Cancer Trials Ireland: Disease Specific Subgroups



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"The significant challenges in conducting and participating in clinical trials over the last few years were acknowledged due to the pandemic but also changes in regulations... Maintaining relationships and communication between the HPRA and CTI members will maximize efficiency and compliance with noted regulations"

I was delighted to Chair Session 2 in the recent Cancer Trials Ireland (CTI) Retreat, which focused on logistics and operations of the disease specific sub groups (DSSGs) of CTI. Having recently taken up the role of Co-Chair of the Breast DSSG, it is clear to me the benefits of having this central network for breast cancer investigators and research teams; with the goal of providing access to high quality clinical trials for our patients in Ireland.

Since its' inception, CTI has been involved in over 93 breast cancer studies involving investigational medicinal product (IMP), with competitive accrual internationally to many breast cancer clinical trials including those incorporating recently approved novel drugs such as the CDK inhibitors and HER2-directed therapies. Our Pls have trained and worked in internationally recognized academic centres, and have

brought essential clinical research skills back to Ireland for the benefit of the oncology community.

The recent HRB restructuring of cancer trials in Ireland has highlighted one of our major challenges; to meet the National Cancer Strategy 2017 target of enrolling a minimum of 6% of all new patients with a diagnosis of cancer on clinical trials in Ireland Based on international standards this will ensure optimal care, outcomes and novel drug access for our patients. As we move forward we need to continue to attract cancer clinical trials to Ireland, via commercial sponsors and collaborative groups, as well as enhancing the portfolio of investigator-led trials. In parallel we must ensure that the patient voice is at the centre of our activities.

Professor Ray McDermott introduced our session and noted that we currently have 10 DSSGs

with strong accrual particularly across breast and genitourinary cancer, and more recently other cancers including haematologic malignancies. Professor McDermott noted that there has been a significant increase recently in Ireland in the number of clinical and translational investigators who have returned from overseas; with great enthusiasm for continuing a research active career and attracting new collaborations and trials to Ireland in the coming years. Supporting these clinician investigators in the development of investigator-led studies, and providing mentorship and career progression opportunities, will be essential in the coming years to raise the profile of Irish research at a European and international level.

As we consider ways to enhance DSSG performance and operations in the coming years, a recent survey was conducted which yielded important feedback from a wide range of CTI members including our patient advocates, Pl's, academic researchers, and research teams. Respondents felt that regular DSSG meetings and communications were important to hear about ongoing or pending trials, home-grown academic trials in development, and scientific updates. CTI supports felt to be of the greatest importance included sponsorship of clinical trials, access to the collaborative group system, support for above investigator-led trials, and as a platform for networking and communication. In addition, the ability to collaborate across disciplines was felt to be a major strength of participation in DSSGs. Increasing engagement and communication with our surgical and radiation oncology colleagues, as well as allied health professionals, was felt to be important as we expand our clinical trial portfolio.

A number of breakout sessions were led by individual Chairs. Professor Peter O' Gorman, Consultant Haematologist from the Mater Misericordiae University Hospital described expanding collaborations with international academic institutions such as the Dana Farber Cancer Institute in the area of multiple myeloma, as an example.

This has led to a large number of Irish patients accessing novel drug combinations, and has enhanced relationships with experts overseas to the benefit of our system. That CTI can provide a sponsorship role for these academic studies is essential to these international collaborations and is an area to expand further in the coming years. The ability for Irish researchers to bring home-grown ideas or science to clinical trials enhances our profile in academic circles internationally and is a major focus for a number of the new Cancer Trials Clusters over the coming years.

The relationship of CTI with international collaborative groups was highlighted by Dr Paula Calvert from University Hospital Waterford. Gynae DSSG collaboration with the European Network for Gynaecologic Trials Group (ENGOT) was described as an extremely important example of these relationships due to the