



## 2006 Activities Report

Adding Value Through Partnership in Cancer Research & Education



# Message from the Directors

Since its inception in 1999, the primary goal of the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium has been to enhance the infrastructure and capacity for cancer research and education on the island of Ireland, with the objective of providing high quality cancer care to the people of the U.S., Ireland, and Northern Ireland. With this common goal, the Consortium has built partnerships among scientific, medical, public health, and public policy communities across the island of Ireland and the U.S., establishing important collaborative research in the process. In 2006, an evaluation of both NCI Summer Curriculum in Cancer Prevention courses, conducted by the Research and Development (R&D) Office of Northern Ireland, showed an increase in research collaborations among trained scholars from the island of Ireland. Surveyed respondents were able to give tangible examples of how gaining access to cancer prevention research, networks, and information, on an international level, added value to the current research being conducted by them. (See page 17.)

The Consortium is proud of the work it has accomplished so far. In 2006, the Memorandum of Understanding that established the Consortium seven years ago was renewed, reinforcing our mandate to move forward with our joint efforts in the fight against cancer. The Consortium works each year toward expanding and enhancing the value of cancer services across the island of Ireland through six major initiative areas: cancer registries and epidemiology, nursing, scholar exchange, information technology, cancer prevention, and clinical trials. Each year, we intensify our efforts to meet these important initiatives, and 2006 was no exception.

## 2006 Highlights:

- The Consortium co-sponsored Cancer 2006 Workshop and Conference of the St. James Hospital Cancer Strategy Group, Dublin.
- Thirty-two all-Ireland scholars participated in cancer prevention training at the National Cancer Institute (NCI).
- Four all-Ireland nurses participated in the NCI Clinical Trials Training for Nurses.
- The Consortium Memorandum of Understanding was renewed at the 3rd All Ireland Cancer Conference 2006 held at Waterfront Hall, Belfast, in November.

In January 2006, inaugural Board of Directors member, Dr. Henrietta Campbell retired as Chief Medical Officer of Northern Ireland and stepped down from the Board of Directors. We, the Board of Directors, appreciate her years of leadership and guidance to the Consortium and look forward to her continuing involvement. Our two new Board members, Dr. John Niederhuber and Dr. Michael McBride, look forward to their own leadership opportunities in the years to come.

We pledge to continue the Consortium's efforts to add value to research through partnership in cancer research and education. Our joint effort to reduce the burden of cancer suffering and death on the island of Ireland is now recognized as a successful model of global collaboration.

Sincerely,



Dr. Michael McBride  
*Chief Medical Officer*  
Department of Health, Social  
Services and Public Safety  
Northern Ireland



Dr. James Kiely  
*Chief Medical Officer*  
Department of Health and Children  
Ireland



Dr. John E. Niederhuber  
*Director*  
National Cancer Institute  
United States



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# Introduction

In the past seven years, the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium (also known as the All-Ireland NCI Cancer Consortium and/or the Consortium) has focused on adding value to cancer research and education through its various initiatives in cancer epidemiology, clinical trials, information technology, nursing, prevention, and scholar exchange. In the process, the Consortium has become a successful model of multilateral collaboration to public health and scientific communities worldwide. The renewal of the Memorandum of Understanding (MOU) in Belfast on 13 November 2006 further strengthened the commitment of the U.S., Ireland, and Northern Ireland to share scientific resources and knowledge against cancer; a commitment that has benefited, and will continue to benefit, not only the scientific communities of the U.S. and the island of Ireland, but also the all-Irish population, which has one of the highest rates of cancer-related deaths in Western Europe.

2006 marked another banner year for the Consortium, a year filled with many productive activities, programs, educational opportunities, and events – most notably the 3rd All Ireland Cancer Conference (AICC) 2006 hosted by Northern Ireland. The Activities Report covers the progress made by the Consortium during this calendar year.

This report of 2006 activities is provided directly to the Minister of the Department of Health and Children (DoHC) of Ireland; the Minister of the Department of Health, Social Services and Public Safety (DHSSPS) of Northern Ireland; and the Secretary of the Department of Health and Human Services of the United States. The document is also distributed to the research communities of the three partners, policymakers, and others with an interest in global cancer research and collaborations.

By focusing its efforts on a common purpose for the past seven years, the Consortium has shown that it is possible to reach across geopolitical boundaries and work together successfully to eliminate the suffering and loss of life caused by cancer. Now, its challenge is to draw value from its various accomplishments to better serve cancer patients and families on the island of Ireland and worldwide.

# Highlights of 2006



## January

- Board of Directors (BOD) member Dr. Henrietta Campbell retired as Chief Medical Officer, Northern Ireland.

## February

- The National Cancer Registry Ireland, in conjunction with the Women's Health Council, published the *Women and Cancer in Ireland 1994-2001* to explore the significant burden of cancer on women in Ireland.

## March

- Joint Research Fellowships in Cancer awarded to two island of Ireland cancer researchers.
- A state-of-the-art regional Cancer Centre opened at Belfast City Hospital marking a significant milestone in the advancement of cancer services in Northern Ireland.

## April

- Cancer Research Ireland announced the appointment of two new members to its Board; Dr. Harry Comber and Professor Elaine Kay, Consortium Strategic Advisory Group (SAG) members.
- Irish Cancer Society launched new "Action Prostate Cancer" initiative.
- Northern Ireland's DHSSPS announced the approval of *Smoke-Free Enclosed Public Places and Work Place* legislation.



## May

- Consortium co-sponsored Cancer 2006 Workshop and Conference in Dublin.
- Tánaiste and Minister for Health and Children, Mary Harney T.D., visited the NCI and received the 2006 Champion Award from the Campaign for Tobacco Free Kids.
- During a speech in Donegal, Tánaiste Mary Harney noted, "co-operation with our colleagues in Northern Ireland offers great prospects, with patients and services on both sides of the border gaining."

## June

- Consortium issued second call for applications for Joint Research Fellowships in Cancer.
- Dr. John Niederhuber, Director of the NCI, installed as a Consortium BOD member to replace Dr. Andrew von Eschenbach.
- The National Cancer Registry Ireland published the *Trends in Irish Cancer Incidence 1994-2002, with Predictions to 2020*.
- The National Cancer Forum of Ireland released *A Strategy for Cancer Control in Ireland*, with recommendations on quality of care, governance, organization, and accreditation of all aspects of cancer care in Ireland. Consortium highlighted in the Strategy for its potential to further the development of cancer control research on the island of Ireland.



## July

- Fourteen all-Ireland scholars and cancer prevention fellows participated in the NCI Principles and Practice of Cancer Prevention and Control Course.
- Consortium SAG member Professor Donal Hollywood spoke about TELESYNERGY® and the Consortium at the International Union Against Cancer (UICC) World Cancer Congress 2006 in Washington, D.C.
- *NCI International Portfolio: Addressing the Global Challenge of Cancer* highlighted Consortium contributions to global health diplomacy.
- Consortium SAG member Dr. Lee Helman received NIH Director's Award for scientific discovery and management.



## August

- Twenty-five all-Ireland scholars and cancer prevention fellows participated in the NCI Molecular Prevention Course.
- Fifth *Cancer Consortium* newsletter printed.
- Consortium *Seven-Year Timeline of Activities* published.
- Evaluation of the NCI Summer Curriculum in Cancer Prevention courses, commissioned by the Research & Development Office, was released and found an overwhelmingly positive response in regards to the quality and added value of both NCI courses.



## September

- Dr. Michael McBride installed as a Consortium BOD member to replace Dr. Henrietta Campbell.
- Queen's University Belfast (QUB) School of Nursing and Midwifery announced the launch of a new course, Clinical Trials E-learning Module, aimed to advance the skills, knowledge, and training of clinical research nurses, to commence in January 2007.

## October

- Four all-Ireland nurses completed the NCI Clinical Trials Training for Nurses.

## November

- 3rd All Ireland Cancer Conference 2006 (AICC) held in Belfast.
- Consortium Memorandum of Understanding renewed and signed at 3rd AICC.
- The Northern Ireland DHSSPS developed the *Cancer Control Program*, representing the first element of an overarching regional framework for cancer services that will set out clear standards for the quality of cancer care in Northern Ireland.
- The Winter 2006 issue of *CancerWise* featured separate articles authored by Professor Donal Hollywood and Dr. Oscar Breathnach, both Consortium SAG members.

# The Consortium

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## Origins of the Consortium

- Established in October 1999 as an alliance between the cancer communities of the U.S. and island of Ireland.
- Promotes joint cancer research and educational collaborations through sharing of resources.
- Operates under a Memorandum of Understanding renewable every five years.

## How the Consortium Operates

### **Enhances cancer research and quality of care on the island of Ireland by:**

- Intensifying cooperation in cancer treatment and research leading to improved scientific programs.
- Focusing on education and training, treatment, information dissemination, epidemiology, prevention, surveillance, early detection, and quality control.
- Facilitating epidemiology, clinical trials, nursing, and prevention programs.
- Supporting efforts to enhance information technology infrastructure.

### **Governed by:**

Board of Directors that includes the Director of the National Cancer Institute and the Chief Medical Officers of Ireland and Northern Ireland, and

- Meets at least twice a year to determine scope of activities.
- Establishes working groups to carry out programs.
- Evaluates and oversees contributions and submits an activities report.
- Monitors progress of activities in accordance with the Consortium's mission.

### **Supported by:**

Strategic Advisory Group, [formerly Implementation Group], appointed by the Board, that includes the Chief Nursing Officers in Ireland and Northern Ireland; scientific and administrative representatives from the Health Research Board (HRB), R&D Office, NCI, major hospitals, and health boards; and other appointed members, and

- Meets at least twice a year to establish and manage Consortium programs, identify gaps in research, assemble necessary expertise to assess issues, and develop workable plans in accordance with Consortium goals.
- Serves as liaison between the Working Groups and the Board.

### **Assisted by:**

Ad hoc Working Groups that:

- Address issues on the six major program interest areas.
- Advise on specific issues by monitoring their areas' needs and activities.
- Make recommendations on activities for their interest areas.



## Funding of Consortium Initiatives

The MOU identifies the program areas for projects that can be considered for funding: scholar exchange, information technology, prevention, clinical trials, nursing, cancer registries, and health economics/cancer policy. Project requirements include consistency with the three health departments' policies and strategic cancer plans and demonstrable benefits to cancer care and research or demonstrable potential for wider applicability in these jurisdictions. Each partner directly funds its share of programs established under the auspices of the Consortium.

