

Cancer Centre Annual Report 2023



Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group



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INTRODUCTION

Professor Michael J. Kerin

Director of Cancer MCAN Saolta University Health Care Group



It gives me great pleasure to present the 2023 Annual Report of the Saolta Cancer Centre. This report is testimony to the extensive programme of clinical care, education and research that takes place across the Saolta Network as we strive to provide the best treatment for our patients. The quantity and quality of care provided in the context of ever increasing demand and poor infrastructure is extraordinary.

Our vision is to create a centre of excellence delivering the highest international standards in cancer treatment, research and education across our network. With this in mind, we progressed to the self- assessment stage of the OECl Accreditation & Designation process in 2023. Participation in this prestigious accreditation process commits the Saolta Cancer MCAN to ongoing quality improvement in cancer care through research, innovation, partnership and patient empowerment.

We are dedicated to working collaboratively with our academic partners to advance education, research, and training to improve patient outcomes and support the development of highly skilled multidisciplinary teams across the network. In 2023, we moved towards the establishment of a Scientific Advisory Board with the 1st meeting scheduled for January 2024. Key priorities for 2024, will be to complete the self-assessment process across the network and we are confident that we will achieve a successful outcome in the subsequent OECl Peer Review.

This report summarises the extensive, high volume, high quality programme of cancer care delivered across our region. Complex cancer care is delivered at the cancer centre at University Hospital Galway supported by a comprehensive programme of cancer care delivered across the Saolta network at Letterkenny University Hospital, Sligo University Hospital, Mayo University Hospital and Portiuncla University Hospital.

We continue to prioritise cancer infrastructural development across the network. We envisage a Cancer centre at the level 4 hospital at GUH with ambulatory centres across the region. This is a key priority, empowering it to respond to increased demand, new and innovative technologies, ensuring that patients in the Saolta catchment have equitable access to high quality facilities, close to home and world renowned cancer care leading to enhanced patient outcomes.

In 2023, we welcomed the opening of the new 'state of the art' Radiation Oncology centre at UHG, which has the potential to transform patient experience and outcomes in the years ahead.

As Director of the Saolta Cancer MCAN, I wish to acknowledge and thank all our staff for their ongoing dedication and commitment in providing excellent care to our cancer patients across the region.

A handwritten signature in black ink, appearing to read 'Michael J. Kerin'. The signature is fluid and cursive.

Professor Michael J. Kerin

**Mr Tony Canavan**

Chief Executive Officer
Saolta University Health Care Group

I am delighted to present The Saolta Cancer Centre Annual Report for 2023 now in its 12th year of publication. The range of services and high level of activity documented in this report is a statement of the Cancer Programmes ambition to achieve better outcomes and better standards of care for our patients across the region.

In 2023, as part of the drive for quality, the Saolta Cancer Managed Clinical & Academic Network (MCAN) continued on the OECl Accreditation and Designation journey, an initiative to which I am highly committed. As chair of the OECl Steering Group, I am delighted that we were approved to go into the self-assessment stage of the process, which will involve stakeholder engagement across the entire network of hospitals. I have no doubt our Cancer Programme will be viewed favorably by our peers from Europe when they visit in 2024. OECl Accreditation & Designation status will enable European wide collaboration with other accredited Cancer Centre's in the years ahead, with enormous opportunities for shared learning and better patient outcomes.

The New Radiation Oncology Facility at the cancer centre at UHG, a state of the art facility with the most advanced technologies was formally opened in 2023. This we hope is just the beginning of many infrastructural developments for cancer in the years ahead not only in Galway but across the region.

Once again, I wish to acknowledge the outstanding work and dedication of all staff from many disciplines who provide the best possible care for our cancer patients and their families, across the Saolta Group.

Finally, I would like to thank Professor Michael Kerin and his team in particular for their leadership and I look forward to their vision becoming our reality in the years ahead.

**Dr Pat Nash**

Chief Clinical Director
Saolta University Health Care Group

As the Saolta Group Chief Clinical Director, I am pleased to contribute to the 2023 Saolta Cancer Centre Annual Report. The Saolta Cancer Managed Clinical & Academic Network (MCAN), under the Directorship of Prof Michael Kerin, continues to strengthen cancer care delivery across the region through the OECl process. As Europe's leading cancer accreditation agency, the OECl sets the gold standard for cancer delivery in Europe and we aim to achieve OECl accreditation in the near future.

The OECl self-assessment process across the network began in 2023 and has a submission deadline in Q1 2024. Cancer delivery will be assessed against 345 OECl standards, and following the self-assessment submission, it is expected that a peer review will take place in Q2 2024. To date, this process has been instrumental in bringing multi-disciplinary teams together across the network as patient pathways are defined and standardised aiming to quality assure cancer care delivery across the network.

We continue to engage nationally in relation to the need for considerable capital investment at the model 4 hospital in Galway, and at each of our model 3 hospitals. With an ageing population, the number of patients requiring care will continue to rise and as treatments become more complex, the demand on facilities will increase exponentially. Improving the infrastructure at the Model 4 hospital in Galway and subsequently at the model 3 Hospitals across the network will enable patients to receive the right care, in the right place at the right time, in world class facilities, ensuring equity of care across the region.

Finally, on behalf of the Saolta Group Executive Management Team, I would like to thank Professor Michael Kerin and his team for their ambition and commitment to enhanced cancer care delivery for our population. I especially want to thank all of the multi-disciplinary cancer teams who continuously aspire to deliver the highest standards of cancer care to patients across the network.



OLLSCOIL NA GAILLIMHĒ
UNIVERSITY OF GALWAY



Professor Ciarán Ó hÓgartaigh

President
University of Galway

As we present this year's annual report for our cancer centre, it is crucial to reflect on our ongoing journey toward excellence in cancer care. A significant focus this past year has been the OECl accreditation and designation process, a vital initiative that will enhance our quality of care and ensure that our patients receive the highest standards of treatment.

This process is not just a testament to our commitment to quality but also highlights the importance of collaboration between clinical care, academia, research, and industry. This integrated approach will continue to foster innovative solutions and streamlined processes, enabling us to advance patient outcomes more effectively.

As we move forward, we remain dedicated to strengthening these partnerships, as they are essential in navigating the complexities of cancer treatment and research.

Clinical care, research and education, the three pillars of the OECl, will greatly enhance clinical and research integration. Together, we are building a robust framework that supports both our patients and our mission to lead in cancer care and research.

Thank you for your continued commitment and collaboration. I look forward to the strides we will make together in the year ahead.

OECl Accreditation and Designation

The Organisation of European Cancer Institutes (OECl) has created a quality assurance programme accreditation and designation programme (A & D) focusing on

In 2023 the OECl Steering Group was established chaired by Mr Tony Canavan CEO Saolta Group.

The main focus in 2023 of the Saolta Cancer MCAN, with Helen O'Reilly as OECl Co-ordinator, was to undertake the self-assessment process against the 345 OECl qualitative standards across the network. All hospitals within the network embraced the self-assessment phase with overwhelming positivity and several quality improvements emerged throughout the process.

We are now working towards the completion of the self-assessment process which is due to be submitted by the end of January 2024

Following the self-assessment it is hoped that our hospital group will be subsequently scheduled for a peer review in May 2024.

We are confident that the OECl, following peer review in 2024, will accredit the Cancer programme for the Saolta region and we look forward to enhancing patient care in line with OECl standards in the years ahead.

In June 2023 Pauline McGough and Helen O'Reilly joined Siobhan Kelly from LUH attending the OECl's annual oncology days conference in Paris.



Pauline McGough, Helen O'Reilly and Siobhan Kelly



Back Row Left to Right: Tereze Toby Irish Cancer Society Nurse, Survivorship Moving on Programme, Caitriona McIntyre Occupational Therapy Manager, Niamh O'Donnell End of Life Coordinator, Dr Avril Fountain Consultant Palliative Care Donegal Hospice, Helen O'Reilly OECl Coordinator



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University Health Care Group

SECTION 1

Clinical Care Services

Adolescent and Young Adults Cancer Programme

Throughout 2023 the UHG AYA steering group continued to meet every two months to progress the NCCPs Framework for the Care and Support of Adolescents and Young Adults with Cancer in Ireland 2022-2026. The steering group has a strong representation from across the multidisciplinary team including Radiation Oncology, Psycho-oncology, Medical Oncology and Haematology. Social work, Occupational therapy, palliative care and hospital management also attend regular meetings, with National input from Niamh O'Sullivan ADON CAYA also providing guidance. We were delighted to welcome Patricia Gleeson into her new role as AYA Clinical nurse specialist in February and Gillian Ferguson as Data manager in November. Gillian is a key member of the AYA team, co-ordinating and attending the National MDM to collect data and record the patients personalized treatment plan.

The National MDM has been established with each of the data managers from the three sites alternating the MDM co-ordination.

