

2017

**National Cancer Registry
Annual report and accounts for year
ending 31st December 2017**



NATIONAL CANCER REGISTRY

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST DECEMBER 2017



National
Cancer
Registry
Ireland

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FOREWORD

The National Cancer Registry is a critical element in the design, delivery and evaluation of cancer services in this country. It will become an increasingly important agency recording, analysing and reporting changes in cancer incidence, prevalence and survival data as the State continues to invest in cancer prevention, diagnostics and treatment. The (third) National Cancer Strategy 2017-2026 was published by Minister Harris on July 5th and the Registry, having contributed to the development of the Strategy, will have a central role in implementing its recommendations.

During 2017 there were a number of other important developments. Having completed a doctoral thesis on factors associated with early death in colorectal cancer Dr Conan Donnelly joined the Registry as research manager in September, transferring from the Northern Ireland Cancer Registry.

In December Crowe Horwarth was commissioned to carry out an organisation and workforce review. This is the first comprehensive external review since the establishment of the Registry in 1991 and, in advance of work on a refreshed strategy for the organisation in 2018, it will provide guidance on future development needs, an optimal management structure, benchmarking against external organisations, a workforce plan and an outline business case to support implementation of the report's recommendations.

Strategically there is then an opportunity for the Registry to develop and expand its existing role into the collection of longitudinal, more comprehensive and higher value cancer patient experience data in alignment with the National Cancer Strategy.

On behalf of the Board, I would like to express our gratitude to departing Board members Mr John McCormack (Irish Cancer Society) and Mr Michael Conroy (Department of Health) for their support and contributions during their terms.

Finally I also wish to thank Kerri and her staff for their expertise, dedication and ongoing commitment to the work of the Registry.

Yours Sincerely,



Dr. Jerome Coffey MD FRCPI FRCR FFRRCSI
Board Chairman
June 26th, 2018

DIRECTOR'S STATEMENT

My first full year as Director of NCRI was busy and productive. All staff have endeavored to improve data quality and timeliness. There have also been significant publications and investment in preparation for the introduction of the new EU General Data Protection Regulation. However, the notable achievement of 2017 was the full implementation of our new cancer registration system (CRS). Operationally speaking this is perhaps the biggest change a cancer registry can undergo. The CRS underpins all NCRI activity. Its implementation cut across all groups and required direct and indirect efforts from all staff. It is with enormous pride and gratitude for our exceptional NCRI staff, that I report it was an unequivocal success. Although there are considerable efforts still needed to integrate all aspects of NCRI business, we are operational on the new CRS.

It is no less significant that 2017 was our first year with our new Board Chairman, Dr Jerome Coffey. He has brought great dedication and support to NCRI. Thus, it is with enthusiasm I look forward to 2018, working with Dr Coffey and the NCRI Board to continue the process of evolving NCRI into an innovative world class registry. With adequate funding and vision NCRI will be positioned to fill the information gap on the Irish cancer patient experience. The type of information NCRI has the expertise and legislation to nationally process can substantially inform cancer care and we look forward to rising to this challenge.



Kerri Clough Gorr

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 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 members at 31 December 2017 are:

- Dr Jerome Coffey (Chair)
- 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 31/12/2017

1. Commercially significant developments affecting the body

No commercially significant developments occurred during 2017.

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 2017.

(iii) Policies and procedures setting out instructions for all areas of financial activity were in place for 2017. 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 2017. 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 2017.

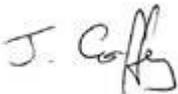
(v) An ITT for Internal Audit Services was undertaken in July 2017 and a full three-year cycle of internal audits covering core financial, organisational and operational areas have been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2017 in the areas of the System of Internal Financial Controls and in Governance.

(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 National Cancer Registry is in compliance with current procurement rules and guidelines as set out by the Office of Government Procurement*
- e) *The Board carried out a review of the effectiveness of internal financial controls for 2017 at its meeting in February 2018.*
4. Codes of conduct for the Board 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 Board members' fees is not relevant as there are no fees paid to the Board members of 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. All appropriate requirements of the Department of Public Expenditure and Reform Public Spending Code are being complied with.
 10. Procedures are in place for the making of protected disclosures in accordance with section 21(1) of the Protected Disclosures Act 2014.
 11. The Code of Practice for the Governance of State Bodies (2016) has been adopted by the Board and is being complied with.
 12. The National Cancer Registry is not involved in any legal disputes involving other State bodies.
 13. There are no significant post balance sheet events.
 14. 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



Dr Jerome Coffey

Date 14th June 2018

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 are 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 Board Secretary and each year Board members and all relevant staff are circulated with a request to bring their disclosure of interests up to date.

Protected Disclosures

No protected disclosures under the Public Disclosures Act 2014 were made during 2017.

Audit and Risk Committee

The Audit and Risk Committee was appointed by the incoming Board in April 2013. A new appointment to the Committee was made in October 2017 to replace a member who had resigned. The Committee met four times in 2017.

Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2017, the following areas were audited:

- System of Internal Financial Control
- Governance

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 2017, 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 public sector rates, for the meetings that they attend are published in the annual report for 2017.

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 June 2017. 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 2013-2017, in September 2015. This plan has been extended to cover 2018. A Service Plan was provided to the Department of Health in May 2017 following the receipt 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 2017 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 which reflects the strategic aims of the Board, risk mitigation by the Registry and the changing environment. The principal risks are reviewed at Board and Audit and Risk Committee meetings to ensure associated mitigation measures and strategies are in place.

A formal disaster recovery/business continuity plan has been developed.

Finance

Control Environment

The Board met four times in 2017. 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 Finance staff. Variances against budget are discussed and actions agreed. The monthly accounts are also forwarded on to the Department of Health 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.



