

SPRING DSSSG STAKEHOLDER SESSION

POSSIBLE FUTURE DIRECTIONS FOR OUR
NATIONAL CANCER STRATEGY



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Introduction

Professor Seamus O'Reilly began by acknowledging with bittersweet news, noting the departure of Eibhlin Mulroe, the organization's CEO, who was moving on to new opportunities. Professor O'Reilly expressed deep appreciation for Eibhlin's unwavering commitment and the transformative impact she had made since taking on the role in 2015. He emphasized that Eibhlin was leaving the organization on a much stronger footing and with a more prominent standing within the community. Her contributions, he remarked, would make her difficult to replace, although he acknowledged that the elevated status of the position, built through her dedication, would attract high-quality candidates.

Taking a moment to recognize the significance of the day, Professor O'Reilly highlighted that it was Daffodil Day. To that end, Niamh McCabe from the Irish Cancer Society was present to share a few words. Professor O'Reilly stressed the vital support that the Irish Cancer Society

had provided, both in terms of advocacy and financial assistance, which kept the organization's operations running smoothly. He urged attendees to support the Society by contributing to the donation box outside.

Looking ahead, Professor O'Reilly spoke about the new funding stream from the Health Research Board set to commence in 2026 and acknowledged the imminent expiration of the current National Cancer Strategy. He underscored the importance of reflecting on the implications of these developments with the help of an expert panel present. Although efforts had been made to involve a representative from the Department of Health, scheduling conflicts had prevented their attendance. Nevertheless, Professor O'Reilly reassured the audience that the discussions from the day would be documented and later shared with the Department for further deliberation.



Prof Seamus O'Reilly
Clinical Lead



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Cancer Strategies in Ireland

Cancer strategies in Ireland have been instrumental in shaping policies and improving outcomes said Prof. Risteárd Ó Laoide, National Director of the HSE's National Cancer Control Programme (NCCP). These strategies have been developed with extensive stakeholder engagement (including healthcare professionals, patient advocacy groups, the HSE and health service providers) and are crucial for guiding cancer control efforts across the country and aligning Ireland's cancer care with international standards.

Prof Ó Laoide described how Ireland has developed three national cancer strategies since 1996, each spanning a decade. These strategies are led by the Department of Health and endorsed by the government, making them a cornerstone of Ireland's cancer policy. He emphasizes that the development of such strategies is not common globally, but it has been pivotal in improving cancer outcomes, and referenced a study by the

International Cancer Benchmarking Group, which showed that countries with national cancer policies tend to have better cancer mortality rates. He also noted that the most recent strategy, from 2017 to 2026, was the first to include significant patient involvement through the Cancer Patient Advisory Group.

The current strategy focuses on several key areas:

- **Reducing Cancer Burden:** Efforts to prevent cancer and reduce its impact on the population.
- **Optimal Care:** Ensuring that patients receive the best possible treatment and care.
- **Patient Involvement:** Encouraging patients to be more involved in their care and treatment decisions.
- **Enabling Change:** Implementing changes in healthcare systems to improve cancer services.

“Despite the challenges posed by the COVID-19 pandemic, significant



Prof Risteárd Ó Laoide
Director, HSE NCCP



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progress has been made. Over 800 new frontline staff have been added to cancer care services, including nursing and medical staff. Psycho-oncology services have been expanded, and survivorship programmes have been developed to support the growing number of cancer survivors in Ireland,” said Prof Ó Laoide.

With approximately 220,000 cancer survivors in Ireland, there is a strong focus on developing services that cater to their needs. Professor Ó Laoide addressed recent advancements and ongoing challenges in cancer care and research. He emphasized significant progress in cancer prevention, particularly in skin cancer, citing the National Cancer Registry of Ireland’s (NCRI) report demonstrating improved survival rates, attributing these successes largely to preventative measures.

Patient engagement has been enhanced through initiatives like self-

managed follow-up care, allowing patients to take a more active role in their health management.

