

Redefining the Consortium to Address Changing Needs in Cancer Research and Training



*All-Ireland National Cancer Institute
Cancer Consortium*

A Message from the Directors

Redefining the Consortium to Address Changing Needs in Cancer Research and Training

We are pleased to present the Board of Directors' 2011-2012 Biennial Review for the All-Ireland National Cancer Institute (NCI) Cancer Consortium. This report highlights the renewed commitments from Ireland, Northern Ireland, and the United States to cross-border and transatlantic cancer research and education collaborations. Together, we continue to advance our mission of lessening the burden of cancer across the island of Ireland, while serving as a blueprint for successful international collaboration in the field of cancer.

In December 2011, leaders from the three jurisdictions met in Belfast, Northern Ireland, to re-sign the Consortium Memorandum of Understanding (MOU). The renewal extends the partnership for another five years and provides an opportunity to:

- Review and evaluate the Consortium's progress, structure, and programmes over the last decade
- Redefine the Consortium to address the evolving needs in cancer research and training in this second decade of partnership

Details about both the re-signing of the MOU and the future direction of the Consortium are included in this report.

As we pause to review the Consortium's progress in implementing transatlantic cancer research and scholar training programmes over the past two years, we would like to thank the governments of Ireland, Northern Ireland, and the United States for their ongoing support of this important collaboration. Our endeavours would not have been possible without our partners, working group members, Strategic Advisory Group members, and colleagues from both academia and clinical care. We would also like to thank Ms. Isabel Otero in her role as the overall Program Director and Mr. Jonathan Elliott for his contributions in developing this report.

We look forward to continued collaboration as we redefine and re-engage the Consortium over the coming months. As 2012 draws to a close and a new decade of partnership begins, it is our hope that the Consortium will continue to be a globally-recognized model of sustained and effective international collaboration in cancer.

Sincerely,

Dr. Tony Holohan
Chief Medical Officer
Department of Health,
Ireland

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

Dr. Edward Trimble
Director
Center for Global Health,
National Cancer Institute,
United States



2011-2012 Accomplishments

In 2011 and 2012, the All-Ireland National Cancer Institute (NCI) Cancer Consortium continued in its mission to reduce the burden of cancer on the island of Ireland through a number of programmes and initiatives made possible through the Consortium's proven model of transatlantic collaboration. During this period the Consortium:

- Renewed the All-Ireland NCI Cancer Consortium Memorandum of Understanding (MOU), extending the partnership for another five years and bringing the Consortium into **a second decade of collaboration**
- **Accrued over 2,000 patients** to 54 different All-Ireland Cooperative Oncology Research Group studies between January 2011 and June 2012, with an additional 3,517 patients engaged in follow-up from studies started in previous years
- Enabled the participation of **2 All-Ireland scholars in NCI's Cancer Prevention Fellowship Program** in 2012
- Supported collaboration among the Health Research Board of Ireland, the Health and Social Care Research and Development Division (Northern Ireland), and the National Cancer Institute's newly formed Center for Global Health (United States) to **continue the Health Economics Fellowship** programme
- Launched the **second installment of the Cancer Clinical Trials Leadership and Management Program** in collaboration with partners at the NCI Intramural Facilities and Working Groups. Three nurse managers from Ireland were selected to participate in 2011
- Funded the final stage of **5 Joint Research Projects in Cancer** initiated in 2008
- Funded **12 All-Ireland participants in the NCI Summer Curriculum** in Cancer Prevention
- Funded **3 participants in the NCI Clinical Trials Training for Nurses** programme
- Conducted a **nursing teleconference** to share information on nursing roles in cancer programmes and provided a useful forum for updates on recent developments in each jurisdiction



The 2011 AICC-sponsored Summer Curriculum participants outside of NCI in Bethesda, MD.



(From left to Right) **Martina Anderson**, MLA, Junior Minister for Health, Department of Health Social Services and Public Safety, Northern Ireland; **James Reilly**, TD, Minister for Health, Department of Health, Ireland; **Edwin Poots**, MLA, Minister for Health Social Services and Public Safety, Northern Ireland; and **Frances Fitzgerald**, TD, Minister for Children, Department of Children, Ireland, launch the 2010 AICC Annual Activities Report.



