the rapid access service?

- you, the GP
- a radiologist (in conjunction with GP)
- another hospital based clinician, e.g. from the Emergency Department

### Who should you refer to the Rapid Access Service?

- a patient whose **chest x-ray is suspicious of lung cancer**.

Please include details on the referral of the hospital in which the investigation was carried out. If this was a different hospital/ clinic, please fax or post a copy of the result to the clinic and request a copy of the film for the patient to bring with them if possible.

- a patient who has **haemoptysis**, or other symptoms which are concerning or persistent, even if their chest x-ray is normal.

### When is referral to the rapid access service not appropriate?

If a patient presents with life threatening symptoms, an emergency referral should be made in the usual manner.

## Table 1: Indications for Urgent Chest X-ray

A patient with the following signs or symptoms should be referred for urgent chest x-ray. A report should be back to the GP within one week of request.

### Symptoms

- Haemoptysis
- New onset unexplained or persistent cough (>3 weeks)
- Alteration in character/severity of chronic cough
- Unexplained chest pain or dyspnoea
- Unexplained weight loss/cachexia
- Unexplained bone pain/neurological symptoms

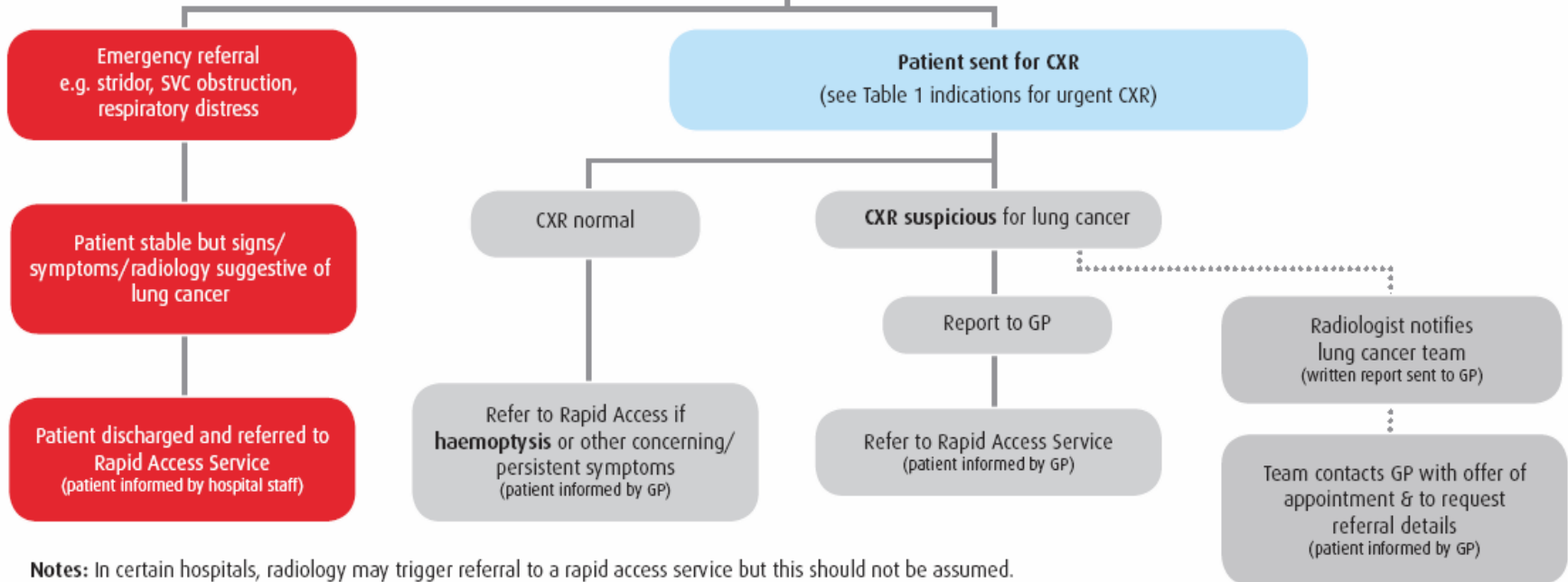
### Signs

- Clubbing
- Lymphadenopathy
- Focal chest signs
- Hepatomegaly

**Note: if there is a suspicion of lung cancer, it is not advisable to delay referral by ordering an outpatient CT. A rapid access service can arrange both imaging and bronchoscopy.**

# REFERRAL PATHWAY

GP reviews patient



**Notes:** In certain hospitals, radiology may trigger referral to a rapid access service but this should not be assumed. In general, you (the GP) will be asked to inform the patient that they are being referred to the service.

