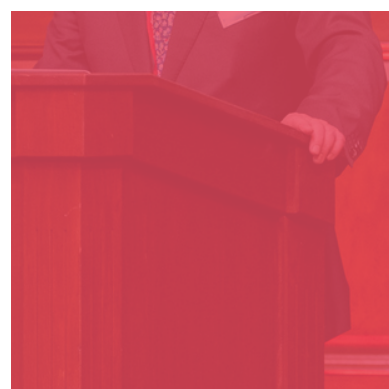
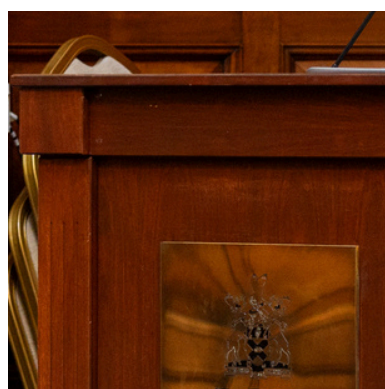
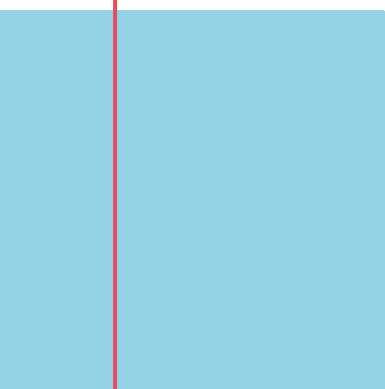


Cancer Retreat Report

2025



Executive Summary – Prof Seamus O’Reilly, Clinical Lead, Cancer Trials Ireland

The 2025 Cancer Retreat, held in May at RCSI Dublin, offered a timely and energising forum for Ireland’s cancer clinical research community to come together in advance of the next HRB funding call. Now in its fourth year, the Retreat is hosted by Cancer Trials Ireland and reflects the organisation’s leadership in convening a truly national conversation on the future of cancer clinical trials.

With representation from all eight HRB-funded clusters, as well as funders, national oversight bodies, and patient partners, the event provided space for thoughtful reflection on the current landscape and collective discussion of future priorities. It also reflected the vital role played by Cancer Trials Ireland as the national cancer clinical trials network, bringing together diverse parts of the system and enabling the kind of national coordination that is indispensable to progress.

What emerged was a picture of a vibrant, committed research community, one that is delivering real progress despite structural constraints. Trial activity is growing, patient engagement is deepening, and a culture of collaboration is strengthening nationwide. However, many of the challenges are shared, including staffing and career instability, administrative complexity, funding fragmentation, and the lack of a unified national digital infrastructure.

The Retreat created momentum around the idea of submitting a coordinated national HRB grant proposal, organised through thematic work packages aligned with the unique strengths of each cluster. This model, which has already demonstrated success in radiation oncology, would enable local leadership while strengthening national cohesion and ensuring equitable access.

A Collaborative Model for National Strength

There was strong support for structuring the next HRB grant around a series of nationally coordinated work packages, with each cluster leading on areas where it has recognised expertise, whether in radiation oncology, lifestyle medicines, trials without drugs or marginalised communities. This approach would retain local momentum while building a shared national identity.

Structural Challenges: Workforce, Funding, and Institutional Roles

Staffing emerged as a critical concern. Fixed-term contracts, lack of clear career pathways, and administrative burdens hamper recruitment and retention. There was consensus that investment in job stability and workforce development is essential to sustainability. Participants also reflected on the evolving role of universities in research partnerships. While many academic collaborations are enabling, others bring administrative friction or unclear value. Clarifying roles, expectations, and accountability will be important in the next funding cycle.

Valuing the Broader Workforce

The Retreat underscored the essential role of nurses and allied health professionals (AHPs) in clinical trials. Given the scale of their contribution, participants proposed that the next HRB grant should include formal nursing and AHP leadership roles, with clear recognition and responsibility for driving delivery and innovation.



Executive Summary, continued

Digital and Data Infrastructure

There was near-unanimous agreement on the need for national investment in digital systems. Electronic health records, trial referral platforms, and interoperable databases were cited as key enablers for expanding access and efficiency. Without this infrastructure, the pace of research will remain constrained.

Partnering with Funders

Many clusters called for more responsive, two-way communication with the HRB. Reporting requirements are widely seen as burdensome and poorly tailored to hospital-based research. Timely feedback, clearer metrics, and flexible mechanisms for accessing funds would all help support implementation and innovation on the ground.