- **Launched the 2010 Annual Activities Report** at the North-South Ministerial Council Meeting in June 2011
- Contributed to the 2011 World Cancer Leaders' Summit in Dublin, Ireland, to **influence international health policy and secure a strategic response to the global cancer epidemic**

State of Cancer Services on the Island of Ireland



The fight against cancer on the island of Ireland has continuously evolved since the pioneers of equitable healthcare established formal institutions in both jurisdictions two hundred years ago. However, the expanding and aging populations in both Northern Ireland and the Republic of Ireland continue to present many health-related challenges, with cancer being one of the most common and most complex issues within that arena.

The December 2011 publication of the first All-Ireland Cancer Atlas by the National Cancer Registry (Ireland) and Northern Ireland Cancer Registry provided the first insights into patterns of cancer that affect individuals on the island of Ireland. The atlas showed major variations in the risk of several cancers across the island for the period 1995-2007. For many cancers there was a strong relationship, however, between markers of socio-economic status and cancer risk - sometimes positive, sometimes negative. These relationships were more consistent than the broad geographical patterns identified by mapping. Most cancers occurred more frequently in urban areas, with only prostate cancer more common in rural areas. Some differences in relative risk appeared to be attributable to the availability of different health services, such as higher levels of breast screening in Northern Ireland in the 1990s and more prostate specific antigen (PSA) testing in the Republic of Ireland.

Despite different models of funding and provision of medical services, the similarities in cancer patterns between Northern Ireland and the Republic of Ireland highlight the importance of continued cross-border collaboration aimed at reducing cancer mortality across the island of Ireland.

Republic of Ireland

According to the National Cancer Registry of Ireland there were **29,775 people diagnosed with cancer in 2009**; 15,364 women and 14,441 men. This number is expected to rise to over 40,000 per year by 2020. The five most common types of cancer in Ireland in 2009 were:

- Skin cancer, including non-melanoma skin cancer (8,145 cases)
- Prostate cancer (2,859 cases)
- Breast cancer (2,766 cases)
- Bowel cancer (2,271 cases)
- Lung cancer (1,784 cases)



Cancer is the **second most common cause of death in Ireland** after circulatory diseases, with 8,585 deaths from cancer in 2009. However, as cancer prevention, screening, and care have improved, so have survival rates. **42% of men and 50% of women diagnosed with cancer currently survive for 5 years or longer** and it is estimated that 280,000 people diagnosed between 1995 and 2009 have survived their cancer. Improved survival is most likely due to improvements in detection rates, resulting in earlier diagnoses as well as improved treatment methods.

When comparing Ireland to other countries in the European Union, Ireland's incidence levels of all invasive cancers are among the highest, however, mortality rates are relatively lower. ¹

“ We see every reason to aspire to improve Ireland's international position in cancer so that we are towards the top of the international league table. This will require strong political, medical and executive leadership as well as significant investment programmes that are based on the principles and policies we have outlined” (Professor H. Paul Redmond, Chairman of National Cancer Forum, 2006.)

2011-2012 Accomplishments

- *Continued Reorganisation of cancer services:*

The National Cancer Control Programme (NCCP), which was established in 2007, continues to reorganise cancer services in Ireland's eight designated cancer centres. In 2011-2012 the NCCP:

- Established a national centre for pancreatic cancer surgery
- Centralised all lung surgery into four cancer centres
- Developed a national service for ocular cancer
- Developed a single national programme (operating in two sites) for the management of brain tumours and other central nervous system tumours
- Developed national general practitioner referral guidelines and standard referral forms for breast, lung, and prostate cancers, making the referral process safer and more efficient

- *Electronic cancer referral system:*

The NCCP has developed an electronic cancer referral system for breast, prostate, and lung cancer, in collaboration with a broad range of stakeholders. This ensures rapid referral of patients with suspected cancer in a secure manner.

¹ **Irish Cancer Society**, “Cancer Statistics” (Dublin: 2011) <http://www.cancer.ie/about-us/media-centre/cancer-statistics>



- *Rapid Access Diagnostic Clinics:*

Rapid access diagnostic clinics for lung and prostate cancer have opened in the eight cancer centres, providing enhanced access to diagnosis and multidisciplinary decision-making tools for these cancers.

- *Community Oncology Programme:*

The NCCP has developed a Community Oncology Nurse Programme, an initiative to integrate medical oncology care between the acute hospital and general practitioners in the community setting.

