



IRELAND-NORTHERN IRELAND-NATIONAL CANCER INSTITUTE CANCER CONSORTIUM

# DEEPENING CONNECTIONS



# EXPANDING HORIZONS

Activities Report 2003



# Message from the Directors

As the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium looks toward its fifth year in existence, we take pride in our many achievements. Working together in this unique effort since 1999, the governments of the United States, Ireland, and Northern Ireland have exhibited extraordinary support to the Consortium, leading to the expansion of cancer services across the island of Ireland. Yet we know that there is still much to be done. Our goal to provide world-class cancer care to the people on the island of Ireland remains the focus of all of our Consortium activities and so the Consortium moves forward with clear deliberation and spirit.

Below are some highlights of the outcomes of 2003:


- Consortium members continued to work with island of Ireland cancer professionals to expand initiatives in nursing, scholar exchange, cancer prevention, clinical trials, information technology sharing, and cancer registry collaboration. (See pages 14-21.)
- Forty-one island of Ireland health professionals traveled to the United States to attend cancer prevention or clinical trials training at the National Cancer Institute (NCI), including Dr Deirdre Cronin, a molecular biologist, who was awarded a two-year epidemiology fellowship at NCI. (See pages 22-29.)
- Mr Joseph Campo, the first US researcher awarded a research grant on the island of Ireland under the auspices of the Consortium, worked with the Northern Ireland Cancer Registry (NICR) and the National Cancer Registry of Ireland (NCRI) to write and publish the *All Ireland Cancer Statistics Second Report 1998-2000*—a profile of cancer incidence, mortality and survival for the island of Ireland, 1998-2000. (See page 14.)
- A two-day prevention workshop on smoking cessation was held for the first time in Dundalk, Ireland, to identify areas of need for future cancer research and collaborations. (See page 20.)
- The TELESYNERGY® User Group held its first meeting at the National Institutes of Health (NIH) to discuss new technological capabilities and enhancing cancer informatics infrastructure on Ireland, North and South. (See page 18.)
- The Irish Department of Health and Children, with additional support from NCI and the Northern Ireland Department of Health, Social Services and Public Safety, funded the highly successful second All-Ireland Cancer Conference in Cork, Ireland. (See page 41.)
- The first All-Island Cancer Clinical Trials Cooperative Group was formally launched in Dublin and Belfast, Northern Ireland. The Irish Oncology Research Group (Dublin) and the Clinical Research Support Centre (Belfast) provided data and statistical management for a “network” of cancer centres that will enable patients in Ireland, North and South, to participate in high quality clinical trials. (See page 17.)

At the end of 2003, the Consortium lost an invaluable asset when Maria Stamos left NCI. From the early days of the Consortium, Maria was a driving force, totally committed to the flawless orchestration of the Consortium’s day-to-day business. Her meticulous management and administrative skills combined with consummate professionalism ensured a smoothly functioning organisation. We extend our thanks for her years of dedicated service.

2003 was a year during which we again experienced the uncertainties of terrorism, war, and unrest throughout the world. Despite these worries, we have managed to maintain strong partnerships between Northern Ireland, Ireland, and NCI to ensure that our global fight against cancer moves forward. By strengthening our ongoing programmes and implementing new ones, we hope to further deepen our connections and expand our horizons beyond what was once an idea on paper.



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



Dr Henrietta Campbell  
Chief Medical Officer  
Department of Health,  
Social Services and Public Safety  
Northern Ireland



Dr Andrew von Eschenbach  
Director  
National Cancer Institute  
United States



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# Introduction

2003 marked the completion of the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium's fourth year. Since the signing of the Memorandum of Understanding (MOU) in 1999 (see Appendix), the Consortium has developed into a remarkably cohesive partnership that employs its collaborative spirit to enhance cancer research and care on the island of Ireland.

The 2003 Activities Report details the Consortium's continuing progress toward uniting the United States, Ireland, and Northern Ireland in clinical cancer research efforts and joint programmes that will lead to improved cancer care and treatment for all of the people on the island of Ireland—an instrumental part of the 1998 Good Friday Peace Accord.

The report is provided directly to the Minister of the Department of Health and Children of Ireland, the Minister of the Department of Health, Social Services and Public Safety 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 anyone else interested in global collaborations against cancer.

Having pledged to continue deepening connections and expanding horizons to further Consortium goals, island of Ireland and US members offer this Activities Report as evidence that people working together to conquer a common enemy can transcend geopolitical boundaries.

# Highlights of Progress: 2003

## January

- First TELESYNERGY® User Group meeting at NIH



## February

- Launch of All-Ireland Cancer Clinical Trials Cooperative Group in Dublin



## May

- First Prevention workshop on smoking cessation in Dundalk, Ireland



## June

- Deirdre Cronin begins epidemiology fellowship in United States
- Launch of All-Ireland Cancer Clinical Trials Cooperative Group in Belfast

## July

- 21 island of Ireland cancer professionals participate in NCI Summer Curriculum Cancer Prevention Principles course
- US researcher Joe Campo begins 1-year fellowship on the island of Ireland to produce second All-Ireland cancer statistics report



## August

- 18 island of Ireland cancer professionals participate in NCI Summer Curriculum Cancer Prevention Molecular course



## October

- 2 nurses begin clinical trials training at NCI
- Consortium co-sponsors All-Ireland Cancer Conference in Cork



# Origins of the Consortium

## DEEPENING CONNECTIONS

*With three strokes of a pen, the vision becomes reality.*



Signing of Memorandum of Understanding, October 1999  
—Taken at 1999 Cancer Consortium Conference in Belfast

In October 1999, the National Cancer Institute and the health departments of Ireland and Northern Ireland established the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium as a strategic alliance between the United States and the island of Ireland to enhance cancer research and care across the island of Ireland. As cited in the Memorandum of Understanding (MOU), this tripartite Consortium shares knowledge, training, and resources to promote joint collaborations between Ireland and Northern Ireland—

an important part of the Good Friday Peace Accord. The Health Ministers of Ireland and Northern Ireland and the Director of the United States National Cancer Institute signed the MOU, committing their governments to working together to improve clinical services, patient care, and cancer research in Ireland and Northern Ireland. With the connections made, the work could begin.

## EXPANDING HORIZONS

*The vision of a few becomes the mission of many.*

Vital to the Consortium's success is the commitment of the initial visionaries, their colleagues, and the health departments of the three partners. As the Consortium matures, programme expansion will bring more demands on strapped health care budgets and the stretched workloads of cancer professionals. Through the continued commitment and involvement of the cancer communities in the US, Ireland, and Northern Ireland, resources may be leveraged and the horizons can be reached.

# How the Consortium Operates

## THE MEMORANDUM OF UNDERSTANDING

The Consortium operates under guidelines outlined in the Memorandum of Understanding (MOU) signed in 1999. (Refer to the Appendix for a copy of the MOU.)

The major objective of the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium is to intensify cooperation in cancer treatment and research that will lead to improved scientific programmes in each partnering jurisdiction in the areas of education and training, cancer treatment and research, information dissemination, epidemiology, cancer prevention, surveillance, early detection, quality control, and interactions aimed at enhanced public health and patient care.

To meet those objectives, the participating jurisdictions have continued to focus on five initial programmes:

1. Establishment of a clinical trials network among cancer centres and hospitals in Ireland and Northern Ireland
2. Scholar exchange and training between institutions in Ireland, Northern Ireland, and the US National Cancer Institute
3. Information technology enhancement to enable collaboration on clinical trials
4. Data sharing and collaboration between the island of Ireland's two cancer registries
5. Cancer prevention

## CONSORTIUM GOVERNING STRUCTURE

### Board of Directors

A Board of Directors, comprised of the Director of the National Cancer Institute and the Chief Medical Officers of both Ireland and Northern Ireland, governs the Consortium. For 2003, they are Dr Henrietta Campbell (Northern Ireland), Dr James Kiely (Republic of Ireland), and Dr Andrew von Eschenbach (National Cancer Institute).

The Consortium Board of Directors:

- Determines the Consortium's scope of activities
- Evaluates and oversees contributions by each jurisdiction
- Establishes working groups to carry out programmes where necessary
- Monitors progress of activities in accordance with the Consortium's mission
- Submits an annual report to the participating health departments

The Board meets at least two times each year. Chairmanship rotates each year between the Chief Medical Officers of Ireland and Northern Ireland. In 2003, the Chair was Dr Henrietta Campbell of Northern Ireland.

### Implementation Group

The Implementation Group is appointed by the Board to establish and manage specific programmes, and advise Board members. Its responsibilities include:

- Develop the detailed plans to assure that the overall goals of the Consortium are met
- Call together the necessary expertise to assess issues and develop workable plans for the Board to consider
- Identify areas that require the attention of the Board members and their respective governments
- Serve as liaison between the working groups and the Board of Directors

The Implementation Group meets at least four times per year, in person or by teleconference/ conference call. In 2003, Dr Joe Harford, Director of NCI's Office of International Affairs, served as chair of the Implementation Group. Its members include the Chief Nursing Officers of Ireland and Northern Ireland; scientific and administrative representatives of the HRB of Ireland, the R&D Office of Northern Ireland, NCI, and the major

hospitals and health boards of Ireland and Northern Ireland; and other appointed members.

### Working Groups

The Consortium's Board of Directors has established ad hoc working groups to advise on specific issues. The role of the working group is to stay abreast of the needs and activities within its designated issue and to make recommendations on activities that will enhance the Consortium's goals and objectives for each issue. In 2003, ad hoc working groups covered the areas of:

- Cancer Registries
- Clinical Trials Network
- Information Technology
- Nursing
- Prevention
- Scholar Exchange and Training

## 2003 Governance Meeting Schedule

<b>January</b>	Implementation Group, conference call
<b>April</b>	Implementation Group, London Board of Directors, London
<b>July</b>	Implementation Group, conference call
<b>October</b>	Implementation Group, Cork

# Funding of Consortium Initiatives

To be considered for funding, programmes must fall within the areas of scholar exchange, information technology, clinical trials, cancer prevention, or cancer registries, as identified in the Memorandum of Understanding. Projects must be consistent with the three health departments' policies and strategic cancer plans. Also projects must demonstrate benefits to cancer care and research in the three jurisdictions or demonstrate potential for wider applicability.

