cancer trials ireland

Together, we're finding answers to cancer.

2025 ANNUAL REVIEW





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VISION

Maximise cancer trial access and outcomes to prolong patient lives and expand cancer research in Ireland.

MISSION

To be an indispensable all-Ireland hub for cancer trials, globally recognised for excellence in governance, collaboration and innovation in clinical research.

OUR TEAM



Angela Clayton-Lea, CEO



Deirdre Somers, Chair of the Board of Directors



Prof Seamus O'Reilly, Clinical Lead



Prof Gerry Hanna, Vice Clinical Lead



Patrick Kivlehan, Chair of the Patient Consultants Committee

WHO WE ARE

Cancer Trials Ireland represents a national network of clinical specialists, researchers and other key stakeholders who join around the mission to drive evidence-based improvements in cancer outcomes. Cancer Trials Ireland had 773 members at the end of 2025.

Over 95% of all cancer-treating specialists in Ireland are members of Cancer Trials Ireland. The organisation's trials are carried out by eight Cancer Clinical Trials Groups (six of which are funded by the Health Research Board), supported by 19 linked hospital-based Cancer Trials Units across the country, with a central team of clinical researchers, project managers, data managers and other experts providing further support.

In addition to sponsoring and managing its own in-house academic trials, Cancer Trials Ireland also collaborates with over 90 international research groups and global pharmaceutical companies, generating substantial inward investment and giving cancer patients access to innovative treatments. Cancer remains both a global and national health issue.

In Ireland, one in two people will receive a life-threatening cancer diagnosis during their lifetime. Historically, most of these diagnoses would have led to premature death.

However, decades of research and clinical trials mean that effective treatments and interventions now exist for some cancers, and overall, more than six out of ten patients receiving an invasive cancer diagnosis will live at least five years afterward, with many cured of cancer rather than dying from it.

According to the National Cancer Registry of Ireland (NCRI), close to 25,000 people received an invasive cancer diagnosis over the timescale of this report. While the age-adjusted rate of cancers has remained mostly stable, our ageing population means the overall number of cancers is projected to double within our lifetime.

The 2017-2026 National Cancer Strategy specifically highlights the vital importance of research and trials and commits to building on the significant successes of previous strategies. Reflecting this commitment, a key element of this third National Cancer Strategy, developed in 2016, was the key performance indicator (KPI) to double the number of patients on interventional (drug) trials from 3% to 6% by 2020. In 2025, our figures indicate that approximately 2.8% of Irish patients were on interventional clinical trials, with 12.5% of cancer patients accrued across interventional and non-interventional studies (Cancer Trials Ireland data).



FROM THE CHAIR

I want to begin by thanking Eibhlín Mulroe, who stepped down as CEO of Cancer Trials Ireland in 2025 after ten years at the helm.

Eibhlín oversaw the restoration of funding levels to Cancer Trials Ireland, following cuts in 2016. She helped to establish Cancer Trials Ireland's Biometrics division, and marshalled significant increases in trial activity. Eibhlín also steered the organisation through two exceptionally difficult periods: the COVID-19 pandemic and the cyberattack on the HSE, both of which profoundly impacted clinical trials.

I am delighted to welcome Angela Clayton-Lea into the role of CEO, appointed in June 2025. Angela has immediately built on her work as Chief Operations Officer: to relentlessly focus on "time to first patient" streamlining the trial start-up process, reducing bureaucracy and continuing to improve the speed and efficiency of opening trials in Ireland. Angela leads a passionate organisation that is forthright and proactive in identifying the challenges facing cancer clinical trials in Ireland, and patients on those trials and, importantly, in developing practical steps to address them.

The central focus and concern of the Board during 2025 was funding. Clinical trials are multi-year financial commitments, and it is essential that our funding model reflect this. Also, the key barrier to more trials in Ireland is funding. The Irish Cancer Society remains a major and stalwart funder, which has agreed a generous multi-year funding model with us. There remains an underappreciation at State level of the value of cancer clinical trials, both in terms of outcomes for patients and the economic benefits to the health system. Cancer Trials Ireland's *Value of Cancer Trials* report, launched in November 2025, demonstrated the substantial savings that trials can generate for the health service, as well as the significant inward investment they bring to Ireland.



Yet these savings and benefits continue to be delivered against a backdrop of fixed, relatively modest or even slightly diminished funding for Cancer Trials Ireland in the most recent Health Research Board grant cycle.

Ensuring that Ireland has a sustainably funded cancer clinical trials infrastructure will therefore remain a priority for the Board. This is essential not only to increase the number and range of trials available here, but to ensure that more patients across Ireland have the opportunity to participate in clinical trials, research and access innovative treatments.

I want to thank my colleagues on the Board for their continued commitment throughout 2025. The Board provides governance and strategic oversight to Cancer Trials Ireland while supporting the organisation in addressing the wider challenges facing cancer research nationally. I want to pay particular tribute to Professor Risteard Ó'Laoide, who stepped down from the Board in November 2025. Prof Ó'Laoide provided the Board with excellent advice in his capacity as the Director of the National Cancer Control Programme.

FROM THE CEO

National leadership and coordination
Cancer Trials Ireland's 2025 Cancer Retreat demonstrated a community that is aligned in its ambitions for cancer clinical trials and ready to move forward together. Turning that ambition into impact will require coordination, continuity and effective leadership, and Cancer Trials Ireland has an important national role to play in providing that framework.

As the national network for cancer clinical trials, we act as an anchor point for the cancer trials ecosystem, connecting clinicians, clusters, funders and patients and helping to ensure that trials are available, accessible and aligned with national needs. We sponsor an extensive portfolio of studies, including Investigator-Initiated Trials, and partner on collaborative and industry-led trials across the country.

An important part of that national role is our leadership and facilitation of the Disease Specific Subgroups (DSSGs). These groups bring clinical leaders together to review trial activity, assess opportunities and enable new studies to open, helping to ensure that clinical trial leadership remains connected, informed and nationally aligned.

Building the system Ireland needs
Our focus extends beyond individual trials to the infrastructure and environment required to support a sustainable national clinical trials system. We need a strong national voice for the cancer trials workforce, particularly at a time when staff shortages and short-term contracts remain challenges. Stable funding and sustainable career pathways will be essential if we are to retain the expertise on which clinical research depends.



We are also continuing to address data and process barriers and to explore how a national trials platform could support greater digital and operational efficiency. This complements the work already taking place within Cancer Trials Ireland to streamline processes and improve the environment for opening and delivering trials.

Academic and investigator-led research is another important part of our national role. We want to continue supporting investigators in turning good ideas into operational cancer trials, building on Cancer Trials Ireland's strong track record and expanding this approach into areas such as surgical oncology.

Equitable access must remain central to this work. Strong public and patient involvement, effective collaboration across clusters and a national approach to trial availability are all important if patients are to have appropriate opportunities to participate in research regardless of where they receive their care.

