National Cancer Registry
Annual report and accounts for year ending 31 December 2012
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FOREWORD

Since I assumed the responsibilities of Board Chair in Feb 2013, it has been my pleasure to work closely with Dr Harry Comber the Director of the National Cancer Registry in his leadership role for the organisation. The 2012 Financial and Accounts Report not only detailed the good fiscal management of the Registry but also draws our attention to the steady growth in productivity and timeliness in registering the essential clinical information for patients diagnosed with cancer in Ireland. To the credit of Dr Comber and the Registry staff, there has also been significant growth in research productivity. All of these achievements have been during a time of financial constraint and in the context of a recruitment moratorium, thus the progress demonstrated is even more praiseworthy.

In my own professional role as the National Director of Ireland’s National Cancer Control Programme, I have appreciated the quality, consistency and comprehensiveness of the information developed, analysed and reported by the National Cancer Registry. The Registry forms the fundamental groundwork for all cancer services planning and provides an additional excellent research platform to assist in the evaluation of the impact of elements of cancer prevention screening and care including assessment and quality of life impact.

It gives me great pleasure to endorse the report that is now available.

As a final note, I would like to thank the outgoing Board and in particular the Board Chair, Mr Tony O’Brien, for his governance oversight of the Registry and to express the regrets of the Board on the untimely death of Professor Donal Hollywood who died on May 10th, 2013 and who had been a member of the previous Board.

Yours sincerely

[Signature]

Dr. Susan O’Reilly MB, BCh, BAO, FRCPC, FRCPI
National Director
National Cancer Control Programme
DIRECTOR’S STATEMENT

2012 has been another year of increased productivity at the National Cancer Registry. We are registering 50% more cases than 10 years ago, with no increase in data collection staff. At the same time, we continue to reduce the delay between cancer diagnosis and registration. This continuing annual increase in the volume of cases and treatments to be registered is a major challenge to the Registry, which is mitigated only by the efforts of our staff to identify, record and process the data. While we have a statutory obligation to register all cancer cases, this is not matched by any obligation on the part of health service providers, whether public or private, to grant us access to either the data or working space in which to carry out registration. Most hospitals have been generous in providing us with working space and access to data, but our needs inevitably come second to those of the hospital staff when resources of space and finance are scarce. Our close working relationship with the National Cancer Control Programme has been helpful in this regard, but the growth in the number of private healthcare institutions delivering cancer care outside the remit of the NCCP has raised some new difficulties.

Research productivity also continues to grow, with 18 peer-reviewed papers and 75 abstracts accepted during 2012. The Registry was awarded six major research grants in 2012, and had an annual grant income of €637,036. Population-based research on cancer remains poorly funded in comparison to laboratory and clinical research, and this is reflected in the low level of interest in the area from Irish universities. The establishment of a chair of cancer epidemiology in an Irish university could take advantage of the detailed information on the incidence, diagnosis, treatment and outcomes of almost half a million cancer cases held by the registry, and provide support and collaboration for our research programme.

Internationally, we were major partners in the EUROCOURSE initiative to optimise the use of registry data in research, which ended in 2012 with the launch of the European Cancer Observatory (eco.iarc.fr). The Observatory gives access to up-to-date data from 105 cancer registries in 34 European countries. The website was developed at the International Agency for Research on Cancer, under contract to the National Cancer Registry. National Cancer Registry staff played a central role in the development of the website and of the data submission portal which is an integral part of the Observatory. In 2012, the Registry hosted the annual meeting of the International Association of Cancer Registries, with over 300 delegates from five continents, as well as the first meeting, since 2008, of the European Network of Cancer Registries and a meeting of the collaborators on CONCORD2, an intercontinental study of cancer survival.

The future of the Registry is closely linked to the development of a national health information strategy and to the proposed Health Information Bill. At the end of 2012 it was not yet clear what the timetable was for the latter and there were indications that the European Commission was preparing a comprehensive regulation on data protection, with potential impact on the work of the Registry. We hope that, in 2013, some of this uncertainty may be lifted.

Harry Comber
HISTORY AND BACKGROUND

Establishment

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

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

The National Cancer Registry Board

The Board of the Registry was appointed on 6 August, 2009 by the Minister for Health, for a maximum period of two years. The Board members were:

- Mr Tony O’Brien (Chair)
- Dr John Devlin
- Dr Patricia Fitzpatrick
- Dr Anna Gavin
- Professor Donal Hollywood
- Mr John McCormack
- Dr Deirdre Murray

In 2011, the Minister re-appointed the Board for a further year with the replacement of Dr John Devlin by Ms Mary Jackson and of Dr Patricia Fitzpatrick by Professor Paul Redmond. The term of this Board was from August 6th, 2011 to August 5th, 2012 and was extended to December 4th, 2012.

The Minister appointed a new Board on February 15th, 2013 for a three-year period. The members of the Board appointed at that time were:

- Dr Susan O’Reilly (Chair)
- Dr Anna Gavin
- Dr Fenton Howell
- Ms Mary Jackson.
- Mr John McCormack
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.
1. Commercially significant developments affecting the body

   No commercially significant developments occurred during 2012.

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 2012.

      (iii) A procedures document setting out instructions for all areas of financial activity was in place for 2012. This outlined the procedures for the administration of salaries, invoices and expense claims, use of the credit card and petty cash transactions as well as procedures for procurement and for the disposal of assets. The payroll and some invoice processing functions were carried out by University College Cork in 2012. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.

      (iv) The previous Audit Committee was appointed on 30th November 2011 and oversaw the work of the Internal Auditors during 2012. A new Audit Committee was appointed by the Board on 2nd April 2013.

      (v) An ITT for Internal Audit Services was undertaken in March 2010 and a full three-year cycle of internal audits covering core financial, organisational and operational areas have been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2012 in the areas of Human Resources; Budgetary Control, Fixed Assets & Travel and Subsistence; ICT; Follow up report on previous Audits and Research Grants.
(vi) An overall annual budget for the National Cancer Registry was agreed which incorporated a separate budget for IT. A report is prepared on a monthly basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.

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

d) The Board carried out a review of the effectiveness of internal financial controls for 2012 at its meeting in April 2013.

4. Codes of business conduct for directors and employees have been put in place and are being adhered to.

5. Government policy on the pay of the Director and all State body employees is being complied with.

6. Compliance with Government guidelines on the payment of directors’ fees is not relevant as there are no directors’ fees paid at the National Cancer Registry.

7. The Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the public sector are being complied with.

8. Government travel policy requirements are being complied with in all respects.

9. The Code of Practice for the Governance of State Bodies (2009) has been adopted by the Board and is being fully complied with.

10. The National Cancer Registry Board complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There have been no communications concerning non-compliance with requirements of regulatory or tax authorities with respect to any matter. The National Cancer Registry Board is not aware of any actual or possible non-compliance with laws or regulations that could impact on the financial statements.

Signed

[Signature]

Dr Susan O’Reilly
REPORT ON SYSTEM OF INTERNAL FINANCIAL CONTROL

Governance

Board

The NCRB addresses the majority of the matters outlined in the schedule of matters per the Code of Practice.

Briefing for new Board members

On their appointment new members were provided with the information as in the Governance framework for the NCRB.

Disclosure of interests by Board members

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

Audit Committee

The Audit Committee was appointed by the incoming Board in December 2011. It met four times in 2012.

Internal audit function

An internal audit service is in place and is carrying out a systematic audit of all areas of Registry activity. In 2012, the following areas were audited:

- Budgetary control, fixed assets & travel and subsistence
- Research grants
- ICT security
- Human resources
- Follow-up of the following
  - creditors
  - debtors
  - bank and cash
  - payroll
  - tendering and procurement
  - corporate governance
  - risk management
  - information security
  - registration process.

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 process 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. All disposals could be traced to a fixed asset disposal form that had been raised and authorised by the appropriate level of staff member.

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 2011, stating annual basic salary and superannuation benefits. These are also published in the annual report for 2012.

Board members’ fees
No fees are paid to any Board members. Travel and subsistence payments in line with approved rates for the meetings that they attend are published in the annual report for 2011. These are also published in the annual report for 2012.

