cancer trials ireland

Together, we're finding answers to cancer.

PRE-BUDGET SUBMISSION 2027

OUR ASKS

ASK #1:

Create a €250k seed fund to support Cancer Trials Ireland and trial sites nationally to commence implementation of the NCTOG recommendations through collaboration with CTAC.

ASK #2:

Fund a critical role to improve trial start-up times in Ireland.

ASK #3:

Create a national “Optimisation Trials” fund.

EXECUTIVE SUMMARY

Cancer clinical trials improve outcomes for people with cancer by providing access to new treatments, generating evidence that changes practice and strengthening the quality of care. They also deliver significant value to the State through avoided treatment costs, attracting inward investment, fueling Life Sciences sector activity and underpinning national productivity by fostering a more resilient population.

Cancer Trials Ireland is seeking €1,121,586 in additional Government funding through Budget 2027. This is a targeted investment in patient access and health-system efficiency and will boost Ireland's competitiveness as a location for high-trust, high-quality cancer research. A limited sample of recent trials generated an estimated €14.8 million in drug-cost savings and €36.7 million in inward investment, demonstrating the return that further investment can unlock.

CANCER TRIALS SAVE LIVES AND IMPROVE QUALITY OF LIFE.

First and foremost, cancer clinical trials improve patient outcomes. They provide access to innovative therapies that would otherwise be unavailable while ensuring enhanced clinical oversight and high-quality multidisciplinary care throughout the trial. Evidence consistently shows that participation in clinical trials is associated with improved outcomes, reflecting both access to novel treatments and the wider benefits of delivering care within a research-active environment.

INVESTING IN CANCER TRIALS MEANS INVESTING IN OUR ECONOMY.

Trials not only drive innovation - they also deliver substantial overall cost savings and inward investment.

- Cancer Trials Ireland estimates that 18 cancer trials opened over the past four years, involving 249 patients, directly generated €14.8m in drug cost savings (2021-2025).
- Six trials generated €36.7m in inward investment through new investigational medicinal products (2021-2025).
- The Irish Pharmaceutical Healthcare Association figures show a further Health R&D "Transfer of Value" to Irish researchers and institutions of more than €61m between 2021 and 2024.

These savings estimates exceed total Government funding for Cancer Trials Ireland over the past two decades.

At the time of submission, there are 158 cancer trials open for recruitment in Ireland, with a further 152 trials in development / at pre-approval stage. Many of these new trials will open in 2027. 3,169 cancer patients (plus 1,757 people at high risk of developing lung cancer) were recruited to cancer trials in 2025. This is a 13% year-on-year increase. Based on projected figures, we anticipate that the 2027 treatment drug cost avoidance figure will greatly exceed the €1,121,586 in funding requested in this submission.

TRIALS MUST SIT AT THE CENTRE OF NATIONAL CANCER AND RESEARCH POLICY.

The current National Cancer Strategy (2017–2026) states that cancer clinical trials "should be a core activity of cancer centres". It sets a KPI to enrol 6% of patients with cancer in interventional trials annually. With this figure currently sitting at 2.9% (2025 data), it is essential that Ireland moves towards a model of multi-year, sustainable funding for cancer trials. The National Cancer Strategy also called for the National Cancer Research Group to examine Cancer Trials Ireland's funding stability to enable longer-term, multi-annual commitments. This submission aligns with that approach by proposing three, relatively low-cost but impactful additional initiatives.

The next National Cancer Strategy must not only prominently feature cancer trials and research but also outline a costed plan to enhance Ireland's position as a destination of choice for high-trust, high-quality cancer research. Targets in line with OECI accrual targets (10%) should be applied, with interim targets matched to increased investment.

