Joint Committee on Health: National Cancer Strategy

Opening statement from Nikki Gallagher, CEO Irish Cancer Society, 15 July 2026.

I want to thank the Committee for the invitation to speak with you today. I'm Nikki Gallagher, CEO of the Irish Cancer Society, and I'm joined by my colleague, Emma Harte, Policy and Campaigns Manager.

While I have taken on the leadership of the Irish Cancer Society relatively recently, the organisation has a long and proud history of campaigning to put cancer patients at the heart of public policy. It is my privilege to continue that important work.

The Irish Cancer Society wants people affected by cancer to have the best possible outcomes. And we are working hard to support cancer patients.

Over the years, my colleagues have provided trusted cancer information to patients, have given them a reassuring and listening ear, have implemented a Transport Service to bring people to and from their chemotherapy appointments, and have cared for people dying from cancer and their loved ones through our Night Nursing service. The Irish Cancer Society is also the largest voluntary sector funder of cancer research in Ireland, investing tens of millions in cancer research over the last 40+ years.

Today we would like to talk about a future focused approach towards producing and implementing the next National Cancer Strategy.

Cancer in Ireland

One in two of us will be diagnosed with cancer in our lifetime meaning there is barely a household in Ireland which hasn't been affected by cancer. In fact, 44,000 people each year hear the words, "You have cancer."

By 2045, twice as many people will get a cancer diagnosis compared to 2015.

We understand the challenge, we must now improve our response to that challenge to better diagnose, treat and support cancer patients today and into the future.

The Irish Cancer Society is concerned that without ringfenced investment and strategic planning, we will not be able to meet the challenge of rising cancer diagnoses in the next 20 years. Ultimately, this will mean that we risk not gaining better outcomes for people affected by cancer. These are quite literally life and death decisions.

National Cancer Strategies

It's important to acknowledge the hard-won progress that has been made. Between the mid-1990s and the 2010s, cancer survival has increased from two in five people to three in five people. These results could happen because of targeted investment in programmes, infrastructure and the workforce to detect cancer at the earliest possible stage and treat it as soon as possible.

But progress is at risk of stalling.

Ireland's current National Cancer Strategy (2017-2026) was ambitious but realistic. Over the course of the last decade, the Strategy was designed to improve early detection in cancer, set up Ireland as a leader amongst EU countries in cancer survival and reduce inequalities between the most and least deprived communities in Ireland.

But the current National Cancer Strategy has failed to deliver the promised outcomes due to underinvestment.

There are great examples of projects which have worked very well to date, bringing benefit to patients, including:

- the Acute Haematology Oncology Service
- the National Cancer Information System

But we have fallen behind in a range of areas, including ensuring:

- timely access to dedicated referral pathways for breast and prostate cancer
- timely access to treatment, meaning delays to people getting the care they need when they need it
- that the underpinning infrastructure and required budget was available for the implementation of the strategic projects under the National Cancer Strategy and for service provision.

Without investment in the National Cancer Strategy, patients bear the real cost

Delays in starting treatment negatively affect mortality rates. The risks to patients and their outcomes are too high: it is essential we get the cancer pathway right.

In simple terms: the healthcare system cannot currently meet the needs of people seeking care today. In 2025 alone:

- 11,600+ (or roughly 39%) of women did not access an urgent symptomatic breast disease clinic within timeframe
- 6,600+ people did not get their urgent colonoscopy within timeframe
- 1,300+ (or 15%) didn't start chemotherapy on time

- 1,500+ (or 21%) didn't start radiation therapy treatment on time

The data from the first quarter of 2026 continue to show delays.

Behind each of these statistics are real people, many of whom reach out to us to tell us their story. Our cancer nurses and frontline staff listen to their worries and their anger because of a system that cannot meet their needs. In the last number of years, the Irish Cancer Society has heard similar stories from different people:

- The anxiety of too many people who cannot get access to an urgent appointment for a breast exam or colonoscopy.
- The anguish of people who have been waiting months to get their surgery, or to start radiation therapy or chemotherapy – and who are *still* waiting to hear about their appointment.

Unfortunately, without the sustained investment in the necessary strategic programmes and infrastructure thousands of people have been waiting longer than recommended to get access to tests and treatment.

Investing in our services also saves the State money in the long term

Investment could unlock a range of benefits for both cancer patients and the State.

Investing in our pathway and growing our survival rate to match the best performing countries in the OECD and EU could:

- save 20% more people from premature cancer deaths
- bring the equivalent of 400 full-time workers back to the workforce
- significantly reduce expenditure on treatment

There is a high degree of unmet need across the cancer spectrum, which must be considered in the next cancer strategy

Cancer takes an enormous health, emotional, psychosocial and financial toll on a person and their household.

As the current Strategy comes to an end, we have an opportunity to take stock of what has worked well and what should be done differently moving forward. People affected by cancer, clinicians, advocacy groups and other stakeholders must be involved in strategic discussions and in setting recommendations.

Our next strategy should review the breadth of new and unmet needs of people affected by cancer. An all-of-Government buy-in approach and coherence across related strategies must be agreed towards supporting people across the cancer spectrum:

- Prevention: we must examine the risk factors for cancer and support policies to reduce incidence.
- Screening, testing and treatment: the workforce and infrastructure must be planned in the round to ensure there are no barriers to service provision.
- Living well with and after cancer: people affected by cancer require wrap-around supports like access to allied health professionals, free at the point-of-contact access to health services and medications, social protection supports and so on.
- Advanced cancers: people with advanced cancers have acute and unmet needs, which must be addressed to enhance their quality of life.
- Dying well with cancer: people with an end-of-life prognosis must be supported to have a quality death with access to hospice and community supports.

- Research support to drive forward innovation and build better outcomes.

The basics of strategic planning must be put in place

The success of the next Strategy will depend on its content, but also on the processes underpinning its implementation.

Our next National Cancer Strategy must:

- link actions to anticipated outcomes
- have agreed operational plans
- ringfence multi-annual strategic cancer funding
- identify each of the stakeholders with responsibility for implementing the Strategy
- clarify the relationship between the centre and the regions in implementing the Strategy.
- include continuous monitoring of progress and evaluation, informed by timely data collection and publication, as well as the insights of the people involved in implementing and using the services
- implement mechanisms for governance and oversight.

The list goes on.

Crucially, people who are invested in cancer services all need clarity on the timeline for evaluating the current National Cancer Strategy and developing and launching the next one.

We all want the same thing

People diagnosed with cancer, people who live beyond cancer, clinicians, staff planning and providing cancer services, civil servants, advocacy groups, politicians all want the same thing: to save lives.

There isn't a person in this room who doesn't want to reduce cancer incidence, make sure cancer is caught at the earliest possible stage, get people into treatment as soon as possible and provide them with the supports they need.

And we can choose our path forward.

We can choose to invest in integrated pathways, we can choose to embrace innovation, and we can choose to develop data infrastructure to help us plan and fund our services.

Most importantly, we can choose to place people at the heart of cancer care and listen to their needs.

Thank you.