Recommendations for Future Action

- Adopt a national work package model, enabling clusters to lead in defined areas of expertise.
- Ensure staff retention and development through secure roles and career progression pathways.
- Clarify the role of academic partners in joint funding arrangements, with defined expectations.
- Appoint dedicated nursing and AHP leads to reflect the workforce at the core of trial delivery.
- Invest in national digital infrastructure to support referrals, trial matching, and data sharing.
- Simplify reporting structures and create a more dynamic feedback process between funders and trial sites.

The 2025 Cancer Retreat confirmed the maturity and readiness of Ireland's cancer trials ecosystem. Across all clusters, there is a willingness to coordinate, collaborate, and lead. What is now needed is a funding model that matches that ambition, with stable infrastructure, long-term planning, and the digital and policy frameworks to support success. The insights shared at this event will directly inform our approach to the next HRB application and guide our ongoing work as a national community.

Eibhlín Mulroe – Outgoing CEO, Cancer Trials Ireland

Eibhlín Mulroe opened the 2025 Cancer Retreat with a reflective address marking the end of her tenure as CEO of Cancer Trials Ireland. She spoke about the transformation of the organisation since its early days as ICORG, when philanthropic support was limited. Today, efforts like the Property Picnic raise over €120,000 annually, inspired by stories such as that of Louise Creevy, whose participation in a clinical trial gave her two more years with her young child. These stories, Ms Mulroe said, remain central to the organisation's mission.

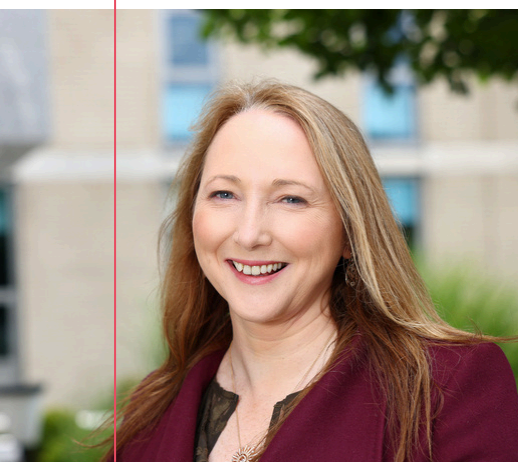
She also spoke about her long-standing conviction in the importance of patient-led involvement in trial design. She expressed pride in the growing leadership of patient-initiated studies within Cancer Trials Ireland, led by advocates such as Siobhán Gaynor, Martin Sweeney, and Miriam Staunton.

Ms Mulroe reflected on the growth of the organisation during her time as CEO. Staff numbers have more than doubled, and core departments such as biometrics were established to meet the evolving needs of trial sponsorship. She credited the dedication of her team, as well as the clinicians and researchers who gave their time voluntarily to advance cancer research across Ireland.

She also outlined major progress in funding. The HRB grant now provides €1 million annually over five years, and support from the Irish Cancer Society has similarly grown. Philanthropy now accounts for 14% of Cancer Trials Ireland's revenue, thanks in large part to the advocacy and leadership of Prof Ray McDermott.

Looking ahead, Ms Mulroe identified digital transformation as a key priority. She described the inefficiencies of current paper-based systems still used at trial sites, warning that without proper investment in electronic health records and AI infrastructure, the system will struggle to keep pace with innovation.

In closing, she urged the community to continue communicating its value to stakeholders and decision-makers. "Don't assume people know the value of what this organisation does," she said, encouraging continued advocacy and collaboration across the sector.



***"That's my why...
those stories that
drive all of us."***

Averil Power – CEO, Irish Cancer Society

Averil Power opened her remarks by underscoring the ongoing impact of cancer in Ireland, where over 44,000 people are diagnosed annually, and one in two are expected to face a diagnosis in their lifetime. While survival rates have improved, now over 60% across all cancers and more than 90% for some, Ms Power stressed that the work is far from over. The Irish Cancer Society's vision, she said, is for a future where no one dies from cancer and where survivors enjoy a high quality of life.

As the country's largest charitable funder of cancer research, the Society has been supporting clinical trials since 1996 and has doubled its investment in recent years. These investments include foundational support for the All-Island Cancer Research Institute and major collaborations with hospitals such as St James's and RCSI, aimed at developing national models for early-onset care and cancer screening. These efforts are designed to benefit patients today while laying the groundwork for nationwide improvements in care delivery.