Funding and strategic planning
A sustainable national clinical trials system requires a funding structure that allows us to plan for the longer term. We continue to engage with Government, the Health Research Board and other key decision makers to advocate for streamlined processes, transparent feedback and longer-term strategic funding cycles.

During the summer, the Irish Cancer Society completed a comprehensive review of our performance and our existing Memorandum of Understanding (MOU), with positive results. We have subsequently signed a new contract with the Irish Cancer Society which ensures continued funding for Cancer Trials Ireland at €1 million per year for a further three years (with the option to extend to five years, should both parties agree). This provides important certainty and represents a significant endorsement of our work.

We also gathered feedback from Health Research Board (HRB) grant recipients during the year to identify the strengths and challenges of the existing funding model. This provides useful evidence for our continuing engagement with the HRB and Government as we make the case for a more sustainable approach to funding cancer clinical trials.

Strategy and Government engagement
Our Stakeholder Meeting in March provided an important opportunity to consider how cancer research and clinical trials can be more firmly embedded in the next National Cancer Strategy. Research should not be regarded as something separate from cancer care. It needs to be recognised as an integral part of delivering high-quality cancer services.

This was reinforced at our Cancer Retreat in May, where Professor Donal Brennan presented an interim update from the National Clinical Trials Oversight Group. A central message was that clinical trials should be viewed as core health service activity rather than an ancillary activity.

The discussion also underlined that responsibility for strengthening Ireland's clinical trials environment extends beyond the Department of Health. Clinical research brings benefits across health, enterprise, finance and higher education, and a coordinated approach across Government will be important if Ireland is to realise its full potential.

We also support the proposal that research activity should become a hospital Key Performance Indicator (KPI). Giving research greater visibility in how hospitals measure their performance would help ensure that it receives appropriate recognition and priority within the health service.

Collaboration and international engagement
Our international relationships remain an important part of ensuring that Irish patients have access to high-quality clinical trials. The European Society for Medical Oncology (ESMO) conference in October provided an opportunity to develop potential collaborations with international research groups and industry partners, with grant applications and contractual discussions progressing from a number of those engagements.

Ireland is competing internationally for research and investment, so we need both the infrastructure to deliver trials effectively and strong relationships with the groups and companies deciding where studies will take place.

Evidence and advocacy
November was an important month for our advocacy work. The publication of our Value of Cancer Trials report provided further evidence of the benefits that trials bring to patients, the health service and the wider economy. We will use that evidence to strengthen our case for greater and more structured State investment in cancer clinical trials.

The final National Clinical Trials Oversight Group (NCTOG) report was also published in November. Its recommendations provide an important opportunity to address longstanding challenges in Ireland's clinical trials environment, and we will continue to support their implementation through engagement with Government and other stakeholders.

National research strategy
During the year, we continued to contribute to the development of Ireland's National Cancer Research Plan through our membership of the HSE National Cancer Control Programme (NCCP) National Cancer Research Group, chaired by Prof Donal Brennan. This provides another important opportunity to ensure that clinical trials are properly embedded within the future direction of cancer research in Ireland.

Public & Patient Involvement (PPI)
Patient involvement remains central to our work. Towards the end of the year our podcast series covered the Value of Cancer Trials Report, the ENGOT collaboration with the Gynae DSSG and the experiences of patients who have participated in clinical trials.

Our Patient Consultants Committee also continued to ensure that patient and public perspectives inform our research and how we communicate about it. Best practice PPI must remain an important part of our national role, both in the design and delivery of research and in helping patients and the wider public understand the opportunities clinical trials can provide.

Looking ahead
The work undertaken during 2025 has reinforced both the opportunity and the scale of the task ahead. We need sustainable infrastructure and funding, an appropriately supported workforce, more efficient processes, strong investigator-led research, meaningful patient involvement and greater coordination across the cancer trials community.

No single organisation can deliver that in isolation. Our role at Cancer Trials Ireland is to provide national leadership while continuing to connect and support the clinicians, researchers, patients, funders and partners who make cancer clinical trials possible.

We believe Ireland can be a leader in cancer clinical trials, and at Cancer Trials Ireland we are proud to be driving and supporting that ambition.



FROM OUR CLINICAL LEAD

Streamlining and performance
Streamlining clinical trial set-up was a central priority for us during 2025, with a particular focus on reducing time to first patient and making our start-up timelines more predictable. Our strengthened Start-Up Team brought together expertise across contracts, data protection, regulatory and ethics processes and worked closely with sponsors, programme managers, the HSE Research Office and individual hospital sites. Adopting HSE national clinical trial templates also helped reduce timelines.



By the final quarter of the year, we were seeing measurable improvements across a range of start-up metrics:

KPI Text	Q3 24	Q3 25	Q4 25	% Change this quarter
Overall median days from SMG approval to first site activation	n/a	457	388	↓ 15%
Draft Head Contract (Sponsor or funder) ready to review (Day 0), to execution	254	137	90	↓ 34%
Site agreement issued → site agreement executed	n/a	143	73	↓ 49%
Clinical Trial Agreement received to site activation	468	344	219	↓ 36%
EC approval to 1st site activation	317	244	229	↓ 6%
SIV to activation (each site)	n/a	22	12	↓ 45%

Median time from SMG approval to first site activation fell from 457 days in Q3 to 388 days in Q4, a 15% reduction. Median time from draft head contract ready for review to execution fell from 137 days to 90 days, a 34% reduction. Median time from site agreement issued to execution fell from 143 days to 73 days, a 49% reduction.

Median time from receiving the Clinical Trial Agreement to site activation fell from 344 days to 219 days, a 36% reduction. Median time from ethics committee approval to first site activation fell from 244 days to 229 days, a 6% reduction. Median time from Site Initiation Visit to activation fell from 22 days to 12 days, a 45% reduction.

We also made progress on GDPR, which had previously been a significant source of delay and inconsistency in trial set-up. Through collaboration across the research community, we were able to clarify approaches and develop workable solutions, to the extent that the conversation has now largely moved on from the GDPR challenges that had occupied so much of our attention.

Developing the next generation
Succession was another major theme for us during 2025. We need to continue broadening our investigator community and creating opportunities for the next generation of clinical trial leaders. Our National Training Day in January saw strong engagement from NCHDs, including through the ISMO Bursary, which was encouraging to see.

We also encouraged our more recently appointed consultants to use meetings such as ASCO and ESMO to develop relationships with industry and international collaborative groups. Prof Gerry Hanna (Vice Clinical Lead), the CTI team and I worked to facilitate those connections, and at ESMO in October we saw recently appointed consultants engaging directly with companies and international collaborators to explore opportunities for new trials.

Succession is ultimately about combining the enormous experience of our established investigators with the ideas, energy and digital fluency of the emerging generation of researchers. That will be important to the future strength of the organisation and of cancer clinical research in Ireland.

Recruitment and DSSG activity
Recruitment remained an important operational focus throughout the year. The Breast DSSG established a monthly recruitment meeting to review activity and identify opportunities to improve accrual. We saw this as an approach that could be extended across the other DSSGs to provide a more consistent focus on recruitment.

