

2015

**National Cancer Registry
Annual report and accounts for year ending
31st December 2015**



NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST DECEMBER 2015



National
Cancer
Registry
Ireland

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FOREWORD

The National Cancer Registry has had an exciting year. We are delighted with the appointment of Dr Kerri Clough-Gorr as our new Director. Kerri will take on a joint appointment between the National Cancer Registry post and being a Professor in the Department of Epidemiology at University College Cork. This new approach will align our major cancer registry functions with a focus on further development of the academic potential of the registry.

The members of the board are delighted to welcome Kerri to her new role. Kerri brings expertise in cancer registry from her previous post. She also has strong links with the academic community at Boston University.

On behalf of the board, I would also like to express my appreciation to Dr Harry Comber who kindly provided interim leadership after his retirement in order to ensure that the registry continued on its successful trajectory. The registry is continuing to maintain its very high standards of completeness of records and timeliness. The quality of the reports that have been published this year are excellent and the annual number of research publications and their scope continues to grow. Registry information has been very helpful in the development of a new cancer strategy which we expect to be published in 2017 and Dr Harry Comber in his role as Acting Director was a member of the Strategic Planning Group.

On behalf of the board, I would like to express our appreciation of the expertise and dedication of the staff of the National Cancer Registry in their ongoing commitment to high quality data capture analysis and outputs.

Yours Sincerely,



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

INTERIM DIRECTOR'S STATEMENT

As this is my final annual report, it seemed appropriate to look back on the history of the Registry since its establishment in 1991. Three important decisions were made at the outset which have shaped the development of the registry— to record data electronically rather than on paper forms; to use tumour registration officers to find and record cases; and to make research a key function of the registry.

Registering data directly on laptops may not now seem innovative, but at the time we were among the first to do this, most registries still being based on paper forms. Direct data entry removed transcription errors, speeded the process, and made the registry IT-based from the start. Active registration, although requiring additional staff, has allowed the registry much better control of quality, more detailed data and flexibility in introducing new data items. It has given us a database of considerable quality, equal to any in Europe. While research did not constitute a large part of registry output for the first few years, it now forms the largest body of work on the epidemiology and health services research of cancer in Ireland, with well over 100 peer-reviewed publications.

It has given me great satisfaction to see cancer data move from the periphery to the centre of cancer, planning and evaluation in Ireland over the past two decades and, with the introduction of a new national cancer strategy, I hope to see it develop further.

A handwritten signature in black ink, appearing to read 'Harry Comber', written in a cursive style.

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 reappointed by the Minister on February 15th 2016. Its members are:

- Dr Susan O’Reilly (Chair)
- Mr Michael Conroy
- Ms Orla Dolan
- Dr Anna Gavin
- Dr Fenton Howell
- Dr Catherine Kelly
- 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 31/12/2015

1. Commercially significant developments affecting the body

No commercially significant developments occurred during 2015.

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 2015.

(iii) Policies and procedures setting out instructions for all areas of financial activity were in place for 2015. These 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 function was carried out by University College Cork in 2015. 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 in April 2013 and oversaw the work of the Internal Auditors during 2015.

(v) An ITT for Internal Audit Services was undertaken in 2013 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 2015 in the areas of Internal Financial Controls for 2014 and Research Grant Income.

(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 2015 at its meeting in February 2016.

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 large, sweeping flourish at the end.

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 2015.

Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2015, the following areas were audited:

- Internal Financial Controls
- Research Grant Income

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 2015, 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 2015.

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 2015. 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 2015. A Service Plan was provided to the Department of Health in February 2015 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 2015 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 five times in 2015. 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 31/12/2015 was 35.1 FTE. In addition, 10.3 FTE were on specified contracts, 9.5 FTE researchers funded from external sources (Health Research Board or EU) and 0.8 FTE in administration.

Job title	WTE					number				
	Administration	Data	IT	Research	TRO	Administration	Data	IT	Research	TRO
All staff	4.8	10.6	4.6	10.1	15.3	6	11	6	11	19
All permanent	4	7.6	4.6	3.6	15.3	5	8	6	4	19
TRO Supervisor		1					1			
Clerical Officer	1					1				
Data Matching Analyst		1					1			
Data Quality Officer		2					2			
Finance & Administration Officer	1.5					2				
Geocoding Researcher		1					1			
Data Manager		1					1			
Analyst Programmer			1					1		
Communications/HR Officer	1					1				
Data Manager		0.76					1			
Infrastructure Development Officer			1					1		
Researcher				1					1	
Statistician				0.6					1	
IT Administrator			0.6					1		
Data Analyst				1					1	
Senior Administrator	0.5					1				
Analyst Researcher			0.5					1		
IT Specialist			0.5					1		
Project Leader		0.81					1			
IT Manager			1					1		
Epidemiologist				1					1	
Tumour Registration Officer					8.82					12
					6.5					7

Total	0.8	3		6.5		1	3		7	
Researcher				4					4	
Researcher				2.5					3	
IPCOR Research Officer		3		0.3			3			
Interim Director*	0.8					1				

* The Director retired on June 6th 2014 and was re-employed as Interim Director on a part-time basis from August 17th, 2014. To 31st July 2016.

ACTIVITIES

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

Data acquisition

Registration activity

Table 4.1. Number of registrations by year (December 2015)

year of incidence	open	closed	% closed	all cases	% of expected cases
2006	40	28233	100%	28273	107%
2007	34	30644	100%	30678	112%
2008	21	31772	100%	31793	111%
2009	40	34037	100%	34077	113%
2010	23	35752	100%	35775	111%
2011	76	38551	100%	38627	114%
2012	81	38289	100%	38370	106%
2013	1817	36588	95%	38405	102%
2014	14459	23556	62%	38015	99%
2015	19811	6574	25%	26385	69%

The Registry database now has around 520,000 registrations and 621,000 tumours.