Meanwhile, Professor Ó Laoide highlighted the development of child and adolescent services through the CAYA model of care and the establishment of new radiation oncology units in Cork and Galway. Additionally, he noted the repatriation of CAR T-cell therapy and peptide receptor radionuclide therapy (PRRT) services to Ireland. The establishment of nursing-led services in collaboration with the National Cancer Control Programme (NCCP) and the introduction of advanced nurse practitioners (ANPs) into the system were also acknowledged as key achievements.

Furthermore, he discussed advancements in guidelines and models of care, as well as the implementation of the National Cancer Information System (NCIS), now operational in 20 of 26 units.



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Despite these successes, Professor Ó Laoide acknowledged challenges ahead, particularly in relation to the new cancer strategy. One major area of concern identified was the difficulty in clinical trial recruitment. The most recent National Cancer Strategy aimed to increase recruitment from 3% to 6%, but progress has been challenging. Professor Ó Laoide attributed this partly to the lack of streamlined processes prior to 2017, though he acknowledged recent improvements, such as the establishment of clinical trials units and governance structures under the Health Research Board (HRB).

He also noted the creation of a group within the Department of Health, chaired by Professor Donal Brennan, to streamline clinical trial processes, expressing optimism that their upcoming report would address previous shortcomings. However, he emphasized the need for continuing focus on clinical trials in the next cancer strategy. A related issue

identified was the lack of embedding cancer trial nursing staff into the general workforce, an objective from the previous strategy that remains unfulfilled. Professor Ó Laoide advocated for integrating these staff more effectively, supported by the new governance structures.

Addressing research more broadly, he remarked that the NCCP National Cancer Research Group, initially disrupted by COVID-19, had been revitalized over the past two years. Now chaired by Professor Donal Brennan, the group involves various stakeholders, including the Irish Cancer Society and research leads from universities. The group has focused on data collection regarding cancer funding and developing a comprehensive research framework, which will contribute to the next cancer strategy.

Future Directions and Challenges

Looking ahead, Prof. Ó Laoide identifies areas that require attention

in future strategies:

- **Clinical Trials:** Despite ambitions to increase participation in clinical trials, progress has been limited. Improving governance structures and streamlining processes are seen as critical steps forward.
- **Research Framework:** Developing a comprehensive research framework will be essential for guiding future cancer research and policy decisions.
- **Embedding Nursing Staff in Clinical Trials:** Integrating nursing staff into clinical trial teams is crucial for enhancing trial participation and success.

Radiotherapy trials & research

Professor Gerry Hanna, a specialist in radiotherapy trials at Trinity, St. James, began by expressing his fresh perspective on the current state of radiotherapy in Ireland, acknowledging the significant advancements made over the past two decades. He attributed much of this progress to the Hollywood Report (2001–2002), which was uniquely successful in being widely implemented. Hanna praised the collaborative efforts of the National Cancer Control Programme (NCCP) and governments in transforming radiation therapy services, stressing the field evolved substantially.

However, Professor Hanna noted that radiotherapy remains somewhat mysterious to many, often seen as a "black box" specialty due to the perception of conducting complex procedures in isolated environments. He highlighted the crucial interface between clinical practice and academia within radiotherapy, lamenting that this intersection had

not been developed to the same extent as in other medical fields. A major barrier identified was the lack of protected clinical academic time for clinicians, trainees, specialist radiographers, and other members of multidisciplinary teams (MDTs). He stressed that academic time should not be seen as a luxury but as a vital component for improving clinical service quality and patient safety.

Hanna argued that integrating clinical research into routine practice leads to better patient outcomes and enhanced safety, pointing to evidence that research-active clinical units consistently perform better. Rather than focusing on the distant future, he advocated for prioritizing improvements in the current clinical landscape by embedding research infrastructure into everyday clinical practice. This would involve establishing recurrent, long-term contracts for clinical trial nurses to ensure stability and continuity, rather than the precarious one-year



Prof Gerry Hanna
Vice-Clinical Lead



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contracts that are currently common.