Strategy and stakeholder engagement
Our Stakeholder Meeting in March gave us an important opportunity to consider how cancer research and clinical trials can be more firmly embedded in the next National Cancer Strategy. This is an important moment for us to make the case for research as an integral part of cancer care in Ireland.

The Cancer Retreat provided another opportunity to consider our longer-term direction. Group Leaders were able to share their experience of the HRB grant process, Prof Donal Brennan updated us on the work of the National Clinical Trials Oversight Group and breakout discussions allowed us to examine some of the challenges facing the organisation and the wider clinical trials environment.

We were also conscious throughout the year of uncertainty in the international research environment, particularly developments affecting research funding in the United States. Ireland does not operate in isolation, and these developments reinforced the need for us to remain proactive and adaptable.

Evidence and advocacy
November brought important new evidence to support the case we have been making for cancer clinical trials. Our *Value of Cancer Trials* report identified approximately €14.8 million in drug cost savings. The value of trials, however, extends beyond those savings. They provide patients with earlier access to innovative treatments and bring wider benefits through having research-active clinical environments.

The publication of the National Clinical Trials Oversight Group report also highlighted just how far Ireland continues to lag comparable jurisdictions in clinical trial activity. Closing that gap will require sustained Government investment. We have seen before, including through the research infrastructure developed following the Good Friday Agreement, what strategic public investment in research can achieve. I hope the NCTOG report can represent a similar turning point for clinical trials in Ireland.

Sustainability
Sustainability was the fourth of our strategic themes for 2025. In November, we partnered with Oncologists United for Climate and Health to co-lead a London Global Cancer Week webinar examining climate change, cancer care and how we can move towards more sustainable clinical practice.

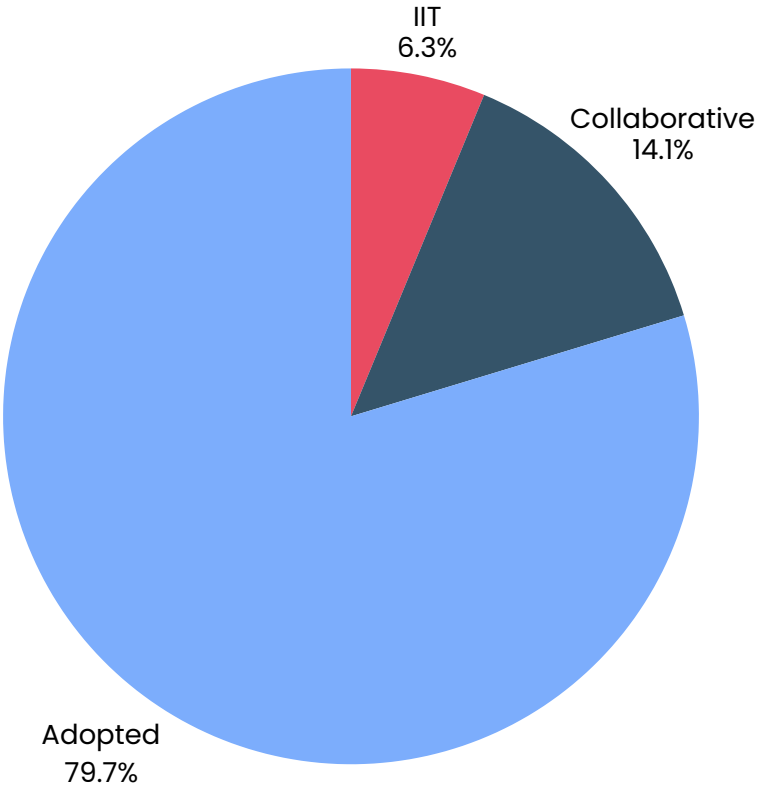
2025 AT A GLANCE

Of the 128 (2024: 137, 2023: 100) trials that were open and recruiting patients during 2025:

6% (8) were investigator-initiated trials (which Cancer Trials Ireland initiates, manages, sponsors, and monitors) and are generally funded by grants received from the Health Research Board (HRB), the Irish Cancer Society, or pharmaceutical companies.

80% (102) were adopted trials, including industry trials, which were initiated and managed by the cancer trials units themselves, universities, or pharmaceutical companies

14% (18) were collaborative trials, which involve working closely with other cancer research groups worldwide.





75%

Overall increase in the number of patients participating in all trials in 2025 compared with 2024 (4,926 vs. 2,814).

759,792

Total social media reach achieved during the 2025 #CancerNeedsTrials campaign, representing a 2,069% increase compared with the baseline period (35,034).

€14.8m

Estimated drug treatment cost savings to the State identified in Cancer Trials Ireland's Value of Cancer Trials Report, published in 2025, based on a sample of 18 trials involving 249 patients over a four-year period.

-49%

Reduction in median site agreement turnaround time between Q3 and Q4 2025, falling from 143 days to 73 days, reflecting progress in streamlining trial start-up processes at Cancer Trials Ireland.

ACHIEVEMENTS AND PERFORMANCE



Cancer Trials Ireland continued into year four of its five-year Health Research Board Cancer Trials Ireland Network (CTIN) grant, with RCSI as its Host Institution. The €6.9 million grant runs from January 2022 to December 2026.

Cancer Trials Ireland also secured a new contract with the Irish Cancer Society for 2026–2028, with an optional two-year extension. Replacing the previous Memorandum of Understanding, the contract formalises reporting obligations through agreed Contract Performance Indicators (CPIs) and metrics.

In 2025, 128 studies within the Cancer Trials Ireland portfolio were open to patient accrual. Investigator-Initiated Trials (IITs) accounted for 6% (2024: 8%), collaborative studies with national and international research groups for 14% (2024: 14%), and adopted trials for the remaining 80% (2024: 78%).

Patient participation increased by 75% in 2025, from 2,814 in 2024 to 4,926. This included 1,757 participants in the Irish Cancer Society-funded Beau-RCSI Lung Health Check Pilot. Accrual to drug and radiotherapy trials also increased by 29%, from 286 patients in 2024 to 370 in 2025.

At year-end, Cancer Trials Ireland was directly involved in 161 studies across the trial lifecycle: 72 in development, 27 open to recruitment, 8 with patients on treatment, 31 in follow-up and 23 in close-out and reporting.

The portfolio covered a broad range of disease areas, led by Breast (28%, n=45), Gynaecological (19%, n=30), Genitourinary (12%, n=20), Haematological and Lymphoma (12%, n=19), and Lung (11%, n=17) studies. Gastrointestinal studies accounted for 6% (n=10), Head and Neck and Basket Trials each for 4% (n=7), and CNS and Melanoma each for 2% (n=3).

The portfolio included a broad range of studies aiming to improve outcomes and quality of life for patients with cancer. These included treatment de-escalation studies such as TREAT ctDNA (23-03) and DE-ESCALATE (24-32), investigating whether patients can safely receive less intensive treatment while maintaining clinical outcomes and reducing toxicity.