## GENERAL RECOMMENDATIONS

A patient who presents with symptoms suggestive of lung cancer should be referred to a team specialising in the management of lung cancer. To make a referral, send (preferably FAX) a **National Lung Cancer Rapid Access Service Referral Form** or submit an electronic referral form via Healthlink ([www.healthlink.ie](http://www.healthlink.ie)). **Electronic referral systems are currently under development.** Additional referral forms can be obtained by phoning the National Cancer Control Programme at (01) 8287100 or logging onto [www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie)

**GPs should refer any patient they consider to have a high likelihood of lung cancer.**

## LUNG CANCER RAPID ACCESS SERVICES

Beaumont Hospital, PO Box 1297, D 9	Tel: (01) 8092544	Fax: (01) 7974780
Cork University Hospital, Wilton, Cork	Tel: (021) 4920189	Fax: (021) 4922391
Galway University Hospitals, Galway	Tel: 081 084848	Fax: 081 084849
Mater Misericordiae Hospital, D7	Tel: (01) 8032644/8032295	Fax: (01) 8034036
Mid Western Regional Hospital, Dooradoyle, Limerick	To open in mid 2010	
St. James's Hospital, D 8	Tel: (01) 4162196	Fax: (01) 4103549
St. Vincent's University Hospital, D 4	Tel: (01) 221 3702	Fax: (01) 221 3576
Waterford Regional Hospital, Dunmore Road, Waterford	Tel: (051) 848988	Fax: (051) 848844

Rapid access clinics aim to improve access to investigations for prostate cancer in men aged from 50 to 70 (or from aged 40 if they have a first degree relative with prostate cancer). Prostate cancer will continue to be diagnosed in general urology clinics.

Prostate cancer is the leading cause of cancer in men (excluding skin cancer). Over 2,500 men are diagnosed with prostate cancer in Ireland each year. The cumulative risk of a man developing prostate cancer before the age of 50 is 1 in 485 and before the age of 70 is 1 in 13.

Data Source: National Cancer Registry, Ireland.

**Risk Factors:** Family history of prostate cancer, age (risk of prostate cancer increases after 50 years), and men of African ethnicity.

### Prostate Specific Antigen (PSA) Testing

- PSA testing of asymptomatic men or **PSA screening is not national policy.**
- Prostate assessment consists of a digital rectal examination (DRE) and a PSA test
- PSA testing should only be carried out after full advice and provision of information. (Patient information leaflet about prostate assessment is available from the National Cancer Control Programme on (01) 8287100 or can be downloaded by logging onto [www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie))
- All men with an abnormal DRE should be referred to a urologist regardless of PSA results.

### GENERAL RECOMMENDATIONS

A patient who presents with symptoms or signs suspicious of prostate cancer should be referred for rapid access prostate assessment. Primary healthcare professionals should encourage all men over 50 years of age, or men over 40 who have a first degree relative with prostate cancer or those of African ethnicity to be aware of prostate health issues, in order to minimise delay in presentation of disease.