In October 2023 Patricia and her colleagues from St James and Crumlin along with representatives

from the Irish Cancer Society and the NCCP ran a really informative interactive study day in the newly opened Radiation Oncology building on 23rd October. Speakers included Prof Owen Smith National Clinical lead CAYA, NCCP, Dr. Peter McCarthy Paediatric and AYA Haematologist CHI @ Crumlin and St James. Other speakers included Dr. Natalie Hession Principal psychologist GUH, Dr. Helen Greally National Programme lead for psycho-oncology and Dr. Scheryll Alken Consultant Oncologist CHI and St James. The afternoon session provided opportunity to look at difficult conversations and how healthcare professionals might navigate these with a lively and informative workshop.

It is apparent from the feedback received from patients that this service has already proved to be of immense value to young patients and their families. Having a dedicated team to address the specific problems associated with having a cancer diagnosis as an Adolescent or young adult has impacted greatly on quality of life. We hope to quantify this in the future once the service is fully established.



Key Priorities 2024

- ▶ To develop a data capture system for AYA Cancers.
- ▶ Develop ways to measure the key performance indicators as outlined in the Framework.
- ▶ Continue to develop AYA facilities on site.
- ▶ Strengthen the AYA Psycho-oncology service.
- ▶ Continue attending the networking events and further strengthen engagement between the three AYA sites.
- ▶ Become actively involved in research related to AYA Cancer and its impact.

Breast Cancer



Prof Carmel Malone

Consultant Breast Surgeon & Lead Clinician
Symptomatic Breast Unit,
University Hospital Galway

University Hospital Galway

The Symptomatic Breast Unit has faced a persistent increase in demand for services, year on year, for the past 15 years. Early 2023 saw the unit struggling to meet KPIs for both urgent and routine patient referrals. This need was addressed by continued evening initiative clinics as well as maximizing the capacity day to day. It is a testament to the hard work and dedication of all Symptomatic Breast Unit staff, surgical, radiology, nursing and administrative that our NCCP KPI targets were met by the end of 2023. In mid-2023 only 18% of urgent and 42% of routine patients were offered an appointment within 2 and 12 weeks respectively. By December 2023 our KPIs for urgent and routine patient were 100% and 99% respectively. Furthermore we have reinstated reviews for post treatment patients who require surgical

follow up, many of whom had not been seen since diagnosis due to post pandemic capacity issues.

Maintaining this performance throughout 2024 and beyond will remain challenging as we continue to struggle with deficits in staffing across all areas but increasingly at consultant level in Surgery and Radiology. Similar deficits are common nationwide and across all specialties and recruitment is likely to be a significant challenge going forward. We are also engaging with many ongoing NCCP programs to improve patient safety through standardized Multi-Disciplinary Meeting processes. Furthermore there is extensive work ongoing to improve the surveillance protocols and post treatment support for patients who have completed treatment for breast cancer.

Symptomatic Breast Outpatient Clinic Attendance data UHG (Data Source: SBU)

Outpatient Clinic Statistics	2020	2021	2022	2023
New patients	4703	4851	5635	6452
Review patients	3261	3639	3270	4020
Total No. of patients seen	7964	8490	8905	10472

By the end of 2023 a total of 10,472 clinic attendances were held in the Symptomatic Breast Unit and 427 new diagnoses of breast cancer made. This is an increase of 31.5% in relation to overall activity in the unit from 2020 to 2023.

Symptomatic Breast Outpatient Clinic Attendance data UHG (Data Source: SBU)

Outpatient Clinic Statistics	2020	2021	2022	2023
New patients - urgent	2773	3801	3934	3865
New patients – Non Urgent	1930	1050	1701	2587
Total new patients	4703	4851	5635	6452
Review patients	3261	3639	3270	4020
Total No. of patients seen	7964	8490	8905	10472

From 2020 to 2023, Urgent referrals have increased by 39.4% and non-urgent referrals have increased by 34%. The increase in urgent referrals has put more pressure on the unit as this cohorts of patients are seen within 10 working days from the date of referral.

Symptomatic Breast Service Cancer diagnoses UHG (Data Source: SBU)

Performance Parameter	2020	2021	2022	2023
No. of new patients diagnosed with breast cancer UHG	362	443	400	427

During the 2020 to 2023 time period Breast Cancer diagnoses have also increased by 18%.

Symptomatic Breast Cancer Surgical Interventions UHG 2023

Surgical Intervention	UHG
Wide Local Excision	202
Excision of Margins	37
Mastectomy	93
Sentinel Node Biopsy	213
Axillary Clearance	73
Breast Reconstruction Procedures (Immediate)	36
Breast Reconstruction Procedures (Delayed)	unknown

* WLE First surgery only Remaining surgeries first, second surgeries etc

Number of Regional Breast MDM (UHG and LUH) Discussions

Breast MDM Discussions per year	2020	2021	2022	2023
Number MDM discussions	2110	2516	2219	2606
Number of Patients Discussed at MDM	1327	1535	1324	1594

Key Priorities & Achievements in 2023

All priorities for 2023 were met throughout the year. See below table.

Key Priorities for 2023	Key Achievements for 2023
To continue to address the waiting lists with an aim to get all patients seen within KPI	Through the optimal usage of clinic capacity and the introduction of evening Triple Assessment Clinics the Waiting List was substantially reduced by the end of 2023. By December 2023 both Urgent and Routine patients were seen within KPI (Key Performance Indicators are set nationally by the NCCP)
Continue to ensure the Breast programme provides the highest quality patient centred care and provides personalised treatment plans for all breast cancer patients.	Personalised treatment plans are continually discussed through MDM forums and patient follow up within the unit and with colleagues in all appropriate specialties and professions
Increase capacity to meet national KPI's: diagnostics/ non- triple assessment clinic	The introduction of additional capacity in the evenings has allowed for patients to gain access at an appropriate time in their hospital journey. Access to care as early as possible, allows for better outcomes for patients in terms of their care

Key Priorities 2024

- ▶ Continue to secure additional capacity as the increase of activity (31.5%) is not maintainable within the previous capacity of 2022.
- ▶ Continue to ensure the Breast programme provides the highest quality patient centred care and provides personalised treatment plans for all breast cancer patients.
- ▶ Continue to align processes and procedures with best practice and national standards.
- ▶ Re-instate the Sligo mobile mammography service to support the 5 year surveillance capacity.
- ▶ Engage with the OECl accreditation and designation programme.

Letterkenny University Hospital

Symptomatic Breast Outpatient Clinic Attendance data LUH (Data Source: SBU)

Outpatient Clinic Statistics	2020	2021	2022	2023
New patients - urgent	888	1315	1215	1469
New patients – Non Urgent	1030	720	1260	821
Total new patients	1918	2035	2475	2290
Review patients	927	1083	1162	1229
Total No. of patients seen	2845	3118	3637	3519

Symptomatic Breast Service Cancer diagnoses LUH (Data Source: SBU)

Performance Parameter	2020	2021	2022	2023
No. of new patients diagnosed with breast cancer LUH	103	124	108	105

Symptomatic Breast Cancer Surgical Interventions LUH 2023

Surgical Intervention	LUH
Wide Local Excision	66
Excision of Margins	7
Mastectomy	35
Sentinel Node Biopsy	69
Axillary Clearance	20
Breast Reconstruction Procedures (Immediate)	15
Breast Reconstruction Procedures (Delayed)	0

* WLE First surgery only Remaining surgeries first, second surgeries etc

Breast Screening Programme



Dr Aileen Larke

Clinical Director & Lead Consultant Radiologist
Symptomatic Breast Unit Breastcheck West



Breastcheck –The National Breast screening programme plays a central role in diagnosis and management of breast cancer in Ireland, providing free mammograms to women aged 50-69 every two years. BreastCheck, a national population based screening programme lies within the Health & Wellbeing Directorate.

Breast cancer remains the most commonly diagnosed cancer in women in Ireland with over 2,700 women diagnosed each year. Survival has improved as a result of screening, symptomatic detection and improved treatment options. By providing regular mammograms, BreastCheck works to reduce mortality by detecting breast cancer at the earliest stage, when a woman has more treatment options available and her chosen treatment is likely to be less extensive and more successful.

The National Screening Registry Ireland (NCRI) published a report in September 2022, titled Breast, Cervical and Colorectal cancer 1994-2019: National trends for cancers with population-based screening programmes in Ireland. The report stated that cancers detected via screening were found at a much earlier stage; decreases in mortality rates for the three cancers were more substantial; survival is now higher and has improved more markedly for all three cancers.

The BreastCheck Western Unit opened in Galway in December 2007 to deliver a high-quality screening service to eligible women in the large geographical catchment area of the West and North West of Ireland. This includes counties Galway, Mayo, Sligo, Donegal, Roscommon, Leitrim, Clare and Tipperary North. BreastCheck commenced the first stage of age expansion rollout in 2015 and completed age range extension to 69 years of age at the end of 2020, increasing the eligible population size from 80,000 to approx. 120,000 women. Eligible women are invited to attend either the BreastCheck Screening Unit in University Hospital Galway or one of the BreastCheck mobile units across the region, for mammographic screening in a two-year call and re-call programme.