### 2006 Funding from Ireland and Northern Ireland

Scholar Exchange	Clinical Trials Network	Information Technology	Cancer Registries
<ul style="list-style-type: none"> <li>▪ NCI Clinical Trials Training for Nurses Program</li> <li>▪ Joint Research Fellowships in Cancer</li> <li>▪ Travel support, stipends, and other expenses for participants of scholar exchange programs at the NCI</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eleven hospitals to develop the capacity for clinical trials, as part of the All Ireland Cooperative Oncology Research Group (ICORG) for Cancer Clinical Trials to include:               <ul style="list-style-type: none"> <li>• Headquarters function in Dublin</li> <li>• Statistics and data management function in Belfast</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ TELESYNERGY® expansion and updating</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support to harmonize data systems and spur new research in epidemiology</li> </ul>

### 2006 Funding from the National Cancer Institute

- In-kind contributions related to training
- Travel support
- On-site expenses for information technology installation
- On-site expenses for scholar exchange programs

# State of Cancer/Services on the Island of Ireland



## Ireland

On 12 June 2006, the Minister for Health & Children launched *A Strategy for Cancer Control in Ireland 2006*. The Strategy was prepared by the National Cancer Forum for Ireland.

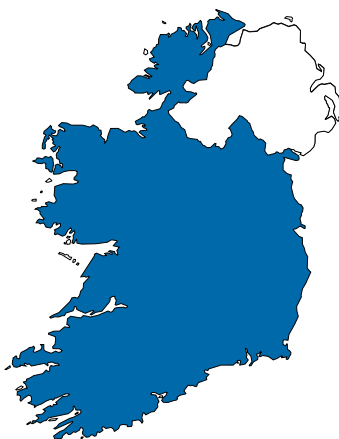
The Irish Government is fully committed to significant additional investment in cancer control and has awarded funding to the Health Service Executive (HSE) to establish the National Cancer Control Program; a reform program to implement the Strategy. Additional investment will be addressed from within the annual financial allocation approved by the Government, commencing in 2007.

Under the National Cancer Control Program, the HSE will develop four Managed Cancer Control Networks, which will consist of primary, hospital, supportive, and palliative care. The Program will provide the necessary leadership, governance, and integration to create an essential framework for cancer control. It will be led by a National Program Director and will host a single national budget for all cancer control activities.

The evaluation of the 1996 Strategy by the National Cancer Forum found that the target to reduce the death rate from cancer in the under-65 age group by 15% in the ten-year period from 1994 was achieved

by 2001. The key achievement of the 1996 Strategy was that it provided a framework for the development and funding of cancer services in Ireland. In summary, the review concluded that the 1996 Strategy had delivered:

- Major reduction in premature cancer mortality ahead of target.
- Increasing activity in chemotherapy, radiotherapy, and surgery.
- More coordinated and structured approach to the delivery of cancer care.



Since the implementation of the first National Cancer Strategy commenced in 1997, approximately €1 billion (approx. 1.5 billion USD) has been invested in the development of cancer services. There was an increase of nearly 40,000 admissions for cancer care in 2005 over 1997. Survival is improving from a range of cancers including breast, lung, prostate, and colorectal cancer.

The National Cancer Forum expects that, mainly for demographic reasons, the number of patients with cancer will double over the next 15 years. One of the most significant strategic problems facing cancer services is the variation in survival rates within Ireland and our relatively poorer cancer survival rates for many common cancers when compared with other European countries. In part, this can be attributed to the fragmentation of cancer services in Ireland, whereby too many hospitals are involved in the provision of treatment for cancer.

The Strategy makes recommendations in relation to organisation, governance, quality assurance, and accreditation across the continuum of cancer care from health promotion, prevention, and screening through to treatment services and supportive and palliative care and research. There is a strong emphasis in the Strategy on addressing inequalities, quality assurance, and health promotion.

The Minister proposes to build on the significant improvements that have taken place in cancer services as a result of the implementation of the first National Cancer Strategy. The Minister is convinced that the reorganization of cancer care delivery as outlined in the Strategy is essential to meet the Government's commitment to quality of care and the statutory requirement on the HSE to utilize its resources to improve and promote the



health of the public. The Minister's response to the Strategy is based on the need to ensure that:

- Comprehensive and co-ordinated cancer control exists across the continuum of care involving prevention, screening, diagnosis, treatment, supportive and palliative care.
- Cancer is prevented or detected early, where possible.
- Diagnostic, treatment, supportive and palliative services are consistent, accessible, equitable, and of high quality throughout the country irrespective of geography or ability to pay.
- Effective planning, evaluation, and monitoring of performance in cancer control takes place.
- Ambulatory care is maximised, thereby reducing unnecessary dependency on inpatient care and prolonged periods away from home.
- Cancer research is developed and integrated into all the activities of cancer control.

The Minister will establish a National Cancer Screening Service to deliver national breast and cervical screening programs, effective on 1 January 2007. BreastCheck will commence national roll-out in 2007. Additional capital funding of €26.7 million (approx. 39.5 million USD) has been made available to BreastCheck for the construction of two new clinical

units, seven additional mobile units, and the provision of state-of-the-art digital equipment. The Minister intends that the Irish Cervical Screening Program will commence roll-out in early 2008, based on an affordable model. The HSE will also advise in relation to a colorectal cancer screening program.

The Strategy for Cancer Control recognizes the key role of the All-Ireland NCI Cancer Consortium and sees significant opportunities to develop this partnership to further support the development of cancer control on the island of Ireland. The new MOU signed in Belfast in November 2006, with an extended remit in terms of cancer control, reaffirms the commitment of our respective Governments to supporting the work of the Consortium.

## Northern Ireland

Cancer care is free at the point of delivery for all of Northern Ireland's population of approximately 1.7 million. Screening programs include breast screening, offered to all women aged 50-64, and population-based cervical screening, available to women over the age of 20. Screening for colorectal cancer is also being considered.

*Cancer Services: Investing for the Future (The Campbell Report)* led to the extensive reorganization of cancer clinical services in Northern Ireland. Besides providing patient-centered service, the new cancer clinical service aims to coordinate cancer treatment, prevention, screening, education, training, and research programs throughout Northern Ireland.

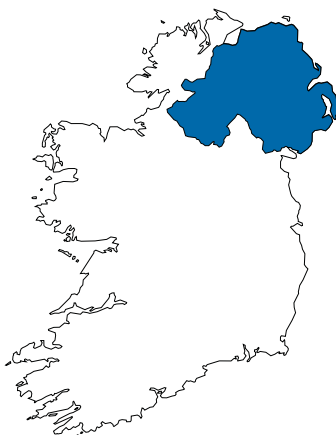
Major outcomes include the development of the Northern Ireland Clinical Cancer Centre (NICCC) at Belfast City Hospital, which opened for clinical service in March 2006. NICCC also includes four cancer units in Altnagelvin, Antrim, Ulster, and Craigavon Hospitals, which are already open. The NICCC will be a center of excellence for cancer services, bringing together existing radiation, medical, and surgical oncology services as well as palliative care services to one on-site location.



The sophisticated facility will contain 86 inpatient beds, eight linear accelerators, two simulators, two MRI scanners, and three CT scanners with space for the future installation of a PET scanner. The Centre will be the catalyst for the modernization of cancer services throughout Northern Ireland across the span of health promotion, disease prevention, screening, prompt and accurate diagnosis, range of treatment modalities, psycho-social support, and palliative care. The Centre will be linked directly to the Belfast City Hospital Bridgewater Suite, which opened in April 2003 and now constitutes one of the largest haemato-oncology day hospitals in the U.K., providing over 200 day-case chemotherapy and specialist chemotherapy treatments per day and outpatient cancer care for the whole region. It will include a dedicated patient counseling service and a pharmacy facility that will eventually enable the Belfast City Hospital Trust to obtain a manufacturing license for the production of more advanced chemotherapy regimens.

A Regional Cancer Services Framework group is considering the ongoing development of cancer services over the next 20 years. The group is reviewing the current services and achievements since the publication of *The Campbell Report* and the *Palliative Care Report Partnerships in Caring*. The framework

will also assess the level of future need, taking account of changing patterns of cancer and demographic and social trends. Other issues being considered include prevention, screening, early detection, palliative and supportive care, service modernization, workforce development, and skill mix.



The Northern Ireland Cancer Network (NICaN), a managed clinical network for cancer services in Northern Ireland, was established in February 2004. The Network aims to promote equitable provision of high quality, patient-focused, and clinically effective cancer services for the people of Northern Ireland. The way in which this will be achieved is by supporting groups of health and social care professionals, persons with a cancer experience, and voluntary sector representatives to work together in a coordinated way across geographical, organizational, and professional boundaries.

# Year in Review:

Our Working Group Programs in Practice

Scholar Exchange

Cancer Registries/Epidemiology

Clinical Trials

Information Technology

Nursing

Prevention

# Year in Review: Our Working Group Programs in Practice



## SCHOLAR EXCHANGE

**Professor Patrick Johnston, Chair**

The Scholar Exchange Working Group (SE WG) was created as a stand-alone working group to enhance education and training within the Consortium's various initiative areas, with the intent of increasing the number of skilled cancer professionals on the island of Ireland. In recent years, because of the similar nature of interest areas, the SE WG has become immersed within each of the other working groups.

Each year, the Consortium facilitates many scholar exchange opportunities from clinical trials training for nurses to cancer prevention fellowships and programs. With funding made available by the HRB, the R&D Office, and with assistance from the NCI, the Consortium provides fellowship awards to qualified island of Ireland nurses, oncologists, researchers, and other professionals to travel, study, and conduct research in the U.S., Ireland, and Northern Ireland. The Consortium also provides opportunities for American scholars and researchers to engage in cross-border activities on the island of Ireland, such as the Cancer 2006 Workshop and Conference of St. James's Hospital in Dublin, where 11 American scientists participated as

speakers. These opportunities bring us closer to our goal of enhancing the cancer knowledge base on the island of Ireland. The Joint Research Fellowships in Cancer program is one such joint program that was recently established by NCI and the HRB.

