



National Training Day Report 2026

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Key Takeaways and Action Points

Multidisciplinary Research

- The 2026 National Training Day reflected continued expansion beyond medical oncology, with strong engagement from haematology, radiation oncology, surgery, allied health and translational research.
- Cancer trials in Ireland are increasingly delivered through multidisciplinary collaboration. Sustaining this model will depend on early research exposure across all disciplines.

The Hidden Curriculum

- The programme highlighted the importance of mentorship, leadership, professionalism and research culture.
- These are not peripheral skills — they underpin clinical and academic excellence. Supportive research environments and strong mentorship remain central to trainee development and retention.

Research Complexity

- Modern cancer trials are becoming more scientifically and operationally complex, with expanding eligibility, biomarker and governance requirements.
- Strong local research cultures and confident navigation of regulatory systems are increasingly important for trainees and study teams.

Innovation and Artificial Intelligence

- Artificial intelligence is already influencing oncology practice and research. Engagement with AI tools is high, but integration must remain informed and responsible.
- Education and clear governance are essential to ensure AI supports, rather than replaces, clinical judgement.

Patient Voice

- A brief patient contribution at the close of the multidisciplinary session offered a lived-experience lens on the day's themes.
- A central question was posed: What does this progress mean in practice, and what will change for patients?
- Research excellence must ultimately be measured by tangible impact on patient outcomes.

Benefits for Trainees

- Trainee oral and poster presentations demonstrated methodological rigour and strong cross-disciplinary engagement.
- Clinical research continues to provide trainees with skills, networks and professional purpose that extend well beyond individual projects.

Introduction

The 2026 National Training Day took place on 30 January at O'Reilly Hall, UCD, bringing together trainees, consultants, allied health professionals and research leaders from across the oncology community.

This year marked an important evolution in the meeting's structure. While the 2025 event had been delivered in partnership with the Irish Society of Medical Oncology, the 2026 programme formally expanded to include haematology, radiation oncology, surgery and translational research. This broader representation reflected a national research community that extends beyond any single discipline and reinforced the multidisciplinary nature of modern cancer trials in Ireland.

The morning session centred on trainee oral presentations, selected through a competitive abstract process. As noted during the session, 87 abstracts were submitted, of which 20 were selected for oral presentation and the remaining 67 for poster presentation.

The breadth of submissions reflected engagement across specialties and training grades. Subsequent sessions explored barriers to research, discipline-specific developments, and what was described during the programme as the “hidden curriculum” of oncology – including mentorship, collaboration and the responsible integration of artificial intelligence into clinical and research practice. Panel discussions emphasised the importance of sustainable research cultures and cross-disciplinary learning.

Bursary prizes were awarded for outstanding oral and poster presentations. The 2026 National Training Day reflected a research community expanding in scope and becoming increasingly collaborative across disciplines, while remaining mindful that scientific progress must ultimately translate into meaningful impact for patients.



Self-Care, Mental Health and Professional Purpose

The opening keynote addressed the realities of mental health within healthcare, beginning with a challenge to prevailing narratives. Professor Brendan Kelly argued that much of what is commonly presented in media discourse about mental health does not align with population-level evidence.

Drawing on international and national data, he highlighted that global suicide rates have declined significantly since 2000, with similar downward trends in Ireland. Female suicide rates globally have fallen substantially over the past quarter-century, and presentations for self-harm have also reduced. While emphasising that even one suicide is too many, he cautioned against a sense of defeatism, noting that meaningful public health progress is possible and demonstrable.

A significant portion of the address examined contemporary anxieties around social media and technology. Professor Kelly drew comparisons with historical “techno-panics,” referencing past fears about steam power and radio as examples of how new technologies have repeatedly been framed as existential threats to mental wellbeing.

He argued that the current debate around smartphones and social media should be situated within a broader evidence base rather than assumption. Population-level indicators, including youth participation in sport and self-reported loneliness, do not support a narrative of universal decline.

“You’re doing cancer trials. It is hard to think of something that more automatically brings purpose into a life.”