Dr Jerome Coffey, Chair, National Cancer Registry Board

STAFF

The permanent staff complement on 31/12/17 was 47 persons, 39.52 FTE (Table 1). In addition, 10 staff (10 FTE) were on specified purpose contracts

National Cancer Registry Total Headcount = 57 employees (31/12/2017)

Table 1. Registry staffing on 31/12/2017

Grade - (Permanent DoH Funded Staff)	FTE	No	Total
Grade III	1	1	1
Grade IV	4	4	4
Grade V	8.6	10	10
Grade VI	2.26	3	3
Grade VII	2.81	4	4
Grade VIII	1	1	1
Grade - Senior Lecturer	2	2	2
Grade – State Chemist	1	1	1
Grade – Senior Staff Nurse (SSN)	6.61	9	9
Grade – Senior Staff Nurse Dual Qualified (SSN DQ)	2.25	4	4
Grade – Staff Nurse (SN)	8	8	8
Total	39.52	47	47
Grade – (Temporary Externally Funded Staff)			
Grade IV	8	8	8
Grade V	1	1	1
Grade VI	1	1	1
Total	10	10	10
Overall Total	49.52	57	57

ACTIVITIES

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

In addition to all of the group outputs delineated below, the NCRI was rigorously engaged in data protection (DP) activities throughout 2017. These efforts were aimed at making ready for the introduction, on May 25th 2018, of the new EU General Data Protection Regulation (GDPR). An internal DP committee was formed with representation from all groups. External consultants were engaged as DPO and for DP legal expertise. In conjunction with these, DP-related functions worked to develop a GDPR readiness risk register. Together with management oversight DP activities progressed positively.

Data Acquisition

Registration activity

Table 4.1. Number of registrations by year of incidence

year of incidence	open	closed	% closed	all cases
2008	13	31921	100%	31934
2009	64	34202	100%	34266
2010	66	35945	100%	36011
2011	100	38796	100%	38896
2012	98	38657	100%	38755
2013	166	39019	100%	39185
2014	141	40006	100%	40147
2015	1462	39873	96%	41335
<i>2016</i>	<i>19422</i>	<i>19637</i>	<i>50%</i>	<i>39059</i>
<i>2017</i>	<i>19255</i>	<i>4570</i>	<i>19%</i>	<i>23825</i>

Figures in italics are for incomplete years

The Registry database now has 704,541 tumours registered on 582,541 individuals. More than 40,000 cancers are being registered annually, compared to around 20,000 in 1994.

Table 4.2. Number of registrations by year of creation and year of closure

Year of creation	Total	Year of closure	Total
2013	37857	2013	33480
2014	37911	2014	39378
2015	43183	2015	39328
<i>2016</i>	<i>45141</i>	<i>2016</i>	<i>44286</i>
<i>2017</i>	<i>40553</i>	<i>2017</i>	<i>34455</i>

Figures in italics are for incomplete years

To date 41,077 new tumours were created and 34,776 were closed in 2017. The figures for 2016 are 45,217 and 44,437 respectively. This is a significant drop between 2016 and 2017 but it was anticipated that the introduction

of the new system would have an initial impact on registration. The 2017 figures are a slight under estimate as they exclude three working weeks of December that were included in 2016.

Timeliness

The percentage of cases first registered within a year of the date of incidence remains steady, ranging between 84% and 88% (Table 4.3).

Table 4.3. Interval from date of incidence to date of registration

year of incidence	% cases created at 3 mths	% cases created at 6 mths	% cases created at 9 mths	% cases created at 12 mths	% cases created at 15 mths
2008	48%	68%	81%	85%	90%
2009	51%	74%	84%	88%	91%
2010	59%	76%	83%	87%	90%
2011	57%	70%	77%	83%	90%
2012	55%	67%	75%	83%	88%
2013	50%	70%	76%	82%	88%
2014	43%	68%	77%	84%	89%
2015	49%	73%	79%	84%	90%
2016	58%	84%	89%	93%	97%
2017	70%	97%	100%	100%	100%

Figures in italics are for incomplete years

Table 4.4. Percentage of cases closed at year end and subsequent quarters

year of incidence	% cases closed at 15 mths	% cases closed at 18 mths	% cases closed at 21 mths	% cases closed at 24 mths
2008	72%	82%	86%	90%
2009	73%	82%	89%	93%
2010	75%	82%	88%	92%
2011	74%	79%	83%	87%
2012	67%	76%	85%	90%
2013	74%	82%	89%	93%
2014	74%	85%	93%	96%
2015	84%	90%	94%	96%
2016	50%	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
2017	19%	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

Figures in italics are for incomplete years

The table above is based on the target year end date set by the Registry. This is fifteen months from the end of the year incidence. For example, the year-end date for year of incidence 2015 was 31/03/2017 and the year-end date for year of incidence 2016 will be 31/03/2018.

Pathology data

Cancer centres

The Registry is now receiving electronic pathology from seven of the eight cancer centres and, of these, six are able to provide text. New registrations have been created to the end of October 2017.

Acute hospitals

The Registry is now receiving electronic pathology from three acute hospitals. Two are up to date to the end of quarter 3 2017. The third has yet to provide quarter 3. The final quarter of 2017 is expected at the end of January 2018 and will be registered on receipt.

Private hospitals

The Registry is receiving electronic pathology from one private hospital. This is up to date to the end of quarter 3 2017. Work has commenced with a number of private hospitals to get electronic pathology extracts in place.

Manual review of reports

Every electronic histopathology report must be manually reviewed. Decisions on new tumours, pathology staging, tumour size, grade, tumour markers, surgical managements, more accurate topography and morphology codes can only be made by review of the reports by CDRs.

Medlis project

There have been a number of meetings and phone conferences with the MedLIS project group on the proposed electronic extract for the NCRI. Nothing has been tested as yet. The start date for the project has been moved to quarter 2 2018.

Radiotherapy data

The NCRI is receiving electronic extracts from eight out of thirteen radiotherapy units that provide radiotherapy treatments to residents of the Republic of Ireland. Contact has been made with the Mid Western Regional Oncology Centre in Limerick and with Altnagelvin in Derry. This will be pursued further in 2018.

UKIACR performance indicators

A decision was made not to contribute to the UKIACR PIs for 2018. This is due to the rollout of the new system, preparation for GDPR compliance and lack of resources.

New system

The electronic registration side of the new system was rolled out late August and early September. This went well with very few issues arising. Patient deduplication, tumour merging and pathology matching are now being run on a routine basis. Death certificate matching cannot commence until the CSO MOU is in place.

Debugging of data issues continues on a routine basis.