Ms Power acknowledged the strong progress made but called for greater support from the government to match the ambition of Ireland's research community. She highlighted findings from a recent Mazars report commissioned by the Society, which revealed that Denmark conducts three times as many interventional cancer trials as Ireland, despite a similar population. The report also criticised Ireland's funding model for trials, which relies on short-term competitive grants, making it difficult to sustain or scale trial infrastructure.

Public access to innovative treatments was another concern. Patients in Ireland often wait significantly longer than those in Northern Ireland or elsewhere in Europe to access new therapies, a reality that Power described as unacceptable. She emphasised the need for faster approvals and more patient-centred trial opportunities. Ms. Power said the Irish Cancer Society had raised these and other issues with Minister Carroll MacNeill and looks forward to meaningful progress being made over the coming years."

To illustrate the value of trials, Ms Power shared the words of Fiona Gallagher, a secondary school principal and trial participant, who described it as "a leap of faith... one of the most empowering decisions I have made." Stories like Fiona's, she argued, show why more needs to be done to build public understanding of clinical trials.

Ms Power concluded by thanking Cancer Trials Ireland for their partnership and paid tribute to Eibhlín Mulroe's leadership over the past decade. She urged continued collaboration and advocacy to ensure research progress translates into real-world benefits for every patient.



"We want to see a world where no one dies from cancer—where today's terminal cancers become tomorrow's survivable ones."

Professor Donal Brennan – Chair, National Clinical Trials Oversight Group

Building Foundations for a National Trials Ecosystem

Delivering the keynote address, Professor Donal Brennan offered a wide-ranging and practical assessment of Ireland's current clinical trials landscape, framed by the work of the National Clinical Trials Oversight Group (NCTOG), which he chairs. He emphasised that while the group's remit spans all areas of health research, many of its findings are particularly relevant to the cancer research community.

Ireland, he noted, currently opens fewer than 1% of the clinical trials available globally – an indicator of both underperformance and untapped potential. While often discussed as a missed opportunity, Prof Brennan framed this as a challenge Ireland is well-positioned to overcome. The key barrier, he argued, is not medical expertise or patient willingness, but the slow and unpredictable start-up process for trials, often hampered by bureaucracy, contract negotiations, and data protection issues.

Predictability Over Speed

Citing international comparisons, Prof Brennan observed that speed alone is not what deters sponsors from opening trials in Ireland, rather, it's unpredictability. Countries like the Netherlands may take as long to approve trials, but consistent timelines make them a more attractive destination. He outlined the group's vision for a streamlined ecosystem in which regulatory approval and contract discussions happen in parallel, aiming to reach first patient enrolment within 42 days.

A central theme was the importance of seeing clinical trials not as ancillary, but as core to health service delivery. He argued that research activity should be treated as a key performance indicator for hospitals, akin to how trolley numbers are tracked, and that public understanding of trials must improve. Contrary to common misconceptions, he noted that there has never been a legal claim in Ireland arising from a trial due to negligence.

Tackling Structural Barriers: Data, Contracts, and Costs

Professor Brennan presented a detailed update on the NCTOG's interim recommendations, with particular focus on data protection and indemnity. He outlined new joint guidance with the Data Protection Commission to clarify that, in most cases, trial sites do not need to review Data Protection Impact Assessments (DPIAs), a step that has unnecessarily delayed studies in the past.

“If we don't get this right, we won't be able to recruit and retain staff and we won't be able to provide our patients with the care they deserve.”



Professor Donal Brennan, continued

On contracts, he highlighted work to simplify indemnity processes, pointing out that clinical trials are not high-risk activities, and that Ireland could benefit from a low-cost, no-fault compensation model, as used in other countries.

Addressing cost concerns, Brennan shared findings from a comparative analysis showing that Ireland is not significantly more expensive than peer countries. The main cost driver is staffing, which underscores the need for sustainable workforce planning and long-term infrastructure investment.

A Strategic Moment

Looking ahead, Prof Brennan stressed that Ireland cannot compete with larger countries like the UK or Germany in volume, but can become a leader within its tier, “a strong championship team,” as he put it. Doing so will require investment not only from the Department of Health, but also from departments responsible for enterprise, finance, and higher education. He concluded by reinforcing the importance of a joined-up, data-driven clinical trials strategy, calling for performance-based metrics, stronger patient engagement, and integration with broader health policy reforms. The group’s final recommendations, he said, would be submitted to government later this year.