In tandem with development of the next National Cancer Strategy, the research landscape in Ireland is evolving. For instance, the National Clinical Trials Oversight Group (NCTOG) published its Final Report in Q4 2025, which features twenty recommendations, including: 1) a Clinical Trials Advisory Council (CTAC) to be established by Q1 2026 and 2) a National Clinical Trials Body by Q3 2027. The HRB Transition Grant (Jan 2027 – Mar 2028) will provide a bridge between the current and future funding models. Cancer Trials Ireland, as the national network for cancer trials, will be positioned not simply to conclude a transition, but to continue as an integral component of Ireland's sustainable national clinical trials ecosystem.

The Minister of Health, presenting Ireland's EU Presidency health programme, themed "investing in health to enable competitiveness", to the European Parliament's SANT Committee on 13 July 2026, confirmed the Presidency's first strategic focus: leading discussions on the future of medicines, promoting innovation in life sciences, clinical trials and regulatory frameworks.

The current reality is that Ireland severely lags behind European peers with similar populations, education levels, and GDP per capita (Switzerland and Denmark), and even less wealthy peers like Finland, in open cancer clinical trials. Successive HRB funding cuts hamper trial set-up at a time when the value of trials is being recognised and demonstrated both within and beyond Government.

Among the public in Ireland, support for trials is strong (2024): 62% say they would be willing to take part in a clinical trial. 79% agree that trials provide patients with access to treatments not otherwise available. If multi-year, sustainable funding is provided to grow our clinical trials base, we will achieve internationally benchmarked accrual targets and elevate Ireland's position within the global research environment.

TRIAL START-UP TIMES – THE CRITICAL FACTOR FOR GLOBAL COMPANIES AND GROUPS.

Cancer Trials Ireland's 35 meetings with pharmaceutical companies and collaborative groups at the ASCO 2026 conference in Chicago underscored the primacy of start-up timelines: start-up performance is uniformly recognised as the single most critical factor in selecting host countries for trials.

This fact energises and guides Cancer Trials Ireland's activity.

Improved trial start-up times are a consistent theme of the NCTOG Final Report. In the Minister's own words, the NCTOG identified key challenges including "inefficiencies in clinical trial start-up and delivery", and start-up times are referenced under four of the twenty recommendations (5, 11, 12 and 15).

The NCTOG likewise identifies the opportunity to leverage Ireland's global leadership in pharmaceutical and Medtech manufacturing to drive greater industry investment and economic growth. Increasing the State's long-term investment in clinical trials would demonstrate commitment to this sector, in line with the Programme for Government 2025, the upcoming National Life Sciences Strategy, and the IDA Strategy on Sustainable Growth and Innovation (2025–2029).

Prof Donal Brennan, former Chair of NCTOG, has argued that while Ireland cannot compete with larger EU nations, it can become a leader within its tier. Achieving this will require investment across Government, including from the Departments responsible for health, enterprise, finance and higher education. To strengthen Ireland's position, he believes ***"you need to have a very, very active and well-funded and very agile clinical trials infrastructure in place."***

CTAC will be tasked with implementing the recommendations from NCTOG. Cancer Trials Ireland welcomes and vigorously supports the Government's work to improve the trials environment through CTAC. However, this positive action must be matched by seed funding to support CTAC's timely implementation of the NCTOG recommendations.

ASK #1: CREATE A €250K SEED FUND TO SUPPORT CANCER TRIALS IRELAND AND TRIAL SITES NATIONALLY TO COMMENCE IMPLEMENTATION OF THE NCTOG RECOMMENDATIONS THROUGH COLLABORATION WITH CTAC

The NCTOG Final Report's first two recommendations are the establishment of a Clinical Trials Advisory Council (CTAC) to implement the NCTOG recommendations (Recommendation 1), and that CTAC manage the transition process to oversee the establishment of a National Clinical Trials Body by Q3 2027 (Recommendation 2).

The Report is explicit that delivery of its recommendations will require coordinated action across government, the health system, industry and academia.

ASK #1 would provide practical support during a key period of NCTOG recommendations implementation.

It also answers the National Cancer Strategy 2017–2026, which calls for the stability of Cancer Trials Ireland's funding to be examined with a view to enabling it to support longer-term, multi-annual commitments and to complete research of critical national importance (NCS §15.5).

Ask	Rationale	Policy alignment	Cost	Rationale for cost
Create an 'NCTOG recommendations implementation fund' for Cancer Trials Ireland and sites.	Such a fund would resource sites and Cancer Trials Ireland to commence implementation of the recommendations, instructions and directives of CTAC, with a view to preparing full readiness for the establishment of the National Clinical Trials Body.	NCTOG Recommendations 1 & 2 and "Next Steps"; NCS §15.5	€250,000	Partially support key personnel / roles in adopting NCTOG recommendations. (A business case can be provided on request)

ASK #2: FUND A CRITICAL ROLE TO IMPROVE TRIAL START-UP TIMES IN IRELAND

Improving trial start-up timelines is essential to opening more studies in Ireland, recruiting patients sooner and strengthening Ireland's competitiveness as a high-trust, high-quality location for clinical trials. Cancer Trials Ireland is therefore seeking funding for a Site Set-Up Specialist in 2027 to support sites in streamlining the green-light process, accelerating study activation and developing more consistent national start-up timelines.

The role would directly support implementation of the NCTOG recommendations and help address a barrier repeatedly identified by pharmaceutical companies and collaborative groups as critical when selecting countries for trials. Faster start-up would help attract more studies to Ireland, generate further treatment-cost savings and give patients earlier access to research opportunities.

Ask	Rationale	Policy alignment	Cost	Rationale for cost
Fund a Cancer Trials Ireland based Site Set-Up Specialist (1.0 FTE).	This resource will support sites to streamline their 'green light' process, accelerate study activation and hence patient recruitment, and develop nationally consistent study start-up timelines, in line with NCTOG Recommendations.	NCTOG Recommendations 5, 11 & 15; NCS §15.5	€71,586 for 2027	Market value of role. (A business case can be provided on request)

ASK #3: CREATE A NATIONAL "OPTIMISATION TRIALS" FUND

In some instances, less treatment is better treatment. "Optimisation trials" test whether a cancer drug that is already approved for use can safely be given at a lower dose, given less often, or stopped sooner. When the answer is yes, patients experience fewer side effects and spend less time in treatment, including fewer hospital appointments, allowing them to return to work and normal life sooner. Fostering a more resilient population underpins national productivity. The State, meanwhile, spends less on the drug, extending the reach of the HSE's annual drug budget. Cancer Trials Ireland is developing an umbrella model to run these trials in Ireland, acting as trial sponsor, with the NCCP and NCPE providing support on impact analysis and health economics. The funding sought under this ask is separate to the HRB transition grant.

This ask aligns with the National Cancer Strategy's design principle that "Optimal cancer care should be closely integrated with a cancer research programme, including clinical trials" (NCS §8.1), and would contribute to the Strategy's stated goal of enrolling 6% of patients with cancer on interventional trials annually (NCS §15.6; KPI No. 20). It also reflects the NCTOG Final Report's framing of trials as both a healthcare imperative and an economic priority, and Recommendation 7's call for a delivery model that optimises the impact of State investments, including through strategic partnerships - here, between Cancer Trials Ireland, the NCCP and the NCPE.

Ask	Rationale	Policy alignment	Cost	Rationale for cost
Establish umbrella model annual funding to enable Cancer Trials Ireland to open optimisation trials	Optimisation trials reduce costs to the State, and decrease toxicity / treatment burden for patients, which leads to a quicker return to work / normal life and less overall burden on the health system.	NCS §8.1 and KPI No. 20; NCTOG Recommendation 7	€800,000	Year 1 support required to advance three optimisation trials; each trial anticipated to cost €1.2m, generating a 2x to 3x savings per trial (with far greater savings should outcomes become practice changing).

HAVE QUESTIONS? PLEASE CONTACT US

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