Reflecting on his experiences in Northern Ireland and Australia, Hanna was surprised by the challenges posed by inconsistent support and unpredictable recruitment policies in the Irish healthcare system. It was unexpected for a wealthy economy, such as Ireland's, to struggle funding predictable and sustained clinical trial infrastructure. This hampers progress of vital research and trials.

A significant challenge facing the implementation of clinical trials is GDPR compliance, particularly when collaborating with international partners (e.g. the NRG Oncology Group, USA). Differences in the interpretation of GDPR between Irish and EU law have created obstacles that hinder the adoption and smooth execution of clinical trials. These issues, Hanna noted, have led to unintended consequences, complicating efforts to integrate high-quality research from abroad.

Despite these hurdles, Hanna acknowledged several positive

developments within the radiotherapy field. He highlighted the collaborative spirit among radiotherapy centers across Ireland. This networked approach has been strengthened by the formation of the Irish Research Radiation Oncology Group (IRROG), supported by the Irish Cancer Society, Health Research Board (HRB), and other funding bodies. This collaborative framework has been instrumental in ensuring that patients throughout the island—not just in Dublin—have access to high-quality clinical trials. Notably, radiotherapy trials have seen a doubling of patient recruitment in the past year, a success that extends to both the CTI numbers and the Saint Luke's network.

Professor Hanna also addressed the gap in translational research, noting that Ireland's many individual resources are fragmented and not consolidated into a single comprehensive cancer centre. He advocated for creating a translational radiation oncology network to unify and maximize resources. This would support the translational aspects of clinical trials that are often

underfunded or overlooked within standard trial budgets.

Hanna concluded by praising the remarkable quality of trainee oncologists emerging from Irish institutions, who consistently excel in international exams and perform exceptionally well in regions like Australia and North America. He stressed the importance of providing these talented professionals with meaningful opportunities in Ireland, allowing them to lead the next generation of clinical trials and research initiatives.

Looking to the future, Hanna expressed a vision for Ireland to become a global leader in radiation oncology. He believes that by embedding clinical research into routine practice and committing to a long-term cancer strategy, Ireland can strengthen its international reputation and significantly advance the field. He urged stakeholders to pursue a 10-year plan that integrates research as a fundamental part of clinical practice, fostering a sustainable and innovative approach to radiation oncology.

Lymphoma & Haematology

Dr. Anne Fortune reflected on the substantial growth in haematology trials over the past 5 to 10 years. She acknowledged that haematology as a specialty had often felt isolated, existing in a space between laboratory work and clinical practice. However, recent years have seen transformative progress, much of which built on the foundational networking efforts made by her predecessors.

Dr. Fortune highlighted that paediatric haematology had long been at the forefront of clinical trials, particularly in Ireland. For example, trials related to Acute Lymphoblastic Leukaemia (ALL) have been notably successful, with nearly all paediatric patients participating in trials worldwide, resulting in first-line curability for most cases. She emphasized that achieving similar success in adult haematology has been challenging, partly because the bone marrow's pluripotent nature leads to a vast number of diverse diseases. Conditions like myeloma, chronic

lymphocytic leukaemia (CLL), and acute leukaemia are only a few examples, each with numerous subtypes, making trial design and execution complicated.

At a recent American Society of Haematology meeting, Dr. Fortune noted that a major barrier to trial participation is the rarity of many haematological diseases, which are often considered orphan diseases. This rarity makes trials expensive and logistically complex to conduct, as small patient numbers are distributed across various locations. The Society's meeting stressed the need for decentralization to improve patient access to trials, regardless of geography. Dr. Fortune echoed this sentiment, advocating for trials to be accessible from all cancer centres nationwide.

Funding has been a critical issue in achieving equitable trial access across Ireland, but recent improvements have led to a more balanced approach. Dr. Fortune expressed hope that the



Dr Anne Fortune
Mater Hospital



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upcoming cancer strategy and related grants would further solidify equal access, whether patients are located in urban centres or remote areas like Malin Head or Bear Island. To facilitate this, she proposed a hub-and-spoke model that would allow patients to receive trial treatments and conduct investigations closer to home while being part of a central trial infrastructure. She also highlighted how successful haematology services abroad, such as in Australia, have effectively decentralised patient care through innovative solutions, allowing patients to receive treatments without the burden of long-distance travel. Dr. Fortune saw no reason why Ireland could not adopt similar practices.

An essential element of modernising haematology trials, according to Dr. Fortune, is adopting electronic health records (EHRs), which would streamline patient data management and trial participation. Although some progress has been made with national radiology systems, a comprehensive EHR system remains crucial. Data

management emerged as another critical area. Dr. Fortune pointed out that rare diseases like haematological malignancies require robust data collection to attract pharmaceutical interest and facilitate trial collaboration. However, Ireland currently lacks comprehensive data on patient subgroups, making it difficult to develop targeted trials. To address this, she proposed harmonising data collection practices with international counterparts, such as those in the United States, Germany, and Australia, to support global trial collaboration.

Dr. Fortune also spoke about staffing challenges, emphasizing the need for better career progression for nurses involved in trials. Currently, there is a lack of advanced clinical nurse specialist (ACNs) roles specific to trials, as well as advanced nurse practitioner (ANP) positions that could alleviate some workload from investigators. Establishing these roles would enhance trial efficiency and improve patient care.

She further remarked that as haematology becomes increasingly specialised, there is a risk of becoming overly focused on niche areas, losing opportunities to learn from other medical disciplines. She said inclusivity and cross-disciplinary collaboration should remain central themes in cancer research, especially as medical knowledge continues to evolve and fragment.

In conclusion, Dr. Fortune underscored the importance of continued networking, data integration, decentralised trial access, and workforce development to sustain and expand haematology trials in Ireland. By building on the progress made thus far and learning from international best practices, the haematology community can work toward more inclusive and effective research initiatives.

Funding, Partnerships & Metrics

Angela Clayton-Lea, Chief Operating Officer (now CEO) of Cancer Trials Ireland, outlined three main areas that she would like to see improved in the next cancer strategy. She emphasized the importance of increasing funding, fostering public-private partnerships, and implementing clearer metrics to better reflect research efforts.

Firstly, Clayton-Lea advocated for doubling the funding allocated to cancer trials research. She noted that although there had been significant progress in increasing cancer care posts, many of these roles were not ring-fenced or fully supported through dedicated funding. As a result, there remained a lack of stability in maintaining critical research positions and ensuring protected time for clinicians and multidisciplinary team members.

Ms Clayton-Lea described how doubling the funding would significantly enhance stability and enable the establishment of ring-

fenced posts, which would facilitate more robust research outcomes. She emphasized that given Ireland's economic position as one of Europe's wealthier countries, the proposal was both feasible and practical if prioritized in the next cancer strategy.

Secondly, she addressed the potential of public-private partnerships to bolster cancer research.

"Ireland has missed opportunities to leverage collaboration between industry and academia, as seen successfully in other European countries like Denmark, she said, and went on to say that, "by fostering meaningful partnerships with industry, particularly in areas such as digital transformation, the healthcare sector could accelerate its journey toward integrated and interoperable health systems."

Ms Clayton-Lea highlighted that industry-driven solutions, especially those related to electronic health records (EHRs), were already available and could be adopted more efficiently



Angela Clayton-Lea
Chief Executive Officer



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through collaboration. By creating a more interconnected data infrastructure, Ireland would not only improve healthcare outcomes but also attract external investment, positioning the country as a leader in generating real-world data.

