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National Cancer Registry

Annual report and accounts for year ending 31 December 2016

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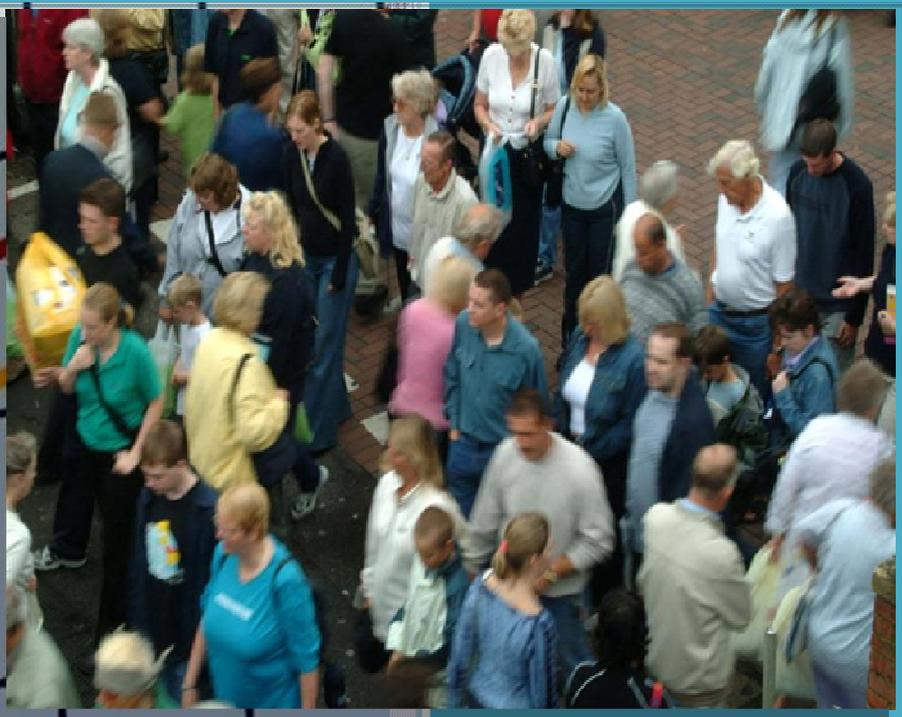
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National
Cancer
Registry
Ireland

NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST DECEMBER 2014



National
Cancer
Registry
Ireland

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FOREWORD

The National Cancer Registry has been through a period of transition in 2014, with the retirement of our long-standing Director, Dr Harry Comber, and the departure of Professor Linda Sharp, who has built up a major research programme at the Registry in the past ten years. In common with most public bodies, the Registry has had to look closely at how it conducts its activities, to provide best value for money. I am happy to report that despite an ever-increasing cancer burden, the Registry has maintained its high standards of completeness and timeliness, and the staff are to be highly commended for this. The annual number of publications, and their scope, continues to grow, and innovations such as the Registry Twitter account are disseminating the information ever more widely. On the policy front, the information provided by the Registry has contributed significantly to the recent review of the National Cancer Strategy, and we look forward to being an integral part of any new strategy.

The members of the Board would like to express our appreciation of the expertise and dedication of the staff on the National Cancer Registry in continuing to produce high quality data and excellent outputs.

A handwritten signature in black ink that reads "Susan O'Reilly". The signature is written in a cursive style with a large, sweeping flourish at the end.

Dr. Susan O'Reilly MB, BCh, BAO, FRCPC, FRCPI
National Director
National Cancer Control Programme

INTERIM DIRECTOR'S STATEMENT

2014 has been a year of transition for the Registry, with the retirement or resignation of a number of senior staff. The development of new registration software has led to a re-evaluation of our methods of registration and an examination of the cost-effectiveness of using electronic data sources. The continuing growth in cancer numbers and the increasing detail and sophistication of the data collected has placed unprecedented strain on our registration officers and on the central office staff who process and quality assure the data. With the start of the Irish Prostate Cancer Outcomes Database (IPCOR) we are also seeing the beginning of clinical cancer registries in Ireland and look forward to a national coordinated drive to establish clinical registries for all major cancer types, based on the foundation of population-based registration developed by the National Cancer Registry.

The review announced by the Minister of “A Strategy for Cancer Control in Ireland” and of a new cancer strategy, will engender both new demands and new opportunities for the Registry. We are confident of having the flexibility to respond to these and to continue to provide a world-class cancer information service to the Irish public.



Harry Comber

HISTORY AND BACKGROUND

Establishment

The National Cancer Registry Board was established by Statutory Order 19 of 1991, “*The National Cancer Registry Board (Establishment) Order*” under the *Health (Corporate Bodies) Act, 1961*. The Board discharges all its statutory responsibilities through the National Cancer Registry. The Order was amended twice; in 1996 by S.I. No. 293/1996 (*The National Cancer Registry Board (Establishment) Order, 1991 (Amendment) Order*) and in 2009 by the *Health (Miscellaneous Provisions) Act 2009*.

The Minister for Health and Children, Mary Harney, T.D. on 15th October 2008 announced that the National Cancer Registry would be integrated into the Health Service Executive in 2010. This was confirmed by the Minister for Finance in his 2009 Budget speech. However, this has been deferred pending the establishment of new health structures and the enactment of the Health Information Bill.

The National Cancer Registry Board

The National Cancer Registry Board is a statutory body established in 1991 under the National Cancer Registry Board (Establishment) Order as an agency of the Department of Health and Children (as it was at the time). The Board has a full membership of seven who are appointed by the Minister for Health.

The current Board was appointed by the Minister on February 15th 2013 for a term of three years. Its members are:

- Dr Susan O’Reilly (Chair)
- Mr Michael Conroy (appointed 14 October 2013)
- Ms Orla Dolan (appointed 14 October 2013)
- Dr Anna Gavin
- Dr Fenton Howell
- Ms Mary Jackson (resigned 13 October 2013)
- Dr Catherine Kelly (appointed 2 April 2014)
- Mr John McCormack.

Statutory functions

The statutory functions of the National Cancer Registry Board, as set out in Statutory Order 19 of 1991, are:

- to identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland;
- to collect, classify, record and store information in relation to each newly diagnosed individual cancer patient and in relation to each tumour which occurs;
- to promote and facilitate the use of the data thus collected in approved research projects and in the planning and management of services;
- to publish an annual report based on the activities of the Registry;
- to furnish advice, information and assistance in relation to any aspect of such service to the Minister.

REPORT OF THE BOARD ON CORPORATE GOVERNANCE

Report of the Chairperson, National Cancer Registry Board for year ending 31/12/2014

1. Commercially significant developments affecting the body

No commercially significant developments occurred during 2014.

2. Procedures for financial reporting, internal audit, travel, procurement and asset disposals:

These are all being carried out according to official policies and guidelines.

3. System of internal financial control

a) The Board is responsible for the body's system of internal financial control.

b) Such a system can provide only reasonable, and not absolute, assurance against material error.

c) Key procedures which have been put in place by the Board to provide effective internal financial control include:

(i) A clearly defined management structure.

(ii) A risk register was compiled in 2010 and was updated throughout 2014.

(iii) A procedures document setting out instructions for all areas of financial activity was in place for 2013. This outlined the procedures for the administration of salaries, invoices and expense claims, use of the credit card and petty cash transactions as well as procedures for procurement and for the disposal of assets. The payroll functions were carried out by University College Cork in 2014. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.

(iv) The Audit Committee was appointed by the Board on 2nd April 2013.

(v) An ITT for Internal Audit Services was undertaken in November 2010 and a full three-year cycle of internal audits covering core financial, organisational and operational areas have been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2014 in the areas of internal financial controls, data collection and registration and information security. Internal auditors for 2013-2016 were appointed in December 2013 and a schedule of internal audits has been agreed between the internal auditors and the Audit Committee.

(vi) An overall annual budget for the National Cancer Registry was agreed which incorporated a separate budget for IT. A report is prepared on a monthly basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.

(vii) Review by the Board at each of its meetings of periodic and annual financial reports.

d) The Board carried out a review of the effectiveness of internal financial controls for 2014 at its meeting in March 24th, 2015.

4. Codes of business conduct for directors and employees have been put in place and are being adhered to.
5. Government policy on the pay of the Director and all State body employees is being complied with.
6. Compliance with Government guidelines on the payment of directors' fees is not relevant as there are no directors' fees paid at the National Cancer Registry.
7. The Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector are being complied with.
8. Government travel policy requirements are being complied with in all respects.
9. The Code of Practice for the Governance of State Bodies (2009) has been adopted by the Board and is being fully complied with.
10. The National Cancer Registry Board complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There have been no communications concerning non-compliance with requirements of regulatory or tax authorities with respect to any matter. The National Cancer Registry Board is not aware of any actual or possible non-compliance with laws or regulations that could impact on the financial statements.

Signed

A handwritten signature in black ink, appearing to read "Susan O'Reilly". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Dr Susan O'Reilly

REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

Governance

Board

The National Cancer Registry Board addresses all matters outlined in the schedule of matters, as per the Code of Practice.

Briefing for new Board members

On their appointment new members were provided with information as in the Governance framework for the National Cancer Registry Board.

Disclosure of interests by Board members

The register of interests is maintained by the Administrator and each year Board members and all relevant staff are circulated with a request to bring their disclosure of interests up to date.

Audit Committee

The Audit Committee was appointed by the incoming Board in April 2013. It met four times in 2014.

Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2014, the following areas were audited:

- Internal Financial Controls
- IT security
- Procurement
- Follow-up of previous recommendations

Code of business conduct for Board members and staff

This has been updated in line with the recommendations of the internal auditors.

Procurement

All staff involved in procurement have been made aware of the Public Procurement Guidelines and directed to the www.etenders.gov.ie website for further guidance. This direction is contained within the Governance framework for the NCRB.

Guidance for staff on procurement processes has been written and circulated to all staff involved in procurement.

Tax clearance

Tax clearance procedures have been updated

The NCRB has ensured that it holds on file an up to date tax clearance certificate for all suppliers that exceed the €10,000 per annum threshold.

Disposal of assets

No assets worth more than €150,000 were disposed of during the period reviewed.

Disposal of assets to Board members/staff

All assets disposed of to Board members or staff were at a fair market-related price. All disposals have been documented accordingly and made in accordance with appropriate procedures.

Acquisitions/Subsidiaries

NCRB has not established or acquired any subsidiaries.

Diversification of core business

There has been no requirement for diversification of NCRB's core business.

Investment appraisal

There has been no significant capital investment.

Director's remuneration

The Director's remuneration accords to appropriate guidelines and is disclosed in the Annual Report for 2014, stating annual basic salary and superannuation benefits.

Board members' fees

No fees are paid to any Board members. Travel and subsistence payments, in line with approved rates, for the meetings that they attend are published in the annual report for 2014.

Government pay policy

All employees are paid at rates commensurate with their grade.

Reporting arrangements

The Chairperson provided a Chairperson's annual report to the Minister in March 2014. A statement regarding the system of internal control was approved by the Board and included in the report to the Minister.

Strategic and Corporate Planning

The Board adopted its most recent formal statement of strategy, for the period 2013-2016, in September 2013. A Service Plan was provided to the Department of Health in February 2014 when formal notification was received from the Department of the expenditure allocation for the year. This detailed the services planned for the year, consistent with the Board's statement of strategy, and within the constraints of the budget allocation.

Tax compliance

VAT and PSWT are accounted for by the registry. Payroll in 2014 was processed by University College Cork which provides a payroll bureau service to the Board.

Risk Management

A risk management framework document has been prepared. This sets out the definition of risk, how it is to be identified and measured, who is responsible and the infrastructure and mechanisms for monitoring and reporting on risk and mitigating the same. A risk register is updated regularly to reflect the strategic aims of the Board, risk mitigation by the Registry and the changing environment.

A formal disaster recovery/business continuity plan has been developed, but not fully implemented. This identifies the steps with regard to data retrieval, but not office accommodation.

Finance

Control Environment

The Board has met six times in 2014. A Senior Management Team has been formed and meets regularly. Delegated authority levels for expenditure are in place and are well understood and monitored by the Finance staff.

Information and Communication

Accounts are produced on a monthly basis and are reviewed by the Director and circulated to the relevant parties. A guide to protected disclosures has been written and circulated to all staff.

Control Activities

The Board is kept up to date with expenditure against budget through regular management accounts. Expenditure against budget is monitored on a monthly basis by the Director and Administrators. Variances against budget are discussed and actions agreed. The monthly accounts are also forwarded on to the Department of Health and Children for information and feedback.

Monitoring and Corrective Action

The monthly review of expenditure is the main way in which expenditure is monitored and corrective action decided upon.

Budgetary Control

The initial annual budget submission is made to the Department in the autumn and is based on the previous year's outturn figures in conjunction with the current year to date expenditure figures. A narrative explanation is given for any significant variances from the previous year's expenditure figures. The Department provides formal notification of the Non-Capital Expenditure allocation early in the year (typically February). The NCRB then produces a detailed monthly budget profile based on the formal allocation received from the Department along with a Service Plan for the year that details the services planned within the budget allocated. The NCRB is monitored against this plan throughout the year.

A monthly accounts pack is produced that consists of the following:

- Detailed income and expenditure account

- A balance sheet
- Budget profile for the year to date
- Variance analysis against budget
- Bank reconciliations (including bank statements)
- Summary trial balance.

Fixed Assets

a) The Fixed Asset Register is maintained on an Excel spreadsheet that is divided into the following categories:

- Software
- Hardware
- Fixtures and furnishings
- Office equipment

b) The register contains the following level of detail:

- Year of purchase
- Supplier
- Item description
- Cost
- Accumulated depreciation
- Net Book Value

The register is reconciled to the Sage accounting system on an annual basis.



Chair, National Cancer Registry Board

STAFF

The permanent staff complement on 31/12/2014 was 35.67 FTE. In addition, 8.15 FTE were on specified contracts, 7.75 FTE researchers funded from external sources (Health Research Board or EU) and 0.4 FTE in administration.

Job title	Grade	WTE					number				
		Administration	Data	IT	Research	TRO	Administration	Data	IT	Research	TRO
All staff		4.4	7.17	4.6	12.3	15.3	6	8	6	14	19
Permanent contracts											
All permanent		4	7.17	4.6	4.6	15.3	5	8	6	5	19
TRO Supervisor	CNM 2		0.6					1			
Clerical Officer	Grade III	1					1				
Data Matching Analyst	Grade IV		1					1			
Data Quality Officer	Grade IV		2					2			
Finance & Administration Officer	Grade V	1.5					2				
Geocoding Researcher	Grade IV		1					1			
Data Manager	Grade V		1					1			
Analyst Programmer	Grade V			1					1		
Communications/HR Officer	Grade V	1					1				
Data Manager	Grade VI		0.76					1			
Infrastructure Development Officer	Grade V			1					1		
Researcher	Grade V				1					1	
Statistician	Grade V				0.6					1	
IT Administrator	Grade V			0.6					1		
Data Analyst	Grade VI				1					1	
Senior Administrator	Grade VI	0.5					1				
Analyst Researcher	Grade VII			0.5					1		
IT Specialist	Grade VII			0.5					1		
Project Leader	Grade VII		0.81					1			
IT Manager	Grade VIII			1					1		
Epidemiologist	Senior Lecturer				2					2	
Tumour Registration Officer	Senior Staff Nurse					11.3					15
	Staff Nurse					4					4

Specified Purpose contracts										
Total		0.4			7.75		1			9
Researcher	Grade VI				4.95					5
Researcher	Grade V				2.5					3
Statistician	Grade V				0.3					1
Interim Director*	Principal Officer	0.4					1			

* The Director retired on June 6th 2014 and has been employed as Interim Director on a part-time basis since August 17th, 2014.

ACTIVITIES

The Registry's activities fall into three main categories—data acquisition, dissemination and research.

Data acquisition

Registration activity

Table 1. Number of registrations by year (December 2014)

year of incidence	open	closed	% closed	all cases	% of expected cases
2005	34	26781	100%	26815	104%
2006	88	28185	100%	28273	105%
2007	75	30593	100%	30668	108%
2008	60	31701	100%	31761	110%
2009	96	33940	100%	34036	109%
2010	76	35633	100%	35709	107%
2011	175	37993	100%	38168	107%
2012	3021	34996	92%	38017	103%
2013	12285	23290	65%	35575	101%
2014	16762	7298	30%	24060	67%

The Registry database now has around 500,000 registrations (**Table 1**).

Over 38,000 cancers are now being registered annually, compared to 19,000 in 1994. Just under 40,000 new cases have been created and 40,000 closed between January and December 2014. (This includes cases that were both created and closed in 2014.) An additional 1,000 cases were created and 7,000 closed in 2014 compared to 2013.

Timeliness

Although the percentage of cases first registered within a year of the date of incidence remains steady at about 85% (**Table 2**), less than 25% are closed (that is, a medical record has been abstracted) within a year. There are continuing small improvements in these figures since 2005, but the overall picture remains much the same. Only a wholesale move to high quality electronic data, collected at the point of care, would be likely to bring about significant improvements in timeliness.

Two retirements in February 2012 were not replaced until February 2014, leading to significant backlogs in two areas. These are now being addressed. In addition extended sick leave has led to a backlog in a third area. The Registry is currently working with 15 WTE TROs out of 17 posts sanctioned.

Table 2. Interval from date of incidence to date of case creation and closure

year of incidence	Registrations as % of expected	date of incidence to case creation			date of incidence to date of closure		
		< 3 mths	< 6 mths	<12 mths	< 3 mths	< 6 mths	< 12 mths
2005	104%	45.9%	67.6%	81.8%	2.3%	6.8%	23.5%
2006	105%	46.6%	67.7%	83.2%	2.2%	6.0%	21.1%
2007	108%	46.5%	67.1%	84.1%	2.2%	6.9%	24.5%
2008	110%	47.3%	68.0%	84.8%	2.1%	6.4%	21.1%
2009	109%	49.8%	72.5%	87.5%	2.6%	7.8%	23.9%
2010	107%	58.1%	73.8%	86.3%	2.6%	8.1%	21.4%
2011	107%	58.1%	69.2%	83.6%	2.4%	7.0%	21.9%
2012	103%	54.5%	65.9%	84.4%	2.4%	8.0%	23.7%
2013	101%	52.9%	76.2%	92.3%	3.7%	11.9%	35.9%
2014	67%	64.4%	91.5%	100.0%	20.5%	53.9%	97.8%

Figures in italics are for incomplete years

Treatment

The number of treatment episodes registered has increased from 31,500 in 1994 to just over 92,500 in 2012, the most recent complete year (Tables 3 and 4). As with case completion, completeness of treatment registration lags behind case generation. 104,123 additional treatment episodes have been added in 2014.

Table 3. Treatments by type and year of treatment

type	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
surgery	19121	22299	25338	27095	29765	31146	33934	34305	30767	16230
biopsy	11602	13256	16074	17805	19348	21530	24138	24409	21041	10554
unknown	12	30	32	24	55	37	62	783	4875	9258
chemotherapy	4602	6379	6987	7768	8683	9658	9985	9512	6589	1812
radiotherapy	3837	6693	7163	8443	8916	9595	10195	10606	7579	1457
consultation	4881	6569	6358	7022	6535	6787	7931	7610	6276	1110
other										
treatments	2269	2819	2841	3142	3750	2970	1950	1604	1288	657
hormone	2049	2813	3036	3244	3414	3361	3793	3769	2655	560
all treatments	48373	60858	67829	74543	80466	85084	91988	92598	81070	41638

Figures in italics are for incomplete years

Table 4. Treatments by type and year of incidence

type	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
surgery	23378	24889	27216	28423	30344	31461	33020	32095	26797	12433
biopsy	13065	14390	17019	18355	19667	21754	23734	23211	19269	9309
unknown	12	36	31	28	60	39	55	818	4948	9142
chemotherapy	6492	6885	7491	8115	9097	9928	9596	8728	5066	588
other										
treatments	2722	3017	3037	3136	3576	2759	1926	1454	1119	550
consultation	6785	7320	6889	7450	6857	7392	7949	6383	3575	520
radiotherapy	7655	7835	8162	9041	9380	9562	9684	8412	4611	156
hormone	2853	2946	3192	3280	3484	3476	3820	3655	1896	94
all treatments	62962	67318	73037	77828	82465	86371	89784	84756	67281	32792

Figures in italics are for incomplete years

IT developments

Electronic pathology data

A pilot project on the export of electronic histopathology data at Limerick Regional Hospital, has ended successfully and will now be extended to Waterford and possibly Galway Hospitals. We are also involved in the specification of the proposed new MedLIS histopathology system.

New software system

Sanction was given in 2013 for a tender to be issued for the development of a new software system for data collection and processing. This will completely replace the existing core registration system. The tender has been awarded and work on the system has started. We anticipate that the process of development, testing and data migration will take about 18 months from January 2015.

Testing of the system is likely to occupy a considerable amount of time. That, and migration of the existing data, will almost certainly delay the production of incidence data for 2013 and 2014.

This project commenced middle Q3 2014. During Q3, an agreed project team met to discuss, agree and document requirements for the system. During Q4 a number of TRO-facing user interfaces were developed and presented back to the TRO and Data teams for approval. In addition, a lot of design work has been completed on the use of electronic data. The Registry will use Mirth to accept electronic data in multiple formats from multiple sources and present a common format to the system for processing.

In parallel with this development, data migration planning has started.

The new system will be an online system and will require a broader range or connectivity for the TROs. During 2014, a survey for mobile broadband was conducted using O2 devices. This achieved >90% connectivity across the hospital base.

Disaster recovery

When evaluating this project, it became a much larger project than was first envisaged. The existing server infrastructure was close to end of life and was running a soon-to-be-obsolete Operating System. The version of

MS Exchange (e-mail) would also be obsolete at the same time (April 2014). It did not make financial sense to implement DR, refresh the server room and have to re-implement DR against that environment.

In 2014, MS Exchange was upgraded. A new virtual infrastructure was designed and implemented, with migration of the existing servers in progress. Parallel to this migration, an RFT for DR is being prepared.

Licencing

As UCC are no longer providing licences to the Registry, a new licencing model had to be determined. Due to concerns about the location of data, Office 365 was not an option and the Registry purchased MS Office licences for all staff. All other licences were evaluated and where possible streamlined.

Upgrades

All PCs and laptops using XP were upgraded to Windows 7 before the end of support for XP in April 2014.

Dissemination

Summary of dissemination activities, 2014

1. Data provision for CI5, EUROCIM, EURO CARE and similar projects on time and as requested.
 - EURECCA - colorectal cancer dataset provided
 - Cancer Strategy review – detailed data provided to Department of Health on incidence, stage, trends, waiting times, treatments and place of death
2. Papers submitted in 2014 and published/in press by 31/12/2014 on which National Cancer Registry staff member was first or last/senior author: **9**
3. Number of papers submitted in 2014 and under review at 31/12/2014 on which NCR staff member was first or last/senior author: **23**
4. Oral and poster presentations at national and international conferences. **29** [*plus 7 invited presentations*]
5. Number of grant/funding applications made in 2014: **11**
6. Queries:
 - 297** queries dealt with in 2014; 258 (87%) replied to within 1 week; 22 (7%) replied to between 1 and 2 weeks; 17 (6%) replied to after 2 weeks.
7. Reports
 - Number of full reports published in 2014: **3** (two annual reports & a projections report)
 - Number of short reports published in 2014: **4** (trends reports)
8. Press release and/or website news item:
 - Total number of news items in 2014: **80** At least one tweet per news item was made.
 - Number of press releases in 2014: **5** (including 3 for reports and 2 for papers)
9. Registry website:
 - cancer incidence system updated 3rd November;
 - factsheets not updated in 2014;
 - revised cancer survival system added 16th January;, updated survival statistics added 16th October

Full and short reports published in 2014

Full reports published 2014

1. Cancer Projections for Ireland, 2015-2040. National Cancer Registry, Cork, 2014 (Comber H)
2. Cancer in Ireland 1994-2011: Annual report of the National Cancer Registry. National Cancer Registry, Cork, 2014 (McDevitt J, Deady S)
3. Cancer in Ireland 1994-2012: Annual report of the National Cancer Registry. National Cancer Registry, Cork, 2014 (McDevitt J, Walsh PM)

Cancer trends short reports published 2014

1. Bone (Deady S)
2. Childhood Cancer (Deady S, Walsh PM)
3. Head & Neck Cancer (McDevitt J)
4. Soft tissue Sarcomas (Deady S)

Peer-reviewed papers

Papers submitted during 2014 and published or in press at 31/12/2014

1. Allemani C, Weir HK, Carreira H et al & CONCORD Working Group. Global surveillance of cancer survival 1995-2009: analysis of individual data for 25,676,877 patients from 279 population-based registries in 67 countries (CONCORD-2). Lancet. 2014 Nov 26. [Epub ahead of print].
2. Drummond FJ, Kinnear H, O'Leary E, Donnelly C, Gavin A, Sharp L. Health related quality of life of prostate cancer survivors up to fifteen years post-diagnosis varies with primary treatment. Results from the PiCTure (Prostate Cancer Treatment, your experience) study. J Cancer Surv 2015, Jan 7 [Epub ahead of print]
3. Gavin AT, Drummond FJ, Donnelly C, O'Leary E, Sharp L, Kinnear H. Long term physical symptoms following prostate cancer treatment: Results from the PiCTure (Prostate Cancer Treatment, your experience). A population-based questionnaire study. BJU Int (in press)
4. Hanly P, Pearce A, Sharp L. The cost of premature cancer-related mortality: a review and assessment of the evidence. Expert Rev Pharmacoecon Outcome Res 2014; 14(3): 355-77.
5. Hanly P, Sanjoemataram I, Sharp L. Measuring the societal burden of cancer: the cost of lost productivity due to premature cancer-related mortality in Europe. Int J Cancer (in press)
6. Lonergan BJ, Meaney S, Perry IJ, Comber H, Power B, Bradley C, Greiner BA. Smokers still underestimate the risks posed by secondhand smoke: a repeated cross-sectional study. Nicotine Tob Res 2014; 16(8):1121-8.
7. Medani S, O'Kelly P, O'Brien KM, Mohan P, Magee C, Conlon P. Bladder cancer in renal allograft recipients: risk factors and outcomes. Transplantation Proc 2014; 46(10): 3466-3473.
8. Pearce A, Timmons A, O'Sullivan E, Gallagher P, Goberman-Hill R, Thomas AA, Molcho M, Sharp L. Long term workforce participation patterns following head and neck cancer. J Cancer Surv (Epub ahead of print)
9. Sharp L, McDevitt J, Carsin A-E, Brown C, Comber H. Smoking at diagnosis is an independent prognostic factor for survival in head and neck cancer: findings from a large, population-based, study. Cancer Epidemiol Biomarkers Prev 2014; 23(11): 2579-90.

10. Sharp L, Deady S, Gallagher P, Molcho M, Pearce A, Thomas AA, Timmons A, Comber H. The magnitude and characteristics of the population of cancer survivors: using population-based estimates of cancer prevalence to inform service planning for survivorship care. *BMC Cancer* 2014; 14(1): 767.
11. Siesling S, Louwman WJ, Kwast A, van den Hurk C, O'Callaghan M, Rosso S, Zanetti R, Storm H, Comber H, Steliarova-Foucher E, Coebergh JW. Uses of cancer registries for public health and clinical research in Europe: Results of the European Network of Cancer Registries survey among 161 population-based cancer registries during 2010-2012. *Eur J Cancer* (in press)
12. Steliarova-Foucher E, O'Callaghan M, Ferlay J, Masuyer E, Rosso S, Forman D, Bray F, Comber H. The European Cancer Observatory: A new data resource. *Eur J Cancer* 2014 [Epub ahead of print].
13. Thomas AA, Gallagher P, O'Ceilleachair A, Pearce A, Sharp L, Molcho M. Distance from treating hospital and colorectal cancer survivors' quality of life: A gendered analysis. *Support Care Cancer* (in press)
14. Walsh PM, Byrne J, Kelly M, McDevitt J, Comber H. Socio-economic disparities in survival after breast cancer in Irish women. *PLOS ONE* 2014; 9(11): e111729.
15. Wells M, Amir Z, Cox T, Eva G, Greenfield D, Hubbard G, Kyle R, McLellan S, Munir F, Scott S, Sharp L, Taskila T (the CANWORK Research Group) Time to act: The challenges of working during and after cancer, initiatives in research and practice. [editorial] *Eur J Oncol Nursing* 2014; 181: 1-2.
16. Zanetti R, Calvia M, Bordoni A, Hakulinen T, Znaor A, Møller H, Siesling S, Comber H, Katalinic A, Rosso S; Eurocourse WP3 Working Group. Economic evaluation of cancer registration in Europe. *J Registry Manag* 2014; 41(1): 31-7.

Papers submitted during 2014 and under review at 31/12/2014

1. Balfe M, O'Brien K, Timmons A, O'Sullivan E, Butow P, Gooberman-Hill R, Sharp L. Informal caregiving in head and neck cancer: caregiving activities and psychological wellbeing. *Eur J Cancer Care*
2. Barron TI, Murphy LM, Brown C, Bennett K, Visvanathan K, Sharp L. De-novo post-diagnosis aspirin use and mortality in women with stage I-III breast cancer. *Cancer Epi Bio Prev*
3. Cahir C, Dombrowski S, Kelly CM, MJ Kennedy, Bennett K, Sharp L. Women's experiences of hormonal therapy for breast cancer; exploring influences on medication taking behaviour. *Support Care Cancer*
4. Cahir C, Guinan E, Dombrowski SU, Sharp L, Bennett K. Identifying the determinants of adjuvant hormonal therapy medication taking behaviour in women with stage I-III breast cancer: a systematic review and meta-analysis. *Br J Cancer*
5. Clarke N, Sharp L, Osborne A, Kearney P. Comparison of uptake of colorectal cancer screening based on faecal immunochemical testing (FIT) in males and females: A systematic review and meta-analysis. *Cancer Epidemiol Bio Prev*
6. de Camargo Cancela M, Comber H, Sharp L. Which women with breast cancer do, and do not, undergo receptor status testing? A population-based study. *Br J Cancer*
7. Dee A, Callan A, Doherty E, O'Neill C, McVeigh T, Sweeney MR, Staines A, Kearns K, Fitzgerald S, Sharp L, Kee F, Hughes J, Balanda K, Perry IJ. Overweight and obesity on the island of Ireland: An estimation of costs. *BMJ Open*
8. Drummond FJ, Kinnear H, Donnelly C, O'Leary E, Burns R, O'Brien K, Gavin A, Sharp L. Challenges of establishing a population-based patient reported outcomes study (PROMs) using national cancer registries across two jurisdictions; The Prostate Cancer Treatment, your experience (PiCTure) Study. *BMJ Open*.
9. Drummond FJ, O'Leary E, Gavin A, Kinnear H, Sharp L. Mode of prostate cancer detection is associated with the psychological wellbeing of survivors. Results from the PiCTure (Prostate Cancer treatment, your experience) study. *Sci Reports*
10. Drummond FJ, O'Leary E, Sharp L. Lottery ticket more effective than a prize draw in increasing questionnaire response among cancer survivors. *J Clin Epidemiol*

11. Hanly P, Koopmanschap M, Sharp L. Valuing productivity costs in a changing macroeconomic environment: The estimation of colorectal cancer productivity costs using the friction cost approach. *PharmacoEconom*
12. Hanly P, Maguire R, Hyland P, Sharp L. Examining the role of subjective and objective burden in carer health-related quality of life: the case of colorectal cancer. *Support Care Cancer*
13. Hanly P, O’Ceilleachair A, Skally M, O’Neill C, Sharp L. Costs of radiotherapy for rectal cancer: is there potential for efficiency savings? A microcosting study. *BMC Health Service Res*
14. Hanly P, Pearce AM, Sharp L. Cancer and productivity in the Irish economy: An employer’s perspective. *Ir J Management*
15. Kiderlen M, Walsh PM, Bastiaannet E, Kelly MB, Audisio RA, Boelens PG, Brown B, Dekkers OM, de Craen AJM, van de Velde CJH, Gerrit-Jan Liefers G-J. Treatment strategies and survival of older breast cancer patients – an international comparison between The Netherlands and Ireland. *PLOS ONE*
16. Maguire R, Hanly P, Hyland P, Sharp L. Understanding caregiver burden in colorectal cancer survivors: What role do patient and carer factors play? *Psycho-Oncol*
17. O’Brien K, Kelleher T, Dwane F, Sharp L, Comber H. Interval cancer rates in the Irish national breast screening programme. *J Med Screen*
18. O’Connor M, Waller J, Gallagher P, Martin CM, O’Leary JJ, D’Arcy T, Prendiville W, Flannelly G, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Understanding women’s differing experiences of distress following colposcopy: a qualitative interview study. *Psycho-Oncol*
19. O’Connor M, Gallagher P, Waller J, Martin C, O’Leary JJ, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Adverse psychological outcomes following colposcopy and related procedures: a systematic review. *BJOG*
20. O’Leary E, Drummond FJ, Gavin A, Kinnear H, Sharp L. Psychometric evaluation of the EORTC QLQ-PR25 questionnaire in assessing health-related quality-of-life in prostate cancer survivors: a curate’s egg. *Qual Life Research*
21. O’Mahony J, Naber SK, Normand C, Sharp L, O’Leary J, d Kok IMCM. Beware of kinked frontiers: a systematic review of the choice of comparator strategies in cost-effectiveness analyses of human papillomavirus testing in cervical screening. *Value Health*.
22. Pearce A, Hanly P, Timmons A, Walsh P, O’Sullivan E, Goberman-Hill R, Thomas AA, Gallagher P, Sharp L. Human capital and friction cost approaches to estimating the productivity losses associated with head and neck cancer: implications for subgroup comparisons. *Appl Health Econ Health Policy*
23. Pearce A, Ryan F, Drummond FJ, Thomas AA, Timmons A, Sharp L. Comparing the costs of three prostate cancer follow-up strategies in Ireland: A cost-minimisation analysis. *Ir J Med Sci*
24. Sharp L*, Cotton S*, Cruickshank M, Gray N, Smart L, Whyne D, Little J, on behalf of the TOMBOLA Group. Impact of post-colposcopy management on women’s long-term worries: results from the UK population-based TOMBOLA trial. *Gynecol Oncol* (*joint principal authors)
25. Sharp L*, Cotton S*, Cruickshank ME, Gray NM, Neal K, Rothnie K, Thornton AJ, Walker LG, Little J, on behalf of the TOMBOLA Group. Long-term worries after colposcopy: which women are at increased risk? *Women’s Health Issues* (* joint principal authors)
26. Sharp L, O’Leary E, Kinnear H, Gavin A, Drummond FJ. Cancer-related symptoms predict psychological wellbeing among prostate cancer survivors: results from the PiCTure study. *Psycho-Oncol*
27. Sharp L, Timmons A. Pre-diagnosis employment status and financial circumstances predict cancer-related financial stress and strain among breast and prostate cancer survivors. *J Cancer Surv*
28. White C, Bakhiet S, Bates M, Keegan H, Pilkington L, Ruttle C, Sharp L, O’Toole S, Fitzpatrick M, Lenehan P, Flannelly G, O’Leary J, Martin M. Utility of p16/Ki-67 dual staining and HPV testing in the triage of minor abnormal cytology: a two year prospective study. *Cancer Epidemiol Biomarkers Prev*

Presentations

Invited conference/meeting presentations made by Registry staff

1. O'Connor M, Murphy J, Costello L, Sharp L. Psychological impact of HPV testing in cervical screening. UCL/King's College London Joint MSc Masterclass on HPV. UCL, London, 21 November 2014
2. Sharp L. HPV in Ireland: epidemiology and women's views and attitudes. HPV testing and the future of cervical screening in Ireland – an educational workshop. National Cancer Screening Service, Dublin, 9th May 2014.
3. Sharp L. Collecting patient experience and patient-reported outcome data: experiences from Ireland. Consensus meeting on collecting quality of life and patient experience data in renal registries in Europe. Bristol, 23rd June 2014.
4. Sharp L. Clinical and patient-reported outcomes in breast cancer – what we know and what we don't. National Cancer Control Programme, Annual Breast Cancer Forum, Limerick, 10th October 2014.
5. Sharp L. Colposcopy – what is the impact on women? NHS Cervical Screening Programme, East and West Midlands Annual Colposcopy QA conference, Birmingham, 18th November 2014
6. Sharp L, Drummond FJ, O'Leary E, Kinnear H, Gavin A. Cancer-related side-effects and symptoms, psychological wellbeing and health-related quality-of-life in prostate cancer survivors: results from the all-Ireland PiCTure Study. British Association of Urology Nurses, Annual Conference, Glasgow 24-25th November 2014.
7. Sharp L. The epidemiology of sarcomas in Ireland. Inaugural Irish Sarcoma Group Meeting, Dublin, 27th November 2014

Oral presentations or oral poster presentations made by Registry staff

1. Brown C, Barron TI, Bennett K, Sharp L. Bias in prescription data of the Irish ovarian cancer population, ISPE Mid-year meeting, 5-8th April 2014, Rotterdam.
2. Brown C, Barron TI, Bennett K, Sharp L. Using routine prescribing data to identify comorbidities in cancer patients. NCIN Cancer Outcomes Conference, 9-10th June 2014, Birmingham.
3. Brown C, Kelleher T, Dwane F, Walsh PM, Chambers M, Sharp L, Comber H. Effect of active follow-up on survival estimates in a sample of cancer registry cases. European Network of Cancer Registries Scientific Meeting and General Assembly, Ispra, 12-14th November.
4. Clarke N, Sharp L, Osborne A, Kearney P. Comparison of uptake of colorectal cancer screening based on faecal immunochemical testing (FIT) in males and females: A systematic review and meta analysis. Advances in Cancer Screening and Prevention Research, 12th May 2014, London.
5. Drummond FJ, Kinnear H, Craven-Lynn2, Gavin A, Sharp L. Factors influencing men's experiences of prostate cancer. PiCTure (Prostate Cancer Treatment, your decision) study. Irish Cancer Society Survivorship Research Day, Dublin, 18th September 2014. [Winner of best presentation prize]
6. Drummond FJ, Kinnear H, Gavin A, O'Leary E, Durkan G, Galvin D, Smyth D, Kiely S, McGarvey C, Sharp L. Men's experience of prostate biopsy in Ireland: Results from the all-Ireland PiCTure study. Irish Society of Urology Annual Meeting, Killarney, 25-26th September 2014.
7. Drummond FJ, Kinnear H, O'Leary E, Donnelly D, Gavin A, Sharp L. Health-related quality of life of prostate cancer survivors up to fifteen years post-diagnosis. Results from an all-Ireland survey (the PiCTure study). National PROMs Summit, London, 3rd December 2014.
8. Drummond FJ, Kinnear K, O'Leary E, Gavin A, Sharp L. Prostate cancer survivors who were symptomatic at diagnosis have an increased risk of poor psychological wellbeing than men who were asymptomatic. Results from an all-Ireland survey. British Psychosocial Oncology Society Annual Conference. 27th – 28th Feb 2014, Preston.

9. Drummond FJ, O’Leary E, Kinnear H, Gavin A, Sharp L. Prostate cancer treatment decision making: Results from all-Ireland PiCTure (Prostate Cancer Treatment, your decision) study. European Network of Cancer Registries Scientific Meeting and General Assembly, Ispra, 12-14th November.
10. O’Connor M, Waller J, Gallagher P, Martin C, O’Leary J, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Women’s differing experiences of distress following colposcopy and related procedures: a qualitative interview study. 15th World Congress for Cervical Pathology & Colposcopy, 26th–30th May 2014, London.
11. O’Leary E, Drummond FJ, Kinnear H, Donnelly D, Gavin A, Sharp L. Psychometric evaluation of the EORTC PR-25 for assessing the health-related quality of life of prostate cancer survivors. National PROMs Summit, London, 3rd December 2014.
12. Pearce AM, Timmons A, Hanly P, O’Neil C, Sharp L, on behalf of the SUN Investigators and the ICE Award Investigators. A comparison of the human capital and friction cost approaches to estimating the productivity costs associated with head and neck cancer. 10th World Congress in Health Economics, Dublin, June 2014
13. Pearce AM, Bradley C, Hanly P, O’Neil C, Sharp L. Projecting productivity losses due to premature mortality from cancer 2010 – 2030. Irish Society of New Economists Conference, September 2014, Galway

Poster presentations made by Registry staff

1. Brown C, Comber H. Sharp L. Marital status associated with ovarian cancer stage, treatment and outcomes? NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
2. Clarke N, Osborne A, Kearney P, Sharp L. Comparison of participation rates between males and females in faecal immunochemical test colorectal cancer screening: A systematic review. 10th Annual Cochrane in Ireland Conference 2014, 24th January, DCU, Dublin.
3. Drummond FJ, Kinnear H, Gavin A, Sharp L. ‘Men talk’ Our experience of using a Freephone number with a postal questionnaire. International Association of Cancer Registries, Ottawa, Canada, 26-28th June 2014
4. Drummond FJ, Kinnear H, O’Leary E, Gavin A, Sharp L. Health-related quality of life in prostate cancer survivors decreased with time since diagnosis. International Association of Cancer Registries, Ottawa, Canada, 26-28th June 2014
5. Drummond FJ, Kinnear H, O’Leary E, Gavin A, Sharp L. Risk of poor psychological wellbeing of medium and long-term prostate cancer survivors is increased in men who were symptomatic at diagnosis. Results from an all-Ireland survey. NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
6. Drummond FJ, O’Leary E, Kinnear H, Gavin A, Sharp L Psychological wellbeing of medium and long-term prostate cancer survivors. Results from all-Ireland PiCTure (Prostate Cancer Treatment, your decision) study. Irish Cancer Society Survivorship Research Day, Dublin, 18th September 2014
7. McDevitt J, de Camargo Cancela M, Sharp L. Surgery type and length of stay in head and neck cancer patients: a population based study. NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
8. O’Connor M, Gallagher P, Waller J, Martin C, O’Leary J, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Psychological impact of colposcopy and related procedures: a systematic review. 15th World Congress for Cervical Pathology & Colposcopy , 26th – 30th May 2014, London.
9. O’Connor, Gallagher P, Waller J, Martin C, O’Leary J, and Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Psychological burden of follow-up for abnormal cervical smears: a systematic review. 10th Annual Cochrane in Ireland Conference 2014, 24th January, DCU, Dublin.
10. O’Connor M, Waller J, Gallagher P, Martin C, O’Leary J, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). Distress following colposcopy examination for cervical abnormalities: a qualitative study. British Psychosocial Oncology Society Annual Conference. 27th – 28th Feb 2014, Preston.

11. Pearce AM, Timmons A, Hanly P, O'Neil C, Sharp L, on behalf of the SUN Investigators and the ICE Award Investigators. Using registry data to estimate productivity losses due to premature mortality and reduced workforce participation following head and neck cancer. NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
12. Santibanez M, O'Rorke M, O'Leary E, Cantwell M, de Camargo Cancela M, Murray L, Sharp L, on behalf of the PanCAM study group. Allergies, asthma and the risk of pancreatic cancer: a population-based case-control study in Ireland. Irish Society of Gastroenterology Winter Meeting, Dublin, 21st-22nd November.
13. Santibanez M, O'Rorke M, O'Leary E, Cantwell M, de Camargo Cancela M, Murray L, Sharp L, on behalf of the PanCAM study group. Diabetes, pancreatitis and smoking and pancreatic cancer risk: results from a population-based case-control study in Ireland. Irish Society of Gastroenterology Winter Meeting, Dublin, 21st-22nd November.
14. Sharp L, McDevitt J, Carsin AE, Brown C, Comber H. Smoking at diagnosis is an independent prognostic factor for survival in head and neck cancer: findings from a large, population-based, study. NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
15. Sharp L, O'Driscoll D, O'Leary E, Higney K, Bradley C. Patterns and predictors of workforce participation in cancer survivors 6-months and 12-months post-diagnosis. NCIN Cancer Outcomes Conference, Birmingham, 9-10th June 2014.
16. Sharp L, Shearer N, Leen R, O'Morain C, McNamara D. Colonoscopy-related distress in individuals undergoing faecal immunochemical testing-based colorectal cancer screening: a population-based study. British Psychosocial Oncology Society Annual Conference. 27th – 28th Feb 2014, Preston.

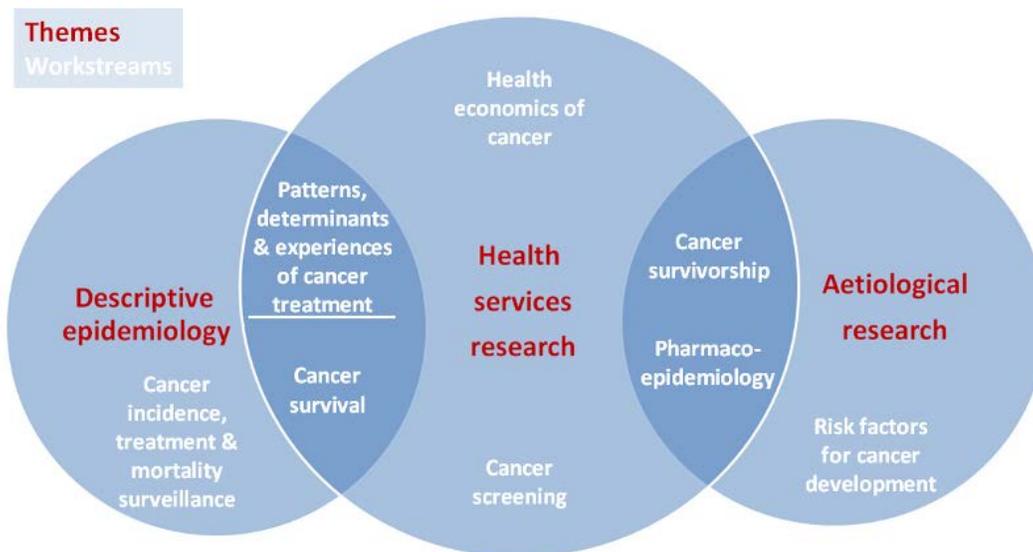
Aims

The statutory duties of the National Cancer Registry include a requirement “to promote and facilitate the use of the data...in approved research projects and in the planning and management of services”. This obligation has been discharged though making the data widely available in anonymised format, by collaborating with researchers outside the Registry and through the Registry’s internal research programme. As there is no academic research programme in cancer epidemiology at any Irish university, the use of Registry data by others has been quite limited and almost all research in the area has been carried out by the Registry either alone or in collaboration.

The primary aim of the research programme of the Registry is to provide information which will help reduce the cancer burden, through understanding of

- aetiology and risk factor prevalence;
- stage distribution of cancer and factors affecting this, including screening;
- patterns of care, their determining factors and results and patient experience;
- outcomes of cancer care, including patient-reported outcomes and long-term sequelae of cancer (survivorship), survival and economic burden (on the health services, patients and society).

Our current research strategy is focused on three central themes – descriptive epidemiology, health services research, and aetiological research.



Our research often spans more than one of these themes and so is best described in terms of the following workstreams, as outlined in the diagram above:

- Cancer incidence, treatment & mortality surveillance
- Cancer screening

- Cancer survival
- Cancer survivorship
- Health economics of cancer
- Patterns, determinants & experiences of cancer treatment
- Pharmacoepidemiology
- Risk factors for cancer development

Research projects

A core aim of the National Cancer Registry, Ireland is to promote and facilitate the use of our data in research and in the planning and management of cancer services in Ireland. In addition, we have research interests and expertise in a broad range of cancer-related topics outside of the use of cancer registration data. As such we have developed a diverse portfolio of research projects, many of which involve collaboration both within and outside the National Cancer Registry. Our current research strategy is focused on three central themes – *descriptive epidemiology, health services research, and aetiological research*.

Our research often spans more than one of these themes and so is best described in terms of the following workstreams:

- Cancer incidence, treatment & mortality surveillance
- Cancer screening
- Cancer survival
- Cancer survivorship
- Health economics of cancer
- Patterns, determinants & experiences of cancer treatment
- Pharmacoepidemiology
- Risk factors for cancer development.

A list of current projects is given below.

Project title	Research theme
ATHENS - A Trial of HPV Education and Support	Health services research
Breast cancer subtypes: a comparison of cancers that are screen-detected, intervals, and in non-attenders	Descriptive epidemiology, Health services research
Cancer incidence in Irish kidney transplant recipients	Descriptive epidemiology, Aetiological research
Cancer incidence, treatment and mortality surveillance	Descriptive epidemiology
Cancer survival studies	Descriptive epidemiology, Health services research
CANWON - EU Cancer and Work Network	Health services research, Aetiological research
CaPPE - Cancer Pharmacoepidemiology & Pharmacoeconomics	Health services research,

	Aetiological research
CaRE - Cancer and Return to Employment	Health services research, Aetiological research
CERVIVA - Irish Cervical Screening Research Consortium	Health services research
CERVIVA 2 - Irish Cervical Screening Research Consortium	Health services research
CERVIVA ICE - Irish Cervical Screening Research Consortium	Health services research
Challenges in cancer survivorship - costs, inequalities and post-treatment follow-up (ICE Project)	Health services research, Aetiological research
Childhood and adolescent cancer survival and incidence	Descriptive epidemiology
CONCORD-2 – international cancer survival comparisons	Descriptive epidemiology
Consistency, appropriateness and management of cancer services	Descriptive epidemiology, Health services research
Cost-effectiveness of PSA testing for the secondary prevention of prostate cancer	Health services research
Costs of lost productivity due to cancer-related premature mortality	Health services research
Economic impact of cancer in Ireland	Health services research, Aetiological research
Effect of social and spatial isolation among cancer patients on treatment receipt and survival	Descriptive epidemiology
Effects of pharmacological exposure on Ovarian Cancer	Health services research, Aetiological research
EU Pancreas - An integrated European platform for pancreas cancer research	Aetiological research
Excess burden of cancer in men in Ireland 1994-2008	Descriptive epidemiology, Health services research
Factors associated with participation in colorectal cancer screening	Health services research
Financial impact of a cancer diagnosis	Health services research, Aetiological research
FINBAR - Factors INfluencing the Barrett's/Adenocarcinoma Relationship	Aetiological research
Geographical studies	Descriptive epidemiology
Hospital length-of-stay after cancer surgery	Descriptive epidemiology, Health services research
International comparisons of breast cancer treatment and survival	Descriptive epidemiology, Health services research
PanCAM - Pancreatic Cancer Aetiology & Management	Health services research, Aetiological research
PiCTure - Prostate Cancer Treatment: the effect on health-related quality-of-life and other patient-reported outcomes	Health services research, Aetiological research
PiCTure 2 - Men's experiences of prostate cancer care in Ireland	Health services research
Smoking & survival in cancer	Descriptive epidemiology,

	Health services research
SuN study - supportive care needs of survivors of head & neck cancer	Health services research, Aetiological research
SuN Study 2 - supportive care needs of informal carers of survivors of head & neck cancer	Health services research, Aetiological research
Treat - Treatment Receipt in Elderly women diagnosed with cancer	Descriptive epidemiology, Health services research

Grant/funding applications submitted in 2014

Successful applications made in 2014

1. Pearce AM, Soerjomataram I. Comparing cancer-related premature mortality costs in Europe with emerging economies. European Cooperation in Science and Technology – Cancer and Work Network, 2015, €1285

Applications made in 2014 for which final decision is pending

1. O’Leary J, Sharp L, Martin C, Flannelly G, Normand C, Timon C. From episodic care to disease prevention and management: Developing analytical skills and interdisciplinary learning from the case of HPV related cancers. Health Research Board Interdisciplinary Capacity Enhancement Award, 2015-2020, €748,793
2. Bennett K, Sharp L, Fitzpatrick P, Zgaga L, Dombrowski SU. Translating population health research into practice - from scientific discovery to population health intervention. Health Research Board Interdisciplinary Capacity Enhancement Award, 2015-2018, €637,719.
3. O’Dwyer M, Joshi L, Samali A, Szegezdi E, O’Brien T, Cotter T, O’Driscoll C, Cahill M, Sharp L, Forbes J. Irish Blood Cancer Network. Irish Cancer Society/Science Foundation Ireland, Collaborative Cancer Research Centres, 2015-2020, €7.5 million. *[Under negotiation with funders; likely that approx €2.5million will be made available to cover phase 1 centre and enhanced population registry (including PROMS); this latter work will be lead by NCR]*
4. Molcho M, Sharp L. Health inequalities in childhood cancer survivors. Irish Cancer Society, 2015-2016, €119,445. *[Shortlisted for funding conditional on making adequate response to reviewers’ comments]*

STRATEGIC PLANNING 2013-2016

Background

With the appointment of a new National Cancer Registry Board, and the anticipated retirement of the current Director in 2014, the Board has decided to refresh and broaden its current strategic plan, to take into account the changing health services and research environment in Ireland. As part of this process the Board has carried out a wide consultation, including a survey of the views of a range of key bodies and individuals on the current and future role of the Registry.

Some key elements to emerge from this consultation were:

- Clinicians should have a greater role in advising the Registry, for instance through the establishment of an Advisory Committee.
- The Registry should have more engagement with clinicians and the public.
- The Registry should retain its autonomy as far as possible.
- Data collection and availability should be more timely.
- Registration of cancer should be mandatory.
- The routine dataset should be expanded to include, for instance, family history and risk factors.
- The Registry should attempt to provide follow-up information on patients.
- Data should be made as widely available as possible.
- Research using both registration data and additional data should be encouraged.

The following 3 year statement of strategy was agreed by the Board in December 2013.

Statement of strategy 2013-2016

Aims

1. To collect accurate, timely and comprehensive data through cancer registration and related research activities.
2. To disseminate data and the results of analysis in a relevant and comprehensive manner.

Challenges

The Board identified a number of key strategic challenges for the Registry.

1. To identify the optimum setting for the Registry at a time of reorganisation and reform of public and health services.
2. To maintain and improve the quality of data and research output from the Registry at a time of change and financial restrictions within the health services.
3. To make the Registry more relevant to service planning and clinical practice to the ultimate benefit of cancer patients.

Strategic Objectives

The Board has agreed a number of strategic objectives related to these challenges

1. Optimum setting for the Registry

- a. Any arrangements should be sustainable and must allow the Registry to remain independent in its reporting of data.
- b. In consultation with the Minister for Health, his officials, management of the HSE and others, to agree a long-term configuration and governance arrangement for the Registry. These might include continuing as an autonomous agency of the Department of Health, integration with the Department of Health, integration with a health intelligence or public health agency, merging with the National Cancer Control Programme or an academic partnership.
- c. To explore the possibilities of closer links with academic bodies within Ireland with a view to developing closer collaborations in research, data analysis and methodology, as well as enhancing the career possibilities of Registry researchers.

2. Maintain and improve the quality of data and research output from the Registry

- a. Build partnerships and capacity in health intelligence and cancer services research.
- b. Increase the level of engagement with registries and other bodies in the rest of Europe and beyond.
- c. Encourage wide participation and collaboration in research.
- d. Keep the Registry at the forefront of registration and research development internationally.
- e. Explore the potential of closer academic integration, while avoiding identification with any single academic institution.

3. Make the Registry more relevant to service planning and clinical practice

- a. Establish processes of regular and effective engagement with clinicians and hospital groups to determine how the Registry might assist them, and they the Registry.
- b. Provide regular outputs.
- c. Explore methods of collecting data in a more timely way.
- d. Examine the feasibility of extending the Registry dataset, particularly with regard to follow-up data.
- e. Increase the visibility of the Registry and registration data to the public, to clinicians and in supporting planning, monitoring and evaluation of services.
- f. Work toward greater availability and sharing of data across the cancer services and reduction of duplication in data collection and reporting.
- g. Enhance public awareness of the Registry and its work.

Strategic Actions

1. Optimum setting for the Registry

- a. Initiate discussions with key individuals on the future of the Registry
- b. Appoint a new Registry Director with the skills and experience to lead and develop the Registry through this transitional phase and maximise the opportunities arising from any reconfiguration.
- c. To initiate discussions with academic bodies within Ireland on the potential for collaboration at various levels, including shared posts, shared facilities and collaborative research programmes.

2. Maintain and improve the quality of data and research output from the Registry

- a. Establish a cancer information committee in each hospital group to explore more efficient access to data and use of resources locally.
- b. Advocate for the Health Information Bill and for cancer registration to be made mandatory.
- c. Work with
 - hospital and HSE IT to increase the availability and quality of electronic data from histopathology, oncology, radiotherapy and similar systems;
 - ESRI to improve access to HIPE data;
 - Private health insurers to provide claims data.
- d. Enhance the Registry website to improve access to data.
- e. Increase the output of peer-reviewed papers.
- f. Encourage attendance of Registry staff to present research and analysis at clinical conferences.
- g. Work with academic and research institution to develop collaborative research both in Ireland and abroad.

3. Make the Registry more relevant to service planning and clinical practice

- a. Establish a Clinical Advisory Group, in collaboration with the National Cancer Control Programme, to explore areas of mutual interest with the cancer clinical community, including more collaboration in data collection, additional data items and more focussed reporting.
- b. Consult with the Department of Health, National Cancer Control Programme, HSE and other relevant bodies on the type and content of outputs they would like to have from the Registry.
- c. Develop the Registry's capacity in health economics and service assessment.
- d. Develop capacity in data management linkage and analysis, in areas of relevance to planning, monitoring and evaluation of cancer services.

PERFORMANCE INDICATORS

A set of performance indicators was agreed by the Board in 2010 to evaluate the success of the registry in attaining the objectives set out in the strategic plan. The targets were chosen to be slightly better than current performance in most areas. Performance on these indicators is shown below for the most recent year available. Indicators which did not reach the agreed target are shown in red.

Aims

1. To provide a suite of indicators to measure the performance of the National Cancer Registry in delivering on the strategic plan.
2. To benchmark the performance of the National Cancer Registry against similar bodies.

Registration

Performance indicators

	2011	2012
<i>a. Timeliness</i>		
1. 50% of invasive cancers, excluding non-melanoma skin, should be registered within 3 months of the date of incidence.	58.0%	54.3%
2. 90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence.	83.4%	84.2%
3. 90% of invasive cancers, excluding non-melanoma skin, should be closed within 24 months of the date of incidence.	73.2%	76.7%
<i>b. Accuracy</i>		
1. Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin.	0.7%	0.7%
2. 90% of all invasive cancers, excluding non-melanoma skin, should be microscopically verified, if the case is closed.	92.4%	92.6%
3. Cancers of ill-defined sites should be less than 3% of all invasive cancers, excluding non-melanoma skin.	2.3%	2.2%

Research and Dissemination

1. Provide data for CI5, EUROCIM, EURO CARE and similar projects on time and as requested

- a. EURECCA - colorectal cancer dataset provided
- b. Cancer Strategy review – detailed data provided to Department of Health on incidence, stage, trends, waiting times, treatments and place of death

2. Publish peer-reviewed papers in high impact journals

(a) Submit at least 12 papers (on which an NCR staff member is first/last/senior author) for publication in peer-reviewed journals.

- Number of papers published/in press 2013 on which NCR staff member was first or last/senior author: **9/16**
- Number of papers submitted in 2013 and under review at 31/12/2013 on which NCR staff member was first or last/senior author: **23/28**

(b) Make at least 24 oral and poster presentations at national and international conferences.

- Number of conference presentations (invited, oral or poster) by NCR staff in 2013: **36**

3. Lead, or collaborate in, the submission of at least 4 grant/funding applications.

- Number of grant/funding applications made in 2013: **11**

4. Complete 80% of queries within 2 weeks of receipt.

297 queries dealt with in 2014; 258 (87%) replied to within 1 week; 22 (7%) replied to between 1 and 2 weeks; 17 (6%) replied to after 2 weeks.

5. Produce reports based on registry data, including: (a) four short reports on cancer trends; and (b) the registry annual report.

- Number of full reports published in 2013: 3 (including annual report)
- Number of short reports published in 2013: 4

Administration

1. The annual accounts and report of the Board to be produced by June 30th

No. Audited accounts were not available until September 2014

Service plan to be delivered to the Department of Health within 4 weeks of letter of allocation

Yes

Registry expenditure to remain within assigned annual budget

Yes

Deliver on all recommendations in internal audit reports within timeframe agreed

Yes. All audit recommendations were closed out within agreed timeframes.

OVERVIEW OF ENERGY USAGE IN 2014

The main energy users at the National Cancer Registry are air conditioning and heating. Other uses include lighting, office equipment and catering. All of these are powered by electricity and there is no consumption of gas or fossil fuels for any purpose. It is not possible to apportion electricity consumption between these various uses, as they come off the same supply.

In 2014, the National Cancer Registry consumed 91.248 MWh of energy, all electrical.

Actions Undertaken in 2014

In 2014 the Registry undertook a range of initiatives to improve our energy performance, including:

- Decreased use of heating and air-conditioning by judicious use of natural heating and cooling;
- Powering down of all non-essential IT equipment when not in use.

National Cancer Registry Board
Accounts
for the year ended 31st December 2014

National Cancer Registry Board

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National Cancer Registry Board

Information

Current Board

Name	Date Appointed
Dr Susan O'Reilly (Chairperson)	14 th February 2013
Dr Anna Gavin	14 th February 2013
Dr Fenton Howell	14 th February 2013
Mr John McCormack	14 th February 2013
Mr Michael Conroy	14 th October 2013
Ms Orla Dolan	14 th October 2013
Dr Cathy Kelly	2 nd April 2014

Director

Dr Harry Comber

Business Address

Building 6800, Cork Airport Business Park,
Kinsale Road,
Cork.

Auditor

Comptroller and Auditor General,
Dublin Castle,
Dublin 2.

Bankers

Allied Irish Banks plc,
66 South Mall,
Cork.

Bank of Ireland
Cork Airport
Cork

National Cancer Registry Board

Statement of Board Members' Responsibilities

The members of the Board are required by the National Cancer Registry Board (Establishment) Order 1991, to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Board and of its Income and Expenditure for that period. In preparing those financial statements the Board is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- comply with applicable Accounting Standards, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is appropriate to presume that the Board will not continue in operation.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the National Cancer Registry Board and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the National Cancer Registry Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board


.....
Dr Susan O'Reilly
Chairperson

Date: .15 June 2015.....


.....
Dr Fenton Howell
Board Member

Date: . 15 June 2015.....

National Cancer Registry Board

Statement on Internal Financial Control for the year ended 31st December 2014

Responsibilities

On behalf of the Board of the National Cancer Registry, I acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

The system can only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely period.

Key Control Procedures

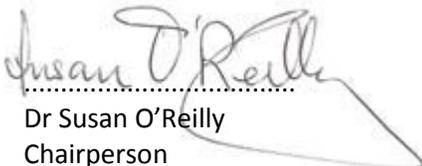
The key control procedures put in place designed to provide effective financial control are:

- A clearly defined management structure.
- A risk register was compiled in 2010 and was updated throughout 2014.
- A procedures document setting out instructions for all areas of financial activity was in place for 2014. This outlined the procedures for the administration of salaries, invoices and expense claims, use of the credit card and petty cash transactions as well as procedures for procurement and for the disposal of assets. The payroll was carried out by University College Cork in 2014.
- The Audit Committee met on 4 occasions in 2014 and reviewed the work of the Internal Audit which is contracted out for 2014 to a private firm of Accountants
- Internal audits were carried out in 2014 in the areas of Internal Financial Controls, Data Collection & Registration and I.T Security. A review of Financial Controls for 2014 was conducted in March 2015.
- An overall annual budget for the National Cancer Registry was agreed which incorporated a separate budget for IT. A report is prepared on a monthly basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.
- Review by the Board at each of its meetings of periodic and annual financial reports.

Review of Internal Controls

I confirm that the Board carried out a review of the effectiveness of internal financial controls for 2014 at its meeting on 24th March 2015.

Signed on behalf of the Board of the National Cancer Registry


.....
Dr Susan O'Reilly
Chairperson

Date: . 15 June 2015.....



National Cancer Registry Board

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2014 under Section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements, which have been prepared under the accounting policies set out therein, comprise the statement of accounting policies, the income and expenditure account, the balance sheet and the related notes. The financial statements have been prepared in the form prescribed under Section 21 of the National Cancer Registry Board (Establishment) Order 1991 and in accordance with generally accepted accounting practice in Ireland as modified by the directions of the Minister for Health in relation to accounting for superannuation costs.

Responsibilities of the Board

The Board is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view of the state of the National Cancer Registry Board's affairs and of its income and expenditure, and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them in accordance with applicable law.

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation.

My audit is carried out in accordance with the International Standards on Auditing (UK and Ireland) and in compliance with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements, sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of

- whether the accounting policies are appropriate to the Board's circumstances, and have been consistently applied and adequately disclosed
- the reasonableness of significant accounting estimates made in the preparation of the financial statements, and
- the overall presentation of the financial statements.

I also seek to obtain evidence about the regularity of financial transactions in the course of audit.

In addition, I read the Board's annual report to identify if there are any material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Opinion on the financial statements

In compliance with the directions of the Minister for Health, the Board accounts for the costs of superannuation entitlements only as they become payable. This basis of accounting does not comply with Financial Reporting Standard 17 which requires such costs to be recognised in the year the entitlements are earned.

In my opinion, except for the accounting treatment of the Board's superannuation costs and liabilities, the financial statements, have been properly prepared in accordance with generally accepted accounting practice in Ireland and give a true and fair view of the state of the Board's affairs at 31 December 2014 and of its income and expenditure for 2014.

In my opinion, proper books of account have been kept by the Board. The financial statements are in agreement with the books of account.

Matters on which I report by exception

I report by exception if

- I have not received all the information and explanations I required for my audit, or
- my audit noted any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Board's annual report is not consistent with the related financial statements, or
- the statement on internal financial control does not reflect the Board's compliance with the Code of Practice for the Governance of State Bodies, or
- I find there are other material matters relating to the manner in which public business has been conducted.

I have nothing to report in regard to those matters upon which reporting is by exception.


Patricia Sheehan

For and on behalf of the
Comptroller and Auditor General

26 June 2015

National Cancer Registry Board

Statement of Accounting Policies for the year ended 31st December 2014

Accounting convention

The financial statements have been prepared under the historical cost convention and comply with the Accounting Standards issued by the Minister for Health.

Tangible fixed assets and depreciation

Fixed Assets are stated at cost less depreciation.

Depreciation is provided at rates calculated to write off the cost or valuation less residual value of each asset over its expected useful life, as follows:

Fixtures and Fittings	20% Straight Line
Office Equipment	20% Straight Line
Computer Hardware	25% Straight Line
Computer Software	33% Straight Line

Certain computer hardware and software is written off in the year of acquisition.

Grants

Revenue grants from the Department of Health are the amounts received for the year. Grants used for capital purposes are deferred and amortised over the same period as the related fixed assets are depreciated.

Pensions

By direction of the Minister for Health no provision has been made in respect of accrued benefits payable in future years under the Nominated Health Agencies Superannuation Scheme and its Spouses and Children Scheme.

Contributions from employees who are members of the scheme are credited to the Income and Expenditure account when received. Pension payments are charged to the Income and Expenditure account when paid.

Research Grants

Research grants are recognised in the period in which the corresponding expenditure is incurred and are accounted for as Other Income.

National Cancer Registry Board

Income and Expenditure Account for the year ended 31st December 2014

	Notes	2014 €	2013 €
Income			
Department of Health	1	2,498,000	2,444,000
Superannuation contributions		74,199	103,156
Other Income	2	501,261	614,955
Total Income		3,073,460	3,162,111
Expenditure			
Staff costs	3	2,637,712	2,592,713
Administration costs	4	449,308	479,183
Travel and subsistence		58,904	49,201
Total Expenditure		3,145,924	3,121,097
Surplus/(Deficit) for year		(72,464)	41,014
Balance Brought Forward 1 st January		129,677	88,663
Balance Carried Forward 31 st December		<u>57,213</u>	<u>129,677</u>

All gains and losses for the year have been recognised in arriving at the Surplus of Income over Expenditure.

On behalf of the Board:



Dr Susan O'Reilly
Chairperson

Date: . 15 June 2015.....



Dr Fenton Howell
Board Member

Date: ... 15 June 2015.....

The accounting policies on page 39 and notes on pages 42-48 form part of these financial statements

National Cancer Registry Board

Balance Sheet as at 31st December 2014

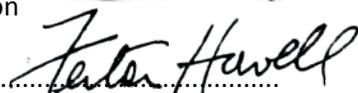
		2014		2013	
Notes	€	€	€	€	€
Fixed Assets	5		84,152		36,207
Current Asset					
Debtors and Prepayments	6	176,828		99,735	
Cash at bank and in hand		555,314		664,935	
		732,142		764,670	
Current Liabilities					
Revenue & Payroll Deductions		74,430		86,480	
Other creditors		7,778		19,750	
Accruals		107,786		51,412	
Grants received in advance	7	484,935		477,351	
		674,929		634,993	
Net Current Assets			57,213		129,677
Total Assets Less Current Liabilities			<u>141,365</u>		<u>165,884</u>
Financed by:					
Capital Grants	8		84,152		36,207
Income and Expenditure Account			57,213		129,677
			<u>141,365</u>		<u>165,884</u>

On behalf of the Board:



 Dr Susan O'Reilly
 Chairperson

Date: 15 June 2015.....



 Dr Fenton Howell
 Board Member

Date: 15 June 2015.....

The accounting policies on page 39 and notes on pages 42-48 form part of these financial statements

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

1. Department of Health	2014	2013
	€	€
Revenue Grant (Vote 38 , Subhead B1)	2,498,000	2,444,000
Capital Grant (Note 8)	89,729	31,167
2. Other Income	2014	2013
	€	€
Research Grants		
Prostate Charity 2 (NICR)	51,675	0
CARG	14,856	0
PSA Grant (HRB)	13,622	76,486
Effects of Social & Spacial Isolation Grant (Irish Cancer Society)	40,165	76,679
Bowelfit	5,668	0
Head & Neck Extension (HRB)	25,697	33,770
Cancer in Older Women Grant (HRB)	951	0
Employment Outcomes Grant (HRB)	2,211	20,500
Eurocourse (EU)	207	5,000
Head & Neck Cancer Grant (HRB)	358	47,889
Cerviva Randomised Control Trial Grant (HRB)	0	43,610
Sanofi Grant (Sanofi Aventis)	811	12,694
Prostate Charity (NICR)	28,562	27,252
Rarecare (EU)	83	2,390
Ovarian Pharmacoeppi (HRB)	55,171	40,445
Survivorship Interdisciplinary Capacity Enhancement (HRB)	168,134	110,941
Mens Experience of Prostate Care (HRB)	0	32,985
Cerviva Interdisciplinary Capacity Enhancement (HRB)	66,231	59,055
Pharmacoeppi Interdisciplinary Capacity Enhancement (HRB)	0	701
PSA Extension (HRB)	16,123	8,603
Eurochip funding (EU)	896	0
Pharmacoeppi ICE (HRB)	46	0
Rarecare Net (EU)	624	0
	492,091	599,000
Non-Research Grant		
Miscellaneous	8,870	1,700
Sale of Fixed Assets	300	0
Transfer from UCC	0	14,255
	9,170	15,955
	<u>501,261</u>	<u>614,955</u>

Grant Donors are :

Health Research Board (HRB) , Health Information Quality Authority (HIQA), European Union (EU), Carlow Institute of technology (CIT), Northern Ireland Cancer Registry (NICR)

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

3. Information on Employees and Remuneration

	2014 Number	2013 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	33	34
Tumour Registration Officers	<u>21</u>	<u>20</u>
	<u>55</u>	<u>55</u>

	2014 €	2013 €
Employment Costs		
Wages and salaries	2,186,747	2,296,883
Social Insurance Costs	218,576	231,157
Pensions	232,389	64,673
	<u>2,637,712</u>	<u>2,592,713</u>

	2014 €	2013 €
Director's Remuneration	54,962	107,410
Directors Expenses	2,241	6,463

The Director received remuneration of €44,764 between 1st January 2014 and 5th June 2014 when he retired. He was appointed Interim Director on 18th August for a period of 3 months and this was extended for a further 3 months until 18th February 2015. The Directors remuneration from 18th August 2014 to 31st December 2014 was €10,198. The Director is a member of the Nominated Health Agencies Superannuation Scheme and did not receive any Performance Related Award in 2014.

	2014 €	2013 €
Board Members Remuneration and Expenses		
Travel & Subsistence to attend Board Meetings	434	783

Board members do not receive fees.

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

4. Administration Expenses

	2014	2013
	€	€
Office Consumables	9,184	13,838
Courier and delivery charges	1,160	788
Books and periodicals	635	1,694
C&AG Audit fee	8,700	8,700
Other Audit fees	10,742	7,103
Recruitment	5,190	8,528
Training & Conference fees	56,665	70,776
Rent, rates & service charges	133,024	131,461
Insurance	14,387	11,416
Building repairs & maintenance	125	984
Light and heat	22,876	18,764
Licences, Subscriptions & Support	73,969	63,866
Printing, postage and stationery	4,867	20,629
Telephone, fax and Internet	43,388	35,929
Legal and professional fees	8,554	8,574
Bank Charges	614	759
Sundry expenses	33,074	24,857
Research Collaborations	20,575	45,900
Information Technology Consumables	1,579	4,617
Amortisation of Capital Grants	(41,784)	(25,196)
Depreciation on computer equipment	37,657	20,328
Depreciation on fixtures and fittings	3,812	4,553
Depreciation on office equipment	315	315
	449,308	479,183
Total Administrative Expenses	<u>449,308</u>	<u>479,183</u>

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

5. Fixed Assets

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2014	392,780	307,312	19,919	720,011
Additions	86,292	3,437	0	89,729
Disposals	(5,209)	0	0	(5,209)
At 31st December 2014	473,863	310,749	19,919	804,531
Depreciation				
At 1 st January 2014	365,688	298,826	19,290	683,804
On disposals	(5,209)	0	0	(5,209)
Charge for the year	37,657	3,812	315	41,784
At 31st December 2014	398,136	302,638	19,605	720,379
Net book Values				
At 31st December 2014	<u>75,727</u>	<u>8,111</u>	<u>314</u>	<u>84,152</u>
At 31 st December 2013	<u>27,092</u>	<u>8,486</u>	<u>629</u>	<u>36,207</u>

6. Debtors

	2014	2013
	€	€
Debtors – Research Grants	123,553	56,696
Debtors – Other	3,202	5,282
Prepayments	50,073	37,757
	<u>176,828</u>	<u>99,735</u>

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

7. Grants Received in Advance/Arrears

Project (Donor)	Opening at 1 st January	Income Received	T/F to I&E A/C	Closing at 31 st December
	€	€	€	€
Grants Currently in Advance				
Economic Impact Grant (HRB)	0	0	0	0
Eurochip Funding (EU)	3,581	0	896	2,685
Rarecare Grant (EU)	333	0	83	250
Employment Outcome Grant (EU)	2,222	0	2,211	11
Pharmacoepi ICE (HRB)	8,202	9,000	46	17,156
Head and Neck (HRB)	1,432	0	358	1,074
Cancer in Older Women (WHC)	1,087	0	951	136
Sanofi (Sanofi Aventis)	3,246	0	811	2,435
Eurocourse	826	0	207	619
Ovarian Pharmacoepi	56,869	118,282	55,171	119,980
Survivorship ICE (HRB)	106,423	225,634	168,134	163,923
Rarecare Net (EU)	3,020	2,164	623	4,561
Head & Neck Grant 2 nd Phase (HRB)	48,205	0	25,697	22,508
Social Spread Isolation (ICS)	24,339	33,672	40,165	17,846
CARG (HRB)	134,104	0	14,856	119,248
Prostate Specific Antigen(PSA) (HRB)	20,609	0	13,622	6,987
PSA Extension (HRB)	18,397	0	16,124	2,273
Prostate Charity (NICR)	(12,261)	44,065	28,561	3,243
				484,935
Grants Currently in Arrears				
Cerviva Randomised Control Trial (HRB)	(29,437)	0	0	(29,437)
Mens Experiences (HRB)	(14,997)	0	0	(14,997)
Cerviva ICE	44,456	0	66,231	(21,775)
Prostate Charity 2 (NICR)	0	0	51,675	(51,675)
Bowelfit	0	0	5,669	(5,669)
				(123,553)
	<hr/>	<hr/>	<hr/>	<hr/>
Total	<u>420,656</u>	<u>432,817</u>	<u>492,091</u>	<u>361,382</u>

Research Grant Donors are :

Health Research Board (HRB)
European Union (EU)
Health Information Quality (HIQA)
Northern Ireland Cancer Registry (NICR)
Womens Health Council (WHC)
Irish Cancer Society (ICS)
Sanofi Avensis

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

8. Capital Grants	2014 Total €	2013 Total €
Balance at 1 st January 2014	36,207	30,237
Revenue Grants Received	0	0
Capital Grants Received from Department of Health	89,729	31,166
Capital Expenditure funded by HRB Grant	0	0
Amortisation released on disposals	0	0
Amortisation in line with depreciation	(41,784)	(25,196)
Balance at 31 st December 2014	<u>84,152</u>	<u>36,207</u>

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2014

9. Operating Lease Rentals

The Board carried out its business from a premises at Cork Airport Business Park, which it holds under a 5 year lease due to expire on 30th November 2017.

	2014	2013
Lease Rentals Charged to Income & Expenditure Account	98,400	98,400

The Board has the following annual commitments under operating leases which expire:

Within one year	-	-
Within two to five years	98,400	98,400

10. Pension Related Deduction

In accordance with the Financial Emergency Measures in the Public Interest Act 2009, a pension related deduction for public servants became effective from 1 March 2009. The deduction was collected and remitted on a monthly basis by the National Cancer Registry. The total of the monthly payments remitted to the Department of Health for the period from January to December 2014 was €112,414

11. Contingent Liability

The Board has a contingent liability in respect of a complaint to the Equality Tribunal. However as there is uncertainty surrounding both the timing and the amount of any potential settlement depending on the outcome of the hearing no provision has been made in these accounts.

12. Approval of Financial Statements

The Board approved the financial statements on 15th June 2015



National
Cancer
Registry
Ireland

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