Government pay policy
All employees are paid at Department of Health rates commensurate with their grade.
Reporting arrangements

The Chairperson provided a Chairperson’s annual report to the Minister in May 2012. A statement regarding the system of internal control was approved by the Board and included in the report to the Minister. A Director’s statement was issued with the annual financial report and accounts in October 2012.

Strategic and Corporate Planning

The Board adopted its most recent formal statement of strategy in February 2011. This is under revision by the current Board. A Service Plan was provided to the Department of Health in April 2012 when formal notification was received from the Department of the expenditure allocation for the year. This detailed the services planned for the year, consistent with the Board’s statement of strategy, and within the constraints of the budget allocation.

Tax compliance

VAT and PSWT are accounted for correctly via University College Cork. Payroll in 2012 was processed by University College Cork which provides a payroll bureau service to the Board.

Risk Management

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

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

Finance

Control Environment

The Board has met three times in 2012. The term of the Board expired on December 4th 2012.

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

Information and Communication

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

Control Activities

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

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

Budgetary Control

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

A monthly accounts pack is produced that consists of the following:
- Detailed income and expenditure account
- A balance sheet
- Budget profile for the year to date
- Variance analysis against budget
- Bank reconciliations (including bank statements)
- Summary trial balance.

Fixed Assets

a) The Fixed Asset Register is maintained on an Excel spreadsheet that is divided into the following categories:
- Software
- Hardware
- Fixtures and furnishings
- Office equipment

b) The register contains the following level of detail:
- Year of purchase
- Supplier
- Item description
- Cost
- Accumulated depreciation
- Net Book Value

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

Chair, National Cancer Registry Board
The permanent staff complement on 31/12/2012 was 36.0 FTE, compared to 38.3 at the end of 2011. In addition, 8.8 FTE researchers were funded from external sources (Health Research Board or EU) compared to 12.8 FTE at the end of 2010 and one TRO was employed on a temporary basis. Staffing at 31/12/2012 is shown below.

<table>
<thead>
<tr>
<th></th>
<th>Numbers</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>administration</td>
<td>data</td>
</tr>
<tr>
<td>Permanent full-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Senior Lecturer</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Senior Staff Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSN Dual Qualified</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSN General</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade III</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade IV</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Grade V</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grade VI</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grade VII</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>All permanent</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Temporary part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Nurse Mgr</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Senior Staff Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SSN Dual Qualified</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade V</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade VII</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All temporary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Temporary full-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade III</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade V</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade VI</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Temporary part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade VI</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All temporary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

STAFF
PREMISES

Permission was given by the Minister for Health in October 2012 for the Board to renew the lease on the existing offices. A five-year lease has been signed, with a possible break clause at three years for a fixed annual rent of €98,400 per annum including VAT (€14.87/ft²).

ACTIVITIES

The Registry’s activities fall into three main categories—data collection, reporting and research.

Data collection

Registrations

Table 1. Number of registrations by year (end 2011)

<table>
<thead>
<tr>
<th>Year of incidence</th>
<th>open</th>
<th>closed</th>
<th>% closed</th>
<th>all</th>
<th>% expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>35</td>
<td>24,791</td>
<td>100%</td>
<td>24,826</td>
<td>102%</td>
</tr>
<tr>
<td>2004</td>
<td>24</td>
<td>26,194</td>
<td>100%</td>
<td>26,218</td>
<td>104%</td>
</tr>
<tr>
<td>2005</td>
<td>58</td>
<td>26,142</td>
<td>100%</td>
<td>26,200</td>
<td>101%</td>
</tr>
<tr>
<td>2006</td>
<td>171</td>
<td>27,478</td>
<td>99%</td>
<td>27,649</td>
<td>103%</td>
</tr>
<tr>
<td>2007</td>
<td>152</td>
<td>30,504</td>
<td>99%</td>
<td>30,655</td>
<td>112%</td>
</tr>
<tr>
<td>2008</td>
<td>261</td>
<td>31,450</td>
<td>99%</td>
<td>31,711</td>
<td>111%</td>
</tr>
<tr>
<td>2009</td>
<td>1,513</td>
<td>32,302</td>
<td>96%</td>
<td>33,815</td>
<td>106%</td>
</tr>
<tr>
<td>2010</td>
<td>10,913</td>
<td>23,874</td>
<td>69%</td>
<td>34,787</td>
<td>109%</td>
</tr>
<tr>
<td>2011</td>
<td>17,504</td>
<td>10,278</td>
<td>37%</td>
<td>27,782</td>
<td>87%</td>
</tr>
</tbody>
</table>

Table 2. Number of registrations by year (end 2012).

<table>
<thead>
<tr>
<th>Year of incidence</th>
<th>open</th>
<th>closed</th>
<th>% closed</th>
<th>all</th>
<th>% expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>47</td>
<td>26,716</td>
<td>100%</td>
<td>26,763</td>
<td>100%</td>
</tr>
<tr>
<td>2006</td>
<td>131</td>
<td>28,099</td>
<td>100%</td>
<td>28,230</td>
<td>99%</td>
</tr>
<tr>
<td>2007</td>
<td>100</td>
<td>30,518</td>
<td>100%</td>
<td>30,618</td>
<td>101%</td>
</tr>
<tr>
<td>2008</td>
<td>114</td>
<td>31,582</td>
<td>100%</td>
<td>31,696</td>
<td>99%</td>
</tr>
<tr>
<td>2009</td>
<td>162</td>
<td>33,759</td>
<td>100%</td>
<td>33,921</td>
<td>100%</td>
</tr>
<tr>
<td>2010</td>
<td>1,001</td>
<td>34,126</td>
<td>97%</td>
<td>35,127</td>
<td>99%</td>
</tr>
<tr>
<td>2011</td>
<td>8,495</td>
<td>27,613</td>
<td>76%</td>
<td>36,108</td>
<td>97%</td>
</tr>
<tr>
<td>2012</td>
<td>16,238</td>
<td>11,787</td>
<td>42%</td>
<td>28,025</td>
<td>72%</td>
</tr>
</tbody>
</table>

Registrations of new cancer cases now come to over 34,000 annually, compared to 19,000 in 1994. Overall levels of ascertainment and case closure have improved slightly compared to the same time last year. The Registry database at the end of 2012 had over 460,000 registrations of new cancer cases.
Treatments

Table 3. Number of treatments by year (end 2012).

<table>
<thead>
<tr>
<th>year</th>
<th>by year of incidence</th>
<th>by year of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>62,235</td>
<td>63,445</td>
</tr>
<tr>
<td>2007</td>
<td>67,345</td>
<td>68,678</td>
</tr>
<tr>
<td>2008</td>
<td>70,651</td>
<td>73,700</td>
</tr>
<tr>
<td>2009</td>
<td>73,865</td>
<td>78,155</td>
</tr>
<tr>
<td>2010</td>
<td>74,218</td>
<td>80,009</td>
</tr>
<tr>
<td>2011</td>
<td>65,642</td>
<td>76,907</td>
</tr>
<tr>
<td>2012</td>
<td>36,589</td>
<td>46,816</td>
</tr>
</tbody>
</table>

The number of treatments registered has increased from 30,000 to 80,000 annually since 1994.

Completeness of registration

A recent review of registration completeness showed that overall completeness of registration was around 96% at three years and 97% at five years after the date of incidence. This varied with the cancer site (Table 4). Independent verification of cases against the breast screening database gave a level of completeness of 99.3%.

Table 4. Completeness of registration of 2007 cases (%)

<table>
<thead>
<tr>
<th>time from registration</th>
<th>one year</th>
<th>two years</th>
<th>three years [95% confidence limits]</th>
</tr>
</thead>
<tbody>
<tr>
<td>all invasive cancers (excl NMSC)</td>
<td>87.8</td>
<td>94.2</td>
<td>96.4 [95.7, 97.1]</td>
</tr>
<tr>
<td>colorectal</td>
<td>92.4</td>
<td>96.6</td>
<td>97.9 [96.5, 98.9]</td>
</tr>
<tr>
<td>lung</td>
<td>92.9</td>
<td>97.8</td>
<td>98.0 [96.1, 99.2]</td>
</tr>
<tr>
<td>breast</td>
<td>92.1</td>
<td>96.1</td>
<td>97.0 [94.5, 98.8]</td>
</tr>
<tr>
<td>prostate</td>
<td>77.3</td>
<td>88</td>
<td>92.4 [87.9, 95.9]</td>
</tr>
</tbody>
</table>
Timeliness

The Registry collects data in two phases: initial case registration, based on information in a histopathology report or a discharge summary; and case completion based on abstraction of the medical record, about 12 months following the initial registration. In recent years, responding to the priorities of our main data users, we have emphasised initial registration, while attempting to close cases in a timely fashion. The median time to initial registration and to completion of registration has been falling since 2000 (Figure 2). The median time from date of incidence to first registration varies considerably between hospitals, being particularly long in Beaumont, where it is almost a year (Figure 3). The time from date of incidence to completion of the registration varies less and is greatest in St James’s and Galway (Figure 4).