Key Achievements 2023

1. The National Screening Service published our Strategic Plan 'Choose Screening.' This strategy sets out a clear direction for the National Screening Service over five years, focusing on the breadth of service we deliver (including BreastCheck) as part of Ireland's national healthcare system and outlining the strategic priorities and goals of the organisation for the years 2023-2027
2. Work continued on the development of BreastCheck's AIRE Project (Assessment Information Record and Evaluation). The system will replace BreastCheck's original IT software which is over 20 years old.
3. Screening participation exceeded expected levels
4. BreastCheck continued to recover from delays due to covid restrictions..

Key Priorities 2024

1. Implement the new radiology information management system, 'AIRE' (Assessment Information Record and Evaluation). This system replaces the BreastCheck's original IT software which is over 20 years old.
2. Recruitment of clinical staff to enable the increase in capacity and access to screening.
3. Re-align BreastCheck service delivery with the key performance indicators defined in the BreastCheck Women's Charter by increasing capacity.
4. Implement a real-time digital patient experience survey to capture and understand women's experiences in the programme and identify opportunities for improvement.

Colorectal Cancer



Professor Mark Regan
Consultant General & Colorectal Surgeon

Mr. Myles Joyce

Consultant General & Colorectal Surgeon

Professor Aisling Hogan

Consultant General & Colorectal Surgeon

Ms. Emmeline Nugent

Consultant General & Colorectal Surgeon

Mr. Babak Meshkat

Consultant General & Colorectal Surgeon

Ms. Claire Ryan

Clinical Nurse Specialist (Colorectal Oncology)

Ms. Olivia Dunleavy

Clinical Nurse Specialist (Colorectal Oncology)

Ms. Olive Cummins

Clinical Nurse Specialist (Colorectal Oncology Roscommon)

Ms. Aileen Broderick

Clinical Nurse Manager (Colorectal Survivorship)

Ms. Mary Quigley

Clinical Nurse Specialist (Stoma Care)

Ms. Aisling Dunne

Clinical Nurse Specialist (Stoma Care)

The department of Colorectal Surgery in Galway University Hospital is a tertiary referral centre for the Saolta Hospital Group. We are a group of five fellowship trained colorectal surgeons, all with varying clinical and academic interests. We work in close collaboration with two clinical nurse specialists (colorectal cancer), one clinical nurse manager (survivorship) and two clinical nurse specialists (stoma care). Our multidisciplinary team meets weekly and encompasses all of the surgical units within the group in an attempt to provide a collaborative, cohesive and evidence based approach to decision making regarding treatment of all patients diagnosed with colorectal cancer. Departments of medical oncology, radiation oncology, surgery, gastroenterology, radiology and pathology are represented at every meeting as well as clinical nurse specialists and data managers. In 2023, we were referred 215 patients with colorectal cancer and provided both emergent and elective care to all. We offer open, laparoscopic and trans-anal minimally invasive (TAMIS) surgical techniques. Where necessary we offer dual consultant operating either with two colorectal surgeons or with our colleagues from urology, gynaecology, orthopaedics and plastic surgery departments. A majority patients are treated with curative intent and most receive some form of systemic treatment in either the neoadjuvant or adjuvant setting. We are a progressive department who strive to provide the highest possible level of up to date robust evidence based care to all patients from diagnosis to discharge to surveillance.

The Colorectal Service University Hospital Galway consists of the following:

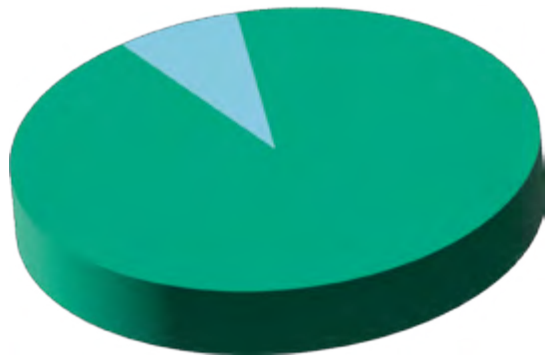
- ▶ Five surgical colorectal outpatient clinics per week.
- ▶ One nurse-led colorectal survivorship clinic per week.
- ▶ Three nurse-led stoma care clinics per week.
- ▶ Five endoscopy lists per week.
- ▶ Five theatre sessions per week.
- ▶ Once weekly Joint Upper and Lower GI Multi-Disciplinary Team Meeting provided for the full Saolta Hospital Group.
- ▶ Participation in NCCP national audit- Key Performance Indicator (KPI) program for rectal cancers.

The referral sources to the colorectal service come from:

- ▶ Bowel Screening Programme (Letterkenny, Sligo, Mayo, Roscommon and Galway)
- ▶ Medical & Surgical Endoscopy
- ▶ Internal Referrals
- ▶ Emergency
- ▶ Elective GP Referral
- ▶ Private Practice
- ▶ Tertiary Referral: Advanced/Recurrent cancers referred from other hospitals within the Saolta Hospital Group

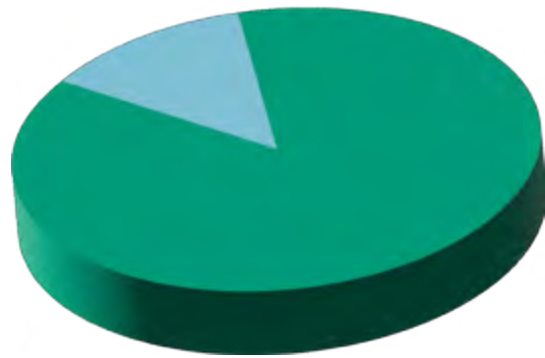
Colorectal Cancer Data

Figure 1. Diagnosis



■ New Cancer (199 patients)
 ■ Recurrent Cancer (16 patients)

Figure 2. Curative Intent at Presentation



■ Intent to Cure (188 patients)
 ■ Palliative Treatment (27 patients)

Figure 3. Tumour Site Location

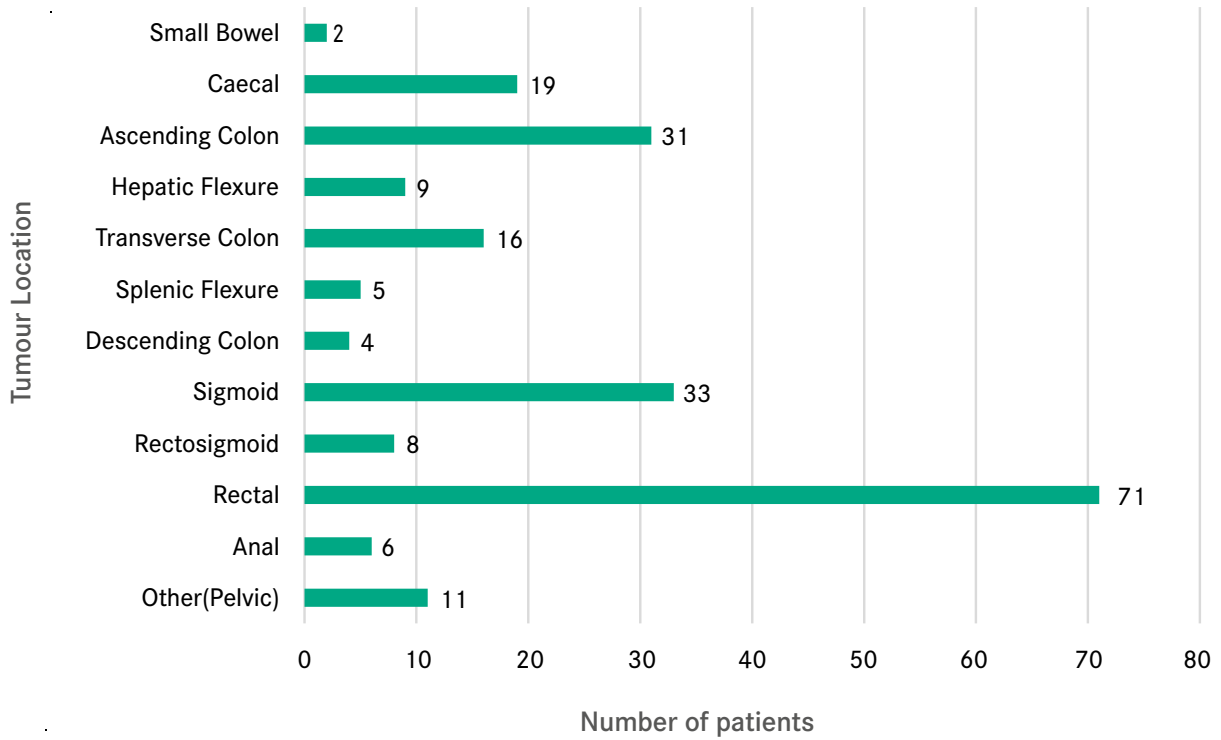
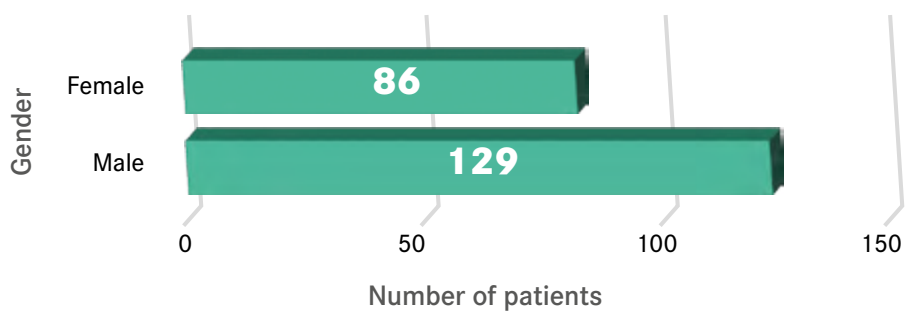