Each partner directly funds its share of programmes established under the auspices of the Consortium.

In 2003, Ireland and Northern Ireland provided funds in the following areas:

- Scholar exchange
  - Nurses' clinical research programme
  - Prevention courses
  - Epidemiology fellowships
- Clinical trials network
  - Funding of nine hospitals to develop the capacity for clinical trials, as part of the All-Ireland Cooperative Group for Cancer Clinical Trials
    - Headquarters function in Dublin
    - Statistics and data management function in Belfast
- Information technology
  - Implementation of uniform patient data collection system
  - Expansion and updating of TELESYNERGY®
- Cancer registries
  - Support to harmonise data systems and spur new epidemiology research

In 2003, the National Cancer Institute provided:

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

# State of Cancer/Health Service on the Island of Ireland

## IRELAND

In Ireland, hospital care for patients with cancer is free at the point of delivery. Although 40 percent of the 4.1 million Irish citizens have private health insurance, the majority of patients with cancer (more than 80 percent) receive care within the public hospital system. Practically all care is provided within the country.

The strategic development of cancer policy in Ireland is progressed on a partnership basis involving multi-disciplinary cancer experts, voluntary non-governmental organizations, and health sector experts. Key recent developments have been in the areas of radiation oncology and breast screening.

In March 2003, the Minister for Health and Children announced the national roll-out of the National Breast Screening Programme. Under the extension, approximately 150,000 women in the target population 50 to 64 years of age will be eligible for free screening. Detailed planning is underway for the national roll-out of this programme.

With the October 2003 publication of the Report on *The Development of Radiation Oncology Services in Ireland*, the Irish government acknowledged that a major programme was required to rapidly develop clinical radiation oncology treatment services to modern standards. It was determined that the first phase should be the development of a clinical network of large centres in Dublin, Cork and Galway.

In December 2003, an evaluation of the 1996 National Cancer Strategy recognized Ireland as reaching its goal of reducing deaths from cancer by 15 percent in the under-65 year age group three years ahead of target. (Report can be found at [www.doh.ie/pdfdocs/evalcsi.pdf](http://www.doh.ie/pdfdocs/evalcsi.pdf).)

Since the implementation of the 1996 National Cancer Strategy, approximately €550 million (cumulative) has been invested in the development of appropriate treatment and care services for people with cancer. The Revised Estimate for 2004 shows a total gross estimate of almost €10.08 billion for the health services (€9,570 million current funding and €510 million capital funding)—a significant milestone that demonstrates the considerable investment over the past number of years. Such substantial investment has enabled the funding of 92 additional Consultant posts in key areas of cancer care.

The National Cancer Forum (the national advisory body to the Minister on Cancer Services) is currently developing a new National Cancer Strategy to be published in the near future. The new Strategy will address all aspects of cancer control, will set out the key priorities for the development of cancer services over the coming years, and will make recommendations in relation to the organisation of cancer services nationally. The Forum recognizes that quality and cancer control will have a significant bearing on any future organisational model.

## **NORTHERN IRELAND**

Cancer care is free at the point of delivery for Northern Ireland's population of approximately 1.7 million. Northern Ireland has screening programmes including breast screening, offered to all women aged 50-64 since 1993, and population-based cervical screening available to all women over the age of 20. Discussions are currently under way to consider screening for colorectal cancer.

Since 1996, cancer clinical services have been significantly reorganised in Northern Ireland following the release of the report, Cancer Services: Investing for the Future, also known as the Campbell Report. This report acted as the major catalyst to redevelop cancer services in Northern Ireland, which resulted in a cancer centre for Northern Ireland at Belfast City Hospital, as well as the opening of four cancer units in Altnagelvin, Antrim, Ulster, and Craigavon Hospitals. The goals of this new cancer clinical service are to coordinate cancer treatment, prevention, screening, education, training, and research programmes throughout Northern Ireland, and to provide a patient-centred service.

In 2003, the Northern Ireland Cancer Network (NICaN) was established under the auspices of the Board Chief Executives of the cancer units to continue progressive improvement in the quality of care for all cancer patients.

**YEAR IN REVIEW:  
OUR WORKING GROUP  
PROGRAMMES IN PRACTISE**

**Cancer Registries**

**Clinical Trials Network**

**Information Technology Sharing**

**Nursing**

**Prevention**

**Scholar Exchange**

# Year in Review: Our Working Group Programmes in Practise

## CANCER REGISTRIES

The Cancer Registries Working Group has the long-term goal of consolidating data from the Northern Ireland Cancer Registry and the National Cancer Registry of Ireland, and developing joint programmes to help researchers better understand cancer rates, trends, and outcomes on the entire island of Ireland. The Working Group consists of three members from the island of Ireland and the US. In 2003, the Group met at the All-Ireland Cancer Conference in Cork to welcome the cancer epidemiology fellows. Dr Brenda Edwards, Associate Director of the Surveillance Research Program at the Division of Cancer Control and Population Sciences, NCI, also attended the meeting and welcomed the fellows on behalf of NCI.

### All-Ireland Cancer Statistics Second Report 1998-2000

The Departments of Health and Children (Ireland) and of Health, Social Services and Public Safety (Northern Ireland) provided funding for the two cancer registries on the island of Ireland to produce a second All-Ireland Cancer Incidence and Mortality Report. Mr Joseph Campo, an epidemiologist at the Washington State (US) Cancer Registry, was recruited to produce this report. He began his yearlong work at the NCRI in July 2003.

### Joint North-South Projects

Joint North-South registries research meetings were held in April and August. The group

discussed a number of existing North-South projects and explored some potential projects. Existing projects include:

- A cross-border collaborative study of Barrett's oesophagus and oesophageal adenocarcinoma (FINBAR Study—Factors Influencing Barrett's Adenocarcinoma Relationships), which is progressing well with 118 cases, 105 Barrett's controls and 81 normal controls recruited in Northern Ireland; and 102 cases and 43 Barrett's controls recruited in Ireland
- Trends in surgical rates among breast cancer patients in Ireland and the role of screening programmes: Observational study (comparison of Northern Ireland and Republic of Ireland data for 1993-99)
- Breast cancer incidence, mortality, and stage at diagnosis in Ireland: North-South comparisons and the role of screening
- All-Ireland cancer incidence and mortality, 1994-96: Comparisons with other European data and review of risk factors
- Trends in cervical cancer mortality in Ireland and Britain: Evidence for an effect of population-based screening
- Participation in the Cancer Atlas of the UK and Ireland, including co-authorship of melanoma and pancreas site-accounts

The group plans to produce a number of papers based on the first and second All-Ireland Cancer Incidence and Mortality Reports. Future subjects for projects and studies include:

- Colorectal cancer: A cohort study of risk factors
- Breast cancer genetic study
- Knowledge of and attitudes toward cancer prevention
- Deprivation and cancer
- Patterns of care in Northern Ireland and the Republic of Ireland
- Comparisons of cancer survival rates between Northern Ireland and the Republic of Ireland
- Updating of the all-Ireland cancer incidence database in Surveillance, Epidemiology and End Results (SEER) format, to include 1994-2000 data
- Prevalence of preventable risk factors for cancer in the population

#### *Patterns of Care*

The NCRI provided funding for an epidemiologist to investigate changes in patterns of care and survival between '94-'98 and '98-'01. The Cancer Registries Working Group agreed that consolidation of the Republic of Ireland (NCRI) and Northern Ireland (NICR) datasets could facilitate investigation of differences in patterns of care and survival in both jurisdictions.

#### *Knowledge and Attitudes regarding Cancer Prevention*

Dr Harry Comber, member of the Cancer Registries Working Group, proposed a study to look at knowledge and attitudes regarding cancer prevention. The Cancer Registries Working Group agreed that this could be a very valuable project

and that Dr Comber should bring the proposal to the Consortium through the Implementation Group. Dr Doug Weed, Chief of the Office of Preventive Oncology at NCI and Chair of the Prevention Working Group, supported this proposal. Dr Liam Murray (Department of Epidemiology and Public Health, Queen's University Belfast) proceeded with the project in Northern Ireland only. A PhD student will work on the project, where patients will be recruited through General Practitioners (GPs) and the GP knowledge will be surveyed.

#### *Data Harmonization*

The two cancer registries submitted a proposal to the Consortium on data harmonization. Co-operative work continues between the registries in areas such as coding and classification, and electronic data collection. Working with Dr Brenda Edwards at the Surveillance, Epidemiology and End Results (SEER) program at NCI, the Group is well advanced in its plans to migrate the joint registries database to SEER\*Stat format and make it available on NCI web server. As part of this project, data quality must be checked by joint re-abstraction, probably using a tumour registration officer from NCRI, which would require extra funding.

The two registries have also agreed to begin work on an all-Ireland cancer registries web site, including a facility for detailed interrogation of the data and secure data transfer between registries.

### All-Ireland Cancer Conference

The NCRI hosted this year's all-Ireland Cancer Conference in Cork, Ireland—a very successful event with over 400 delegates and fifty speakers from Ireland, the US and Britain who presented on a wide range of topics. (See page 41 for more details.)

### Training

#### *Epidemiology Fellows*

The first two Cancer Epidemiology Fellows ended their fellowships at the Irish registries at the end of 2003. These fellowships have been very successful for both the fellows and the registries. Both fellows succeeded in obtaining senior positions in cancer epidemiology on the island of Ireland: Dr Peter McCarron through the Public Health Career Scientist Award at the Department of Epidemiology and Public Health at Queens University Belfast and Dr Paul Walsh as a senior lecturer grade epidemiologist at the National Cancer Registry in Cork. Dr McCarron will work with the cancer registry on prostate cancer screening and early life influences in cancer, while Dr Walsh will work on a Department of Health-sponsored study of patterns of care and outcomes in cancer. The two fellows have been invaluable research resources for the registries and valuable links with the research teams at NCI.

Dr Deirdre Cronin, a third Epidemiology Fellow, began work at the National Cancer Registry (Ireland) in April. In June, she joined Dr Brenda Edwards' team at NCI. Drs Comber and Edwards

planned a comprehensive programme of education and experience for Dr Cronin's year at NCI. In 2003, Dr Cronin attended a number of courses at Johns Hopkins University and at NCI, and participated in meetings of the International Association for Cryptologic Research (IACR) and North American Association of Central Cancer Registries (NAACCR).

#### *Certified Tumour Registrar Qualification*

The NCRI became involved in a project with NCI and the US Center for Disease Control (CDC) to provide international certification of tumour registrars. Outside the United States, there are few formal programmes leading to a qualification or certification of tumour registrars. It is our hope that the result of this project will be an internationally recognized certificate.

#### *Prevention Course*

As in previous years, staff from both cancer registries attended the Summer Prevention courses at NCI. Dr Anna Gavin, Director of the Northern Ireland Cancer Registry, and Lesley Anderson, a doctoral student with the FINBAR project, were among the staff participants.

## CLINICAL TRIALS NETWORK

Clinical Trials Working Group efforts focus on strengthening island of Ireland cancer centre capacity to conduct cancer clinical trials. The Group works to maximize Ireland and Northern Ireland collaboration with each other and with international entities to increase the number of

clinical trials participants and improve patient access to new therapies.

The overarching goal for the Consortium, outlined in the MOU in 1999 (see Appendix), is to foster the provision of better prevention, early detection, and treatment of cancer for all people on the island of Ireland. A large part of achieving this goal involves enabling people with cancer to gain access to clinical trials.

Northern Ireland, under the Campbell Commission, led by Chief Medical Officer Henrietta Campbell, now has a cancer centre based at Belfast City Hospital and one cancer unit in each of the its four regional health boards—Altnagelvin, Antrim, Ulster, and Craigavon Hospitals. Belfast City Hospital serves as the coordinating hub of this activity, providing a setting for support and interaction of the research staff, which includes administrative staff, data managers, a research radiographer, and seven clinical research nurses.

The Republic of Ireland, through its Health Research Board (HRB), is currently funding nine hospitals in to enhance their capacity to conduct high-quality clinical trials. St. Vincent’s University Hospital/St. Luke’s Hospital, Cork University Hospital, Galway University College Hospital, Beaumont Hospital, St. James’s Hospital, and Mater Misericordiae Hospital, are all in receipt of awards over an initial three-year period. Limerick Regional Hospital, the Adelaide and Meath,

incorporating the National Children’s Hospital Tallaght (AMNCH), and Waterford Regional Hospital are in receipt of smaller planning awards over two years to enable them to begin making progress and to compete more effectively in subsequent calls under this initiative.

With the launch of the All Island Cancer Clinical Trials Cooperative Group in 2003, resulting in the provision of organisational, statistical, and scientific support to member hospitals, it is hoped that this network of funded hospitals can advance the objective of generating and conducting cancer clinical trials consistent with priorities in Ireland and Northern Ireland.

### **All-Island Cooperative Group**

With Consortium Board of Directors members in attendance, the All-Island Cancer Clinical Trials Cooperative Group was formally launched on 8 February 2003 at the Royal College of Surgeons in Dublin. The Irish Clinical Oncology Research Group (ICORG), based in Dublin, and the Clinical Research Support Centre (CRSC), based in Belfast, collaborated to form the coordinating body and to provide data and statistical management for the “network” of cancer centres across the island of Ireland.

Speaking at the launch, NCI Director Dr von Eschenbach noted that such networks had played a pivotal role in the United States in delivering new forms of treatment for cancer. He also congratulated Dr John Armstrong, Chair of

ICORG, and Dr Karen Bailie, Director of the CRSC, for their foresight and hard work in forming the All-Island Cancer Clinical Trials Cooperative Group.

The Cooperative Group is jointly funded under the Consortium by the HRB in Dublin and the Research and Development (R&D) Office in Belfast. In 2003, the Group was awarded a € 1 million two-year planning grant to begin its work. Its principal role is to initiate and coordinate clinical trials in cancer hospitals on the island of Ireland.

With the relatively small population on the island of Ireland (approximately 5.4 million), it is essential that the two jurisdictions collaborate with one another, Europe and the United States to create a pool of participants large enough to complete trials in a timely fashion. However, to participate in multi-centre clinical trials, organisations must demonstrate the requisite sophistication to recruit suitable patient populations, administer the complex therapies, and track the huge volumes of data. It is hoped that the establishment of the Cooperative Group, working closely with the network of cancer hospitals, will lead to all-island participation in trials, increased competition for trials on an international level, and thus improvement of patients' access to new cancer therapies.

## INFORMATION TECHNOLOGY SHARING

The Information Technology Working Group focuses on enhancing information technologies across the island of Ireland to support coordinated clinical trials; facilitate training and education; ensure effective data management; and promote health care delivery. The Working Group includes six members from the three partnering jurisdictions.

In January, the first TELESYNERGY® User Group meeting was held in Bethesda, Maryland. Participants came from Belfast and Dublin, and also from NCI, Wheeling, West Virginia and Fort Lauderdale, Florida to explore objectives in three broad areas: education and training; clinical trials; and technical usage. The Group discussed the next state of development of TELESYNERGY® as its use continues to evolve and expand on the island of Ireland. TELESYNERGY® has been used for multidisciplinary meetings and conferences; educational programmes; research, radiation therapy, and nursing exchanges; and clinical case discussions within the island of Ireland. Potential uses of and advances in TELESYNERGY® include radiation oncology. Two research projects were funded in Dublin to further examine this functionality.

The TELESYNERGY® system is being further developed with refinement of the optical microscopy function to enable real-time display of specialized cytogenetics including fluorescent in-

situ hybridization (FISH). In addition, a "lite" version of the system is being developed for cancer centres that may not require the full functionality of the existing TELESYNERGY® suite. Professor Hollywood, together with NCI/CIT colleagues, obtained a Health Research Board (HRB) equipment grant for the additional development of a Tele-Archiving and Data-Warehouse linked to the TELESYNERGY® Multimedia Medical Imaging Workstation Network.

The TELESYNERGY® systems in Belfast and Dublin were updated during 2003. A second TELESYNERGY® suite was added at the Trinity College Dublin (TCD) School of Radiation Therapy/Academic Unit of Clinical and Molecular Oncology (AUCMO). The TCD School of Radiation Therapy/AUCMO provided funding and NCI's CIT provided technical support.

The TELESYNERGY® system was endorsed within the *Development of Radiation Oncology Services in Ireland*<sup>1</sup>—a report by an Expert Group. The report suggested that TELESYNERGY® and other telemedicine developments would be a core technology in linking a proposed network of Radiation Oncology units within Ireland and beyond. Significant expansion of the TELESYNERGY® network within the Republic of Ireland is expected in late 2004/early 2005.

The TELESYNERGY® system was demonstrated for several dignitaries, including the Prime Ministers

of Bahrain and Saudi Arabia, Australian and Finnish ambassadors, and a member of the Malaysian royalty.

The C3D system, the second/updated version of net-Trials®, was implemented in 2003 and is being examined by members of the HRB-funded clinical trials unit in the South Western Health Authority.

Throughout 2003, Working Group members had several articles published in journals<sup>2,3</sup> such as *CancerWise*. Some publications are available on the Consortium Web site. In addition to presenting at the Consortium-sponsored All-Ireland Cancer Conference in Cork, members also presented at several national and international meetings, including the annual scientific meeting of the European Society for Therapeutic Radiology and Oncology.

<sup>1</sup> Hollywood, Donal, et al. *The Development of Radiation Oncology Services in Ireland*. October 2003. Department of Health and Children Ireland.

<sup>2</sup> Johnston, P. G. & Daly, P. A. *NCI-Ireland Consortium: A Unique International Partnership in Cancer Care*. *Oncologist* 6, 453-8 (2001).

<sup>3</sup> McAleer, J. J., O'Loan, D. & Hollywood, D. P. *Broadcast Quality Teleconferencing for Oncology*. *Oncologist* 6, 459-62 (2001).

## NURSING

Besides the two island of Ireland Chief Nursing Officers Judith Hill and Mary McCarthy, Nursing Working Group members include clinicians, nurse educators, and nurse managers who are all dedicated to furthering issues of interest to

oncology nurses, especially in the area of training. In 2003, the Nursing Working Group welcomed Tony Lenfesty and Anne-Marie Lynch as new members. They bring a palliative care perspective to the work of the Group.

The main focus of the group over the year has been in developing an action plan to implement a strategy for nursing within the Consortium over the next three years.

Overall aims of the strategy are:

1. Workforce development of nurses to participate in the clinical trials programmes
2. Developing and building capacity for cancer and palliative care nursing research and development
3. Identifying educational opportunities across the island of Ireland and in the United States
4. Building networks and databases to enhance communication and information sharing

In June 2003, the Chief Nursing Officers presented a paper on "Developing Strategic Alliances to Improve Cancer Services" at the International Congress of Nursing in Geneva. The paper highlighted alliance building between governments, North/South of the island, East/West across the Atlantic, between clinical practice/education and research, using a multidisciplinary approach and shared leadership. The alliances' benefits to nursing were identified as leadership development, shared understanding, international standards of practice, team building, networking, and partnership development.

Participation in the clinical trials programme continued this year. Mary Doody and Elizabeth Morrin, two nurses from the Republic, completed the programme in the fall of 2003.

Nurses actively supported the All-Ireland Consortium conference in Cork in October 2003—both as participants and presenters.

## PREVENTION

The Prevention Working Group's main focus is on primary prevention, screening and early detection, chemoprevention, biomarker research, molecular prevention research, and research on lifestyle factors such as diet and exercise.

### Prevention Workshop

The first prevention workshop sponsored by the Prevention Working Group—Smoking Cessation: Current Practice and Future Directions: Developing a Research Agenda—was held May 21-22, 2003 in Dundalk, Ireland.



Dr Shu-Hong Zhu (US), Mr Pat Purvis (NI) and Dr Michael Boland (IR) serve as panelists during the Smoking Cessation Workshop in Dundalk (May 2003)

The goal of the workshop was to share information regarding tobacco control activities in Ireland, Northern Ireland, and the United States with the aim of developing an agenda for collaborative research on the island of Ireland. Approximately 40 cancer professionals attended a one-day workshop with a smaller subset remaining for a second day of strategic planning.

### **Summer Prevention Courses at NCI**

Twenty-six island of Ireland scientists, nurses, and physicians attended the summer prevention programme at NCI—seventeen from Ireland and nine from Northern Ireland. Five of the twenty-six participated in both five-week courses. Evaluations from the HRB and R&D Office revealed that the summer scholar exchange was successful, so the Prevention Working Group plans to proceed with the programme in the summer of 2004.

## **SCHOLAR EXCHANGE**

The Scholar Exchange Workgroup focuses on increasing the number of skilled cancer professionals on the island of Ireland by providing opportunities for scholars to immerse themselves in the cancer programmes of partnering institutions. Scholar exchange continues to be a key programme area of the Consortium; however, it does not operate independent of the other Working Groups but rather as an integral part of them. Throughout this year, numerous scholar exchanges, ranging from clinical trials training for nurses to epidemiology fellowships, were facilitated by Consortium efforts.

# Spotlight on Consortium Scholars

## EPIDEMIOLOGY FELLOWS



*"I hope that, through the training I have received and my project work, collaborations will be further enhanced when I return to Ireland."*

### **Deirdre Cronin, PhD**

Consortium Fellow, Cancer Epidemiology  
National Cancer Registry of Ireland  
Cork

I obtained my PhD at the National Institute for Cellular Biotechnology, Dublin City University (DCU) in 2002. Initially I trained in Biomedical Sciences, where emphasis was placed on the science behind a wide variety of diseases. Throughout my PhD, my skills were adapted to focus on the molecular biology of cancer. The specific aim of my PhD studies was to highlight genes involved in the development of multiple drug resistance in lung and breast cancer. Through these studies I became interested in applying both the theoretical and practical knowledge I had gained into the field of public health.

I began a fellowship in cancer epidemiology at the National Cancer Registry of Ireland in March 2003. The original emphasis of my research was on a study examining the waiting times of cancer patients within the Irish Health Boards. This project familiarized me with how data from Irish hospitals is collected and analyzed. Whilst working at the NCRI, I attended a course specializing in Cancer Epidemiology at the London School of Hygiene and Tropical Medicine.

At the beginning of the US phase of my fellowship, I attended the North American Central Cancer Registries Conference in Hawaii. This gave me a valuable insight into the potential of applying registry data to cancer research.

My epidemiology training has been continuously enhanced at both NCI and at the Johns Hopkins Bloomberg School of Public Health where I participated in the Summer Institute taking classes in Epidemiology, Statistics and Data Analysis, and where I have studied throughout my time here at NCI. In addition, I participated in the six-week summer Cancer Prevention course taught at NCI. These courses, while challenging, have prepared me for the project work I am doing at NCI and work I hope to carry out in Ireland.

Although I am based within the Surveillance Research Program analyzing data collected by SEER registries in the US, I am also working on projects within the Applied Research Program of the Division of Cancer Control and Population Sciences and in the Division of Cancer Epidemiology and Genetics at NCI. These projects have involved research on breast and lung cancers and I have collaborated with a number of NCI researchers, analyzing data and writing research papers.

Although the overlap between basic laboratory science and public health has up to recently been quite minimal, cancer risk assessment has moved increasingly towards the screening of molecular

markers and scientific progress has facilitated the identification of genes that impact on cancer treatment and prognosis. When I return to Ireland, I will use the knowledge I have gained here in the US to analyze data collected by the NCRI. In conjunction with colleagues in both the North and South of Ireland, I hope to involve myself in a number of studies, drawing on both my molecular biology and epidemiology experience.

Possibly the highlight of my time here in the US has been the opportunity to work with some of the most outstanding researchers in the world. I hope that, through the training I have received and my project work, collaborations will be further enhanced when I return to Ireland. Finally, I am extremely grateful to the HRB, NCRI and NCI for their sponsorship of the fellowship program.



*"I will go back to the states intellectually stimulated, emotionally fulfilled, and, from the overall experience, ... slightly intoxicated. A brilliant year, a brilliant experience!"*

#### **Joseph Campo**

Cancer Epidemiologist  
Washington State Department of Health  
Olympia, Washington, United States

Unlike most (if not all) of the other Consortium scholars, I am from the States and have come to Ireland on a research fellowship. My major assignment here, while on a one year sabbatical leave from my position as a cancer epidemiologist with the Washington State Department of Health,

is to work with the Northern Ireland Cancer Registry and the National Cancer Registry of Ireland to write the second all-Ireland cancer report. Since that report requires the merging of the two registries' databases, I am also concurrently developing an all-Ireland database for future analyses.

There are a host of potential analyses from this merged database but two research areas most excite me. First, while the people of Ireland are a relatively homogeneous group sharing similar genetic, socio-economic and behavioural risk factors, the public health and medical care systems in the North and the Republic are profoundly distinct. The registries' merged databases are ripe for assessing the impact these contrasting systems have on the health and health care costs of the two populations. Second, the political division of the island of Ireland has tended to highlight the differences rather than the similarities of the two populations. With the merged database, concerns common to both sides of the border can be identified and, when appropriate, addressed through collaborative or complementary interventions. From the pronounced divergence of the North's and the Republic's prostate cancer incidence rate trend lines suggesting differing testing policies to a North/South border-crossing region with seemingly elevated stomach cancer rates suggesting shared dietary risk factors, examples of these potential research opportunities are readily evident.

However, because my time here is relatively short, it is unlikely that I will be able to personally pursue these analyses. I have, instead, tried to focus on establishing systems that will allow others to follow through. For instance, since small area analysis is a growing interest, and since in the Republic there are no postal codes—nor for that matter little standardized addressing criteria (including whether English or Gaelic are used!)—I spent part of the summer learning about the postal system and the sub-county units of spatial analysis while developing, testing and documenting a method for geocoding the registry records which wound up being more comprehensive and accurate than what had previously been purchased from a proprietary geocoding agency. Similarly, I will leave behind programs and procedures that will allow subsequent users to recode, merge and “deduplicate” the two registries’ data, as well as incorporate them into SEERPrep/SEERStat, Joinpoint and SaTScan. Of course, I will also leave behind the All-Ireland Cancer Report that will hopefully serve as a template for future reports.

Nonetheless, whatever I leave in Ireland will pale in comparison to what I will take with me. Living in Europe has been a life-long ambition. And from the collaborative meetings in Belfast with research staff from the North, to New Year’s Eve in London, to IARC’s International Course on Epidemiological Research in Nutrition and Cancer in Lyon, to the bank holiday weekend on the Aran Islands, to a workshop on small area analysis at

University College in Dublin, to the ballet in Paris, to workaday life in Cork, I will go back to the States intellectually stimulated, emotionally fulfilled, and, from the overall experience— together with a creamy-headed pint of Murphy’s stout—slightly intoxicated. A brilliant year, a brilliant experience!

## NCI SUMMER CURRICULUM IN CANCER PREVENTION

**Suzanne MacFarlane**  
Post-doctoral Research Fellow  
Department of Oncology  
Queen’s University Belfast

At present I am a post-doctoral research fellow based in the department of Oncology, at Queen’s University in Belfast. The main focus of my current research is to investigate the molecular mechanism by which the chemokine Interleukin-8 promotes prostate cancer metastasis. I was keen to attend the molecular prevention course as having recently completed a PhD I was relatively new to the field of cancer research and hoped that participation in the course would provide me with an overview of current research in this area and enable a smooth transition from my PhD studies to my post-doctoral work.

The course covered a wide range of subjects related to the molecular prevention of cancer and was very comprehensive and informative. The standard of teaching was very high and all the lecture topics were appropriate with some sessions being particularly relevant to my own research. I feel that attendance at the course has

given me a broader knowledge of the molecular basis of the disease and has added a new perspective to my own work.

I would highly recommend this course to others because it is a unique training opportunity—there is no similar course that I am aware of either in Ireland or elsewhere in Europe. Furthermore, the course also provides a forum for interaction with other researchers, which could potentially lead to the formation of new international collaborations or future career opportunities. Every aspect of the course was well organised and planned to the highest standards. Overall I believe that attendance at the molecular prevention course was a valuable training experience that has hugely benefited my research.



*"With the public's growing knowledge and understanding of the molecular basis of cancer, this course was invaluable..."*

**Naomi Thompson**  
Senior Cancer Prevention Officer  
Ulster Cancer Foundation, Belfast

I trained in Edinburgh University as a General Nurse, then moved into the field of Health Promotion, and have worked with the Ulster Cancer Foundation for the past three and a half years. My role as Cancer Prevention Officer is to promote knowledge on how to prevent cancers and to promote early diagnosis. Smoking cessation training is my main role at the present

time due to the development of the Tobacco White Paper—Smoking Kills—and the current Northern Ireland five-year Tobacco Action Plan. The Ulster Cancer Foundation provides a range of training courses from a 1.5-hour awareness-raising session to a two-day specialist smoking cessation course that enables people to run a smoking cessation clinic.

Apart from smoking cessation, I also have developed a campaign against bowel cancer with a range of professionals from across Northern Ireland—trying to increase awareness of both the preventative messages, but also the early signs and symptoms. This is an ongoing campaign, which the Ulster Cancer Foundation wants to make a priority, linking in the key messages of diet and exercise.

To this end, NCI Summer Curriculum in Cancer Prevention and Molecular Prevention courses have given me great background information on the current research on the major cancers and the major targets for prevention. In my role of training and education, this high quality research is crucial to ensure that excellent and relevant information is informing our local campaigns and that finance is being targeted at the most important issues in our population. With the public's growing knowledge and understanding of the molecular basis of cancer, this course was invaluable in explaining the biological information that I can now disseminate in training courses, cancer awareness raising sessions and meetings.

Beginning to understand the range of professionals working in the field of cancer prevention and developing networks with local practitioners, whilst meeting some of the world experts whilst at NCI was a great experience that will continue to impact my work in the Ulster Cancer Foundation over the incoming years. The course was an excellent opportunity to learn that I'm grateful to have had.

**Mary McClean**

Cancer Co-ordinator  
Southern Area Health Promotion Department  
Armagh, Northern Ireland

My background is in nursing and psychology. I have also worked as a post-doctoral researcher in pharmacy practice in the School of Pharmacy at Queen's University, Belfast. I am currently working as a cancer co-ordinator in the Southern Area Health Promotion Department in Armagh. My interest in attending NCI Summer Curriculum Course in Cancer Prevention was to find out about the various approaches to cancer prevention, particularly with regard to special populations such as ethnic minorities and other more marginalised groups. I was also keen to learn about ways to promote healthy diets and physical activity and the role of behavioural science and community interventions.

The lectures were very informative and provided an overview of the different issues in relation to "the war on cancer." For example, the measures of progress such as survival and early detection were shown to be only an advantage if you can change the history of a tumour. Also, the fact that

billions of dollars have been spent over many years and that this still has only produced a 1% decrease in cancer has indicated that there is still a lot that we need to learn and that it needs to be from a multi-faceted approach. The handouts of the slides and the many research publications that went along with the lectures were very detailed, informative and of a very high standard. The lecturers encouraged questions and the questions asked from people of different countries gave useful insight into their expertise and approaches to cancer prevention.

I was particularly struck by the presentations made by the international participants on the international day, especially those from Africa, where communicable diseases are still the more important health issue and where the WHO predicts an epidemic of lung cancer in the developing world over the next decade.



*"What was particularly attractive about the summer courses was that the specialised instruction was available from renowned investigators."*

**Rebecca Hourihan, PhD**

Post-Doctoral Scientist  
Cork Cancer Research Centre

Last Spring I attended a seminar presented by Professor Doug Weed, where he outlined the "NCI Summer Curriculum in Cancer Prevention." As NCI has an impressive reputation for its significant contribution to cancer research, in addition to education and training projects, I felt

that attending the summer curriculum would be of tremendous benefit. In 2001, I completed a PhD entitled "Comparative Genetic Analysis of Adenocarcinoma of the Human Gastrointestinal Tract" and am currently employed by the Cork Cancer Research Centre (CCRC). I have a longstanding interest in cancer research and value the benefit of attending and presenting at cancer-related meetings and conferences. However, I wanted to expand my understanding of various areas within the cancer field and readily accepted the opportunity to attend these courses at NCI. It was of great interest to become exposed to areas that I had never studied in-depth, such as diet, diet-related lifestyle factors, occupation and environment and the roles that these factors play both in the etiology and prevention of various cancers. An impressive collection of up-to-date literature, spanning a wide range of cancer-related issues, was provided, which is available to all CCRC employees, as an important reference source. What was particularly attractive about the summer courses was that the specialised instruction was available from renowned investigators. It was also a great opportunity to interact with international clinicians and fellow investigators, opening the possibility of future collaborations with CCRC.

Successful control and prevention of cancer in Ireland depends on highly skilled personnel who have an excellent understanding of the problems being faced and can initiate the most effective approaches to be taken. Participation in these

courses has helped prepare me to play a fully active role in cancer prevention and control at a national and international level.



*"Since health professionals from many nations were represented, it provided a truly unique opportunity to discuss a global view on cancer and cancer treatment."*

**Breda Kiely, PhD**  
Post-Doctoral Scientist  
Cork Cancer Research Centre

After obtaining my PhD in Pharmacology, I started work at the Cork Cancer Research Centre (CCRC) where I gained in-depth knowledge of the signaling mechanisms of cancer and metastatic spread. I felt that the opportunity to participate in the summer prevention courses at NCI came at an ideal point in my education and career to improve my skills and gain a broad-based perspective on the concepts, methods, issues and applications relating to cancer prevention and control. I found the lectures on each specific type of cancer highly relevant and an excellent overview of the current status of research and prevention. Another motive for attending these courses was the great diversity of participants who were in attendance. Since health professionals from many nations were represented, it provided a truly unique opportunity to discuss a global view on cancer and cancer treatment. The most effective preventative and therapeutic strategies must be applied to the management of this disease. I believe that these strategies will be most

effectively implemented on an international and collaborative basis. As a result of these courses, I have a much better understanding of the problems facing us regarding cancer control and prevention. I would definitely recommend these courses to colleagues.

**Alan Moss, MB, BCh, BAO, MRCPI**

Research Fellow  
Department of Medicine & Therapeutics  
Conway Institute  
University College Dublin

I am a trainee gastroenterologist, and have spent two years undertaking research in the Department of Medicine & Therapeutics, Conway Institute, UCD. My thesis is based on the use of bioinformatic techniques to examine gene expression in colon cancer. One of my interests is biomarkers implicated in the polyp-cancer pathway. My gastrointestinal oncology research has also included both the pancreas and oesophagus in prior work.

As my thesis involves both laboratory work and bioinformatics, I was interested in furthering my understanding of the processes involved in cancer development, and the techniques used to study these. I applied to NCI course in molecular prevention of cancer to facilitate this interest.

During the week in Bethesda, I was introduced to novel cancer pathways and expanded my understanding of others. The lectures on DNA methylation and molecular epidemiology were of particular interest to me. It was a perfect example

of seeing topics in a new light when presented by experts in the field.

The social interactions and networking were an important element of this course. Ironically, I met a number of cancer researchers from Ireland that I might not have met at home! The welcome and support received from NCI staff was sincerely appreciated.

## NURSES' CLINICAL TRIALS PROGRAMME

**Mary Doody**

Oncology Clinical Nurse Specialist  
Waterford Regional Hospital  
Waterford, Ireland

In the summer my nurse manager encouraged me to apply for this course. In October 2003 I was lucky enough to attend the six-week education programme on clinical research for nurses. This programme was facilitated at the National Cancer Institute in Bethesda, Maryland, just outside Washington DC.

Most of my career has been spent in the Oncology/Haematology setting. However, I had limited exposure to clinical research and approached this course as a novice with an open mind. I thought it would be a great opportunity to learn and a chance at exposure to research at a level that is currently unavailable in the Irish clinical setting. It was great! While at NCI, I got the opportunity to meet experts, share ideas and experiences, and bring back expertise that could only be gained at NCI.

Shortly after arriving at NCI, I attended a three-day course on the Fundamentals of Clinical Trials. This course enabled an understanding of trials from writing the protocol to publishing the results. The fundamentals course was a key point in understanding the role of the research nurse and making sense of NCI experience. Shortly after this course, I had an opportunity to consolidate my learning by shadowing Teresa, an NCI research nurse, as part of the lymphoma research team. This was a valuable learning experience. The bio-ethics course was also a great learning experience. It seems that NCI has endless opportunities for learning.

The nurses I met at NCI, in particular Georgie, Joyce, Elizabeth and Teresa, have stimulated my interest in clinical research—in particular, nurse-led research. I have made many contacts at NCI and intend keeping in touch to share information.

After the six-week programme, I have had the chance to incorporate some of what I learned at NCI into my clinical work—in particular, aspects of patient and staff education. The insights into clinical research have been invaluable. Hopefully, this experience will enhance the clinical nurse's role in research in my institution.

Following a positive experience of the scholar exchange programme, I would encourage colleagues to participate.

# Partners and Institutional Members

## IRELAND

### Department of Health and Children

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

The publication of the health strategy *Shaping a Healthier Future*, in 1994, was the culmination of a reappraisal of the health services that had commenced in 1986 with the discussion document *Health: The Wider Dimensions*. *Shaping a Healthier Future* signaled a significant change in direction, with its emphasis on the achievement and measurement of health gain and social gain and its commitment to organise and manage the system as an integrated whole.

A new health strategy for the next seven to ten years, *Quality and Fairness*, was launched in 2001. The new strategy is based on the principles of equity, people-centredness, quality, and accountability. 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 more than three months from initial referral; the addition of more day care places, respite care places, and residential capacity for people with disabilities; development of an Action Plan on Age; a statutory complaints procedures; and establishment of a new National Hospitals Agency and an independent Health Information and Quality Authority.

## NORTHERN IRELAND

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

The Department of Health, Social Services and Public Safety was established by the Departments (NI) Order 1999. The Department has three main business responsibilities:

- Health and Personal Social Services, which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;
- Public Health, which covers policy, legislation and administrative action to promote and protect the health and well being of the population; and
- Public Safety, which includes responsibility for the policy and legislation for the Fire and Ambulance Services.

The Department's mission is to improve everyone's health and social well being. It does so by ensuring the provision of appropriate health and social care services, both in clinical settings, such as hospitals and GPs' surgeries, and in the community, through nursing, social work and other professional services. It also supports programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes that will lead to better 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 latest document, known as *Priorities and Budget 2004-06*, sets the context for the Department's 2004-06 planning documents.

The Department's Public Service Agreement sets out the Department's overall aim, its objectives, key targets, associated actions and budget allocations, cross-referring these to the originating *Priorities and Budget* commitments; and links funding to the achievement of agreed outputs and outcomes.

The Corporate Plan sets out the high level aims and objectives for the Department and details how the Department will achieve key outcomes, including:

- Reduction in preventable deaths, diseases and injuries
- More responsive hospital services
- An accessible and effective primary care service
- Improvements in the quality of health and social care provided

The Priorities for Action (PfA) document sets out planning goals for the Health and Personal Social Services for 2004-05. The document takes the outcomes and targets contained in *Priorities and Budget 2004-06* and translates them into a clear and challenging agenda for the HPSS.

Health and Wellbeing Investment Plans (HWIP) set out the arrangements by which the four HSS Boards secure effective health and social services for their local populations, improve health and social well being and reduce inequalities.

The Investing for Health Strategy launched in March 2002 set out how the health and well being of all the people can be improved, and in particular how the unacceptable inequalities in health can be reduced. The Strategy was developed by all Government Departments through the Ministerial Group on Public Health (MGPH), chaired by the Minister for DHSSPS, reflecting the important role that all Departments and their agencies have in improving the state of people's health.

The administration of the Department is advised

by a number of professional groups. The Medical and Nursing Groups are represented on the Consortium. The Health Minister for Northern Ireland is Angela Smith.

## **UNITED STATES**

### **National Cancer Institute**

#### *Department of Health and Human Services*

The National Cancer Institute (NCI) is part of the National Institutes of Health (NIH), which is an agency of the Public Health Service (PHS) in the Department of Health and Human Services (DHHS). NCI was established under the National Cancer Act of 1937 and is responsible for overseeing all US government-sponsored cancer research through two key programmes: an intramural programme that encompasses the work of more than 400 principal investigators working in NCI's own clinics and laboratories and an extramural programme that encompasses thousands of investigators at more than 50 cancer centres nationwide that receive funding for clinical research through NCI.

Dr Andrew von Eschenbach is the Director of the National Cancer Institute. Tommy Thompson is the Secretary of the US Department of Health and Human Services.

## **OTHER MAJOR PARTICIPATING AGENCIES**

### **Ireland's Health Research Board**

In conjunction with Northern Ireland's Research and Development Office, Ireland's Health Research Board is responsible for funding many Consortium programmes, including the clinical trials network and scholar exchange programmes. John Boland, Ireland's Minister of Health, established the Health Research Board in 1986. Its main functions are to promote, assist, commission, or conduct medical, epidemiological, health, and health services research.

### **Northern Ireland's Research and Development Office**

Northern Ireland's Research and Development Office provides overall direction for Health and Personal Social Services research and development and liaises with national statutory bodies and health-related organisations. The office supports a wide range of research and development initiatives, from education and training to direct commissioning. The Research and Development Office promotes, coordinates, and supports research and development within the field of health and social care. Its mandate is to encompass the research needs of all sectors of health and social care within Northern Ireland.

# Consortium Participants

## BOARD OF DIRECTORS

### **Dr Henrietta Campbell**

*Chief Medical Officer*

Department of Health, Social Services and  
Public Safety  
Northern Ireland  
Chair 2003

### **Dr James Kiely**

*Chief Medical Officer*

Department of Health and Children  
Ireland

### **Dr Andrew von Eschenbach**

*Director*

National Cancer Institute  
Department of Health and Human Services  
United States

## IMPLEMENTATION GROUP

### IRELAND

### **Dr Ruth Barrington**

*Chief Executive*

Health Research Board  
Dublin

### **Dr Oscar Breathnach**

*Consultant Medical Oncologist*

Dublin

### **Dr Harry Comber**

*Director*

Irish National Cancer Registry  
Cork

### **Professor Donal Hollywood**

*Professor of Clinical Oncology*

Trinity College Dublin

### **Dr Mary Hynes**

*Regional Manager*

Acute Services, Western Health Board  
Department of Public Health  
Galway

### **Professor Elaine Kay**

*Consultant Histopathologist*

Beaumont Hospital Dublin  
Professor of Pathology  
Royal College of Surgeons in Ireland

### **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

### **Ms Mary McCarthy**

*Chief Nursing Officer*

Department of Health and Children  
Dublin

## NORTHERN IRELAND

### **Professor F. Charles Campbell**

*Professor of Surgery*

The Queen's University  
Belfast

### **Dr Anna Gavin**

*Director*

Northern Ireland Cancer Registry  
Belfast

### **Professor Peter A. Hall**

*Professor of Pathology*

*Consultant Pathologist*  
Department of Pathology  
The Queen's University and  
The Royal Hospitals Trust  
Belfast

### **Ms Judith Hill**

*Chief Nursing Officer*

Department of Health, Social Services and  
Public Safety  
Belfast

**Professor Patrick Johnston**  
*Director, Cancer Research Centre*  
The Queen's University/Belfast City Hospital  
Belfast

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

## **UNITED STATES (NATIONAL CANCER INSTITUTE)**

**Dr Joe Harford** (Chair)  
*Director*  
Office of International Affairs  
Bethesda, Maryland

**Dr Lee J. Helman**  
*Chief*  
Pediatric Oncology Branch

*Deputy Director*  
Center for Cancer Research  
Bethesda, Maryland

**Dr Richard S. Kaplan**  
*Chief*  
Clinical Investigations Branch  
Cancer Therapy Evaluation Program  
Bethesda, Maryland

**Dr Douglas Weed**  
*Chief*  
Office of Preventive Oncology  
Bethesda, Maryland

## **WORKING GROUP CHAIRPERSONS**

### **Cancer Registries**

**Dr Anna Gavin**  
*Director*  
Northern Ireland Cancer Registry  
Belfast, Northern Ireland

### **Clinical Trials**

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

### **Information Technology**

**Professor Donal Hollywood**  
*Professor of Clinical Oncology*  
Trinity College Dublin  
Dublin, Ireland

### **Nursing**

**Ms Judith Hill**  
*Chief Nursing Officer*  
Department of Health, Social Services and  
Public Safety  
Belfast, Northern Ireland

### **Prevention**

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

### **Scholar Exchange**

**Professor Patrick Johnston**  
*Director, Cancer Research Centre*  
The Queen's University/Belfast City Hospital  
Belfast, Northern Ireland

# New Implementation Group Members

In 2003, the Consortium Implementation Group welcomed five new members. With the appointment of new members, the areas of Surgery, Pathology, and Pediatric Oncology are now represented in the Implementation Group membership.

## IRELAND



*"The close collaboration between the various disciplines involved in cancer care made possible and enhanced by the combined efforts of those involved at the many faces of cancer research, therapeutics, and care is the envisaged objective and hopeful realization of the Consortium."*

### Dr Oscar Breathnach, MB, FRCPI

Dr Oscar Breathnach joined the Implementation Group in June as a replacement for Dr David Fennelly. Currently, Dr Breathnach is a Consultant Medical Oncologist and works from the largest centre outside of Dublin, which functions as a virtual cancer centre over three facilities within Cork City, and a satellite unit in Kerry. He also heads the Oncology Clinical Trials unit, developed in 2002—a mark of the potential results of the efforts of the Consortium.

Dr Breathnach received his general education at St. Benildus College, Kilmacud, Dublin and his undergraduate medical education from University College, Dublin, School of Medicine and St. Vincent's Hospital, Elm Park, Dublin. Dr Breathnach served an internship at St. Vincent's

Hospital and received additional internal medicine training at Boston City Hospital, St. Vincent's Hospital, Wexford General Hospital, and St. Michael's Hospital. Dr Breathnach also received postgraduate training as a Medical Oncology Registrar and a Pulmonary Registrar at St. Vincent's Hospital. From 1996-1999, Dr Breathnach was a Clinical and Research Medical Oncology Fellow at the National Cancer Institute. Dr Breathnach was the recipient of two Berlex Oncology Foundation Awards (1998 and 1999) and an HRB Clinical Cancer Trial Unit Grant in 2001. He is the Irish representative to the European Society of Medical Oncologists. His research interests have focused on Thoracic Malignancy initially started at the National Cancer Institute, and continued later at Dana-Farber Cancer Institute/Harvard Medical School and through the trials' unit in Cork.



*"The Consortium has added a new dimension to the cooperation between the cancer registries in Ireland, and the training of our cancer epidemiology fellows provided at NCI has laid the foundations for a range of international collaborative projects in cancer aetiology and patterns of care. I hope to work through the Consortium to strengthen the links between NCI, and SEER in particular, and the Irish registries, and to help develop further training opportunities in epidemiology and registration."*

### Dr Harry Comber, MB, PhD

Dr Harry Comber is Director of the Irish National Cancer Registry at Cork. He received his

undergraduate degree in Chemistry at University College, Cork and, after being awarded a PhD at the Institute of Cancer Research in London, studied medicine in Cork and worked there as a family doctor for twelve years. His research interests are in the epidemiology of early detection of cancer, its treatment and survival.



*"The All Ireland NCI Consortium provides an exciting and very important opportunity to develop the role of pathology and pathologists in significant translational research in the field of cancer."*

**Professor Elaine Kay  
MB, BCh, BAO, MA, FRCSI, FRCPath, MD**

Professor Elaine Kay is a consultant histopathologist in Beaumont Hospital, Dublin and Professor of Pathology at the Royal College of Surgeons in Ireland. She has served on the Board of the Faculty of Pathology since 1996 and is the National Specialty Director for Histopathology training in the Republic of Ireland. She has an active research interest in solid organ malignancies with particular focus on markers with diagnostic utility and on markers of disease progression and response to treatment. Professor Kay joined the Consortium in September 2003 with the aim of enhancing the role of pathology in the Consortium's activities with particular focus on cancer diagnosis, tissue-based research, and the transfer of research findings to the diagnostic setting.

## NORTHERN IRELAND



*"I intend to support the initiatives of the Consortium, to enhance knowledge of the causes of cancer and to improve cancer care, within the island of Ireland and elsewhere. Central to these aims are high*

*quality basic science and clinical research within a robust scientific infrastructure. During recent years, we have amassed sufficient understanding of key mechanisms of toxic action, through molecular, cellular and genetic effects, to elucidate the role of certain lifestyle chemicals in cancer initiation and progression. My goals are to advance this knowledge within the infrastructure provided by the Consortium, to pre-empt cancer progression and reduce its burden on society."*

**Professor F. Charles Campbell  
FRCS, MBChB, MD**

Professor F. Charles Campbell has been Professor of Surgery at Queen's University of Belfast since January 2000. Previously, he was Professor of Gastroenterological Surgery at the University of Newcastle upon Tyne (1996-1999). He was a Wellcome Fellow in the Department of Biochemical Medicine at the University of Dundee (1993-1995); a Reader, Lecturer and Senior Lecturer in Surgery in Dundee (1984-1996); and a Tenovus Research Fellow and Post Fellowship Registrar at Nottingham (1980-1984).

Professor Campbell is currently Principal Investigator on a number of grants, including Divergent Nuclear Vitamin D Receptor Signalling and Early Oncogenesis (Wellcome Trust; 2003-6); Inflammation Dependent Mutagenesis (CR UK;

2002-4); Stem Cell Mutational Indices as BioMarkers of Dietary Chemical Effect (UK Government FSA; 2000-3); Pathways of Inflammation Associated Oncogenesis of the Colon (NI R&D Office; 2000-5); and Polymorphisms of Inflammation Susceptibility Genes and Cancer Risk (NI R&D Office; 2001-3). He also is Co-investigator on a BBSRC grant for the study of dietary regulation of intestinal zinc transporters.



*"Pathology is a central component not only of the diagnostic process in cancer care but also a key element in therapeutic decision making in modern oncology. Furthermore pathology is key to effective*

*translational cancer research. Consequently the introduction of pathologists into NCI All-Ireland Cancer Consortium is an important step. Building even closer links with colleagues in the Republic and in the US is an exciting opportunity."*

**Professor Peter A. Hall  
BSc, MD, PhD, FRCPath**

Professor Peter Hall received a medical degree at St. Bartholomew's Hospital Medical College (University of London) and an Intercalated BSc from St. Mary's Hospital Medical School (University of London). He is currently the Professor of Pathology and Consultant Pathologist in the Queen's University Department of Pathology and The Royal Hospitals Trust in Belfast. Professor Hall's earlier appointments include: Chairman and Consultant, Department of Pathology and Laboratory Medicine, King Fahad

National Guard Hospital, Riyadh, Saudi Arabia; Locum Consultant Pathologist, Gloucester Royal Hospital Trust and East Gloucestershire Hospital Trust; and Professor of Cellular Pathology and Honorary Consultant at the University of Dundee. Professor Hall was awarded Fellowship of the Royal College in 1998. His areas of diagnostic interest are tumour pathology, gastrointestinal pathology, and applications of molecular biology, biochemistry and immunohistochemistry.

**UNITED STATES**



*"I was fortunate to be present at the inaugural NCI-All Ireland Consortium and witness the signing of the agreement. It is a privilege to serve on the Implementation Group to help ensure the success of the*

*Consortium in reducing the burden of cancer throughout Ireland."*

**Dr Lee J. Helman, MD**

Dr Lee J. Helman is Chief of the Pediatric Oncology Branch and Deputy Director of the Center for Cancer Research at the National Cancer Institute. Dr Helman received his medical degree from the University of Maryland School of Medicine in Baltimore, Maryland. He also is a part-time Professor of Pediatrics and Oncology at Johns Hopkins University School of Medicine. He serves as a member of the Board of Directors of the American Society of Clinical Oncology, on the Scientific Advisory Committee of the Children's Oncology Group, and on the Pediatric Oncology Task Force of the American Association for Cancer

Research, and was a founding member and past president of the Connective Tissue Oncology Society. He has been a grant reviewer for several organizations, including the American Cancer Society. Dr Helman holds a US patent for Novel Immunotherapeutic Methods and Vaccines. His laboratory currently has two major areas of investigation related to the biology of pediatric sarcomas—the role of insulin-like growth factors on the biology of these tumors and identification of the molecular mechanisms of metastases using animal models of spontaneously metastatic tumors.



# Consortium in the News

## The Development of Radiation Oncology Services in Ireland

The Minister for Health and Children (Ireland) established an Expert Working Group on the Development of Radiotherapy Services in May 2000. The Group was tasked to assess radiotherapy services needs and, based on these needs, to make recommendations on the future development of radiotherapy services in Ireland. The Group considered recent developments in cancer prevention, diagnosis and treatment; National Cancer Strategy provisions in relation to radiotherapy services; and best practice in the area. The Group's work plan included meetings, site visits, and independent research studies. To include consultants' input, the Group invited the Health Boards and the Eastern Regional Health Authority to submit their radiation oncology services development plans and also to meet in-person with the Group to provide updates.

The Group, chaired by Consortium member Professor Donal Hollywood, wrote and released a report *The Development of Radiation Oncology Services in Ireland* in which the TELESYNERGY® system was endorsed as a core technology in linking a proposed Supraregional Radiation Oncology units network. The entire document is available in PDF format on the Consortium Web site in the Publications section at [www.allirelandnci.org](http://www.allirelandnci.org).

## Radiation Therapists Linked by TELESYNERGY®

S. Hynds and Evelyn O'Shea, radiation therapists, co-authored an article titled "Radiation Therapists Linked by TELESYNERGY®" with assistance from Consortium member Professor Donal Hollywood. The article discussed the increased use of telemedicine by radiation therapists, because of the accessibility of the TELESYNERGY® system on the island of Ireland. The authors included details about a Consortium-sponsored TELESYNERGY® User Group meeting in Bethesda, Maryland United States in January and follow-up teleconferences following the User Group meeting. The entire article is available in the Publications section of the Consortium Web site at [www.allirelandnci.org](http://www.allirelandnci.org).

# 2003 All-Ireland Cancer Conference

The second All-Ireland Cancer Conference took place in Cork over four days, October 19-22, 2003. The conference was sponsored by the Ireland-Northern Ireland-National Cancer Institute Consortium and funded primarily by the Irish Department of Health and Children, with additional support from NCI and the Northern Ireland Department of Health, Social Services and Public Safety.

A Scientific Committee, led by Dr Rick Kaplan (NCI), devised, arranged and partly resourced a very full and wide-ranging programme, with over fifty presentations from the fields of epidemiology, prevention, health services research, treatment, genomics, proteomics, survivorship, and palliative care. Copies of the full presentations have been generously made available by the speakers and can be accessed at the National Cancer Registry Web site at [www.ncri.ie/news/20031110-1.shtml](http://www.ncri.ie/news/20031110-1.shtml).

Over 400 delegates from Ireland, the US and the United Kingdom attended the conference. An informal reception, with welcoming remarks by Drs Joe Harford and Harry Comber, was held on Sunday, October 19. The Irish Minister for Health and Children Mr Micheál Martin formally opened the proceedings on Monday, October 20.



Monday morning's programme was devoted to cancer epidemiology and the afternoon plenary to cancer prevention. Later in the day, the All-Ireland Cooperative Group hosted a session on the work completed thus far on developing a clinical trials infrastructure in the island of Ireland. Monday ended with a formal banquet with speeches by Mr Martin, Dr Etta Campbell on behalf of the Department of Health, Social Services and Public Safety, Northern Ireland, and Dr Joe Harford on behalf of NCI.





MEMORANDUM  
OF  
UNDERSTANDING

among

The Department of Health and Children of Ireland, The  
Department of Health and Social Services for Northern Ireland,  
and The National Cancer Institute of the United  
States Department of Health and Human Services

The Department of Health and Children of Ireland, the Department of Health and Social Services for Northern Ireland, and the National Cancer Institute (NCI) of the United States Department of Health and Human Services (hereinafter referred to as the Participants):

- Recognising that cancer is a major public health/health care problem causing premature morbidity and mortality;
- Recognising the necessity to apply the most effective preventive and therapeutic strategies to the management of this disease;
- Further recognising that these strategies can be most effectively implemented on an international and collaborative basis;

have decided to establish a multilateral partnership to continue and intensify co-operation in relation to cancer, that will lead to improved scientific programs in their jurisdictions, including the areas of:

- |                          |   |
|--------------------------|---|
| • epidemiology           | • education and training                        |
| • prevention             | • information collection and dissemination; and |
| • surveillance           | • interactions aimed at                         |
| • early detection        | enhanced public health and                      |
| • treatment and research | patient care.                                   |
| • quality control        |   |

and hereby establish an Ireland-Northern Ireland-NCI Cancer Consortium.

## I. Scope of Understanding

The Participants intend to:

- Identify infrastructure improvements necessary for the island of Ireland to further cancer research and clinical cancer investigations;
- Formalize and facilitate interactions among the U.S., Irish, and Northern Ireland cancer research communities;
- Develop joint programmes that will enhance the environment for clinical cancer research with the anticipated outcome of improved patient care;
- Develop educational exchange programmes for cancer personnel.

## II. Programmes

A. Initial Programmes: While the scope of activities will evolve, several initial programme areas will be highlighted.

### 1. *The enhancement and co-ordination of tumour registries in Northern Ireland and in Ireland.*

A requirement for successful epidemiological and health services research in cancer is the presence of an active tumour registry that can monitor population trends in cancer incidence and mortality. The programmes will accelerate the advances made by the Northern Ireland and Irish tumour registries through the sharing of expertise and technology and will also expand efforts to co-ordinate data collection, analysis, and reporting between the two tumour registries.

2. *The enhancement of the informatics infrastructure to support co-ordinated clinical trials throughout the island of Ireland.*

For the informatics initiative, attention will be focused on two areas:

- (a) Telecommunications: The identification of the requirements necessary to establish capacity for advanced telecommunications to permit remote co-ordination of clinical trials, especially in the field of radiation oncology.
- (b) Clinical Trials Information System: Information technology is a fundamental requirement for the advanced management of clinical studies. It is proposed, therefore, to establish a unified informatics approach for cancer clinical trials. Cancer centres in Northern Ireland and Ireland will participate in the development of the Clinical Trials Information System (CTIS) ongoing at the NCI. When completed, the CTIS will provide the information framework for collaborative clinical investigations among the signatories.