Testing of pathology processing is nearly complete. Training of the CDRs in this element of the system will commence towards the end of January 2018 and will be fully rolled out by the end of first quarter of 2018.

During 2018 work will commence on integrating other sources of electronic data into the new system. At present HIPE, radiotherapy, hospice, DEPS and geocoding are all processed outside the system. Integrating any one of these sources into the system will be a major challenge and dependent on adequate resources.

European Network of Cancer Registries (ENCR) quality checks

These checks were run on the data during the summer prior to the generation of the dataset for the annual report. Clinical checks were referred to the Registration Manager for resolution while date and some code checks were resolved by the Data Management group. These checks centre primarily on invalid or unlikely combinations of topography, morphology and age.

CervicalCheck

During 2017 the Registry received all screen detected invasive cancers and CIN IIIs with a date of incidence in 2016. We previously had received the same data for years of incidence 2012 to 2015. CervicalCheck also provided this data for 2009 to 2011. This means that the Registry has all screen detected invasive cancers and CIN IIIs from the start of screening to the end of 2016.

We have used this data to update our method of presentation on screen detected cancers so that the method of presentation is now set to screening organised.

The 2016 CervicalCheck data is under test to determine if it can be registered electronically through the pathology processing section of the new system.

BreastCheck

Earlier this year an interval cancer dataset was agreed with BreastCheck covering years of screening 2008 to 2010. We are currently preparing an interval dataset covering the years 2011 and 2012. This will be sent to BreastCheck early in 2018 and agreement will be reached on the final interval data set for those years.

CDR positions

A CDR with over 20 years' experience in cancer registration resigned from Cork University Hospital in 2017. A new CDR has been in place since September with ongoing training and mentoring.

A CDR with over 20 years' experience moved from a full time position to a part position in St Vincent's University Hospital.

The CDR based half time at St. Vincent's Private Hospital moved to work with a full time CDR in the Mater Misericordia Hospital to assist with backlogs in this area.

Geocoding

A total of 30,857 addresses were geocoded in 2017 and an additional 2,761 were reviewed for quality assurance purposes.

Maps were produced for the following:

- website was updated in April with twenty five sets of maps covering three separate time frames.
- twelve maps were produced for various cancer cluster queries involving areas in Leinster and Connacht.

- cancer fact sheets
- CDR pathways

IT developments

Central Registration System

The Cancer Registration system (CRS) was replaced in June 2017.

During Q1 final user testing for the manual part of the system was completed in parallel with user testing and development for the electronic part. In Q2 the final user testing was completed for the electronic part with user training happening for the manual side. Training was delivered via a train the trainer method with the majority of the training happening on-site at the Cork office.

The previous system was shut down in mid June with the new system started the following week with a ramp-up over 2 weeks. Support for users going live was delivered by the project team, all users were offered 1-1 support for the first day of use; the majority of users availed of this option.

The system had a 6 month warranty on the manual side extended to December 2017 with the 6 month warranty on the electronic side extended to February 2018.

1st and 2nd line support for the system is delivered by the in-house IT team with Aspira providing 3rd line support. Small changes were implemented by the in-house IT team from Q4 onwards.

CDR Connectivity

There was a lot of progress with CDR connectivity during 2017. All CDRs had their Three mobile wi-fi devices replaced by the Vodafone equivalent. Vodafone delivers a better and more consistent service.

In parallel the use of the HSE network in HSE hospitals progressed quite substantially. At the end of 2017, CUH, Waterford, Wexford, Cavan, Navan, OLOL are all complete with St Lukes and Tullamore in progress.

We started requesting remote access to hospitals. We have technical access to CUH with access to individual systems in progress. We also can contact Bon Secours Dublin and St Vincents private remotely.

Addressing Single Point of Dependency

In 2016 we entered into a contract with a 3rd party to provide engineering support in the absence of our single systems administrator. This contract was used during 2017 where the systems administrator took annual leave and Adapt-IT put a resource on site for the duration. This worked out extremely well.

Full CDR Kit Refresh

In Q2 2017 we did a complete refresh of CDR laptops. This project was a speeding up of our usual upgrade policy but was run in conjunction with the rollout of the new system. It ensured all CDRs had a single platform which was the same platform all user testing was completed on.

Audit Actions

All audit actions for IT have been addressed.

Outputs for 2017

A core aim of the National Cancer Registry is to promote and facilitate the use of our data in research and in the planning and management of cancer services in Ireland. Following a period of reduced research activity, the NCRI have recruited Dr Conan Donnelly as Research Manager. He took up his position in September 2017. Over the next 12 months, along with the Director, he will develop a research strategy for the NCRI as well as overseeing the development of work on the two funded clinical registries at the NCRI.

Clinical registries

Irish Prostate Cancer Outcomes Research

The IPCOR study involves detailed clinical registration and patient surveys of prostate cancer patients. Four research officers and Data administrator are employed on the study. To date almost 4000 patients have been registered on the study and surveys have been issued to in excess of 2000. Due to poor response rates the survey has been temporarily halted in September to review the methodology. The NCRI has undertaken a review of data quality and completeness, consequently a review of the data dictionary has been planned to improve consistency in data entry and a database rationalisation process will be initiated in 2018 to reduce the number of data items captured. The NCRI has requested a study protocol from the Project Manager in IPCOR to provide clarification on several procedural aspects of the project. This will be completed in early 2018 when the NCRI will commence patient surveys. The NCRI has also reviewed data sharing procedures for the IPCOR study and identified a process to facilitate data sharing for local and international work. With data sharing procedures in place along with a complete protocol, the study will progress well into 2018

Blood Cancer Network Ireland

The BCNI study is at an early stage. Funding from the Irish Cancer Society and Science Foundation Ireland has provided a database developer and Clinical Data Registrar to collaborate with a haematologist Professor Mary Cahill in CUH to develop blood cancer databases. By December 2018 an acute myeloid leukaemia (AML) database had been developed and work on Multiple Myeloma (MM) database and been commenced. Data collection protocols, data dictionaries and audit and quality assurance processes have also been established. Work will commence in early 2018 on Chronic Lymphocytic Leukaemia database and be completed in June. Work has been undertaken to identify industry resources for the expansion of clinical registration across Ireland and the development of a patient reported outcomes study. In addition, a full study protocol for the clinical registry and PROMS has been established.