### ■ JOINT RESEARCH FELLOWSHIPS IN CANCER

The HRB, in collaboration with the NCI, awarded the first Joint Research Fellowships in Cancer to Drs. Edward Fox and Zubair Kabir. Drs. Fox and Kabir will be teamed with NCI and Irish Principle Investigators (PIs) to conduct research of mutual interest to the U.S. and the island of Ireland. An objective of the Joint Research Fellowships in Cancer is to increase scientific collaborations between PIs in the U.S. and the island of Ireland. To this end, American PIs will be traveling to Ireland to meet with their Irish counterparts in late 2007 or 2008. Both fellows are slated to begin their fellowships by the end of 2006.

## CANCER REGISTRIES/ EPIDEMIOLOGY

**Dr. Anna Gavin, Chair**

The Cancer Registries Working Group (CR WG), like all other Consortium Working Groups, consists of members from the Consortium's three partnering

jurisdictions. The BOD established the CR WG to coordinate collaborations between the cancer registries of Ireland and Northern Ireland. The CR WG is also dedicated to the training and furthering education of cancer epidemiologists. Toward this end, an initiative of the CR WG is to develop joint programs to help researchers gain understanding of cancer rates, trends, and outcomes on the entire island of Ireland. In 2006, the Ireland and Northern Ireland cancer registries continued to co-operate on the following projects:

### ■ IRELAND – NORTHERN IRELAND CO-OPERATION RESEARCH PROJECT GRANT

The research project grant titled *Factors underlying differences and trends in Prostate-Specific Antigen (PSA) testing, biopsy and prostate cancer incidence in Ireland 1994-2003* commenced on 1 August 2005. During 2006, the following progress was made:

#### Northern Ireland

- Matching of all PSA (until end 2003) and biopsy data to Cancer Registry and death data was completed.
- Analysis of PSA and biopsy data was completed.
- Questionnaire for survey of views and practices of urologists was



developed. Survey is to be completed at start of 2007.

- General Practitioner (GP) questionnaire was completed and data was published.

### Ireland

- Randomised controlled trial of low-cost incentives to increase response rates to postal questionnaires to GPs was completed. Paper was submitted to the *Journal of Clinical Epidemiology*.
- National survey of views and attitudes of Irish GPs to PSA testing was completed. Data analysis is underway.
- National survey of laboratories undertaking PSA testing was completed. Data analysis is underway.
- Information on over 650,000 PSA tests and more than 30,000 prostatic biopsies was collected. Data cleaning and linkages are underway between PSA dataset and cancer registration and mortality data.
- Questionnaire for national survey of views and practices of urologists was developed. Survey is scheduled to be completed at start of 2007.

Discussion is ongoing on how best to present PSA and prostatic biopsy data from each jurisdiction to illustrate similarities or differences in the use of these tests in both Ireland and Northern

Ireland. Separate analyses have been conducted in both regions and several manuscripts have been submitted and conference presentations made by each research team.

This project has produced:

- 1 published paper in 2006:  
*British Journal of Urology (BJU) International*
  - 5 papers in preparation
  - 19 published abstracts
- **3RD ALL IRELAND PANCREATIC CASE CONTROL STUDY 2006-2009**

*The 3rd All Ireland Pancreatic Case Control Study 2006-2009* received grants from the HRB and from the Ulster Cancer Foundation in 2006. Preliminary work regarding ethical approval, staff appointment, development of study protocol, and meeting of relevant clinicians is underway. The possibility of extending the study to Scotland is being discussed and a grant application to the Chief Scientist Office in Scotland is being prepared.

### ■ EXTENSION TO FINBAR

FINBAR, Factors Influencing the Barrett's Adenocarcinoma Relationship Study, is funded by the Ulster Cancer Foundation, the R&D Office, and the HRB. The all-Ireland study of factors in Barrett's oesophagus and

adenocarcinoma of oesophagus was extended with R&D Office funding to examine the role of the insulin growth factor axis and folate metabolism in the oesophageal inflammation, metaplasia, and adenocarcinoma sequence from 2006-2008.

### ■ UPDATE REGARDING CONSORTIUM SCHOLARS

Dr. Peter McCarron, Consortium Fellow in Cancer Epidemiology 2001-2003, is now a Professor within QUB and has spent the last year undertaking additional study in bioinformatics.

Dr. Paul Walsh, Consortium Fellow in Cancer Epidemiology 2001-2003, has a substantive post at the National Cancer Registry Ireland.

Dr. Deidre Cronin, Consortium Fellow in Cancer Epidemiology 2003-2006, has continued her collaboration with Dr. Linda Harlan, an NCI researcher.

Dr. Lesley Anderson, NCI Cancer Prevention Fellow 2005-2008, has successfully completed her Masters of Public Health (MPH) and Part 1 of the U.K. Faculty of Public Health exams. She is partway through her NCI Fellowship and is extending her work on Barrett's oesophagus and oesophageal cancer.



Dr. Amanda Black, NCI Cancer Prevention Fellow 2006-2009, has commenced work on her MPH (on-line Manchester) and plans to commence training at NCI June 2007. Dr. Black's current area of work revolves around prostate cancer and PSA testing. She plans to concentrate her work on cancer survivorship.

Dr. Marie Cantwell, a nutritionist and NCI Cancer Prevention Fellow 2002-2005, has been appointed as a lecturer in cancer epidemiology within the Cancer Epidemiology and Prevention Research Group at QUB. She is working on several projects including nutritional factors related to the development of oesophageal adenocarcinoma, early life influences on brain cancer, and pharmaceutical exposures and risk of pancreatic cancer.

#### ■ OTHER COLLABORATIONS INCLUDE:

##### **Cancer Tumor Registration Officer Qualification Program**

Drs. Richard Middleton, Northern Ireland Cancer Registry, and Harry Comber, National Cancer Registry Ireland, have been collaborating to determine the feasibility of a North/South Cancer Tumor Registration Officer Qualification Program and are developing a methodology for

introducing such a program. The rest of the U.K. and the Netherlands have expressed an interest in the program. The NCI Surveillance Epidemiology and End Results qualification criteria have also been explored.

#### **EUROCARE IV**

The aim of the EUROCARE IV project is to describe and explain geographical variations in cancer survival across Europe. Both the Ireland and Northern Ireland cancer registries are submitting data for this project.

#### **Training**

Dr. Paul Walsh, Consortium Fellow in Cancer Epidemiology 2001-2003, offered training to several staticians in Northern Ireland on survival analysis in 2006.

### CLINICAL TRIALS

#### **Dr. Ruth Barrington, Chair**

A major goal of the Consortium is to strengthen the capacity for cancer centers in Ireland and Northern Ireland to conduct cancer clinical trials, thus improving patients' access to new lifesaving therapies. The Clinical Trials Working Group (CT WG) has worked since 2001 to achieve this by facilitating the funding of hospitals across the island

of Ireland to develop and maintain infrastructure that supports clinical trials, and by establishing a central coordinating office to drive collaboration among these sites. This resulted in the ICORG, which includes two offices, the Group Central Office (GCO) and the Statistics & Data Management Office (SDMO). In terms of physical location, the SDMO is based in Belfast, while GCO performs a project management, coordinating, and administrative role from Dublin.

ICORG has a vital role in collaborating with clinical trials cooperative groups in Europe and the United States, and with the pharmaceutical industry to access new cancer trials for patients on the island of Ireland. ICORG had a busy, challenging, and fruitful 2006. A summary of the results of the key projects are summarised below.

#### ■ COLLABORATIONS

##### **Cross Border - Interoffice**

The GCO and SDMO have been working closely on a number of high profile in-house protocols, during which interoffice communications have increased significantly and standard operating procedures for combined office projects have been developed. Face-to-face meetings and teleconferences between the staff of the two offices have



occurred regularly with an average of more than two such meetings per month in 2006.

The three interoffice in-house studies that are currently open to accrual continue to enroll briskly; the myeloma study finished accruing its first 23 patient cohort.

### **International**

In May 2006, the group applied for membership of the highly respected U.S. Eastern Cooperative Oncology Group (ECOG). Membership application to ECOG required the submission of a substantial report detailing group structure, investigator CVs, and accrual track record. Six senior officers from ECOG travelled from the U.S. to conduct a site visit in early June 2006, which involved half-day visits to each of the GCO and SDMO offices. On the second and third days of the audit, the ECOG delegation visited three group investigational sites where a detailed review was completed at each hospital. Following this review, the ECOG principal investigators committee voted on, and approved, ICORG's membership. ICORG commenced its membership of ECOG in mid-June 2006. ICORG also initiated its first collaborations with the Scandinavian Oncology Research Group and, as a result, two prostate cancer studies are now open or in the process of

opening at many ICORG sites.

### **Pharmaceutical Industry**

The number of pharmaceutical company collaborations also grew in 2006. Many previously established projects continued to expand while a number of new potential sponsors were introduced to the benefits of developing new compounds with Irish investigators and working with their collaborative groups. An example of this success was the partnership established between GlaxoSmithKline (GSK) and Ireland. The partnership has resulted in the increase of protocols from two open protocols in 2004 to ten protocols by the end of 2006. GSK has also approved and agreed to fund ICORG's first in-house protocol with one of their key compounds.

In March 2006, Abbott Laboratories U.S. oncology development group visited Europe for the first time. A meeting with ICORG was included in the itinerary thanks to established preclinical collaborations with one of the ICORG investigators in Belfast. The result of this and other follow-up meetings is that the first Abbott lung protocol is due to start accruing patients at most ICORG sites in May 2007.

In late December 2006, the group opened an academic-led, Amgen-supported, pivotal study of Amgen's new tyrosine kinase inhibitor. This study will be managed and monitored in Ireland and Northern Ireland by ICORG.

### **■ PUBLICATIONS**

ICORG co-authored oral presentations at two plenary sessions at the American Society of Clinical Oncology Annual Meeting in Atlanta, Georgia, U.S. The group also co-authored their first *New England Journal of Medicine* publication where it was acknowledged for its contribution to the breakthrough lapatinib breast cancer study.

In September 2006, the National Surgical Adjuvant Breast and Bowel Project (NSABP) informed the group that it achieved an authorship position for its accrual of 58 patients to the C-08 protocol. The NSABP B38 protocol was initiated in April 2006. The group again performed well on this study with almost ten patients per month enrolled across the eleven participating centres. In October 2006, ICORG was informed that another authorship position was possible after its accrual of 65 more patients to the study. To date the group has accrued 109 patients.