Figure 1. Number of treatment episodes registered per year.

Figure 2. Median delay in days between date of incidence and case registration or completion.

Figure 3. Median delay from date of incidence to first registration, by hospital.

Figure 4. Median delay from date of incidence to completion, by hospital.

1 The median delay for 2011 is artificially low, as not all registrations for this year have been closed.
2 The lower number of treatments in 2010 and 2011 is due to incomplete registration.
Electronic data capture

Collection of data directly from electronic patient records, histopathology reports and similar sources is a more efficient and less error-prone method of registration than transcription from paper records, which remains the predominant source of data for the Registry. Few reliable sources of electronic data exist within the Irish cancer services, although the number is increasing. A joint working group has been established between the National Cancer Registry and HSE (National Cancer Control Programme, National Cancer Screening Service and ICT Directorate) to develop a plan for routine access to complete electronic histopathology data by the National Cancer Registry and CervicalCheck. The initial proposal has been approved by the Departments of Health and Finance.

Completeness of follow-up

In many European countries, there is mandatory population registration, so the vital status of each individual is always known. This is not the case in Ireland and vital status is determined by linkage with death certificates. Prior to 2005 death certificates held an age at death but not a date of birth, and were matched with registrations by name and address using probabilistic matching software. Although every effort is made to match registrations with death certificates this process cannot be 100% accurate. As a result we have been aware that there is some degree of under-ascertainment of death in cancer patients in Ireland and a consequent over-estimation of survival. This will have the greatest effect on groups with a high mortality—the elderly and those with a poor prognosis.

As part of a project to quantify the extent of under-recording of deaths, two thousand randomly selected patients diagnosed with invasive cancers (excluding non-melanoma skin) from 1994 to 2005 were identified during 2012. None of these patients had been matched to a death certificate and were therefore shown on our database as alive. Client Identity Services (CIS) at the Department of Social Protection indicated that 45 (2.2%) of these cases were flagged on their system as having died. For 1597 (80%) of the remainder, we were able to identify a GP who was still in practice. These GPs were asked to inform us of the vital status of the patients, if known to them. 89% responded and provided dates of death for an additional 41 people. We were unable to find a matching death certificate for 59 of the 86 people indicated to us as dead. This suggests that these deaths have not been registered, the person has died abroad or that the Registry never received the death certificate. Overall, therefore, we identified 86 previously unrecorded deaths among about 1600 cases, 5.4%. A targeted follow up of cases with a high probability of being dead will be done with CIS in 2013 year for cases diagnosed in 1994 to 2009. This will include those aged 90 or over at diagnosis who are still alive and those with cancers of the oesophagus, stomach, lung or unknown primary site.
INFORMATION TECHNOLOGY

Cancer registration system

Currently the registration system has a local copy of the entire registration database on each laptop and there is a requirement on tumour registration officers to synchronise with the central database at least daily. The system was developed using technologies which are now past their end of life. The system poses major security problems as well as being very inflexible and unsuitable for the import of electronic data.

The Registry plans to redevelop the system using modern platforms and technologies, with one central database, and functionality to work offline. It is proposed to put the project to tender in 2013, to evaluate responses and work with the successful vendor to develop a detailed plan and design. This will be a multi-year project; migrating our data to the new system without loss of integrity will be a major challenge.

Disaster recovery

Currently all servers are backed up, with tapes held off-site. In the event of disaster, the plan would be to purchase new servers and rebuild the data from the tapes. This has not been tested and is not formally documented. We plan, for critical applications, to have a real-time copy at an offsite location, to have a documented Disaster Recovery plan and to test this plan yearly. At present, the IT section is determining criticality of systems and investigating options and costs for Disaster Recovery. The next steps will be to propose a Disaster Recovery solution, document response to a disaster and test the Disaster Recovery Plan.

Website

The current website was developed about ten years ago and has not fundamentally changed. It does not have a Content Management System (CMS) and some parts are rarely updated. It now looks quite dated and has very little functionality beyond straight text. We plan to redevelop the website, in two phases. The first is an update to the current structure, including CMS and including relevant RSS feeds to keep the website current. Non-technical users will be able to update content onto CMS. A prototype has been issued for a new website and a working group has been set up to agree a final design and assign responsibilities for updating different sections. Development, based on this design, will then begin. The second phase will involve a re-design of the data access and display facilities of the website. This will be technically more challenging.
REPORTING

The Registry provides access to data through routine reports, targeted reports, a data query service and data downloads; we provide additional information through our research programme.

2012 reports

Cancer Trends
These are brief (4-6 page) reports on a single cancer or group of cancers. Cancers reported on in 2012 were
- mesothelioma
- thyroid
- testis
- ovary
- pancreas
- cervix and uterus

Occasional reports
- Data quality and completeness at the Irish National Cancer Registry.

Research reports

International databases
The Registry contributed data to a number of international databases in 2012. These were:
- Cancer incidence in five continents, volume X. This is the standard reference for international data cancer incidence data.
- European Cancer Observatory (ECO). This is an online database of over 100 cancer registries across Europe, with data on incidence and mortality.
- EUROCARE 5: a project examining variation in cancer survival across Europe with coverage similar to ECO.
- Concord 2: An international collaboration comparing cancer survival in selected countries around the world.
- RARECAREnet: a project describing patterns of treatment and outcome for rare cancers in Europe.
RESEARCH

Aims

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

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

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

Overall strategy

Our choice of topics from within this comprehensive list is determined by a number of factors. One of the most important and valuable, obviously, is the huge repository of population-based cancer registry data, and the ability to link that to other data. We seek explicitly to exploit this where we can (i.e. patterns of care, pharmacoepidemiology, survivorship research). All of our researchers have their personal areas of interest and expertise, which they pursue if funding and data availability permit. For example, we have developed over the past few years interests and expertise in broad areas—e.g. survivorship, economics of cancer—and seek funding in these areas in preference to other things which we might be interested in.

Observational analysis sometimes highlights unusual or unexpected observations (e.g. in geographical patterns of incidence or inequity in receipt of cancer treatment) which seem important enough to pursue. Invitations may come from other registries or institutions to collaborate in projects, both national and international. Specific funding calls may refer to areas in which we have an interest or see an opportunity to increase the research reputation of the registry. Cancer charities, pharmaceutical companies or others may approach us directly to carry out some research for which they see us as being best qualified. As a result of the broad potential areas of research and limited amount and duration of the funding available, much of what we do is opportunistic and it has been difficult to build up a long-term coherent research strategy.

Structures

The Registry had no research staff until 1998, when approval was given for a half-time temporary statistician, to become a full-time permanent statistician in 2005. Approval was given for a full-time epidemiologist in 1998 and a
data analyst in 1999. Two fellowships in cancer epidemiology were provided by the HRB, which resulted in two trainee epidemiologists being placed at the Registry for two years and at the NCI for a year. Sanction was given to employ the first of these as an epidemiologist in 2000. Since the appointment of Dr Linda Sharp, an experienced epidemiologist, in 2004, the Registry has built up a strong research programme in aetiological research, patterns of care, survival, patient-reported outcomes, health economics and pharmacoepidemiology. We are by far the largest group on this island working on population-based cancer research and increasingly recognised as the leading institution in Ireland in the areas of population-based and patient-centred research in cancer. Our areas of expertise extend to topics as diverse as survival analysis, qualitative research and cancer economics.