Professor Brendan Kelly, Trinity College Dublin

Turning to practical guidance, the address emphasised that purpose is a powerful protective factor. Working in cancer trials, he observed, inherently provides a strong sense of meaning – something that can easily be taken for granted within busy clinical careers. Recognising and sustaining that sense of purpose is important for professional resilience.

Professor Kelly emphasised the importance of prioritising sleep, maintaining balanced nutrition and engaging in regular physical activity, noting that moderate, consistent exercise is sufficient. Social connection was highlighted as protective, and he encouraged delegates to identify individual strategies for managing stress that are realistic within busy clinical roles.

The emphasis was not on optimisation or perfection, but on sustainable habits that can be maintained over time. In a profession often characterised by intensity and high standards, consistency matters more than short bursts of ideal behaviour. A sustained sense of purpose, he suggested, can provide stability during periods of pressure.

The session set a reflective and data-driven tone for the day, grounding subsequent discussions of research, mentorship and professional development within the broader context of sustainability and wellbeing.

Addressing Barriers and Engaging with Research



**Professor Jarushka Naidoo,
Beaumont Hospital**

Professor Jarushka Naidoo began by situating her remarks in personal experience. She described the session as a reflection on ways of thinking that had helped her in her own career and that might be of use to others in the room. This framing set a practical and encouraging tone.

She opened with a fundamental question: why should we address barriers to research at all? Is research important to medicine? Her answer was unequivocal. Research, she said, is the basis of everything we do in clinical care. The standards, treatments and decisions that shape patient management are all grounded in research evidence.

Engagement in research is therefore not an optional extra or a niche interest. It underpins clinical practice itself. From this starting point, she acknowledged that barriers are real. Trainees and early-career clinicians face competing clinical demands, limited protected time, administrative complexity and uncertainty about how to access opportunities. These challenges can create hesitation and self-doubt. However, the emphasis throughout her talk was on addressing, rather than simply listing, these barriers.

A key theme was agency. While structural issues exist, individuals have more influence over their trajectory than they may realise. Taking initiative, expressing interest, volunteering for projects and actively seeking out conversations can open doors. Waiting for the perfect opportunity or ideal circumstances may mean waiting indefinitely.

Mentorship and sponsorship were presented as critical components of research engagement. Careers develop within networks. Identifying mentors, seeking advice and being open to guidance were described as deliberate acts rather than passive occurrences.

She emphasised that it is important to ask for support and to position oneself within teams and collaborations where growth is possible. She also spoke candidly about the broader context of a research career. Professional success is sustained by personal support. The importance of a strong support network, including supportive personal relationships, was highlighted as a practical and sometimes overlooked factor in long-term career development. Research can be demanding and unpredictable. Having people who understand that commitment makes a difference.

Resilience was another consistent message. Research involves rejection, delays and setbacks. Grants are not always funded. Manuscripts are not always accepted. Projects do not always progress as planned. Rather than interpreting these experiences as evidence that one does not belong in research, she encouraged trainees to view them as part of the process of academic and clinical advancement.

The overall message was constructive and realistic. Barriers exist, but they can be addressed. Research is central to medicine, and engaging with it requires initiative, support and persistence. In setting this tone, the session provided both reassurance and challenge to those considering or building a research career.

NCHD oral presentations (n=20)

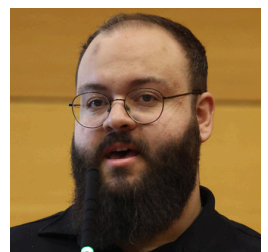
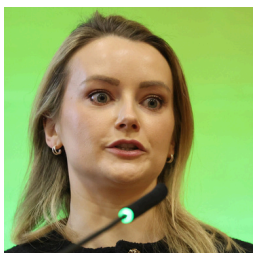
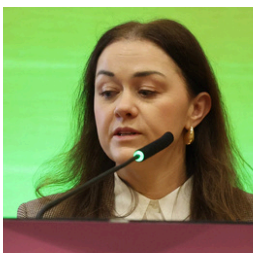
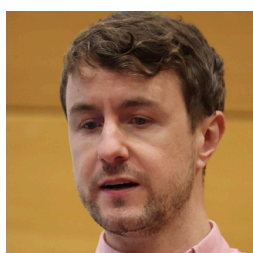
The morning session featured oral presentations selected from a competitive abstract process. As noted during the opening remarks, 87 abstracts were submitted, with 20 selected for oral presentation and the remainder presented as posters.

