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## Priority issues and actions

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- *Increase mammography screening in the Republic of Ireland.*
- *Understand regional variations in colorectal cancer and target colorectal prevention to high-risk regions and populations.*
- *Reduce tobacco use throughout Ireland.*
- *Determine the impact of PSA testing on health care resource use, identify incentives for its use, and assess its likely effects on quality of care, quality of life, and regional variations.*
- *Stomach and oesophageal cancers would benefit from a tobacco reduction initiative. Stomach cancer would also benefit from any dietary initiative.*
- *Initiatives focusing on preventing sunburns in children and taking care in the sun, while avoiding sunbeds, would be worthwhile in reducing melanoma.*
- *Much could be accomplished through a broader coalition of the registries with cancer research centres, medical oncology groups and other key medical, advocacy, and public health groups.*

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Cancer is a large and, as the population ages, growing problem in Ireland. But it is not insurmountable. To deal with such a large problem, however, the first steps should involve identifying priorities. This report provides one avenue for doing so.

Most of the cancer sites focused on in this report were chosen because they represent a major burden to the general population, and because interventions or actions exist to prevent or cure them. In this respect all such cancers highlighted in the report are high priority concerns. Even so, some are clearly a higher priority than others.

Four cancers readily fall into this highest priority group: breast, colorectal, lung and prostate. Together they constitute more than half of all the cancers in Ireland. Individually, they are unique in the combination of the problems they pose, the populations they affect, and the strategies best suited to overcome them. These are highlighted and discussed below.

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mammography  
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**Breast cancer** – For women, breast cancer is the leading type of cancer and the leading cause of cancer-related death. Few prevention options exist, and their impact may be limited and not be felt for many years. Screening—specifically mammography screening—is the preferred intervention because it can prevent breast cancer deaths now.

Ireland's regional variations in breast cancer incidence and mortality appear to correspond to differences in the availability and use of such screening services. A region encompassing most of Northern Ireland, where nationally sponsored screening programmes are well-established, is found to have fewer breast cancer-related deaths than expected. Moreover, cancer mortality rates in Northern Ireland have fallen by more than 20% between 1994 and 2000. In the Republic of Ireland, where there was no state-sponsored programme before 2000, breast cancer mortality rates are the same in 2000 as they were in 1994.

These findings strongly suggest a need for an increase in the use and/or availability of mammography screening services in the Republic of Ireland.

**Colorectal cancer** – For both sexes combined, colorectal cancer is the leading cause of cancer in Ireland, and the second leading cause of cancer-related death. Actions that prevent colorectal cancer are similar to those that prevent cardiovascular disease: regular exercise, and low-fat, high fruit and vegetable diets. This dual benefit alone makes prevention a highly desirable strategy. Screening for colorectal cancer is under investigation and looks promising. Options for screening for colorectal cancers run the gamut from inexpensive home-administered faecal occult blood tests (FOBT), to varying invasive and

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sophisticated procedures such as sigmoidoscopy or colonoscopy. Each has its benefits and shortcomings.

This report has identified striking variations by region and by sex for incidence and mortality rates in Ireland. Incidence and/or mortality rates are significantly high in certain counties and district councils. Rates are falling in Northern Ireland, but not in the Republic of Ireland. Incidence in men is 1.5 times higher than in women. The eastern region has significantly more cases than expected.

Understanding why regional variations in colorectal cancer exist should be a priority focus of future epidemiological analyses. Targeting those regions and populations at highest risk should be the priority focus of prevention initiatives.

**Lung cancer** – The leading cause of cancer death in Ireland is lung cancer. Tobacco exposure, particularly cigarette smoking, is the principal cause of lung cancer. Prevention is the most effective means available today for reducing lung cancer incidence and mortality.

*Reduce tobacco  
use throughout  
Ireland.*

Confirming what has been reported elsewhere, the incidence and mortality rates for lung cancer are highest in those urban regions where smoking rates are typically the highest.

The nationwide effort in the Republic of Ireland to reduce tobacco use, including a ban on smoking in public places, should profoundly lower the rates of lung cancer. Such an initiative needs to be instituted island-wide.

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**Prostate cancer** – The leading cause of cancer in men is prostate cancer. Low-fat, high fruit and vegetable diets may reduce a man's risk for prostate cancer, but the evidence is not conclusive. The relative benefits of screening and subsequent treatment are, in many instances, unclear. The widespread and growing use of prostate specific antigen (PSA) tests—which can detect non-life threatening prostate cancers, but cannot distinguish them from life threatening ones—adds to the complexity.

The implications of all this uncertainty appear to be reflected in the differences in Northern Ireland and the Republic of Ireland. Between 1994 and 2000, the incidence rates in the Republic of Ireland increased by 33%—with a 22% increase between 1998 and 2000 alone. In Northern Ireland, during that same 1994-2000 period, there is no change in the incidence rate. This suggests an increase in PSA testing and follow-up biopsies in the Republic of Ireland, but not in Northern Ireland. Is that what occurred? Why? What are the implications?

Equally intriguing, from 1994 to 2000 the mortality rates in Northern Ireland fell by 12%, but in the Republic of Ireland they have remained unchanged. Moreover,

regions that encompass large sections of the Republic of Ireland are seen to have significantly more cases and more deaths than expected. Why?

Understanding these differences between the Republic of Ireland and Northern Ireland has important implications on issues as diverse as health care resource utilization, incentives in the health care system, quality of care, quality of life, and the epidemiology of prostate cancer. They should be explored. With the benefits of PSA screening unproven, and the risk of unwarranted worries and unneeded treatments high, policy guidelines on screening should be examined.

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Among the remaining cancers, two, *stomach* and *oesophageal cancers*, would benefit from the tobacco reduction initiative. The geographic distribution of both cancers, in fact, loosely mirrors that of lung cancer. Stomach cancer would also benefit from any dietary initiative; diets high in fruits and vegetables and low in salt help prevent stomach cancer.

Ultraviolet exposure is well documented as the primary cause of *melanoma of the skin*. Although not currently a major burden to the general population, and showing no increase between 1994 and 2000, the general characteristics of a large proportion of the population of Ireland correspond to those most at-risk: fair skin, red-hair, and freckles. Initiatives focusing on preventing sunburns in children and taking care in the sun, while avoiding sunbeds, would be worthwhile and would also reduce incidence of the most common cancer, non-melanoma skin cancer.

For *childhood cancer* and *lymphoma*, the findings that there are no geographic variations in their distribution is encouraging. Monitoring of these cancers is important, but "cluster" analyses and other resource expenditures should be tempered with a sense of the relative impact these cancers have on the population.

The cancer registries of the Republic of Ireland and Northern Ireland are the foundations of our understanding of cancer throughout the island. The collaboration of these two entities, together with participation from the United States, exemplifies once again the value inherent in partnerships.

Much more, however, could be accomplished through a broader coalition of the registries with cancer research centres, medical oncology groups and other key medical, advocacy, and public health entities. Such a coalition could provide the most efficient and effective means for identifying and implementing priority initiatives to reduce incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation, and palliation. The first steps in building such a coalition have been made through the establishment of the Ireland/Northern Ireland/NCI Cancer Consortium.

The need to develop this coalition further may be the highest priority finding of this report.