The emphasis of the work on clinical registries will be the development of infrastructure that will ensure that the registries and associated PROMS will be a sustainable resource in the longer term.

Grants awarded

- Irish Cancer Society funding: “Number and staging of cancers diagnosed as emergency admissions”
€9,355.

- HRB Investigator Led Awards – CERVIVA-Vax: to monitor the impact of HPV vaccination on HPV prevalence rates, cytological abnormalities and colposcopy/histological findings in girls invited to attend for cervical screening in Ireland (NCRI in collaboration with CERVIVA/Trinity College Dublin).
- HRB APA co-project looking at what influences cervical screening uptake in younger and older women (NCRI in collaboration with CERVIVA and CervicalCheck).

Other awards

- None

Summary of dissemination activities, 2017

1. Data provision for CI5, EUROCIM, EUROCARE and similar projects on time and as requested.
 - Cancer mortality data: updated dataset submitted to ENCR/JRC “Incidence and Mortality in Europe” project in December 2017.
 - SurvMark2 (International Cancer Benchmarking Partnership): dataset for eight major cancers submitted May 2017.
2. Papers published on which National Cancer Registry staff member was first or last/senior author: **11** (of which 2 were first e-published in 2016).
3. Number of papers submitted in 2017 and under review at 31/12/2017 on which NCR staff member was first or last/senior author: **2+**.
4. Total papers first published in 2017 on which NCR staff member was a named author: **26** (of which 3 were first e-published in 2016).
5. Oral and poster presentations at national and international conferences. **9** [*including 8 invited presentations*]
6. Number of grant/funding applications made in 2017: **4**.
7. Queries:
 - Over **300** queries dealt with in 2017.
8. Reports
 - Number of full reports published in 2017: **1** (annual statistical report).
 - Number of short reports published in 2017: **4** (trends reports).
9. Press release and/or website news item:
 - Total number of news items in 2017: **00**. At least one tweet per news item was made.
 - Number of press releases in 2017: **0** (including 0 for reports).
10. Registry website:
 - Cancer incidence maps were updated online to include 2014 data.
 - Updated and redesigned factsheets covering 23 cancer type or groups were added to the website in May.
 - Cancer incidence query system and online data-download/request facility were updated in late July to include 2014 data.
 - Online maps of cancer incidence updated to 2014.
 - Data-download capability (patient-level anonymised data) was removed from the website in December following review of data-release rules in relation to forthcoming (May 2018) EU General Data Protection Regulations (GDPR).

Full and short reports published in 2017

Full reports published 2017

1. Cancer in Ireland 1994-2015 & estimates for 2015-2017: Annual report of the National Cancer Registry. National Cancer Registry, Cork, 2017 (McDevitt J, Walsh PM)

Cancer trends short reports published 2017

1. Childhood cancer (O'Leary E, Deady S, Walsh PM).
2. HPV-associated cancers (Walsh PM, O'Connor M).
3. Skin cancer (Deady S, Callanan A).
4. Cervical cancer (O'Brien K, Deady S).

Papers with registry authors published or in press at 31/12/2017

1. Balfe M, Keohane K, O'Brien K, Gooberman-Hill R, Maguire R, Hanly P, O'Sullivan E, Sharp L. In a bad place: Carers of patients with head and neck cancer experiences of travelling for cancer treatment. *Eur J Oncol Nurs*. 2017 Oct;30:29-34. doi: 10.1016/j.ejon.2017.07.001. Epub 2017 Jul 29.
2. Balfe M, Keohane K, O'Brien K, Sharp L. Social networks, social support and social negativity: A qualitative study of head and neck cancer caregivers' experiences. *Eur J Cancer Care (Engl)*. 2017 Nov;26(6). doi: 10.1111/ecc.12619. Epub 2016 Dec 22.
3. Cahir C, Barron TI, Sharp L, Bennett K. Can demographic, clinical and treatment-related factors available at hormonal therapy initiation predict non-persistence in women with stage I-III breast cancer? *Cancer Causes Control*. 2017 Mar;28(3):215-225. doi: 10.1007/s10552-017-0851-9. Epub 2017 Feb 16.
4. Cahir C, Thomas AA, Dombrowski SU, Bennett K, Sharp L. Urban-rural variations in quality-of-life in breast cancer survivors prescribed endocrine therapy. *Int J Environ Res Public Health*. 2017 Apr 7;14(4). pii: E394. doi: 10.3390/ijerph14040394.
5. Clowry J, Sheridan J, Healy R, Deady S, Keegan D, Byrne K, Cullen G, Mulcahy H, Comber H, Parnell AC, Doherty G, Lally A. Increased non-melanoma skin cancer risk in young patients with inflammatory bowel disease on immunomodulatory therapy: a retrospective single-centre cohort study. *J Eur Acad Dermatol Venereol* 2017 Jun;31(6):978-985. doi: 10.1111/jdv.14105. Epub 2017 Feb 17.
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Invited conference/meeting presentations made by NCR staff

1. Walsh PM. 'Cancer inequalities in Ireland by deprivation, urban/rural status and age'. Marymount Hospital and Hospice, Cork, 17 January 2017.
2. O'Connor M, Waller J, Gallagher P, O'Leary J, Martin C, Sharp L. 'Psychological impact of HPV testing: Bridging the gap between what we know and what we need to know.' CERVIVA National HPV Awareness Symposium, Trinity Biomedical Sciences Institute, TCD, Dublin, 27 January.
3. O'Connor M. 'Cancer: global and Irish perspectives.' University College Cork Lecture Series on Principles & Practice of Public Health (BSc in Public Health), 7 March.
4. Walsh PM. 'A revision of the number of radon related lung cancers in Ireland.' National Radon Forum, Galway, 19 October.
5. O'Connor M, Walsh P, Clough-Gorr K. 'HPV-associated cancers in Ireland.' HPV Prevention and Control Board Meeting, Dublin, 30 November - 1 December.
6. Walsh PM, Deady S, McDevitt J. 'National incidence, mortality and survival statistics for melanoma.' Irish Melanoma Forum, 7th Annual Meeting, Dublin, 8 December 2017.
7. Donnelly C. The Irish Prostate Cancer Outcomes Research. The National Cancer Registry Perspective. Irish Prostate Cancer Audit meeting, Dublin. 7 November 2017
8. Donnelly C. National Cancer Registry Ireland: Real World Research. New Horizons Seminar, University College Cork. 7 December 2017.

Oral presentations or oral poster presentations made by NCR staff

1. Ó Céilleachair A. 'Health-related quality of life in the prevention, screening and management of cervical disease: a systematic review.' EUROGIN International Multidisciplinary HPV Congress, Amsterdam, 8th-11th October 2017.
2. O'Connor M. 'Factors associated with women's attitudes towards HPV vaccination: results from a large population survey in Ireland.' UK Society for Behavioural Medicine, Liverpool, UK 13-14 December 2017.

Papers with registry authors published or in press at 31/12/2017

27. Balfe M, Keohane K, O'Brien K, Gooberman-Hill R, Maguire R, Hanly P, O'Sullivan E, Sharp L. In a bad place: Carers of patients with head and neck cancer experiences of travelling for cancer treatment. *Eur J Oncol Nurs*. 2017 Oct;30:29-34. doi: 10.1016/j.ejon.2017.07.001. Epub 2017 Jul 29.
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STRATEGIC PLANNING 2013-2017

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. It has been extended to cover 2017 and 2018. A new strategy will be developed for the Registry during 2018.

Statement of strategy 2013-2017

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	2015	2016
1. 50% of invasive cancers, excluding non-melanoma skin, should be registered with 3 months of the date of incidence	52.8%	60.4%
2. 90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence	87.9%	90.8%
3. 90% of invasive cancers, excluding non-melanoma skin, should be closed with 24 months of the date of incidence	84.9%	88.3%
b. Accuracy		
1. Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin	0.8%	*0.5%
2. 90% of all invasive cancers, excluding non-melanoma skin, should be microscopically verified, if the case is closed	93.0%	93.9%
3. Cancers of ill-defined sites should be less than 3% of all invasive cancers, excluding non-melanoma skin	1.8%	2.0%

*Please note the NCRI only have death certs for the first 6 months of 2016.

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.

- Papers submitted in 2016 and published/in press by 31/12/2016 on which National Cancer Registry staff member was first or last/senior author: **15** (of total 25 papers with NCR author, submitted & first published/in press in 2016).
- Number of papers submitted in 2016 and under review at 31/12/2016 on which NCR staff member was first or last/senior author: **2** (of total 6 papers with any NCR author)

(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 2016: **2** (HRB Summer Studentship for 2017, EC Joint Action on Rare Cancers for 2016-2019).

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

- **382** queries dealt with in 2016; 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 2016: **2** (annual statistical report and cancer inequalities report).
- Number of short reports published in 2015: **3** (trend reports)

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 2017

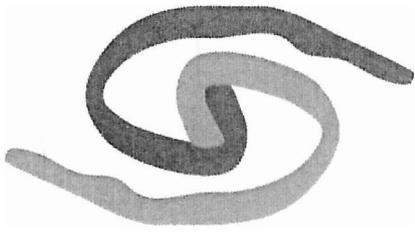
The main energy users at the National Cancer Registry are air conditioning and heating. Other uses include lighting, office equipment and catering. All of these are powered by electricity and there is no consumption of gas or fossil fuels for any purpose. It is not possible to apportion electricity consumption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

In 2017, the National Cancer Registry consumed 73.8 MWh of energy, all electrical.

Actions Undertaken in 2017

In 2017 the Registry undertook a range of initiatives to improve our energy performance, including:

- Completed a virtualisation project in the server room, decommissioning servers which resulted in large savings in energy usage over 2016 and 2017;
- 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
Ireland

National Cancer Registry Board
Financial Statements for
the year ended 31st December 2017

National Cancer Registry Board

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National Cancer Registry Board

Information

Director	Prof. Kerri Clough Gorr	Appointed 1 st August 2016
Business Address	Building 6800, Cork Airport Business Park, Kinsale Road, Cork T12 CDF7	
Auditor	Comptroller and Auditor General, 3A Mayor Street Upper, Dublin	
Bankers	Allied Irish Banks plc, 66 South Mall, Cork	

National Cancer Registry Board

Governance Statement and Board Members' Report

Governance

The Board of the National Cancer Registry was established under the National Cancer Registry Board Establishment (Order) 1991. The functions of the Board are set out in section 4 of this Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the National Cancer Registry are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board, and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of the National Cancer Registry.

Board Responsibilities

The work and responsibilities of the Board are set out in the Board Induction Policy, which also contain the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 21 of the National Cancer Registry Board Establishment (Order) 1991 requires the Board of the National Cancer Registry to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it. In preparing these financial statements, the Board of the National Cancer Registry is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 21 of the National Cancer Registry Board Establishment (Order) 1991. The maintenance and integrity of the corporate and financial information on the National Cancer Registry's website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of the National Cancer Registry by reference to the annual plan and budget was carried out on 22nd February 2018.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of the National Cancer Registry give a true and fair view of the financial performance and the financial position of the National Cancer Registry at 31 December 2017.

National Cancer Registry Board

Board Structure

The Board consists of a Chairperson and six ordinary members, all of whom are appointed by the Minister for Health. The members of the Board were appointed for varying periods and meet on a quarterly basis. The table below details the appointment dates for current members:

Name	Date Re-Appointed
Dr Jerome Coffey (Chairperson from)	31 May 2017
Dr Susan O'Reilly (Chairperson)	15 February 2016 (resigned 14 February 2017)
Dr Anna Gavin	15 February 2016
Dr Fenton Howell	15 February 2016
Mr John McCormack	15 February 2016
Mr Michael Conroy	15 February 2016 (resigned 27 July 2017)
Ms Orla Dolan	15 February 2016
Dr Cathy Kelly	15 February 2016

The Board has established an **Audit and Risk Committee** which comprises two Board members and one independent member. The role of the Audit and Risk Committee (ARC) is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The ARC reports to the Board after each meeting and presents an annual report on its activities.

The members of the Audit and Risk Committee are: Dr Fenton Howell (Chairperson), Ms Orla Dolan and Mr Simon Murtagh (external member). There were 4 meetings of the ARC in 2017. Ms Dolan was appointed to the Committee at the Board meeting in October 2017 to replace an outgoing Board member.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2017 is set out below. No fees are paid to Board members and no expenses were claimed by Board members in 2017

Board Member	Board	ARC
No of meetings	4	4
Dr Jerome Coffey	3	
Ms Orla Dolan	4	1
Dr Anna Gavin	3	
Dr Fenton Howell	4	4
Dr Cathy Kelly	1	
Mr John Mc Cormack	4	

Key Personnel Changes

One member of the Board and Audit and Risk Committee resigned during the year. A replacement member has not yet been appointed to the Board by the Minister. Ms Dolan was appointed to the ARC to replace the retiring member.

National Cancer Registry Board

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that the National Cancer Registry has complied with the requirements of the Code of Practice for the Governance of State Bodies ('the Code'), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Employee Short-Term Benefits Breakdown

Employees' short-term benefits in excess of €60,000 are detailed in note 4 to the financial statements.

Consultancy Costs

Consultancy costs as detailed in note 13 of the financial statements include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

Legal Costs and Settlements

There was no expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the National Cancer Registry which is disclosed in Consultancy costs above.

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

2017	Domestic	International	Total
	€	€	€
Employees	44,069	1,498	45,567
Board	0	0	0

Statement of Compliance

The Board has adopted the 2016 Code of Practice for the Governance of State Bodies (the Code). In the latter part of 2017, the Board's internal auditor carried out a review of the Board's governance arrangements which included a gap analysis of compliance with the Code. The review made a number of recommendations regarding compliance gaps identified. The Board is engaging with its parent department on the implementation of the recommendations and in particular, in seeking clarification from the department on the proportional application of the Code to the NCR.

On behalf of the Board


.....

Dr Jerome Coffey
Chairperson

Date: 21-6-2018


.....

Ms Orla Dolan
Board Member

Date: 21/6/18

National Cancer Registry Board

Statement on Internal Control for the year ended 31st December 2017

Scope of Responsibility

On behalf of the National Cancer Registry I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore 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 detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the National Cancer Registry for the year ended 31 December 2017 and up to the date of approval of the financial statements.

Capacity to Handle Risk

The National Cancer Registry has an Audit and Risk Committee (ARC) comprising two Board members and one external member, with financial and audit expertise, one of whom is the Chair of the Committee. The ARC met four times in 2017.

The National Cancer Registry has an established outsourced internal audit function which is adequately resourced and conducts a programme of work agreed with the ARC.

The ARC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within the National Cancer Registry's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

The National Cancer Registry has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing the National cancer Registry and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the ARC on a quarterly basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

National Cancer Registry Board

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Procurement

I confirm that the National Cancer Registry has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2017 the National Cancer Registry complied with those procedures.

Review of Effectiveness

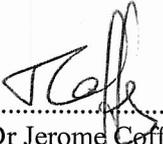
I confirm that the National Cancer Registry has procedures to monitor the effectiveness of its risk management and control procedures. The National Cancer Registry's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the internal and external auditors, the Audit and Risk Committee which oversees their work, and the senior management within the National Cancer Registry responsible for the development and maintenance of the internal financial control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2017.

Internal Control Issues

No weaknesses in internal control were identified in relation to 2017 that require disclosure in the financial statements.

Signed on behalf of the Board of the National Cancer Registry


.....
Dr Jerome Coffey
Chairperson

Date: 21-6-2018



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

National Cancer Registry Board

Qualified opinion on financial statements

I have audited the financial statements of the National Cancer Registry Board for the year ending 31 December 2017 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and 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, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the National Cancer Registry Board at 31 December 2017 and of its income and expenditure for 2017 in accordance with FRS 102.

Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the National Cancer Registry Board accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period. The effect of the non-compliance on the National Cancer Registry Board's financial statements for 2017 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the National Cancer Registry Board and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The National Cancer Registry Board has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

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

29 June 2018

Appendix to the report

Responsibilities of Board members

The governance statement and Board members' report sets out the Board members' responsibilities. The Board members are responsible for

- the preparation of financial statements in the form prescribed under section 21 of the National Cancer Registry Board (Establishment) Order 1991
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of the National Cancer Registry Board and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty

exists related to events or conditions that may cast significant doubt on the National Cancer Registry Board's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the National Cancer Registry Board to cease to continue as a going concern.

- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if there are material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if there is any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

National Cancer Registry Board

Report of the Comptroller & Auditor General

National Cancer Registry Board

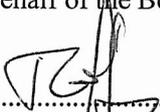
Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31st December 2017

	Notes	2017 €	2016 €
Income			
Department of Health	2	3,146,230	2,734,405
Retirement benefit contributions		80,739	77,787
Other Income	3	382,830	480,308
Total Income		<u>3,609,799</u>	<u>3,292,500</u>
Expenditure			
Staff costs	4	2,718,586	2,484,524
Administration expenses	5	809,970	698,517
Travel and subsistence		45,567	55,331
Total Expenditure		<u>3,574,123</u>	<u>3,238,372</u>
(Deficit)/ Surplus for year before appropriations		<u>35,676</u>	<u>54,128</u>
Transfer (to)/from capital account	9	(93,791)	21,766
(Deficit)/ Surplus for the year after appropriations		(58,115)	75,894
Balance Brought Forward at 1 January		88,514	12,620
Balance Carried Forward at 31 December		<u><u>30,399</u></u>	<u><u>88,514</u></u>

The Statement of Income and Expenditure Retained Revenue Reserves include all gains and losses recognised in the year.

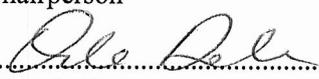
The Statement of Cash Flows on page 10 and notes on pages 11-20 form part of these financial statements

On behalf of the Board:



 Dr Jerome Coffey
 Chairperson

Date: 21-6-2018



 Ms Orla Dolan
 Board Member

Date: 21/6/18

National Cancer Registry Board

Statement of Financial Position as at 31st December 2017

	Notes	2017		2016	
		€	€	€	€
Property, Plant and Equipment	6		271,385		177,594
Current Asset					
Receivables and Prepayments	7	217,089		138,422	
Cash and Cash Equivalents		319,598		375,731	
		<u>536,687</u>		<u>514,153</u>	
Current Liabilities					
Revenue & Payroll Deductions		76,177		66,497	
Other Payables		8,120		10,460	
Accruals		130,694		77,760	
Grants received in advance	8	291,297		270,922	
		<u>506,288</u>		<u>425,639</u>	
Net Current Assets			<u>30,399</u>		<u>88,514</u>
Total Net Assets			<u>301,784</u>		<u>266,108</u>
Representing:					
Capital Account	9		271,385		177,594
Retained Revenue Reserves			30,399		88,514
			<u>301,784</u>		<u>266,108</u>

The Statement of Cash Flows on page 10 and notes on pages 11-20 form part of these financial statements

On behalf of the Board:



 Dr Jerome Coffey
 Chairperson

Date: 21-6-2018



 Ms Orla Dolan
 Board Member

Date: 21/6/18

National Cancer Registry Board

Statement of Cash Flows for the year ended 31 December 2017

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

	2017	2016
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	(58,115)	75,894
Depreciation and Impairment of Fixed Assets	219,439	142,171
Transfer from/(to) Capital Account	93,791	(21,766)
(Increase)/Decrease in Receivables	(78,667)	81,475
Increase/(Decrease) in payables	<u>80,649</u>	<u>(136,418)</u>
Net Cash Outflow from Operating Activities	257,097	141,356
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(313,230)	(120,405)
Net Cash Flows from Financing Activities	0	0
Net Increase /(Decrease) in Cash and Cash Equivalents	(56,133)	20,951
Cash and cash equivalents at 1 January 2017	375,731	354,780
Cash and cash equivalents at 31 December 2017	319,598	375,731

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the National Cancer Registry Board 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 Board (the Registry) was established by the Minister for Health in 1991 under S.I No 19/1991 – The National Cancer Registry Board (Establishment) Order, 1991. The Registry was set up to record information on all cancer cases occurring in Ireland and has been collecting such data since 1994.

Its functions were laid down in legislation in 1991, 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.

NCR is a Public Benefit Entity (PBE).

b) Statement of Compliance

The financial statements of NCR for the year ended 31 December 2017 have been prepared in accordance with Financial Reporting Standard (FRS) 102 (the financial reporting standard applicable in the UK and Ireland) as modified by the directions of the Minister in relation to superannuation. In compliance with the directions of the Minister, the Board accounts for the costs of superannuation entitlements only as they become payable. (See Accounting policy (i)).

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.

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 NCR's financial statements.

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

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 property, plant and equipment, 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 Other Payables figure in the Statement of Financial Position.

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

i) Retirement Benefits

By direction of the Minister 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 Statement of Income and Expenditure and Retained Revenue Reserves when received. Retirement Benefit payments are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when payable.

All new entrants to the public sector with effect from 1 January 2013 are members of the Single Public Sector Pension Scheme, where all employees' pension deductions are paid over to the Department of Public Expenditure and Reform. Pension payments under the scheme are charged to the statement of income and expenditure and retained revenue reserves when paid. By direction of the Minister no provision has been made in respect of benefits payable in future years.

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 reporting 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.

k) Capital Accounting

In accordance with the accounting standards prescribed by the Minister, expenditure on fixed asset additions is charged to the Revenue Income and Expenditure Account or the Capital Income and Expenditure Account, depending on whether the asset is financed by capital or revenue funding. Computer/ICT Equipment over €2,000 and other Equipment over €7,000 which are funded from Revenue will also be treated as a fixed asset.

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 Financial Statements for the year ended 31 December 2017

2.	Department of Health	2017	2016
		€	€
	Revenue Grant (Vote 38, Subhead B1)	2,833,000	2,614,000
	Capital Grant (Note 9)	<u>313,230</u>	<u>120,405</u>
		3,146,230	2,734,405
3.	Other Income	2017	2016
		€	€
	Research Grants		
	CARG (HRB)	61,410	81,778
	PSA Grant (HRB)	0	1,873
	Bowelfit(UCC)	0	1,449
	IPCOR (MMI)	207,667	155,018
	Prostate Charity (NICR)	0	2,697
	Ovarian Pharmacoeppi (HRB)	0	29,156
	Survivorship Interdisciplinary Capacity Enhancement (HRB)	0	96,330
	ICS Head & Neck (ICS)	0	8,706
	Cancer Stage Project (ICS)	8,070	0
	Pharmacoeppi ICE (HRB)	1,348	18,311
	Equality Childhood Cancer (ICS)	0	14,536
	Cerviva ICE 2 (HRB)	64,921	54,004
	JARC (EU)	542	0
	Blood Cancer Network (BCNI)	<u>34,771</u>	<u>11,359</u>
		378,729	475,217
	Non-Research Grant		
	Miscellaneous	4,101	5,091
		<u>382,830</u>	<u>480,308</u>

Grant Donors are:

Health Research Board (HRB), European Union (EU), Molecular Medicine Ireland (MMI), Blood Cancer Network Ireland (BCNI), Irish Cancer Society (ICS), University College Cork (UCC), Northern Ireland Cancer Registry (NICR)

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

4. Staff Costs

	2017 Number	2016 Number
The average numbers of employees during the year was:		
Director	1	1
Administration	34	32
Cancer Data Registrar	<u>20</u>	<u>20</u>
	<u>55</u>	<u>53</u>
Aggregate Employee Benefits	2017	2016
	€	€
Staff Short-term benefits	2,276,469	2,149,464
Termination benefits	11,470	3,050
Employers contribution to social welfare	232,313	216,716
Retirement Benefit costs	198,334	115,294
	<u>2,718,586</u>	<u>2,484,524</u>

The termination payment includes a payment of €4,320 and an increase in the accrual of €7,150 relating to redundancy costs rising on the termination and expected termination costs of specified purpose contracts. Further information on key management personnel is included in note 12.