Cancer Trials Ireland continued to develop investigator-initiated studies incorporating precision medicine and biomarker-driven approaches, including circulating tumour DNA (ctDNA), to enable more personalised treatment strategies.

Radiotherapy research remained an important part of the portfolio, exploring innovative approaches to treatment delivery, reducing toxicity and improving quality of life. This included the development of INSPIRE (24-72), a 12-site All-Island study. Translational research also featured across the portfolio, with blood and tissue samples collected and analysed to improve understanding of cancer biology, identify predictive biomarkers and inform future targeted therapies.

International collaborations continued to expand research opportunities for patients in Ireland through partnerships with groups including ENGOT, EORTC, ETOP, GBG and the German CLL Study Group. Major international studies including ASCENT-05, CLL18 and ETOP ARCH opened to accrual in 2025.

In November, Cancer Trials Ireland launched The Value of Cancer Trials Report at a hybrid event in RCSI as part of the Just Ask 2025 campaign. Highlighting the economic value of cancer trials to the State, the report contributed data to the National Clinical Trials Oversight Group's final report and recommendations. It also attracted national and regional media coverage and featured in a subsequent Cancer Trials Ireland podcast.

The Just Ask campaign also included an animated explainer video for International Clinical Trials Day and the September launch of #CancerNeedsTrials, a digital campaign supported by health influencers to encourage public discussion about the importance of cancer trials.

Cancer Trials Ireland also hosted its fifth Cancer Retreat in May 2025, bringing together the cancer research community to discuss developments and priorities. Speakers included Prof Donal Brennan, Chair of the National Clinical Trials Oversight Group, Cancer Trials Ireland's outgoing CEO, representatives of the Irish Cancer Society and the eight HRB-funded clusters. Trial unit staff, managers and industry representatives contributed to discussions, with more than 250 people registered to attend in person or online.





PUBLIC AND PATIENT INVOLVEMENT (PPI)

2025 marked an important year for Patient and Public Involvement (PPI) at Cancer Trials Ireland. Throughout the year, patients, people living with and beyond cancer, and carers played an active role in shaping our research, contributing not only their lived experience but also their ideas, priorities and leadership.

2025 at a glance

- 95+ expressions of interest in our national PPI recruitment campaign
- 33 PCC members by the latter part of 2025
- Representation across all adult Disease-Specific Subgroups
- 1,142 responses to the PRO-ACT patient-led research study
- Patient input directly influenced trial design and outcome selection

A major focus during 2025 was strengthening the Patient Consultants Committee (PCC) and broadening representation across Cancer Trials Ireland. Our most successful PPI recruitment campaign to date generated over 95 expressions of interest from people interested in contributing to cancer research. New contributors were welcomed at a dedicated event in July, followed by structured onboarding and ongoing support. By the latter part of the year, the PCC had 33 members, with patient representation across all adult Disease-Specific Subgroups within Cancer Trials Ireland.

Alongside this wider representation came deeper integration of PPI into how research is developed. PCC members contributed to trial concepts, grant applications, ethics submissions, patient information and trial documentation, as well as the prioritisation and development of new studies.

The INSPIRE prostate cancer trial provided a particularly strong example of this. Contributors from both the Republic of Ireland and Northern Ireland reviewed the proposed schedule of assessments and trial outcomes. Their feedback led to the inclusion of an additional patient-prioritised patient-reported outcome measure, with continued PPI involvement planned throughout the study. The MSLT-3 melanoma trial also demonstrated the value of patient-led prioritisation, having been brought forward by a PCC contributor who identified the study as an important opportunity for patients.

Patient-led research remained a major strength of the programme. The PRO-ACT study, co-designed and co-led by PCC contributor Martin Sweeney, explored sexual wellbeing and mental health among people affected by prostate cancer and their partners. The national survey received an exceptional 1,142 responses, including 601 from patients and 541 from partners. Analysis and dissemination planning progressed during 2025, with findings being prepared for scientific presentation and publication.

The Metastatic Breast Cancer Survey also continued to generate impact during 2025. The work, co-designed and co-led by PCC contributor Siobhán Gaynor, reached wider clinical and research audiences, with a second peer-reviewed paper published examining regional differences in care between the Republic of Ireland and Northern Ireland.

Further patient-led and patient-informed research took shape during the year. This included work exploring barriers to accessing clinical trials, alongside a large attitudinal survey examining patients' experiences of accessing their own digital health records. The latter received more than 500 responses within its first two days. These projects demonstrate an important shift in PPI at Cancer Trials Ireland, with contributors helping to identify the questions research should address, rather than becoming involved only once a study has already been designed.

Patients also continued to influence the way research information is communicated. The PCC worked alongside Cancer Trials Ireland's Standard Operating Procedure Development Team to co-design a new Patient Information Leaflet template. Contributors reviewed content, shared evidence and best-practice guidance on reading age, formatting and accessibility, and worked with staff to agree solutions that balanced patient needs with regulatory and operational requirements.

To support this level of involvement, Cancer Trials Ireland also strengthened the structures around the PCC. A PCC Executive Committee was established to provide leadership and strategic direction, the PCC Terms of Reference were updated, and new induction, communication and peer-support approaches were introduced to support both new and existing contributors.

PCC members represented Cancer Trials Ireland at conferences, webinars, media engagements and public events throughout the year. They also contributed to grant applications, research reviews, advocacy campaigns and lay summaries of trial results, bringing the patient voice into a wide range of activity across the organisation.







A PERSONAL REFLECTION ON 2025



For me, one of the most encouraging aspects of PPI in 2025 was not the increase in numbers, but the way the nature of involvement continued to change.

There is an important difference between asking patients to comment on research and creating the conditions in which people affected by cancer can help shape it. During 2025, we saw more examples of contributors challenging assumptions, identifying research priorities, influencing trial design and leading research based on questions that matter to people affected by cancer.

Having more people involved has created new opportunities, but numbers alone are not a measure of meaningful involvement. Much of our focus has been on ensuring that contributors are supported, that opportunities are matched appropriately, and that involvement remains flexible, respectful and worthwhile.

What stands out most to me is the generosity with which our contributors share their experiences. Lived experience is valuable precisely because it has been lived, and sometimes at considerable personal cost. The willingness of patients, people living with and beyond cancer, and carers to use those experiences to improve research for others is something we should never take for granted.

PPI at Cancer Trials Ireland is still evolving, and there is always more we can do. But 2025 demonstrated very clearly what becomes possible when patient involvement is supported properly and treated not as an additional part of research, but as part of how good research is done.

Emer Mulvaney

PPI Programme Manager

DEMONSTRATING THE VALUE OF CANCER TRIALS

In November 2025, Cancer Trials Ireland published The Value of Cancer Trials, highlighting the clinical, economic, and societal benefits of cancer clinical trials and arguing for increased government investment in cancer research.

The report brought together evidence of the value that trials deliver for patients, the health service and the wider economy. It also highlighted Ireland's challenges in attracting and opening trials compared with other European countries.



Among its key findings, the report estimated that 18 trials involving 249 patients over a four-year period had generated €14.8 million in drug treatment cost savings to the State. A separate sample of six trials was estimated to have attracted €36.7 million in inward investment through investigational medicines. These findings demonstrated the significant financial value of cancer clinical trials, alongside their contribution to patient care and research.

The report was launched on 10 November 2025 at the Royal College of Surgeons in Ireland, bringing together clinicians, researchers, patient advocates, funders, industry representatives and policymakers, both in person and online.

Speakers explored the findings through clinical and patient perspectives. Dr Anne Fortune highlighted advances in blood cancer treatments, including the Isa RVD trial in multiple myeloma.

Prof Sinead Brennan discussed how radiotherapy research is enabling shorter treatment courses and improving efficiency within the health service.

Patient advocate Seamus Cotter shared his experience of participating in a lung cancer clinical trial, highlighting the importance of access to research and the difference participation can make to patients and their families.

Discussions emphasised the need for sustainable funding, more efficient regulation and greater recognition of clinical trials as an integral part of cancer care. The report also contributed to national policy discussions, including the development of Ireland's next National Cancer Strategy.

By bringing together economic evidence, clinical expertise and patient experiences, Cancer Trials Ireland strengthened the case for greater investment and established a foundation for more consistent, evidence-based reporting on the value of cancer trials in Ireland.

REDUCING CLINICAL TRIAL START-UP TIMES



In 2025, Cancer Trials Ireland began to see measurable results from the dedicated Start-Up Team established in December 2024. Created to address delays in opening cancer clinical trials, the team spent its first full year improving processes, strengthening coordination and reducing the time required to activate studies.

Reducing the time to first patient (TTFP) remains a strategic priority for Cancer Trials Ireland. Lengthy start-up processes can delay access to trials, increase costs and make Ireland less competitive internationally. The Start-Up Team was established to tackle these challenges through a more coordinated approach to contracts, regulatory and ethics submissions, data protection and site activation.

Throughout 2025, the team worked closely with clinical project managers, sponsors, the HSE and research sites to streamline processes and resolve potential delays. The adoption of nationally approved clinical trial agreement templates also contributed to improvements in efficiency and consistency.

By the final quarter of 2025, this work was delivering encouraging results. Median site agreement turnaround times fell from 143 days in Q3 to 73 days in Q4, a 49% reduction. The median time from Site Initiation Visit to activation decreased from 22 to 12 days, an improvement of 45%. Overall, the median time from receipt of a clinical trial agreement to site activation fell from 344 to 219 days between Q3 and Q4, a reduction of 36%.

These improvements demonstrate the value of dedicated expertise and closer collaboration across the trial start-up process. They also reflect a wider organisational commitment to operational efficiency, with more consistent processes helping to reduce delays and improve predictability for collaborators and participating sites.

While further work is needed to reduce start-up timelines, the progress achieved in 2025 provides a strong foundation for continued improvement. By making it quicker and more efficient to open cancer clinical trials, Cancer Trials Ireland is strengthening its capacity to attract research to Ireland and improve access to trials for patients.

COMMUNICATIONS & MARKETING

Throughout 2025, Cancer Trials Ireland undertook a range of activities to raise awareness of cancer clinical trials, showcase research taking place across Ireland and strengthen the organisation's national profile.

International Clinical Trials Day: This annual awareness event highlights the work of Cancer Trials Ireland, its members and patients. In 2025, regional media outreach, including radio interviews and press coverage, complemented a digital campaign promoting a public webinar hosted by Newstalk's Dr Ciara Kelly.

Cancer Retreat: Cancer Trials Ireland hosted its fifth Cancer Retreat, attended by more than 200 members of the clinical oncology research community in person and online. The event featured presentations from cluster leads and deputies, with digital communications encouraging engagement with the HRB Grant Cycle review.

Digital communications: The Just Ask campaign produced an animated explainer video for International Clinical Trials Day. Later in 2025, the #CancerNeedsTrials influencer campaign engaged prominent online health influencers to promote cancer trials as an integral part of cancer care. Digital content also included videos featuring staff and PCC members, shared through paid and organic social media, alongside a fourth podcast series featuring four episodes.

Mainstream media relations: Two key activities drove media engagement in 2025: the November launch of The Value of Cancer Trials Report and media outreach supporting the International Clinical Trials Day webinar.

Specialist media relations: Cancer Trials Ireland continued to secure coverage of clinical trials and research developments in publications including the Medical Independent, Cancer Professional and UPDATE Oncology and Haematology Journal.

DSSG Digest: The Spring and Autumn editions provided the research community with news, updates and information on open cancer clinical trials, distributed electronically to members and stakeholders.

Annual Review: Publication of the Annual Review provided an opportunity to highlight the organisation's achievements and progress.

Conferences: Cancer Trials Ireland participated in national and international conferences, including ESMO Congress 2025 in Berlin. Alongside meetings with collaborators, extensive real-time social media coverage highlighted presentations, posters and research involving investigators from Ireland, bringing Congress developments to a wider audience.

Patient accruals: Cancer Trials Ireland publishes patient accrual figures on its website, broken down by study type and disease area, providing an overview of trial participation across Ireland.



FUNDRAISING

Irish Cancer Society
The Irish Cancer Society sustained €1m in funding for Cancer Trials Ireland. The Memorandum of Understanding (MOU) with the Irish Cancer Society underwent a comprehensive external review, following which the Society committed to a further three years of €1m in annual support for Cancer Trials Ireland.

Pancreatic cancer
The largest single contribution to pancreatic cancer research in 2025 came from the Pat Smullen Race Day, held at the Curragh at the end of August, which raised €351,000. The day combined an event at the Curragh, a charity race with more than 20 riders, a charity cycle, and a series of sponsorships and donations. Cancer Trials Ireland thanks the racing community, and Frances Crowley, her family and friends. Attendees heard an update from Prof Gráinne O'Kane, the Pat Smullen Chair in Pancreatic Cancer at UCD, on upcoming trials and screening programmes.

Frances's daughter, Hannah Smullen, and her fellow members of the TCD Racing Society hosted a Pre-Cheltenham fundraiser for the third year running. This year other university racing societies joined them, and together they raised €4,893 for pancreatic research.

In Kildare, the Raheens GAA team ran a Christmas blitz for the second year, raising €6,350 for the Pat Smullen Fund. Thanks to all involved, and particularly to the organiser, Mikey McGovern.

Several runners took on distance events for pancreatic cancer:

- In June, Rory Duggan ran a marathon for his dad, Gearoid, raising €4,650.
- In October, Ciara Gillespie raised €3,750 by running a half-marathon.
- Anna Horgan had raised over €1,615 ahead of her run in the Barcelona marathon.

Thanks also to Racecourse Integrity Services and Annette Walsh for their €500 donation, James Capstick for his €111 contribution for the third consecutive year, and Luke Dolan of Coolmore Stud for his support. Aisling Jones and her neighbours also donated on behalf of Joan Kiernan.

Prostate cancer
The Mass Rockers cycling team from County Kerry raised €30,991 for prostate cancer through their Malin to Mizen cycle, which CEO Angela Clayton-Lea attended. Cancer Trials Ireland also thanks the Hospital Saturday Fund for its €3,000 donation.

Friends of Cancer Trials Ireland
The Friends of Cancer Trials Ireland raised €109,000 at their seventh gala lunch in November, held at the InterContinental Hotel. Speakers included Prof Janice Walshe, Prof Peter O'Dwyer, Prof Seamus O'Reilly and a patient who shared her experience of a lung cancer trial at Tallaght Hospital. Cancer Trials Ireland thanks the Friends for their continued commitment.





The Friends' support extended beyond their gala lunch, with a committee member's connection leading to another major fundraiser. Tom Coghlan, Captain of Portmarnock Golf Club for 2025, selected Cancer Trials Ireland as one of his two captain's charities, raising €33,325 with fellow members at a July event.

Property Picnic in memory of Louise Creevy
The fourth Property Picnic, held in May 2025, raised €111,000 for Cancer Trials Ireland.

The property sector established the event in memory of their colleague Louise Creevy, wife of Andy Creevy, and BDM Property organised it. Cancer Trials Ireland thanks the team and their colleagues across the sector for their continued support in honour of their friend.

Stephen Briscoe, a friend and former colleague of Andy Creevy, also organised an event in Portmarnock, raising more than €6,500.

Running and cycling
Running and cycling events made a substantial contribution in 2025. A first-time running race organised by Ciaran Brosnan in April attracted hundreds of participants and raised €28,221.

In May, Hugh McMahon and friends ran the Stockholm Marathon as the Race for Owen & Jack, in memory of Owen Lochrin and Jack Lidholm. The group, former pupils of Clongowes Wood College, raised €18,000 for Cancer Trials Ireland and another charity.



Other running fundraisers included:

- Athletics Ireland Fundraising Campaign: €14,508
- Women's Mini-Marathon (two runners): €3,294
- Blackrock Health Galway Clinic Streets of Galway 8km: €2,144
- Joe Duffy BMW running race (July): €1,035
- Connemarathon, via GoFundMe (May): €265.56

Bequests
Cancer Trials Ireland received a bequest of €23,313 in 2025 through M E Hanahoe Solicitors (reference: Monica Egan).

Other support
CIBSE, the maintenance engineers' representative body, selected Cancer Trials Ireland as its charity for 2025 and 2026. Its Christmas dinner at the Round Room, Mansion House, raised €5,177.

Returning supporters included Eamon O'Ruis and the Lough Sheelin Anglers (€3,455), Daragh Callanan and the Ballyfoyle Agricultural Show committee (€2,000, raised in November), and Muckross College (€2,110).

Special thanks go to the O'Flaherty Foundation. Cancer Trials Ireland also thanks Robert Joyce (€2,500), Sheehan's Solicitors (€2,000), Swallows Golf Club (€1,805), Sprout Social (€1,386.63 across two payments), John & Noreen Rafferty (€1,000), Eden One (€610), Kinnegar Brewing (€435), Con Clancy (€300), the Embassy of Ireland in Rome and Consulate General in Milan (€200), and Templeogue Tennis Club (€128).

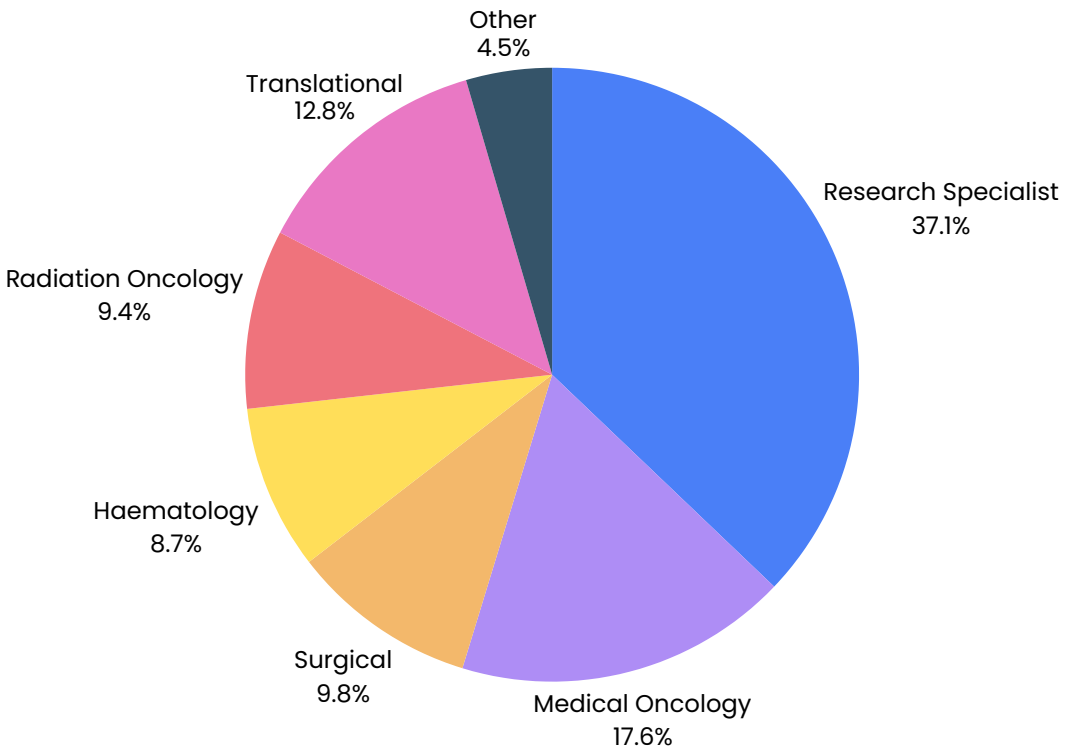
Donations were also received in memory of Thomas Francis (Tom) Lacy (€1,694) and Thomas (Tommy) Byrne (€250 across three payments).

Tax relief and individual donations
Tax relief on donations generated €898.56 across five payments, while 48 individual donors contributed €4,527.18 through 48 payments.

MEMBERSHIP

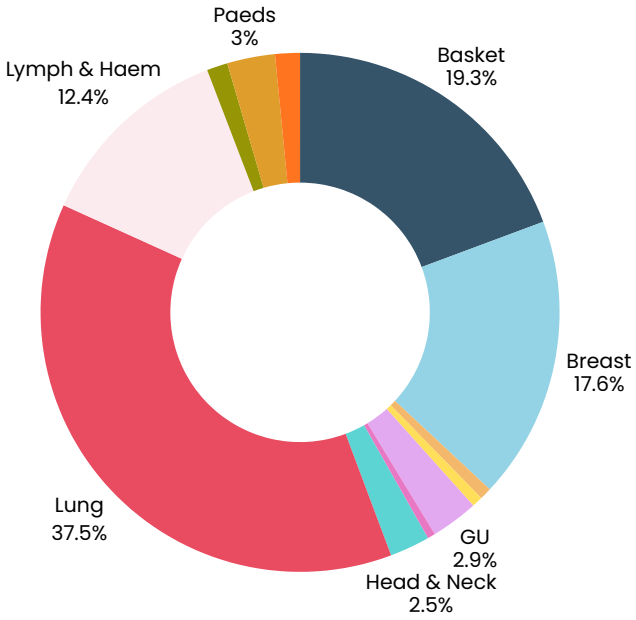
Cancer Trials Ireland's membership continued to grow in 2025, increasing by 6% to 773 members. The 44 new members included 22 Research Specialists, alongside professionals from medical oncology, radiation oncology, haematology, surgery and translational research, reflecting the breadth of expertise across the national network.

Membership Category	Members
Research Specialist	287
Medical Oncology	136
Surgical	76
Haematology	67
Radiation Oncology	73
Translational	99
Other	35
Total	**773**



ACCRUALS

Disease Group	2025
Basket	952
Breast	868
CNS	37
GI	33
GU	145
Gynaecology	24
Head & Neck	123
Lung	1,846
Lymph & Haem	611
Melanoma	64
Paeds	147
Sarcoma	76
Total	**4,926**



1,757

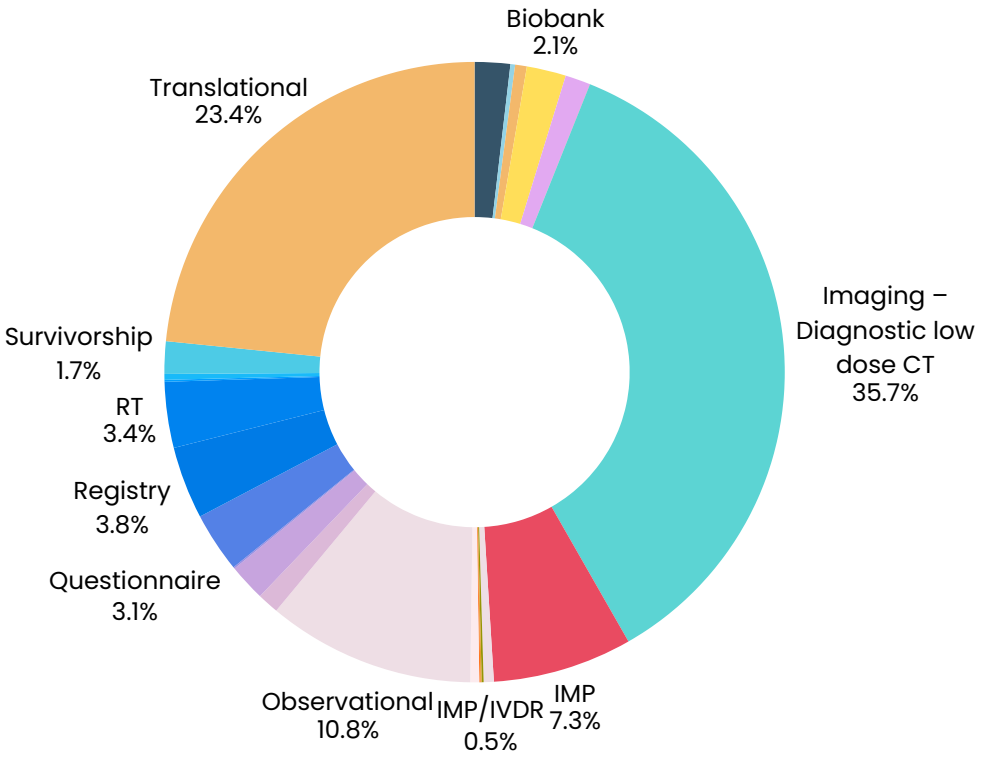
patients are from the Beau-RCSI Irish Cancer Society Lung Health Check

75%

increase in the number of patients participating in all trials in 2025 compared with 2024

Study Type	2025
AI	91
Allied Health & Supportive Care	12
Bespoke 3D printed breast prosthesis	30
Biobank	101
Biomedical Cancer Research	64
De-prescribing	1
Imaging – Diagnostic low dose CT	1,757
IMP	358
IMP/IVDR	26
IMP/MDR	5
IMP/RT	3
Machine learning	3
Nutrition	23

Study Type	2025
Observational	533
Observational/Registry	55
Physiotherapy	95
Quality of life	4
Questionnaire	154
Registry	186
RT	169
Surgery/RT	5
Surgical	15
Survivorship	83
Translational	1,153
Total	**4,926**



COLLABORATIONS

A large part of the 2025 portfolio of studies originates from successful collaborations with international groups.

ABCSG Austrian Breast & Colorectal Cancer Study Group	Fondazione Policlinico Universitario Campus Bio-Medico
AGITG	GBG German Breast Group
ALLG Australasian Leukaemia & Lymphoma Group (ALLG)	Gynecologic Cancer InterGroup (GCIG)
Alliance (Alliance for Clinical Trials in Oncology)	GCLLSG German CLL Study Group
AMLSG Acute Myeloid Leukemia Study Group (AMLSG)	GECP Spanish Lung Cancer Group (GECP)
ANZUP	GEICAM the Spanish Breast Cancer Group / Grupo Español de Investigación en Cáncer de Mama
BC Cancer	GERCOR
Breast International Group (BIG)	HOVON Foundation
CCTG Canadian Cancer Trials Group	IBCSG International Breast Cancer Study Group (IBCSG)
Centre hospitalier de l'Université de Montréal (CHUM)	IKF (Frankfurt Institute of Clinical Cancer Research)
Christie NHS Foundation Trust	The Institute of Cancer Research
ECOG Eastern Cooperative Oncology Group	Imperial College London
ECOG-ACRIN	Karolinska Institute
EORTC European Organisation for Research and Treatment of Cancer	LUMC Leiden University Medical Center
ENGOT European Network of Gynaecological Oncological Trial Groups	London Health Sciences Centre
ETOP IBCSG Partners Foundation	Lawson Health Research Institute (Canada)

MASC Trials Melanoma and Skin Cancer Trials	SCI Swiss Cancer Institute
Medsir	Swedish Association of Breast Oncologists (SABO)
Melanoma Institute Australia	SWOG
MITO Multicentre Italian Trials in Ovarian Cancer and Gynecologic Malignancies	Trinity College Dublin
MANGO Mario Negri Gynecologic Oncology group	TROG (Trans Tasman Radiation Oncology Group)
Monash Health	TOGA (Thoracic Oncology Group Australasia)
NCI	Peter MacCallum Cancer Centre
Netherlands Cancer Institute	UNICANCER
North-Eastern German Society of Gynaecological Oncology (NOGGO)	University of Cologne
NRG Oncology	University College London
Ontario Clinical Oncology Group (OCOG)	University Hospital Basel (USB)
PCCTC The Prostate Cancer Clinical Trials Consortium	University of Birmingham
Princess Margaret Cancer Centre (University Health Network)	University of Oxford
Royal Marsden Hospital NHS Foundation Trust	University of Sydney
Scandinavian Prostate Cancer Group	Walton Centre NHS Foundation Trust

ANZUP Cancer Trials Group Limited

ECOG-ACRIN cancer research group

unicancer

Melanoma and Skin Cancer Trials Limited

MEDSIR MEDICA SCIENTIA INNOVATION RESEARCH

BREAST CANCER TRIALS

ENGOT European Network of Gynaecological Oncological Trial groups

The Christie NHS FOUNDATION TRUST

BC CANCER Provincial Health Services Authority

TRAINING

Cancer Trials Ireland's training team delivered courses for central office staff, investigators and research staff at sites throughout 2025. Many courses are also available as recordings through our online learning management system. Self-directed learners are not included in the attendance figures below.