Because of the diversity of our interests and the episodic nature of much of our funding, it can be difficult to sustain a tightly focussed research programme. We are not unique in this and many cancer registries (and academic research groups) find themselves in a similar position. However, many registries have been successful in establishing strategic partnerships with universities, including shared posts and access to postgraduate and post-doctoral researchers, which gives them more stability and the ability to plan in the longer term. Universities also can provide a more extensive and sophisticated research support infrastructure, removing much of the administrative burden from researchers and allowing them to make applications, for instance, for European funding, for which we lack the administrative and financial expertise.

The Registry is seriously disadvantaged by being outside the university setting and in not having a matching undergraduate programme. PhD students, a significant resource in most research institutions, are almost unavailable to us. As there is no training in cancer epidemiology available in Ireland most post-doctoral researchers in our research area have to be trained by the Registry. However, being on short-term research grants, many of these researchers need to leave the Registry just as they are developing some expertise. Despite the fact that we have research collaborations with groups in every university in Ireland, the absence of any Irish university department of cancer epidemiology has made it impossible for us to build any meaningful strategic academic ties in this area. This contrasts strongly with the situation in Northern Ireland where there are strong links between the NICR and cancer epidemiologists at QUB. The registries in Europe which are most productive in research have long-standing links and shared posts with their local universities; for instance, the Finnish Cancer Registry with the Finnish universities (Helsinki and Tampere) and Eindhoven Cancer Registry with Erasmus and Leiden Universities.

Funding

For the first three years of the Registry’s existence, the Irish Cancer Society provided funds to the Registry for research, either by the Registry or for projects approved by the Registry. Subsequently it was suggested by the Secretary General of the Department at the time (Mr Gerry O’Dwyer) that the Department would make an annual allocation to the Registry specifically for the purpose of carrying out “approved research projects”, with peer review by the HRB. However, this never happened, and although the Department of Health supports our permanent research staff, it provides no funding for specific projects.

We have been very successful in attracting research funding to date. In 2012, research income was €637,036, 20% of our total income, and our total research income over the last three years has been €1.8m. However, the main source of medical research funding, the Health Research Board, is increasingly putting funding into large university-based collaborative groups and research units from which we are largely excluded. Both the HRB and
Irish Cancer Society are also investing in post-doctoral fellowships, but many experienced researchers that we have employed are ineligible for these, not having pursued the conventional postgraduate pathway, which is not available for cancer epidemiology. Consequently, it is a constant struggle to retain research funding and staff, leaving the permanent staff little time for actual research work, reading or personal development. The short duration of many research grants has also meant that researchers have insufficient time to write up and publish research, leading to a large backlog of unpublished work, some of which has a diminishing chance of ever being published. This, in turn, has made it more difficult to have our areas of expertise recognised and funded. Researchers in whom we have invested considerable resources in time and training, and who have developed considerable expertise, are forced to leave at the end of their grants. None of this is unique to the NCR; but much of it is exacerbated by our rather isolated position.

The Registry needs to explore new and more stable research funding mechanisms if it is to continue to produce quality research and remain as a centre of excellence. While the current financial climate is not favourable to new initiatives, the money required would be relatively modest, allowing the Registry to retain a small number of full-time research staff with specific expertise.

### 2012 Research activities

Projects mainly supported through the regular budget

1. **Interval cancers in the national breast screening programme**
   - Measuring incidence of interval cancers since start of programme
   - Comparison of characteristics of screen-detected and interval cancers, including stage and hormone receptor status

2. **Cancer in renal transplant recipients (collaboration with N Ireland Cancer Registry, Beaumont, Belfast City Hospital)**
   - Linkage of renal transplant registers to cancer registries in Ireland and N Ireland.
   - Analysis of time trends and north-south differences in cancer incidence following immunosuppression

3. **Quality and completeness of registry data**
   - Statistical analysis of completeness of case ascertainment and comparison to international norms.
   - Measures of data quality compared to European standards

4. **Hospital length of stay and readmissions following resection (using linked registry & HIPE data)**
   - Examination of factors determining length of stay and re-admission rates for colorectal and lung cancers in public hospitals for surgically treated cancer patients

5. **Smoking and its impact on cancer survival**
   - Impact of smoking status on survival for a number of cancers
6. **CONCORD-2 international survival study (participant)**

7. **EURECCA-breast pilot study (EUropean REgistration of Cancer Care)(participant)**
   - Comparisons of age-specific treatment and survival of breast cancer patients across Europe, in collaboration with Leiden University and others.

8. **Socio-economic disparities in survival after breast cancer in Irish women**
   - collaboration with Boyne Research Institute. Paper in draft.

9. **Who dies from melanoma? - a population-based study of Irish patients**
   - collaboration with South Infirmary/Victoria Hospital. Paper in draft.

10. **Pleural mesothelioma incidence and survival in Ireland**
    - collaboration with Beaumont Hospital. Paper in draft.

Projects partly or wholly supported through external funding

1. **ATHENS (A Trial of HPV Education and Support in Irish primary care)**
   - Postal survey of GPs and Practice Nurses completed to assess cervical screening-related behaviours and influences on these
   - Grant application submitted to HRB to seek finding for next stages of intervention development and piloting

2. **CaRE (Cancer and Return to Employment)**
   - 625 breast, prostate and colorectal cancer patients who were working at diagnosis recruited; first wave of structured telephone interviews completed (timed for 6-months post diagnosis); second round of telephone interviews (timed for 12 months post-diagnosis) underway
   - Partner in CANWORK network, which secured finding as EU COST Action

3. **CERVIVA (Irish Cervical Screening Research Consortium)**
   - Recruited team investigators for new HRB Inter-disciplinary Capacity Enhancement (ICE) Award; one of three based in NCR (Mairead O’Connor)
   - Completed final wave of longitudinal survey of psychological impact on women of undergoing colposcopy and related interventions
   - Developed protocol and secured ethical approval for in-depth interviews with women who participated in psychological survey
   - CERVIVA consortium secured 5-year Collaborative Applied Research Grant from HRB; will bring two new researchers to NCR
4. Colorectal screening

- Nick Clarke commenced PhD on colorectal screening uptake in October, funded by Irish Cancer Society
- Data collection underway in survey of psychological impact of colonoscopy in individuals with a positive FIT screening test (within Tallaght “screening pilot”).

5. Economic Impact Study

- Started collaboration with IARC on international estimates of lost productivity costs

6. ICE survivorship

- 3-year grant from HRB secured to undertake survivorship research; will fund three researchers, two based at NCR and the other at NUIG. One will work on post-treatment follow-up strategies for prostate and colorectal cancer; one on epidemiological and economic analyses of work absenteeism and presenteeism post-cancer; and one on urban/rural variations in unmet needs, HRQoL, and psychological wellbeing in cancer survivors

7. Inequalities

- Project grant secured from Irish Cancer Society to investigate social and spatial inequalities in colorectal cancer and NHL, in collaboration with HSE (Howard Johnson) and Trutz Haase

8. PanCAM (Pancreatic Cancer Aetiology & Management)

- Analysis of trace metals in toenail specimens conducted in US
- Partner in EU Pancreas, spin off from Mol-Diag-Paca consortium; funding secured as EU COST action

9. Pharmacoepidemiology

- 3-year project grant secured from HRB for project on commonly used drugs and outcomes in ovarian cancer; biostatistician will start May 2013
- Applications submitted for post-doctoral fellowship in pharmacoepidemiology for Marianna de Camargo Cancela
- Funding secured from HRB to hold cancer pharmacoepidemiology conference and workshop; will take place Dublin 23/24th September 2013

10. Cost-effectiveness of PSA testing

- Recruitment completed to survey of prostate cancer survivors; >2500 men in RoI and >1,300 in NI participated
- Development completed of questionnaire to assess impact of prostate biopsy on men
- Modification of Oxford prostate cancer cost-effectiveness model underway

11. PiCTure 2 (Men’s Experiences of Prostate Cancer Care in Ireland)

- Cognitive interviews undertaken to inform modification of Prostate Cancer Questionnaire for Irish setting
- Collaborating centres and clinicians recruited, ethical approval secured for patient experience
12. Sanofi

- Analyses completed and three major reports provided to funders (comorbidity and prostate cancer treatment; survival in prostate cancer; and descriptive epidemiology of triple negative and other breast cancer subtypes).