- *National Plan for Radiation Oncology:*

New radiation oncology facilities at St. James's Hospital and Beaumont Hospital, both located in Dublin, were completed and opened under Phase 1 of the National Plan for Radiation Oncology in 2011. The new centres reflect the latest advances, equipment, and expertise available internationally and capacity in the Eastern region was increased by 50%.

- *Breast screening:*

In 2011, BreastCheck, a national population-based screening programme, continued to screen women aged 50 to 64 throughout the country, free of charge.

- *Cervical screening and prevention:*

CervicalCheck, the population-based National Cervical Screening Programme, which provides free smear tests to women aged 25 to 60, commenced its second round of screening in September 2011. The HPV vaccine is now offered to all girls in first year in secondary school (aged about 13) each year. A catch-up programme for girls in 6th year of secondary school (aged about 18) commenced in September 2011 and will continue for 6th year girls in 2012 and 2013.

- *HPV testing:*

As part of the CervicalCheck programme, HPV testing has been successfully introduced for the post-treatment of women in colposcopy clinics since May 2012. The introduction will result in a HPV test carried out at six months and 18 months post-treatment at colposcopy. The outcome of HPV testing should help to identify women who are at increased risk of developing high-grade cell changes or cervical cancer. In the majority of cases, this will reduce the need for 10 annual follow-up smear tests for women who are post-treatment. The HPV test, like other tests as part of the CervicalCheck programme, will be free of charge to women.

- *Colorectal Screening:*

Preparations were made for the commencement of a National Colorectal Screening Programme for men and women aged between 60 and 69 in quarter 4 of 2012.



Northern Ireland

Northern Ireland has a population of around 1.8 million people.² Between 2006 and 2010, more than **8,000 new cases of cancer were diagnosed**³, and in 2011, there were approximately **4,000 deaths from cancer—making cancer the most common cause of death** in Northern Ireland that year.⁴ Five-year survival rates for common cancers increased between 1993 and 2010, and currently stand at 10.8% for lung cancer; 58% for colorectal cancer; 83.2% for prostate cancer and 81.8% for breast cancer.⁵



Cancer care is provided through five Health and Social Care (HSC) Trusts. There are four cancer units providing diagnosis, surgery, and chemotherapy for common cancers, and the Northern Ireland Clinical Cancer Centre (NICC), located in the Belfast HSC Trust, which provides regional cancer services, including radiotherapy. In addition to the specialist cancer care provided in the NICC and at the four cancer units in the other Trusts, community support and care are provided across Northern Ireland. The Department's Cancer Prevention Treatment and Care Service Framework sets 52 standards for the provision of service that are designed to promote continuous improvement across prevention, diagnosis, treatment, and end of life care.

2011-2012 Accomplishments

- *Bowel Screening Programme:*

The Northern Ireland Bowel Cancer Screening Programme was launched in April 2010 and was fully rolled out in January 2012. The programme was initially opened for people aged 60 to 69 but was extended to include people up to the age of 71 from April 2012. The Northern Ireland Programme for Government 2011-2015, includes a commitment to extend the age range for bowel cancer screening up to age 74 across all Trust areas from April 2014.

- *Cervical Screening Programme:*

In January 2011 changes were made to the cervical screening programme in Northern Ireland. The age at which women are first invited for cervical screening has been raised from 20 to 25 years and the interval between screening appointments has been lowered from 5 years to 3 years for women aged between 25 and 49 years. Women aged 50 to 64 are invited every 5 years.

- *HPV Testing:*

² Northern Ireland Statistics and Research Agency, "The Population of Northern Ireland," (NISRA, 2010), <http://www.nisra.gov.uk/publications/default.asp10.htm>

³ Northern Ireland Cancer Registry, "Cancer Incidence and Survival in Northern Ireland 2006-2010," (NICR, 2012), <http://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/Fileupload,297948,en.pdf>

⁴ Northern Ireland Statistics & Research Agency, "Deaths in Northern Ireland 2011," (NISRA, 2012), http://www.nisra.gov.uk/archive/demography/publications/births_deaths/deaths_2011.pdf

⁵ Northern Ireland Cancer Registry, "Cancer Incidence and Survival in Northern Ireland 2006-2010," (NICR, 2012), <http://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/Fileupload,297948,en.pdf>



Arrangements are being put in place for the introduction of HPV testing to the Northern Ireland Cervical Screening Programme by December 2012. HPV testing will be used at two distinct points within the cervical screening pathway—as triage for those with low grade abnormalities on their smear result and as follow-up post-treatment.