To make a referral, **FAX**, or **POST** a **NATIONAL RAPID ACCESS PROSTATE CLINIC REFERRAL FORM** or submit an electronic prostate cancer referral form via healthlink. **Electronic referral systems are currently being developed, go to the following website [www.healthlink.ie](http://www.healthlink.ie) for further updates.**

Additional prostate cancer referral forms can be obtained by ringing the National Cancer Control Programme on **(01) 8287100** or by logging onto **[www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie)**

### NATIONAL RAPID ACCESS PROSTATE CLINICS (please refer to only one clinic)

Beaumont Hospital, Dublin 9	<i>Rapid Access Prostate Clinic will be open in Q4 2009</i>	
Cork University Hospital	<i>Rapid Access Prostate Clinic will be open in Q1 2010</i>	
Galway University Hospital	Tel: (091) 542 053	Fax: (091) 542 092
Limerick Regional Hospital, Dooradoyle, Limerick	<i>Rapid Access Prostate Clinic will be open in Q1 2010</i>	
Mater Hospital, Dublin 7	<i>Rapid Access Prostate Clinic will be open in Q1 2010</i>	
St. James's Hospital, Dublin 8	Tel: (01) 416 2850	Fax: (01) 428 4090
St. Vincent's University Hospital, Dublin 4	Tel: (01) 221 3055	Fax: (01) 221 4318
Waterford Regional Hospital	<i>Rapid Access Prostate Clinic will be open in Q1 2010</i>	

Patient Advice:	Guidance on PSA Testing
<ul style="list-style-type: none"> <li>● Prostate assessment involves a blood test and a rectal examination</li> <li>● A normal assessment does not rule out cancer</li> <li>● A biopsy can be uncomfortable. Side effects such as bleeding, infection or urinary retention may occur but less than 1% require hospital admission.</li> </ul>	<ul style="list-style-type: none"> <li>● Patients should be counselled before they have a PSA test</li> <li>● Patients with an abnormal PSA result should have a repeat PSA at six weeks. If the patient also has an abnormal DRE, the PSA test does not need to be repeated and they should be referred directly</li> <li>● Finasteride/ dutasteride reduce PSA results by 50%, therefore the PSA result should be doubled in these patients</li> <li>● DRE performed before the PSA does not raise the result</li> </ul>

**A Digital Rectal Examination (DRE) should be performed on every patient, who is having a prostate assessment.**

# REFERRALS FOR SUSPECTED PROSTATE CANCER

## PATIENTS SHOULD RECEIVE FULL ADVICE PRIOR TO PSA TESTING

Patient is aged from 50 to 70 years (or from 40 to 70 years if he has a first degree relative with prostate cancer or is of African ethnicity).

### ASYMPTOMATIC MEN

Advise patients on the advantages and disadvantages of PSA testing

If prostate assessment requested perform the following:

- DRE – Digital Rectal Examination
- PSA – Prostate Specific Antigen

### SYMPTOMATIC MEN

Male patient presents with:  
Any of the following features when unexplained:

- Lower urinary tract symptoms e.g. dysuria, urgency, nocturia
- Unexplained back pain

### RECOMMENDED INVESTIGATIONS

- DRE – Digital Rectal Examination
- PSA – Prostate Specific Antigen
- Creatinine
- Hb
- Urinalysis

If normal DRE and PSA manage symptoms in Primary Care or refer to urology clinic as clinically indicated.

Refer Patient to Rapid Access Clinic if he has

- A second abnormal PSA at 6 weeks after the first PSA test
- Abnormal hard Prostate on DRE

## PSA ADVICE

### WHEN TO DELAY PSA TEST

PSA test should be delayed by 6 weeks if patient has any of the following:  
active urinary tract infection, prostate biopsy, TURP or prostatitis.

### WHEN TO REPEAT PSA TEST

- Repeat an abnormal PSA test at 6 weeks before referral. The result can vary by up to 30%

### HOW THE NORMAL PSA RAISES WITH AGE

Age	PSA Caucasian Reference Ranges
● 40-49 years	0-2.5ng/ml
● 50-59 years	0-3.5ng/ml
● 60-69 years	0-4.5ng/ml
● 70-79 years	0-6.5ng/ml

Corresponding reference ranges for men of African ethnicity are 0-2.0ng/ml(40-49yrs), 0-4.0ng/ml(50-59yrs), 0-4.5ng/ml(60-69yrs) and 0-5.5ng/ml(70-79yrs).

- Double the PSA result if the patient is on finasteride / dutasteride (These drugs halve the PSA level)
- Please refer to your local PSA reference ranges as some assays give slightly different results

## REFERRAL