Over 38,000 cancers are now being registered annually, compared to 19,000 in 1994. Just under 45,000 new cases have been created and 39,750 closed between January and December 2015. (This includes cases that were both created and closed in 2015.) The number of cases closed in 2015 (39,742) was similar to 2014 (39,718). An additional 6,500 cases were created in 2015 compared to 2014.

Timeliness

Although the percentage of cases first registered within a year of the date of incidence remains steady at about 85% (Table 4.2), less than 22% 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.

Backlogs have been addressed in two areas that were without cover for the two years between 2012 and 2014. Extended sick leave has led to a backlog in a third area. A new TRO has been recruited to this area and it is estimated that it will take eighteen months to eliminate the backlog. A new TRO has been appointed to the southern region due to staff movement but this is not expected to unduly affect registration except for the time needed for training and follow up.

Table 4.2. 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
2006	105%	46.6%	67.7%	83.2%	2.2%	5.9%	21.0%
2007	108%	46.5%	67.1%	84.0%	2.2%	6.9%	24.5%
2008	110%	47.2%	67.9%	84.6%	2.1%	6.3%	21.0%
2009	109%	49.7%	72.4%	87.3%	2.5%	7.8%	23.8%
2010	107%	57.9%	73.6%	86.1%	2.6%	8.0%	21.3%
2011	107%	57.8%	68.8%	83.0%	2.4%	6.9%	21.7%
2012	104%	53.7%	65.1%	83.1%	2.1%	7.1%	21.0%
2013	102%	49.6%	71.8%	86.1%	2.0%	6.4%	19.0%
2014	102%	45.5%	72.5%	92.6%	2.5%	8.0%	36.8%
2015	75%	73.2%	97.5%	100.0%	18.9%	49.6%	99.1%

Figures in italics are for incomplete years

Treatment

The number of treatment episodes registered has increased from 31,400 in 1994 to just over 88,300 in 2013, the most recent complete year (Tables 4.3 and 4.4). As with case completion, completeness of treatment registration lags behind case generation. Just under 116,000 additional treatment episodes have been added in 2015.

Table 4.3. Treatments by type and year of treatment

type	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
biopsy	17938	20935	23438	25640	27382	29411	29913	30241	23280	10832
chemotherapy	7008	7265	7940	8921	9940	10402	10543	10076	6981	2190
consultation	7573	7002	7528	6985	7136	8398	8653	9926	7746	1164
hormone	2931	3209	3421	3565	3441	3881	4014	3755	2486	554
other										
treatments	1670	1682	1596	1368	1038	1093	927	991	754	206
radiotherapy	7912	8081	9214	9542	10399	10898	11258	11000	9951	2001
surgery	22821	25401	26537	29105	30355	33032	33785	34058	29497	14740
unknown	11	17	11	25	17	23	45	305	7907	13030
all treatments	67864	73592	79685	85151	89708	97138	99138	100352	88602	44717

Figures in italics are for incomplete years

Table 4.4. Treatments by type and year of incidence

type	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
biopsy	18230	21104	23278	25195	26886	28523	28325	<i>28080</i>	<i>21180</i>	<i>9331</i>
chemotherapy	6984	7485	8121	9230	10184	9992	10086	<i>9123</i>	<i>5475</i>	<i>1036</i>
consultation	7595	7256	7881	7429	8168	8958	8238	<i>7282</i>	<i>4695</i>	<i>828</i>
hormone	3003	3335	3443	3600	3530	3917	3980	<i>3327</i>	<i>1794</i>	<i>165</i>
other										
treatments	1678	1638	1468	1204	947	1090	897	<i>931</i>	<i>705</i>	<i>157</i>
radiotherapy	8031	8338	9373	9761	10135	10464	9817	<i>9158</i>	<i>5864</i>	<i>503</i>
surgery	23178	25358	26167	28249	29400	31068	30508	<i>29855</i>	<i>23300</i>	<i>9768</i>
unknown	26	22	38	32	23	35	38	<i>580</i>	<i>8737</i>	<i>14131</i>
all treatments	68725	74536	79769	84700	89273	94047	91889	<i>88336</i>	<i>71750</i>	<i>35919</i>

Figures in italics are for incomplete years

Electronic pathology data

Pathology is now being processed electronically for Beaumont, St. James's and Letterkenny hospitals. St. James's came on line in February, Beaumont in April and Letterkenny in September 2015. GUH, Tallaght, Mater Private and Our Lady of Lourdes continue to be processed electronically.

A pilot project on the export of electronic histopathology data from University Hospital Limerick was completed successfully. All non melanoma skin cancers are now being processed electronically. As a new tumour registration officer was appointed to the UHL group of hospitals last year, it was decided to continue manual processing of other sites for the moment.

This project was extended to University Hospital Waterford in 2015. The test data was evaluated in the first quarter of 2016 and most outstanding issues have been resolved.

The Beacon Hospital is once again able to provide an electronic pathology extract after a hiatus of several years. Data has been registered to the end of 2015. Some minor modifications to the extract need to be agreed.

As each pathology extract is radically different, it is important to carry out quality assurance on the data. Any outstanding issues need to be resolved before implementation of the new system; this has been a priority for 2016.

St. Vincent's University Hospital electronic pathology was moved from the existing platform, DataLoader, to the new data processing platform, Mirth. This was completed by summer 2016.

The Registry will be asked to participate in the national MedLIS project during 2016.

No new sources are expected to come online in 2016 as all resources will be taken up with maintaining current electronic pathology and working on requirements for the new system. The MedLIS project is expected to deliver an appropriate electronic pathology extract for the Registry over the course of the next five years.