Figure 4. Gender Analysis



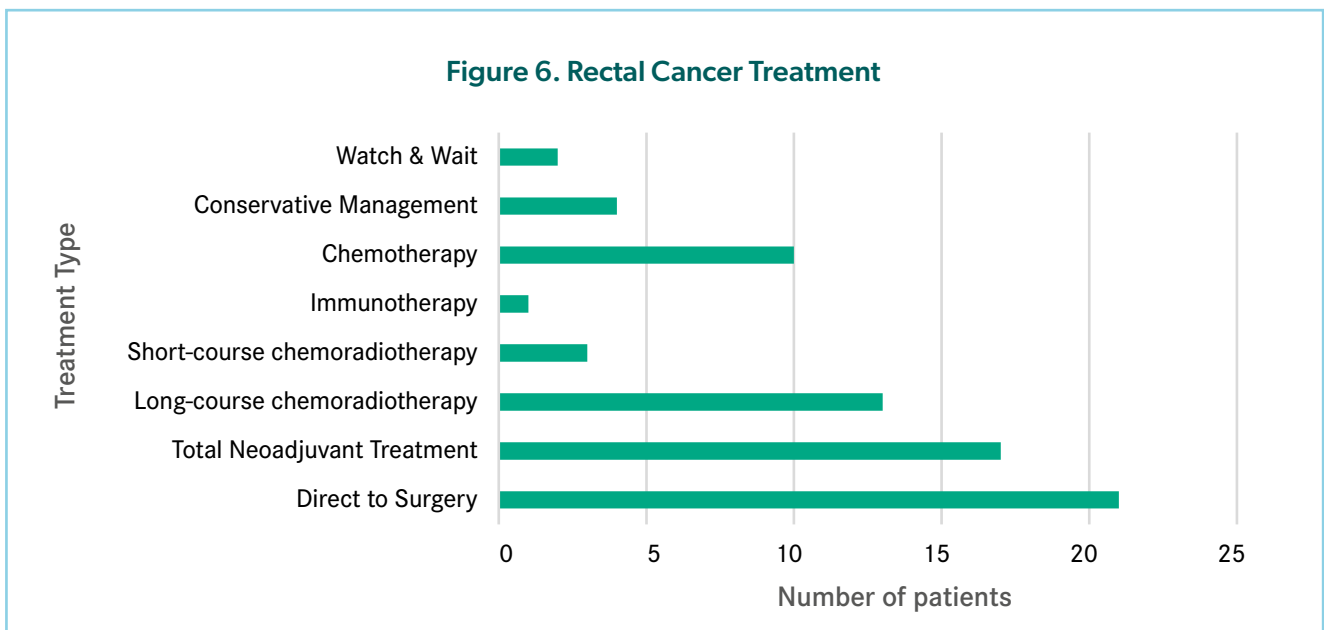
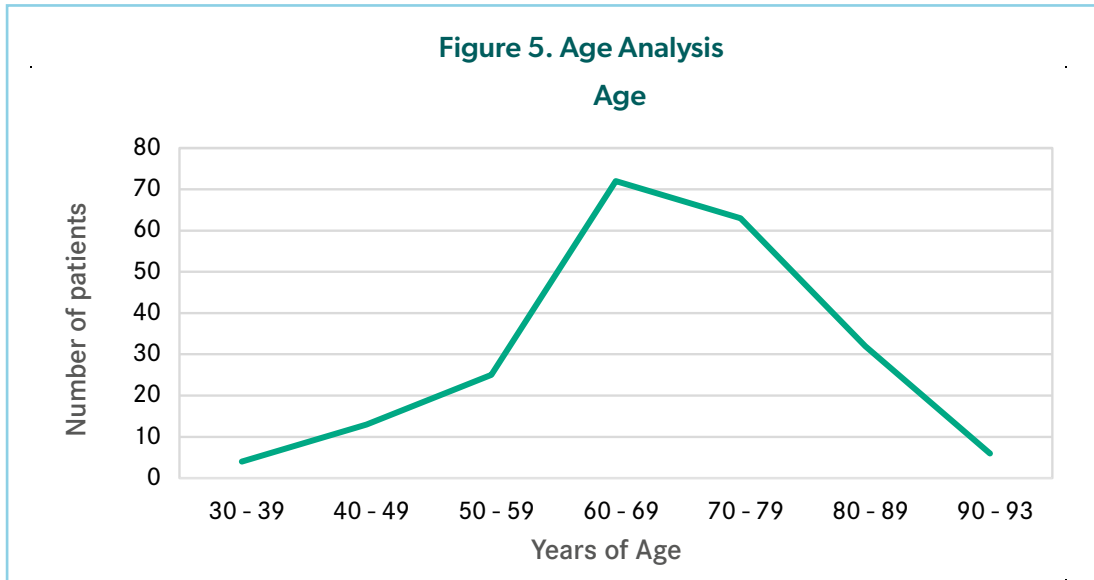


Figure 7. Stoma Care

Colorectal/Stoma Care Activity 2023	UHG
Pre-assessment clinic activity (not including phone pre-assessments)	27
Pre - op siting/counselling (no stoma created)	71
New Stoma created (60% oncology related)	156
Reversal of stoma	20
Inpatients review (established stoma with problems, e.g. Chemo/Radiotherapy related)	100
Outpatient Review Nurse Led Clinic	330
Virtual reviews (established stoma with problems, e.g. Chemo/Radiotherapy related)	8-10 calls per day

Key Priorities for 2024

- ▶ Development of a robotic surgical programme for all colorectal patients within the service.
- ▶ Further development of a formal pelvic exenteration programme for locally advanced and recurrent cancers in collaboration with the national pelvic exenteration MDT.
- ▶ Continuation of an enhanced recovery after surgery programme (ERAS) for all colorectal cancer patients.
- ▶ Development of a joint rectal cancer clinic to include surgical, oncology, radiation oncology OPD review, supported by a CNS/ANP.
- ▶ Development of a colorectal advanced nurse practitioner within the service.
- ▶ Further development of the colorectal cancer survivorship clinic with involvement from both the surgical and medical oncology teams.
- ▶ Further audit and research encompassing the Dendrite and NCIS database.

Portiuncula University Hospital (PUH)

Mr Eddie Myers

Consultant Surgeon

Mr Joseph Garvin

Consultant Surgeon

Mr Ali Chaudhary

Consultant Surgeon

Mr Osama El-Sadig

Consultant Surgeon

Ms Aine Kennedy Clinical

Nurse Specialist (CNS) Colorectal/Stoma Care

The surgical service at PUH comprises of:

- ▶ 4 Surgical outpatients' clinics per week
- ▶ 4 endoscopy lists per week
- ▶ 4 operating elective lists per week
- ▶ Operating lists in UHG.

In 2023, there were 68 new cases of colorectal cancer diagnosed in Portiuncula University Hospital (24 rectal cancers and 44 colon cancers). As per NCCP guidelines, all patients are discussed at the Joint Upper & Lower GI Multidisciplinary Meeting (MDM), which is a multisite event. This weekly MDM provides a structured and coordinated approach to the delivery of cancer care within the Saolta Group. Once the treatment plan has been established, surgery may be performed either in PUH or in GUH.

In Portiuncula, this service is supported by Áine Kennedy, Colorectal and Stoma CNS. This role

facilitates the management and support of colorectal cancer patients as they follow the pathway through referral, diagnosis, treatment and follow up in addition to coordinating the colorectal MDM. This includes:

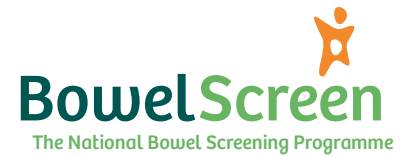
- ▶ Assessing pre-operatively, providing education, and counselling for stoma formation (26 new stomas formed in PUH)
- ▶ Post-operative education, review during any admission in Portiuncula or as an outpatient average 65 patient's seen per month)
- ▶ Telephone service providing support to ostomates and other health care professionals
- ▶ Education in relation to reversal of stomas
- ▶ Fistula Management
- ▶ Educational events along with GUH

Bowel Screen Programme



Dr Eoin Slattery

Consultant Gastroenterologist & Lead Clinician
Saolta University Health Care Group



The primary goal of BowelScreen – the National Screening Service (NSS) is to reduce mortality from colorectal cancer in people aged 55 – 74 in Ireland. Over 2,000 people are diagnosed with bowel cancer in Ireland each year. Bowel cancer is the second most common invasive cancer in men. For women it is the second most common of all cancers in men and the third most common of all cancers in women in Ireland.

The BowelScreen colorectal screening programme will offer free screening to people aged 55-74 on a two- yearly cycle. To develop capacity for the full population, the programme will be implemented on a phased basis, starting with people aged 60-69. Over 130,000 have already been invited since start of the programme (May 2014). This age group has the highest incidence of cancer within the wider age range. The maximum benefit in terms of reduction in mortality and cost- effectiveness will occur when the programme targets the full 55-74 age population. The number of new cases is expected to increase

significantly over the next 10 years, due mainly people have pre-cancerous growths (known as polyps) removed as a result of bowel screening. This can prevent cancer from actually developing in the first instance.

The Saolta University Health Care Group has been screening BowelScreen clients since May 2013 and continues to contribute to the provision of Bowel cancer screening for the population of the West of Ireland. Five of the Saolta Group hospitals are BowelScreen centres: University Hospital Galway (UHG), Letterkenny University Hospital (LUH), Sligo University Hospital (SUH), Roscommon University Hospital (RUH) and more recently Mayo University Hospital.

Screening offers the chance for early detection – before cancer develops or when there are no symptoms – which means treatment is often more effective than if diagnosed later. Every year over 3,000 Men and women are invited for screening.

Galway University Hospitals BowelScreen End of Year Activity Report 2022 - 2023

BowelScreen Activity	2022	2023
Number of index and surveillance BowelScreen colonoscopies performed	324	416
Number of repeat procedures performed	30	40
Total number of BowelScreen procedures performed	354	456
Number of CTC performed following referral from this unit	2	3
Number of patients referred for EMR	11	5
Number of patients with pathology referred for discussion at the BowelScreen MDM	300	390
Numbers of cancers confirmed		

Letterkenny University Hospital (LUH), BowelScreen Programme

Letterkenny University Hospital is a referral centre for BowelScreen, the National Colorectal Cancer Screening programme since 2014. The service provides bowel screening for men and women aged 59 – 69 in most of Co. Donegal (South Donegal is covered by the Bowel Screen service at Sligo University Hospital).

Dr Chris Steele, Consultant Gastroenterologist, is the clinical lead for the programme in Letterkenny University Hospital and supported by Dr Daniella Crosnoi, Consultant Gastroenterologist. The bowel screen service in LUH is facilitated by the Clinical Nurse Specialist in BowelScreen Grainne Boyle. Our aim is to ensure all BowelScreen clients are assessed and scheduled for colonoscopy where appropriate in a timely manner.

All Bowel Screen patients are pre-assessed by the

CNS and if deemed suitable attend for colonoscopy to LUH. During 2023, 145 clients had a screening colonoscopy following a positive FIT test, and 79 clients had a surveillance follow up colonoscopy. 150 clients had polyps detected, including EMR's. 10 clients had cancers detected and the continuing care pathway for these clients includes referral to the surgical and or wider multidisciplinary teams at UHG.

The success of bowel screening at LUH is attributed to the huge dedication and commitment of the endoscopy staff and the wider multidisciplinary team. The Endoscopy Unit at LUH continues to demonstrate its commitment to maintain and develop a high quality patient-centered endoscopy service for the people of Donegal. We are looking forward to celebrating 10 years of the BowelScreen programme in Letterkenny in 2024.

Letterkenny University Hospital BowelScreen End of Year Activity Report 2022 - 2023

BowelScreen Activity	2022	2023
Number of index and surveillance BowelScreen colonoscopies performed	241	145
Number of repeat procedures performed	21	27
Total number of BowelScreen procedures performed	262	172
Number of CTC performed following referral from this unit	8	11
Number of patients referred for EMR	10	-
Number of patients with pathology referred for discussion at the BowelScreen MDM	207	150
Numbers of cancers confirmed	7	12



LUH BowelScreen CNS Grainne Boyle



Mary Rutland S/N, Kathleen O'Donnell HCA, Deirdre Diver RANP Gastroenterology/BowelScreen and Grainne Boyle CNS BowelScreen.

Roscommon University Hospital (RUH), BowelScreen Programme

Roscommon University Hospital commenced bowel screening in March 2014 as part of the National BowelScreen Programme. Since commencing BowelScreen in 2014 to the end of year 2023 a total of 2457 colonoscopies have been performed.

All BowelScreen clients referred for colonoscopy following a positive FIT, or Faecal Immunochemical Test are pre-assessed by the CNM2, and if deemed suitable attend for their procedure at RUH. BowelScreen colonoscopies are performed by Mr Mohamed Eldin (Clinical Lead and Consultant Surgeon), Mr Tapas Chatterjee (Associate Specialist, Endoscopy), Dr Diarmuid Manning (Consultant Gastroenterologist) and Dr Mary Hussey (Consultant Gastroenterologist). The BowelScreen service in RUH is facilitated by Lorraine Harney and Laura Fleming (CNM2's). Since the last publication, we have welcomed Andrea Gaborova Candidate Advanced Nurse Practitioner Endoscopy and we would like to wish her all the very best with her training.

All BowelScreen clients attending RUH are supported through their journey not only by those directly involved in the BowelScreen Programme but by a wide team of dedicated staff in the Endoscopy Unit

and wider members of the Multi-Disciplinary Team. The whole team strives towards providing all patients that attend the endoscopy service in RUH with a positive patient's experience.

Our colleagues in UHG are part of the wider team that contribute to the continuity of care for our patients. UHG Pathology Department reports on all the pathology detected during BowelScreen colonoscopies and all cases are reviewed at our weekly MDM. All surgeries for benign or malignant disease are performed in UHG after discussion and planning at the GI MDT. Professor Eoin Slattery in UHG performs endoscopic mucosal resection (EMR) on large complex polyps that are not suitable for excision in RUH.

Each patient diagnosed with a bowel cancer is met by our Colorectal CNS Olive Cummins who ensures that the patient receives an efficient diagnostic work up and a seamless transfer of care to our colleagues in UHG for further management. Olive provides education and supportive care to each patient and their families at time of diagnosis, treatment, pre and post operatively and following discharge. During 2023 eight cancers were detected within the programme.

Roscommon University Hospital BowelScreen End of Year Activity Report 2022 - 2023

BowelScreen Activity	2022	2023
Number of index and surveillance BowelScreen colonoscopies performed	276	272
Number of repeat procedures performed	30	37
Total number of BowelScreen procedures performed	306	309
Number of CTC performed following referral from this unit	2	2
Number of patients referred for EMR	6	3
Number of patients with pathology referred for discussion at the BowelScreen MDM	213	233
Numbers of cancers confirmed	7	8

Sligo University Hospital (SUH), BowelScreen Programme

Sligo University Hospital commenced screening in May 2013. Currently BowelScreen endoscopists include Dr Kevin Walsh (Clinical lead) and Dr. Aisling Murphy.

185 BowelScreen procedures were carried out through weekly lists and with the addition of a weekend list which was facilitated by Alliance Health Care in conjunction with BowelScreen. 5 cancers were detected over this time period. 3 patients underwent EMR locally with 1 patient requiring referral to Professor Eoin Slattery, Consultant Gastroenterologist at UHG. 121 cases were discussed at the weekly Saolta polyp multidisciplinary

team meeting.

At the end of 2023, BowelScreen introduced new follow up guidelines which in time will see a reduction in the numbers of patients requiring surveillance colonoscopy.

Over the past decade despite many challenges, SUH continues to lead out on quality initiatives and meet the Key performance Indicators (KPI's) as set by the National Screening Service. This is a reflection of the hard work and dedication of the Endoscopy team and the wider multi-disciplinary team in providing care to our patients accessing the service.

Sligo University Hospital BowelScreen End of Year Activity Report 2022- 2023

BowelScreen Activity	2022	2023
Number of index and surveillance BowelScreen colonoscopies performed	216	185
Number of CTC performed following referral from this unit	5	3
Number of patients referred for EMR	7	3
Number of patients with pathology referred for discussion at the BowelScreen MDM	168	121
Numbers of cancers confirmed	11	5

Mayo University Hospital (MUH), BowelScreen Programme

BowelScreen Activity	2023
Number of index and surveillance BowelScreen colonoscopies performed	254
Number of repeat procedures performed	19
Total number of BowelScreen procedures performed	273
Number of CTC performed following referral from this unit	1
Number of patients referred for EMR	1 (surveillance patient with polyp recurrence)
Number of patients with pathology referred for discussion at the BowelScreen MDM	247
Numbers of cancers confirmed	5

Mayo University Hospital commenced participation in the Bowel Screen programme in 2022. Current bowel screen endoscopists include Dr Donal Tighe (Clinical Lead, Consultant Gastroenterologist), Dr Brian Egan (Consultant Gastroenterologist) and Amy Forde (Advanced Nurse Practitioner). In 2023, Bowel Screen funded the post of Clinical Nurse Specialist Endoscopy/Bowel Screen, and we welcomed Martina Kneafsey to our team. In addition, Bowel Screen funded the purchase of artificial intelligence software to support polyp detection and characterization.

