

## The Government's policy on cancer trials targets is full of possibilities



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The National Cancer Strategy, which sets out Government policy on cancer up to 2026, is ambitious, forward thinking and full of possibilities.

When published, we called it a potential game changer.

We are very anxious to partner with the Government through the National Cancer Control Programme (NCCP) and the HSE to maximise the strategy's impact.

Of particular significance is the strategy's target to open more trials - Key Performance Indicator No. 20 is to double the number of patients on cancer drug trials by 2020.

We've engaged with Minister Harris, his officials, and the Director of the NCCP, Dr Jerome Coffey, on how we can help to support this policy target.

The biggest constraint we face in supporting this policy target is the shortage of funding we receive from the Health Research Board (HRB) to support core central office trials functions and the infrastructure in the research centres around the country. Our 2016-2018 grant was cut by 20% which equates to approx. €750,000 pa.

So while Government policy is to double the number of patients on cancer trials we are facing the dilemma of having to say no to opening some new cancer trials.

For example we were unable to progress a number of academic studies in 2016 and 2017 due to the reduction in the core grant funding we receive from the HRB.

It is easy to forget the implications of these decisions and it is important to remind ourselves how life changing trials can be. The following is a selection of case studies from patients taking part in Cancer Trials Ireland trials. It is important to reflect on the real health impact of the work we do in our Central Office and at Research Units throughout the country

**Patient A - A mother in her 30s with a young child.**  
*Diagnosed with Breast Cancer in 2010. She received standard treatment however, 6 months post treatment she was told her disease had progressed and spread to her liver. This new diagnosis had a very poor prognosis in 2010.*

*She signed up to a cancer trial and had an excellent response for two and a half years. She subsequently joined a new trial which has now given her immense health benefits. She said her old chemotherapy regime had given*

*her benefit but was a physically tough experience during the treatment. On the new trial she feels energised and she can go for a run the day after treatment.*

*She said, "I am surviving my cancer well, I have a great quality of life, I can look after my child, I can go for a run, I have never been this well".*

**Patient B - A father and grandfather.**

*Diagnosed with Malignant Melanoma in 2006, he received the standard treatment. He was told the cancer had spread to his bones in 2010 and that he would only have "months to live".*

*He signed up for a cancer trial and was treated with a new immunotherapy drug. He has been on the trial for over 7 years. "The trial allowed me to spend time on the important things, family...I have seen my grandchildren grow, I have seen my team win a few titles, all because I was on the trial."*

**Patient C - A man in his mid-50s.**

*He was diagnosed with Advanced Melanoma, an aggressive disease with a very poor prognosis. He signed up to a cancer trial involving a combination of two immunotherapy drugs. He has so far had a reduction of 60% to 70% in his disease burden. He has an excellent quality of life and cycles around 200km per week.*

**Patient D - A 70 year old man.**

*He was diagnosed with Multiple Myeloma: "The hardest part of the diagnosis for me was seeing how my wife took the news, she was so upset".*

*He jumped at the chance to sign up to a cancer trial. He knew he would be receiving a new cutting-edge treatment and that his involvement in the trial would also benefit others getting the same diagnosis in the future.*

*"I am celebrating my 70<sup>th</sup> thanks to a cancer trial"*

While not all participants on cancer trials can report such positive outcomes they draw into sharp focus how cancer trials can potentially benefit patients.

On the one hand Ireland has a very welcome and ambitious policy that could see many more patients experience similar benefits. On the other hand, due to funding cuts, we can't open trials that could realise the Government's policy target.

The question is how do we square this circle?