

# Collaboration – The Engine of Change

## Cancer Trials Ireland host inaugural Cancer Retreat

Written by Eibhlín Mulroe, CEO<sup>1</sup> and Professor Seamus O'Reilly BSc MD PhD FRCP<sup>2</sup>

<sup>1</sup>Cancer Trials Ireland <sup>2</sup>Dept of Medical Oncology, Cork University Hospital



Eibhlín Mulroe, CEO



Professor Seamus O'Reilly,  
Consultant Medical Oncologist

Ahead of a significant change to the public funding environment in 2022, in the form of a new 5-year HRB grant cycle, and amid the pandemic and the HSE Ransomware attack, Cancer Trials Ireland hosted Ireland's inaugural Cancer Retreat, as part of its annual celebration of International Clinical Trials Day 'Just Ask' campaign.

This day-long virtual conference was opened by An Taoiseach, Micheál Martin, TD. It featured 30 contributors from Europe and North America across 16 sessions (plenaries, panels, & breakout groups). It was attended by 250+ members of Ireland's cancer clinical trials community with a view to exploring:

- How do we choose which trials to open in Ireland?
- How do we fund these trials – and how do we properly support the careers of the doctors, investigators, and research staff who run them?
- How do we bring more trials to a country with a small population?
- How can we make running trials more efficient?

### Collaboration is Key

The Retreat began with one key message that became the theme for the day: collaboration is the engine of change. Collaborations help to explain why Ireland's

investigators and research community have been so successful, relatively speaking, over the past twenty years in Ireland where almost 31,000 people in Ireland have taken part in nearly 800 cancer trials. Given our population size, in order to access the widest range of trials for patients, we have no choice but to collaborate.

In so doing – whether with international Collaborative Groups, or MOUs between Ireland, Northern Ireland and the National Cancer Institute – we provide options to patients and professionals that Ireland could not generate in Ireland. Within Ireland, the cancer community's collaboration through the Disease-Specific Sub-Group (DSSG) meetings is the cornerstone of our usefulness to international groups and multinational companies. We provide a single point of contact to answer national questions of patient populations, and suitability. On an individual level, Irish investigators are adept at maintaining their own international networks and collaborations, having trained in the finest cancer research centres in the world. In Ireland, we collaborate effectively on every level.

### Emerging Themes

So, if collaboration is the engine of *change*, what then are the changes the cancer trials community would like to

see? Here is what emerged at the Cancer Retreat: First and foremost, clinical research must be embedded into wider healthcare planning. Several other discussion points at the Retreat fit under this heading (including protected time for researchers, and clearly defined careers, and career paths for research nurses), but people recognised that protected time and defined careers would only happen if the health system formally plans and resources clinical research. As Dr Teresa Maguire of the HRB put it:

**“A staffing framework that provides for clinical trial activity is essential to providing an enabling environment - protected time for clinicians in itself will not be enough and should not be seen as an optional extra... This investment needs to come from the health system and not be seen as a drain.”**

The second broad issue identified at the Retreat concerned the lack of clarity around how translational research will be funded in Ireland, in light of the HRB's changing grant system. As with the question of embedding health research in planning, panellists addressing this question raised the need for a long-term view, and to move away from the idea that science and medicine are siloed. Panellists made a robust case for the impact of translational research. Prof Liam Gallagher cited the positive example of BREAST-PREDICT, while Prof Mark Lawler referenced evidence that unequivocally shows that patients treated in research-active institutions have better outcomes.

Third, Public & Patient Involvement (PPI) demonstrates a clear and exciting avenue of collaborative change in cancer trials. Judy Needham, chair of patient relations for the Canadian Clinical Trials Group (CCTG) delivered a compelling presentation about the impact of properly structured PPI, leading to increases in trial accrual,

retention, and even funding. She described a practical model that the Patient Consultants Committee within Cancer Trials Ireland is eager to adopt.

### Logistical Issues

But if some changes are unambiguously positive, others come with challenges. Under the heading of 'communication', the community expressed dissatisfaction with the bureaucracy and variable logistical problems they encounter – even as new measures like the Office for National Research Ethics Committees (NREC) and the Clinical Trials Regulation come into operation. Communication around the progress (or lack thereof) of trial feasibilities was a particular bugbear, as Prof Joe Eustace of the National Clinical Trials Office noted.

Finally, the effect of the pandemic – current and projected – came up again and again at the Retreat. Many contributors agreed that the existing National Cancer Strategy should, and must, be updated to reflect the impact of COVID.

There is no escaping the enormity of these challenges, and no point pretending they have simple answers. Nevertheless, we take heart in the discussions that happened on the day. It was our hope to galvanise an embattled and exhausted community of healthcare professionals and researchers by bringing them together. It was deeply encouraging to see more than 250 people make the effort to attend on the day, with more than half of these re-registering in the aftermath of the Ransomware attack.

It was a clear demonstration of the passion and appetite this group has to run more and better clinical trials in Ireland, irrespective of the challenges that beset them. Their contributions will inform critical elements of the new Cancer Trials Ireland Strategy for the coming five years.