HPV testing will allow approximately a third of all women with borderline and low grade abnormalities and about 75% of those who have been treated for an abnormality to be returned to routine recall thus reducing the patient journey time to outcome, the number of repeat smears and procedures, and the anxiety that these tests cause for many women.

The school-based HPV vaccination programme for girls aged 12 to 13 year continues to achieve high uptake rates of well over 80%. In September 2012, the programme will change from Cervarix® to Gardasil®. In addition to providing protection against cervical cancer, this vaccine will also protect against genital warts.



Redefining the Consortium

AICC Enters Second Decade of Collaboration with Renewal of MOU

In December 2011, representatives from Ireland, Northern Ireland, and the United States, gathered at the famous Stormont Estate, home of the Northern Ireland Assembly, in Belfast, Northern Ireland, to renew the Memorandum of Understanding (MOU) for the All-Ireland-National Cancer Institute (NCI) Cancer Consortium (AICC). The renewal extends the partnership for another five years, bringing the Consortium into a second decade of collaboration aiming to lessen the burden of cancer in Northern Ireland and the Republic of Ireland through cross-border and transatlantic collaboration in cancer research and education.

Dr. Edward Trimble and Ms. Isabel V. Otero, M.P.H., represented NCI's Center for Global Health at the event and were joined by Mr. Edwin Poots, Minister, Dr. Michael McBride, Chief Medical Officer, and Professor Bernie Hannigan, Chief Scientific Advisor / Director of HSC R&D, of the Department of Health, Social Services and Public Safety, Northern Ireland; and Mary Jackson, Cancer Policy Unit, Department of Health, Ireland.



Pictured with Health Minister **Edwin Poots** signing the MoU is **Dr Ted Trimble**, Director, Center for Global Health, US National Cancer Institute. Also pictured are (left-right) **Mary Jackson**, Cancer Policy Unit, Department of Health, Ireland; **Dr Michael McBride**, Chief Medical Officer for Northern Ireland and **Isabel Otero**, US National Cancer Institute.

“The cooperation and sharing of expertise that takes place between Northern Ireland, the Republic of Ireland, and the NCI has brought numerous benefits for all participating jurisdictions. The revised MOU has been developed to ensure that future working will build on past successes, helping to reduce the impact that cancer has on our lives,” said Minister Poots.

The MOU, signed by the Honourable Kathleen Sebelius, United States Secretary of Health and Human Services; Minister James Reilly, Department of Health, Ireland; and Minister Poots, identifies the following scientific focus areas for the Consortium over the next five years:

- Cancer policy analysis and health economics
- Diagnosis and treatment
- Education and training for physicians, nurses, and scientists
- Palliative care and survivorship
- Prevention and early detection
- Research

Consortium Governance and Structure Evolves to Meet Changing Needs

The re-signing of the MOU provided an opportunity for the three jurisdictions to review the Consortium's progress since its launch in 2001 and redefine the way the collaboration is structured in order to most effectively work towards its mission. Through discussion in each jurisdiction, agreement was reached on five workstreams that would enable the achievement of the Consortium's objectives. Each workstream



includes researchers, clinicians, and policy-makers and is led by a Senior Responsible Person (SRP). To ensure co-ordination across the workstreams, the SRPs will participate in a new Planning and Reporting Group, formed to replace the former Strategic Advisory Group.

The five workstreams represent an evolution of the former Consortium Working Groups and are:

- Capacity Building for Clinical Research
- Public Health and Wellbeing/Prevention/Health Promotion
- Nursing
- Palliative and End-of-Life Care
- Survivorship

AICC Leadership



Dr. Tony Holohan



Dr. Michael McBride



Dr. Edward Trimble

The Consortium is administered by a Board of Directors (BOD) comprised of Dr. Tony Holohan, Chief Medical Officer, Department of Health, Ireland; Dr. Michael McBride, Chief Medical Officer, Department of Health, Social Services and Public Safety, Northern Ireland; and Dr. Edward Trimble, Director, Center for Global Health, National Cancer Institute, United States. The position of chair was held by Dr. Holohan in 2011 and Dr. McBride in 2012. Dr. Trimble joined the AICC BOD in September 2011, when he was appointed director of the new NCI Center for Global Health.