A total of 273 BowelScreen procedures were carried out through weekly lists and with the addition of one weekend list which was facilitated by Alliance Medical in conjunction with BowelScreen. 5 cancers were detected over this time period. In 2023 over

70% of patients who had a Bowel Screen colonoscopy in MUH after a positive FIT result had adenomas removed (pre-cancerous polyps). 1 patient required referral to Professor Eoin Slattery, Consultant Gastroenterologist at UHG for an EMR of a recurrent polyp. 247 cases were discussed at the weekly Saolta polyp multidisciplinary team meeting.

Achieving JAG (Joint Advisory Group on GI Endoscopy) accreditation is key priority for MUH. In 2023 MUH registered with JAG and commenced the self-assessment process to work towards JAG accreditation. This, in conjunction with the annual Bowel Screen service audits, is an important step towards the continual focus on quality improvement of the MUH endoscopy service.

Endocrine Cancer



Dr Marcia Bell

Consultant Endocrinologist & Lead Clinician
Saolta University Health Care Group

The Endocrinology Programme at University Hospital Galway (UHG) provides a complete diagnostic, treatment and follow-up service for patients with thyroid cancer and other endocrinology cancers such as functioning endocrine tumours and adrenal cancers.

The Endocrine Multidisciplinary Cancer Programme provides integrated care to patients with thyroid and endocrinal cancer as well as contributing to the National Cancer Control Neuroendocrine Tumour Programme. The endocrine programme at UHG continues to grow year on year and aims to provide the highest standard of care and expertise to patients with thyroid and endocrine cancer across the Saolta Group. Dr Marcia Bell leads the Programme at UHG with a team of endocrinologists and endocrine surgeons, supported by a team of experts from radiology, chemical pathology, medical and radiation oncology.

The primary purpose of the MDM is to ensure best practice and to standardise patient care. Care pathways for each individual patient are decided at the multidisciplinary meeting. The Centre of Excellence for Neuroendocrine Tumours (NETs) operates on a multi-centre platform between St Vincent's University Hospital in Dublin, Mercy University Hospital, Cork in the south and UHG in the West. This enhances the services for Saolta Health Care Group patients diagnosed with neuroendocrine cancer by providing increased exposure to new treatments and approaches, inclusion in drug and other trials, as well as other benefits. Regular meeting of multidisciplinary teams ensures treatment plans are tailored and backed by research. There were 629 Endocrine MDM discussions in 2023.

Endocrine tumours are abnormal masses found in tissues of the endocrine system, which includes the thyroid, adrenal, pancreas, parathyroid and pituitary

glands. These glands produce and secrete hormones that are responsible for stress, growth, reproduction, digestion, sleep and more.

Although thyroid cancer is rare, it is the most common endocrine malignancy, with an increase in incidence reported. The disease is more common in women than men, at a ratio of 2 to 1. Most thyroid cancers can be treated very successfully with surgery, hormone therapy, radioactive iodine (RAI), radiotherapy and chemotherapy or a combination. The decision to use radioiodine treatment after surgery is made based on the size of the cancer and the risk of a recurrence.

Survival for some cancers has greatly improved in recent years including thyroid cancer where five – ten year survival is now over 90%. The increased number of survivors underscores the importance of addressing survivor health in Ireland.

The Cancer Endocrine Programme takes place in the Centre for Diabetes Endocrinology and Metabolism (CDEM) at UHG. As the tertiary referral centre in the West of Ireland, we manage a significant volume and complexity of patients requiring specialist endocrinology cancer input. In 2023 Dr Marcia Bell was nominated as the National clinical lead for endocrine Cancer at the NCCP.

Endocrine MDM	2023
MDM discussions	629

Diagnoses	2023
Primary	39
Mets	11
Inconclusive	1
Recurrence	6

Gynaecological Cancer



Mr Michael O'Leary

Consultant Gynaecology Surgeon & Lead
Clinician Saolta University Health Care Group

The Gynaecological Oncology tertiary level service for the Saolta Hospital Group located in University Hospital Galway. Of note women from Letterkenny diagnosed with Gynaecological cancer continue to be referred outside of the Saolta Hospital Group.

University Hospital Galway (UHG) is a designated National Cancer Control Programme (NCCP)

referral centre for Gynaecological oncology. Services provided include surgery, medical oncology, radiotherapy, and a multidisciplinary team of radiologists, pathologists, nurse specialists, psychologists, dieticians, physiotherapists and research nurses.

Gynaecological Cancer Activity 2021-2023

New/Recurrent Gynae Cancers Activity	2021	2022	2023
Diagnosed in Saolta Group and Treated in GUH	175	179	196
Diagnosed in LUH	72 (72 seen in Dublin)	48 (48 seen in Dublin)	47 42 seen in St James 5 seen in St Vincent's and Tallaght)
Diagnosed in MUH	19 (19 seen GUH)	33 (30 seen GUH) (1 seen Limerick) (2 seen in Dublin)	47 46 referrals from MUH seen/treated in GUH 1 in the Mater
Diagnosed in SUH	27 (15 seen GUH) (12 seen Dublin)	28 (8 seen in GUH) (20 seen in Dublin)	36 13 referrals from SUH seen/treated in GUH 23 to the Mater
Total number Referred outside Group	84	71	71
Potential Gynae Cancers if all seen in GUH	259	250	267

Age Profile of Cancers treated at UHG

Age Group	16-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	+80
2021	2	2	7	4	6	11	14	24	27	24	26	15	13
2022	4	4	4	9	7	13	16	14	22	28	23	16	19
2023	1	4	1	9	11	13	24	22	28	26	24	25	8

Type of Gynaecological Cancer diagnosed 2021-2023

Type/Year	Cervical	Endometrial	Ovarian	Vulval	Vaginal	Primary Peritoneal	Unknown Primary	Other	Total
2021	35	58	51	13	6	5	4	5	175
2022	30	71	49	7	2	6	7	7	179
2023	36	76	62	13	5	1	1	2	196

Type of Tumour diagnosed 2021-2023

Year	Primary	Metastases	Recurrence
2021	129	18	28
2022	133	20	26
2023	178	9	9

First Treatment for patients diagnosed with a gynaecological cancer 2023

First Treatment Type	Patients
Surgery	115
Chemoradiotherapy	24
Neo Adjuvant Chemotherapy	36
Neo Adjuvant Radiotherapy	4
Hormone Therapy	5
Best Supportive Care	10
Surveillance	2
Total	196

Cancer Surgeries Performed 2023

184 Cancer Surgeries Performed 2023 – included the following procedures:

Surgical Procedures Performed 2023	No of procedures
Ovarian Surgeries	86
Laparoscopic LSO or RSO or BSO	8
Laparoscopy Biopsy	5
TAH, BSO, Omentectomy and Appendicetomy	26
TAH, BSO, Omentectomy, Appendicetomy & bowel surgery + reanastomosis + multiple biopsies	5
Laparoscopy + small bowel resection	1
Laparotomy Iso or rso omentectomy nodes	2
Laparotomy BSO omentectomy +/- appendix	7
Laparotomy & biopsies	7
TAH, BSO, Omentectomy and Appendicetomy + biopsies- excision of tumour	11
TAH, BSO, Omentectomy, Appendicetomy + biopsies- excision of tumour and nodes	3
Laparotomy TAH LSO	1
TAH and BSO	3
Laparotomy LSO or RSO or BSO	2
TLH, BSO and biopsies	2
TLH, BSO and Omentectomy	3
Endometrial Surgeries	60
TAH or TLH BSO no nodes	6
Hysteroscopy and biopsy for diagnosis	7
TLH, BSO and Omentectomy	4
Radical hysterectomy BSO LND	2
TAH, BSO, Omentectomy, subtotal colectomy and small bowel resection-colostomy	2
TAH BSO LND	15
TLH BSO LND	22
Laparotomy excision of umbilical tumour	1
TAH BSO Omentectomy	1

Surgical Procedures Performed 2023	No of procedures
Cervical Surgeries	13
Radical hysterectomy and LND	5
Radical hysterectomy, Ovarian transposition and LND	1
EUA Cystoscopy cervical biopsy	3
Radical hysterectomy BSO and LND	2
laparoscopic nodes open TAH - preserve ovaries	2
Vulval Surgeries	5
Wide local incision (WLE) and one side nodes	2
Wide local incision	1
EUA cystoscopy vaginal biopsy	1
WLE and VY flap	1
Vaginal Surgeries	4
EUA & vaginal biopsy	4
Other Surgeries	16
LYNCH - TAHBSO	2
LYNCH - TLHBSO	1
BRCA- TLHBSO	13