“A patient from Belmullet cannot just relocate to Dublin. We need real pathways for cross-site care.”
Dr Janusz Krawczyk, Galway Cluster

Presentations from the Clusters

Presenting Clusters and Speakers

1. UCD Cluster – Professor Michaela Higgins
2. Beaumont / RCSI Cluster – Professor Patrick Morris
3. UCC Cluster – Professor Jack Gleeson
4. Irish Research Radiation Oncology Group (IRROG) – Professor Sinead Brennan
5. Children’s Health Ireland (CHI) – Dr Cormac Owens
6. Trinity Academic Cancer Trials Group (TACG) – Ms Cathy Enright (on behalf of Prof Maeve Lowery)
7. University of Galway / West North West Cluster – Dr Janusz Krawczyk
8. University of Limerick / UHL Cluster – Professor Christina Fleming (on behalf of Prof Ruth Clifford)

One of the most informative segments of the 2025 Cancer Retreat featured updates from each of the HRB-funded cancer trial clusters across Ireland. Delivered by clinical leads and programme managers, these presentations highlighted the achievements, struggles, and evolving needs of cancer research centres operating under the current HRB infrastructure grant.

The session provided a rare opportunity to examine the national landscape and distil collective experiences. Despite wide variations in scale and context, from large urban centres to regional and paediatric units, clear commonalities emerged. These reflections not only provide a snapshot of national progress but also shape a set of shared priorities as the sector prepares for the next phase of funding.

Building on Success: Growth and Integration

Most clusters reported a substantial increase in both interventional and non-interventional trial activity. Several centres, including UCD, Cork, and IRROG, pointed to rising accrual numbers and the development of new investigator-initiated trials. Others, such as Galway and Limerick, highlighted success in developing site-specific expertise and initiating research in areas previously underrepresented, including palliative care, paediatrics, and social inclusion.



The value of dedicated programme managers was cited repeatedly as a cornerstone of success. These roles have enabled clusters to bridge academic and hospital cultures, navigate funding systems, coordinate staffing, and foster a shared identity across clinical and research teams. Public engagement and branding were also a focus: many clusters have established newsletters, websites, and community-facing initiatives to raise awareness and encourage trial participation.

Patient involvement has matured across the board. Patient and Public Involvement (PPI) panels are now embedded in most clusters, with patients contributing not only to trial design but also to governance and communications. Several clusters, including Trinity, UCD, and Cork, highlighted this as a cultural shift that is improving relevance and transparency in research.

Structural Challenges: Staff, Systems and Sustainability

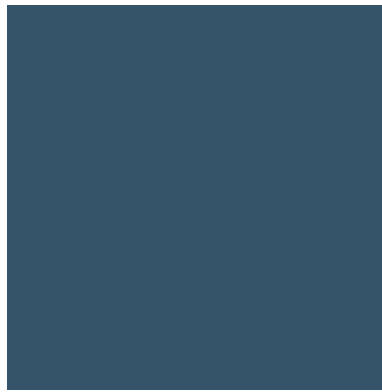
Despite the progress, structural barriers remain. Nearly every cluster described persistent problems with recruitment and retention, especially for research nurses and administrative staff. Temporary contracts, inconsistent pay scales, and limited career pathways make it difficult to build and maintain experienced teams. Some staff are lost to the clinical system, while others move on for greater job security.

Financial and administrative reporting also emerged as a widespread frustration. Many cluster leads criticised the HRB's reporting templates as overly academic and poorly suited to hospital-based research environments. The time burden was frequently described as disproportionate to its value, and in some cases, it delayed or disrupted clinical activities. The funding model itself came under scrutiny. While the HRB grant has provided critical stability, many sites felt it merely sustained existing structures rather than enabling innovation or growth. The lack of support for translational and observational research, limited flexibility in how funds are used, and administrative bottlenecks in accessing co-funding were all cited as constraints.