The breadth of topics reflected the expanding scope of cancer trials activity across disciplines and institutions. The session provided trainees with an opportunity to present their work to a national audience and to engage in discussion with peers and senior colleagues.

Engagement with Colorectal Cancer Screening and Understanding of Colorectal Cancer Symptoms among Immigrant and Minority Ethnic Patients Attending a Colorectal Clinic: An Audit against National Standards	Christina Adesanya BH
Brief Report: Outcomes for Chemo-Radiotherapy and Surgical Resection in Stage I SCLC Patients in Ireland over 28 years (1994-2022)	Kate Coakley BH
Year 1 of START Dublin: Patient Demographics and Clinical benefit at Ireland's First Dedicated Phase I Oncology Unit	Alva Crowley MMUH
A case report of Synchronous de novo Metastatic Rectal and Prostate Cancer	Richard Daly BH
All-Ireland Real-World Insights into Young-Onset Gastroesophageal Adenocarcinoma: A Population-Based Analysis	Oana Deac SJH
National Prevalence and Spectrum of Germline BRCA1/2 Pathogenic Variants in Breast Cancer in Ireland	Rachel Dillon SJH
Bereavement care practices of consultants working in cancer services in Ireland: A national survey study	Kevin Dunne UHL
Acute myeloid leukaemia over 80: are we offering enough?	Dominika Grzegorzek MMUH
Title: Greening an Oncology Day Ward	Alannah Kelly CUH
Great Expectations at End of Life: Pause you who read this. A national review of the impact of dying and death on Doctors In Training.	Mairead Lyons CUH
Prevalence of BRCA1/2 variants in an Ovarian Cancer Cohort: Outcomes from a Nationwide Testing Program	Ciara McNevin SJH
A Single-Centre Audit of Risk-Stratified Radioactive Iodine Therapy in Differentiated Thyroid Cancer	Marriam Nadeem SLH
Clinical characteristics and outcomes of Myeloproliferative Neoplasms in Adolescents and Young Adults: A single-center Irish experience.	Roseann O'Doherty MMUH
Real World outcomes of locally advanced mismatch repair deficient colorectal tumours treated with immune checkpoint inhibitors	Caroline O'Leary SJH

NCHD oral presentations

Proteomic and Transcriptomic Analysis of Early Onset Colorectal Cancer	Mary O'Reilly SVUH
Local Progression -Free Survival and Radionecrosis after Stereotactic Radiosurgery for Brain Metastases at CUH: A Retrospective Audit (Sept 2024 – July 2025).	Loren Poole CUH
Toxicity of locoregional radiotherapy and concomitant CMF chemotherapy .	Monzir Salih SLH
Emerging trends of early-onset colorectal cancer observed in an Irish cohort.	Alice Talbot SJH
Late presentation of metastatic prostate cancer with rare oncocytic component	Ashwini Tittawellaa Mercy, Cork
Exploring the Use of Artificial Intelligence and Large Language Models in Medical Oncology: A National Survey of Healthcare Professionals in Ireland	Omar Totonji UHG



Life Lessons: Advice to My Trainee Self



Professor Suzanne Crowe, Irish Medical Council

Professor Suzanne Crowe delivered a reflective address focused on what she described as the hidden curriculum of medicine. Drawing on more than three decades of clinical and leadership experience, she explored the skills and behaviours that are rarely formally taught but are central to professional development and long-term sustainability in medicine.

She began by noting that while formal training equips doctors with knowledge and technical competence, much of what shapes a career is learned through experience. Communication, professionalism, emotional awareness and the ability to navigate complex systems are developed gradually and often informally. From her perspective at the Medical Council, she observed that a significant proportion of serious complaints have elements of the hidden curriculum embedded within them, particularly where professionalism and relational skills intersect with clinical practice.