Finally, Clayton-Lea stressed the need for more precise and comprehensive metrics to assess cancer research progress. She flagged the current strategy's reliance on a single metric — the percentage of patients on clinical trials — which she argued was insufficient and ambiguous. She explained that the commonly cited figure of 6% participation was interpreted differently depending on whether interventional or non-interventional trials were included.

For example, the percentage of patients on interventional trials, based on the total number of diagnosed cancer patients (approximately 42,000 annually), was only 1.9%. However, if calculated as a percentage of invasive cancers, it rose to 3.2%. Including non-interventional studies increased this figure to 11.2%,

reflecting the extensive work being conducted across the country. She also emphasized that non-interventional studies, despite often being overlooked, played a critical role in enhancing patient quality of life and advancing medical knowledge. She argued that the next cancer strategy should clearly define how metrics are reported to better capture the scope of research efforts.

Additionally, she called for recognition of the effort involved in screening patients, especially given the increasingly stringent eligibility criteria for trials. Cancer Trials Ireland had already developed a system to capture screening data more accurately and intended to incorporate this information into future reports. Clayton-Lea urged that these contributions be acknowledged within the strategic framework.

In conclusion, Angela Clayton-Lea reiterated that by addressing these key areas, the new cancer strategy could better support the continued development and success of clinical trials nationwide.



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Update from the United States

Prof. William Gallagher (UCD and Co-Lead, All-Island Cancer Research Institute) spoke about the crucial role of the United States in the global economy, particularly regarding its impact on the pharmaceutical sector and cancer research in Ireland. Following the Good Friday Agreement, a memorandum of understanding was signed between Ireland, Northern Ireland, and the US National Cancer Institute (NCI) in 1999 to foster collaboration in cancer research. This tripartite agreement has significantly influenced all aspects of cancer research on the island of Ireland, including clinical trials.

Prof. Gallagher pointed out that over half of the consultant medical oncologists in the Republic of Ireland received training at leading US medical centres, highlighting the importance of maintaining these educational networks. He expressed concern over potential federal funding cuts in the United States, such as the recent announcement by the

Department of Health and Human Services (HHS) to eliminate over 10,000 jobs, including 3,500 from the FDA. Such cuts could delay drug approval processes and increase costs, ultimately impacting innovation and patient care.

Furthermore, Prof. Gallagher warned against viewing the situation as an opportunity for Europe to attract talent from the US, stressing the importance of maintaining a healthy research ecosystem in the US to support global innovation. He shared insights from his visit to Boston's MassBio, where biotech companies expressed fears over delays and cost escalations resulting from funding cuts.

Prof. Gallagher also addressed Ireland's efforts to build a collaborative cancer research environment through the All-Island Cancer Research Institute (AICRI), which aims to better connect fundamental research with clinical practice and foster greater



Prof William Gallagher
UCD & AICRI



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collaboration. He noted that Ireland's small size and population of seven million should encourage unified research efforts. Engaging political support in the US was identified as vital, with bipartisan engagement seen as essential given the political diversity of Irish Americans.

Prof. Gallagher highlighted successful exchange programs between institutions like Queen's University Belfast and the NCI but acknowledged concerns over maintaining these partnerships amid funding uncertainties. He advocated for diversifying funding sources, taking inspiration from Scandinavian models that leverage foundations and private sponsors rather than relying solely on traditional grant funding. He also addressed concerns regarding the pharmaceutical sector's economic impact on Ireland, as drug exports constitute 40% of the national economy. Diversifying beyond manufacturing to include clinical trials and earlier stage research was recommended as a strategic move to mitigate risks.

The next Cancer Strategy

Prof. Gallagher stated that the proposed cancer strategy should utilise existing evidence, including reports from the Health Research Board (HRB), the Irish Cancer Society and AICRI. He explained that ongoing work, such as a landscaping piece funded by the Irish Cancer Society, aimed to assess cancer research outputs, including publications and trials, in order to understand how funding translates into tangible results. Prof. Gallagher noted that this work would also benchmark Ireland's cancer research internationally, with preliminary results showing promising outcomes. He hoped that the body of work would be launched soon to enhance the evidence base for future strategy development.