13. SuN (Supportive Care Needs: head and neck cancer)

- In-depth interviews with head and neck survivors completed
- Fieldwork for survivor survey completed; almost 600 head and neck cancer survivors participated
- Funding secured from HRB for new workpackage to investigated supportive care needs in informal caregivers of head and neck cancer survivors.


In press/Epub ahead of print at end 2012

Submitted in 2011


Submitted in 2012


Submitted during 2012 and still under review at end 2012


4. Gurumurthy M, Cotton SC, Sharp L, Little J, Cruickshank ME, on behalf of the TOMBOLA group. Post-colposcopy management of women with biopsy-proven CIN1: Results from TOMBOLA. J Lower Gen Tract Disease


CONFERENCE PRESENTATIONS

Note that this list only includes presentations made by National Cancer Registry staff; presentations made by external collaborators are not included. The list also excludes a number of invited presentations on aspects of Registry data and analysis by the Director.

Oral – invited


Oral (including combined oral+poster presentations)


11. O’Connor M, Costello L, Murphy J, Prendiville W, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). “HPV is the nicer name for genital warts” Beliefs, misconceptions, unanswered questions and factors influencing information needs among women who have a HPV test within routine follow-up. UICC World Cancer Congress. Montreal, 27th-30th August 2012

12. O’Connor M, O’Leary E, Murphy J, Sharp L, on behalf of the Irish Cervical Screening Research Consortium (CERVIVA). What do women who have never had a smear test think? Women’s attitudes and beliefs and other factors associated with never having had a smear. British Society for Colposcopy and Cervical Pathology, Annual Scientific Meeting, Gateshead, 18th-20th April 2012


APPLICATIONS MADE FOR RESEARCH FUNDING

Funded


Unsuccessful


Under review


17. Martin C, plus funded co-investigators (including Sharp L). CERVIVA+: The next generation in cervical cancer prevention in Ireland. HRB Research Leader Award. €600,000 over 5 years.

18. O’Leary, plus funded collaborators (including Sharp L). What is the circulating tumour cell and the role of immune editing in the metastatic cascade. HRB Clinician Scientist Award. €800,000+ over 5 years.
Research programme

Our current research programme covers a wide range of topics in cancer aetiology, diagnosis, screening, treatment and outcome. We have a particular interest in survivorship and economic aspects of cancer.

Current research activity at the Registry includes a range of descriptive studies of cancer incidence, trends, treatment and survival as well as analytical studies. The list of papers on pages 25-26 illustrates the range of work being undertaken. Current active projects include the following:

1. Estimation of cancer risk for renal transplant patients.
2. Impact of socio-economic factors on survival from childhood cancer.
4. The role of HPV testing in the control of cervical cancer.
5. Economic costs of cancer.
7. Factors determining treatment of older patients with cancer.

Successful funding bids in 2011

The registry research programme is largely dependent on successful applications for competitive grants, mainly from the HRB and the Irish Cancer Society. In 2011, the following applications were successful:

1. Sharp L, Clarke N. Investigating factors associated with compliance in the national population-based colorectal cancer screening programme, with particular emphasis on men. Irish Cancer Society PhD Research Scholarship. €120,000. 2011-2014 (student: N Clarke)
STATEMENT OF STRATEGY

The Board has adopted the following strategic plan.

Aims

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

Objectives

Data collection

- To address problems of timeliness through review of TRO workloads and work practices.
- To explore methods of routinely quality assuring registration data for accuracy and completeness.
- To seek synergies in data collection with HSE-NCCP and with HSE and hospital management generally.
- To explore alternatives to manual extraction of medical records as sources of data.
- To increase efficiency of data processing by update of the registration software.

Research

- To continue to seek external support for research projects.
- To build critical mass within the Registry, and productive collaborations outside.

Dissemination

- To establish a system of timely and comprehensive reporting of registration data.
- To collaborate in international registry reports which raise the profile of the Registry.
- To maintain a high level of output of peer-reviewed papers from both research and analysis.
- Provide an appropriate service to all users and potential users of Registry information.
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

Timeliness

50% of invasive cancers, excluding non-melanoma skin, should be registered within 3 months of the date of incidence.
- 2010: 58.9%
- 2009: 50.1%

90% of invasive cancers, excluding non-melanoma skin, should be registered within 12 months of the date of incidence.
- 2010: 88.1%
- 2009: 87.9%

90% of invasive cancers, excluding non-melanoma skin, should be closed within 24 months of the date of incidence.
- 2010: 77.6%
- 2009: 77.4%

Accuracy

Death certificate only cases should be <1% of the total of all invasive cancers, excluding non-melanoma skin.
- 2011: 0.17%

90% of all invasive cancers, excluding non-melanoma skin, should be microscopically verified, if the case is closed.
- 2011: 91.1%

Cancers of ill-defined sites should be less than 3% of all invasive cancers, excluding non-melanoma skin.
- 2011: 2.7%

Completeness

Registration completeness, as assessed by the flow method, for all invasive cancers excluding non-melanoma skin cancer, should be

- 90% at one year, 88% (2005)
- 96% at two years, 96% (2005)
- 98% at five years, 97% (2005)

from the end of the year of registration

Research and analysis

Provide data for CI5, EUROCIM, EUROCARE and similar projects on time and as requested
Dataset of all cancers 1994-2009 provided to Cancer Survival group at London School of Hygiene and Tropical Medicine for analyses of time-trends in survival of UK and Irish cancer patients (data requested January, provided February, updated follow-up requested September, provided October 2012).
Feedback provide by Research and Data Groups to EUROCARE-5 on queries regarding completeness of follow-up and coding issues for dataset provided in 2010 (queries received February, responded to March 2012).
NCR registered for collaboration on the CONCORD-2 international survival study (call for data November 2012 with deadline March 2013).

Submit at least 12 papers for publication in peer-reviewed journals.
- 18 full papers published in 2012 (9 first authored by current or former NCR staff)
- 8 papers in press/Epub at end 2012 (8 first authored by current or former NCR staff); 4 of these papers were originally submitted in 2011.
- 12 papers submitted and under review at end 2012 (6 first authored by current or former NCR staff).
- These figures do not include papers which were submitted and rejected/withdrawn during 2012 (and which will be resubmitted during 2013).
Details on pages 25-26.

Make at least 24 oral and poster presentations at national and international conferences.
- 4 invited presentations by NCR staff during 2012
- 18 other oral presentations by NCR staff during 2012
- 53 poster presentations by NCR staff during 2012
Details on pages 29-34.

Lead, or collaborate in, the submission of at least 4 grant/funding applications.
- NCR staff were involved in 18 funding applications during 2012

Complete 80% of queries within 2 weeks of receipt.
- 94% of queries were completed within two weeks of receipt

Produce reports based on registry data and from research studies, including:
  i. four short reports on cancer trends;
  ii. one site-specific report;
  iii. the registry annual report;
  iv. two reports on original research.
- 6 short reports on cancer trends published during 2012 (SD, HC) – cervix & uterus; pancreas; ovary; testis; thyroid; mesothelioma
The annual accounts and report of the Board to be produced by June 30th
No. Audited accounts were not available until October 2012

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

Registry expenditure to remain within assigned annual budget
Yes

Deliver on all recommendations in internal audit reports within timeframe agreed
Yes.
OVERVIEW OF ENERGY USAGE IN 2012

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 2012, the National Cancer Registry consumed 83.631 MWh of energy, all electrical.

Actions Undertaken in 2012

In 2012 the Registry undertook a range of initiatives to improve our energy performance, including:

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

However, due to adverse weather conditions throughout the year, no significant decrease in energy use was recorded. These measures will be continued in 2013.
ADDITIONAL FINANCIAL STATEMENTS

The National Cancer Registry was fully compliant with its obligations under tax law in 2012.
The National Cancer Registry is fully adherent to Government procurement policy.
No fees are paid to members of the National Cancer Registry Board.