Professor Crowe spoke openly about aspects of her own career that did not go to plan, including examinations and grant applications that were unsuccessful. These experiences, she suggested, are rarely visible in professional biographies yet are formative. Becoming comfortable with imperfection and recognising that growth often follows disappointment is part of developing resilience in a high-achieving profession.

Professional agency was another strong thread throughout the session. Training schemes and institutions provide structure, but individuals must actively shape their own trajectory. She reflected on her transition into governance and regulatory leadership, acknowledging how little exposure most clinicians have to these systems during training. Understanding how institutions operate, and identifying gaps in one's own skillset, can open unexpected opportunities.

“You are the author of your own life adventure. You want to take the pen out of other people's hands and write your own story.”

Mentorship was described as a continuing responsibility rather than something confined to early training. Seeking guidance, including from outside medicine, enabled her to develop new competencies when taking on senior leadership roles. Continuous learning, she emphasised, does not end at consultant level. Her advice was also practical. She encouraged trainees to attend meetings in person whenever possible. Professional relationships are often built outside the formal agenda. Email may be efficient, but it cannot replace presence, visibility and connection. Showing up matters.

The session offered reassurance as well as challenge. Careers are rarely linear, and perspective develops over time. Building credibility through consistent behaviour, remaining open to learning and taking ownership of one's path are enduring foundations for a sustainable career in oncology.

Learning from Ourselves and Others

What's Happening in Allied Health

Dr Aifric O'Sullivan



Opening the multidisciplinary session, Dr Aifric O'Sullivan offered a perspective from Allied Health, focusing specifically on nutrition research. She noted that her discipline might appear “not even really medically connected”, but emphasised that nutrition is central to broader health outcomes and therefore to cancer care and survivorship.

Her own research centres on personalised nutrition, but she highlighted a significant shift over the past four to five years: sustainability has become a defining theme in the field. Contemporary nutrition research, she explained, must now grapple not only with individual health, but also with environmental impact. She pointed to the reality that we are living “in a world that’s under pressure” and that food systems contribute substantially to environmental strain, including greenhouse gas emissions.

Her presentation underscored that research in Allied Health disciplines is evolving in step with global challenges, broadening its scope from individual dietary advice to population-level and planetary considerations. In doing so, she illustrated how innovation within cancer research must extend beyond traditional clinical domains to address the wider systems that shape patient health.

What's Happening in Haematology

Dr Janusz Krawczyk



Dr Janusz Krawczyk positioned haematology at the forefront of cancer therapy development, noting that stem cell transplantation, targeted therapy such as imatinib, and early immunotherapies including rituximab were pioneered within the discipline before becoming embedded across oncology practice.

He described the field as entering a new era of immune cell therapies, CAR T-cell treatments and increasingly chemo-free regimens. Bispecific antibodies are becoming routine, and new-generation CAR T therapies are emerging rapidly. He cited the PARADIGM trial in acute myeloid leukaemia as an example of how standards of care may move away from traditional chemotherapy-based approaches.

He also highlighted the complexity these advances bring. Some trials require overseas shipment of cellular material, others involve unfamiliar toxicity profiles such as cytokine release syndrome, and rapid treatment pathways may place additional strain on already under-resourced services.

Describing this as “a very interesting time”, he encouraged those considering careers in clinical trials to engage with these modern technologies, which will shape future practice.

Learning from Ourselves and Others

What's Happening in Medical Oncology Dr Emily Harrold



Dr Emily Harrold outlined what she described as the main themes emerging across oncology. While her examples included a gastrointestinal focus and elements of cancer genetics, she emphasised that these developments are increasingly being applied across tumour sites.

She discussed perioperative sequencing and intensification of treatment in the potentially curative setting, describing this as a key area of change. She then explored the shift towards non-operative management in selected early-stage disease, alongside the earlier use of biomarker-directed therapy in metastatic settings. Circulating tumour DNA, she noted, now features prominently in discussions of innovation, with growing interest in its potential clinical utility.

As an example of emerging work in prevention, she referenced a recently published study examining a vaccine strategy in Lynch syndrome. She concluded by highlighting the integration of adjuvant exercise into the ESMO guidelines for colorectal cancer, describing this as one of the high points of the year.