Funding of Consortium Initiatives

The Consortium is focused on endeavours that encompass all aspects of cancer control, and its members work collectively to fund improved scientific programmes in each jurisdiction to make a broad impact. Funded projects must be consistent with the policies and strategic cancer plans of the three jurisdictions and must exhibit potential for wider applicability within Ireland, Northern Ireland, and the United States. Additionally, projects must enhance cancer care and research.

The tables that follow provide examples of Consortium initiatives recently funded by Ireland (Health Research Board), Northern Ireland (Health and Social Care Research and Development Division), and the



United States (National Cancer Institute). The Consortium website (accessible at <http://www.allirelandnci.com/index.asp>) provides additional information about funding possibilities.

Ireland and Northern Ireland Funded Initiatives

Scholar Exchange	<ul style="list-style-type: none"> • HRB/HSC R&D/NCI Fellowships and Training • Travel support, stipends, and other expenses for participants of scholar exchange programmes at the NCI, such as the Summer Curriculum in Cancer Prevention
Clinical Trials Network	<ul style="list-style-type: none"> • Twelve hospitals carry out safe, high quality clinical trials, designed to inform clinical care as part of the All Ireland Cooperative Oncology Research Group (ICORG)
Cancer Registries	<ul style="list-style-type: none"> • Reports, projects, and other support to harmonize data systems to spur new research in epidemiology

United States (NCI) Funded Initiatives

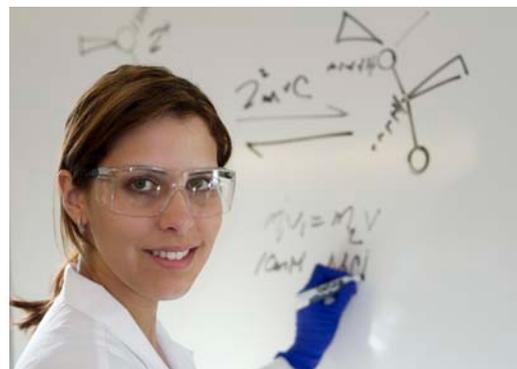
Scholar Exchange	<ul style="list-style-type: none"> • Travel support for U.S. scholars • Indirect funding related to training and workshops in the United States • On site management of U.S. visa and security clearance
Organisational Support	<ul style="list-style-type: none"> • Administration of the Consortium's governance • Development and maintenance of Consortium extranet, database, and award winning website • Production of Consortium communications, including Activities Reports and Newsletters



Scholar Exchange and Training

The AICC is training the next generation of cancer researchers on the island of Ireland through a number of scholar exchange programmes. Consortium-endorsed fellowships and basic and advanced training opportunities enable scientists to tap into a network of well-established cancer research programmes in Ireland, Northern Ireland, and the United States.

Since the Consortium's formation, **more than 400 participants have been selected to participate in the scholar exchange and training programmes.**



Number of Scholars Supported by the Consortium (2001-2012) Table

Type of Exchange Programme	Duration of Programme	Ireland	N. Ireland	U.S.	Total Participants
Cancer Clinical Trials Leadership and Management Program	1 week	7	1		8
NCI Clinical Trials Training for Nurses	3 weeks/3 months	14	9		23
Clinical Trials E-Learning Module for Nurses	12 weeks	24	22		46
Health Economics Fellowships in Cancer Program	4 years	6	1		7
Joint Research Projects in Cancer [■]	2-3 years	8 [■]	6	8	22
NCI Summer Curriculum in Cancer Prevention: Molecular Prevention Course	1 week	123	47		170 [•]
NCI Summer Curriculum in Cancer Prevention: Principles and Practice of Cancer Prevention and Control Course	4 weeks	89	43		132 [•]
NCI Cancer Prevention Fellowship Program	4 years	4	5		9
Epidemiology Fellowship	3 years	2	1	1	4

• The total number of participants includes fellows who completed the course as a requirement for the NCI CFPF, JRPC, and HRB/NCI Health Economics Fellowships in Cancer (2000-2009).

■ Formerly known as the Joint Research Fellowships in Cancer.



AICC Joint Research Projects in Cancer: Fostering Long-Lasting Transatlantic Collaborations

In 2007, Christian Abnet, Ph.D., of NCI's Division of Cancer Epidemiology and Genetics, was part of an international consortium studying the effect of nutritional status on the risk of developing esophageal adenocarcinoma (EAC). The incidence of esophageal cancer in the United States and Western Europe has risen markedly in recent decades, coinciding with a shift in histologic type from squamous cell carcinoma to adenocarcinoma. The cause for this rising incidence and demographic alterations remains unknown, and Abnet is part of a group working towards understanding how nutritional status may contribute to this alarming trend. To that end, he began to seek out collaborators who could help address this question.



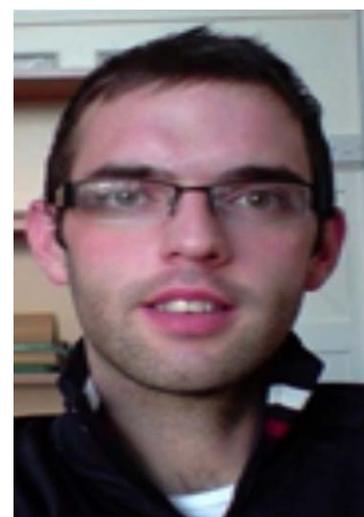
Christian Abnet, Ph.D.

Through the consortium, Abnet met Prof. Liam Murray, Clinical Professor at the School of Medicine, Dentistry and Biomedical Sciences at Queen's University Belfast (QUB), and together they applied to the All-Ireland NCI Cancer Consortium (AICC) for the Joint Research Projects in Cancer (JRPC), a programme that supports collaborative research between principal investigators from different jurisdictions on a defined cancer research project of mutual interest. Having successfully secured funding through the JRPC, Abnet and Murray hired Dr. Mark O'Doherty as a post-doctoral fellow to complete the team. O'Doherty would spend one year working in Belfast, Northern Ireland, and one year at the NCI in Bethesda, Maryland, United States, before returning to Belfast for the final six months of the programme.



Prof. Liam Murray, Ph.D.

The initial project from this series of collaborative studies utilized data from the FINBAR (Factors INfluencing the Barrett's/Adenocarcinoma Relationship) project—a case-control study from the Northern Ireland Cancer Registry, QUB, and clinicians in both Ireland and Northern Ireland, investigating risk factors for EAC and the precursor lesion, Barrett's oesophagus (BE). O'Doherty and colleagues demonstrated in their first collaboration that, in the majority of cases, higher iron intakes and stores may have a protective association with BE and EAC. Following this, Abnet and O'Doherty expanded their hypothesis to examine the individual effects of obesity, dietary fat, and red meat consumption on risk of developing BE or EAC, using both the FINBAR study and US-based NIH-AARP Diet and Health Study, a cohort analysis of approximately 500,000 people, now widely considered the largest study of diet and health ever conducted. Their resulting publications, four of which were published within a two-year period, provided new information that enabled the consortium to further define our understanding of how nutritional status contributes to risk of developing EAC, and led to the development of further hypotheses relating to nutritional status, many of which are now being tested by similar international collaborative research groups. As



Mark O'Doherty, Ph.D.



Abnet notes “ Being able to collaborate directly with fellow researchers can spawn ideas and hypotheses that might not happen solely through electronic communications” .

In fact, as a direct result of the JRPC collaboration Abnet visited QUB where, during the course of routine advisory meeting conversations, he and Murray conceived a novel study to examine the effects of bisphosphonates on risk of developing EAC, and a number of papers were published as a result of this fortuitous endeavour—papers that may not have been possible without the initial collaboration enabled by the JRPC.

For O’Doherty, the experience of working alongside teams of international researchers on both sides of the Atlantic has firmly convinced him of the value of international collaboration. “ Collaborating face-to-face with researchers at NCI and QUB was an amazing experience—and one that allowed me to help shape our knowledge of EAC” says O’Doherty. Perhaps the best testament to the power of programmes like the JRPC is simply the increased confidence it gives young researchers. So much so that O’Doherty has continued to seek out international collaborations to further his research, and one day hopes to become involved with a program like the JRPC again—perhaps this time in the role of Principal Investigator.

AICC Scholars Selected to Participate in 2012 NCI Cancer Prevention Fellowship Program

In June 2012, nine individuals began their tenure as fellows within the National Cancer Institute (NCI) Cancer Prevention Fellowship Program (CPFP) and among them were Dr. Marie Bradley and Dr. Naomi Walsh—CPFP fellows supported by the All-Ireland NCI Cancer Consortium (AICC). Under the auspices of AICC, the NCI Center for Global Health (CGH) collaborates with the Health Research Board (HRB), Irish Cancer Society, and the CPFP to award fellowships to qualified scientists from Ireland or Northern Ireland. It is intended that fellows will pursue careers in cancer prevention on the island of Ireland upon completion of the programme.

Learn more about the 2012 AICC-supported NCI Cancer Prevention Fellows:

Marie Bradley, Ph.D.

Marie Bradley is a pharmacist and holds a Ph.D. in pharmacoepidemiology from Queen’s University in Belfast, Northern Ireland. Her Ph.D. work involved investigating the association between exposure to drugs such as statins, proton pump inhibitors, and non-steroidal anti-inflammatory drugs and pancreatic cancer risk using a large medical record database in the United Kingdom known as the general practise research database (GPRD).

Bradley is currently employed as a Post-Doctoral Research Fellow in the Health Research Board Centre for Primary Care Research at Queen’s University where her research is focused on improving appropriate prescribing among older people in Northern Ireland. In this role, she has gained additional experience in analyzing data from the GPRD and other databases in the United Kingdom. She



has also been involved in the design and conduct of a randomised controlled trial in primary care. This trial is aimed at improving appropriate prescribing to older people by providing primary care physicians with computerised decision support. She also practises clinically part time as a pharmacist in a community pharmacy.

At NCI, Bradley intends to build on her experience of conducting pharmacoepidemiological research using large observational databases to further examine the associations between drug exposure and cancer risk. She is also keen to become involved in clinical cancer prevention research, and has a particular interest in cancer chemoprevention trials.

Naomi Walsh, Ph.D.

Naomi Walsh is a senior post-doctoral scientist with Molecular Therapeutics for Cancer Ireland (MTCI). MTCI is a scientific cluster that brings together oncologists from cancer hospitals, cancer researchers/scientists from four Irish universities with the All-Ireland Cooperative Oncology Research Group (ICORG) clinical network, and industry-led partners. This consortium performs translational, therapeutically-focused cancer research.



Walsh holds a Ph.D. in Cancer Research/Biotechnology from Dublin City University, Ireland, where her dissertation used genomic and transcriptomic techniques to detect novel molecular markers of invasion and metastasis in pancreatic cancer.

In her current role, Walsh is involved in translational cancer research, transforming laboratory-based findings into a clinical setting (and vice versa). Using the consortium health promotion base of MTCI, which includes academic universities, cancer hospitals, major pharmaceutical industries, and the clinical trials co-ordination of ICORG, she is directing research with an aim to developing clinical regimes in HER-2-positive breast cancer in collaboration with multi-disciplinary groups of oncologists/other clinicians, health economists, cancer researchers, patient advocate groups, and policymakers.

Walsh is embarking on an M.P.H. at University College in Dublin and at NCI she hopes to utilize her strong background in translational/clinical cancer research in the field of cancer prevention and control.



Partners

Department of Health - Ireland

The Department of Health supports the Minister for Health in the formulation and evaluation of policies for the health services. In conjunction with the Health Service Executive (HSE) and other interested parties, the Department also has a role in the strategic planning of health services.



In accordance with A Strategy for Cancer Control in Ireland 2006, the HSE established a National Cancer Control Programme in 2007. The goals of the Programme are to improve cancer prevention, detection, treatment, and survival through a national service based on evidence and best practice.

Under the Programme, there are four Managed Cancer Control Networks, with two cancer centres within each Network serving a minimum population of 500,000. Ultimately, all cancer diagnostic and surgical services will be provided within these eight centres. Chemotherapy, when required, can be delivered locally in accordance with protocols set out by the multi-disciplinary team based in the designated centre. The process of moving diagnostic and surgical cancer services from non-designated hospitals to the designated cancer centres is ongoing.

The Department of Health also supports the National Cancer Registry, Ireland (NCRI), which collects high-quality information on cancer and promotes the use of this information in reducing cancer incidence and improving survival. The Registry also provides essential input to the formation, implementation, and monitoring of data relating to clinical activities and outcomes under the National Cancer Control Programme. Further information can be found at www.doh.ie.

