

BUILDING BLOCKS OF SUCCESS IN CANCER CONTROL



ACTIVITIES REPORT 2007

Highlights of 2007

January

- First round of Queen's University Belfast (QUB) E-learning Module 2007 for nurses launched.

March

- Nursing Working Group (NRS WG) Strategic Plan 2007-2010 developed at the Nursing Workshop held in Belfast.

April

- Sixth *Cancer Consortium* newsletter published.
- Northern Ireland's Space to Breathe law implemented; workplaces became smoke-free.

May

- Cancer 2007 Conference of the St. James's Hospital Cancer Strategy Group co-sponsored by the Consortium in Dublin.
- First Consortium All-Ireland Health Economics Workshop held at the National Cancer Institute (NCI) in Bethesda.
- Ireland joined the International Agency for Research on Cancer.
- Expert Group on a National Cancer Biobank for Ireland established by the Minister of the Department of Health and Children (DoHC) of Ireland.
- QUB Clinical Trials E-learning Module for Nurses completed by thirteen students.

July

- Eleven island of Ireland scholars participated in NCI Principles and Practice of Cancer Prevention and Control Course.
- Consortium Web site awarded the Interactive Media Award for Outstanding Achievement in design, development, and implementation of a government Web site by Interactive Media Council, Inc.



August

- Eighteen island of Ireland scholars participated in NCI Molecular Prevention Course.
- Consortium Web site awarded the Spring/Summer 2007 Bronze award for government health sites from World Wide Web Health Awards.



October

- Two island of Ireland oncology nurses participated in sixth round of NCI Clinical Trials Training for Nurses.



November

- Nursing Research Workshop held by the NRS WG in Belfast.
- Official opening of Centre for Cancer Research & Cell Biology (CCRCB) facilities at QUB, Belfast.
- Installation of TELESYNERGY® Lite equipment at Waterford Regional Hospital in Waterford.

December

- Publication of *Consortium Activities Report 2006: Adding Value Through Partnership in Cancer Research & Education*.
- NCI delegates visited pathology labs at Beaumont and St. James's Hospitals in Dublin to meet with Expert Group and present lunchtime lecture at the Biobanking Mini-Symposium.
- One Irish scholar selected as NCI Cancer Prevention Fellowship Program (CPFP) fellow.

Message from the Directors

The Ireland-Northern Ireland-NCI Cancer Consortium has remained committed over the past eight years to reducing the burden of cancer by engaging the medical and public health communities of Ireland, Northern Ireland, and the United States (U.S.) in joint cancer partnership, education, and research. The Consortium has focused its activities in six key areas: cancer registries and epidemiology, scholar exchange, information technology, cancer prevention, clinical trials, and nursing.

During 2007, the Consortium expanded its collective efforts to include biobanking and health economics/cancer policy analysis — two scientific areas of interest identified in the Memorandum of Understanding (MOU) renewed in 2006 as critical priorities to improving cancer care through cancer research. With this in mind, the Consortium sponsored several events in 2007, including the first All-Ireland Health Economics Workshop at the NCI in Bethesda, Maryland, U.S. and a National Cancer Biobanking Workshop and Mini-Symposium in Dublin, Ireland.

2007 Highlights:

- The Consortium co-sponsored the Cancer 2007 Conference of St. James's Hospital in Dublin.
- The first Consortium All-Ireland Health Economics Workshop was held at the NCI.
- Twenty-five island of Ireland scholars participated in the NCI Summer Curriculum in Cancer Prevention and Control program.
- Two all-Ireland nurses participated in the NCI Clinical Trials Training for Nurses.
- The Consortium Web site was awarded the Interactive Media Award in Outstanding Achievement and a Spring/Summer 2007 Bronze award from World Wide Web Health Awards.
- A National Cancer Biobanking Workshop and Mini-Symposium was held in Dublin, with the help of the NCI.

We are pleased to welcome a new addition to the Consortium Strategic Advisory Group. Dr. Fenton Howell was appointed chair of the Prevention Working Group in 2007. Dr. Howell, Director of Public Health at the Health Service Executive (HSE) Population Health Directorate in Ireland, has been extensively involved in developing a National Tobacco Framework for the HSE.

The Consortium continues to move forward to intensify our efforts in cancer partnership, education, and research across the island of Ireland and the U.S. These core elements have served, and will continue to serve, as the building blocks for our success in cancer control globally.

Sincerely,



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



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



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

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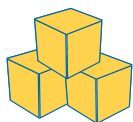
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Introduction

Since its inception, the Ireland-Northern Ireland-NCI Cancer Consortium (also referred to here as the All-Ireland NCI Cancer Consortium or the Consortium) has strived to accelerate discoveries in cancer diagnosis, treatment, and prevention through partnership, education, and research – elements that have served as important building blocks to the Consortium’s success. Each year, the Consortium strategically builds upon its joint efforts to move closer towards fulfilling its vision of bringing comprehensive cancer control to the island of Ireland. In 2007, the Consortium focused its attention on two new initiatives, biobanking and health economics/cancer policy analysis, in addition to the six original scientific programs: cancer registries and epidemiology, clinical trials, information technology, nursing, prevention, and scholar exchange. The expansion of Consortium activities into these two new areas of scientific inquiry will enhance the value of each Consortium program and reaffirm the priorities set forth in the MOU, renewed in 2006.

The Consortium brought 2007 to a close after successfully sponsoring and participating in a number of activities and events geared towards promoting partnerships among public health and scientific communities globally. The Minister of the DoHC of Ireland, Mary Harney, T.D., commissioned an Expert Group to discuss the feasibility of a proposed National Cancer Biobank, to be established with Consortium sponsorship. The Expert Group, which included two NCI experts, met in late 2007 for a National Cancer Biobanking Workshop and Mini-Symposium. In addition, the field of health economics was highlighted with two workshops and the development of a new fellowship. Through their respective educational and research projects, the Consortium Working Groups achieved significant progress in advancing core initiatives. Detailed information on the Consortium Working Groups can be found in the “Year in Review: Our Programs in Practice” section of this report.

This Activities Report, which details Consortium news, events, and program developments during the 2007 calendar year, is distributed to cancer research communities in Ireland, Northern Ireland, and the U.S., as well as individuals and institutions interested in the global fight to control cancer. The report is also disseminated to policymakers and is directly provided to the Minister of the DoHC of Ireland; the Minister of the Department of Health, Social Services and Public Safety (DHSSPS) for Northern Ireland; and the Secretary of the Department of Health and Human Services (DHHS) of the U.S. The Consortium is determined to continue working across cultural, economic, and geopolitical boundaries to defeat a disease that knows no borders. Going forward, the Consortium pledges to continue to build effective partnerships and establish cancer research programs with the aim of advancing cancer control efforts on the island of Ireland.

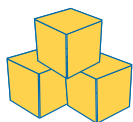
The Consortium

Origins & How the Consortium Operates

Funding of Consortium Initiatives

Consortium Participants

State of Cancer Services on the Island of Ireland



The Consortium

Origins of the Consortium

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

How the Consortium Operates

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

- Intensifying cooperation in cancer treatment and research leading to improved scientific programs across the continuum of cancer.
- Focusing on education and training, treatment, information dissemination, epidemiology, prevention, surveillance, early detection, and quality control/palliative care.
- Increasing research capacity in health economics and cancer policy analysis.
- Facilitating epidemiology, clinical trials, nursing, and prevention programs.
- Supporting efforts to enhance infrastructure for information technology/telemedicine.

Governed by:

Board of Directors that includes the Chief Medical Officers of Ireland and Northern Ireland and the Director of the NCI:

- Meets at least twice a year to determine scope of activities.
- Establishes working groups to carry out programs.
- Develops and submits an annual activities report to the DoHC of Ireland, the DHSSPS of Northern Ireland, and the DHHS of the U.S.
- Monitors progress of working group activities in accordance with the Consortium's mission.

Supported by:

Strategic Advisory Group appointed by the Board that includes representatives from the three jurisdictions:

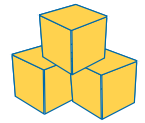
- Meets at least twice a year to advise the Board of Directors on Consortium programs and research, including assembling necessary expertise to assess issues and developing/monitoring Consortium Working Groups.
- Serves as liaison between the Working Groups.

Assisted by:

Six ad hoc Working Groups that:

- Address issues on major program interest areas.
- Advise on specific issues by monitoring areas of need.
- Make recommendations on special areas of interest and expertise.

Funding of Consortium Initiatives



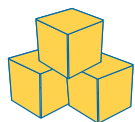
The MOU identifies the program areas for projects that can be considered for funding: scholar exchange, information technology, prevention, clinical trials, nursing, cancer registries, and health economics/cancer policy. Funded projects must be consistent with the policies and strategic cancer plans of the three health departments and must exhibit potential for wider applicability within these jurisdictions. Additionally, projects must demonstrably benefit and enhance cancer care and research. Each partner directly funds its share of programs established under the auspices of the Consortium.

2007 Funding from Ireland and Northern Ireland

Scholar Exchange	Clinical Trials Network	Information Technology	Cancer Registries
<ul style="list-style-type: none"> ▪ NCI Clinical Trials Training for Nurses program. ▪ Travel support, stipends, and other expenses for participants of scholar exchange programs at the NCI, including the CFPF and the Summer Curriculum in Cancer Prevention. 	<ul style="list-style-type: none"> ▪ Eleven hospitals to develop the capacity for clinical trials, as part of the All Ireland Cooperative Oncology Research Group (ICORG) for Cancer Clinical Trials to include: <ol style="list-style-type: none"> 1. Headquarters function in Dublin. 2. Statistics and data management function in Belfast. 	<ul style="list-style-type: none"> ▪ TELESYNERGY® expansion and updating. 	<ul style="list-style-type: none"> ▪ Support to harmonize data systems and spur new research in epidemiology, reports, and projects.

2007 Funding from the National Cancer Institute

- In-kind contributions related to training and workshops.
- Travel support.
- On-site expenses for information technology installation.
- On-site expenses for scholar exchange programs.
- Development and maintenance of Consortium extranet, contact database, and award-winning Web site.
- Production of Consortium Activities Report, Timeline, and Newsletter.