"Staff want to stay and advance their careers in cancer trials, but temporary contracts and uncertain funding may push them away"
Prof Michaela Higgins, UCD Cluster





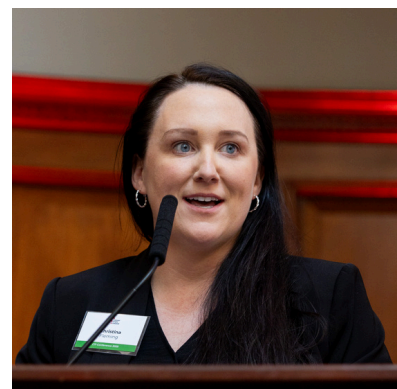
Shared Priorities for the Next Grant Cycle

Several strategic opportunities emerged as common priorities across the clusters. Chief among them was the call for a core infrastructure model, with long-term investment in key roles across all sites. Moving away from short-term competitive grants to stable, base-level support would allow centres to plan more effectively, retain staff, and deliver equitable access to trials across the country.

Digital transformation was another theme. Numerous speakers highlighted the barriers created by paper-based systems, siloed data, and the lack of national referral or data-sharing infrastructure. These gaps hinder trial start-up and patient referrals, particularly across hospital groups.

Clusters also called for enhanced support for non-commercial, academic research, particularly in radiation oncology, paediatrics, and rare cancers, where industry investment is limited. Strong IITs (Investigator-Initiated Trials) are emerging across sites, but most require more dedicated funding, administrative capacity, and centralised support.

Finally, funder engagement was raised as an area for improvement. Several speakers noted the lack of feedback following extensive reporting requirements and called for more responsive, two-way dialogue with HRB to ensure evolving needs are understood and addressed.



“The grant has helped us build our identity, but it’s funding what we already had, not what we need next.”
Ms Cathy Enright, Trinity / St James’s Cluster

“We’ve tripled the number of patients on trials, but the funding hasn’t changed.”
Prof Sinead Brennan, IRROG

Looking Ahead: Shared Opportunities for the Next HRB Grant

The reflections shared across all eight clusters made clear that, despite diverse contexts, Ireland's cancer clinical trial community is aligned on many of the core priorities for the future. The HRB grant has supported meaningful progress, but it has also surfaced shared challenges that must be addressed if the system is to scale, innovate, and deliver equitable access nationwide.

As the community prepares for the next HRB funding call, the following opportunities emerged as collectively recognised and widely supported. They represent a roadmap for how we can strengthen our proposal, not just as individual sites, but as a unified national network committed to collaboration and impact.

Prioritising People and Infrastructure

- Move towards a core infrastructure funding model that supports essential roles (e.g. programme managers, research nurses, data managers) across all clusters.
- Offer permanent or long-term contracts for research staff to improve retention, morale, and workforce planning.
- Develop clear career pathways for non-medical trial staff, including opportunities for education, advancement, and academic affiliation.

Investing in Digital and Operational Efficiency

- Advocate for national investment in electronic health records, enabling real-time trial referral, patient matching, and data sharing.
- Streamline data protection and contract processes, building on recent progress with national templates and DPC guidance.
- Support the creation of a shared clinical trials platform or database, with centralised oversight and local access.

Strengthening Academic and Investigator-Led Research

- Secure ring-fenced funding for non-commercial IITs, especially in under-resourced areas like radiation oncology, rare cancers, and paediatrics.
- Create a dedicated mechanism for supporting IIT development, including grant writing support, statistical input, and governance pathways.
- Formalise collaboration with academic partners to ensure trials can move more fluidly between universities and hospitals.



Conclusion. Looking Ahead: Shared Opportunities for the Next HRB Grant

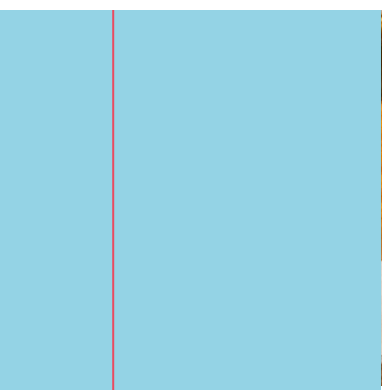
Fostering National Collaboration and Equity

- Design a shared national referral framework that allows patients to participate in trials beyond their local centre, especially those in rural or socioeconomically disadvantaged areas.
- Promote consistent PPI engagement across clusters, ensuring patients remain embedded in all aspects of trial design and delivery.
- Continue to develop cross-cluster working groups (e.g. rare diseases, data infrastructure, training) to build shared capacity and strategic alignment.

Improving Grant Structure and Feedback Mechanisms

- Simplify and tailor reporting requirements to the realities of hospital-based research, avoiding excessive administrative burden.
- Ensure transparent and timely feedback on submitted reports and future proposals to support continuous improvement.
- Encourage the HRB to fund longer-term strategic cycles (e.g. 7–10 years), aligned with workforce and infrastructure development goals.