IT developments

Cancer Registration System

This project continued to progress during 2015. Requirements and development for the manual entry system were completed. Requirements for the electronic data entry system were completed. 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.

The infrastructure required to host the new system was designed and implemented in Q1 2015.

Disaster recovery

In 2015 a tender process was run to determine the best Disaster Recovery solution for the newly virtualised environment. The chosen supplier was Cork Internet eXchange and Disaster Recovery was implemented in Q4 2015.

In the event of a disaster, the Registry will implement its Disaster Recovery processes with the Registry being fully functional from Cork Internet eXchange.

Dissemination

Summary of dissemination activities, 2015

1. Data provision for CI5, EUROCIM, EUROCARE and similar projects on time and as requested.
 - Cancer Strategy review – further data and analyses provided to Department of Health on incidence, trends, projections, prevalence, survival, staging, radiotherapy, adolescent cancers and cancer inequities.
2. Papers submitted in 2015 and published/in press by 31/12/2015 on which National Cancer Registry staff member was first or last/senior author: **17**. In total, 39 papers authored or co-authored by NCR were published in 2015, including papers submitted in 2014 or on which an NCR member was not a first or senior author (see “Peer-reviewed papers” below.)
3. Number of papers submitted in 2015 and under review at 31/12/2015 on which NCR staff member was first or last/senior author: **4** (details are known to be incomplete).
4. Oral and poster presentations at national and international conferences. **25** [including 3 invited presentations]
5. Number of grant/funding applications made in 2015: **1**
6. Queries:
 - 397** queries dealt with in 2015; 84% replied to within 1 week, 93% within 2 weeks.
7. Reports
 - Number of full reports published in 2015: **1** (annual statistical report).
 - Number of short reports published in 2015: **3** (trends reports).
8. Press release and/or website news item:
 - Total number of news items in 2015: **42** At least one tweet per news item was made.
 - Number of press releases in 2015: **3** (including 1 for reports and 2 for papers).
9. Registry website:

- Online maps of cancer incidence by county updated (1994-2003 and 2004-2012), 4 February.
- Updated cancer incidence figures (1994-2012) added, 27 February.
- Childhood cancer incidence (online search facility) added for first time, 23 March.
- Factsheets updated, March 2015.
- Substantially revised data request facility added to website, 21 August.

Full and short reports published in 2015

Full reports published 2015

1. Cancer in Ireland 1994-2013: Annual report of the National Cancer Registry. National Cancer Registry, Cork, 2015 (McDevitt J, Walsh PM)

Cancer trends short reports published 2015

1. Myeloproliferative Neoplasms and Myelodysplastic Syndromes (Walsh PM)
2. Lung Cancer (O'Brien K)
3. Primary Brain Cancer (Deady S)

Peer-reviewed papers 2015

1. 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 Epidemiol Biomarkers Prev.* 2015 Jun;24(6):898-904. [Submitted 2014.]
2. Bhatt N, Deady S, Gillis A, Bertuzzi A, Fabre A, Heffernan E, Gillham C, O'Toole G, Ridgway PF. Epidemiological study of soft-tissue sarcomas in Ireland. *Cancer Med.* 2015 Nov 21. [Epub ahead of print]. 2016;5(1):129-35.
3. Breckenridge K, Bekker HL, Gibbons E, van der Veer SN, Abbott D, Briançon S, Cullen R, Garneata L, Jager KJ, Lønning K, Metcalfe W, Morton RL, Murtagh FE, Prutz K, Robertson S, Rychlik I, Schon S, Sharp L, Speyer E, Tentori F, Caskey FJ. How to routinely collect data on patient-reported outcome and experience measures in renal registries in Europe: an expert consensus meeting. *Nephrol Dial Transplant.* 2015 Oct;30(10):1605-14.
4. Brown C, Barron TI, Bennett K, MacDonald D, Dwane F, Sharp L. Generalisability of pharmacoepidemiological studies using restricted prescription data. *Ir J Med Sci.* 2015 Oct 6.
5. Cahir C, Dombrowski SU, Kelly CM, Kennedy MJ, Bennett K, Sharp L. Women's experiences of hormonal therapy for breast cancer: exploring influences on medication-taking behaviour. *Support Care Cancer.* 2015 Nov;23(11):3115-30. [Submitted 2014.]
6. Cahir C, Guinan E, Dombrowski SU, Sharp L, Bennett K. Identifying the determinants of adjuvant hormonal therapy medication taking behaviour in women with stages I-III breast cancer: A systematic review and meta-analysis. *Patient Educ Couns.* 2015 May 30. pii: S0738-3991(15)00234-7. [Submitted 2014.]

7. Clarke N, Sharp L, Osborne A, Kearney PM. Comparison of uptake of colorectal cancer screening based on fecal immunochemical testing (FIT) in males and females: a systematic review and meta-analysis. *Cancer Epidemiol Biomarkers Prev.* 2015 Jan;24(1):39-47. [Submitted 2014.]
8. Coebergh JW, van den Hurk C, Louwman M, Comber H, Rosso S, Zanetti R, Sacchetto L, Storm H, van Veen EB, Siesling S, van den Eijnden-van Raaij J. EURO COURSE recipe for cancer surveillance by visible population-based cancer RegisTrees in Europe: From roots to fruits. *Eur J Cancer.* 2015 Jun;51(9):1050-63.
9. Coebergh JW, van den Hurk C, Rosso S, Comber H, Storm H, Zanetti R, Sacchetto L, Janssen-Heijnen M, Thong M, Siesling S, van den Eijnden-van Raaij J. EURO COURSE lessons learned from and for population-based cancer registries in Europe and their programme owners: Improving performance by research programming for public health and clinical evaluation. *Eur J Cancer.* 2015 Jun;51(9):997-1017.
10. 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. *Cancer Epidemiol.* 2015 Oct;39(5):778-82. [Submitted 2014.]
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33. Pearce AM, Ryan F, Drummond FJ, Thomas AA, Timmons A, Sharp L. Comparing the costs of three prostate cancer follow-up strategies: a cost minimization analysis. *Support Care Cancer*. 2015 Aug 6. [Submitted 2014.]