Health Research Board

The Health Research Board was established under the Health (Corporate Bodies) Act 1961 by SI No 279 of 1986. The mission of the Health Research Board (HRB) is to improve people's health, patient care, and health service delivery by:



- Leading and supporting excellent research by outstanding people within a coherent health research system;
- Generating knowledge and promoting its application in policy and practise; and, in doing so, play a key role in health system innovation and economic development.

In conjunction with Northern Ireland's Health and Social Care Research and Development (HSC R&D) Division, the HRB is responsible for funding many Consortium programmes, including the clinical trials network and scholar exchange programmes.

The HRB has invested more than €50 million in cancer research since 2005 and is focused on long-term strategies such as developing infrastructure and building capacity in cancer research across a variety of disciplines. This funding strategy encompasses two goals:

- Driving the development of excellent clinical research, including applied biomedical research, within a coherent health research system
- Building capacity to conduct high-quality population health science and health services research



These goals align well with the objectives of the Consortium, and the HRB works closely with partners in Ireland, the United Kingdom, Europe, and the United States to achieve its goals.

Further information can be found at www.hrb.ie.

Department of Health, Social Services and Public Safety - Northern Ireland

The mission of the Department of Health, Social Services and Public Safety (DHSSPS) is to improve the health and social well-being of all people in Northern Ireland by ensuring appropriate health and social care services in both the community and clinical settings, such as hospitals and general practice. The DHSSPS also supports health improvement programmes that are designed to secure improvement in health and social well-being and reduce health inequalities.



In 2005, DHSSPS established the Northern Ireland Cancer Network (NICaN) to promote equal access to high-quality, patient-focused and clinically-effective cancer care. NICaN supports professionals, patients, and volunteers in working together to achieve these goals.

The Minister for Health and Social Services and Public Safety, Edwin Poots MLA, has given a high priority to cancer services and the Department is represented in the Consortium's membership. Further information can be found at www.dhsspsni.gov.uk.

Health and Social Care Research and Development Division

The Health and Social Care Research and Development (HSC R&D) Division of the Public Health Agency works to encourage and support HSC research throughout Northern Ireland. We work with a variety of partner organisations to help bridge professional, organisational, sectoral, and geographic boundaries and help develop Northern Ireland as a national and international centre for research and development in health and social care. HSC R&D Division continues to provide a wide range of support for research across all sectors of health and social care, and for all professionals engaged in clinical research. Further information can be found at www.publichealth.hscni.net.



National Cancer Institute - United States

The National Cancer Institute (NCI) is part of the National Institutes of Health (NIH), which is one of 11 agencies that compose the Department of Health and Human Services (HHS). The NCI, established under the National Cancer Institute Act of 1937, is the U.S. federal government's principal agency for cancer research and training.



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



Kathleen Sebelius was sworn in as the Secretary of the HHS on 28 April 2009. Dr. Francis S. Collins became Director of the NIH on 7 August 2009, and Dr. Harold Varmus became the Director of the NCI on 12 July 2010. *Further information can be found at www.cancer.gov.*

Center for Global Health

The Center for Global Health (CGH), established in September of 2011, supports NCI's goal to advance global cancer research, build expertise, and leverage resources across nations to address the challenges of cancer and reduce cancer deaths worldwide. CGH facilitates research efforts to decrease the global burden of cancer by collaborating with U.S. government agencies, foreign governments, non-government organizations (NGOs), and pharmaceutical and biotechnology companies. Enabling the open exchange of scientific knowledge is a critical goal in the fight against cancer.

Led by Edward L. Trimble, M.D., M.P.H., CGH seeks to develop and implement plans to inform cancer control, and provide technical assistance as countries work to implement cancer control programs; strengthen U.S. national, regional, multilateral, and bilateral collaboration in global health research, cancer research, and cancer control; train investigators and help develop research capacity in global health across the cancer continuum, both in the United States and in the developing world; develop and validate new agents and devices for cancer prevention, screening, treatment, and symptom management appropriate for use in the developing world; and develop new scientific initiatives and implement plans relevant to global health and cancer control. CGH's plans to stem the rising cancer burden in developing countries were outlined in a September 2011 paper entitled "Integrating Cancer Control into Global Health" published in the journal *Science Translational Medicine*. *Read the paper online at <http://stm.sciencemag.org/content/3/101/101cm28.full>.*



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