Number of surgeries per Cancer Type 2021-2023

Year	Endometrial	Ovarian	Vulval	Cervix	Total Surgeries
2021	44	52	8	8	112
2022	59	62	7	19	147
2023	64	84	2	12	162

Gynaecological Oncology Service Surgical Activity

doesn't include benign surgical cases nor adjunct therapy patients

Management and Treatment

Of the 196 patients diagnosed with a gynaecological cancer in 2023, 94% (185 patients) were discussed at the Gynae MDM

Saolta Colposcopy Services Report 2023

There are currently 4 colposcopy units located within the Saolta Group, each of which are part of the National Cervical Screening Programme. Each of the colposcopy clinics have an identified Consultant lead and a small team of Nurse colposcopists working

at specialist and advanced level. Services operate under a memorandum of understanding (MOU) agreed between the unit and CervicalCheck Ireland. The clinical statistics for Colposcopy services in the Saolta Group are detailed below:

Colposcopy Activity Summary 2023

Activity 2023	GUH	LUH	MUH	SUH	Total
Total Attendance	4,765	1,362	1,105	1,825	9,034
New Referrals	1,715	593	528	607	3,476
Follow Ups	3,050	769	577	1,218	5,558

Total Attendances Per Site 2019 - 2023

	2019	2020	2021	2022	2023
GUH	4,604	4,064	4,465	4,807	4,765
LUH	1,985	897	1,472	1,297	1,362
MUH	1,475	926	932	1,082	1,105
SUH	1,793	1,613	1,489	1,678	1,825

Cancer Summary from colposcopy GUH

Colposcopy Clinic Activity	2022	2023
New Referrals	1,716	1,715
Follow Up	3,091	3,050
High Grade	147	130
Low Grade	955	1078
Non Attendance	7.3%	6.7%
LLETZ Treatments	339	361
Cervical Biopsy	2,258	2,173
Ablative Treatment		
Cold Coagulation	151	117
Diathermy Destruction		

Histology Reports 2023

Histology Result 2023	Diagnostic Biopsy	Excision	Total
Cervical Cancer	18	6	24
Adenocarcinoma in situ / CGIN	4	5	9
CIN3	84	86	170
CIN2	205	94	299
CIN1	1,310	148	1,458
CIN Uncertain Grade	4	0	4
VAIN3	4	0	4
VAIN2	15	0	15
VAIN1	52	1	53
VIN3	7	0	7
VIN2	3	0	3
VIN1	3	0	3
HPV / cervicitis only	199	12	211
No CIN / No HPV (normal)	245	9	254
Inadequate	19	0	19
Other	1	0	1
Total	2,173	361	2,534

There were 28 women seen with cancer diagnosis in colposcopy, 23 of these women had cervical cancer and 5 had vulval cancer. Histology of cervical cancers reported 15 squamous cell carcinoma and 8 adenocarcinoma. Treatments for cervical cancer included LLETZ excision for 4 women, hysterectomy for 5 women (including radical hysterectomy) and radiation oncology for 14 women. The youngest woman seen with cervical cancer was aged 29 and was treated for early invasion by LLETZ excision.

Cervix cancer continues to be a problem in younger women: 14 of the women with cervical cancer were under 40 years of age. Of note only 3 of the women diagnosed with cervix cancer had cytology screening in the previous 5 years and none of them had HPV screening which was introduced in 2020. Women seen with vulval cancer included 3 aged 50-60yrs, 1 aged 70yrs and 1 aged 80yrs. Treatment for vulval cancer included 1 wide local excision, 3 radiation oncology and 1 palliative care.

Cancer Summary from colposcopy LUH

Colposcopy Clinic Activity	2021	2022	2023
New Referrals	616	577	593
Follow Up	856	720	769
High Grade	47	30	23
Low Grade	304	423	413
Non Attendance	64	92	84
LLETZ Treatments	123	102	81
Cervical Biopsy	617	440	511
Ablative Treatment	61	16	26
Cold Coagulation	0	1	19
Diathermy Destruction	0	0	0

Histology Result 2023	Diagnostic Biopsy	Excision	Total
Cancer	0	3	3
Adenocarcinoma in situ/CGIN	0	2	2
CIN3	31	20	51
CIN2	79	16	95
CIN1	410	19	429
CIN Uncertain Grade	0	0	0
VAIN3	0	0	0
VAIN2	0	0	0
VAIN1	0	0	0
VIN3	0	4	4
VIN2	0	2	2
VIN1	1	0	1
HPV/Cervicitis only	56	5	61
No CIN/No HPV (normal)	126	14	140
Inadequate	1	0	1
Other	0	0	0

Type of Cancer	No. of Cancers 2021	No. of Cancers 2022	No. of Cancers 2023
Cervical	6	2	5
Vulval	0	0	0

Cancer Summary from colposcopy SUH

Colposcopy Clinic Activity	2021	2022	2023
New Referrals	601	737	607
Follow Up	888	887	1088
High Grade	65	103	62
Low Grade	425	625	439
Non Attendance	44	159	131
LLETZ Treatments	109	98	102
Cervical Biopsy	480	523	507
Ablative Treatment	N/A	N/A	N/A
Cold Coagulation	4	17	28
Diathermy Destruction	N/A	N/A	N/A

Histology Result 2023	Diagnostic Biopsy	Excision	Total
Cancer	2	1	3
Adenocarcinoma in situ/CGIN	1	0	1
CIN3	66	42	108
CIN2	84	19	103
CIN1	248	29	277
CIN Uncertain Grade	-	-	-
HPV/Cervicitis only	62	2	64
No CIN/No HPV (normal)	17	1	18
Inadequate	3	-	3
Other	23	8	31

Type of Cancer	No. of Cancers 2021	No. of Cancers 2022	No. of Cancers 2023
Cervical	2	2	3
Endometrial	0	0	0
Vulval	0	0	0

Achievements in Colposcopy in 2023

- ▶ In GUH Nurse Cara McNally completed training and accredited with BSCCP as a colposcopist. In May 2023 Cara presented a poster entitled HPV positive, Cytology negative referrals to colposcopy at the Annual Cervicalcheck meeting.
- ▶ Nurse Roisin Conneely SM, GUH, completed her cervical screening course.
- ▶ A Cervical Check Quality Assurance Audit took place in LUH Colposcopy Unit in March 2023. The QA team were most impressed with the enthusiasm and clear direction of the colposcopy team and with the support they receive from their colleagues both within the Gynaecology and Administrative teams. The QA team also reported that there were excellent reports by the

Colposcopy Team on their standard operational processes e.g. referral triage and failsafe measures, clinical audits, patient satisfaction survey, and KPI'S consistently achieved.

- ▶ In LUH A patient satisfaction survey was carried out within the colposcopy, 80 women returned the questionnaire. High levels of patient satisfaction were found. 76 women reported being treated with respect and dignity and 90% of patients reported an excellent overall experience.
- ▶ In SUH Nurse Jennifer Curley completed her OSCE exams and qualified as a Nurse Colposcopist.
- ▶ Nurse Ger Burke (RM) and Chelsea Wallace (RGN), SUH, completed their Nurse Screening taker training.

Head and Neck Cancer



Ms Orla Young

Consultant Otolaryngologist,
Head & Neck Surgeon Lead Clinician

University Hospital Galway, as the Level 4 Hospital and Cancer Centre is the tertiary referral centre for Head and Neck cancer for the West of Ireland and beyond.

General Practitioners and other Saolta Group Hospitals refer patients to the Head & Neck department at UHG for diagnosis and treatment.

It is well recognised that dentists too play an important role in the prevention and early detection of mouth, head and neck cancer. They see many patients on a regular basis for routine dental check-ups, where the oral cavity is fully examined and may lead to the early detection of mouth cancer and therefore better outcomes for patients.

The Otolaryngology, Head and Neck Department (ENT) and the Department of Maxillofacial Surgery provide the Head and Neck cancer programme at UHG. The ENT Department consists of five consultant surgeons, Professor Ivan Keogh, Mr John Lang, Ms Orla Young Mr Thava Subramanian and Mr Philip Stoney and a team that includes 2 SpRs, 4 registrars, two SHOs and 2 interns. Outpatient clinics are held on a daily basis at UHG, once a week in MUH and once fortnightly in RUH. The Maxillofacial department consists of four consultants Mr Patrick McCann, Mr Tom Barry, Mr Mark Wison and Mr Paul Sexton and a team of registrars.

Maxillofacial outpatients' clinics are held at UHG and PUH. Dr John Gaffney joined the team in 2023 as Consultant radiation oncologist.

In 2023, the Head and Neck Oncology Multidisciplinary Team remained busy with 863 patient discussions taking place over the 12-month period. The specialist team is comprised of Consultant Surgeons, Medical Oncologists, Radiation Oncologists, Radiologists, Pathologists, Clinical Nurse Specialist, Speech and Language Therapist and an MDM Co-ordinator.