3. *Development of education/training and scholar exchange programmes.*

Programmes will be established for joint training and scholar exchange in cancer research. Exchanges will be arranged among NCI and Irish and Northern Ireland institutions that involve basic, clinical, and epidemiological investigations and that include the training of personnel, such as research nurses and clinical investigators, critical to the clinical trials process.

- B. New Programmes:** New programmes will be developed as appropriate, including the establishment of appropriate partnerships with advocacy groups, non-governmental organisations, and industry.

### **III. Governance**

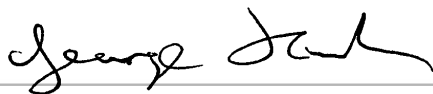
The collaborative programmes developed under this Memorandum will be overseen by a Board comprising representatives of the Department of Health and Children of Ireland, the Northern Ireland Department of Health and Social Services, and the National Cancer Institute of the U.S. Department of Health and Human Services.

- A. Membership:** The Irish Chief Medical Officer, the Northern Ireland Chief Medical Officer, and the Director of the National Cancer Institute, who may designate an alternate member to represent them. The Chair will 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. Responsibilities:** The Board will determine the scope and priority of actions provided for in this Memorandum, including the development of strategic plans for cancer research. In conducting its work, the Board will consult with appropriate organisations and individuals, engage consultants, and establish working groups as required. The Board will implement and provide oversight of the programmes developed under this Memorandum. The Board will make arrangements for the transfer and distribution of funds, when appropriate, and Board members, representing the Participants, will determine the funding contributions necessary to support its activities, subject to resource allocation processes outlined in the resources section of this Memorandum (III 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 fiscal and operating procedures of each Participant, the Participants expect to provide funding to support the priority activities identified by the Board. Once funds are identified and approved for a project, the respective rights and responsibilities of each participant will be clearly specified in separate project arrangements.
- D. Meetings: The Board will meet within three months of the signing of this Memorandum and biennially thereafter. At the first meetings, the Board will develop procedures to support the conduct of its business.
- E. Reporting: The Board will submit an annual report to their respective departments.

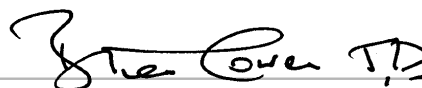
**IV. Duration**

Activities under this Memorandum will commence upon signature and continue for five years. It may be amended or extended by written consent of the Participants.



MR. GEORGE HOWARTH, 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 and Social  
Services

Date 3 October 1999 location Belfast



MR. BRIAN COWEN, T.D.  
Minister for Health and Children, Government of  
Ireland, on behalf of the Department of Health  
and Children of Ireland

Date 3 October 1999 location Belfast



DONNA E. SHALALA, Secretary of Health and  
Human Services, United States of America

Date 29 September 1999 location Washington, D.C.



# *Ireland-Northern Ireland-National Cancer Institute Cancer Consortium*

## **IMPLEMENTATION PLAN**

### **I. DESCRIPTION OF CONSORTIUM**

#### **A. Membership**

The Ireland-Northern Ireland-National Cancer Institute Cancer Consortium consists of representatives of the Department of Health and Children of Ireland, the Department of Health, Social Services and Public Safety of Northern Ireland, and the National Cancer Institute of the United States Department of Health and Human Services.

#### **B. Origin**

The Consortium was established as a result of a Memorandum of Understanding (MOU) between the three governments, signed in Belfast in October 1999. This MOU was a result of detailed consultation between the three governments which recognised the fact that cancer was a major public health and health-care problem causing premature morbidity and mortality in all three jurisdictions and recognising that preventive and therapeutic strategies could most effectively be implemented utilizing an international and collaborative forum. The potential for such collaboration, particularly between the two Departments of Health on the island of Ireland, was enhanced by developments in the broader framework of relations, which were being devised under the terms of the Belfast Agreement.

#### **C. Duration**

Under the terms of the MOU, the Consortium will, in the first instance, exist for five years from the signing of the MOU.

## **II. MISSION**

The Consortium's mission is to continue to intensify co-operation between the Department of Health and Children of Ireland; the Department of Health, Social Services and Public Safety of Northern Ireland; and the National Cancer Institute of the United States, in relation to cancer, that will lead to improved scientific programmes in their respective jurisdictions, including the areas of:

- Education and training
- Treatment and research
- Information dissemination
- Epidemiology
- Cancer prevention
- Surveillance
- Early detection
- Quality control
- Interactions aimed at enhanced public health and patient care

## **III. SCOPE OF CONSORTIUM**

- A. Identify infrastructure improvements necessary for the island of Ireland to further cancer research and clinical cancer investigations
- B. Formalise and facilitate interactions between cancer research communities in the United States and the island of Ireland
- C. Develop joint programmes that will enhance the environment for clinical cancer research leading to improved patient care
- D. Develop educational exchange programmes for cancer personnel

#### **IV. GOVERNANCE**

- A. The activities comprehended within the MOU will be managed by the Consortium Board of Directors, which will initially consist of the Chief Medical Officer of Ireland, the Chief Medical Officer of Northern Ireland, and the Director of the National Cancer Institute who each may designate alternate members to represent them. The Chair will alternate annually between the Chief Medical Officers of Ireland and Northern Ireland, and the management of the Board's activities will be the responsibility of the Chair for that period.
- B. While the Board will generally utilize the consensus method to obtain decision, there may be instances when a vote of the majority is required. Each Board member has one vote.
- C. There will be, at least, two meetings of the Board per year and communication between meetings will be transacted by means of conference calls between Board members at a frequency to be decided by the Board.
- D. The Board will submit an annual report to the participating departments.

#### **V. ACTIVITIES**

- A. The creation of the Consortium was to ensure the implementation and funding of programmes, projects and training that facilitate the objectives outlined in the MOU. In the first instance, the Consortium will identify and develop potential for co-operation in the following areas:
  - 1. The enhancement and co-ordination of cancer registries in Northern Ireland and Ireland
  - 2. The enhancement of informatics and other infrastructure improvements to support the conduct and co-ordination of clinical trials throughout the island of Ireland

3. Development of education/training and scholar exchange programmes
- B. This implementation plan outlines the two methods that will be used to establish, review and approve all Consortium-sponsored initiatives.
  1. **Working Groups:** The Board, at its discretion, will establish ad hoc working groups in areas designated under the MOU. The Chair, duration, responsibilities and membership of these groups will be agreed upon by the Board. Generally, the responsibility of these groups will be to stay abreast of needs and activities within their designated areas and to make recommendations to the Board on activities that will enhance the Consortium's objectives in that area. Proposals submitted by a working group should fully outline the proposed initiative, funding required (including staffing, supplies, travel, space and/or other resources required) and their recommendation for funding sources and/or cost sharing by Consortium parties.
  2. **Request for Applications:** The Board will be responsible for identifying targeted Consortium initiatives, where an open and competitive review and award process is desired. For each initiative, the Board will identify the scope of the project, funding available, size and scope of awards and the specific procedures associated with advertising the opportunity, application process and scientific/administrative review of the proposals. The Board may also decide to handle proposals made by the working group, in a competitive manner.

## **VI. PROJECT FUNDING GUIDELINES**

- A. Proposals must fall within the areas of activity identified in the MOU.
- B. Projects must be consistent with policies and strategic cancer plans of the health departments of the partners.
- C. Projects must demonstrate the benefits to cancer research in all three jurisdictions or, serving as a pilot project in one jurisdiction, demonstrate potential for wider applicability.
- D. Generally, each partner will directly fund its share of each

project, keeping accountability for the use of funds within existing monitoring agencies at the funding source.

## **VII. BOARD APPROVAL PROCESS**

- A. All proposals, irrespective of origin, will be submitted to the Board through its administrative unit.
- B. Members of the Board, after initial consideration, based on the guidelines outlined above and/or in the light of available resources or other relevant information, may decide to accept or reject any proposal. Alternatively, the Board may refer the proposal for further review and recommendation to an independent assessor, or refer it to the appropriate Department for action.
- C. Those who have submitted proposals will be notified of the Board's decision via a document bearing the Chair's signature, which will be prepared by the administrative unit.
- D. Successful applicants will be expected to report progress on their funded projects by way of written submission to the Board, at least on an annual basis or as otherwise requested by the Board.

## **VIII. ADMINISTRATION AND CONTACTS**

*(Note: Tasks/level of effort must be within NCI-funded level for this contract. Therefore, specific tasks should be coordinated through NCI.)*

- A. The Board has a centralised record-keeping and administrative unit whose role it is to:
  - 1. Maintain centralised correspondence files
  - 2. Co-ordinate Board meetings and conference calls
  - 3. Write, distribute, and file Board conference call and meeting minutes
  - 4. Maintain and distribute budget spreadsheets
  - 5. Prepare correspondence as requested by Board
  - 6. Prepare and distribute annual report
  - 7. Manage project applications process

B. The Board operates a Help Desk/Information Clearinghouse to:

1. Collate pertinent educational opportunities for cancer investigators and students in Ireland, Northern Ireland and at NCI
2. Prepare relevant brochures to disseminate knowledge of programmes
3. Develop and maintain a Web site for Consortium Board to include education opportunities, and updates on information technology development, all-Ireland clinical trials group, cancer registries, Board activity, and proposal funding opportunities
4. Triage requests to appropriate authorities
5. Answer procedural questions
6. Track satisfaction of students and mentors in Scholar Exchange programme
7. Maintain demographic records of scholars in Scholar Exchange programme
8. Provide broker function between candidates and potential training programmes
9. Maintain activity log of all inquiries and status of requests
10. Report monthly to Board





Department of Health and Children  
Ireland



Department of Health, Social Services  
and Public Safety  
Northern Ireland



**Ireland-Northern Ireland-National Cancer Institute  
Cancer Consortium**

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

**Telephone:**  
(from Ireland/Northern Ireland):  
001-301-496-5534

**Web site:**  
[www.allirelandnci.org](http://www.allirelandnci.org)