## ■ OPERATIONS

### Quality

A number of important milestones were completed on the operations front. The group's early NSABP data reports confirmed the success of the group's high quality on-site monitoring. In a number of key data quality measures, the ICORG data quality was rated as "outstanding" or "above standards" by the NSABP on a scale that is determined across all participating sites in the study.

### Training

In November 2006, staff from both the GCO and SDMO travelled to Boston, Massachusetts (MA), U.S. to complete two days of ECOG-specific training.

### Meeting Participation

Meeting participation rates continue to grow with approximately 50% of the groups' 271 members participating in one or more disease specific sub-groups (DSSG) or scientific meetings during the year.

### Committee/Sub-Group Development

Committee development has continued with the finance committee growing to include a financial controller. The operational subset of the Executive, the

Executive Management Group (EMG), met regularly throughout the year and activity rates and attendances at the regular DSSGs continued to grow. These DSSGs screened more than 80 different protocols and prioritised close to 30 for activation in late 2006-early 2007.

Among these protocols is the group's first in-house translational study, which will test a concept being developed in one of the DSSG laboratories. This study will open for accrual in April 2007, as well as another study, which has resulted from the ongoing collaboration with the translational group at the University of California Los Angeles.

### Investigational Sites

2006 also saw the first patients enrolled in Letterkenny and the addition of Sligo to the list of centres in Ireland. It also saw the first international patients enrolled onto ICORG in-house studies with myeloma patients enrolled in mainland U.K. and mesothelioma patients enrolled in the Netherlands.

### Staffing

In the final quarter of 2006, ICORG began a hiring campaign to increase the number of staff members within the program. An experienced clinical research associate was recruited in November, as was a clinical trials assistant. In December, two trainee

clinical research associates also joined the GCO team. The difficult process of identifying and selecting a Group Development Executive continues with interviews scheduled for early March 2007.

## INFORMATION TECHNOLOGY

### Professor Donal Hollywood, Chair

The focus of the Information Technology Working Group (IT WG) is to build new technological capabilities that impact communication among jurisdictions and to develop enhanced information and sharing methods that benefit everyone. The IT WG is also dedicated to facilitating training and education, supporting the coordination of clinical trials, ensuring effective data management, and promoting health care delivery systems across the island of Ireland.

### ■ TELESYNERGY®

The TELESYNERGY® system, developed by the National Institutes of Health's Center for Information Technology (CIT), is a multimedia medical imaging system that augments the Consortium partners' abilities to collaborate on a variety of projects and activities across the island of Ireland and the U.S. The IT WG has been



responsible for coordinating the implementation of TELESYNERGY® on the island of Ireland since 2003. This successful expansion has made the TELESYNERGY® system on the island of Ireland the most developed in the world.

Ireland and Northern Ireland together were the first countries to utilize the TELESYNERGY® as a proposed national tele-oncology solution. The DoHC and HSE provided additional funding for the national TELESYNERGY® network as part of the ongoing National Radiation Oncology Development Plan. At the May 2006 SAG meeting, Professor Hollywood, chair of the IT WG, publicly expressed thanks to the DoHC and HSE for their support. TELESYNERGY® installations have been installed and fully commissioned by the CIT and Trinity College Dublin (TCD) teams at both Cork University Hospital and Galway University Hospital to complement the existing systems at TCD, St. Luke's Hospital in Dublin, and Belfast City Hospital. A new version of the system, TELESYNERGY® Lite, has also been commissioned at Letterkenny Regional Hospital. This is the first installation of the new system at any hospital location in Europe or North America. Additional 'Lite' systems will be installed early 2007 at a range of regional and general hospitals in Ireland including Tullamore,

Waterford, and Limerick enabling those clinical sites to have enhanced links to tertiary care oncology units together with considerably improved inter-hospital connectivity as part of the national clinical network.

In addition to the regional deployment of TELESYNERGY® systems, the IT WG members at CIT completed the TELESYNERGY® Conference hub at the Academic Unit of Clinical and Molecular Oncology and Division of Radiation Therapy at TCD. This, together with the final migration of the custom TELESYNERGY® software suite to a Linux-based system, enabled the completion of the island of Ireland telemedicine network.

Currently, the TELESYNERGY® network is used for a wide range of inter-hospital tumor boards, multidisciplinary team meetings, and educational programs, including the postgraduate fellowship training modules in radiation oncology. The TELESYNERGY® system network has also been used for meetings, seminars, and other communications central to the functioning of the clinical trials teams and DSSGs within ICORG.

Professor Hollywood presented the development of the national TELESYNERGY® system at a number of international meetings including *Linking Irish Centers through*

*TELESYNERGY®* at the UICC World Cancer Congress in Washington, D.C., in July 2006, and *TELESYNERGY® - the Development of a Clinical Network of Radiation Oncology Services in Ireland* at the November 2006 American Society for Therapeutic Radiation and Oncology conference in Philadelphia, Pennsylvania, U.S.

#### ■ SCIENCE FOUNDATION IRELAND (SFI) RESEARCH AWARD

Dr. Saturnino Luz, from the TCD Department of Computer Science, received a prestigious SFI research award to develop a new collaborative research program involving the TCD Centre for Health Informatics, the School of Radiation Therapy, and the Academic Unit of Clinical and Molecular Oncology, together with the Computational Bioscience and Engineering Laboratory at the NIH. The project will specifically examine the utility of the TELESYNERGY® system in enhancing computing support for multidisciplinary medical team meetings.



## NURSING

### Ms. Mary McCarthy, Chair

The Nursing Working Group (NRS WG) was established by the Consortium BOD to address a shortage of oncology-trained nurses on the island of Ireland. Since its implementation, the NRS WG has facilitated training, including pre-doctoral fellowships and other educational opportunities, for oncology nurses in the areas of clinical trials and genetics. The group is comprised of oncology nurses, clinicians, educators, and managers from Ireland, Northern Ireland, and the U.S.

The NRS WG met on three occasions during 2006. New members joining the group included Martin Bradley, Chief Nursing Officer (CNO), DHSSPS of Northern Ireland; Lorna Nevin, NICaN Supportive and Palliative Care Coordinator from Northern Ireland; Debra O'Hare, clinical research nurse from Ireland; Mary Day, Nurse Advisor, DoHC of Ireland; and Margaret O'Hagan, Nurse Advisor, DHSSPS of Northern Ireland.

The NRS WG continues to work through its current strategy and a number of activities occurred in 2006.

### ■ CLINICAL TRIALS E-LEARNING MODULE

A distance learning e-learning module on clinical trials was developed at QUB and will commence in January 2007. This module will play a pivotal role in facilitating accredited education specific to clinical research nursing. The module comprises a total of twelve weekly sessions, two of which will be conducted face-to-face. On-line interactions will further promote learning and exchange of practices across the island of Ireland. Three cancer clinical trial nurses from Ireland and six from Northern Ireland have enrolled in the program. Their feedback on the applicability of this program to their work in clinical trials on the island of Ireland will be collected in 2007.

### ■ NCI CLINICAL TRIALS TRAINING FOR NURSES

Four nurses from the island of Ireland attended the NCI Clinical Trials Training for Nurses program in October 2006. The four nurses selected this year were Clodagh McHugh and Aine Byrne from Beaumont Hospital in Dublin and Lorraine McKenna and Aishleen Brunton from Belfast City Hospital. The program consisted of five weeks where the four nurses rotated through

a series of educational courses, networking sessions, and time spent with experts in areas of particular interest to their clinical setting. The group met in August 2006 for an orientation day in St. James's Hospital, which included a TELESYNERGY® link to the NCI in Bethesda, Maryland (MD), U.S.

### ■ OUTREACH

Every year, the NRS WG represents the Consortium in a number of events and activities including Consortium-sponsored conferences and workshops. In 2006, the NRS WG facilitated the attendance of several nurses from the U.S., Ireland, and Northern Ireland to the 3rd AICC conference, where nursing input was significantly increased compared to previous years. Seven nurses presented their research in concurrent sessions at the conference and several nurses had poster presentations highlighting the wide range of research initiatives in cancer nursing. The spotlight of the nursing contribution, however, was the keynote address delivered by Professor Karen Cox entitled *Developing and Testing New Treatments for Cancer: How Can Trial Participants' Views Enhance Cancer Clinical Trial Management*.



Mary McCarthy's tenure as chair of the NRS WG ended this year. Martin Bradley, CNO Northern Ireland, will take up the chair of the group in 2007. The group extends their thanks to Mary for her leadership during her tenure as chair.

## PREVENTION

### Dr. Doug Weed, Chair

The Prevention Working Group (PRV WG) supports the Consortium by facilitating educational training and research on the island of Ireland and at the NCI. Among its efforts are prevention-related workshops and seminars, advocacy for island of Ireland participation in NCI cancer prevention programs, and strategic planning for cancer prevention research on the island of Ireland. Since 2002, the PRV WG has been instrumental in developing and supporting prevention-related health issues from a research perspective on the island of Ireland and has facilitated the participation of ninety-five scholars in NCI-sponsored programs. Below are examples of programs the PRV WG supported in 2006.

#### ■ NCI SUMMER CURRICULUM IN CANCER PREVENTION

The NCI sponsors two summer courses at the NCI, Bethesda, MD, U.S. each year: Principles and Practice of Cancer

Prevention and Control Course and Molecular Prevention Course.

Twenty-seven scholars from Ireland and five from Northern Ireland, to include fellows from the NCI Cancer Prevention Fellowship Program (CPFP), participated in the 2006 NCI Summer Curriculum in Cancer Prevention, which took place during July and August. Seven scholars attended both courses, seven attended the four week Principles and Practice of Cancer Prevention and Control Course, and eighteen attended the one week Molecular Prevention Course.

As part of the NCI Summer Curriculum in Cancer Prevention 2006, the Irish and Northern Irish scholars participated in the summer program's "International Day" on 21 July 2006. All-Ireland scholars and other international scholars in the course were given the opportunity to discuss public health issues challenging their countries, with a focus on cancer prevention and control. Irish and Northern Irish scholars gave brief presentations about control efforts on the island of Ireland, highlighting the successful smoking bans of Ireland and Northern Ireland.