What's Happening in Radiation Oncology Professor Sinead Brennan



Professor Sinead Brennan presented an Irish-focused update on radiation oncology, centred on Irish-designed Investigator-Initiated Trials (IITs). Many trial concepts, she explained, arise directly from clinical practice, prompted by patient scenarios where the optimal course of action is uncertain, and a study is designed to answer that question.

She outlined the role of IROG, the national radiotherapy clinical trials group funded by the HRB, which unites departments across the country. Since its establishment, the number of consultants acting as principal investigators has doubled, with almost half now actively involved in research. In 2025, nineteen radiotherapy trials were open to accrual nationally, enrolling 299 patients. Half were on Irish-designed trials and 72 percent were interventional.

Examples included the SOURCE lung trial, the INSPIRE prostate SABR trial, and the OPEN trial comparing open and closed immobilisation masks in head and neck cancer. The OPEN trial accrued 230 patients in sixteen months and demonstrated that open masks were as accurate as closed masks while improving patient experience and reducing anxiety.

In concluding, she emphasised mentorship, safety and quality assurance, noting that many of these trials were established without additional funding and arose from a desire to do more for patients. As she said, *“there’s a trial in everybody.”*

Learning from Ourselves and Others

What's Happening in Surgery

Dr Jessie Elliott



Dr Jessie Elliott presented current themes in surgical research, drawing from upper gastrointestinal practice while noting their relevance across specialties.

She identified perioperative care, prehabilitation and enhanced recovery after surgery (ERAS) as major areas of focus. She emphasised that optimisation begins at the first clinic visit, referencing nutrition screening, iron studies and functional preparation. Using the “marginal gains” concept, she described how small, incremental improvements can collectively enhance outcomes in complex surgical patients.

She also highlighted research into operative technique, including the extent of tumour resection and lymph node dissection, as well as evolving surgical access and the implementation of robotic surgery. New technologies, she noted, must be introduced within the context of clinical trials and supported by surgical quality assurance processes.

Additional areas of activity included extended indications for surgery, rationalisation of treatment to achieve organ preservation, and survivorship with structured post-treatment surveillance. Her update reflected the breadth of contemporary surgical research, extending from optimisation before surgery to long-term follow-up after treatment.

What's Happening in the Lab (Translational)

Professor Leonie Young



Professor Leonie Young described how structured, regulated biobanking has transformed translational research. Modern collections now include full consent and clinical annotation. She cited the Breast Cancer Now biobank in the UK, which includes over 11,000 patients across four sites and has distributed 72,000 tissue samples.

At RCSI Beaumont, the breast cancer biobank established in 2012 and formalised through Cancer Trials Ireland in 2016 now includes over 6,000 patients. Its focus on longitudinal sampling from primary tumour through relapse has enabled whole exome sequencing, RNA and methylation profiling, and spatial analysis. This has created one of the largest matched primary-to-brain metastasis collections worldwide and revealed significant molecular subtype switching between primary and metastatic disease.

She highlighted large-scale multi-omic initiatives, including the Mosaic Window study of sixty patients and the Breast Cancer Atlas integrating over 600,000 cells from 138 patients.

Liquid biopsy was illustrated through the SERENA-6 trial, where detection of ESR1 mutations during aromatase inhibitor therapy enabled switching to camizestrant, significantly improving outcomes. She also referenced advances in radiomics and digital pathology, including AI-supported biomarker scoring and predictive modelling.

Learning from Ourselves and Others

The Patient Perspective Miriam Staunton



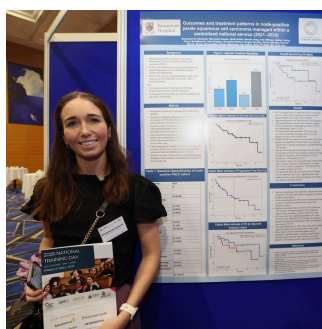
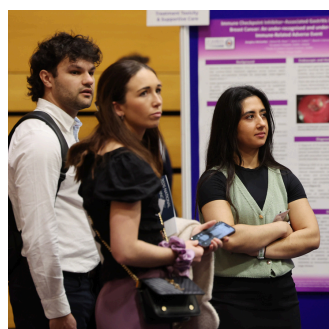
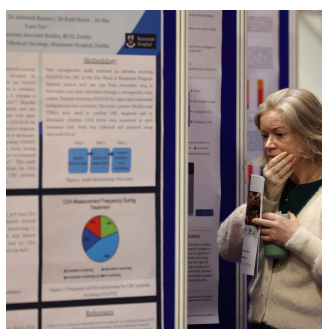
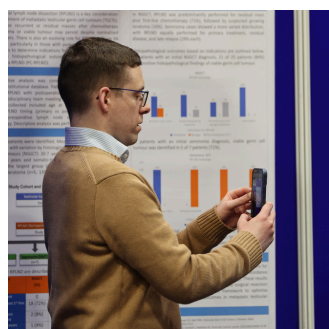
The session concluded with a contribution from patient representative Miriam Staunton, Chair of the UCAN patient advocacy group & member of the Cancer Trials Ireland Patient Consultants Committee and Melanoma DSSG. Acknowledging the breadth and pace of innovation presented, she welcomed the progress described across disciplines but returned the room to a fundamental question: what does this mean for patients in practice?

“For patients, what really matters is... what's the actual impact for me, my treatment, and my quality of life?”

Referencing a survey conducted with the support of Cancer Trials Ireland, she noted that 96 percent of cancer patients are open to discussing clinical trials. The responsibility, she emphasised, should not rest solely with patients to ask. Clinicians must bring trial options forward.

She also highlighted the importance of access to medications and the potential for improved electronic health records to ease data access for research. Finally, she pointed to the significance of de-escalation studies, where improved outcomes may be achieved with less treatment burden and lower cost. Her contribution served as a reminder that scientific progress must translate into tangible impact on treatment, quality of life and access for patients.

Poster Presentations (n=67)



The Hidden Curriculum

The Importance of Mentoring in Oncology Research

Dr Killian Nugent



Dr Killian Nugent opened the final session by exploring mentorship as a central element of the hidden curriculum in oncology. He described mentorship as often occurring organically in training and clinical practice but rarely embedded in a structured or formal way.

He began by asking the audience to reflect on their own mentors and the individuals who influenced their speciality choice or supported their academic development. Drawing on the origins of the word “mentor” in Greek mythology, he distinguished clearly between supervision and mentorship. Supervision, he explained, is project-focused and centred on delivery. Mentorship is career-focused, supportive, and based on long-term professional development and trajectory.

Situating this within oncology, Dr Nugent described the field as uniquely demanding and rapidly evolving. He reflected on how dramatically multidisciplinary discussions in lung cancer have changed over the past decade, driven by clinical trial data.

“Talent alone is insufficient without guidance.”

Modern trials require an understanding of ethics, governance and funding, alongside managing a high emotional and clinical workload. In this context, he emphasised that ability alone is not enough.

He noted that the research pipeline is fragile, with multiple attritional moments where clinicians may disengage from research. Evidence shows a high dropout rate in clinical scientist pathways, and mentorship is strongly associated with retention.

Dr Nugent presented supporting data. A study of 158 academic radiation oncologists showed that faculties with mentorship programmes had higher publication rates and higher-quality output. North American survey data indicated that approximately 50 percent of radiation oncology trainees felt they did not have direct access to a mentor. He also referenced a systematic review of fourteen publications demonstrating that formal mentorship programmes were associated with improved research productivity, increased confidence in achieving career goals and greater work-life satisfaction.

As a practical example, he described a formal mentorship programme at Princess Margaret Cancer Centre, where mentors and mentees agreed clear academic and clinical goals, met regularly and signed non-disclosure agreements to support psychological safety. Evaluation identified key features of effective mentorship, including respect, explicit expectations, constructive feedback and sponsorship.

In the Irish context, he suggested that while informal mentorship already occurs within training schemes, there is an opportunity to embed a more systematic framework, particularly at key transition points such as entry into higher specialist training or new consultant appointments. He concluded by inviting reflection on where mentorship currently sits within oncology training in Ireland, and what meaningful, structured mentorship might look like locally.

The Hidden Curriculum

AI in research and in the clinic

Dr Mark Dornan



Dr Mark Dornan examined artificial intelligence as an emerging but already influential element of the hidden curriculum in oncology. He suggested that while AI is often discussed as a future development, it is already shaping daily research and clinical practice — frequently in informal, unstructured ways.

Drawing on the concept of hidden curriculum, he argued that institutions teach through what they leave unsaid. In the case of AI, clinicians and academics are already using tools to draft emails, prepare presentations, summarise literature, and refine grant or protocol documents. These activities are rarely acknowledged formally or embedded within curricula, yet they are quietly influencing professional habits and expectations. In that environment, assumptions can form quickly about efficiency, productivity and speed.

He described the scale of oncology data as now overwhelming for individuals to process manually. The volume of information generated across imaging, genomics, trials and electronic records continues to expand rapidly. AI, in this context, becomes a response to information overload rather than a novelty. He outlined its use in evidence synthesis, summarising research outputs, adapting core documents across ethics and funding applications, and reducing repetitive administrative workload.

In education, he referenced the development of a chatbot to support evidence-based nursing practice, alongside AI-powered simulated patients used in advanced assessment training. Students can conduct consultations with these simulated patients and then review detailed transcripts against national standards, allowing structured reflection and feedback. These applications demonstrate how AI can augment learning while still requiring critical engagement.

He also pointed to expanding clinical applications, including screening, imaging, risk stratification, biomarker-informed decision-making and clinical trial matching. However, he emphasised that enthusiasm must be tempered by governance. Professional guidance from oncology societies highlights transparency, accountability and the need for human supervision when using large language models in clinical contexts.

Dr Dornan cautioned strongly against over-reliance. AI systems can generate fabricated references and hallucinated outputs, and these must be actively verified. Bias can be embedded within datasets and reproduced at scale. He also raised sustainability concerns, noting the energy demands of large data systems and the need to consider environmental impact.

Ultimately, he returned to the human dimension of care. Technology may support workflow and decision-making, but it does not assume moral responsibility, nor does it replace professional presence.

***“AI can replace processes,
AI can support decisions,
but it will never, ever
replace personality or
human judgment*”**

The Hidden Curriculum

Driving Collaboration in Cancer Research Professor Ruth Clifford



Professor Ruth Clifford centred her talk on collaboration as a deliberate strategy for strengthening cancer research. Using the Limerick Cancer Centre as an example, she described how developing a sustainable and future-proofed portfolio required intentional partnerships across hospital, university and national structures.

Based in a region with an increasing but aging and predominantly rural population, the team reassessed their strategy when applying for HRB funding. They focused on the five most common cancers, sought to diversify their portfolio, and prioritised equitable access to clinical trials. As a smaller centre with a relatively young academic footprint, she emphasised that it was not possible to “do everything,” making collaboration essential.

She outlined building relationships across patients and carers through a growing PPI group, local and national principal investigators, hospital leadership, the University of Limerick, national bodies including the NCCP and Cancer Trials Ireland, and industry partners. Clinical and scientific leads were appointed across disease areas, forming interdisciplinary groups spanning translational science, biobanking, survivorship and quality of life research.

Addressing inequality in the Midwest, she described efforts to reduce barriers for older adults, rural participants and socially disadvantaged patients. Following scoping reviews, a key worker, functioning as a patient navigator, was appointed within the trials unit to identify practical barriers and connect patients with existing supports, aiming to improve enrolment and retention.

Collaboration extended beyond Limerick. Strengthened referral pathways with Cork, Galway and St James’s aimed to ensure patients could access trials not available locally. In partnership with the University of Limerick, a clinical trials “scraper” algorithm was developed to match inclusion and exclusion criteria against newly diagnosed or relapsed patients, streamlining identification and referral.

She also highlighted the importance of real-world evidence, referencing work linking electronic healthcare records with cancer registry data across 1.7 million patients and eight cancers. Through the €4 million HEA-funded eHealthHub programme, data are being harmonised across centres in both the Republic and Northern Ireland, with expansion planned to eleven sites.

Finally, she described the formation of the Irish CLL Alliance, bringing together clinicians and scientists to formalise national collaboration and strengthen international engagement. Presenting data from Limerick, she showed a steady rise in drug trials opened per year across oncology and haematology, noting the impact of dedicated research time:

“Since I had protected time in twenty twenty-two, we can start to see there’s an increase in the haematology studies.”

Her experience demonstrated how sustained collaboration, aligned with a clear strategic framework, can expand capacity and strengthen research delivery within a regional centre.

The Hidden Curriculum

Breaking Down Silos and Building a Unified Research Team in Cork

Dr Laia Raigal



“Silos don’t just hurt outputs, they hurt people.”

The team deliberately sought external strategic consultation to ensure the framework was realistic and actionable. Following this review, the framework was refined and Cork’s value proposition clearly articulated.

Dr Laia Raigal focused her contribution on breaking down silos as a practical and ongoing effort within cancer research in Cork. She argued that silos slow science. When teams work in parallel rather than together, duplication occurs, communication fragments, decisions slow, and opportunities are missed. In cancer research, she said, that cost is too high.

She described significant structural developments in recent years, including the establishment of the UCC Cancer Trials Group in 2022 and OEI accreditation for the CUH UCC Cancer Centre. These were not simply “badges,” but enablers that strengthened relationships between hospital and university teams that had previously operated separately. New roles, including an academic study coordinator supporting investigator-initiated trials, added capacity, while Cancer Research UCC provided a unifying umbrella and leadership committed to integration.

The central question, she explained, was how to bring these elements together into a unified ecosystem. For Cork, that meant shared platforms, joint grant applications and teams solving problems collectively. Recognising legacy structures, communication gaps and resource competition as real barriers, a leadership group was formed in 2023 to draft a research framework.

She outlined a mission to integrate clinical expertise, research and patient voice in order to accelerate translation from bench to bedside. Three interconnected research themes were defined: cancer therapeutics; the cancer microbiome; and Living Well, focused on survivorship and quality of life. These themes were deliberately aligned, she noted, because patients do not experience cancer in silos.

A major emphasis of her talk was culture. She described two complementary cultures required to sustain progress. Innovation culture supports curiosity, new ideas and investigator-initiated trials. Operational excellence culture provides governance, process and consistency. Innovation without operational excellence leads to ideas that do not scale; operational excellence without innovation leads to stagnation. Both must function together.

She concluded with early indicators of progress. One in four patients enrolled over the last five years came through investigator-initiated trials. Performance in a haematology trial area exceeded 15 percent recruitment, compared with national and OEI benchmarks. Operational processes have improved through closer collaboration and in-person engagement, and structured mentorship and fellowship programmes are supporting talent development.

Closing Remarks and Prize Presentations

In his closing remarks, Professor Seamus O'Reilly reflected on the day's central theme: how to begin and sustain a research career in a demanding clinical speciality. He acknowledged the emotional labour inherent in oncology and the additional challenges faced by those seeking to embed research within busy clinical roles. The purpose of the meeting, he noted, was not only to showcase research but also to equip trainees with the skills, perspective, and community needed to build fulfilling and sustainable careers.

He thanked those involved in organising the day and the many speakers who had contributed their time and insight. He also paid tribute to the trainees who had presented, recognising both the quality of the work on display and the courage required to stand up and share research publicly. The standard of presentations had been widely praised, and he emphasised how fortunate the oncology community is to have such engaged and capable future colleagues.

Prizes were then awarded to the poster and oral presentation winners.

Poster Prize Winners

Omar Totonji, University Hospital Galway
Janet Moyle, Beaumont Hospital

Oral Presentation Prize Winners

Oana Deac, St James's Hospital
Mary O'Reilly, St Vincent's University Hospital
Kevin Dunne, University Hospital Limerick

In presenting the prizes, Professor O'Reilly highlighted the importance of mentorship and the strength of the oncology community as a whole. He concluded by reaffirming Cancer Trials Ireland's pride in supporting a dynamic and collaborative research network and expressed confidence in the impact this generation of clinicians will have on cancer trials and patient outcomes in Ireland.