Consortium Participants

Board of Directors

Dr. Michael McBride (Chair 2007), *Chief Medical Officer*
Department of Health, Social Services and Public Safety, Belfast

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

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

Strategic Advisory Group

REPRESENTATIVES OF PARTICIPATING JURISDICTIONS

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

Dr. Ruth Barrington (retired May 2007 and replaced by Dr. Anne Cody on the Strategic Advisory Group), *Chief Executive*
Health Research Board, Dublin

Professor Robert Stout, *Director*
Health and Social Care Research & Development Office, Northern Ireland
Health & Personal Social Services, Belfast

Working Group Chairs

Cancer Registries/Epidemiology

Dr. Anna Gavin
Director
Northern Ireland Cancer Registry,
Belfast

Clinical Trials

Dr. Ruth Barrington
(retired May 2007 and replaced by
Dr. Anne Cody on the CT WG)
Chief Executive
Health Research Board,
Dublin

Information Technology

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

Nursing

Mr. Martin Bradley
Chief Nursing Officer
Department of Health, Social
Services and Public Safety,
Belfast

Prevention

Dr. Fenton Howell
Director of Public Health
HSE Population Health Directorate,
Navan

Scholar Exchange

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

Other Strategic Advisory Group Members

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

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

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

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

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

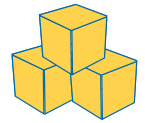
Professor Richard Kaplan
Associate Director
National Cancer Research Network U.K.,
Leeds and London

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

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

Chief Molecular Geneticist and Director
Cancer Molecular Diagnostics
Laboratory, St. James's Hospital, Dublin

State of Cancer Services on the Island of Ireland



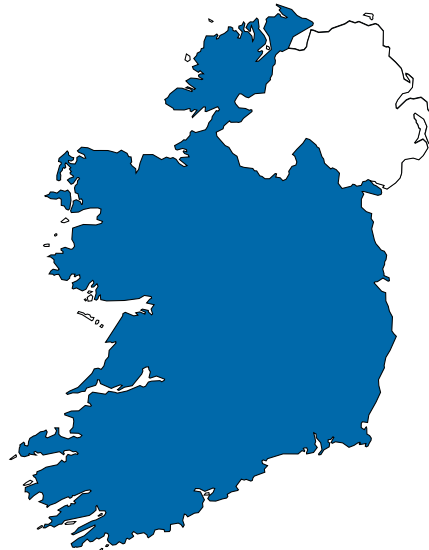
IRELAND

In accordance with *A Strategy for Cancer Control in Ireland 2006*, the HSE established a National Cancer Control Programme and designated four managed cancer control networks and eight cancer centers in 2007. These centers will be gradually introduced and services will be realigned on a managed and phased basis. The designation of cancer centers will ensure that patients receive the highest quality care and that access to cancer services stays within their communities, when possible. Cancer day care units will continue to play an important role in providing services to cancer patients to this end.

In 2007, the HSE selected Professor Tom Keane to serve as National Cancer Director. Professor Keane will oversee the implementation of the strategic and operational elements of the National Cancer Control Programme. Over the next few years, the HSE will implement a detailed transition plan to facilitate the progressive, carefully managed transfer of cancer services. The HSE plans to complete 50% of the transition of services to cancer centers by the end of 2008 and 80-90% by the end of 2009.

Over the course of 2007, the HSE made great strides in completing the first phase of the transitional plan by streamlining and improving cancer screening services.

Some notable achievements are summarized below.



■ THE NATIONAL CANCER SCREENING SERVICE

The National Cancer Screening Service was established on 1 January 2007 to administer both the BreastCheck/the National Breast Screening Programme and the Irish Cervical Screening Programme (ICSP). This consolidation will maximize the expertise provided by both programs, ensure improved efficiency, and provide a single governance model for cancer screening. The Service will also provide guidance regarding the introduction of other cancer screening programs throughout Ireland. Currently, the Service is working to assess the viability of a national colorectal cancer screening program, reviewing and researching a number of colorectal screening

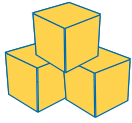
programs that have been planned or already implemented in other countries, including the United Kingdom (U.K.) and Northern Ireland. The group's findings will be available in 2008.

The National Cancer Screening Service will eventually be subsumed by the HSE's National Cancer Control Programme, once this program is established.

BreastCheck/The National Breast Screening Programme

In June 2007 the Minister approved National Quality Assurance Standards for Symptomatic Breast Disease Services under the Health Act 2007. The standards are intended to ensure that every woman in Ireland who develops breast cancer has an equal opportunity to seek care in a center capable of delivering the best possible outcome. Based on the standards, the HSE designated eight specialist breast cancer centers nationally.

BreastCheck, also known as the National Breast Screening Programme, aims to reduce the number of deaths from breast cancer in Ireland by screening women aged 50-64. There are now four static BreastCheck units in the country and a number of mobile units provide the screening service to various counties. BreastCheck also offers a fully digital mammography service.



In 2007, the full complement of staff for national BreastCheck roll-out was approved and recruitment is now underway. When fully deployed, the program will invite women aged 50-64 for a free mammogram on an area-by-area basis every two years.

Irish Cervical Screening Programme

From 2001 to 2006, approximately 57,000 women sought cervical cancer screening in the Mid-West region of Ireland. In mid-2008, the ICSP will commence, enabling approximately 240,000 women to be screened annually, based on an 80% uptake rate. Women aged 25-44 will be screened every three years and women aged 45-60, every five years.

■ NATIONAL CANCER REGISTRY, IRELAND

The National Cancer Registry, Ireland (NCRI) collects high quality information on cancer and promotes the use of this information in reducing cancer incidence and improving survival. The Registry's activities fall into the two main categories of data collection and reporting.

■ HEALTH RESEARCH BOARD

The Health Research Board (HRB) administers a range of research programs, including cancer clinical trials and research

fellowship initiatives, under the Ireland-Northern Ireland-NCI Cancer Consortium.

■ IRELAND-NORTHERN IRELAND-NATIONAL CANCER INSTITUTE CANCER CONSORTIUM

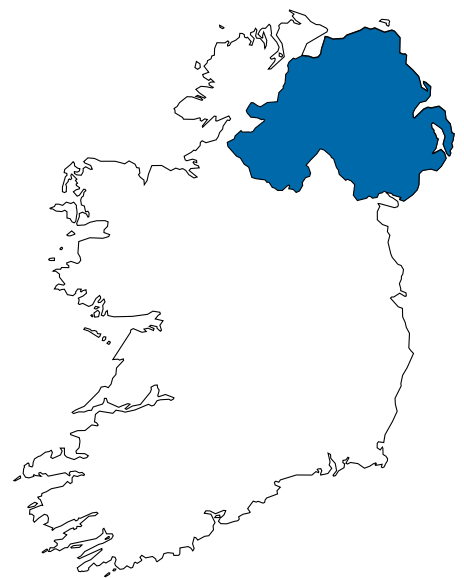
The DoHC and all other stakeholders in Ireland continue to recognize and value the key role played by the Ireland-Northern Ireland-NCI Cancer Consortium in the enhancement of research, education, and training in cancer on the island of Ireland. The Consortium's Irish members wish to express gratitude to public health colleagues in Northern Ireland and at the NCI for the wholehearted cooperation that characterizes and continues to strengthen the Ireland-Northern Ireland-NCI Cancer Consortium.

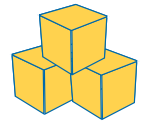
NORTHERN IRELAND

Cancer care is free at the point of delivery for Northern Ireland's entire population of approximately 1.7 million. Screening programs include the following:

- Breast cancer screening is offered to all women aged 50-64 and will be extended to include women up to age 70, beginning March 2009.
- Cervical cancer screening is offered to women between the ages of 20-65.
- Colorectal cancer screening will be offered to men and women between the ages of 60-69, beginning December 2009.

The DHSSPS of Northern Ireland publicly issued a Cancer Control Programme. The fifty-five recommendations in the report will heavily impact the ongoing improvement of prevention, diagnosis, and treatment and were met with widespread support. The status of progress in implementing these recommendations is currently under review. In particular, a range of emerging priorities are being considered, such as delivery of cancer treatment access targets, the development and future publication of the new regional cancer service framework, and implementation of the Northern Ireland Lymphoedema Network, a regional specialist network.





■ CANCER ACCESS TARGETS

The Health and Social Care (HSC) of Northern Ireland prioritized cancer treatment access as a primary objective for 2007. Targets selected for action in 2007-08 include the following:

- Beginning April 2007, all breast referrals deemed urgent according to regionally-established guidelines for suspected breast cancer should be seen within fourteen days of receiving the general practitioner's referral.
- By March 2008, at least 98% of patients diagnosed with cancer should commence treatment within thirty-one days of the decision to treat and at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within sixty-two days (increasing to 95% by March 2009).

These targets reflect cancer standards elsewhere in the U.K. and will provide a way to compare patient access to prompt, accurate cancer diagnosis and treatment in Northern Ireland against performance throughout the National Health Service (NHS). All NHS trusts are currently meeting the breast cancer target; however, figures for the main target will not be available until May/June 2008.

■ CANCER SERVICES FRAMEWORK

The DHSSPS is currently developing the first phase of health service frameworks,

which will address cardiovascular health and well-being; respiratory health and well-being; cancer prevention, treatment and care; mental health and well-being; and learning disabilities.

The cancer services framework sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation, and palliative care of individuals and communities who currently have been diagnosed with cancer or are at greater risk of developing cancer. In addition to establishing standards for communication, health promotion, and palliative/end-of-life care, the framework will set cancer-specific standards for:

- Breast
- Colorectal
- Lung
- Gynaecological
- Upper gastrointestinal and hepato-pancreatico biliary
- Haematological
- Children's cancer
- Head and neck
- Sarcoma
- Central nervous system
- Endocrine cancers
- Dermatological
- Urological systems

The Chief Medical Officer of Northern Ireland is leading the Cancer Services Framework Group, which will consider the ongoing development of cancer services over the next twenty years. The

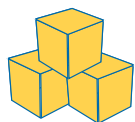
group will consider issues such as emerging research, new technologies, prevention, screening, palliative care, workforce, and cancer services organization. The DHSSPS anticipates that the cancer prevention, treatment, and care service framework document will be launched for consultation in autumn 2008.

■ NORTHERN IRELAND LYMPHOEDEMA NETWORK

Lymphoedema is characterized by tissue swelling due to failure of lymph drainage. It is a frequent complication of cancer and its therapies and can have long-term physical and psychosocial consequences for patients. While it is estimated that as many as 3,000 people suffer from lymphoedema across Northern Ireland, this figure is likely to be an underestimation, as the condition can be difficult to recognize and diagnose.

The Chief Medical Officer commissioned a review of lymphoedema services in February 2003, in order to make recommendations to help the primary care sector meet the needs of lymphoedema patients. The review set out recommendations for the development of a regional specialist lymphoedema network to facilitate the implementation of high quality lymphoedema care.

The review group estimated that full implementation of the report



recommendations would result in an expenditure of £1.2 million (approximately 2 million USD) recurrently. During 2007, the implementation team agreed to establish a Northern Ireland Lymphoedema Network in accordance with the departmental framework for managed clinical networks. A network board consisting of professional, patient, and commissioner representation will guide the Northern Ireland Lymphoedema Network. This group will be responsible for addressing the keystone principles that have served as a foundation for development of the network.

A clinical lead, network project manager, and administrative support will spearhead the regional network activities. Dedicated lymphoedema teams will drive service delivery at the trust-level and each trust team will be managed by a program leader, who will be responsible for overseeing service coordination and specialist clinical practice. Additionally, each trust team will have access to medical input; the implementation team is advocating the creation of a regional complex cases clinic that would be supported by vascular, dermatological, and palliative care professionals. This multidisciplinary clinic would operate with three consultant sessions per month, within the participants' existing work programs, at a cost of £7.5 thousand (approximately 1.5 million USD) annually. It is expected that the clinic may rotate locations to provide regional

service. The Northern Ireland Lymphoedema Network will link each of the trust teams, formally standardizing care across the region and providing a foundation for future lymphoedema care provided on a regional basis.