Attendance at Board meetings in 2012 was as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>10/2/2012</th>
<th>18/5/2012</th>
<th>14/9/2012</th>
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<tbody>
<tr>
<td>Mr Tony O’Brien</td>
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<td>Dr Anna Gavin</td>
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<tr>
<td>Professor Donal Hollywood</td>
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<td>Mr John McCormack</td>
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<tr>
<td>Dr Deirdre Murray</td>
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<td>Ms Mary Jackson</td>
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<td>Professor Paul Redmond</td>
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<td><strong>Total</strong></td>
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Aggregate expenses paid to Board members in 2012 were €175.69, as follows:

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<th>Name</th>
<th>10/2/2012</th>
<th>18/5/2012</th>
<th>14/9/2012</th>
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<tr>
<td>Mr Tony O’Brien</td>
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<td>Dr Deirdre Murray</td>
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<td>€53.98</td>
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<td>Ms Mary Jackson</td>
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<td>€121.71</td>
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<tr>
<td>Professor Paul Redmond</td>
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<td>€121.71</td>
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<tr>
<td><strong>Total</strong></td>
<td>€121.71</td>
<td>€53.98</td>
<td></td>
<td>€175.69</td>
</tr>
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</table>
National Cancer Registry Board

Accounts

for the year ended 31st December 2012
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<td>Statement on Internal Financial Control</td>
<td>3</td>
</tr>
<tr>
<td>Report of the Comptroller &amp; Auditor General</td>
<td>4-5</td>
</tr>
<tr>
<td>Statement of Accounting Policies</td>
<td>6</td>
</tr>
<tr>
<td>Income &amp; Expenditure Account</td>
<td>7</td>
</tr>
<tr>
<td>Balance Sheet</td>
<td>8</td>
</tr>
<tr>
<td>Notes to the Accounts</td>
<td>9 – 16</td>
</tr>
</tbody>
</table>
Information

Current Board
Appointed 14th February 2013

Dr Susan O’Reilly (Chairperson)
Dr Anna Gavin
Dr Fenton Howell
Ms Mary Jackson
Mr John McCormack

Previous Board
6th August 2011 – 5th August 2012

Dr Tony O’Brien (Chairperson)
Dr Anna Gavin
Prof Donal Hollywood
Ms Mary Jackson
Mr John McCormack
Dr Deirdre Murray
Prof Paul Redmond

Director

Dr Harry Comber

Business Address

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

Auditor

Comptroller and Auditor General, Dublin Castle, Dublin 2.

Bankers

Allied Irish Banks plc, 66 South Mall, Cork.

Bank of Ireland
Cork Airport
Cork
Statement of Board Members’ Responsibilities

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

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

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

On behalf of the Board

...................................
Board Member

...................................
Board Member
Statement on Internal Financial Control for the year ended 31st December 2012

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

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

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

- A clearly defined management structure.
- A risk register was compiled in 2010 and was updated throughout 2012.
- A procedures document setting out instructions for all areas of financial activity was in place for 2012. This outlined the procedures for the administration of salaries, invoices and expense claims, use of the credit card and petty cash transactions as well as procedures for procurement and for the disposal of assets. The payroll and some invoice processing functions were carried out by University College Cork in 2012. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.
- The previous Audit Committee was appointed on 30th November 2011 and oversaw the work of the Internal Auditors during 2012. A new Audit Committee was appointed by the Board on 2nd April 2013.
- An ITT for Internal Audit Services was undertaken in March 2010 and a full three-year cycle of internal audits covering core financial, organisational and operational areas have been agreed by the Audit Committee and the Board. Formal internal audits were carried out in 2012 in the areas of Human Resources; Budgetary Control, Fixed Assets & Travel and Subsistence; ICT; Follow up report on previous Audits and Research Grants.
- An overall annual budget for the National Cancer Registry was agreed which incorporated a separate budget for IT. A report is prepared on a monthly basis to compare actual with budget figures and overall annual expected figures are updated throughout the year.
- Review by the Board at each of its meetings of periodic and annual financial reports.

Review of Internal Controls
I confirm that the Board carried out a review of the effectiveness of internal financial controls for 2012 at its meeting in April 2013.

Signed on behalf of the Board of the National Cancer Registry

Dr Susan O’Reilly
Chairperson

Date: 16 September 2013
Report of the Comptroller & Auditor General
I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2012 under Section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements, which have been prepared under the accounting policies set out therein, comprise the statement of accounting policies, the income and expenditure account, the balance sheet and the related notes.

The financial statements have been prepared in the form prescribed under Section 21 of the National Cancer Registry Board (Establishment) Order 1991 and in accordance with generally accepted accounting practice in Ireland as modified by the directions of the Minister for Health in relation to accounting for superannuation costs.

Responsibilities of the Board

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

Responsibilities of the Comptroller and Auditor General

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

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

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

Scope of Audit of the Financial Statements

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

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

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

Opinion on the Financial Statements

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

Except for the accounting treatment of the Board's superannuation costs and liabilities, the financial statements, which have been properly prepared in accordance with generally accepted accounting practice in Ireland, give a true and fair view of the state of the Board's affairs at 31 December 2012 and of its income and expenditure for 2012.

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

Matters on which I Report by Exception

I report by exception if

- I have not received all the information and explanations I required for my audit, or
- my audit noted any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the Statement on Internal Financial Control does not reflect the Board's compliance with the Code of Practice for the Governance of State Bodies, or
- I find there are other material matters relating to the Manner in which public business has been conducted.

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

Patricia Sheehan

For and on behalf of the Comptroller and Auditor General

30 September 2013
National Cancer Registry Board

Statement of Accounting Policies for the year ended 31st December 2012

Accounting convention

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

Tangible fixed assets and depreciation

Fixed Assets are stated at cost less depreciation.

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

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

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

Grants

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

Pensions

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

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

Research Grants

Research grants are recognised in the period in which the corresponding expenditure is incurred and are accounted for as Other Income.
### National Cancer Registry Board
### Income and Expenditure Account
### for the year ended 31st December 2012

#### Notes

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Department of Health</td>
<td>1</td>
<td>2,475,000</td>
</tr>
<tr>
<td>Superannuation contributions</td>
<td></td>
<td>99,110</td>
</tr>
<tr>
<td>Other Income</td>
<td>2</td>
<td>639,732</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td><strong>3,213,842</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>€</th>
<th>€</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>3</td>
<td>2,621,628</td>
</tr>
<tr>
<td>Administration costs</td>
<td>4</td>
<td>527,453</td>
</tr>
<tr>
<td>Travel and subsistence</td>
<td></td>
<td>47,214</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td></td>
<td><strong>3,196,295</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surplus/(Deficit) for year</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17,547</td>
<td>(28,268)</td>
</tr>
</tbody>
</table>

Balance Brought Forward 1st January | 71,116 | 99,384 |

Balance Carried Forward 31st December | **88,663** | **71,116** |

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

On behalf of the Board:

[Signature]
Date: .....16 September 2013......................

Board Member

[Signature]
Date: .....16 September 2013......................

Board Member

The accounting policies on page 6 and notes on pages 9-16 form part of these financial statements
## Balance Sheet as at 31st December 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>5</td>
<td>30,237</td>
</tr>
<tr>
<td>Current Assets</td>
<td>6</td>
<td>87,902</td>
</tr>
<tr>
<td>Debtors and Prepayments</td>
<td>6</td>
<td>833,385</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>6</td>
<td>921,287</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts due to U.C.C.</td>
<td>7</td>
<td>206,159</td>
</tr>
<tr>
<td>Other creditors</td>
<td>7</td>
<td>22,237</td>
</tr>
<tr>
<td>Accruals</td>
<td>7</td>
<td>48,058</td>
</tr>
<tr>
<td>Grants received in advance</td>
<td>7</td>
<td>556,170</td>
</tr>
<tr>
<td>Net current assets</td>
<td>7</td>
<td>832,624</td>
</tr>
<tr>
<td>Total Assets Less Current Liabilities</td>
<td>7</td>
<td>118,900</td>
</tr>
<tr>
<td>Financed by:</td>
<td>7</td>
<td>88,663</td>
</tr>
<tr>
<td>Capital Grants</td>
<td>8</td>
<td>30,237</td>
</tr>
<tr>
<td>Income and Expenditure Account</td>
<td>8</td>
<td>88,663</td>
</tr>
<tr>
<td>On behalf of the Board:</td>
<td>8</td>
<td>118,900</td>
</tr>
</tbody>
</table>