No of Ee's Breakdown by salary band at end December	2017	2016
Less than €60K	50	47
Between €60K - €70K	5	3
Between €70K - €80K	0	0
Between €80K - €90K	0	1
Between €90K - €100K	1	0
Between €100K - €110K	0	1
Between €110K-€120K	1	0
Total	<u>57</u>	<u>52</u>
Director's Remuneration (all short term excl ERS PRSI)	<u>107,834</u>	<u>96,326</u>
Directors Expenses	<u>1,227</u>	<u>2,006</u>

The Director is a member of the Single Public Service Pension Scheme and did not receive any Performance Related Reward in 2017. The value of retirement benefits earned in the period is not included in the above.

Board Members Remuneration and Expenses

Board members do not receive fees. Travel and Subsistence Costs were not incurred by Board members for attendance at Board meetings in 2017 and 2016.

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

5. Administration Expenses

	2017	2016
	€	€
Office Consumables	12,906	10,090
Courier and delivery charges	1,007	527
Books and periodicals	4,215	82
C&AG Audit fee	10,000	8,500
Other Audit fees	10,764	9,395
Recruitment	7,604	13,891
Training & Conference fees	67,082	44,042
Rent & service charges	129,198	131,843
Insurance	9,984	8,912
Building repairs & maintenance	1,193	1,624
Light and heat	13,656	11,605
Licences, Subscriptions & Support	148,988	93,894
Printing, postage and stationery	3,485	13,103
Telephone, fax and Internet	49,168	44,015
Legal and professional fees	64,380	2,460
Bank Charges	538	550
Sundry expenses	5,821	23,849
Research Collaborations	0	84,132
Cancer Benchmarking Project	39,930	47,323
Information Technology Consumables	10,612	6,509
Depreciation on computer equipment	215,707	139,498
Depreciation on fixtures and fittings	2,207	2,206
Depreciation on office equipment	1,525	467
	809,970	698,517
Total Administration Expenses	<u>809,970</u>	<u>698,517</u>

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

6. Property, Plant and Equipment

	Computer Equipment	Fixtures & Fittings	Office Equipment	Total
	€	€	€	€
Cost				
At 1 st January 2017	810,010	311,711	22,256	1,143,977
Additions	307,941	0	5,289	313,230
Disposals	(2,892)	0	0	(2,892)
At 31st December 2017	1,115,059	311,711	27,545	1,454,315
Depreciation				
At 1 st January 2017	637,978	308,019	20,386	966,383
On disposals	(2,892)	0	0	(2,892)
Charge for the year	215,707	2,207	1,525	219,439
At 31st December 2017	850,793	310,226	21,911	1,182,930
Net book Values				
At 31st December 2017	264,266	1,485	5,634	271,385
At 31 st December 2016	<u>172,032</u>	<u>3,692</u>	<u>1,870</u>	<u>177,594</u>

Computer Equipment includes Computer Software with a net book value of €214,691 at 31st Dec 2017.

7. Receivables and Prepayments

	2017	2016
	€	€
Receivables – Research Grants (Note 8)	108,255	31,188
Receivables – Other	1,540	933
Prepayments	107,294	106,301
	<u>217,089</u>	<u>138,422</u>

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

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				
Pharmacoepi ICE (HRB)	1,348	0	1,348	0
Head and Neck (HRB)	532	0	(532)	0
Ovarian Pharmacoepi	29,657	0	(29,657)	0
Survivorship ICE (HRB)	104,771	0	0	104,771
Rarecare Net (EU)	4,520	3,246	(7,766)	0
Head & Neck 2 nd Phase (HRB)	1,559	0	(1,559)	0
CARG (HRB)	30,083	72,991	61,410	41,664
Cerviva ICE	4,937	0	0	4,937
Blood Cancer Network	(11,709)	145,183	34,771	98,703
JARC	963	0	542	421
Cancer Stage (ICS)	0	9,356	8,070	1,286
Research Grant Overheads	0	0	39,514	39,514
				291,297
Grants Currently in Arrears				
ICS Head & Neck (ICS)	(6,337)	6,337	0	0
Cerviva ICE 2 (HRB)	(13,142)	0	64,921	(78,063)
IPCOR	92,551	84,924	207,667	(30,192)
				(108,255)
Total	<u>239,733</u>	<u>322,038</u>	<u>378,729</u>	<u>183,042</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)

A total of €39,514 was re-allocated from the Head and Neck, Head and Neck 2nd Phase, Ovarian Pharmacoepi and Rarecare Grants to a separate Research Grant Overheads Account in 2017. This relates to overhead funding for those grants which has been received but not yet spent.

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

9. Capital Account	2017 Total €	2016 Total €
Balance at 1 January 2017	177,594	199,360
Transfer to/(from) Income and Expenditure account		
Capital Grants Received from Department of Health (Vote 38 subhead L1)	313,230	120,405
Amount amortisation in line with asset depreciation	<u>(219,439)</u> 93,791	<u>(142,171)</u> (21,776)
Balance at 31 December 2017	<u>271,385</u>	<u>177,594</u>

10. Operating Lease Rentals

The Board carries out its business from a premises at Cork Airport Business Park, a new lease was entered into on 5th March 2018 which commenced on 1st December 2017 for a period of 10 years.

	2017 €	2016 €
Lease Rentals Charged to the Statement of Income & Expenditure and Retained Revenue Reserves	101,542	98,400

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

Within one year	0	90,200
Within two to five years	0	0

National Cancer Registry Board

Notes to the Financial Statements for the year ended 31 December 2017

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 when collected is remitted on a monthly basis by the National Cancer Registry to the Department of Health. The total of the monthly payments remitted to the Department for the period from January to December 2017 was €68,974. The comparative amount for 2016 was € 77,085.

12. Related Party Transactions

Key Management Personnel Compensation

Key Management Personnel comprise the Director and the Senior Management Team.

The total short term remuneration benefits for 2017 were € 512,496 (Incl Employers PRSI).

The comparative figure for 2016 was € 460,310 (Incl Employers PRSI).

13. External Consultants & advisors fees

Included in Legal and Professional fees (note 5), the following expenditure was incurred on external consultants

	2017	2016
	€	€
Contract and legal commitments	6,305	0
Data Protection Advice	35,309	0
Operational Review	13,491	0

14. Capital Commitments.

There are no capital commitments

15. Approval of Financial Statements

The Board approved the financial statements on 14th June 2018.



National
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