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Presentations

Invited conference/meeting presentations made by Registry staff

1. Comber H. Preview of annual report findings. Department of health / Irish Cancer Society, Dublin, 1st December 2015.
2. Comber H. Cancer inequity in Ireland. Charles Cully Lecture. Irish Cancer Society, Dublin, 25th November 2015.
3. O'Connor M, Waller J, Gallagher P, O'Leary JJ, Martin C, Sharp L. Psychological impact of cervical cancer screening: findings from the CERVIVA studies. CervicalCheck Colposcopy Forum 2015. 20 Nov 2015, National Cancer Control Programme, King's Inns House, 200 Parnell Street, Dublin.

Oral presentations or oral poster presentations made by Registry staff

1. Brown C. A meta-analytic approach to large scale competing risks regression. 35th Conference on Applied Statistics in Ireland. 11 May 2015 to 13 May 2015, Cork, Ireland.
2. Brown C, Barron T I, Bennett K, Sharp L. Associations between pre- and post-diagnostic use of beta-blockers and ovarian cancer survival. 21st National Cancer Intelligence Network (NCIN) Cancer Outcomes Conference 2015. 8 Jun 2015 to 10 Jun 2015, Europa Hotel, Belfast, United Kingdom.
3. Brown C, Barron T I, Bennett K, Sharp L. Effect of drug class on association of beta-blocker with ovarian cancer survival. 2nd Irish Association of Pharmacologists Conference. 16 Oct 2015, UCC, Cork.
4. Brown C, Barron T I, Bennett K, Sharp L. Effect of pre-diagnostic NSAID use on ovarian cancer survival. National Cancer Research Institute (NCRI) Cancer Conference 2015 . 6 Nov 2015, Liverpool, UK.

5. Lennon P, Deady S, Healy, M-L, Kinsella J, Timon C, O'Neill JP. Thyroid cancer in Ireland: a 10-year review of the National Cancer Registry. 17th European Congress of Endocrinology. 16 May 2015 to 20 May 2015, Dublin, Ireland.
6. O'Brien K. Lung cancer epidemiology and trends. National Cancer Control Programme Lung Cancer Audit Forum. 8 May 2015, Dublin.
7. O'Brien K. Imputation of missing data for head and neck cancer patients. Conference on Applied Statistics in Ireland. 11 May 2015, Cork.
8. Ó Céilleachair A, O'Connor M, O'Leary J, Martin C, Sharp L. Health-related quality of life in women after colposcopy: Results from a patient survey. 2015 International Health Economics Association Congress. 12 Jul 2015 to 15 Jul 2015, Milan, Italy.
9. O'Connor M, O'Leary E, 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). Trends in, and predictors of, anxiety and specific worries following colposcopy: a 12 month longitudinal study. The Ireland-Northern Ireland – National Cancer Institute Cancer Consortium Conference 2015. 10 May 2015 to 13 May 2015, Queen's University Belfast.
10. Pearce AM, Hanly P, Sharp L, Soerjomataram I. The burden of cancer in emerging economies: Productivity loss as an alternative perspective. ISPOR 18th Annual European Congress. 7 Nov 2015 to 11 Nov 2015, Milan, Italy.
11. A Pearce, P Hanly, L Sharp, P Gupta, F Bray, YL Qiao, SM Wang, A Barchuk, I Soerjomataram. Cancer-related productivity losses in emerging economies. International Association of Cancer Registries Annual Conference 2015. 7 Oct 2015 to 10 Oct 2015, Mumbai, India
12. Pearce AM, Ryan F, Timmons A, Thomas AA, Drummond F, Sharp L, and the ICE Survivorship Investigators. Comparing the costs of three prostate cancer follow-up strategies: A cost-minimisation analysis (MASCC). MASCC/ISOO International Symposium on Supportive Care in Cancer. 25 Jun 2015 to 27 Jun 2015, Copenhagen, Denmark.
13. Pearce AM, Ryan F, Thomas AA, Timmons A, Drummond FJ, Sharp L. Comparing the costs of three prostate cancer follow-up strategies: A cost-minimisation analysis (iHEA). 2015 International Health Economics Association Congress. 12 Jul 2015 to 15 Jul 2015, Milan, Italy

Poster presentations made by Registry staff

1. Brown C, Barron T I, Bennett K, Sharp L. Do ovarian cancer patients using statins have better outcomes? All Ireland Cancer Consortium Conference 2015. 11 May 2015 to 13 May 2015, Riddell Hall, Queen's University Belfast.
2. Brown C, Barron T I, Bennett K, Sharp L. Role of tumour histology in beta blocker association with ovarian cancer survival. 2nd Ovarian Cancer Forum of Ireland. 9 Oct 2015 to 10 Oct 2015, Enniskillen, Co Fermanagh.
3. Deady S et al. Epidemiological study of soft tissue sarcomas in Ireland. Ireland-Northern Ireland-National Cancer Institute (NCI) Cancer Consortium 2015 Conference. 11-13 May 2015, Belfast.
4. Hanly P, Pearce A, Sharp L. Cancer And Premature Mortality In Ireland: An Employer's Perspective Following The Friction Cost Approach. ISPOR 18th Annual European Congress. 9 Nov 2015 to 11 Nov 2015, Milan, Italy.
5. McDevitt J, Walsh PM et al. Time-trends in combination therapy for cancer patients in the Republic of Ireland Ireland-Northern Ireland-National Cancer Institute (NCI) Cancer Consortium 2015 Conference. 11-13 May 2015, Belfast
6. O'Brien K et al. Interval cancer rates in the Irish national breast screening programme. Ireland-Northern Ireland-National Cancer Institute (NCI) Cancer Consortium 2015 Conference. 11-13 May 2015, Belfast.
7. O'Brien K et al. Informal caregiving in head and neck cancer: caregiving activities and psychological wellbeing. Society for Social Medicine conference. 2-4 September 2015, Dublin.

8. O'Connor M, O'Leary E, Waller J, Gallagher P, Martin CM, O'Leary JJ, D'arcy T, Prendiville W, Flannelly G, Sharp L. Predictors of anxiety and specific worries after colposcopy within cervical cancer screening: A 12-month longitudinal study. International Cancer Network Screening Meeting 2015. 2 Jun 2015 to 4 Jun 2015, Rotterdam, The Netherlands.
9. Pearce AM, Bradley C, Hanly P, Thomas AA, O'Neill C, Molcho M, Sharp L, on behalf of the ICE Award Investigators. Productivity losses for cancer-related mortality in Ireland: Projecting from 2011 to 2030 National Cancer Research Institute Cancer Conference 2015. 1 Nov 2015 to 3 Nov 2015, Liverpool, UK.

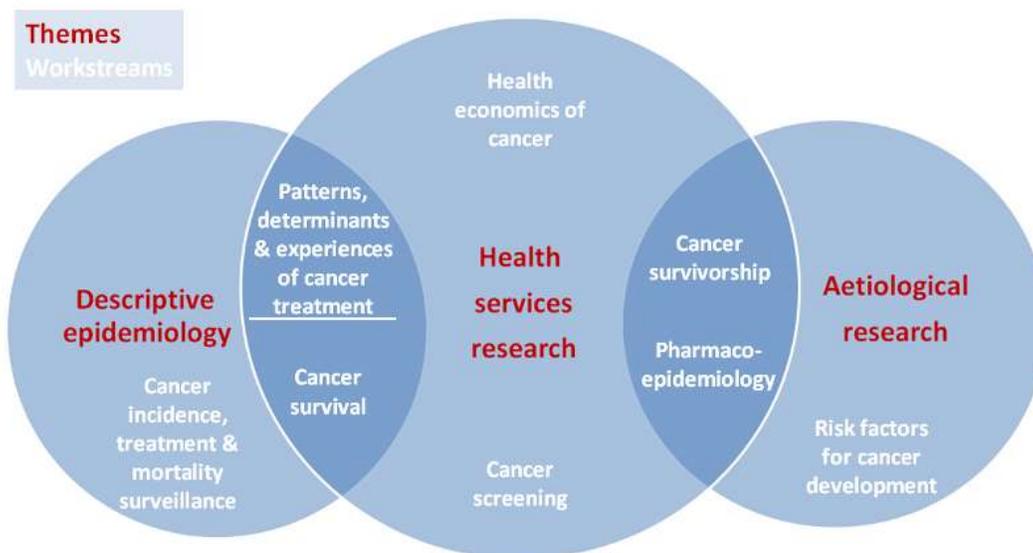
Aims

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
CERVIVA ICE II – From episodic care to disease prevention and management: Developing analytical skills and interdisciplinary learning from the case of HPV related cancers	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	Health services research,

quality-of-life and other patient-reported outcomes	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 2015

Applications made in 2015 for which final decision was pending at year end

Drummond F, O'Brien K et al. Investigation of the feasibility of screening for psychological distress 'the sixth vital sign in cancer care' among men with prostate cancer; Towards improved cancer care and survivorship. Health Research Board Health Research Awards 2015. [*Unsuccessful.*]

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

a. Timeliness

	2012	2013
1. 50% of invasive cancers, excluding non-melanoma skin, should be registered within 3 months of the date of incidence.	53.6%	49%
2. 90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence.	82.9%	85.2%
3. 90% of invasive cancers, excluding non-melanoma skin, should be closed within 24 months of the date of incidence.	68.9%	75.6%

b. Accuracy

1. Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin.	0.5%	1%
2. 90% of all invasive cancers, excluding non-melanoma skin, should be microscopically verified, if the case is closed.	92.4%	92.4%
3. Cancers of ill-defined sites should be less than 3% of all invasive cancers, excluding non-melanoma skin.	2.0%	2.0%

Research and Dissemination

1. Provide data for CI5, EUROCIM, EURO CARE and similar projects on time and as requested
 - Cancer Strategy review – further data and analyses provided to Department of Health on incidence, trends, projections, prevalence, survival, staging, radiotherapy, adolescent cancers and cancer inequities.

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 2015 (submitted 2015) on which NCR staff member was first or last/senior author: **10** (of total 17 papers with NCR authors/co-authors, and excluding papers submitted in 2014).
 - Number of papers submitted in 2015 and under review at 31/12/2015 on which NCR staff member was first or last/senior author: **4** (known to be an incomplete figure)
- (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 2015: **25**

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

- Number of grant/funding applications made in 2015: **1**

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

- **397** queries dealt with in 2015; 93% replied to within 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 2015: **1** (including annual report)
- Number of short reports published in 2015: **3**

Administration

1. The annual accounts and report of the Board to be produced by June 30th
 - Yes
2. Service plan to be delivered to the Department of Health within 4 weeks of letter of allocation
 - Yes
3. Registry expenditure to remain within assigned annual budget
 - Yes
4. 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 2015

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 2015, the National Cancer Registry consumed 75.3 MWh of energy, all electrical.

Actions Undertaken in 2015

In 2015 the Registry undertook a range of initiatives to improve our energy performance, including:

- Implementing a virtualisation project in the server room, decommissioning six servers which resulted in large savings in energy usage;
- 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
Financial Statements for
for the year ended 31st December 2015

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,
3A Mayor Street
Dublin

Bankers

Allied Irish Banks plc,
66 South Mall,
Cork.

Bank of Ireland
Cork Airport
Cork

National Cancer Registry Board

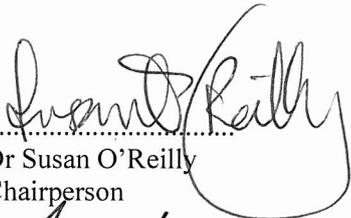
Statement of Board Members' Responsibilities

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


..... Date: 28th June 16
Dr Susan O'Reilly
Chairperson


..... Date: 4/7/2016
Dr Fenton Howell
Board Member

National Cancer Registry Board

Statement on Internal Financial Control for the year ended 31st December 2015

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

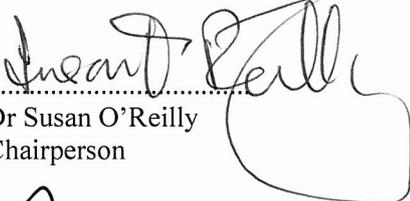
The key control procedures put in place designed to provide effective financial control are:

- A clearly defined management structure.
- A risk register was compiled in 2010 and was updated throughout 2015.
- A procedures document setting out instructions for all areas of financial activity was in place for 2015. 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 2015.
- The Audit Committee met on 4 occasions in 2015 and reviewed the work of the Internal Audit which is contracted out for 2015 to a private firm of Accountants
- Internal audits were carried out in 2015 in the areas of Research Grant Income and Internal Controls for 2014. The Board formally agreed that they were satisfied with the system of internal financial controls within the Registry at their meeting on 1st February 2016.
- 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 2015 at its meeting on 1st February 2016.

Signed on behalf of the Board of the National Cancer Registry


.....
Dr Susan O'Reilly
Chairperson

Date: 28th June 16



4/7/16



Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

National Cancer Registry Board

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2015 under Section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise the statement of income and expenditure and retained revenue reserves, the statement of financial position, the statement of cash flows 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 as modified by the Minister for Health in relation to accounting for superannuation costs.

Responsibilities of the Members of the Board

The Board is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and to 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 National Cancer Registry 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 National Cancer Registry Board's annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. 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 102 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 2015 and of its income and expenditure for 2015.

In my opinion, the accounting records of the Board were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

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 if I find

- 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 National Cancer Registry Board's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the National Cancer Registry Board's compliance with the Code of Practice for the Governance of State Bodies, or
- 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

Patricia Sheehan
For and on behalf of the
Comptroller and Auditor General

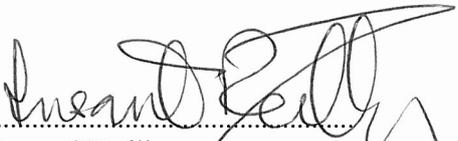
6 July 2016

National Cancer Registry Board

Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31st December 2015

	Notes	2015 €	2014 €
Income			
Department of Health	2	2,662,804	2,587,729
Retirement benefit contributions		98,646	74,199
Other Income	3	625,039	501,261
		<u>3,386,489</u>	<u>3,163,189</u>
Transfer (to)/from capital account		<u>(115,208)</u>	<u>(47,945)</u>
Total Income		3,271,281	3,115,244
 Expenditure			
Staff costs	4	2,584,847	2,637,712
Administration costs	5	677,771	491,092
Travel and subsistence		53,256	58,904
Total Expenditure		<u>3,315,874</u>	<u>3,187,708</u>
Surplus/(Deficit) for year		<u>(44,593)</u>	<u>(72,464)</u>
Balance Brought Forward 1 st January		57,213	129,677
Balance Carried Forward 31 st December		<u><u>12,620</u></u>	<u><u>57,213</u></u>

On behalf of the Board:



 Dr Susan O'Reilly
 Chairperson


 Dr Fenton Howell
 Board Member

Date: 28/6/16

Date: 4/7/16

The Statement of Cash Flows on page 7 and notes on pages 8-17 form part of these financial statements

National Cancer Registry Board

Statement of Financial Position as at 31st December 2015

	Notes	2015		2014	
		€	€	€	€
Property, Plant and Equipment	6		199,360		84,152
Current Asset					
Receivables and Prepayments	7	219,897		176,828	
Cash and Cash Equivalents		354,780		555,314	
		574,677		732,142	
Current Liabilities					
Revenue & Payroll Deductions		71,561		74,430	
Other Payables		15,725		7,778	
Accruals		129,419		107,786	
Grants received in advance	8	345,352		484,935	
		562,057		674,929	
Net Current Assets			12,620		57,213
Total Assets Less Current Liabilities			211,980		141,365
Representing:					
Capital Account	9		199,360		84,152
Income and Expenditure Account			12,620		57,213
			211,980		141,365

On behalf of the Board:



 Dr Susan O'Reilly
 Chairperson

Date: 28th June 16



 Dr Fenton Howell
 Board Member

Date: 4/7/16

The Statement of Cash Flows on page 7 and notes on pages 8-17 form part of these financial statements

National Cancer Registry Board

Statement of Cash Flows

Reconciliation of Surplus/(Deficit) for the year to net cash inflow

	2015	2014
Cash Flows from Operating Activities		
Surplus/(Deficit) for the year	(44,593)	(72,464)
(Increase)/Decrease in Receivables & Prepayments	(43,068)	(77,093)
Increase/(Decrease) in Revenue & Payroll Deductions	(2,869)	(12,050)
Increase/(Decrease) in Other Payables	7,947	(11,972)
Increase/(Decrease) in Accruals	21,633	56,374
Increase/(Decrease) in Grants in Advance	(139,584)	7,584
Net cash Flow from Operating Activities	(200,534)	(109,621)
Cash and cash equivalents at 1 January 2015	555,314	664,935
Cash and cash equivalents at 31st January 2015	354,780	555,314

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the National Cancer Registry are set out below. They have all been applied consistently throughout the year and for the preceding year.

a) General Information

The National Cancer Registry was set up under the National Cancer Registry (Establishment) Order 1991 with a head office at Building 6800, Cork Airport Business Park, Kinsale Road, Cork.

The National Cancer Registry Board was established by the Minister for Health in 1991 by Statutory Instrument. It was set up to record information on all cancer cases occurring in Ireland and has been collecting such data since 1994.

Our functions were laid down in legislation in, with an amendment in 1996 and are as follows:

- 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 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.

NCRI is a Public Benefit Entity (PBE).

b) Statement of Compliance

The financial statements of NCRB for the year ended 31 December 2015 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland. These are NCRB's first set of financial statements prepared in accordance with FRS 102. The date of transition to FRS 102 is 1 January 2014. The transition to FRS 102 has not affected its reported financial position or financial performance. However, the transition has resulted in a revised presentation of the Capital Grants Reserve.

c) Basis of Preparation

The financial statements are prepared under the accruals method of accounting and under the historical cost convention in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform, in accordance with Section 21 of National Cancer Registry (Establishment) Order 1991. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to NCRB's financial statements.

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

d) Revenue

Oireachtas Grants

Revenue Grants are recognised on a cash receipts basis. Capital grants are transferred to a Capital Account and amortised over the same period as the related fixed assets are depreciated.

e) Research Grants

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

f) Property, Plant & Equipment

Property, plant and equipment is stated at cost less accumulated depreciation, adjusted for any provision for impairment. Depreciation is provided on all fixed assets, other than freehold land and artwork, at rates estimated to write off the cost less the estimated residual value of each asset on a straight line basis over their estimated useful lives, as follows:

(i) Fixtures and Fittings	20% per annum
(ii) Office Equipment	20% per annum
(iii) Computer Hardware	25% per annum
(iv) Computer Software	33% per annum

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

g) Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease.

h) Employee Benefits

Short-term Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the Payables figure in the Statement of Financial Position.

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

i) Retirement Benefits

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. Retirement Benefit payments are charged to the Income and Expenditure account when paid.

j) Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

Depreciation and Residual Values

The Directors have reviewed the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings, and have concluded that asset lives and residual values are appropriate.

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

2. Department of Health	2015	2014
	€	€
Revenue Grant (Vote 38 , Subhead B1)	2,440,000	2,498,000
Capital Grant (Note 8)	<u>222,804</u>	<u>89,729</u>
	2,662,804	2,587,729
3. Other Income	2015	2014
	€	€
Research Grants		
Prostate Charity 2 (NICR)	33,838	51,675
CARG	80,377	14,856
PSA Grant (HRB)	1,393	13,622
Effects of Social & Spacial Isolation Grant (Irish Cancer Society)	0	40,165
Bowelfit	1,784	5,668
Head & Neck Extension (HRB)	542	25,697
Cancer in Older Women Grant (HRB)	136	951
Employment Outcomes Grant (HRB)	11	2,211
Eurocourse (EU)	619	207
Head & Neck Cancer Grant (HRB)	20,950	358
IPCOR	30,776*	0
Sanofi Grant (Sanofi Aventis)	2,435	811
Prostate Charity (NICR)	545	28,562
Rarecare (EU)	250	83
Ovarian Pharmacoeipi (HRB)	132,350	55,171
Survivorship Interdisciplinary Capacity Enhancement (HRB)	186,165	168,134
ICS Head & Neck (ICS)	22,991	0
Cerviva Interdisciplinary Capacity Enhancement (HRB)	38,539	66,231
PSA Extension (HRB)	2,274	16,123
Eurochip funding (EU)	2,685	896
Pharmacoeipi ICE (HRB)	29,637	46
Rarecare Net (EU)	42	624
Cerviva ICE 2 (HRB)	22,703	0
Blood Cancer Network	350	0
Equality Childhood Cancer (ICS)	<u>11,200</u>	<u>0</u>
	622,592	492,091
Non-Research Grant		
Miscellaneous	2,397	8,870
Sale of Fixed Assets	50	300
	<u>2,447</u>	<u>9,170</u>
	<u>625,039</u>	<u>501,261</u>

* included capital grant of €1,498

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 2015

4. Information on Employees and Remuneration

	2015 Number	2014 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	32	33
Tumour Registration Officers	<u>19</u>	<u>21</u>
	<u>52</u>	<u>55</u>
Employment Costs	2015	2014
	€	€
Wages and salaries	2,148,787	2,186,747
Social Insurance Costs	208,956	218,576
Retirement Benefits	227,104	232,389
	<u>2,584,847</u>	<u>2,637,712</u>
	2015	2014
	€	€
Key Management Personnel Compensation		
Director's Remuneration	64,374	54,962
Directors Expenses	2,218	2,241
<p>The Director retired on 5th June 2014, was appointed Interim Director on 18th August 2014 and has served in this capacity during 2015. The Directors remuneration from 1st December 2015 to 31st December 2015 was €64,374. The Director is a member of the Nominated Health Agencies Superannuation Scheme and did not receive any Performance Related Award in 2015.</p>		
Board Members Remuneration and Expenses	2015	2014
	€	€
Travel & Subsistence to attend Board Meetings	184	434
Board members do not receive fees.		