Type of Training	Number of Sessions	Number of attendees (Central Office Staff)	Number of attendees (Research Unit Staff)
Data Protection	4	39	0
Good Clinical Practice Training	14	160	113
Induction Trainings, all departments	15	40	0
Site visit training (e.g. monitoring, site initiation, close-out), IMP/pharmacy training	11	54	0
Pharmacovigilance Training	7	22	0
RECIST 1.1	2	18	0
Essential records + Archiving training	13	33	0
Systems training	3	55	0
Audit/inspection preparation/readiness	6	109	4
SOP training sessions	2	45	0
Cost to complete training	2	8	0

PHARMACOVIGILANCE ACTIVITY

Cancer Trials Ireland continued to oversee safety reporting for clinical trials in 2025, including the processing of adverse events, regulatory safety submissions and reconciliation of safety data. The table below summarises activity during the year.

Pharmacovigilance activity	Number
SAEs received and processed by Cancer Trials Ireland from MOM reviewed studies	177
SUSARs entered onto EudraVigilance Database by Cancer Trials Ireland	47 SUSAR submissions
PhV SOPs updated	Nil
Annual Development Safety Update Reports (produced in-house) distributed to relevant Ethics Committees and Competent Authorities by Cancer Trials Ireland	9
Six-monthly SUSAR line listings produced	13
Safety and clinical database reconciliations	19

AUDIT ACTIVITY

In 2025, Cancer Trials Ireland dedicated approximately 80 working days to audit and inspection activities, including planning, preparation, conduct and follow-up. This included internal audits and participation in external sponsor and third-party audits. The table below outlines how this time was allocated.

Audit Type	Preparation, Conduct, and Follow-up (days)	%
Audit Strategy and Planning	7	8
Audit and Inspection Readiness	10	12
Audit of CTI by Sponsor	6	8
Audit of CTI by CTI	24	30
Audit of Investigator site by CTI	15	19
Inspection of Investigator site	18	22
Total	80	100

CONFERENCES & MEETINGS

Conference	Month
BIG-NCTN Virtual Meeting	Jan
Cancer Trials Ireland/ISMO National Training Day	Jan
The Irish Research Radiation Oncology Group, IRROG; progress to date & future plans	Feb
Impact of AICRI on Cancer Research	Feb
ESMO climate task force (virtual)	Feb
ASCO- American Society of Clinical Oncology Genitourinary	Feb
BIG Scientific Meeting (virtual)	Mar
CRF C Stats	Mar
European Network for Gynaecological Oncological Trial groups (ENGOT) – Operations and general assembly Nice	Apr
John Fitzpatrick GU Conference	Apr
6th European Myeloma Network Meeting	Apr
All-Island Cancer Summit 2025	May
Gynecological Cancer Intergroup (GCIG) Cervical Cancer Consensus Conference	May
CTI public webinar to celebrate International Clinical Trials Day	May
Cancer Trials Ireland Cancer Retreat	May
Irish Melanoma Forum – 13th Annual Scientific Meeting 2025	May
European QA Virtual Conference	May
ESTRO	May
BIG General Assembly	Jun
ISMO After ASCO: Virtual review meeting to share updates from ASCO	Jul

CONFERENCES & MEETINGS

Conference	Month
25 years of Precision Oncology - Revolutionizing Cancer Care - Remote	Aug
European Network for Gynaecological Oncological Trial groups (ENGOT) – ESGO – Bergamo	Sept
Voices from Gynaecological Cancer Trials - A World GO Day Webinar	Sept
Irish SRS & SBRT Symposium	Sept
International Cancer of Unknown Primary Conference, World CUP Alliance	Oct
AICRI workshop	Oct
#EUHPP Live Webinar: The Challenge of Climate Change and Integrating Sustainability into Breast Cancer Trials co-organised with Breast International Group (BIG)	Oct
GCIG Autumn Meeting – Remote	Oct
European Society for Medical Oncology (ESMO)	Oct
European Thoracic Oncology Platform (ETOP) Annual Meeting	Oct
RQA International QA Conference	Nov
HPRA Clinical Trials Information Day	Nov
Patient Solutions Conference	Nov
Irish Research Nurses and Midwives	Nov
Health Research Data Protection Network (HRDPN)	Multiple meetings
Gathering Around Cancer 2025	Nov
IRROG Conference	Nov
American Society of Hematology (ASH) Annual Meeting	Dec

PUBLICATIONS

The table below summarises peer-reviewed journal articles arising from research involving Cancer Trials Ireland members

Area	Journal Articles
Basket	2
Breast	20
CNS	0
Gastrointestinal	2
Genitourinary	9
Gynaecological	2
Head and Neck	0
Lung	1
Lymphoma & Haematological	2
Melanoma	0
Other	5
Total	43

FINANCIAL STATEMENTS

Statement of income & retained earnings for the financial year ended 31 December 2025

	2025 €	2024 €
Income	5,136,444	4,396,436
Expenditure	(4,828,201)	(4,430,421)
Surplus/(Deficit) on ordinary activities before interest	308,243	(33,985)
Interest receivable and similar income	24,521	36,604
SURPLUS FOR THE FINANCIAL YEAR	332,764	2,619
RETAINED EARNINGS AT THE BEGINNING OF THE FINANCIAL YEAR	591,230	588,611
RETAINED EARNINGS AT THE END OF THE FINANCIAL YEAR	923,994	591,230

Balance Sheet as at 31 December 2025

	2025 €	2024 €
Fixed Assets Tangible assets	27,759	51,753
Current Assets	2,523,946	2,046,547
Debtors	5,379,844	4,329,514
Cash and cash equivalents	7,903,790	6,376,061
Creditors: Amounts falling due within one year	(7,007,555)	(5,836,584)
Net Current Assets	896,235	539,477
Net Assets	**923,994**	**591,230**
Reserves		
Retained earnings	923,994	591,230
	923,994	**591,230**

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Together, we're finding answers to cancer.

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