He emphasised the importance of collaboration within the cancer research community, citing the upcoming deep dive visit as part of the CCI4EU project, which is funded under the EU Cancer Mission. According to Prof. Gallagher, this visit would serve as an objective assessment of



The All-Island Cancer Research Institute (AICRI), aims to better connect fundamental research with clinical practice and foster greater collaboration.

Ireland's progress, particularly regarding cancer care and research integration. He highlighted the necessity of fostering connections between academic and clinical partners to prevent siloing, which had previously been a concern. Prof. Gallagher acknowledged that local partnerships had been strengthened through initiatives like OECI accreditation but warned that more collective efforts were needed to prevent fragmentation.

Prof. Gallagher questioned past funding strategies, particularly the disconnect between translational

research and grant funding. He argued that decisions to separate translational research from clinical trials were misguided, as successful cancer research programs globally fully integrated discovery and clinical applications. He partly attributed this gap to a lack of clarity between the HRB and Science Foundation Ireland (SFI) (now Research Ireland) regarding funding responsibilities, emphasising the need for a coordinated strategy. Prof. Gallagher believed that initiatives like the National Cancer Research Group could help address these challenges by bringing key funders together, along with other stakeholders including members of the cancer research community and those with lived experience of cancer.

Furthermore, Prof. Gallagher stressed the importance of creating a unified national strategy with clear objectives, suggesting a “cancer mission” as a guiding principle. He noted that while funding opportunities were emerging—such as the Precision Oncology Ireland

program and a new life sciences accelerator—they needed to be better integrated with clinical trial efforts. He praised collaborative funding models, including partnerships between charities, industry, and academic institutions, but reiterated the need for cohesive, strategic planning to maximise their impact.

Reflecting on recent developments, Prof. Gallagher mentioned the current plans to expand the €12 million Precision Oncology Ireland program to €27 million as part of a second iteration of this large-scale programme, which he believed would significantly boost research capabilities. Additionally, he noted the establishment of a life science accelerator, the ARC Hub for Therapeutics, jointly managed by Trinity College Dublin, University College Dublin, and the Royal College of Surgeons in Ireland, aimed at advancing discoveries to the innovation stage. While not exclusively focused on cancer, Prof. Gallagher estimated that 30% of the activities would directly address

oncology.

He also discussed the importance of data and biobanking, emphasising that the lack of comprehensive data and associated resources for widespread biospecimen collection was hampering research and patient outcomes. According to Prof. Gallagher, the inability to accurately track patient demographics hindered the approval of clinical trials, as it was difficult to provide necessary data to stakeholders. He concluded by highlighting the need for community involvement and collective commitment to data initiatives. He reflected on past successes, such as the Irish Cancer Society’s BREAST-PREDICT program, which fostered collaboration and innovation across translational, clinical and population-based cancer research in the breast cancer space, and expressed a desire to see similar approaches revived. He stressed that individualistic mindsets must be set aside to ensure that research and clinical practices are aligned, connected, and mutually reinforcing.

Discussion points

The discussion opened with a key upcoming event being highlighted: the CCI4EU meeting in Dublin, which is being led by the Irish member institution of the Organisation of European Cancer Institutes (OEI). The initiative, supported by the European Commission, is part of a broader European effort to enhance Comprehensive Cancer Infrastructures (CCIs). This event was raised in the context of clearer national governance being needed, so external organisations and companies can easily identify who to engage with in relation to cancer care, research, and trials in Ireland.

Governance was identified as an immediate and critical issue for the next national cancer strategy. It was emphasised that any governance model must include both top-down and bottom-up engagement. Encouragingly, cancer centres across Ireland appear eager to collaborate, with widespread recognition that no single institution is large enough to

attract substantial international investment without alignment across the system.