The accounting policies on page 6 and notes on pages 9-16 form part of these financial statements.
## National Cancer Registry Board

Notes to the Accounts
for the year ended 31st December 2012

### 1. Department of Health

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Grant</td>
<td>2,475,000</td>
<td>2,530,000</td>
</tr>
<tr>
<td>Capital Grant (Note 8)</td>
<td>10,137</td>
<td>22,084</td>
</tr>
</tbody>
</table>

### 2. Other Income

<table>
<thead>
<tr>
<th>Grant (Donor)</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer Grant (HRB)</td>
<td>856</td>
<td>588</td>
</tr>
<tr>
<td>Economic Impact of Cancer Grant (HRB)</td>
<td>60,880</td>
<td>183,643</td>
</tr>
<tr>
<td>PSA Grant (HRB)</td>
<td>112,914</td>
<td>55,067</td>
</tr>
<tr>
<td>Cervical Cancer Grant (HRB)</td>
<td>0</td>
<td>40,532</td>
</tr>
<tr>
<td>Pancreatic Cancer Grant (HRB)</td>
<td>2,539</td>
<td>30,574</td>
</tr>
<tr>
<td>Finbarr (NICR)</td>
<td>0</td>
<td>5,967</td>
</tr>
<tr>
<td>Cancer in Older Women Grant (HRB)</td>
<td>484</td>
<td>1,765</td>
</tr>
<tr>
<td>Health Technology Assessment Grant (HIQA)</td>
<td>61</td>
<td>4,613</td>
</tr>
<tr>
<td>Employment Outcomes Grant (HRB)</td>
<td>93,855</td>
<td>106,461</td>
</tr>
<tr>
<td>Eurocourse (EU)</td>
<td>23,910</td>
<td>73,535</td>
</tr>
<tr>
<td>Head &amp; Neck Cancer Grant (HRB)</td>
<td>88,233</td>
<td>64,222</td>
</tr>
<tr>
<td>Cerviva Randomised Control Trial Grant (HRB)</td>
<td>29,235</td>
<td>39,156</td>
</tr>
<tr>
<td>Sanofi Grant (Sanofi Aventis)</td>
<td>82,751</td>
<td>42,593</td>
</tr>
<tr>
<td>Hormonal Therapies Grant (HRB)</td>
<td>18,084</td>
<td>5,666</td>
</tr>
<tr>
<td>Prostate Charity (NICR)</td>
<td>39,026</td>
<td>14,533</td>
</tr>
<tr>
<td>Rarecare (EU)</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td>Mens Health (CIT)</td>
<td>6,598</td>
<td>0</td>
</tr>
<tr>
<td>Ovarian Pharmacoei (HRB)</td>
<td>3,677</td>
<td>0</td>
</tr>
<tr>
<td>Survivorship Interdisciplinary Capacity Enhancement (HRB)</td>
<td>2,000</td>
<td>0</td>
</tr>
<tr>
<td>Mens Experience of Prostate Care (HRB)</td>
<td>42,012</td>
<td>0</td>
</tr>
<tr>
<td>Cerviva Interdisciplinary Capacity Enhancement (HRB)</td>
<td>29,744</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacoei Interdisciplinary Capacity Enhancement (HRB)</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,696</td>
<td>33,062</td>
</tr>
</tbody>
</table>

**Total** 639,732 701,977

Grant Donors are:
Health Research Board (HRB), Health Information Quality Authority (HIQA), European Union (EU), Carlow Institute of technology (CIT), Northern Ireland Cancer Registry (NICR)
3. Information on Employees and Remuneration

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average numbers of employees during the year was:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Tumour Registration Officers</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>57</td>
</tr>
</tbody>
</table>

Employment Costs

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>2,260,829</td>
<td>2,487,681</td>
</tr>
<tr>
<td>Social Insurance Costs</td>
<td>228,561</td>
<td>258,932</td>
</tr>
<tr>
<td>Pensions</td>
<td>132,238</td>
<td>68,002</td>
</tr>
<tr>
<td></td>
<td>2,621,628</td>
<td>2,814,615</td>
</tr>
</tbody>
</table>

Director’s Remuneration

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>110,844</td>
<td>174,163</td>
</tr>
</tbody>
</table>

Sanction was received in June 2011 from the Department of Health, to correct an underpayment to the Director with effect from 1st April 1997. A back payment was processed in the August 2011 salary payments.

The Director is a member of the Nominated Health Agencies Superannuation Scheme.

The Director did not receive any Performance Related Award in 2012.

Board Members Remuneration and Expenses

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel &amp; Subsistence to attend Board Meetings</td>
<td>176</td>
<td>148</td>
</tr>
</tbody>
</table>

Board members do not receive fees.
### 4. Administration Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Consumables</td>
<td>14,811</td>
<td>14,333</td>
</tr>
<tr>
<td>Courier and delivery charges</td>
<td>933</td>
<td>2,627</td>
</tr>
<tr>
<td>Books and periodicals</td>
<td>667</td>
<td>987</td>
</tr>
<tr>
<td>C&amp;AG Audit fee</td>
<td>9,024</td>
<td>9,024</td>
</tr>
<tr>
<td>Other Audit fees</td>
<td>8,816</td>
<td>10,193</td>
</tr>
<tr>
<td>Recruitment and training</td>
<td>27,471</td>
<td>45,555</td>
</tr>
<tr>
<td>Conference fees</td>
<td>33,765</td>
<td>18,912</td>
</tr>
<tr>
<td>Rent, rates &amp; service charges</td>
<td>192,634</td>
<td>192,333</td>
</tr>
<tr>
<td>Insurance</td>
<td>11,333</td>
<td>13,827</td>
</tr>
<tr>
<td>Building repairs &amp; maintenance</td>
<td>299</td>
<td>0</td>
</tr>
<tr>
<td>Light and heat</td>
<td>16,930</td>
<td>15,504</td>
</tr>
<tr>
<td>Maintenance, Warranties and Support</td>
<td>17,337</td>
<td>23,161</td>
</tr>
<tr>
<td>Printing, postage and stationery</td>
<td>45,039</td>
<td>36,761</td>
</tr>
<tr>
<td>Telephone, fax and Internet</td>
<td>33,998</td>
<td>38,734</td>
</tr>
<tr>
<td>Legal and professional fees</td>
<td>7,090</td>
<td>0</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>513</td>
<td>449</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>48,300</td>
<td>28,763</td>
</tr>
<tr>
<td>Licences &amp; Subscriptions</td>
<td>55,767</td>
<td>56,622</td>
</tr>
<tr>
<td>Information Technology Consumables</td>
<td>2,726</td>
<td>6,218</td>
</tr>
<tr>
<td>Amortisation of Capital Grants</td>
<td>(78,240)</td>
<td>(95,204)</td>
</tr>
<tr>
<td>Depreciation on computer equipment</td>
<td>18,945</td>
<td>35,759</td>
</tr>
<tr>
<td>Depreciation on fixtures and fittings</td>
<td>57,976</td>
<td>57,976</td>
</tr>
<tr>
<td>Depreciation on office equipment</td>
<td>1,319</td>
<td>1,469</td>
</tr>
</tbody>
</table>

Total Administrative Expenses                | **527,453** | **514,003** |
## 5. Fixed Assets

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Fixtures &amp; Fittings</th>
<th>Office Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td>€</td>
<td>€</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>At 1\textsuperscript{st} January 2012</td>
<td>414,384</td>
<td>301,718</td>
<td>19,919</td>
<td>736,021</td>
</tr>
<tr>
<td>Additions</td>
<td>10,137</td>
<td>0</td>
<td>0</td>
<td>10,137</td>
</tr>
<tr>
<td>Disposals</td>
<td>(1,537)</td>
<td>0</td>
<td>0</td>
<td>(1,537)</td>
</tr>
<tr>
<td><strong>At 31\textsuperscript{st} December 2012</strong></td>
<td><strong>422,984</strong></td>
<td><strong>301,718</strong></td>
<td><strong>19,919</strong></td>
<td><strong>744,621</strong></td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td>€</td>
<td>€</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>At 1\textsuperscript{st} January 2012</td>
<td>383,730</td>
<td>236,295</td>
<td>17,656</td>
<td>637,681</td>
</tr>
<tr>
<td>On disposals</td>
<td>(1,537)</td>
<td>0</td>
<td>0</td>
<td>(1,537)</td>
</tr>
<tr>
<td>Charge for the year</td>
<td>18,945</td>
<td>57,976</td>
<td>1,319</td>
<td>78,240</td>
</tr>
<tr>
<td><strong>At 31\textsuperscript{st} December 2012</strong></td>
<td><strong>401,138</strong></td>
<td><strong>294,271</strong></td>
<td><strong>18,975</strong></td>
<td><strong>714,384</strong></td>
</tr>
</tbody>
</table>