Together, these opportunities reflect a maturing clinical trials ecosystem – one that is ready to move from growth to consolidation and from competition to coordination. The 2025 Retreat showed the strength of our collective effort. The next phase will depend on our ability to translate that unity into a shared, compelling case for future investment.



Cancer Trials Ireland: Leading a National Effort

The 2025 Cancer Retreat highlighted a community aligned in its goals and ready to move forward together. However, turning ambition into impact will depend on more than a shared vision – it will require coordination, continuity, and effective leadership. Cancer Trials Ireland (CTI) provides the national framework that enables this.

As the national network for cancer clinical trials, CTI acts as the anchor point of the cancer trials ecosystem. From frontline trial delivery to long-term strategy, we connect clinicians, clusters, funders, and patients in a coordinated effort to ensure trials are available, accessible, and aligned with national needs. We sponsor an extensive portfolio of studies, including many investigator-initiated trials, and partner on collaborative and industry-led trials across the country.

We also lead and facilitate the Disease Specific Subgroups (DSSGs), a cornerstone of the cancer trials system in Ireland. These meetings are essential for reviewing trial activity, assessing opportunities, and enabling new studies to open. Their continued coordination by CTI helps ensure clinical leadership is connected, informed, and nationally aligned.

These priorities reflect the work we undertake every day to strengthen trial delivery, support the cancer trials workforce, and advocate for a national system that works for patients and the community alike:

- **People and infrastructure:** A strong national voice is needed to advocate for the cancer trials workforce. CTI highlights the challenges faced by staff on short-term contracts and champions the need for stable funding and sustainable career pathways.
- **Digital and operational efficiency:** Following our 2024 GDPR report and campaign, CTI continues to lead efforts to address data and process barriers. We are well-positioned to support a national trials platform if developed.
- **Academic and investigator-led trials:** CTI supports investigators in turning ideas into operational cancer trials, with a proven track record. This approach is now expanding into areas like surgical oncology.
- **National collaboration and equity:** Best practice in PPI, facilitated collaboration across clusters, and a commitment to equitable access define CTI's national role – one we are eager to build on further.
- **Grant structure and strategic planning:** Through active engagement with the government, the HRB, and key decision-makers, CTI advocates for streamlined processes, transparent feedback, and longer-term, strategic funding cycles.

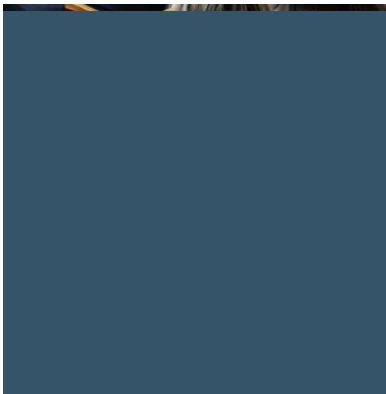
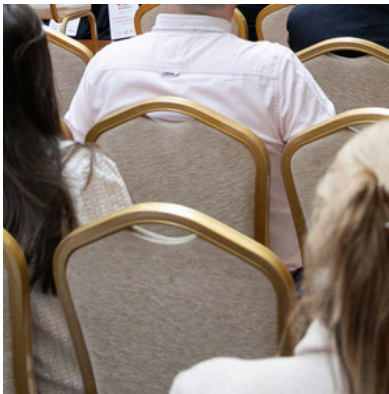
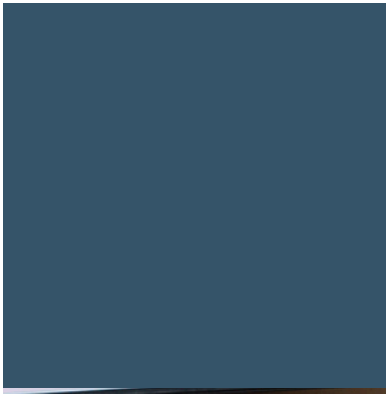
As we look ahead to the next HRB funding cycle, CTI remains committed to leading with purpose and partnership.

"We believe Ireland can be a leader in cancer clinical trials, and at CTI we're proud to be driving and supporting that ambition." — Angela Clayton-Lea, CEO, Cancer Trials Ireland





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The Cancer Retreat was supported by the Just Ask campaign. Just Ask 2025 is supported by:

