

NICR Newsletter

Great Success at ENCR/IACR Conference, Granada!

Registry staff gave oral and poster presentations of their work at the first Joint Scientific Meeting of the European Network of Cancer Registries (ENCR) and International Association of Cancer Registries (IACR) which took place in Granada, Spain from the 14th-16th November 2023. The conference aimed to bring together European and International Registries to share research findings, exchange ideas and best practices and discuss cancer registration issues within their own country. The Conference was hosted by the Andalusian School of Public Health (EASP). The conference was attended by, epidemiologists and clinicians over the three day conference, with one day of preconference workshops on 13th November.



Congratulations to our founding director Prof Anna Gavin who received a lifetime achievement award for her work supporting and developing cancer registration.

Inside this issue

- Official Statistics updates
- COVID-19 Impact
- Research highlights
- Audit updates
-And much more!

ENCR/IACR Conference, Granada (continued)

Integrating cancer registration data with treatment data to audit pancreatic cancer health care services – Ms Sinead Hawkins – Poster—winning 1st Prize out of over 150 posters!

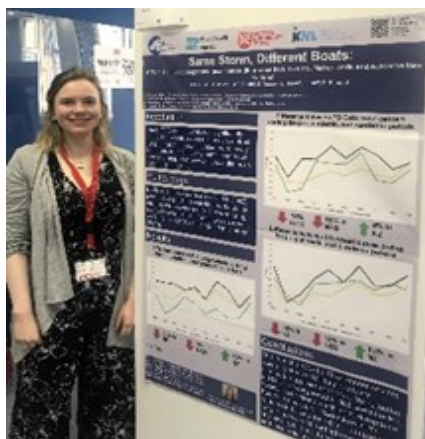


Congratulations Sinead!



Linking co-morbidity data into cancer registries : cardiovascular comorbidities of cancer patients in Northern Ireland by Dr Damien Bennett – oral presentation

Stark impact of COVID-19 on cancer pathways by Dr Damien Bennett – oral presentation



COVID-19 impact on pathological cancer diagnoses in the Netherlands, Aotearoa New Zealand and N. Ireland – Ms Helen Mitchell – Poster

NICR Information Day - 8th June 2023

On Thursday 8th June the NICR held their annual Information Day in the QUB Canada Room. Following introductions by Dr Joanne McClean, Director of Public Health and Prof Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health Faculty of Medicine, key updates on NICR work were presented.

Dr Damien Bennett presented an update on NICR's Official Statistics & Projections, COVID-19 Impact across the Patient Pathway and ongoing and future work on breast cancer. Ms Helen Mitchell presented on The Impact of COVID-19 on Emergency Admissions in NI, COVID-19 Impact –comparisons between NI, New Zealand & Netherlands and Breast Cancer Now Audit–Impact of COVID-19. Ms Sinead Hawkins presented on NICR's recent Pancreatic Audit of patients diagnosed in 2019-2020 outcomes.

A great day was had by all, with over 60 attendees including colleagues from the Department of Health and local cancer charities. Video recordings and copies of the presentations can be accessed [here](#).



Prof Mark Lawler, NICR Steering Group Chair, making the opening remarks



Dr Damien Bennett (C) with 2 of the NICR funders; Dr Joanne McClean, PHA (R) & Mr Richard Spratt, Cancer Focus NI (L)

Official Statistics - Incidence & Survival

Lung, bowel, breast, oesophageal, stomach cancer and melanoma incidence and survival: diagnosed 1993-2021

The Northern Ireland Cancer Registry released the official statistics for a range of cancer types diagnosed during 1993-2021 on 26th October 2023, with all material available at <http://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/>

Cancers diagnosed 1993-2021

During 2017-2021 there was an average of 1,490 female breast, 1,354 lung, 1,216 colorectal, 391 melanoma, 219 oesophageal and 193 stomach cancer cases diagnosed each year.

- Age

Most cancer types are more common among the elderly.

- Deprivation

Lung, oesophageal and stomach cancer incidence rates higher in more deprived areas and melanoma incidence rates higher in the least deprived areas.

- Stage

The proportion of cancer patients diagnosed with late stage disease (stage IV) was: 46% for stomach cancer, 44% for lung cancer, 39% for oesophageal cancer, 22% for colorectal cancer, 5% for female breast cancer and 3% for melanoma.

Over the last five years the average number of cases diagnosed per year increased by 9% for female breast cancer, 6% for lung cancer, 3% for colorectal cancer and melanoma and by 2% for oesophageal cancer, while the number of cases of stomach cancer decreased by 11%.

Among cancer patients diagnosed during 2012-2016, five-year survival was 92% among melanoma patients, 83% among female breast cancer patients, 62% among colorectal cancer patients, 21% among stomach cancer patients, 19% among oesophageal cancer patients and 15% among lung cancer patients. Stage at diagnosis remained the biggest factor in cancer survival.

Impact of Covid-19 on cancer incidence and survival

Due to the Covid-19 pandemic, which began in 2020, further reports have been compiled detailing how incidence and survival from cancer has changed between April-December 2018-2019, 2020 and 2021, thereby providing an overview of the impact of the pandemic on cancer patients and cancer services in general.

Compared to 2018-2019, the number of cases diagnosed in 2021 increased for all cancer types. There was 17% increase in both colorectal and oesophageal cancer cases, a 13% increase in stomach cancer cases, a 9% increase in female breast cancer cases, a 5% increase in melanoma cases and a 2% increase in lung cancer cases. This represents a recovery in the number of cases detected compared to the situation in 2020 which saw declines in the number of cancer cases being diagnosed compared to 2018-19.

However, for lung cancer the increase in later stage diagnosis identified in 2020 remained in 2021, with 48% of cases diagnosed at stage IV in 2021 compared to 47% in 2020 and 42% in 2018-2019. This is likely the cause of a reduction in the proportion of lung cancer patients receiving surgery (13% in 2018-19, 8% in 2020, 10% in 2021) and a reduction in one-year survival (41% in 2018-19, 35% in 2020, 37% in 2021 [Figure 2]). No other cancer type demonstrated increases in late stage diagnosis or reductions in patient survival between 2018-19 and 2021.

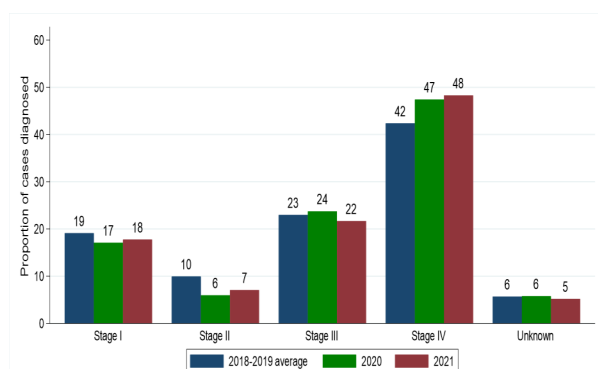


Figure 1: Proportion of lung cancer cases diagnosed in April-December of 2018-2021 by stage and period of diagnosis

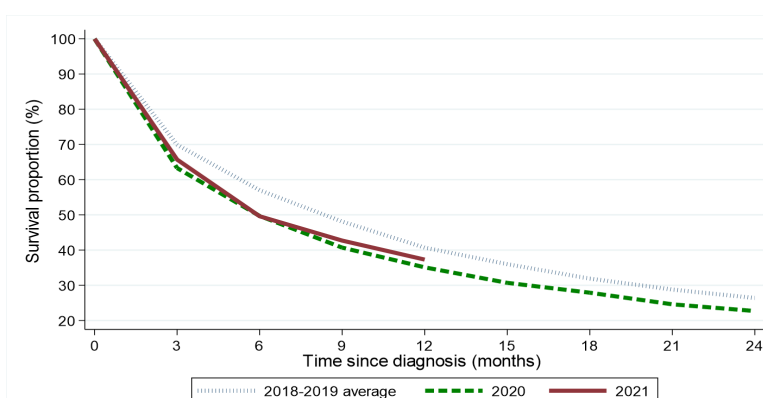


Figure 2: Observed survival for patients with lung cancer diagnosed in April-December of 2018-2021 by period of diagnosis

The impact of the COVID-19 pandemic on diagnosis

In an attempt to monitor the impact of the COVID-19 pandemic on cancer diagnosis, in mid-2020 the NICR began producing monthly statistics on the number of patients who had pathology samples indicating cancer. By comparing data from 2020 with similar data from 2017-2019 these reports provided an indication that the pandemic was resulting in fewer than expected cancer diagnosis each month, particularly around the time of the first lockdown (April 2020). Since then NICR has continued to produce this information, initially on a monthly basis with a move to quarterly reporting at the start of 2023. Recent reports have shown a considerable recovery since the start of the pandemic, with case volume for most, but not all, cancer types back to expected levels [Figure 3].

From March 2020 to Sept 2023 the number of patients with a pathological sample indicating cancer (excluding non-melanoma skin cancer) was 1.9% lower than the average number for a similar time period in 2017-2019, with a 2.2% decrease among males, a 1.5% decrease among females, a decrease of 2.9% among patients aged 0-69 years and a decrease of 0.3% among those aged 70 and over. Lung cancer diagnosis decreased by 17.7%, with decreases of more than 10% for gynaecological, urinary and non-melanoma skin cancer. However, increases were recorded for bowel, female breast, haematological cancer and melanoma.

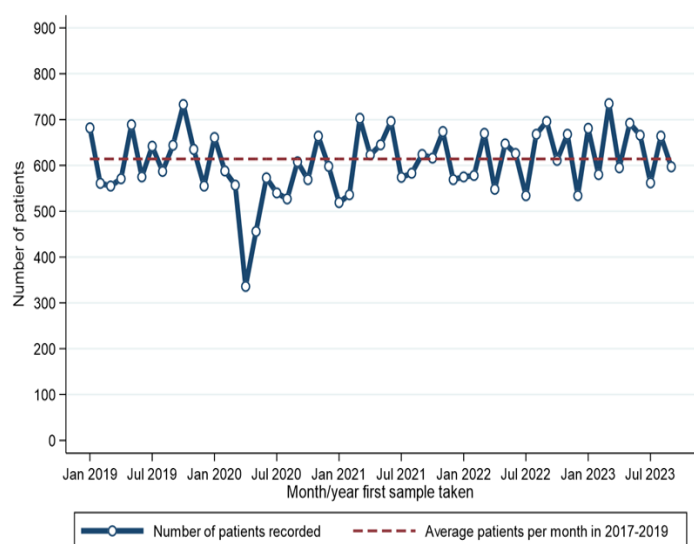


Figure 3. Trends in patients with pathological samples indicating cancer

More recently, there was a 2.1% increase in the number of patients diagnosed in the twelve weeks up to the end of September 2023 compared to the average value in the equivalent weeks in 2017-2019. There was a 2.8% increase among males, a 1.3% increase among females, an increase of 1.6% among those aged 0-69 years and an increase of 2.7% among those aged 70 and older. Lung cancer diagnosis decreased by 23.5%, while decreases of more than 10% were recorded for upper gastrointestinal and gynaecological cancer. Increases were recorded for bowel, prostate, head and neck, haematological cancer and melanoma.

Routes to Diagnosis

In 2023 the NI Cancer Registry was funded by the Department of Health to undertake a Routes to Diagnosis project with the aim of providing an indication of the key events in each cancer patient's pathway that directly lead to their cancer diagnosis. Initially piloted using NI data on cancer patients diagnosed between 2012 and 2016, which was in turn based upon a project run in England since 2012, this project classifies every case of cancer registered in NI between 2018 and 2020 as having one of the following eight "Routes to Diagnosis".

Screening referral	Patient was referred to inpatient or outpatient services from the national screening programmes
Red-flag referral	Patient had a GP referral to hospital, with a "red-flag" to indicate suspected cancer as a result of presenting with cancer related symptoms
Emergency presentation	Patient presented as an emergency inpatient to hospital, either as a self-referral or as a result of a GP or outpatient appointment
Elective inpatient admission	Patient had an elective inpatient appointment where no earlier admission or referral was recorded
Other GP referral to outpatients	Patient had a routine or urgent GP referral to outpatients that was not a red flag referral
Other outpatient appointment	Patient had an outpatient appointment which was not directly a result of a GP referral (e.g. an internal referral or a referral from an external body such as a private hospital or charity)
Death Certificate Only:	No data was available on the patient, except for a reference to cancer on their death certificate
Unknown	No data available on patient

The data required to assign this classification comes from several sources. The core data on cancer patients diagnosed from 2018-2020 is collected by the Northern Ireland Cancer Registry. This data is linked to hospital episode data (both inpatient and outpatient) from the Patient Administration System (PAS), referral data from the Cancer Patient Pathway System (CaPPS) and data supplied by the three population based cancer screening programmes in NI (bowel, breast and cervix).

The translation of this wealth of data from multiple sources into a single route to diagnosis is based upon an algorithm developed by the National Cancer Registration and Analysis Service (NCRAS) in England. This process works by initially assigning an endpoint based upon the hospital episode that occurred closest to diagnosis, and then working backwards to the event most likely to be the main referral source with certain key events, such as screening, given priority over others.

Work on replicating this algorithm within NICR is underway, with analysis of data to be completed for a full range of cancer types and characteristics including gender, age, Trust of residence, deprivation and stage, with one-year survival also calculated for each route to diagnosis. Results are expected to be released in the first half of 2024.

Research Highlights

Northern Ireland Barrett's Register (NIBR)

The first All-Ireland Oesophageal Cancer Network (AllCaN) was launched on World Cancer Day February 4th 2023. Breakthrough Cancer Research has invested €1 million in this unique cross-border collaboration led by Professor Jacintha O'Sullivan (Trinity St. James's Cancer Institute) and co-led by Professor Helen Coleman (Queen's University Belfast) and Professor Juliette Hussey (Trinity St. James's Cancer Institute).



Left to Right: Mr John Clarke NI Barrett's Research Patient representative, Dr Frances Drummond, Research Manager Breakthrough Cancer Research, Professor Helen Coleman, QUB, Professor Jacintha O'Sullivan, TSJCI, Professor Juliette Hussey TSJCI, Orla Dolan, CEO Breakthrough Cancer Research, Dr Richard Turkington, Reader PGJCCR, QUB

The collaboration links six major academic institutions across the island of Ireland and enables for the first time the sharing of data from the Northern Ireland and Republic of Ireland Barrett's oesophagus registries (over 34,000 patients) to answer important epidemiological studies using one of the largest platforms available worldwide for studying this disease.

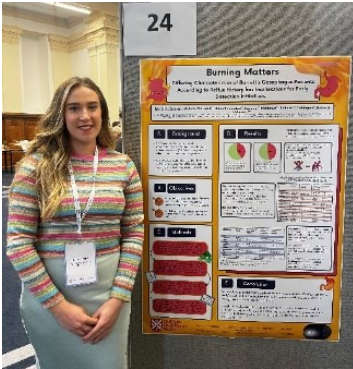


AllCaN collaborators and patient representatives with Orla Dolan and Dr Frances Drummond from Breakthrough Cancer Research, Christine Littlefield, CEO, Oesophageal Cancer Fund, and Professor Pascal McKeown, QUB.

For further details on the All-CaN network please see <https://www.qub.ac.uk/News/Allnews/featured/first-all-ireland-cancer-network-launched-world-cancer-day.html>

Research Highlights

Cancer Research UK Early Detection of Cancer Conference, London, October 2023



Erin McGrattan

Erin McGrattan (2nd Year PhD student) presented a poster at the Cancer Research UK (CRUK) Early Detection of Cancer Conference held in London from 10-12 October 2023.

Erin's PhD research (funded by the Brian Conlon Foundation) aims to identify characteristics of asymptomatic oesophageal cancer and Barrett's oesophagus patients.

Her poster highlighted that **at least four in ten patients with Barrett's oesophagus do not have a record of reflux**, and therefore would not be picked up through current screening clinical trials.

Compared with patients with no reflux history, Barrett's oesophagus patients with reflux symptoms also had distinct characteristics such as gastrointestinal symptoms, comorbidities, or concurrent medication use. For further information please email: emcgrattan05@qub.ac.uk.

Cancer Research UK (CRUK) Cancer Research Showcase, Stormont, October 2023

The NI Barrett's oesophagus research team (including colleagues from Centre for Public Health and Patrick G. Johnson Centre for Cancer Research) attended the Cancer Research UK (CRUK) Research Showcase at Stormont on Tuesday 3rd October 2023.

Political representatives and MLAs welcomed the highlights of ongoing research and clinical innovations for the early detection of Barrett's oesophagus and oesophageal cancer in Northern Ireland, including the potential role of Cytosponge™.



Left to Right: Dr Talita Oliveira, Research Fellow, PGJCCR, Dr Ashleigh Hamilton, Academic Clinical Lecturer, CPH, Dr Victoria Cairnduff, Research Fellow, CPH and Erin McGrattan, PhD Student



NI Barrett's oesophagus research team members with Mr Stewart Dickson, Alliance Party MLA for East Antrim

Research Highlights

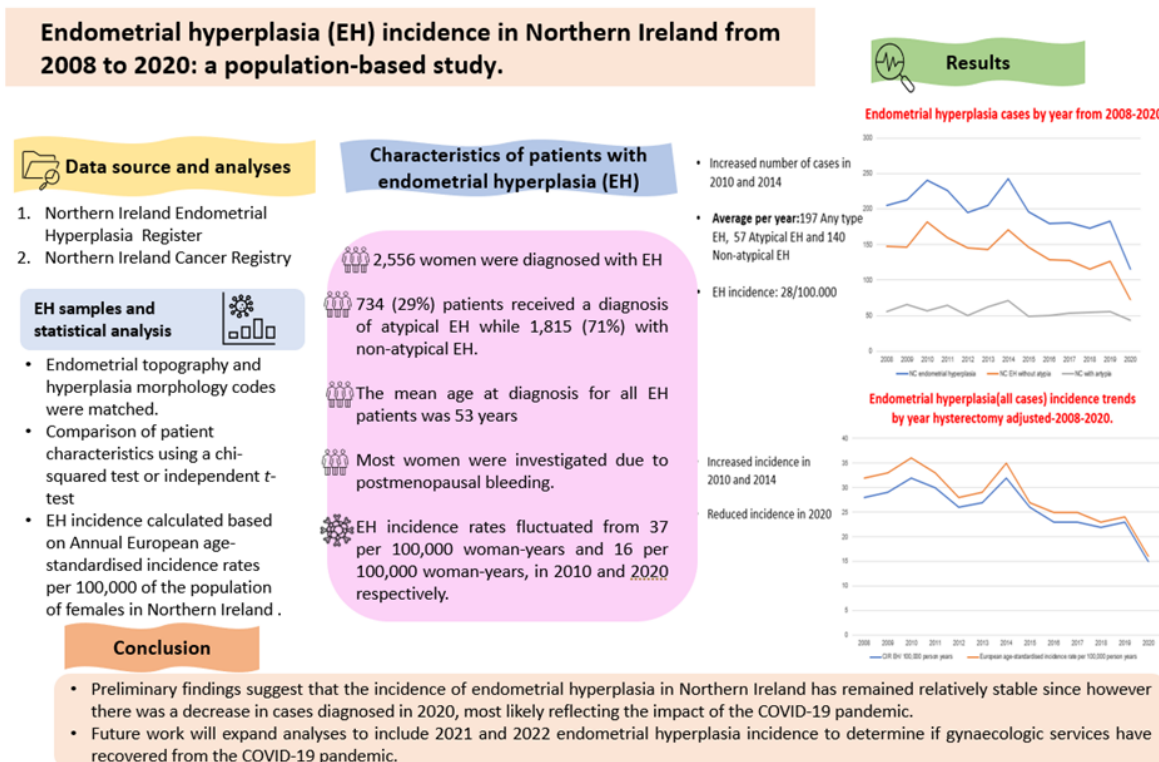
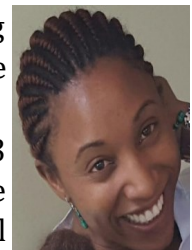


Northern Ireland Endometrial Hyperplasia Register

The **Northern Ireland (NI) Endometrial Hyperplasia Register** continues to develop and is funded by a UKRI Fellowship awarded to Dr Úna McMenamin. This work includes clinical input from local gynaecologists and gynaecological pathologists, as well as Public and Patient Involvement (PPI).

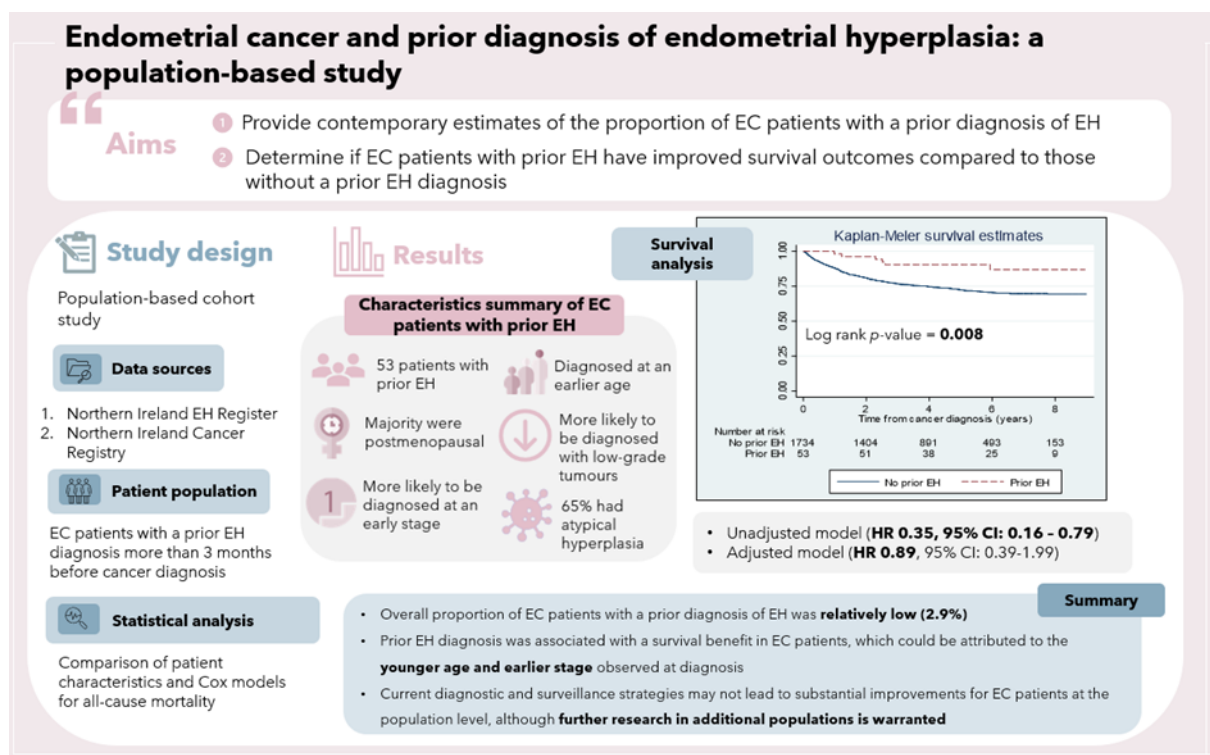
Postdoctoral Research Fellow **Dr Haydee Jordao** has been investigating endometrial hyperplasia incidence in NI, see visual summary below of some preliminary findings.

Haydee, a medical doctor by training, will be leaving her post at the end of 2023 to begin working in clinical medicine and hopes to specialise in General Practice and return to research in the future as a clinical academic. We wish Haydee all the best in her new chapter!



Research Highlights

PhD student **Chloe McCoy** is using the NI Endometrial Hyperplasia Register to study the impact of a prior diagnosis of endometrial hyperplasia on survival outcomes in patients diagnosed with endometrial cancer, see visual summary below. Chloe presented this work at the Cancer Research UK Early Detection of Cancer Conference in London in October 2023.



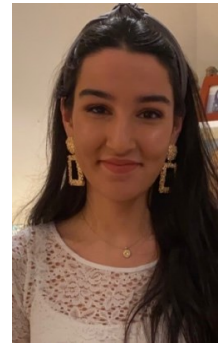
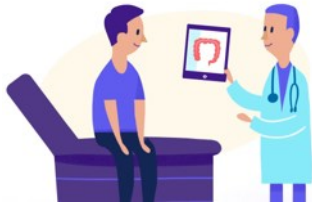
In other news, **Dr Úna McMenamín** has returned from maternity leave - baby Lorcán was born on November 9th 2022 and has recently turned the big 1!

Research Highlights

Student projects within the NICR

The development of a cost-effectiveness model for the NI Bowel Cancer Screening Programme

Olivia Adair, a 3rd year PhD Maths student is developing a cost-effectiveness model to evaluate the cost-effectiveness of the Northern Ireland Bowel Cancer Screening Programme. The natural history component of the model replicates bowel cancer in the NI population. To make the model NI-specific, data taken from the NICR Colorectal Polyp Register will inform the natural history of the disease, for example, adenoma risk, the age of developing an adenoma and the number of adenomas an individual will have in their life-time. The model will simulate various scenarios to determine the most cost-effective screening strategy for the Screening Programme.



Olivia Adair

Pre-existing Dementia associated with Less Treatment and Poorer Survival in UK Cancer Patients – Findings from a Population-Based Study

Rory Jackson, 2nd year Medical student continues to look at dementia as a comorbidity in cancer patients. The main study aims are ,to report the prevalence of dementia in cancer patients in a UK region, to describe demographic (socioeconomic, geographic) and clinical characteristics of cancer patients with dementia compared with patients without and to investigate the impact of dementia on treatment and survival.



Rory Jackson

Mapping childhood cancer rates in Northern Ireland



Rachel McMenemy

Rachel McMenemy is a 3rd year human biology student supervised by Dr Dan Middleton in CPH, and Dr Damien Bennett and Helen Mitchell at NICR. The goal of Rachel's BSc dissertation research project is to create spatial incidence maps of leukaemia and lymphoma in children and young adults in Northern Ireland. These maps will provide insights into the geographic distribution of these cancers, possibly highlighting areas of higher-than-expected incidence which may support hypotheses generation. Rachel will commence mapping work in early 2024 using a mixture of geospatial techniques to provide stable and informative estimates.

Research Highlights

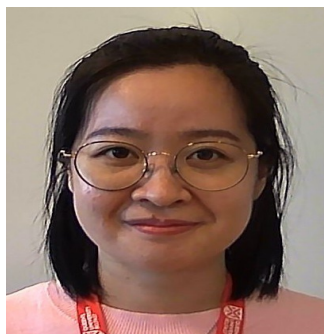
Heart Health and Cancer



With cancer survivorship improving, the medium to longer term side-effects of cancer treatment, especially cardiotoxicity, have become increasingly important. As cancer and cardio-vascular diseases (CVD) share common and often overlapping risk factors such as gender, age, lifestyle behaviours and metabolism factors, it is important to better understand the onset of CVD upon the receipt of cancer treatment.

As part of a HRUK funded study being undertaken in the Northern Ireland Registry, Duyen Nguyen investigated the likelihood of developing CVD after initiation of treatment for cancer excluding those who had CVD before or during the first month of cancer diagnosis. The data were selected by linking the record of all cancer cases diagnosed from 2010-2014 with hospital inpatient admission data from 2010-2019. This allowed the analysis to account for medical history up to 5 years before cancer diagnosis across a range of comorbidities, including CVD.

Duyen is examining if, for example, those who are male, older or have pre-existing comorbidities before diagnosis are more likely to develop CVD after cancer treatment and how this varies by cancer site. Further analyses are examining the predictors of CVD onset after cancer treatment and the effect of CVD toxicity on cancer survivorship.



Ms Duyen Nguyen, Researcher



Prof Ciaran O'Neill, Project PI

Biobank/NICR Partnership

Mrs Ashley Levickas was appointed to NICR earlier this year as a Cancer intelligence Officer (CIO) and supports the NIBiobank through the provision of anonymised clinical data for approved NIBiobank research studies. During 2023, NICR have contributed data to NI Biobank studies of breast, bowel, head and neck and testicular cancers.



CanStaging+ Cancer Staging Tool



This year work has been focused towards the dissemination and translation of the tool. Through the collaborative effort of colleagues from around the world, the tool is currently being translated in to several languages including Spanish, Japanese, Malay, and Turkish. This will improve the usability of the tool throughout the world. Efforts have also been dedicated towards the integration of



Abigail Jeyaraj

CanStaging into systems used in other registries. In the coming year, the CanStaging team will continue to work towards improving the global usability of the tool through finalising and disseminating the translated version of CanStaging.

Breast Cancer Inequalities Study



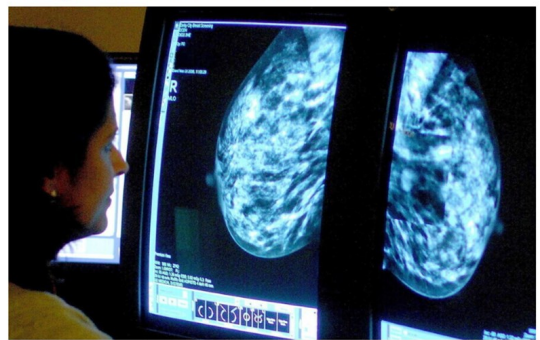
Breast Cancer Now has awarded £143,000 to Professor Chris Cardwell and collaborators including Dr Charlene McShane and Dr Damien Bennett, NICR to understand how factor including mental health problems, remote living, and socio-economic status can impact a breast cancer diagnosis and chances of treatment being successful.

During the two-year project, researchers will examine NICR data from 15,000 women diagnosed with breast cancer between 2011 and 2021. This cohort will be linked to prescribing data (from the NI Enhanced Prescribing Dataset) and to census data (from the NI Longitudinal Study). The primary outcomes will be stage at diagnosis, pathway to diagnosis and survival. Breast cancer presentation, treatment and outcomes will be compared across various inequalities. Regression modelling will be used to compare outcomes by inequalities adjusting for potential confounders. An online survey and qualitative interviews will also be conducted on a sample of breast cancer patients to understand their lived experiences of inequalities in Northern Ireland.

This is a timely study for NI Cancer patients as Northern Ireland has higher levels of deprivation than the rest of the UK. There are also long waiting lists for healthcare and high rates of mental health problems.



North's breast cancer outcome inequalities to be examined



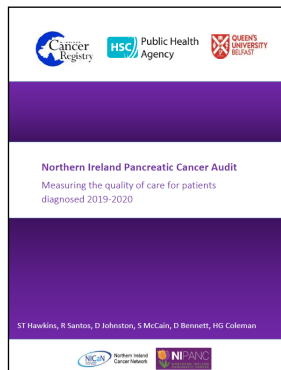
A new research project by two QUB academics will explore the inequality in outcomes for women diagnosed with breast cancer.
Paul Ainsworth
16 November, 2023 10:07

Audits

Pancreatic Audit



On 9th of May 2023 the NICR published the Pancreatic Cancer Audit at the Mater Infirmorum Hospital, Belfast. This audit focuses on secondary care pathways of patients diagnosed in 2019-2020 and examine referral, diagnostics, treatments and care and support. This audit was well supported by NIPANC and has been presented at the 2023 Liam Murray Symposium, the Pancreatic Cancer Symposium of Royal College of Surgeons London, the ENCR-IACR 2023 conference, and the QUB Pancreatic Cancer Showcase.



Mr Mark Taylor, Consultant Belfast Trust, Sinead Hawkins, Research Analyst NICR, Dr Damien Bennett, Interim NICR Director

Metastatic Breast Cancer Research Audit



Dr Damien Bennett, Interim NICR Director, Ms Ann McBrien, Beaconbridge Secondary Breast Cancer group rep, Ms Julie Lillis, campaigner, Mr Richard Spratt, Cancer Focus CEO

Cancer Focus NI have partnered with the NICR to develop a research audit of patients diagnosed with metastatic breast cancer. Currently the burden of disease and patient treatment pathways and outcomes for this group who present with secondary breast cancer due to progression/recurrence are unknown. The NICR have utilised health care datasets to create a novel way of identifying patients with metastasis. We will build on this work using treatment datasets which will then support assessment of care pathways of metastatic breast cancer patients.

Audits

Breast Cancer Now - COVID Impact



Breast Cancer Audit Implementation Team

In 2022 NICR was successful in receiving a grant from Breast Cancer Now to undertake a study on the impact of COVID-19 on breast cancer patients.

The quantitative audit component, led by Helen Mitchell and Sinead Hawkins, covers approximately 2200 patients diagnosed in March - December 2018 and 2020. Data collection for 2018 is complete and 2020 data is scheduled for completion in March 2024.

Complementing the audit is a qualitative study, led by Dr Charlene McShane and Dr Lynne Lohfeld at the Centre for Public Health. A scoping review of the current literature has been submitted in the British Journal of Cancer. The online patient survey is currently open, and the team are developing interview materials. We were delighted to welcome Dr Meena Sharma to the team in 2023.



NICR IT System Development

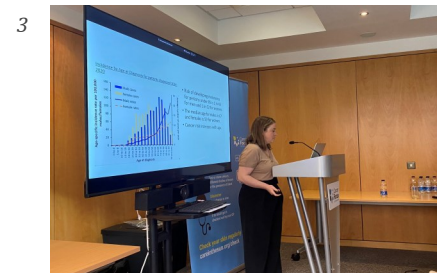
The current NICR IT system, PRAXIS, was developed over 20 years ago and is no longer fit for purpose. It is difficult to make the changes needed for a modern cancer registry such as the ability to record



co-morbidities, additional treatments and recurrences or to implement changes to diagnostic coding and pathology systems or to include additional data sources and genomic coding. Tenders were invited to redevelop the NICR cancer registration system, to replicate existing functionality as well as to improve the longevity of the system via enhancements and updating to a modern, supported and easily maintainable platform. The contract was awarded to CODEC and the solution will use Microsoft Dynamics 365 and Microsoft Dataverse, ensuring secure storage and management of data. The NICR was the first fully electronic cancer registration system, but incorporating new functionality has been challenging. Although the project has taken longer than expected, it is developing well. Functionality such as the automated patient matching, is working well and initial testing of the tumour matching is looking positive. Staff are undertaking training in PowerBI which will be beneficial in terms of reporting and visualisation of Registry data . We look forward to development and implementation of the new system in 2024.

Events & Conferences

Throughout 2023 NICR staff attended many events and conferences. In January the first All-Ireland Cancer Network (AllCaN) was launched, with Queen's University, Centre for Public Health and the NICR as one of the organisations via the Barrett's Register¹. In June, Damien travelled to Milan to attend the Benchista Conference for Childhood Cancers. Also in June, Damien and Sinead travelled to London to give insights at the Royal College of Surgeons (RCS) into the recently released Pancreatic Cancer Audit². In October, Sinead presented at Cancer Focus 'Skin in the Game' event³. November was a busy month for staff. First up was Helen Mitchell presenting COVID Impact on Diagnosis in NI, Netherlands and New Zealand at the European Health Conference in Dublin⁴. Damien, Helen and Sinead were invited to present at the PHA Regional Interval Breast Cancer Day in the Mac Theatre, Belfast⁵. Damien attended the RCSI conference in Dublin presented on Stark Impact of COVID-19 on Cancer Pathways⁶. Lastly, Sinead was invite to present at the QUB Pancreatic Cancer Research Showcase at the Patrick G Johnson Cancer Centre⁷.



4

DUBLIN TIME / LOCATION / ORGANISER	TRACK	ACTIVITY
Thu 9th 10:30-11:30 Liffey Meeting Room 2	D. Easing the Burden: Responding to the Threat of Chronic Diseases	2.D. - Oral presentations: The impact of (Long) COVID on chronic disease care Chairperson(s): Tiina Laatikainen (Finland), Donatas Ausysys (Lithuania) Symptom patterns and triggers of Long Covid: findings from a longitudinal online survey Nilsa Ziauddeen (UK) COVID-19 impact on pathological cancer diagnoses in Netherlands, Austria, New Zealand, R. N. Ireland - Helen Mitchell (UK) Long-term health consequences in persons with and without SARS-CoV-2 infection in Germany - Christin Heidemann (Germany) Impact of COVID-19 pandemic on care for chronic diseases in deprived and non-deprived neighbourhoods - Shweta Saha (Netherlands) Incidence and persistence of post-COVID condition in children - a matched cohort study in Germany - Christa Scheidt-Nave (Germany)



7

QUB PANCREATIC CANCER RESEARCH SHOWCASE

Open public symposium for researchers, patients, families and clinicians

The Patrick G Johnson Centre for Cancer Research, Queen's University Belfast

Thursday 30 November

9.30 am

Hosted by
PROF CHRIS SCOTT

UNIVERSITY OF BELFAST
QUEEN'S UNIVERSITY BELFAST
THE PATRICK G. JOHNSON CENTRE FOR CANCER RESEARCH

NICR Publications January - December 2023

Cancer treatment data available in European cancer registries: Where are we and where are we going?

