

*Journal of Cancer Prevention* accepted this cross-border observational study for publication.

- **Breast cancer incidence, mortality, and stage at diagnosis in Ireland: North-South comparisons and the role of screening.** This paper is in final draft.
- **Trends in cervical cancer mortality in Ireland and Britain: Evidence for an effect of population-based screening.** “Recent trends in cervical cancer mortality in Britain and Ireland: the case for population-based cervical cancer screening,” an article by Consortium members Drs Harry Comber and Anna Gavin, was published in the British Journal of Cancer [Br J Cancer 91(11): 1902-4.].
- **Cancer Atlas of the UK and Ireland.** Publication is scheduled for July 2005.

### Planned Studies

- The Health Research Board (Ireland) and the Research and Development Office (Northern Ireland) provided funding for the project “Factors Underlying Differences and Trends in PSA Testing, Biopsy and Prostate Cancer Incidence in Ireland 1994-2003.”
- The Irish Cancer Society agreed to provide funding of €75,000 for an all-Ireland study “Opportunities for Primary Prevention and Early Detection of Cancer in Ireland: A Proposal for the Investigation of Public Awareness, Beliefs, Attitudes and Behaviours.”
- “Cancer and Excess Weight in Ireland: Estimating the Impact of

Overweight and Obesity on Current and Future Cancer Incidence and Mortality.” No funding was made available in 2004. It was suggested as a suitable project for an NCI cancer prevention fellow from the island of Ireland.

### Training

#### *Epidemiology Fellows*

Dr Deirdre Cronin returned to Ireland in July 2004, having spent a year with Dr Brenda Edwards’ team at the Surveillance Research Program, NCI. Dr Cronin worked with a number of groups at NCI and continues to collaborate with Dr Linda Harlan, an epidemiologist with the NCI’s applied research program.

#### *Certified Tumour Registrar (CTR) Qualification*

Mary Chambers (National Cancer Registry of Ireland) is a member of a working group carrying out a feasibility study for an international CTR qualification.

#### *NCI Cancer Prevention Fellowship*

Dr Lesley Anderson (Northern Ireland Cancer Registry) was awarded a three-year cancer prevention fellowship under the direction of Dr Doug Weed, Chair of the Consortium Prevention Working Group and Director of NCI Cancer Prevention Fellowship Program.

### CLINICAL TRIALS

#### *Dr Ruth Barrington, Chair*

A major goal of the Consortium is to strengthen the capacity for cancer centres in Ireland and Northern

Ireland to conduct cancer clinical trials, thus improving patients' access to new life-saving therapies. The Clinical Trials Working Group has worked to achieve this by coordinating efforts (1) to provide funding for infrastructure that supports clinical trials activity in hospital sites and (2) to drive networking and collaboration among these sites on the island of Ireland and between the All Ireland Clinical Trials Cooperative Group and those in Europe and the United States.

In 2004, the Clinical Trials Working Group focused on the following activities:

In the Republic of Ireland, the Health Research Board (HRB) continues to fund nine hospitals to enhance their capacities to conduct high-quality cancer clinical trials. The nine hospitals in receipt of funding are: St. Vincent's University Hospital/St. Luke's Hospital; Cork University Hospital; University College Hospital Galway; Beaumont Hospital; St. James's Hospital; the Mater Misericordiae Hospital; the Mid-Western Regional Hospital Limerick; the Adelaide and Meath incorporating the National Children's Hospital Tallaght; and Waterford Regional Hospital. With awards to five of these hospitals approaching the end of the initial grant period in early 2005, the international panel of experts that recommended the original awards reconvened in Dublin during 2004 to conduct a review of these hospitals and to make recommendations to the HRB in respect to future funding. The review process involved a detailed analysis of progress reports as well as face-to-face meetings with the Principal Investigators.

A number of issues that pose challenges for capacity building for clinical trials arose during the review. While the panel members are repeatedly impressed by the well-trained and enthusiastic teams in the clinical trials units, they noted the serious impact that the huge service commitments are having on the Principal Applicants' abilities to engage in clinical trials activity. Having protected-time arrangements in place for Principal Investigators is vital to the success of this initiative. Furthermore, the numerous pending appointments of medical oncologists around the country will have a significant positive impact on clinical trials activity in the sites. The HRB will be scheduling meetings with the Department of Health and Children and with the National Cancer Forum to discuss these issues. The remaining hospitals funded by the HRB are expected to be reviewed by the panel in June 2005.

In Northern Ireland, the main focus continued to be the Northern Ireland Cancer Clinical Trials Unit (NICCTU) with its vision of promoting and co-ordinating cancer clinical trial activity in Northern Ireland. The Director of the NICCTU, the Executive Committee, the multi-professional NICCTU Co-ordinating Committee, and a team of specialist clinical trials staff facilitate clinical trial activity, supported by clinical and other services within the NICCTU and the Belfast City Hospital Trust (BCHT). NICCTU supports the development of cutting-edge interventions and patient care in the prevention, diagnosis, and treatment of cancer and National Translational Cancer Research Network (NTRAC) activity.

The past twelve months has seen the introduction of the European Clinical Trials Directive and the local implementation of national governance guidelines. Despite these challenges, the NICCTU has continued to expand and develop its cancer clinical trials program through participation in a number of national, international, investigator-led, and commercial trials. Unlike other centres, the NICCTU has not reported a downturn in trial activity (including patient accrual) post May 2004. During the year, 257 patients were randomised to a total of 54 clinical trials: 204 to oncology trials (36 trials open for accrual) and 53 to haematology trials (18 haematology trials).

The NICCTU has an increasing focus in phase I and early phase II clinical trials, with access to novel agents obtained from Cancer Research UK and the pharmaceutical industry. This activity is supported by a pharmacokinetic/pharmacodynamic laboratory and expertise gained through further senior clinical and scientific appointments. Clinical research nurses continue to be trained through links with the U.S. National Cancer Institute.

At the same time as reviewing the remaining hospital sites funded by the HRB, the international panel of experts will also conduct a review of the Planning Grant awarded to the Irish Clinical Oncology Group (ICORG) in Dublin and the Clinical Research Support Centre (CRSC) in Belfast. This two-year planning grant worth €1 million was awarded jointly by the HRB and the R&D Office in Northern Ireland in 2003 to fund the

headquarters and statistical advice and data management functions of the All-Ireland Clinical Trials Cooperative Group across the island. A condition of the award at the time was that nine-month and 18-month milestones set by the panel would be reported to both funders and reviewed by the panel. The nine-month report was submitted by ICORG and CRSC in early 2004 and reviewed by the panel.

## **INFORMATION TECHNOLOGY**

*Professor Donal Hollywood, Chair*

### **TELESYNERGY®**

A new TELESYNERGY® link was set up at St. Luke's Hospital and was used for a teleconference with cancer specialists at the King Hussein Cancer Center (KHCC) in Amman, Jordan. Secretary of Health and Human Services Tommy Thompson and Andrew von Eschenbach, NCI Director and Consortium Board of Directors member, were on-hand for the teleconference. Participants in the teleconference discussed complex and difficult-to-manage patient cases, including an advanced recurrent cancer case. Histology and radiology exchange, plus remote use of the microscope, occurred during the teleconference.

The success of TELESYNERGY® at the two existing locations in the Republic of Ireland has been very significant, resulting in TELESYNERGY® being proposed as the “architecture” for the first national telemedicine development. The existing system at the Academic Unit of Clinical and Molecular Oncology (AUCMO) has enabled