■ NORTHERN IRELAND CANCER NETWORK

The Northern Ireland Cancer Network (NICaN), a managed clinical network for cancer services in Northern Ireland, is leading a wide-ranging program intended to improve the standards of care and treatment for all cancer patients in Northern Ireland. This program includes a commitment to ensuring that every cancer patient can discuss their case and plan their treatment with a multidisciplinary team of healthcare professionals. Under the chairmanship of Ms. Norma Evans, a group was established in 2007 to implement the recommendations of the National Cancer Control Programme.

NICaN has also established multidisciplinary regional tumor groups for breast, colorectal, gynaecological, haematology, lung, and upper gastrointestinal cancer. These groups are responsible for developing and establishing regional standards, audit procedures, patient pathway programs, service redesigns, quality assurance standards, and funding priorities. Working with local teams, the regional tumor groups serve as mechanisms that

ensure high quality, equitable cancer service across the region for patients, caregivers, and their families.

The NICaN Regional Oncology/ Haematology Drugs and Therapeutics Committee was established in 2004 to ensure that patients have equitable access to regionally-established and evidence-based funded treatments. This committee plays an important role in guaranteeing improved outcomes for patients across the cancer network.

■ NORTHERN IRELAND CLINICAL CANCER CENTRE

The Northern Ireland Clinical Cancer Centre (NICC) is a center of excellence for cancer services, bringing together existing radiation, medical, surgical oncology, and palliative care services to one on-site location. On 22 March 2007, the Duke and Duchess of Abercorn officially opened the NICC at Belfast City Hospital, which initially commenced clinical service in March 2006.

Year in Review:

Our Programs in Practice

Scholar Exchange

Cancer Registries/Epidemiology

Clinical Trials

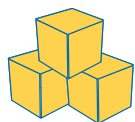
Information Technology

Nursing

Prevention

Biobanking

Health Economics



Year in Review: Our Programs in Practice

SCHOLAR EXCHANGE

Professor Patrick Johnston, Chair

The Scholar Exchange Working Group (SE WG) was originally established as a separate working group charged with expanding the number of skilled cancer professionals on the island of Ireland through improved training and education. Given the cross-cutting need for human resource development across the continuum of cancer, the activities of the SE WG have cut across each of the Working Groups, becoming part of each of their activities.

The Consortium, which is funded by the HRB, the Health and Social Care Research and Development (HSC R&D) Office, and the NCI, facilitates and promotes a number of scholar exchange opportunities each year, from clinical trials training for nurses to cancer prevention fellowships and programs. In partnership with the NCI, the Consortium provides fellowship awards to qualified island of Ireland nurses, oncologists, researchers, and other professionals to travel, study, and conduct research in Ireland, Northern Ireland, and the U.S. In addition, the Consortium provides opportunities for Irish, Northern Irish, and American scholars and researchers to engage in cross-border activities, such as the All-Ireland Health Economics Workshop. The NCI organized this workshop to encourage participants to share and exchange

information regarding health economics and policy research. This meeting opened the door to collaborative discussion between all-Ireland scholars and NCI health service researchers on the respective national contexts associated with policy questions, healthcare service organization, and data sources.

Collectively, these opportunities continue to bring the Consortium closer to the goal of enhancing the cancer knowledge base and promoting improved cancer care through research on the island of Ireland.

CANCER REGISTRIES/ EPIDEMIOLOGY

Dr. Anna Gavin, Chair

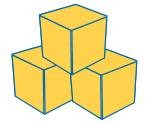
The Cancer Registries Working Group (CR WG) consists of members from the Consortium's three partnering jurisdictions. The Consortium Board of Directors established the CR WG to coordinate collaborations between the cancer registries of Ireland and Northern Ireland. The CR WG is also dedicated to training and furthering the education of cancer epidemiologists. Toward this end, the CR WG aims to develop joint programs to help researchers gain a better understanding of cancer rates, trends, and outcomes across the island of Ireland. In 2007, the Ireland and Northern Ireland cancer registries continued to cooperate on a number of projects, which are summarized below.

■ 3RD ALL-IRELAND CANCER STATISTICS REPORT

A postdoctoral statistician working for the Northern Ireland Cancer Registry (NICR) was selected to complete the 3rd All-Ireland Cancer Statistics Report. During 2007, all-Ireland cancer data was collected and data analysis will be conducted for the report due at the end of 2008.

■ IRELAND-NORTHERN IRELAND COOPERATION RESEARCH PROJECT GRANT

Since August 2005, the research project grant entitled, "Factors underlying differences and trends in prostate-specific antigen (PSA) testing, biopsy and prostate cancer incidence in Ireland 1994-2003" has been funded jointly by the HRB and the DHSSPS in Northern Ireland. The NCRI and the NICR continued to collaborate on this project in order to investigate the varying prostate cancer incidence trends in Ireland and Northern Ireland. Major project milestones accomplished in Ireland and Northern Ireland during 2007 are summarized below.



Ireland

In Ireland, this project achieved progress in the following areas:

- Completed a randomized, controlled trial of low-cost incentives to increase general practitioner response rates to postal questionnaires. Published a paper on this topic in the *Journal of Clinical Epidemiology and Community Health*. (Drummond FJ, Sharp L, Carsin AE, Kelleher T, Comber H. Questionnaire order significantly increased response to a postal survey sent to primary care physicians. *J Clin Epidemiol*. 2008 Feb; 61(2):177-85.)
- Completed a national survey to determine the attitudes, practices, and information needs of Irish general practitioners with regard to PSA testing and analysis of resulting data. Published qualitative analysis of this survey in *FORUM: Clinical Focus*. (Drummond FJ, Comber H. PSA testing - weighing up evidence 2007. *FORUM: Clinical Focus*. 7(10): 15-18.)
- Completed national survey of laboratories undertaking PSA testing. Data analysis is ongoing and findings will be submitted to a peer-reviewed journal in 2008.
- Collected information on over 650,000 PSA tests and more than 30,000 prostatic biopsies. Completed data cleaning and established linkages between PSA, cancer registration, and mortality data. Data

analysis began in 2007 and remains ongoing; presented initial findings at the World Urological Congress in September 2007.

- Secured funding from the International Agency for Research on Cancer to enable a research and data analyst from the NCRI to participate in a 2008 collaborative project intended to analyze and compare trends in prostate cancer, PSA testing and prostatic biopsy in Ireland and Northern Ireland.
- Developed a questionnaire for a national survey of views and practices of urologists. Completed survey in early 2007 and data analysis is ongoing. Presented initial findings at the 1st College of Medicine and Health Joint University College Cork/Cork University Teaching Hospitals Health Research Day.
- Commenced investigation of the patterns of prostate care and presented findings at the 2007 Joint Meeting of the Society for Social Medicine and the International Epidemiological Association European Federation.

Northern Ireland

A NICR research fellow completed a doctoral thesis on the follow-up of men with moderately elevated PSA levels. Additionally, a paper entitled, "Methods of calculating PSA velocity" was published in *European Urology*. (Connolly D, Black A, Murray L,

Napolitano G, Gavin A, Keane P. Methods of calculating PSA velocity. *European Urology*. 52(4): 1044-1051)

In 2007, the Ireland-Northern Ireland Cooperation Research Project Grant has produced:

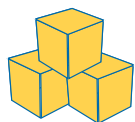
- Five published papers, two of which appeared in the *Journal of Epidemiology and Community Health*.
- Four poster presentations, one of which won best presentation.

■ 3RD ALL IRELAND PANCREATIC CASE CONTROL STUDY 2006-2009

The 3rd All Ireland Pancreatic Case Control Study 2006-2009 received grants from the HRB and from the Ulster Cancer Foundation in 2006. Since then, approximately fifty patients have been recruited to the Irish study to date. Although difficulties have arisen with extremely ill patients who have been unable to participate, this project remains ongoing and has joined the European Framework 6 Molecular Diagnosis of Pancreatic Cancer Consortium Study, which aims to recruit 2,000 people over the next two years.

■ EXTENSION TO FINBAR

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



related to Barrett's oesophagus and adenocarcinoma of the oesophagus was extended from 2006-2008 to examine the role of the insulin growth factor axis and folate metabolism in the oesophageal inflammation, metaplasia, and adenocarcinoma sequence. Results have been included in poster presentations at the U.K. Barrett's Oesophagus Foundation meeting. Funding is being sought for additional potential studies that will use available biological samples and DNA to investigate genetic variations in nutrient metabolism.

■ UPDATE REGARDING CONSORTIUM SCHOLARS

Dr. Lesley Anderson, NCI Cancer Prevention Fellow 2005-2008, spent the year in the Infections and Immunoepidemiology Branch, Department of Epidemiology and Genetics, NCI, investigating the aetiology of haematopoietic malignancies and classic Kaposi's sarcoma. She produced four peer-reviewed publications in 2007, two published abstracts, and won the J.D. Williamson Prize for best postgraduate medical research at QUB and the Poster of Distinction prize at Digestive Disease Week 2007 in Washington, District of Columbia (D.C.), U.S.

Dr. Amanda Black, NCI Cancer Prevention Fellow 2006-2009, earned a Masters in Public Health (MPH) from the University of Manchester and commenced training at NCI in June

2007. Dr. Black is conducting research on the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial, which is sponsored and run by the NCI's Division of Cancer Prevention, in collaboration with the Division of Cancer Epidemiology and Genetics.

Other Previous Fellows:

Dr. Marie Cantwell, a nutritionist and NCI Cancer Prevention Fellow 2002-2005, is a lecturer in nutritional and cancer epidemiology within the Cancer Epidemiology and Prevention Research Group at QUB. Together with Dr. Anna Gavin and Professor Liam Murray, she secured funding to develop a Northern Ireland colorectal polyp register that aims to determine the impact of a national bowel cancer screening program on the diagnosis of colorectal polyps. In 2007, she continued to collaborate with investigators at the NCI in Bethesda on the Polyp Prevention Trial. Dr. Cantwell is also collaborating with investigators at University College London on nutritional exposures and breast cancer survival in the DietCompLyf Study.

Dr. Peter McCarron, Consortium Fellow in Cancer Epidemiology 2001-2003, is now a professor at QUB. Since completing his Consortium fellowship, he has maintained an ongoing research program in the field of bioinformatics, with a focus on whole genome association analysis.

Dr. Paul Walsh, Consortium Fellow in Cancer Epidemiology 2001-2003, worked throughout 2007 to coordinate research activities at the NCRI.

CLINICAL TRIALS

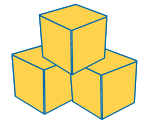
Dr. Anne Cody, Chair

One of the top priorities of the Consortium is to improve patient access to new lifesaving therapies by strengthening clinical trial capacity in cancer centers across the island of Ireland. Since 2001, the Clinical Trials Working Group (CT WG) has worked to support this goal by facilitating funding that enables hospitals in Ireland and Northern Ireland to develop and maintain a clinical trials program infrastructure.

■ ALL IRELAND COOPERATIVE ONCOLOGY RESEARCH GROUP



To drive collaboration among clinical trial centers, the CT WG established ICORG as a central coordinating office for clinical trials and research on the island of Ireland. ICORG is comprised of two offices, the Group Central Office (GCO) located in Dublin and the Statistics and Data Management Office (SDMO) located in Belfast. The GCO fulfills a project management, coordination, and administrative role, while the SDMO provides all monitoring, data management, and statistics expertise.



ICORG has been vital in collaborating with clinical trials cooperative groups in Europe and the U.S., and with the pharmaceutical industry to access new cancer trials for patients on the island of Ireland. A new goal of ICORG has focused on attaining international recognition for clinical research initiatives throughout the island of Ireland. ICORG has played a critical role in opening doors to new cancer trials for patients on the island of Ireland. To this end, the group maintains extensive collaborative relationships with European and American clinical trial cooperative groups and with the pharmaceutical industry. In 2007, ICORG further developed as a cohesive group, resulting in a strong accrual of 747 new patients for clinical trial participation. As ICORG strives to attain international recognition for the island of Ireland's clinical research endeavors, the CT WG finds that the work completed in 2007 has placed the group in a strong position for continued progress and achievement in the years to come. Some key 2007 milestones and results are summarized below.

■ COLLABORATIONS

Cross Border - Interoffice

Building upon the progress achieved in 2006, the GCO and SDMO worked closely on a number of high profile in-house protocols throughout 2007. Both offices coordinated regular face-

to-face staff meetings and teleconferences and ICORG's group statistician attended a number of disease-specific subgroup meetings. In 2007, both offices and the HRB met approximately every six weeks.

International

In 2006, ICORG became a member of the Eastern Cooperative Oncology Group (ECOG). Since then, ICORG has engaged in collaborative research activities with twelve international clinical trials groups, including the Cancer International Research Group, the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Translational Oncology Research Institute, the Breast International Group, the National Cancer Research Network (NCRN), and a number of others. In 2007, collaborative group studies represented approximately 21% of all ICORG studies and the group recruited a total of 302 patients for participation in these collaborative studies.

Pharmaceutical Industry

ICORG's collaborations with prominent pharmaceutical companies remained strong in 2007, resulting in sixteen collaborative studies and 349 recruited patients. The group's partnership with GlaxoSmithKline expanded from ten open protocols to thirteen by the end of the year. Additionally, the inception of a new collaborative relationship with the

Novartis Pharmaceuticals Corporation marked successful industry collaboration for ICORG in 2007.

Patient Accruals

In 2007, ICORG successfully recruited 747 patients, representing a nearly fivefold increase in patient accrual since 2002. Patients participated in a total of 77 studies, with approximately half involved in clinical trials and the other half in translational and tumor banking studies. Breast cancer remained the primary disease area covered by ICORG in 2007, with 42% of all recruited patients participating in breast cancer related studies. Although this percentage represents a slight decrease in breast cancer study participation, from 53% in 2006, new studies in other disease areas, such as gastrointestinal and lung cancer, have achieved a balance that ICORG's international panel was eager to reach.

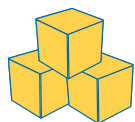
Publications

Two American Society of Clinical Oncology meeting abstracts authored by an ICORG member were published in the *Journal of Clinical Oncology* in June 2007.

■ OPERATIONS

Staffing

2007 marked a milestone year for ICORG in terms of continued expansion



and unified growth. The GCO staff now totals nineteen members, with eight full-time equivalents distributed between fifteen staff members in the SDMO. Notably, a Group Development Executive (GDE) joined ICORG in December 2007. This position is intended to aid the chair and co-chair in developing a cohesive group structure and supporting the administrative development of the disease-specific groups. The first significant challenge facing the GDE was the recruitment freeze imposed by the HSE for the last quarter of 2007, a decision that greatly impacted sites in Ireland. The HRB became centrally involved as an advocate for ICORG, but the freeze was not removed before the end of the year.

Quality

In March 2007, ICORG was audited by NSABP. The U.S. approach differed somewhat from the European Good Clinical Practice audits and led to the inclusion of specific education sessions in NSABP's study initiations.

In May 2007, a dedicated Pharmacovigilance Unit was established at the GCO to address ongoing drug safety concerns, which have become increasingly important in modern clinical practice and in public health. In accordance with the European Union Directive 2001/20/EC, the unit will evaluate the safety of investigational drugs and will notify all concerned members of any information that might adversely

affect the health of patients enrolled in ICORG trials.

Funding Mechanism

In 2007, sites across the island of Ireland moved to a performance-based funding mechanism that involves assigning credits to accruals, follow-ups, and group activities. Payments were made at three stages throughout the year, coupled with projections at the beginning and actual accruals at the end. While this mechanism was initially challenging, it was also a major step forward for ICORG. The group has benefitted from the transparency and fairness of the approach and has found the joint effort in projecting site capacity for accruals and the comparison against actual accruals to be a very useful exercise.

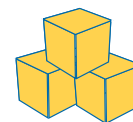
■ NORTHERN IRELAND CANCER CLINICAL TRIALS UNIT

Following the establishment of the Consortium in 1999, the Northern Ireland Cancer Clinical Trials Unit (NICCTU) was formally established to coordinate and promote cancer clinical trials. The Northern Ireland HSC R&D Office provides core funding for NICCTU infrastructure, with additional funding provided through competitive grants awarded by Cancer Research U.K. (CR-UK) and local charitable donations.

The NICCTU, based at Belfast City Hospital, currently coordinates a full

range of first-in-man study phase I to phase IV trials, along with translational, genetic epidemiology, and other studies. The clinical trials conducted by the NICCTU are either initiated by local investigators or serve as part of large multi-center studies sponsored by philanthropic institutions or industry. A team of senior medical, clinical, and haematological oncologists manage NICCTU studies, with the support of an operational director, clinical research nurses, clinical research radiographers, data managers, and administrative staff. On average, approximately sixty NICCTU clinical trials are open for patient accrual at any given time. These trials typically focus on cancers of the breast, ovary, gastrointestinal tract, lung, genitourinary, and haematological malignancies. Pediatric haematological and solid tumor clinical trials are based in the Royal Belfast Hospital for Sick Children (RBHSC). In partnership with ICORG, the NICCTU was able to open a number of local investigator initiated trials across the island of Ireland in 2007. These trials include a randomized phase II trial in advanced gastroesophageal cancer, a randomized trial investigating hypofractionation versus standard fractionation in Spinal Cord Compression, and a phase II trial of the drug Velcade in first- and second-line therapy of mesothelioma.

The NICCTU is also involved with an academic early phase trials unit that maintains a portfolio of CR-UK,



commercial, and local investigator initiated phase I, II, and translational trials. In April 2007, the NICCTU was awarded Experimental Cancer Medicine Centre status, in recognition and support of the Unit's contribution to high quality clinical research in this arena.

In 2007, the NICCTU expanded to include the Northern Ireland Clinical Research Network [Cancer] (NICRNC), which is responsible for the coordination of cancer clinical trial activity throughout Northern Ireland. As one of four U.K.-based national cancer research networks, the NICRNC's portfolio of approximately 250 trials is centrally coordinated through the NCRN in Leeds, England. Annually, the NICCTU recruits approximately 700 patient cases, 8.2% of which involve incident cancers other than non-melanoma skin cancers. Although the NICCTU accrues patients into trials from throughout Northern Ireland, all activities have been based in the CCRCB at QUB. This currently includes the Belfast City Hospital and the Royal Group of Hospitals, which is comprised of the Royal Victoria Hospital and the RBHSC. The CR-UK and HSC R&D Office have jointly funded the formation of the NICRNC to facilitate equitable and convenient access to clinical trials for cancer patients throughout Northern Ireland. Dedicated clinical research nurses have been appointed at each of the four Cancer Units in Altnagelvin Area

Hospital, Antrim Area Hospital, Craigavon Area Hospital, and Ulster Hospital in Dundonald. This clinical research expansion will bring equity of service to patients throughout Northern Ireland and will increase patient accrual and clinical trial capacity and activity.

As part of the CCRCB, the NICCTU works closely with other academic groups, universities, and hospitals and maintains strong national and international links. Key collaborators include ICORG, CR-UK, NCRN, Medical Research Council, European Organisation for the Research and Treatment of Cancer, NCI, ECOG, NSABP, and a variety of other U.S. cooperative groups and biotechnology and pharmaceutical companies.

INFORMATION TECHNOLOGY

Professor Donal Hollywood, Chair

The Information Technology Working Group (IT WG) is committed to building new technological capabilities that promote communication among the three partnering Consortium jurisdictions and to developing enhanced information and sharing methods that benefit everyone. The IT WG also works to facilitate training and education, support the coordination of clinical trials, ensure effective data management, and promote health care delivery systems across the island of Ireland.

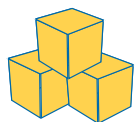
■ TELESYNERGY®

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

In November 2007, the TELESYNERGY® Lite system was installed at one site in Ireland, Waterford Regional Hospital. The network now consists of the following:

- A national hub, based at the Academic Unit of Clinical and Molecular Oncology and Trinity College Dublin (TCD), Ireland.
- Four major sites in Ireland at TCD, St. Luke's Hospital, Cork University Hospital, and University College Hospital Galway and one site in Northern Ireland at Belfast City Hospital.
- Two "Lite" systems in Ireland, at Letterkenny Regional Hospital and Waterford Regional Hospital.

By late 2008, TELESYNERGY® will also be installed at Beaumont Hospital in Dublin and TELESYNERGY® Lite will be deployed at Midwestern Regional Hospital in Limerick.



The TELESYNERGY® network facilitates the following conferences, meetings, and educational activities:

- Inter-hospital meetings for tumor boards operating at locations within the four designated regions of the newly-developed National Cancer Control Programme.
- Strategic planning meetings for the tumor site-specific groups within ICORG. This has enabled wide participation of many clinical groups in clinical trial design and discussion.
- Professional committee meetings of the Irish Institute of Radiography and Radiation Therapy.
- Education modules of the Part I Fellowship in Radiation Oncology national training program. This activity will be expanded over the next two years following the recent completion of the accreditation review of the training scheme.
- The “Invited Lecturer/Professor” program supported by the Academic Unit of Clinical and Molecular Oncology at TCD.

The TELESYNERGY® network has also enabled the collaborative development of educational programs. For example, the Dublin, Belfast, and Cork Oncology Centers are now linked via TELESYNERGY® and are working to establish a cross-border shared teaching program for undergraduate students completing the TCD Bachelor of Science (Honors) degree in Radiation Therapy. In

addition, TELESYNERGY® has facilitated development of distance learning modules for the Faculty of Radiology Fellowship in Diagnostic Radiology post-graduate program.

During 2007, the Division of Radiation Therapy at TCD completed two research projects geared towards examining the TELESYNERGY® system. One study employed a novel methodological approach to investigating the standardization of the system’s image quality and a separate project analyzed user group experience with TELESYNERGY®. The system was also highlighted at several conferences and meetings in 2007, including the European Society for Therapeutic Radiology and Oncology annual scientific meeting, the 1st European X-Knife conference, the 10th European Conference on Computer Supported Cooperative Work (ECSCW), and the Health Informatics Society of Ireland conference:

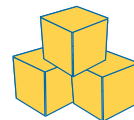
- Kane B, Luz S. (2007, September). “*Passing responsibility for patient care. Workshop on Handover: Collaboration for Continuity of Work.*” Presented at 10th ECSCW.
- Cameirano S, Kane B, Luz S. (2007, September). “*Mobile annotation and recording at multidisciplinary medical team meetings.*” Presented at 10th ECSCW.
- Kane B, Luz S. (2007, November). “*Support for Multidisciplinary Team Meetings.*” Presented at Health Informatics Society of Ireland.

Enhanced Computing Support for Multidisciplinary Medical Team Meetings

As TELESYNERGY® expands across the island of Ireland, public health professionals continue to search for new ways to exploit the accessibility and flexibility that advanced technology affords. For example, Dr. Saturnino Luz from the TCD Department of Computer Science has pioneered the Enhanced Computing Support for Multidisciplinary Medical Team Meetings (ECOMET) project. In collaboration with the TCD Centre for Health Informatics, the School of Radiation Therapy, the Academic Unit of Clinical and Molecular Oncology, and the Computational Bioscience and Engineering Laboratory at the NIH, Dr. Luz and his colleagues are exploring the human and technological issues associated with building advanced computing support for collaboration, production, and access of electronic medical records at multidisciplinary team meetings. Science Foundation Ireland will be funding ECOMET through 2009.



TELESYNERGY® workstation



NURSING

Professor Martin Bradley, Chair

The Consortium Board of Directors established the Nursing Working Group (NRS WG) in order to address a shortage of oncology-trained nurses on the island of Ireland. The NRS WG, comprised of oncology nurses, clinicians, educators, and managers from the three partnering jurisdictions, has developed into a collaborative forum geared towards enhancing communication among nurses engaged in cancer care across Ireland. The group has focused on developing educational opportunities, facilitating training, and adopting a strategic approach to the Consortium's research and development agenda. On 2 March 2007, the NRS WG developed the NCI/All Ireland Cancer Nurses Working Group Work Plan 2007-2010 to help guide the group strategically for the next three years.

In 2007, Professor Martin Bradley, Chief Nursing Officer for the DHSSPS of Northern Ireland, assumed chairmanship of the NRS WG.

■ CLINICAL TRIALS E-LEARNING MODULE

Launched in January 2007, the QUB Clinical Trials E-learning Module enrolled a total of twenty students, including sixteen students from Northern Ireland and four from Ireland. Thirteen students successfully completed the

program in May 2007. To fulfill the course requirements, students were required to attend two face-to-face lectures, review nine online lectures, and participate in weekly discussion and knowledge assessment activities.

Overall, student feedback was very positive and highly complementary of the course's relevancy. Students indicated that they would enthusiastically recommend the E-learning Module to other clinical trials nurses or professionals interested in working in clinical trials. Some participants expressed a preference for face-to-face learning, which they deemed more beneficial. In addition, students found that they were most engaged in discussion around the assignment.

Following completion of the 2007 course, QUB reviewed the trial design and statistical elements and shifted emphasis to critical appraisal. To make better use of travel time, the next module, to commence in January 2008, will be comprised of four face-to-face lecture sessions, instead of two. For more information visit the QUB School of Nursing and Midwifery's Web site at www.qub.ac.uk/schools/SchoolofNursingandMidwifery/.

■ NCI CLINICAL TRIALS TRAINING FOR NURSES

Two oncology nurses completed the five-week NCI Clinical Trials Training for

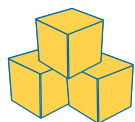
Nurses program in October 2007, bringing the total number of Consortium-facilitated island trainees since the inception of the program to eighteen. The two nurses selected this year were Aisling Corcoran from St. James's Hospital, Dublin and Deirdre McDonnell from St. Vincent's University Hospital, Dublin. Program coordinators served as mentors to the two island nurses during their stay in the U.S.

■ NURSING RESEARCH WORKSHOP

On 23 November 2007, the NRS WG conducted a workshop in Belfast to explore a range of issues related to palliative care nursing. The professor of nursing research at the University of Ulster facilitated the workshop, which was attended by approximately sixty key stakeholders and nursing leaders from both the academic and service sectors. During the workshop, participants discussed the potential for developing a collaborative cancer/palliative nursing research program, as well as ways that nurses can influence cancer research strategies, secure resources, and open opportunities for building research capacity within the field of cancer nursing.

■ PLANS FOR 2008

The NRS WG is currently working to develop a strategy for augmenting the promising research and development



collaboration established during the Nursing Research Workshop. The group has also determined that the two Chief Nursing Officers should undertake a visit to the NCI in Bethesda in 2008 to further explore areas for collaboration. Finally, the NRS WG will be making extensive contributions to the 4th All-Ireland Cancer Conference (AICC) to be held in Dublin in 2008.

PREVENTION

Dr. Fenton Howell, Chair

The Prevention Working Group (PRV WG) facilitates educational training and research programs, including cancer prevention-related workshops and seminars, on the island of Ireland and at the NCI in the U.S. The PRV WG is also actively involved in advocating all-Ireland participation in NCI cancer prevention programs and strategic planning for cancer prevention research. Since its implementation, the PRV WG has strived to develop and support prevention-related health initiatives from a research perspective throughout Ireland and Northern Ireland. With this endeavor in mind, the group has coordinated the participation of 172 scholars in Consortium-sponsored prevention programs. Below are examples of programs the PRV WG supported in 2007.

■ NCI SUMMER CURRICULUM IN CANCER PREVENTION

Each year the NCI sponsors two summer courses at the NCI in Bethesda, Maryland, U.S.: the Principles and Practice of Cancer Prevention and Control Course and the Molecular Prevention Course. In 2007, eighteen scholars from Ireland and seven from Northern Ireland, including fellows from the CFPF, participated in the NCI Summer Curriculum in Cancer Prevention, which took place during July and August. Four scholars attended both courses, seven attended the four-week Principles and Practice of Cancer Prevention and Control Course, and fourteen attended the one-week Molecular Prevention Course.

As part of the Principles and Practice of Cancer Prevention and Control Course, the Irish and Northern Irish scholars participated in the summer program's "International Day" on 13 July 2007. The Irish were represented by Dr. Brendan Corkery, who provided an overview of cancer prevention strategies in Ireland. Mrs. Sara McConnell-Campalani, a registered general nurse from the Belfast Cancer Centre, presented a discussion on palliative care for cancer patients in Northern Ireland.

The Principles and Practice of Cancer Prevention and Control Course scholars also visited the Lombardi Comprehensive Cancer Center at

Georgetown University. During their visit, they attended several presentations that highlighted the work of the Lombardi Arts & Humanities Program and provided scholars with a unique perspective on art and science. The scholars were also granted the opportunity to paint with Nevin Bossart, a cancer survivor and teacher at Lombardi. The Lombardi Arts & Humanities program was developed to counteract the time patients spend waiting between diagnosis, testing, appointments, and meetings with doctors.

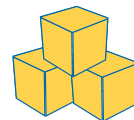


Consortium scholars painting during their visit to Lombardi Comprehensive Cancer Center.

■ NCI CANCER PREVENTION FELLOWSHIP PROGRAM

Drs. Gwen Murphy and Sharon Glynn from Ireland and Dr. Lesley Anderson from Northern Ireland, CFPF fellows from 2005-2008, completed their second year of research and training at the NCI.

Dr. Murphy is continuing her involvement in a diverse set of projects with gastrointestinal cancer as a focus.



She has published some of her work relating to dietary factors and colon cancer risk and is currently investigating the contribution of familial history of cancer and/or adolescent risk exposure (diet and lifestyle) to risk of colon cancer as an adult. In addition, Dr. Murphy is coordinating an international consortium designed to investigate the role of Epstein Barr virus in gastric cancer.



CPFP Fellows Drs. Lesley Anderson, Sharon Glynn, and Gwen Murphy upon their arrival at NCI, Bethesda.

Dr. Glynn continued her research into the molecular epidemiology of breast cancer. Her research focuses on the impact of estrogen receptor status in breast cancer, the role of inflammation, and subsequent prognosis. In November 2007, Dr. Glynn was invited to present her research on the role of NOS2 in predicting prognosis of estrogen receptor negative breast cancer patients in France.

Dr. Anderson conducted research on risk factors associated with hematopoietic malignancies and classic Kaposi sarcoma. She is now working within the

Infections and Immunoepidemiology Branch, Division of Cancer Epidemiology and Genetics at the NCI in Bethesda.

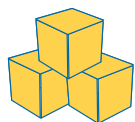
Dr. Bríd Ryan from Ireland and Dr. Amanda Black from Northern Ireland, CPFP fellows from 2006-2009, arrived at NCI in 2007 for the second year of their cancer prevention fellowships. Dr. Ryan completed her MPH degree at the School of Public Health and Population Science, University College Dublin (UCD) and Dr. Black completed her MPH degree at Manchester University. During her second year, Dr. Ryan studied asymmetric division in lung cancer stem cells and the mechanisms that control it. In addition, she studied the association between single nucleotide polymorphisms and lung cancer risk in Caucasian and African-American populations. Dr. Black joined the Early Detection Research Group in the Division of Cancer Prevention at the NCI. She has a strong focus in the early detection of cancer, with specific research interest in prostate and ovarian cancer screening.

The NCI CPFP for 2007 awarded a fellowship to Dr. Kirsty O'Brien from UCD to conduct cancer prevention research in the U.S. and the island of Ireland. Dr. O'Brien began her fellowship in the fall of 2007. She will spend the first year obtaining an MPH degree, followed by three years of research and professional development at NCI. She plans to return to

the island of Ireland to work in cancer prevention research and practice.

Cancer Prevention Fellowship Program Committee

A CPFP Committee was appointed by the NCI Director to consider the strengths and weaknesses of the program in 2007. The recent departure of the former director provided the opportunity to assess the overall structure of the program prior to the appointment of a new director. Following a review of the program, the Committee published sixteen recommendations. Among these recommendations, the Committee commended the strengths of the CPFP, recognizing that its unique aspects, such as the trans-NCI component, occupy a special and important niche within the scientific community. In addition, they suggested that the program be extended to allow up to three years of research following completion of a Master's degree. The Committee also recommended a nationwide search for a program director.



NEW INITIATIVES

In partnership with the DoHC of Ireland and the DHSSPS of Northern Ireland, the Consortium remains committed to reducing cancer incidence and improving the quality of cancer care on the island of Ireland. To these ends, the Consortium sponsors a number of programs, activities, and initiatives intended to promote cancer research and educate the scientific, public health, and policy-making communities. In accordance with the 2006 renewal of the MOU, Consortium activities in 2007 increased to include health economics/cancer policy analysis and biobanking. The Consortium continued its involvement in efforts to establish a National Cancer Biobank for Ireland and to expand research capacity in health economics and cancer policy analysis through the All-Ireland Health Economics Workshop and the HRB/NCI Health Economics Fellowships in Cancer Program.

BIOBANKING

In recent years, scientists have identified distinct associations between disease subtypes and variations in environment, lifestyle, and genetic predisposition. Because this emerging method of research has the potential to entirely alter the medical approach to cancer diagnosis and treatment, the Consortium has added biobanking, the collection and analysis of human tissue samples, as a primary area of support.

■ EXPERT GROUP ON A NATIONAL CANCER BIOBANK FOR IRELAND

In 2007, the Minister of the DoHC of Ireland, Mary Harney, T.D., nominated an Expert Group to develop proposals for a National Cancer Biobank, under the auspices of the Consortium. The Expert Group was asked to make recommendations around terms of reference which include service delivery models, appropriate funding mechanisms, information and communication technology issues, and ethical concerns, such as patient consent and confidentiality. The Expert Group is also addressing the links that may be developed between the National Cancer Biobank and the proposed cancer biobank in Northern Ireland, with the potential of ultimately developing an all-island resource.

Upon Minister Harney's request, the Director of NCI asked the respective Directors of the NCI's Office of International Affairs (OIA) and Office of Biorepositories and Biospecimens to serve as NCI delegates to this Expert Group. The first meeting convened on 26 July 2007.

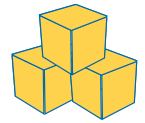
Throughout the remainder of the year, the group met five times and made additional contributions to various meetings through invited experts.

■ NATIONAL CANCER BIOBANKING WORKSHOPS AND MINI-SYMPOSIUM



Expert Group participants examine data.

On 10-11 December 2007, the NCI delegation traveled to Dublin, Ireland to meet with the Expert Group. The delegates attended a workshop held at the HRB offices, as well as a mini-symposium at St. James's Hospital. These events united national and international experts to present and discuss relevant biobanking topics and develop recommendations for a range of logistic, operational, and scientific issues associated with implementing the National Cancer Biobank. Recommendations from previous Expert Group meetings informed all workshop and mini-symposium discussions. During the mini-symposium, the Expert Group had the opportunity to tour the facilities at Beaumont Hospital and the Prostate Cancer Biobank storage facility and laboratories at St. James's Hospital. Later, participants examined and discussed biobanking from an Irish perspective, the Biobanking and Biomolecular Resources Research Infrastructure, and the Prostate Cancer



Biobank. The group also reviewed a case study on the Wales Cancer Bank in relation to biobanking informatics.

After an extensive national stakeholder consultation process on the first draft of the Expert Group report, the group will submit a final report to the Minister of the DoHC of Ireland in 2008. This report will include recommendations for the proposed National Cancer Biobank and will address the terms of reference. Development of an implementation strategy, including budget and timeline, will be forthcoming.

HEALTH ECONOMICS

Health economics research and cancer policy analysis are critical to improving the equitable distribution of quality cancer care on the island of Ireland. In 2007, the Consortium sponsored or was involved with several important health economic events and programs: the All-Ireland Health Economics Workshop, the Northern Ireland Health Economics Workshop at QUB, and the HRB/NCI Health Economics Fellowships in Cancer Program. These initiatives will assist in fulfilling the need for training in the area of cancer health economic and policy analysis on the island of Ireland.

■ THE ALL-IRELAND HEALTH ECONOMICS WORKSHOP

The NCI organized a Consortium-sponsored All-Ireland Health

Economics Workshop in 2007 to foster the sharing of health economics and policy research information between Consortium participants and NCI staff and grantees. The meeting promoted productive dialogue among more than twenty delegates from Ireland and Northern Ireland and staff and grantees of the NCI on the similarities and differences between the national settings with regard to policy questions, organization of healthcare services, and data sources.



Attendees at the May 2007 All-Ireland Health Economics Workshop.

On the first day of the workshop, participants discussed how cancer-related health economics and health services research data are used to inform cancer control policymakers. Participants also explored how this data is used to help researchers obtain descriptive estimates of cancer-related economics parameters and patterns of care. The second day featured demonstrations on how these estimates are then used within the context of policy-oriented models. An evening reception was held at the Embassy of Ireland.

■ NORTHERN IRELAND HEALTH ECONOMICS WORKSHOP

On 6 November 2007, QUB hosted the Northern Ireland Health Economics Workshop. This international seminar addressed health policy and health system decision-making, with NCI grantees in attendance as presenters. Participants addressed policy and health economic modeling in relation to a broad spectrum of chronic diseases, including cancer and heart disease. They also discussed methods for sharing knowledge and building partnerships. The program and presentations from the Northern Ireland Health Economics Workshop are available on the Consortium Web site at http://www.allirelandnci.org/programs/health_economics/ni_he_wkshp.shtml.

■ HRB/NCI HEALTH ECONOMICS FELLOWSHIPS IN CANCER PROGRAM

During 2007, the HRB and the NCI laid the groundwork for launching the HRB/NCI Health Economics Fellowships in Cancer Program as a pilot program for 2008. This program aims to encourage applicants to pursue careers in health economics on the island of Ireland and culminates in a PhD in health economics. This four-year doctoral development program will be administered through the HRB PhD Scholars Programme in Health Services Research.

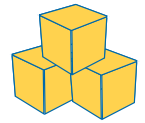
Spotlight on the Consortium Scholars

Cancer Prevention Fellowship Program

Clinical Trials Training for Nurses

Summer Curriculum in Cancer Prevention

Spotlight on the Consortium Scholars



Each year, the Consortium sponsors an array of training programs for public health professionals on the island of Ireland. With funding from the HRB, the HSC R&D, and the NCI, Consortium scholar programs enable participants from a variety of disciplines the opportunity to pursue cancer prevention research, collaborate with international colleagues, and connect with mentors on the island of Ireland and the U.S. Below are short descriptions of three programs sponsored by the Consortium in 2007, followed by a sampling of brief biosketches of several 2007 scholars and their research.

NCI CANCER PREVENTION FELLOWSHIP PROGRAM

The CFPF provides postdoctoral training to individuals from a multiplicity of health science disciplines in the field of cancer prevention and control. Every year, CFPF hosts applicants from Ireland and Northern Ireland. The three-year program includes MPH training, attendance in the NCI Summer Curriculum in Cancer Prevention, and mentored research at the NCI. In 2007, six fellows participated in varying stages of the program. Dr. Lesley Anderson's work is highlighted below.



Lesley Anderson, PhD, MPH

Academic Fellow
Queens University Belfast,
Belfast

Dr. Lesley Anderson obtained a PhD in cancer epidemiology from QUB in 2004. Her doctoral thesis focused on the aetiology of oesophageal adenocarcinoma in the first all-Ireland case-control study. Dr. Anderson and her colleagues discovered non-steroidal anti-inflammatory drugs and *Helicobacter pylori* infection to be associated with reduced risk of esophageal adenocarcinoma and its precursor lesions^{1,2}. In her first year in the CFPF, Dr. Anderson completed a Master's in Population Health Evidence at the University of Manchester. Her dissertation project found overall mortality rates to be higher in patients with celiac disease, as compared with the Northern Ireland population³.

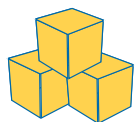
During her time at the NCI, Dr. Anderson worked to establish collaborative research projects between NCI and QUB. She also expanded her interest in immune modulation, infections, and cancer. Over the past two years, Dr. Anderson specifically examined the associations between antibiotic use⁴, hepatitis viruses⁵, autoimmune conditions, and hematopoietic malignancies. After investigating data from a multi-center case-control study, Dr. Anderson and

colleagues from the NCI Infections and Immunoepidemiology Branch found no association between overall antibiotic use and non-Hodgkin lymphoma⁴. Using the Surveillance Epidemiology and End Results-Medicare dataset of 61,464 hematopoietic malignancy patients, Dr. Anderson and colleagues discovered that the hepatitis C virus was specifically associated with an elevated risk of non-Hodgkin lymphoma and acute myeloid leukemia⁵. In addition, several autoimmune conditions, particularly those associated with systemic manifestations, were discovered to be associated with non-Hodgkin lymphoma.

Dr. Anderson is now based within the Cancer Epidemiology and Prevention Research Group, Centre for Clinical and Population Sciences, QUB, as an Academic Fellow in Cancer Prevention.

Selected Publications:

1. **Anderson LA**, Johnston BT, Watson RGP, Murphy SJ, Ferguson HR, Comber H, Reynolds JV, McGuigan J, Murray LJ. Non-steroidal anti-inflammatory drugs and the esophageal inflammation-metaplasia-adenocarcinoma sequence. *Cancer Research* 2006; 66 (9):4975-4982.
2. **Anderson LA**, Murphy SJ, Johnston BT, Watson RGP, Ferguson HR, Bamford KB, Ghazy A, McCarron P, McGuigan J, Reynolds JV, Comber H, Murray LJ. Relationship between *Helicobacter pylori* infection and gastric atrophy and the stages of the



oesophageal inflammation, metaplasia, adenocarcinoma sequence: results from the FINBAR case-control study. *GUT* 2008; 57(6):734-9.

3. **Anderson LA**, McMillan S, Watson RGP, Monaghan P, Gavin AT, Fox C, Murray LJ. Malignancy and mortality in a population-based cohort of patients with coeliac disease or 'gluten sensitivity'. *World J Gastroenterol.* 2007; 13(1):146-51.
4. **Anderson LA**, Gridley G, Engels E, Morton L, Cerhan J, Cozen W, Severson, Davis S, Hartge P & Linet M. Antibiotic use and non-Hodgkin lymphoma: a population-based study. *British Journal of Cancer* 2008; 98(1):161-4.
5. **Anderson LA**, Pfeiffer R, Warren JL, Landgren O, Gadalla S, Berndt SI, Ricker W, Parsons R, Wheeler W, Engels EA. Hematopoietic malignancies associated with viral and alcoholic hepatitis. (In revision).

NCI CLINICAL TRIALS TRAINING FOR NURSES

For the duration of the NCI Clinical Trials Training for Nurses program, oncology nurses rotate between oncology units at the NIH Clinical Center. The nurses focus on a team approach to managing clinical trials throughout training. Two nurses, Aisling Corcoran and Deirdre McDonnell, participated in the 2007 program. Deirdre McDonnell is spotlighted below.



Deirdre McDonnell

Clinical Trial
Coordinator/Research Nurse
St. Vincent's University
Hospital, Dublin

Ms. Deirdre McDonnell's oncology career began in 1992 at St. Vincent's Private Hospital, Dublin, where she nursed cancer patients from diagnosis through various stages of treatment and palliative care. In 1996, she obtained a Higher Diploma in Oncological Nursing from UCD. Following her tenure at UCD, she developed an interest in the development of cancer treatments and began a career in oncology research. Since 2002, she has been working as a clinical trial coordinator/research nurse in the medical oncology research department at St. Vincent's University Hospital, Dublin. Her main areas of interest include breast and bowel cancer and she has been actively involved in large international trials with collaborative groups in the U.S. In recent years, Ms. McDonnell and her colleagues reported their findings after observing sustained platelet recovery in two patients with transfusion-dependent thrombocytopenia due to marrow metastases of breast cancer using low weekly doses of the chemotherapy drug docetaxel¹.

Ms. McDonnell attended the NCI Clinical Trials Training for Nurses program in 2007. During this time, she attended a wide range of educational

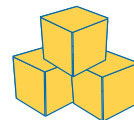
sessions, including a weekly bioethics course, Cancer Therapy Evaluation Program workshops, an Institutional Review Board meeting, and a Protocol Review and Monitoring Committee scientific meeting. Ms. McDonnell found the disease-specific patient clinics and the online intranet self-learning modules particularly relevant to her work coordinating clinical trials and conducting research.

Selected Publications:

1. Ballot J, Crown J, **McDonnell D**. Successful Treatment of Thrombocytopenia Due to Marrow Metastases of Breast Cancer with Weekly Docetaxel. *J Natl Cancer Inst.* 2003; Jun 4; 95(11):831-2.

NCI SUMMER CURRICULUM IN CANCER PREVENTION

The NCI Summer Curriculum in Cancer Prevention conducts two courses for health care professionals: a four-week course of study on Principles and Practice of Cancer Prevention and Control Course and a one-week Molecular Prevention Course, held consecutively in Bethesda. The program brings together participants from international cancer centers, universities, health departments, industry, and government. Twenty-five health and cancer care professionals from the island of Ireland, including two CPFPP scholars, participated in the two courses in 2007.



The research programs of two participants, Dr. Brendan Corkery and Dr. Estelle McLean, are summarized in this section.



Brendan Corkery, PhD

PhD student and
Research Registrar
Dublin City University,
Dublin

Dr. Brendan Corkery graduated in 2003 from the UCD School of Medicine and Medical Science. Following completion of his general professional training in medicine program, he commenced PhD studies at the National Institute for Cellular Biotechnology, Dublin City University, under the supervision of Dr. Norma O'Donovan and Professor John Crown.

In 2007, Dr. Corkery focused his research efforts on investigating targeted therapies in triple-negative breast cancer (TNBC) cells. As a part of this research, he analyzed breast cancer cell lines which were negative for estrogen receptor, progesterone receptor, and so-called triple negative human epidermal growth factor receptor². Dr. Corkery has conducted extensive research to determine whether epidermal growth factor receptor (EGFR) inhibition is an effective strategy against TNBC cells. At the 14th European Cancer Conference (ECCO), he presented pre-clinical data indicating that the drug gefitinib, which targets EGFR, significantly enhances the response of TNBC cells to chemotherapy¹. Dr. Corkery co-authored a paper on these findings entitled, "Epidermal growth

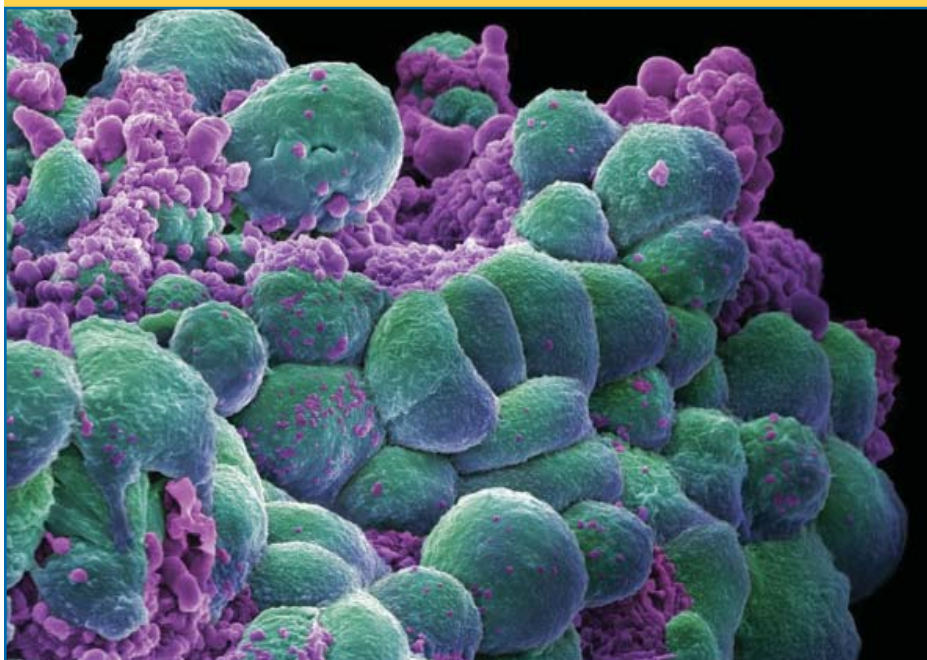
factor receptor (EGFR) inhibition in triple-negative breast cancer (BrCa),"² which appeared in the *Journal of Clinical Oncology*, 2007 American Society of Clinical Oncology (ASCO) Post-Meeting Edition.

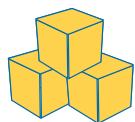
Dr. Corkery attended both the four-week Principles and Practice of Cancer Prevention and Control Course and the one-week Molecular Prevention Course at the NCI in 2007. The curriculum's emphasis on cancer biology and the molecular mechanisms of prevention will be of great benefit to his work in medical oncology. The courses also provided Dr. Corkery with a global perspective on the unique cultural and economic challenges associated with cancer research, treatment, and prevention all over the world.

Selected Publications:

1. **Corkery B**, O'Donovan N, Clynes M, Crown J. Epidermal growth factor receptor (EGFR) inhibition in triple-negative breast cancer (BrCa). *Journal of Clinical Oncology*, 2007 ASCO Annual Meeting Proceedings Part I. Vol 25, No. 18S (June 20 Supplement), 2007: 14071.
2. **Corkery B**, O'Donovan N, Clynes M, Crown J. Gefitinib enhances response to chemotherapy in triple-negative breast cancer (BrCa). *Eur J Cancer* 2007; 5/4 (Suppl): 185. Abstract 2003.

Breast Cancer Cells





Estelle McLean, PhD

Postdoctoral Research
Fellow
Queen's University Belfast,
Belfast

Dr. Estelle McLean graduated from QUB in 2006 with a PhD in molecular oncology. Throughout her academic career, Dr. McLean has pursued a research program in the field of drug-resistance, with a specific focus on the novel use of DNA microarray technology to identify predictive markers of response to chemotherapy in colorectal cancer. Dr. McLean and her colleagues used DNA microarray analysis to examine the transcriptional profile of human colon cancer HCT116 cells that were treated with 5-fluorouracil (5-FU) or oxaliplatin and then selected for resistance to these chemotherapy drugs. After conducting extensive bioinformatic analyses, Dr. McLean was able to identify constitutively dysregulated sets of genes in drug-resistant cells and ultimately concluded that these genes may represent molecular signatures of sensitivity to 5-FU and oxaliplatin¹. Dr. McLean has been recently involved in studying polyamines, a group of cell components that play an important role in the regulation of cell proliferation and cell differentiation and in the growth and survival of several solid tumors, including colorectal cancer. Together with several colleagues, Dr. McLean used DNA microarray

technology to identify the polyamine catabolic enzyme *spermidine/spermine N(1)-acetyltransferase* (SSAT) as one of the most inducible genes in response to 5-FU or oxaliplatin in parental and drug-resistant HCT116 cell lines². The results of Dr. McLean's work in this area suggest that SSAT may be an important target for therapeutic intervention in colorectal cancer.

research efforts on evaluating cancer risks associated with biomarker expression, defining an optimal strategy for biomarker evaluation, and comparing these potential biomarkers against clinical cancer risk indicators in colitis. Dr. McLean's work in this regard may provide the future scientific basis for more accurate cancer risk assessment and effective cancer prevention in colitis patients.



DNA Strings

In August 2007, Dr. McLean attended the NCI Molecular Prevention Course, where she studied how various molecular techniques are applied to molecular epidemiology, biomarkers, and translational research. When she returns to her postdoctoral position at the CCRCB at QUB in 2008, Dr. McLean will incorporate the knowledge acquired at the Molecular Prevention Course in her work investigating predictive risk markers for colitis-associated colorectal cancer. She will be specifically focusing her future

Selected Publications:

1. Boyer J, Allen WL, **McLean EG**, et al. Pharmacogenomic identification of novel determinants of response to chemotherapy in colon cancer. *Cancer Res* 2006; 66(5): 2765-77.
2. Allen W L, **McLean EG**, Boyer J, et al. The role of spermidine/spermine N1-acetyltransferase in determining response to chemotherapeutic agents in colorectal cancer cells. *Mol. Cancer Ther* 2007; 6(1), 128-137.

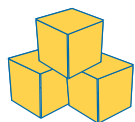
Partners and Institutional Members

Department of Health and Children (Ireland)

Department of Health, Social Services
and Public Safety (Northern Ireland)

National Cancer Institute (United States)

Other Major Participating Members



Partners and Institutional Members

DEPARTMENT OF HEALTH AND CHILDREN Ireland



Ireland's DoHC was established under the Ministers and Secretaries (Amendment) Act of 1946. Previously, the Department of Local Government and

Public Health was responsible for public health services, which continued to be administered by local authorities until 1970. The 1970 Health Act increased the Department's direct involvement in the execution of health policy by establishing eight health boards and abolishing the Hospitals Commission. In the years following passage of the Act, health policy in Ireland maintained a definitive emphasis on consistent development of the curative and regulatory aspects of health services and the acute hospital sector, in accordance with the policy commitments of the 1966 white paper, *The Health Services and Their Further Development*.

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

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

Quality and Fairness: A new health strategy for the next seven to ten years was launched in 2001. Based on people-centered principles of equity, quality, and accountability, the strategy's key elements include the following:

- The largest expansion in hospital bed capacity in the health service's history.
- The establishment of a National Treatment Purchase Fund to purchase treatment for public patients waiting for more than three months from initial referral.
- The addition of more day/respite care facilities and residential capacity for people with disabilities.
- The development of an action plan on age and statutory complaints procedures.
- The opening of a new National Hospitals Office.
- The appointment of an independent Health Information and Quality Authority.

Under legislation passed in December 2004, the HSE was established and charged with statutory responsibility for delivering the entire range of health and personal social services previously delivered by the regional health boards and authority. This reorganization has helped to ensure

that policies are implemented consistently and that patients across the entire country have improved access to quality health service.

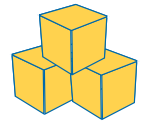
The Health Information and Quality Authority has been established on a statutory basis to drive the health information, quality, and safety agenda from a national perspective. Finally, the DoHC experienced an extensive reorganization in 2005 after reexamining its new role within the reformed health system. These major reform initiatives are designed to modernize Ireland's health service and provide a level of quality care that is consistent with national economic and social development.

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY Northern Ireland



Established by the Departments Order 1999, the DHSSPS is charged with three main responsibilities:

- Health and Personal Social Services (HPSS): Policy and legislation for hospitals, family practitioner services, and community health and personal social services.



- Public Health: Policy, legislation, and administrative action to promote and protect the health and well-being of the population.
- Public Safety: Policy and legislation for fire and rescue services.

Several professional groups serve as advisors to the Department's administration and the Medical and Nursing Groups are represented in the Consortium membership. Currently, the Minister for DHSSPS for Northern Ireland is Mr. Michael McGimpsey, who was appointed in May 2007.

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

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

Since 2000, the Government has produced a written contract with the people of Northern Ireland setting out, within the limits of the financial resources available, the plans and priorities for tackling problems and

improving public services. The current *Priorities and Budget 2006-08* sets the context for the Department's present planning arrangements. This document also contains a Public Service Agreement that details the DHSSPS's key targets and links resources to the achievement of established expectations. The Agreement outlines the desired outcomes and targets, while the Health Minister's *Priorities for Action* document delivers the means by which the HSC of Northern Ireland will achieve those ends.

The outcomes and targets listed in *Priorities and Budget 2006-08* for the HSC are structured around the following ten priority areas:

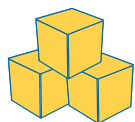
- Improved health and well-being.
- Safer, quality health services.
- Reduced hospital waiting times.
- Improved emergency care.
- Fully integrated care and support in the community.
- Improved children's services.
- Improved mental health and learning disability services.
- Effective financial control and improved efficiency.
- Reformed workforce.
- Investment in quality infrastructure.