ENCR Working Group on Treatment Data Harmonisation, Giusti, F., Martos, C., Trama, A., Bettio, M., Sanvisens, A., Audisio, R., Arndt, V., Francisci, S., Dochez, C., Ribes, J., Fernández, L. P., **Gavin, A.**, Gatta, G., Marcos-Gragera, R., Lievens, Y., Allemani, C., De Angelis, R., Visser, O. & Van Eycken, L., 08 Feb 2023, In: *Frontiers in Oncology*. <https://doi.org/10.3389/fonc.2023.1109978>

Impact of the COVID-19 pandemic on cancer care in Ireland - Perspectives from a COVID-19 and Cancer Working Group

O'Reilly, S., Kathryn Carroll, H., Murray, D., Burke, L., McCarthy, T., O'Connor, R., Kilty, C., Lynch, S., Feighan, J., Cloherty, M., Fitzpatrick, P., Falvey, K., Murphy, V., Jane O'Leary, M., Gregg, S., Young, L., McAuliffe, E., Hegarty, J., **Gavin, A.**, Lawler, M. & 15 others, 23 Feb 2023, In: *Journal of Cancer Policy*. <https://doi.org/10.1016/j.icpo.2023.100414>

Cost consequences of unscheduled emergency admissions in cancer patients in the last year of life

McFerran, E., Cairnduff, V., Elder, R., **Gavin, A.** & Lawler, M., 01 Mar 2023, In: *Supportive Care in Cancer*. <https://doi.org/10.1007/s00520-023-07633-6>

Whole-population trends in pathology-confirmed cancer incidence in Northern Ireland, Scotland and Wales during the SARS-CoV-2 pandemic: A retrospective observational study

Greene, G. J., Thomson, C. S., Donnelly, D., Chung, D., Bhatti, L., **Gavin, A. T.**, Lawler, M., Huws, D. W., Rolles, M. J., Bennée, F. & Morrison, D. S., Jun 2023, In: *Cancer Epidemiology*. <https://doi.org/10.1016/j.canep.2023.102367>

Impact of COVID-19 control on lung, breast, and colorectal pathological cancer diagnoses. A comparison between the Netherlands, Aotearoa New Zealand, and Northern Ireland

Mitchell, M., Mclean, J., Gavin, AT., Visser, O., Millar, E., Luff, T & **Bennett, D.**, July 2023 In: *BMC Cancer* <https://doi.org/10.1186/s12885-023-11216-3>

Association between statin therapy dose intensity and radiation cardiotoxicity in non-small cell lung cancer: results from the NI-HEART study

Walls, G. M., O'Connor, J., Harbinson, M., McCarron, E. P., Duane, F., McCann, C., McKavanagh, P., Johnston, D. I., Erekkath, J., Giacometti, V., **Gavin, A. T.**, McAleese, J., Hounsell, A. R., Cole, A. J., Butterworth, K. T., McGarry, C. K., Hanna, G. G. & Jain, S., Sep 2023, In: *Radiotherapy and Oncology*. <https://doi.org/10.1016/j.radonc.2023.109762>

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Staff News

Personnel update

In 2023 we welcomed some new staff and also said farewell to others. We welcomed Cancer Intelligence Officers (CIOs) Ashley Levickas and Antony Collins and Research Assistant Amisha Ashok.

We said goodbye to Dr Hüseyin Küçükali, Dr Qing Wen and Dr Ray Carragher. We wish them every success in this next chapter of their careers.

New Staff



*Ashley Levickas
Cancer Intelligence
Officer*



*Antony Collins
Cancer Intelligence
Officer*



*Amisha Ashok
Research Assistant*

Tribute to Dermot O'Reilly

Our dear friend and colleague, Professor Dermot O'Reilly, Centre for Public Health, passed away on 30th October 2023, following a short final illness.

In NICR we all have very fond memories of Dermot who worked very productively on a number of important projects with NICR, most recently the Northern Ireland Multi-morbidity Cohort (NIMC): Measures of multi-morbidity and its impact on mortality. Indeed he worked with Prof Anna Gavin and the fledgling NICR to develop the NICR's first research report in 1995 - <https://www.qub.ac.uk/research-centres/nicr/FileStore/Newsletters/Filetoupload,518353,en.pdf>

He was always eager to suggest a new way to analyse or interpret data or frame a public health problem and Dermot really enjoyed collaborating and working with others to find solutions to complex health problems using data and intelligence. He was a great support and inspiration for researchers, whatever their level of experience or stage of career development. He published widely across a range of public health areas and served on multiple expert academic panels and was research active until a few weeks before he passed away.

Dermot worked as a Consultant in Public Health Medicine in the Eastern Health Board until 1995 when he took a post as Deputy Director of the Specialist Health Services Research Unit at QUB Medical School. He subsequently worked in the Department of Epidemiology and Public Health before it moved to the Centre for Public Health at Queen's. He was the founder, lead and driving force behind the Administrative Data Research Centre (ADRC), a research centre that uses routinely collected public data to improve our understanding about health, disease and associated risk factors. He had a real desire to explore and reduce health inequalities and to identify and address the wider social determinants of health, as shown by his research on prisoners, homeless, migrants and displaced people and those with mental health difficulties.

He will be sadly missed by all in NICR, in CPH and the whole Queen's community. Our heartfelt condolences go to his wife Frances and children: Gareth, David, Matthew and Zara.



Other News

Charity Donation

In lieu of Secret Santa for Christmas 2023, the Registry staff made a donation of £170 along with food items to the 'Stuff a Bus' campaign ran by Translink.

Visit to the NICR

NICR have hosted visits for numerous stakeholder representatives including the Strategic Planning and Performance Group (SPPG) and Department of Health. If you or your colleagues wish to visit us, we will seek to facilitate you. Please contact nicr@qub.ac.uk to make the necessary arrangements.

New Chair for NICR Steering Group



Prof Mark Lawler

NICR would like to extend our sincere thanks to Prof Ken Mills (*right*) who retired in 2023 and also stepped down as Chair of the NICR Steering Group after 8 years of support, wisdom and direction. We are delighted to welcome Prof Mark Lawler (*left*) as the new Chair and look forward to working closely with him.



Prof Ken Mills

Northern Ireland Cancer Registry

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