#### Evaluation of NCI Summer Curriculum in Cancer Prevention

In 2005, the R&D Office commissioned an alumni evaluation survey of the NCI

Summer Curriculum in Cancer Prevention program. Surveys were distributed to Irish and Northern Irish alumni and included questions about the relevance of the program to the current research and/or clinical practice of alumni on the island of Ireland, as well as the applicability of the skills and expertise gained. Respondents included public health doctors, hospital doctors, nurses, and health service managers, representing basic science, clinical research, and health/social care services. The Evaluation Report was released in August 2006.

Overall, responses were overwhelmingly positive with results underlining the quality and added value of both NCI courses to the island of Ireland clinical and non-clinical research. Seventy-two percent of respondents said that the course(s) they completed influenced the direction of their current research. Fifty percent of respondents that participated in the Principles and Practice of Cancer Prevention and Control Course and 26% of respondents that participated in the Molecular Prevention Course also noted that they had become involved in collaborative research projects as a direct result of their participation in the NCI Summer Curriculum in Cancer Prevention program. Respondents also commented that they had become more internationally-focused in their research planning and that their research had



become more "evidence -based". Specific collaborations include an all-Ireland case control study of esophageal cancer and studies on Barrett's esophagus.

Two recommendations based on specific feedback were: (1) The NCI Summer Curriculum in Cancer Prevention should continue to be offered through the Consortium and cancer researchers from the island of Ireland should be encouraged to apply and (2) The R&D Office and the HRB should consider a follow-up initiative to facilitate collaborations amongst alumni. The complete Evaluation Report can be found at <http://www.allirelandnci.org/programs/prevention.shtml>.

#### ■ NCI CANCER PREVENTION FELLOWSHIP PROGRAM

Drs. Gwen Murphy and Sharon Glynn from Ireland and Dr. Lesley Anderson from Northern Ireland, CFPF fellows from 2005-2008, arrived at NCI for the second year of their cancer prevention fellowships. During the first year of their fellowships, Drs. Murphy and Glynn completed their MPH degrees at the School of Public Health and Population Science, University College Dublin. Dr. Anderson is now completing a Masters degree in Population Health Evidence at the University of Manchester.

During their second year, Dr. Murphy will investigate inflammation and its role in colorectal cancer and Dr. Anderson will focus on risk factors for non-Hodgkin's lymphoma, thymoma, and classic Kaposi sarcoma. Dr. Glynn's current research involves the use of molecular epidemiology to identify factors that promote breast cancer progression, with emphasis on estrogen receptor biology, inflammation pathways, and miRNAs.

The NCI Cancer Prevention Fellowship Program for 2006 awarded Drs. Amanda Black from QUB and Brid Ryan from University College Dublin fellowships to conduct cancer prevention research in the U.S. and the island of Ireland. Drs. Black and Ryan began their fellowships in the fall of 2006. They will spend their first year obtaining MPH degrees, followed by two years of research and professional development at NCI. They will then return to the island of Ireland to work in cancer prevention research and practice.

# Spotlight on the Consortium Scholars

Amanda Black

Bríd M. Ryan

Zubair Kabir

Aishleen Brunton

Clodagh McHugh

Eleanor O'Sullivan

Katherine Rogers

Graham Pidgeon

# Spotlight on the Consortium Scholars



In 2006, the Consortium, through the funding of the HRB, the R&D Office, and the NCI, provided sponsorship for 40 health care professionals on the island of Ireland. Below are the four Consortium-sponsored programs, followed by personal or third-party descriptions of 2006 awardees, their research projects, and/or personal experiences.

## NCI CANCER PREVENTION FELLOWSHIP PROGRAM

The CFPF provides training for those who will pursue careers in cancer prevention on the island of Ireland. Two fellows were accepted into the program in 2006 and are spotlighted below.

**Amanda Black, PhD**  
Cancer Prevention Fellow  
Queen's University Belfast, Belfast

Dr. Black is currently working under the leadership of Dr. Chris D. Berg in the Early Detection Research Group in the Division of Cancer Prevention, NCI. She is about to complete a MPH at the University of Manchester where she is focusing her dissertation on the use of PSA testing and prostate cancer diagnosis in a country where screening for prostate cancer is not recommended. She continues to pursue her research interests in cancer screening and early

detection, utilising data from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial.

**Brid M. Ryan PhD, MPH**  
Cancer Prevention Fellow  
University College Dublin, Dublin

Dr. Ryan is currently working in the Laboratory of Human Carcinogenesis, Center for Cancer Research, NCI, with Dr. Curtis Harris as her mentor. Her research at NCI is focusing on the occurrence and control of asymmetric division in small cell and large cell lung cancer stem cells. In addition, she is using molecular epidemiology to identify new biomarkers that will predict for both risk and outcome in lung cancer patients.

## JOINT RESEARCH FELLOWSHIPS IN CANCER

The Joint Research Fellowships in Cancer aims to develop strong and sustainable relationships between cancer researchers on the island of Ireland and the U.S. The project is awarded on a full-time basis over three years. In 2006, two fellowships were awarded. One of the recipient's research projects is spotlighted by Dr. Zubair Kabir.

**Zubair Kabir, PhD**  
Research Fellow  
Institute for a  
Tobacco Free  
Society, Dublin



***Tobacco-related health outcomes and Smoking policies: Massachusetts and Ireland***

Principal Investigators:  
Professor Luke Clancy, Research Institute for a Tobacco Free Society, Dublin and Professor Gregory N. Connolly, Harvard School of Public Health, Boston, MA, U.S.

Duration of Project: September 2006-August 2008

In 2025, almost 10 million tobacco-related deaths are projected worldwide. Ireland alone reports 6,500 tobacco-related deaths annually, mainly lung cancer, coronary heart diseases, and chronic lung diseases. Ireland was the first country in the world to introduce a comprehensive nationwide workplace smoking ban in March 2004. The state of Massachusetts in the United States is also a global leader in anti-smoking policies. In July 2004, Massachusetts introduced the statewide smoke-free policies. However, in January 1993 a comprehensive Massachusetts Tobacco



Control Program (MTCP) was already in place and since then smoking ordinances were legislated in different towns and in cities across the state of Massachusetts. Through serious, science-based efforts, the Tobacco Control Research Program in the Harvard School of Public Health is committed to understanding the dangers of smoking and secondhand smoke exposure, so that "denormalization" of smoking in society can occur. Our joint research project is in accordance with the theory that the combination of scientific evidence with capable leadership and strong infrastructure is the best way to empower a country's national capacity to effectively fight the tobacco epidemic. This collaboration is a stepping-stone to moving towards the Irish government's commitment to a tobacco-free society.

To date in this project, we have looked at the potential reductions in lung cancer deaths in the state of Massachusetts from 1931 to 2003. Almost 23,500 fewer lung cancer deaths were estimated between 1977 and 2003 because of some form of anti-smoking efforts in Massachusetts since the early 1960's. There has been 21% relative decline in adult smoking prevalence in Massachusetts from 1993 onwards, such a decline has contributed to a total of 425 fewer coronary heart disease deaths between 1993 and 2003, which in turn has generated approximately 3,365 extra lives. If such a trend continues to 2010, then the U.S.

2010 Healthy People Objective of an overall 12% smoking prevalence is likely to be achieved. However, if the recent reductions in budgetary allowances for health promotional activities continue, then the 2010 objective cannot be achieved in Massachusetts. Therefore, this collaboration not only attempts to evaluate the MTCP but also to project such tobacco-related health outcomes based on different scenarios (examples include increased taxation, 100% indoor air policies, reduction in youth access to smoking products, and anti-smoking media advertisements) using simulation models. Similar studies can be undertaken in Ireland to come up with an evidence-based comprehensive national tobacco control program. The model will be adapted and replicated in year two for use in Ireland. Massachusetts is an ideal comparison site given the fact that the state has the highest proportions of residents claiming Irish heritage (25%), that its tobacco campaign and decline in smoking predated that of Ireland by a decade, and that Ireland's smoking rates are now fallen in a pattern similar to Massachusetts.

## NCI CLINICAL TRIALS TRAINING FOR NURSES

The NCI Clinical Trials Training for Nurses hosts oncology nurses who spend five weeks in the U.S. rotating between oncology units at the NIH Clinical Center and the U.S. National Naval Medical Center. During training, the nurses focus on a team approach to managing clinical trials. Two of the four 2006 participants share their personal thoughts in this spotlight.

**Aishleen Brunton**  
Clinical Research  
Nurse  
Belfast City Hospital  
Trust, Belfast



*"...I am thankful to have had the opportunity to learn from my colleagues in both the United States and Ireland."*

I work as a research nurse in cancer clinical trials in the Belfast City Hospital. I had heard great reports from my colleagues who had previously attended the NCI Clinical Trials Training for Nurses in Washington, D.C. When I saw the advertisement in the Belfast Telegraph for the 2006 program, I knew that I would be foolish to pass up an opportunity like this. Thankfully, I was successful during the interview process



and was awarded the scholarship along with three other girls, two from Dublin and a colleague of mine from the Belfast City Hospital, Lorraine McKenna.

We attended an orientation day in Dublin, which was a great opportunity for the four of us to become acquainted, and included a teleconference with our American mentors. This was useful in developing our aims and objectives for the five-week program based on our own specific areas of interest. I had worked in clinical trials for almost a year and had previously worked in both inpatient and outpatient oncology units. More specifically, I wanted to learn more about cancer clinical trials, as I was relatively new to the role of clinical research nurse.

Program Coordinators of the NCI Clinical Trials Training for Nurses, Elizabeth Ness, Georgie Cusack, and Joyce Stocker had carefully organized our timetable for the five-week period and were very supportive throughout the program. They truly did make it an enjoyable experience and made us feel very welcome at the NCI. We were provided a mentor who would allow us to shadow their work and learn about their area of expertise. In doing so, I was able to observe many clinics, meet other members of the multi-professional team, and compare the role of the research nurse at the NCI to my own role. The education sessions proved valuable to

our learning experience including the Fundamentals in Clinical Trials course, Bioethics course, and Institutional Review Board meetings and tutorials. I was particularly interested in the areas of Phase 0 clinical trials, immunotherapy, nursing research, and the role of the nurse practitioner in clinical trials. The program included protected time for our own learning needs. I found this very useful because it allowed me to explore these areas further by setting up informal meetings with managers and other allied health professionals.

The knowledge that I gained during this time was invaluable and I believe that my nursing skills have improved as a result. It was a great opportunity to reflect on current practice and to draw comparisons between the two settings. As a result, we identified areas of our own practice that we would like to develop further and the necessary materials to aid this process.

Overall, it was an amazing experience and I am thankful to have had the opportunity to learn from my colleagues in both the United States and Ireland. We were made to feel very welcome and shown great hospitality throughout. I would definitely recommend the program to others.

### **Clodagh McHugh**

*Oncology Liaison  
Nurse  
Beaumont Hospital,  
Dublin*



*"I would highly recommend it for nurses working in the clinical oncology area."*

I have been working in the haematology/oncology area for the past seven years. I am currently employed as an oncology liaison nurse in Beaumont Hospital, Dublin. A fundamental part of my role is providing education and support for people with cancer and their families from the time of diagnosis to the duration of their treatment. As part of my role, I encounter a wide range of cancers and their treatments and therefore research and knowledge of innovative therapies is imperative.

In 2000, I recall receiving feedback from my managers about the All-Ireland NCI Cancer Consortium. I could not have envisaged that six years later I would be fortunate enough to be selected for the NCI Clinical Trials Training for Nurses. As I reflect upon this experience at an internationally recognized research institute, I can only say that it was an invaluable opportunity. It provided me with not only a greater insight into the area of clinical trials but an opportunity



to develop my own practice and establish contacts with health professionals from both the NCI and Northern Ireland.

The program was facilitated by three very dedicated people: Georgie Cusack, Liz Ness, and Joyce Stocker. Throughout the program, they offered support and encouragement and gave us direction. The program was a combination of structured courses, including courses in ethics, research and clinical trials, and evidence-based practices, and informal sessions and placements with clinical nurse specialists/research nurses and advanced nurse practitioners within varied specialties. We also attended journal clubs, medical and nursing grand rounds, case conferences, and staff educational sessions. The lectures we attended were of a very high standard; many of the lecturers have published and are well recognized and established in their own field. The underlying quality in everyone we met was willingness to share and disseminate knowledge. There is strong ethos among the NCI staff towards continuing education and achieving academic recognition.

This unique experience has provided me with resources and ideas for development within my own practice in the oncology unit and I would highly recommend it for nurses working in the clinical oncology area. I am very appreciative of my managers and

colleagues for helping me during this five-week program. I am also very grateful to the HRB and the NCI for providing me with this opportunity.

### NCI SUMMER CURRICULUM IN CANCER PREVENTION

The NCI Summer Curriculum in Cancer Prevention conducts two courses for health care professionals from a variety of disciplines: a 4-week course of study on Principles and Practice of Cancer Prevention and Control Course and a 1-week Molecular Prevention Course, held consecutively at NCI, Bethesda, MD, U.S. They join participants from international cancer centers, universities, health departments, industry, and government for the program. Three of the thirty-two 2006 scholars share their personal reflections on the course.

**Eleanor O'Sullivan,  
BDS, PhD**

*Clinical Lecturer  
Cork University  
Dental School &  
Hospital, Cork*



*"Our days were filled with a heady mixture of stimulating lectures, thought-provoking discussions, and international camaraderie."*

As clinical lecturer in the Oral Surgery Department, I am involved in undergraduate and postgraduate education and research as well as hands-on clinical care of a wide range of patients. I have a particular interest in the treatment of patients with oral cancer, one of the most predominant cancers in Ireland, and am actively involved in the provision of oral and dental care to head and neck cancer patients from diagnosis to palliation. My doctoral thesis involved a detailed examination of the epidemiology, etiology, therapeutic uptake, and survival of oral and pharyngeal cancer patients. Among the issues highlighted by this research were the extremely high levels of tobacco and alcohol consumption among oral and pharyngeal cancer patients and the pattern of late presentation. I realised that the key to success in oral cancer lay not in the discovery of a 'magic bullet' but rather in



a paradigm shift from a disease-orientated health service to one focused principally on primary prevention and early detection. Since then, my research has focused on the primary and secondary prevention of oral cancer through education/behavior modification, and opportunistic and targeted screening. In July 2006, I was delighted to receive a HRB award to attend the NCI Summer Curriculum Principles and Practice of Cancer Prevention and Control Course.

The visit to Washington and the NCI was a fantastic experience from start to finish. Our days were filled with a heady mixture of stimulating lectures, thought-provoking discussions, and international camaraderie. Excellent handouts and extensive research publications accompanied the informative and wide-ranging lectures. The lecturers encouraged questions and the ensuing discussions provided many interesting insights, revealing the wealth and diversity of experience within the audience. This diversity was graphically illustrated during the International Day presentations contrasting the status of cancer prevention in over ten countries on four continents.

The course provided a thorough grounding in the overall concepts of cancer prevention and control; while the tobacco and alcohol modules were very useful, the lectures on research ethics,

law/policy, and behavioral science were a novel and valuable experience for me. The geographic and interdisciplinary diversity of the participants added to the richness of the experience as did the generosity of the NCI in encouraging access to datasets such as the National Health and Nutrition Examination Survey, Health Information National Trends Survey, and the NCI Cancer Control Planet.

The course certainly broadened my horizons and my perspective on cancer prevention. It was a uniquely rewarding experience, enhanced by the efficiency and kindness of the HRB and NCI organisers. I feel it will prove to be of great value to me in my research, teaching, and clinical work. The link created with the NIH/NCI faculty and the program participants will be a rich source of advice and collaborative opportunities in the years ahead. I am truly delighted to have been given this opportunity. I would strongly recommend this course to colleagues involved in cancer research and health promotion.

**Katherine Rogers,  
PhD**

*Post-doctoral Fellow  
Queen's University  
Belfast, Belfast*



*"Overall I think that participating in the course has been a wonderful opportunity and has given me an education in a broad range of subject areas relevant in the highly exciting and evolving field of cancer research."*

I completed my PhD in molecular oncology at the Centre for Cancer Research and Cell Biology before embarking on a post-doctoral fellowship at the Centre. My research has focused on cell signaling and elucidating the molecular mechanism responsible for the enhanced activation of signal transducer and activator of transcription factor-1 and the subsequent potentiation of apoptosis when breast cancer cells were co-treated with the cytokine IFN-gamma and a range of chemotherapeutic agents.

I applied to the R&D Office for a place in the NCI Summer Curriculum Molecular Prevention Course in 2006 and was delighted to be awarded a position to attend the course at the NCI. My aim in attending the course was to gain a wider perspective of the enormous field of cancer research beyond the



island of Ireland. Therefore, the opportunities offered by the All-Ireland NCI Cancer Consortium provided an ideal environment where I was able to attend an excellent program and network with expert scientists and clinicians, as well as meet other researchers who, like me, were just embarking on their career in cancer research.

Participating in the course has enhanced my career prospects in the field of cancer research by improving my laboratory skills and methodologies while refining my ability to critically evaluate my work. I have also met many interesting people in the field with whom I have maintained contact. Overall, I think that participating in the course has been a wonderful opportunity and has given me an education in a broad range of subject areas relevant in the highly exciting and evolving field of cancer research. I would highly recommend the program to junior and senior scientists alike.

**Graham Pidgeon,  
PhD**

*Research Lecturer  
Trinity College  
Dublin, Dublin*



*"The course also made me realise the need to strengthen my own efforts in the area of cancer prevention, as well as cancer treatment."*

I obtained my PhD in Cancer Biology from the Royal College of Surgeons Ireland (RCSI)/Dublin City University, Ireland in 2000 in the field of breast cancer. I then obtained a fellowship from the American Cancer Research and Prevention Foundation to work as a post-doc at Wayne State University, Detroit, Michigan, U.S. in the area of prostate cancer and bioactive lipids. I returned to Ireland in 2002 as senior post-doc to the Department of Clinical Pharmacology at RCSI, where I was awarded an HRB post-doctoral fellowship. I moved to the TCD's Institute of Molecular Medicine as research lecturer in 2004, where I work in the area of non-small cell lung cancer, bioactive lipids, and angiogenesis.

I attended the NCI Summer Curriculum in Cancer Prevention in August 2006 and found it an extremely informative experience. The course had been

recommended to me by a number of past attendees from my institute who found it to be highly educational. Throughout the course I heard experts in their chosen field present work on various aspects of cancer prevention and treatment. The speakers engaged freely in informative discussion and were very approachable. As a lecturer at TCD, I have incorporated many of the presentations from the course as supplement to my own teachings in the areas of the molecular biology of cancer. The course also made me realise the need to strengthen my own efforts in the area of cancer prevention, as well as cancer treatment.

One additional benefit of the program was that it brought together numerous other health care professionals with common interests from all over the world. It was amazing to meet and interact with these people, particularly on the research front in such an inspirational setting. I would highly recommend the course to anybody with an interest in cancer prevention/treatment.



## Partners and Institutional Members

### IRELAND

#### Department of Health and Children

In 1947, Ireland's Department of Health and Children was established under the Ministers and Secretaries (Amendment) Act of 1946. Before then, the Department of Local Government and Public Health was responsible for public health services, which continued to be administered by local authorities until 1970. The Department's direct involvement in the execution of health policy was increased by the Health Act, 1970, which established eight health boards and abolished the Hospitals Commission. The emphasis on the curative and regulatory aspects of the health services and the need to develop the acute hospital sector in particular remained a defining characteristic of health policy in the decade following the passing of the Act. Consistent development of services occurred in the period from 1970 to the mid-1980s in accordance with the policy commitments of the 1966 white paper *The Health Services and Their Further Development*.

Reappraisal of health services, which commenced in 1986 with the discussion document *Health: The Wider Dimensions*, culminated in the 1994 publication of the health strategy *Shaping a Healthier Future*. This Strategy signaled a significant change in direction, with its emphasis on the

achievement and measurement of both health and social gains and its commitment to the organization and management of the system as an integrated whole.

In 2001, *Quality and Fairness—a new health strategy for the next seven to ten years*—was launched. Based on the principles of equity, people-centeredness, quality, and accountability, the Strategy's key elements include the largest expansion in hospital bed capacity in the health service's history; a new Treatment Purchase Fund to buy treatment for public patients waiting for more than three months from initial referral; the addition of more day/respite care facilities and residential capacity for people with disabilities; development of an Action Plan on Age; statutory complaints procedures; a new National Hospitals Agency; and an independent Health Information and Quality Authority.

Under legislation passed in December 2004, the Health Service Executive was established and given statutory responsibility for the delivery of the entire range of health and personal social services previously delivered by the regional health boards and authority. This reorganisation provided uniformity and consistency of policy implementation and service delivery across the entire country, improving access and quality.

Under the Corporate Bodies Act, the interim Health Information and Quality Authority has been set up to drive the health information and quality and safety agenda from a national perspective. Finally, the Department of Health and Children itself underwent a major reorganization in 2005 to take account of its new role in the reformed health system. These major reform initiatives have been designed to modernize our health service and provide the level and quality of care consistent with our state of economic and social development.

### NORTHERN IRELAND

#### Department of Health, Social Services and Public Safety

Established by the Departments Order 1999, the Department of Health, Social Services and Public Safety is charged with three main business responsibilities:

- Health and Personal Social Services (HPSS): policy and legislation for hospitals, family practitioner services, and community health and personal social services.
- Public Health: policy, legislation, and administrative action to promote and protect the health and well being of the population.
- Public Safety: policy and legislation for the Fire and Ambulance Services.



Several professional groups serve as advisors to the administration of the Department. The Medical and Nursing Groups have representatives in the Consortium membership. The Health Minister for Northern Ireland in the first part of 2006 was Shaun Woodward; Paul Goggins replaced him in May of 2006.

The Department's mission is to improve the health and social well being of all people in Northern Ireland by ensuring appropriate health and social care services in clinical settings, such as hospitals and GP's surgeries, and in the community through nursing, social work, and other professional services.

The DHSSPS also supports health promotion and education programs to encourage the community to adopt activities, behaviors, and attitudes that will lead to improved health and well being.

Since 2000, the Government has produced a written contract with the people of Northern Ireland setting out, within the limits of the financial resources available, the plans and priorities for tackling problems and improving public services. The current document, known as *Priorities and Budget 2006-08*, sets the context for the Department's present planning arrangements, and contains a Public Service Agreement (PSA) detailing the

DHSSPS's key targets and associated actions and links resources to the achievement of agreed outputs and outcomes. The PSA having prescribed the ends, the Health Minister's *Priorities for Action* document sets out the means by which the HSC will achieve those ends.

This document takes the outcomes and targets contained in the *Priorities and Budget 2006-08* and translate them into a clear and challenging agenda for the HSC structured around 10 priority areas:

- Improving health and well-being.
- Safer, better quality services.
- Reductions in hospital waiting times.
- Significant improvements in emergency care.
- Fully integrated care and support in the community.
- Improvements in children's services.
- Better mental health and learning disability services.
- Effective financial control and improved efficiency.
- Reforming the workforce.
- Infrastructure investment.

The devolved government, the Northern Ireland Executive, will complete the Review of Public Administration (RPA), instituted by Direct Rule Ministers. Aimed at reducing bureaucracy and concentrating resources on the front line of care, initial RPA changes have seen a

reduction from nineteen to six in the number of service-providing Trusts. Decisions have yet to be taken on how, in the longer term, such services will be commissioned and their performance managed. For the moment, it remains the job of the four HPSS Boards to secure effective health and social services for their local populations, improve health and social well being, and reduce inequalities. Their strategies for doing so are spelled out in their *Health and Well-Being Investment Plans*. The setting, monitoring, and reporting of standards across health and personal social services will continue to be the responsibility of the Regulation & Quality Improvement Authority.

#### *Review of Public Administration*

In 2003, the Ministers decided that the HPSS should be restructured within the context of the RPA. Proposals for Reform were set out in the second RPA consultation paper in 2005 and the Secretary of State announced the final outcome of the review in two parts. In November 2005, he announced final decisions on the future of local government, Education, and Health and Social Service structures; and in March 2006, he announced decisions on the remaining public bodies.

There will be two major phases for implementation of the RPA in Health.



The first phase, set to take place on 1 April 2007, will involve the establishment of five new integrated Health and Social Care Trusts replacing 18 of the 19 existing Trusts. The second phase will formally establish the other structures by April 2008.

Following this devolution, the new Minister for Health will decide how existing structures need to be changed to reflect more appropriately the return of local administration. The Minister, however, intends to have the new structures in place by April 2009 to ensure that any reforms made, will lead to better outcomes for the people of Northern Ireland in terms of health and social care.

## UNITED STATES

### National Cancer Institute

#### Department of Health and Human Services

The NCI is a component of the NIH, one of eight agencies that compose the Public Health Service in the U.S. Department of Health and Human Services. The NCI, established under the National Cancer Act of 1937, is the U.S. Federal Government's principal agency for cancer research and training. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained

the NCI authorities and responsibilities and added new information dissemination mandates as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice.

The NCI coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. Specifically, the Institute:

- Supports and coordinates research projects conducted by universities, hospitals, research foundations, and businesses throughout the U.S. and internationally through research grants and cooperative agreements.
- Conducts research in its own laboratories and clinics.
- Supports education and training in fundamental sciences and clinical disciplines for participation in basic and clinical research programs and treatment programs relating to cancer through career awards, training grants, and fellowships.
- Supports research projects in cancer control.
- Supports a national network of cancer centers.
- Collaborates with voluntary organizations and other national and

foreign institutions engaged in cancer research and training activities.

- Encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research.
- Collects and disseminates information on cancer.
- Supports construction of laboratories, clinics, and related facilities necessary for cancer research through the award of construction grants.

In the National Cancer Act of 1971, the NCI was charged to "Collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer...[and to] disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country." In addition, the Institute was directed to "Support research in the cancer field outside the United States by highly qualified foreign nationals...; support collaborative research involving American and foreign participants; and support the training of American scientists abroad and foreign scientists in the United States."

Dr. John Niederhuber is the Director of the National Cancer Institute. Mr. Michael Leavitt is the U.S. Secretary of Health and Human Services.



## Other Major Participating Members

### Research & Development Office

#### Northern Ireland

The Research and Development Office is responsible for the overall direction for Health and Personal Social Services research and development and serves as the liaison with national statutory bodies and health-related organizations. The office provides support for a wide range of research and development initiatives, from education and training to direct commissioning. The Research and Development Office has a mandate to encompass the research needs of all sectors of health and social care within Northern Ireland. Therefore, it promotes, coordinates, and supports research and development within the field of health and social care.

### Health Research Board

#### Ireland

In conjunction with Northern Ireland's Research and Development Office, Ireland's Health Research Board is responsible for funding many Consortium programs, including the clinical trials network and scholar exchange programs. Mr. John Boland, Ireland's former Minister of Health, established the HRB in 1986. The Health Research Board's mission is to improve health through research and information. It believes that research and information improve health, combat disease, reduce disability, and enhance the quality and equity of health care in Ireland. Health research also has a major contribution to make to the growth of a knowledge-based economy in Ireland, as it is the key to development of new and more effective ways of diagnosing and treating disease. Through its support for health research, the HRB is contributing to strengthening research capacity on the island of Ireland. The HRB works closely with partners in Ireland, the U.K., Europe, and the U.S. to achieve its goals.

### Office of International Affairs

#### United States

The Office of International Affairs of the National Cancer Institute coordinates the Institute's worldwide activities in a number of arenas, including liaison with foreign and international agencies; coordination of cancer research activities under agreements between the U.S. and other countries; planning and implementation of international scientist exchange programs; sponsorship of international workshops; and dissemination of cancer information globally.

# Consortium Participants



## Board of Directors

**Dr. James Kiely (Chair 2006), Chief Medical Officer**  
Department of Health and Children, Dublin

**Dr. Michael McBride, Chief Medical Officer**  
Department of Health, Social Services and Public Safety, Belfast

**Dr. John E. Niederhuber, Director,** National Cancer Institute, Bethesda

## Strategic Advisory Group

Representatives of Participating Jurisdictions

**Dr. Joe Harford (Chair), Director**  
Office of International Affairs, National Cancer Institute, Bethesda

**Dr. Ruth Barrington, Chief Executive**  
Health Research Board, Dublin

**Professor Robert Stout, Director**  
Research & Development Office, Department of Health, Social Services and Public Safety, Belfast

## Working Group Chairs

Cancer Registries/Epidemiology  
**Dr. Anna Gavin, Director**  
Northern Ireland Cancer Registry, Belfast

Clinical Trials  
**Dr. Ruth Barrington, Chief Executive**  
Health Research Board, Dublin

Information Technology  
**Professor Donal Hollywood, Professor of Clinical Oncology, Head of the Academic Unit of Clinical and Molecular Oncology**  
Trinity College Dublin, Dublin

Nursing  
**Ms. Mary McCarthy, Chief Nursing Officer**  
Department of Health and Children, Dublin

Prevention  
**Dr. Douglas Weed, Chief**  
Office of Preventive Oncology, National Cancer Institute, Bethesda

Scholar Exchange  
**Professor Patrick Johnston, Director**  
Centre for Cancer Research & Cell Biology, Queen's University Belfast, Belfast City Hospital, Belfast

## Other Strategic Advisory Group Members

**Dr. Oscar Breathnach**  
*Consultant Medical Oncologist*  
Cancer Centre, Beaumont Hospital, Dublin

**Professor Charles Campbell**  
*Professor of Surgery*  
Queen's University Belfast, Belfast

**Professor Peter A. Hall**  
*Musgrave Professor of Pathology*  
Queen's University Belfast, Belfast

**Dr. Lee J. Helman**  
*Acting Scientific Director for Clinical Sciences*  
Center for Cancer Research, National Cancer Institute, Bethesda

**Dr. Mary Hynes**  
*Assistant Director*  
National Hospitals Office, Health Service Executive, Merlin Park Regional Hospital, Galway

**Professor Richard Kaplan**  
*Associate Director*  
National Cancer Research Network U.K., Leeds and London

**Professor Elaine Kay**  
*Consultant Histopathologist*  
Beaumont Hospital, The Royal College of Surgeons in Ireland, Dublin

**Professor Mark Lawler**  
*Associate Professor of Experimental Hematology*  
Department of Hematology and Institute for Molecular Medicine, St. James's Hospital and Trinity College Dublin; *Chief Molecular Geneticist and Director Cancer Molecular Diagnostics Laboratory*, St. James's Hospital, Dublin



## Outreach

The Consortium employs a Web site, newsletters, activities reports, and email announcements to inform the public and health professionals in Ireland, Northern Ireland, the United States, and other countries about Consortium activities and programs. It also supports an e-mail Help Desk to answer questions and provide information about Consortium efforts. The Consortium does not provide information on job placement or cancer treatment. If you are interested in joining the Consortium database, please contact the Help Desk.

### Web Site ([www.allirelandnci.org](http://www.allirelandnci.org))

Current news and information about the Consortium is posted to the Web site regularly. Information about Consortium-sponsored educational opportunities, fellowships, and funding is available on the Web site for U.S. and island of Ireland oncologists, nurses, and researchers.



### Newsletters

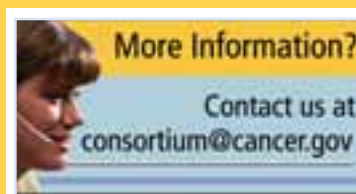
Periodically, newsletters are created to disseminate information and highlight activities, events, and people associated with the Consortium. Upon request, hard copies will be mailed to individuals and/or organizations with an interest in cancer, research, and education; however, PDF versions of all issues are always available on-line in the Publications section of the Consortium Web site.



### Help Desk

The Consortium Help Desk provides e-mail support for individuals and/or organizations seeking assistance in connecting with the participating partners. Help Desk staff will direct inquiries/requests to the appropriate Consortium contact and will provide answers to questions related to Consortium programs or activities.

E-mail: [consortium@cancer.gov](mailto:consortium@cancer.gov)





## Highlight of the Year

### 3rd All Ireland Cancer Conference 2006

The 3rd AICC took place at Waterfront Hall in Belfast on 12-15 November 2006. The conference was hosted by the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium, in celebration of seven years of collaboration on cancer research and care in Ireland.

A committee led by Dr. Anna Gavin, Director of the Northern Ireland Cancer Registry, organized the conference, arranging a full and wide-ranging program with over 50 speakers from the island of Ireland and around the world. Speakers focused on the latest developments in cancer prevention, pharmacogenomics, radiation oncology, nursing research, biomarkers, target discovery, drug development and palliative care.

Over 470 delegates from all-Ireland, the U.S., and the United Kingdom attended the conference. The Vice Chancellor of QUB, Professor Peter Gregson on Sunday, 12 November, opened the conference with welcoming remarks. Ten sessions on various cancer related topics were held from 13-15 November. Evening events were held on both the 13th and 14th of November.

On 13 November, an updated MOU, which defines the cooperative agreement between Ireland, Northern Ireland, and the United States for the next five years, was signed into agreement. Dr. John Niederhuber, Director of the U.S. NCI, participated in the signing ceremony, which took place at Belfast's Waterfront Hall in conjunction with the 3rd AICC. The MOU was signed by U.S. Secretary of Health and Human Services, Michael Leavitt; Northern Ireland, Minister for Health, Social Services and Public Safety, Paul Goggins; and Ireland, Minister for Health and Children, Mary Harney T.D.

The conference generated several articles in the local and national press. The Consortium would like to thank the following conference sponsors for the funding and support given to make the 3rd AICC a success:

- Department of Health, Social Services & Public Safety, Northern Ireland
- Eastern Health & Social Services Board
- National Cancer Institute
- Department of Health & Children, Ireland
- Research & Development Office
- All Ireland Cancer Foundation
- Belfast City Council
- Beechvale Natural Water, Ltd.
- Queen's University Belfast
- Health Research Board
- Action Cancer
- ALMAC GROUP, LTD
- Institute of Public Health in Ireland
- Irish Cancer Society
- Ulster Cancer Foundation
- Northern Ireland Hospice Care
- Varian Medical Systems, Inc.
- Sanofi Pasteur
- Elekta, IMPAC Medical Systems, Inc.
- Randox
- AstraZeneca
- Pierre Fabre Laboratories
- Chugai Pharma Europe, Ltd.
- InterSystems
- Healthcare at Home



Dr. John Niederhuber, NCI Director, with Paul Goggins, Minister for Health, Social Services and Public Safety in Northern Ireland, and Mary Harney T.D., Minister for Health and Children of Ireland, at the signing of the 2006 MOU



## Consortium in the News

### Consortium Recognized by Director of NCI

In the 28 November 2006 issue of the *NCI Cancer Bulletin*, Dr. John Niederhuber, Consortium BOD member and NCI Director, recognized the ongoing work of the All-Ireland NCI Cancer Consortium in his Director's Update. He celebrated the unity and progress the partnership has brought to cancer research and education and acknowledged its many accomplishments throughout the years. For a copy of the issue, visit:

[http://www.cancer.gov/ncicancerbulletin/NCI\\_Cancer\\_Bulletin\\_112806/page3](http://www.cancer.gov/ncicancerbulletin/NCI_Cancer_Bulletin_112806/page3)



### 3rd All Ireland Cancer Conference 2006

On 12-15 November 2006 at Waterfront Hall in Belfast, the 3rd AICC hosted over 50 international speakers, 90 research posters, and nearly 500 attendees on the island of Ireland. For more information, visit:

<http://www.qub.ac.uk/research-centres/nicr/AboutUs/News/#d.en.36174>

[http://www.allirelandnci.org/pdf/newsletter\\_spr07\\_page2.pdf](http://www.allirelandnci.org/pdf/newsletter_spr07_page2.pdf)





MEMORANDUM  
OF  
UNDERSTANDING

between

The Department of Health and Children of Ireland;  
Department of Health, Social Services, and Public Safety for  
Northern Ireland; and United States Department of Health and  
Human Services

The Department of Health and Children of Ireland; the Department of Health, Social Services, and Public Safety for Northern Ireland; and the National Cancer Institute (NCI), a part of the National Institutes of Health (NIH) within the United States Department of Health and Human Services (HHS), (hereinafter, referred to as the Participants) intend to continue their collaboration begun in 1999 called the Ireland-Northern Ireland-HHS/NIH/NCI Cancer Consortium:

Recognizing that cancer is a major public-health/health-care problem that causes premature morbidity and mortality;

Recognizing the necessity to apply the most effective preventive and therapeutic strategies to the control of this disease;

Further recognizing that these strategies can be most effectively implemented on an international and collaborative basis;

The Consortium is to intensify its endeavours in a manner that encompasses all aspects of cancer control. This enhanced cooperation should enable improved scientific programmes in each jurisdiction, including in the following areas:

- Prevention and early detection;
- Diagnosis and treatment;
- Palliative care and survivorship;
- Interactions aimed at enhanced public-health and patient-care;
- Research (including biobanking);
- Education and training for physicians, nurses, and scientists;
- Epidemiology (including registration, and surveillance);
- Quality assurance; and
- Cancer policy analysis and health economics.

## **SECTION I**

### **Scope of Understanding**

The participants intend to continue their collaboration to cover the areas outlined above to do the following:

- Identify infrastructure improvements necessary for the island of Ireland;
- Formalize and facilitate interactions among the United States, Ireland, and Northern Ireland cancer-control communities;
- Develop joint programs that could enhance the environment for cancer control with the anticipated outcomes of improved prevention and cancer care; and
- Develop educational exchange programmes for cancer- control personnel.

## **SECTION II**

### **Governance of Consortium**

A Board composed of representatives of the Department of Health and Children of Ireland; the Department of Health, Social Services and Public Safety for Northern Ireland; and the National Cancer Institute within the National Institutes of Health (NIH) of the U.S. Department of Health and Human Services (HHS/NIH/NCI) will oversee The Consortium and its collaborative programmes developed under this Memorandum of Understanding (MOU).

- A. **Membership:** The Chief Medical Officer of Ireland, the Chief Medical Officer of Northern Ireland and the Director of the HHS/NIH/National Cancer Institute, each of whom may designate an alternate. The Chair is to alternate yearly between the Chief Medical Officers of Ireland and Northern Ireland, and management of the Board will be the responsibility of the Chair.
- B. **Activities:** The Board should determine the scope and priority of actions provided for in this MOU, including the development of strategic plans. In conducting its work, the Board should consult with appropriate organisations and individuals, work with consultants, and establish working groups as required. The Board should provide oversight of the programmes developed under this MOU. Board Members, representing their own Participant organisations, are to advise on the funding necessary to support its activities, subject to resource-allocation processes outlined in the Resources section of this MOU (Section II C).
- C. **Resources:** Subject to the laws and regulations of the Participants, the availability of resources under the annual fiscal arrangements of the Participants, and the respective fiscal and operating procedures of each Participant, the Participants expect to support the activities identified by the Board. Once funds are identified and approved for a project, the respective responsibilities of each Participant should be clearly specified in separate project arrangements.
- D. **Meetings:** At a minimum, the Board should meet biennially.
- E. **Reporting:** The Board should submit an annual report to its respective Participants.

### Section III

#### Effective Date, Termination, and Amendment

Upon signature by all Participants, this MOU is to remain effective for five years. Activities under this MOU should continue upon extension of this MOU by the designated representatives of the Participants. The Participants may modify or amend this MOU by mutual written statement. Each participant may terminate participation in this MOU upon providing 60 days' advance written notice to the other Participants.



**Paul Goggins, M.P.**  
Parliamentary Under Secretary of  
State, Northern Ireland Office of  
the Government of the United  
Kingdom of Great Britain and  
Northern Ireland, on behalf of the  
Department of Health, Social  
Services and Public Safety for  
Northern Ireland  
Date: 11/13/06  
Location: Belfast



**Ms. Mary Harney, T.D.**  
Minister for Health and Children,  
Government of Ireland, on behalf  
of the Department of Health and  
Children of Ireland  
Date: 11/13/06  
Location: Belfast



**Michael O. Leavitt**  
Secretary of Health and Human  
Services, United States of America  
Date: 11/08/06  
Location: Washington, DC

The 2006 Activities Report was prepared by the Directors of the  
Ireland-Northern Ireland-National Cancer Institute Cancer Consortium.

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Ireland-Northern Ireland-National Cancer Institute Cancer Consortium

**Help Desk E-mail:**  
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www.allirelandnci.org



**NATIONAL  
CANCER  
INSTITUTE**

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