Participants referenced other relevant European initiatives, including the EU Network of Comprehensive Cancer Centres (EU-CCC) and CRANE-2, as well as a joint action between EU governments focused on developing a network of Comprehensive Cancer Centres. It was noted that these conversations are happening across Europe, and that Ireland must engage in a similar discussion. The consensus was that Ireland does not need to replicate any single model but should create its own integrated structure, combining clinical care, research, policy, industry, and other relevant components.

There was agreement that now is an ideal time to act, given the Ireland's manageable size—(approximately 7 million people) — allowing for national coordination without overwhelming complexity. A concern was raised that ongoing accreditation



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processes could lead to further fragmentation of services. However, it was noted that while international frameworks such as OECD are raising standards, there is a need to move beyond accreditation and actively integrate cancer centres and universities into a national infrastructure.

It was proposed that the National Cancer Control Programme (NCCP) should play a more facilitative role. The NCCP is considered unique in Ireland, as no equivalent governance structure exists for other disease areas such as cardiology. The NCCP has strong policy links and oversees the implementation of the national cancer strategy, making it well-positioned to guide integration efforts.

The importance of research, clinical trials, and data was highlighted repeatedly. The NCCP has initiated work on a national research framework, but this needs to be developed collaboratively and given significant prominence in the next strategy. It was noted that Cancer

Trials Ireland already offers a strong national network, and that the current infrastructure—while underfunded—provides a solid foundation for further development. Streamlining of data regulations and improvements in GDPR interpretation have helped make Ireland a more attractive location for trials, but additional funding and capacity are needed to remain competitive in Europe.

Reflecting on the previous National Cancer Strategy (2017–2026), it was noted that it was the first in two decades to include research, but that progress since its publication has been limited. A lesson from that process was an absence of strategic integration beyond the cancer community—specifically with education, innovation, enterprise, and commercialisation. Accountability mechanisms could also be reviewed, as the last strategies made limited use of KPIs and performance tracking. The next strategy could correct these gaps and be forward-looking, planning not for 2025 but for 2037, in terms of cancer incidence and healthcare

workforce needs.

An question was raised about whether Ireland's slow reimbursement system for medicines impacts its ability to host clinical trials. The response confirmed that it does have this impact, particularly when the standard of care required for a given trial is not yet available in Ireland. This issue disproportionately affects medical oncology and deters industry engagement. It was noted that in such cases, the absence of a response from potential collaborators—or the decision not to approach Ireland at all—can be as damaging as explicit rejection.

Industry representatives asked about funding and staffing issues in Irish clinical trials, noting that in other systems, trial funding is ring-fenced for roles such as research nurses. It was explained that while Irish trial sites are financially sustainable, reliance on cyclical Health Research Board (HRB) grants prevents the conversion of many roles into

permanent posts. This challenge is structural and could be resolved through policy change.

On the topic of biobanking, it was noted that Ireland does not currently have a national cancer biobank. A national plan was developed nearly 20 years ago but was shelved during the financial crisis. In the interim, cancer charities have funded several successful site-specific biobanks. These individual efforts are now being brought together through initiatives such as Precision Oncology Ireland, which aims to develop a shared framework and eventually establish a coordinated national biobank system. Political will and shared participation across institutions will be essential for this to succeed.

A broader point was made about Ireland's potential as a connector between European and U.S. cancer research efforts. Participants expressed the view that Ireland, by combining a unified voice with political support, could strengthen its role in transatlantic collaboration.

The meeting concluded with appreciation for the leadership of key individuals who have significantly advanced Ireland's cancer research infrastructure. The Irish Cancer Society was acknowledged for its vital and ongoing support of cancer research and trials, both financially and operationally.

Participants were encouraged to continue this momentum and to contribute to shaping what could become the most impactful cancer strategy Ireland has seen to date.



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