### Net book Values

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Fixtures &amp; Fittings</th>
<th>Office Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At 31\textsuperscript{st} December 2012</strong></td>
<td><strong>21,846</strong></td>
<td><strong>7,447</strong></td>
<td><strong>944</strong></td>
<td><strong>30,237</strong></td>
</tr>
<tr>
<td><strong>At 31\textsuperscript{st} December 2011</strong></td>
<td><strong>30,654</strong></td>
<td><strong>65,423</strong></td>
<td><strong>2,263</strong></td>
<td><strong>98,340</strong></td>
</tr>
</tbody>
</table>

## 6. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td></td>
<td>65,175</td>
<td>129,502</td>
</tr>
<tr>
<td>Prepayments</td>
<td>22,727</td>
<td>29,465</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87,902</strong></td>
<td><strong>158,967</strong></td>
</tr>
</tbody>
</table>
7. **Grants Received in Advance**

<table>
<thead>
<tr>
<th>Project (Donor)</th>
<th>Opening at 1(^{st}) January €</th>
<th>Income Received €</th>
<th>T/F to I&amp;E A/C €</th>
<th>Closing at 31(^{st}) December €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer Grant (HRB)</td>
<td>856</td>
<td>0</td>
<td>856</td>
<td>0</td>
</tr>
<tr>
<td>Economic Impact of Cancer Grant (HRB)</td>
<td>129,697</td>
<td>0</td>
<td>60,881</td>
<td>68,816</td>
</tr>
<tr>
<td>Pancreatic Cancer Grant (HRB)</td>
<td>2,539</td>
<td>0</td>
<td>2,539</td>
<td>0</td>
</tr>
<tr>
<td>Rarecare Grant (EU)</td>
<td>80</td>
<td>0</td>
<td>80</td>
<td>0</td>
</tr>
<tr>
<td>Employment Outcome Grant (HRB)</td>
<td>116,577</td>
<td>0</td>
<td>93,855</td>
<td>22,722</td>
</tr>
<tr>
<td>Health Technology Assessment (HIQA)</td>
<td>61</td>
<td>0</td>
<td>61</td>
<td>0</td>
</tr>
<tr>
<td>Ovarian Pharmacoepi (HRB)</td>
<td>0</td>
<td>100,990</td>
<td>3,677</td>
<td>97,313</td>
</tr>
<tr>
<td>Survivorship ICE (HRB)</td>
<td>0</td>
<td>219,364</td>
<td>2,000</td>
<td>217,364</td>
</tr>
<tr>
<td>Cancer in Older Women (WHC)</td>
<td>1,572</td>
<td>0</td>
<td>485</td>
<td>1,087</td>
</tr>
<tr>
<td>Sanofi (Sanofi Aventis)</td>
<td>54,401</td>
<td>32,594</td>
<td>82,751</td>
<td>4,244</td>
</tr>
<tr>
<td>Prostate Specific Antigen (HRB)</td>
<td>27,174</td>
<td>91,542</td>
<td>112,914</td>
<td>5,802</td>
</tr>
<tr>
<td>Head &amp; Neck Cancer Grant (HRB)</td>
<td>49,981</td>
<td>87,574</td>
<td>88,233</td>
<td>49,322</td>
</tr>
<tr>
<td>Head &amp; Neck Grant 2(^{nd}) Phase (HRB)</td>
<td>0</td>
<td>81,976</td>
<td>0</td>
<td>81,976</td>
</tr>
<tr>
<td>Prostate Charity (NICR)</td>
<td>0</td>
<td>39,723</td>
<td>39,026</td>
<td>697</td>
</tr>
<tr>
<td>Rarecare Net (EU)</td>
<td>0</td>
<td>3,246</td>
<td>0</td>
<td>3,246</td>
</tr>
<tr>
<td>Hormonal Therapies (HRB)</td>
<td>8,585</td>
<td>9,500</td>
<td>18,085</td>
<td>0</td>
</tr>
<tr>
<td>Eurochip Funding (EU)</td>
<td>3,581</td>
<td>0</td>
<td>0</td>
<td>3,581</td>
</tr>
</tbody>
</table>

**Total**                                      | 395,104                          | 666,509           | 505,443          | 556,170                           |

**Research Grant Donors are:**

- Health Research Board (HRB)
- European Union (EU)
- Health Information Quality (HIQA)
- Northern Ireland Cancer Registry (NICR)
- Womens Health Council (WHC)
### 8. Capital Grants

<table>
<thead>
<tr>
<th>Description</th>
<th>2012 Total €</th>
<th>2011 Total €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1st January 2012</td>
<td>98,340</td>
<td>170,565</td>
</tr>
<tr>
<td>Revenue Grants Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Capital Grants Received from Department of Health</td>
<td>10,137</td>
<td>22,084</td>
</tr>
<tr>
<td>Capital Expenditure funded by HRB Grant</td>
<td>0</td>
<td>895</td>
</tr>
<tr>
<td>Amortisation released on disposals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amortisation in line with depreciation</td>
<td>(78,240)</td>
<td>(95,204)</td>
</tr>
<tr>
<td>Balance at 31st December 2012</td>
<td><strong>30,237</strong></td>
<td><strong>98,340</strong></td>
</tr>
</tbody>
</table>
9. Research Accounts

In addition to its principal function, the Board separately administers research activities which are independently funded by the Health Research Board, the Department of Health and the Northern Ireland Cancer Registry. The funds for these projects are specifically designated and the National Cancer Registry Board has no discretion as to their expenditure. These funds which are not reflected in the Income and Expenditure Account and Balance Sheet of the Board are held by University College Cork.

<table>
<thead>
<tr>
<th></th>
<th>NCR General</th>
<th>Second All Ireland</th>
<th>Total €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At the 01/01/12</td>
<td>12,308</td>
<td>1,947</td>
<td>14,255</td>
</tr>
<tr>
<td>Funds advanced</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Funds returned</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fee Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12,308</td>
<td>1,947</td>
<td>14,255</td>
</tr>
</tbody>
</table>

Research Costs

<table>
<thead>
<tr>
<th></th>
<th>NCR General</th>
<th>Second All Ireland</th>
<th>Total €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recruitment Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Insurance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Printing &amp; Design</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Travel &amp; Subsistence</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equipment Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Advertising</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Conference Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Course Fees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Funds at 31/12/12      12,308  1,947  14,255

NCR General Research Account - aggregate of various research grants which have been closed and these remaining funds are used for research support purposes.

Second All-Ireland Cancer Incidence Report - report produced September 2004, remaining funds to be used for Research Support purposes.
10. Operating Lease Rentals

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease Rentals Charged to Income &amp; Expenditure Account</td>
<td>157,390</td>
<td>156,772</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>-</td>
<td>156,772</td>
</tr>
<tr>
<td>Within two to five years</td>
<td>98,400</td>
<td>-</td>
</tr>
</tbody>
</table>

11. Going Concern

In October 2008, the Minister of Public Expenditure & Reform announced that the National Cancer Registry Board would merge into the Health Service Executive. The merger cannot take place until the Health Information Bill has been passed and has been suspended indefinitely.

In the meantime, the Board does not consider that any material adjustment to the financial statements is needed to take account of the above and, therefore, the financial statements continue to be prepared on a going concern basis.

12. Pension Related Deduction

In accordance with the Financial Emergency Measures in the Public Interest Act 2009, a pension related deduction for public servants became effective from 1 March 2009. The deduction was collected and remitted on a monthly basis through the payroll system at University College Cork. The total of the monthly payments remitted to the Department of Health for the period from January to December 2012 was €133,443.

13. Approval of Financial Statements

The Board approved the financial statements on 22 July 2013.