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

5. Administration Expenses

	2015	2014
	€	€
Office Consumables	9,873	9,184
Courier and delivery charges	438	1,160
Books and periodicals	200	635
C&AG Audit fee	8,700	8,700
Other Audit fees	7,380	10,742
Recruitment	26,061	5,190
Training & Conference fees	57,129	56,665
Rent, rates & service charges	130,978	133,024
Insurance	9,932	14,387
Building repairs & maintenance	104	125
Light and heat	14,846	22,876
Licences, Subscriptions & Support	99,953	73,969
Printing, postage and stationery	16,532	4,867
Telephone, fax and Internet	47,824	43,388
Legal and professional fees	4,950	8,554
Bank Charges	560	614
Sundry expenses	17,035	33,074
Research Collaborations	109,397	20,575
Information Technology Consumables	6,785	1,579
Depreciation on computer equipment	104,570	37,657
Depreciation on fixtures and fittings	4,210	3,812
Depreciation on office equipment	314	315
	677,771	491,092
Total Administrative Expenses	<u>677,771</u>	<u>491,092</u>

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

6. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2015	473,863	310,749	19,919	804,531
Additions	222,304	1,999	0	224,303
Disposals	2,367	0	0	2,367
At 31st December 2015	693,800	312,748	19,919	1,026,467
Depreciation				
At 1 st January 2015	398,136	302,638	19,605	720,379
On disposals	2,367	0	0	2,367
Charge for the year	104,569	4,212	314	109,095
At 31st December 2015	500,338	306,850	19,919	827,107
Net book Values				
At 31st December 2015	<u>193,462</u>	<u>5,898</u>	<u>0</u>	<u>199,360</u>
At 31 st December 2014	<u>75,727</u>	<u>8,111</u>	<u>314</u>	<u>84,152</u>

7. Receivables

	2015	2014
	€	€
Receivables – Research Grants	133,104	123,553
Receivables – Other	7,387	3,202
Prepayments	79,406	50,073
	<u>219,897</u>	<u>176,828</u>

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

8. 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				
Eurochip Funding (EU)	2,685	0	2685	0
Rarecare Grant (EU)	250	0	250	0
Employment Outcome Grant (EU)	11	0	11	0
Pharmacoepi ICE (HRB)	17,156	32,140	29,637	19,659
Head and Neck (HRB)	1,074	0	542	532
Cancer in Older Women (WHC)	136	0	136	0
Sanofi (Sanofi Aventis)	2,435	0	2,435	0
Eurocourse (EU)	619	0	619	0
Ovarian Pharmacoepi	119,980	71,183	132,350	58,813
Survivorship ICE (HRB)	163,923	223,343	186,165	201,101
Rarecare Net (EU)	4,561	0	41	4,520
Head & Neck 2 nd Phase (HRB)	22,508	0	20,949	1,559
Social Spread Isolation (ICS)	17,846	(17,846)	0	0
CARG (HRB)	119,248	0	80,377	38,871
Prostate Specific Ant(PSA) (HRB)	6,987	(3,721)	1,393	1,873
PSA Extension (HRB)	2,273	0	2,273	0
IPCOR (MMI)	0	46,505	30,777	15,728
Prostate Charity (NICR)	3,243	0	547	2,696
				345,352
Grants Currently in Arrears				
Cerviva Randomised Control (HRB)	(29,437)	29,437	0	0
Mens Experiences (HRB)	(14,997)	0	0	(14,997)
Cerviva ICE (HRB)	(21,775)	1,326	38,539	(58,988)
Prostate Charity 2 (NICR)	(51,675)	85,513	33,838	0
ICS Head & Neck (ICS)	0	0	22,991	(22,991)
ICS Equality Childhood (ICS)	0	0	11,201	(11,201)
Cerviva ICE 2 (HRB)	0	0	22,703	(22,703)
Blood Cancer Network (NUIG)	0	0	350	(350)
Bowelfit (UCC)	(5,669)	5,578	1,783	(1,874)
				(133,104)
Total	<u>361,382</u>	<u>473,458</u>	<u>622,592</u>	<u>212,248</u>

Research Grant Donors are :

Health Research Board (HRB)	Irish Cancer Society (ICS)
European Union (EU)	University College Cork (UCC)
Health Information Quality (HIQA)	Womens Health Council (WHC)
Northern Ireland Cancer Registry (NICR)	Molecular Medicine Ireland (MMI)

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

9. Capital Account	2015 Total €	2014 Total €
Balance at 1 st January 2015	84,152	36,207
Transfer to/(from) Income and expenditure account		
Revenue funds allocated to acquire fixed assets (Vote 38 subhead B1)	0	0
Capital Grants Received from Department of Health (Vote 38 subhead L1)	222,804	89,729
Capital Funds allocated to acquire fixed assets (HRB Grant)	1,498	0
Amount amortisation in line with asset depreciation	<u>(109,094)</u>	<u>(41,784)</u>
	115,208	47,945
Balance at 31 st December 2015	<u>199,360</u>	<u>84,152</u>

10. 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.

	2015	2014
Lease Rentals Charged to Income & Expenditure Account	98,400	98,400

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

Within one year	-	-
Within two to five years	188,600	287,000

National Cancer Registry Board

Notes to the Accounts for the year ended 31st December 2015

11. 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 2015 was €107,042

12. Approval of Financial Statements

The Board approved the financial statements on 26th April 2016



National
Cancer
Registry
Ireland

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