The Northern Ireland Executive is currently in the process of finalizing the Review of Public Administration (RPA). The objective of the RPA is to reduce bureaucracy and concentrate resources on the front line of care. To date,

significant RPA changes have resulted in a reduction from nineteen to six in the number of service-providing Trusts. Decisions have yet to be made on how such services will be commissioned and managed in the long term. Currently, four HPSS boards are responsible for securing effective health and social services for their local populations, improving health and social well-being, and reducing inequalities. Their strategies for achieving these goals are explained in the document, *Health and Well-Being Investment Plans*. The setting, monitoring, and reporting of standards across health and personal social services will continue to be the responsibility of the Regulation and Quality Improvement Authority.

Review of Public Administration

RPA recommendations will be implemented in two major phases for health services. The first phase, which took place on 1 April 2007, involved the establishment of five new integrated HSC Trusts, replacing eighteen of the nineteen existing Trusts. The second phase will formally establish the other structures by April 2008. Decisions on the future of local government and education will be finalized in 2008. The Minister intends to have all new structures in place by April 2009 to ensure that all reforms will lead to better outcomes for the people of Northern Ireland in terms of health and social care.



NATIONAL CANCER INSTITUTE United States



The NCI is a component of the NIH, one of eight agencies that

comprise the Public Health Service in the U.S. DHHS. The NCI, established under the National Cancer Act of 1937, is the U.S. Federal government's principal agency for cancer research and training. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and responsibilities and added new information dissemination mandates, as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice.

Since its inception, the NCI has evolved into the world's preeminent cancer research organization. The NCI coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. Specifically, the Institute:

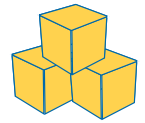
- Supports and coordinates research projects conducted by universities, hospitals, research foundations, and businesses throughout the U.S. and internationally through research grants and cooperative agreements.
- Conducts research in its own laboratories and clinics.
- Supports education and training in fundamental sciences and clinical disciplines for participation in basic and clinical research programs and treatment programs relating to cancer through career awards, training grants, and fellowships.
- Supports research projects in cancer control.
- Supports a national network of cancer centers.
- Collaborates with voluntary organizations and other national and foreign institutions engaged in cancer research and training activities.
- Encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research.
- Collects and disseminates information on cancer.
- Supports construction of laboratories, clinics, and related facilities necessary for cancer research through the award of construction grants.

In the National Cancer Act of 1971, the NCI was charged to "collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer" and to "disseminate insofar as

feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country." In addition, the Institute was directed to "support research in the cancer field outside the United States by highly qualified foreign nationals; support collaborative research involving American and foreign participants; and support the training of American scientists abroad and foreign scientists in the United States."

Mr. Michael Leavitt is the U.S. Secretary of Health and Human Services, Dr. Elias Zerhouni is the Director of the NIH, and Dr. John Niederhuber is the Director of the NCI.

Other Major Participating Members



HEALTH RESEARCH BOARD Ireland



In conjunction with Northern Ireland's HSC R&D Office, Ireland's HRB is responsible for funding many Consortium programs, including the clinical trials network and scholar exchange programs. In 1986, Ireland's former Minister of Health established the HRB to improve health through research and information. The HRB believes that health research and information combat disease, reduce disability, and enhance the quality and equity of health care in Ireland. In addition to advancing the development of more effective methods for diagnosing and treating disease, health research also contributes to the expansion of a knowledge-based economy in Ireland. The HRB is committed to strengthening research capacity on the island of Ireland and works closely with partners in Ireland, the U.K., Europe, and the U.S. to achieve these goals.

HEALTH AND SOCIAL CARE RESEARCH & DEVELOPMENT OFFICE Northern Ireland



The HSC R&D Office is responsible for the overall direction for HSC research and serves as the liaison with national statutory bodies and health-related organizations. With a mandate to encompass the research needs of all sectors of health and social care within Northern Ireland, the Office provides support for a wide range of research and development initiatives, from education and training to direct commissioning. In promoting, coordinating, and supporting research and development within the field of health and social care, the HSC R&D Office works with a variety of partner organizations and seeks to bridge professional, organizational, sectoral, and geographical boundaries.

OFFICE OF INTERNATIONAL AFFAIRS United States



The OIA is the focal point for the execution of many, though not all, of the NCI's international outreach programs. Specifically, OIA is charged with coordinating the planning, management, and evaluation of the international research, control, and information activities of the National Cancer Program. The OIA also serves as NCI's point of contact with the Fogarty International Center, the Office of Global Health Affairs, the State Department, and other Federal organizations involved in international health activities. In addition to coordinating cancer activities under formal and informal collaborative agreements between the U.S. and other countries, the OIA plans and implements programs for the international exchange of scientists and serves as a liaison with international agencies involved in the National Cancer Program.

Outreach

The Consortium informs health professionals and the general public in Ireland, Northern Ireland, the U.S., and other countries, of Consortium activities and programs via the Consortium Web site, newsletters, activities reports, and email announcements. An e-mail Help Desk is available to answer questions and provide information about Consortium efforts. The Consortium does not provide information on job placement or cancer treatment. If you are interested in joining the Consortium database, please contact the Help Desk.

Web Site (www.allirelandnci.org)

Current news and information about the Consortium is posted to the Web site regularly. Information about Consortium-sponsored educational opportunities, fellowships, and funding is available on the Web site for U.S. and island of Ireland oncologists, nurses, and researchers. In 2007, the Consortium Web site won two prestigious awards, the Interactive Media Award for Outstanding Achievement in design, development, and implementation of a government Web site and the World Wide Web Health Award Bronze award for government health sites. The Consortium Web site logs approximately 1,000 visitors per month.



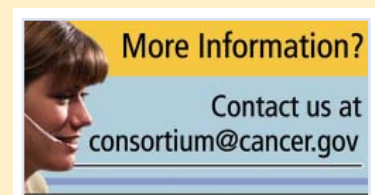
Newsletters

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



Help Desk

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



Consortium in the News

Cancer Nursing Research Consensus Workshop

The Consortium NRS WG was recognized in the December 2007 issue of the *Department of Health and Children Nursing Policy Newsletter* for their efforts to develop a new working group strategy that will guide their efforts for the next three years. Details on the November 2007 workshop held in Belfast were also highlighted. The article can be located at: http://www.dohc.ie/about_us/divisions/docs/newsletter3.pdf?direct=1

Official Opening of New CCRCB Building

On 28 November 2007, Queen's Chancellor Senator George Mitchell officially opened the CCRCB facilities at QUB. The CCRCB is a key partner of ICORG, a clinical trials network established by the Consortium CT WG. To view the CCRCB announcement, visit: http://www.allirelandnci.org/programs/ccrcb_opening.shtml



Dr. Joe Harford Recognized for Decade of Work in the Middle East



Dr. Joe Harford, Chair of the Strategic Advisory Group of the Ireland-Northern Ireland-NCI Cancer Consortium, was recognized for his work as an NCI liaison to the Middle East Cancer Consortium by the Arab Medical Association Against Cancer. The focus of Dr. Harford's Middle East work is similar to the focus of his work in support of the Consortium and includes establishing and strengthening cancer registries and individual and group training activities for health care workers and cancer researchers. For a copy of the announcement, visit:

http://www.uicc.org/index.php?option=com_content&task=view&id=15995&Itemid=45
or <http://oia.cancer.gov/news-oia.shtml>

Statement by the Minister of the Department of Health and Children of Ireland on Cancer Research

In the 18 September 2007 press release by the DoHC, the All-Ireland NCI Cancer Consortium was credited with organizing the cooperation between Ireland and Northern Ireland, particularly with regard to clinical trials. To read the full article, visit: <http://www.dohc.ie/press/releases/2007/20070918.html>

Related document: http://www.ecrmforum.org/downloads/ECRM_2004_Survey_lo.pdf

All-Ireland NCI Cancer Consortium Web Site Wins Awards



In the 7 August 2007 edition of the *NCI Cancer Bulletin*, the Consortium Web site was highlighted for winning an Outstanding Achievement award for excellence in design, development, and implementation of a government Web site from Interactive Media Council, Inc. Creation of this Web site was a collaborative effort between Ms. Isabel V. Otero, the Consortium's Program Officer, and the NCI Office of Communications and Education.

The award recognizes that the project met and surpassed standards of excellence that characterize the Web's most professional work. The judges evaluated design, usability, innovation in technical features, standards compliance, and content. To win this award, the Web site had to meet strict guidelines in each area, a standard achieved by only a fraction of sites in the competition each year.

To view the feature, see: http://www.cancer.gov/ncicancerbulletin/NCI_Cancer_Bulletin_080707/page7

The Consortium Web site was also honored in August 2007 with the Spring/Summer 2007 Bronze award for government health sites from World Wide Web Health Awards.

Related document: <http://www.healthawards.com/wwwha/ss2007winners.pdf>

The All-Ireland NCI Cancer Consortium Nursing Working Group

The July 2007 issue of the *Department of Health and Children Nursing Policy Newsletter* featured an article that provided an overview of the Consortium NRS WG and their recent activity, including a summation of the workshop held March 2007 in Belfast. For more information, visit: http://www.dohc.ie/about_us/divisions/docs/newsletter2.pdf?direct=1

3rd All-Ireland Cancer Conference



A July 2007 article in the *Northern Ireland Cancer Registry Newsletter* focused on the success of the 3rd AICC. For more information, see: <http://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/Fileupload,75873,en.pdf>

Health Economics and Cancer Policy Analysis

The Summer 2007 issue of the *Northern Ireland Bureau NewsLink* publicized the All-Ireland Health Economics Workshop and discussed the event in detail. To view the article, see: http://www.nibureau.com/nibissue_10new.pdf

MEMORANDUM OF UNDERSTANDING

between

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

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

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

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

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

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

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

SECTION I

Scope of Understanding

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

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

SECTION II

Governance of Consortium

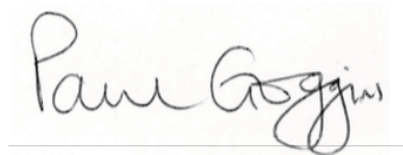
A Board composed of representatives of the Department of Health and Children of Ireland; the Department of Health, Social Services and Public Safety for Northern Ireland; and the National Cancer Institute within the National Institutes of Health (NIH) of the U.S. Department of Health and Human Services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

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

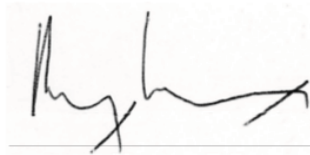
Section III

Effective Date, Termination, and Amendment

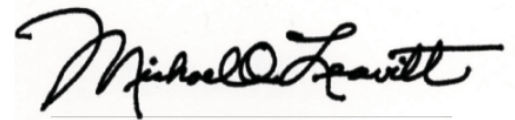
Upon signature by all Participants, this MOU is to remain effective for five years. Activities under this MOU should continue upon extension of this MOU by the designated representatives of the Participants. The Participants may modify or amend this MOU by mutual written statement. Each participant may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



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



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



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

The 2007 Activities Report was prepared by the Directors of the
Ireland-Northern Ireland-National Cancer Institute Cancer Consortium.

Ireland-Northern Ireland-National Cancer Institute Cancer Consortium

Help Desk E-mail:
consortium@cancer.gov

Telephone:
001-301-435-4434
(from Ireland/Northern Ireland)

Web site:
www.allirelandnci.org



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