

Extract from presentation by Prof Bryan Hennessy to the Joint Oireachtas Committee on Health on 13th March 2019.



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Ireland has the potential and the know-how to do more trials.

By increasing investment in cancer trials infrastructure, we could be offering Irish cancer patients more options and potentially better outcomes.

Cancer trials can extend lives and give people a better quality of life. When I am in the clinic with a cancer patient, there are times I want to be able to offer more than the standard of care treatment and that's where a trial can help. At the moment, due to the resource constraints in our cancer units and at our head office, there are trials we simply cannot do at present.

Cancer Trial Landscape

Cancer is a genetic disease—that is, it is caused by changes in DNA that control the way cells function, especially how they grow and divide. These changes can be inherited, but most arise randomly during a person's lifetime.

Globally, the landscape of cancer trials is changing as we move away from treatments based on tumour site of origin (for example lung, breast, pancreatic cancers) and more towards targeted studies where we look for the same mutation in a variety of tumour sites.

These trials are very specific, with smaller patient numbers and are replacing the large 'one-size fits all' trials. Ireland can and does participate in these types of trials which are important for patients. We are testing whether certain targets respond to specific treatment in the context of a trial where the patient is monitored at the highest level.

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Recommendations

We need to take steps to implement the National Cancer Strategy published in 2017. The previous strategy in 2006 was a game changer for cancer care. We in Cancer Trials Ireland believe this one could be a game changer for cancer research.

As many of you on this Committee are aware, we need to be ready to take on the challenge of a two-fold increase in the

incidence of cancer on the island of Ireland over the next twenty years.

In that context, fostering a research culture in our hospitals is important and will create more options for patients through our activity. The target (KPI 20) in the National Cancer Strategy to double the number of people with cancer who can access therapeutic cancer trials, from the estimated 3% to 6% by 2020 would not only have saved the HSE millions of euro in drug costs (€6.5 million 2016), it would provide more patients with access to promising new treatments that would otherwise not be available.

In 2018 the numbers we have collected so far suggest only 348 patients were newly recruited to therapeutic clinical trials in 2018 and according to the last report by the NCRI there were 22,321 new cases of cancer in the same year. In 2014, the equivalent figure was 664 patients and an incidence of 21,380 which led to calculations of 3% baseline figure. Since 2014 we have dropped to 1.5% on therapeutic trials, we have gone backwards.

We need protected time for clinicians and medical teams.

In order to support the National Cancer Control Programme (NCCP) achieving this KPI and other research related KPIs, Cancer Trials Ireland is calling for support from this Committee to reverse the 20% funding cut to its HRB Grant which supports its Cancer Trials Research Units and General Central Office.

We need an additional €1.2 million per year for Cancer Trials Ireland Research Units and General Central Office over the next 3 years to increase activity and patient numbers up and above the 3% recruited to clinical trials.

We need protected time for clinicians and medical teams so they can do more research and foster a culture of research.

We recommend that the NCCP makes available a ring-fenced fund to which Cancer Trials Research Units can apply for multi-year funding for staff and capital to ensure continuity and build up human capital in each unit. While the HRB Grant covers costs it is not sufficient funding to provide a stable platform for individual research units to do more.