In 2023 our Clinical Nurse Specialist, Ms Carol Brennan moved onto pastures new and Martina Keane joined the team. Martinas role is a critical link between Surgical Oncology Services in ENT,

Maxillofacial Departments and the Radiation and Medical Oncology Services. Martina provides support, information and advice to the HANO patients from investigation stages to diagnosis, through treatment and long term follow up.

Karen Malherbe, our Senior Speech & Language Therapist, provides assessment and management of swallowing and voice and speech difficulties that may arise for head and neck oncology patients.

Karen follows the patient from initial diagnosis and surgery through to radiotherapy treatment by providing support to patients who may experience swallowing difficulties during their treatment. Speech and Language support is provided to both inpatients and outpatients at UHG.

Trans Oral Laser Microsurgery (TLM) continues to be our treatment of choice for cases of early glottic carcinomas. Using CO2 laser, early laryngeal cancers can be excised trans-orally under general anaesthetic. This provides an excellent alternative treatment option for patients to the standard 4-5 week External Beam Radiation Therapy (EBRT). Currently, UHG is one of the highest volume TLM centres in the country with on average 18 – 20 patients being treated annually.

October 2023 saw the opening of our state of the art radiotherapy building with access to four Elekta Versa HD Linear accelerators providing leading edge image guided radiotherapy.

The National Cancer Control Programme (NCCP) has recognised the UHG Head and Neck Oncology Programme for its multidisciplinary strength, with the presence of specialist surgeons from both ENT & Maxillofacial Departments and Plastic surgeons for major reconstructive surgery.

The presence of onsite radiation oncology & medical oncology, along with a dedicated clinical nurse specialist, Speech and Language Therapy support and Palliative Care services means that patients attending the Head and Neck Oncology Programme at UHG have direct access locally to world-class care.

Key Achievements 2023

- ▶ Continuing to strengthen the MDM with the continuing use of the NCIS module
- ▶ Development of the Head and Neck pathway
- ▶ Involvement in the self-assessment and peer review for the OECl accreditation and designation programme.

Key Priorities 2024

- ▶ Improve data collection methods for Head and Neck Cancers
- ▶ Work closely with the Cancer MCAN to implement OECl quality recommendations



Haematology Oncology



Dr Amjad Hayat

National Clinical Lead NCCP Consultant Haematologist Lead Clinician Licensed Responsible Person (RP) of the Blood and Tissue Establishment – GUH

The extensive Haematology Clinical Programme within the Saolta University Healthcare Group diagnoses and delivers specialist care to patients across the West of Ireland with general and malignant haematological conditions, including leukaemia, lymphoma and myeloma.

The multicomponent Haematology clinical oncology programme includes: the combined HPRA licensed Blood, Tissue and GMP Establishment: based in Galway University Hospitals which includes a Stem Cell Treatment Program.

Day Services: Patients with blood cancers are managed in all of the Saolta Hospital Group Haematology / Oncology Ambulatory day units. Treatment is delivered under the care of onsite Haematology consultants, teams of specialist- trained nurses, advanced nurse practitioners, specialist registrars, medical and pharmaceutical staff. Consultant led outpatient clinics are ongoing at regional centres.

Inpatient Services: Patients requiring intensive haematological, chemotherapy and anti-cancer treatments are managed primarily in University Hospital Galway (UHG) with supportive care provided at regional centres at Letterkenny University Hospital and Sligo University Hospital.

Consultative Haematology service for patients in UHG and other hospital services including medical oncology, paediatrics, obs & gynae services and through involvement in transfusion medicine, haemostasis & thrombosis across all hospital sites.

Haematologists oversee and direct laboratory services and provide essential interpretation of blood films, bone marrows and complex diagnostic tests for haematological malignancies.

The Health Products Regulatory Authority (HPRA) licenses the Galway Blood, Tissue and GMP Establishment (GBTE) in UHG. It is the only licensed hospital based Blood Establishment outside of the Irish Blood Transfusion Service (IBTS) in the Republic of Ireland and it is one of very few Tissue Establishments. It is also the only

hospital-based site in Ireland to have achieved a GMP manufacturing license, which it uses for the production of Autologous and Allogenic Serum Eye Drops for patients on a national level. It is also uniquely licensed for Bone Marrow and Lipo aspirate procurement. The GBTE complies with strict EU Blood, Tissue and GMP regulatory laws and is inspected for adherence to these laws at regular intervals. The Establishment has a robust combined and integrated Quality Management System and the staff are all cross-trained in order to provide essential on-call and diverse services.

Haematologists have a strong track record of involvement in high quality clinical trials, which have led to continuous improvement in malignant haematological outcomes.

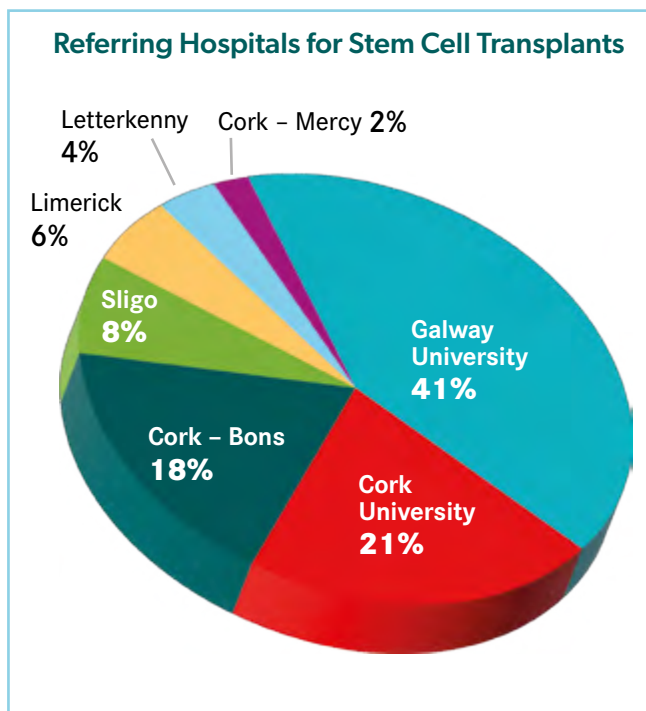
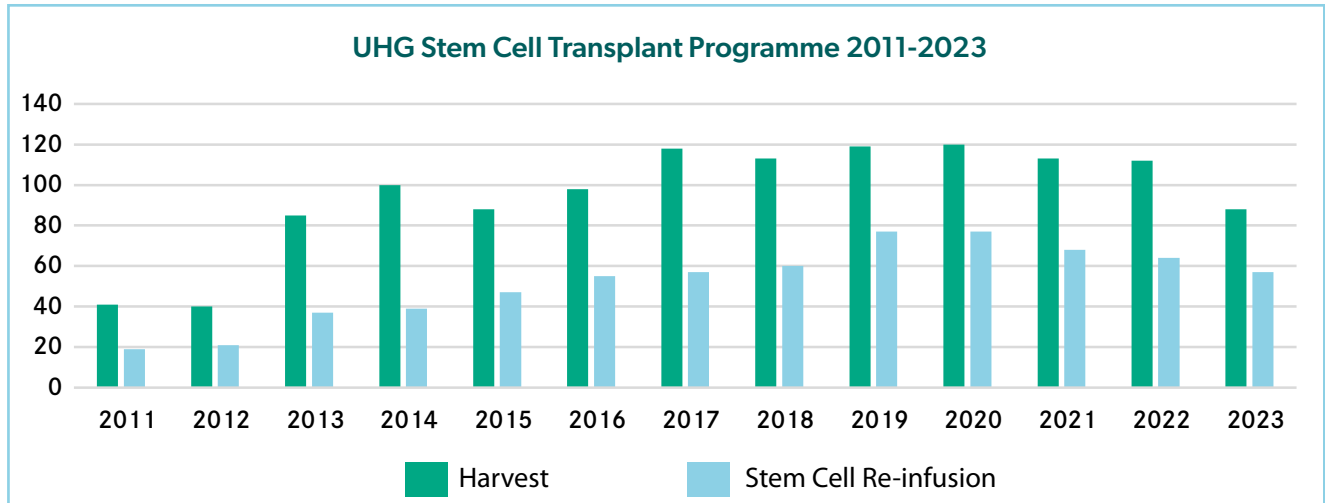
The Saolta Haematology Clinical Programme is active in the five Saolta Group Hospitals outlined above. UHG provides haematology inpatient services for patients across Galway and Mayo with day and outpatient services available in Galway, Portlinculla and Mayo University Hospitals. Letterkenny & Sligo University Hospitals offer both inpatient, day and outpatient clinics. Six Consultant Haematologists are based in UHG and two Consultant Haematologists at both Sligo and Letterkenny University Hospitals lead the clinical Haematology Services with the support of medical teams, advanced nurse practitioners, clinical nurse specialists, health & social care professionals and specialist pharmacists. Two Consultant Haematologists in UHG cover MUH, PUH and Roscommon University Hospital providing clinical, laboratory and transfusion advice to the clinicians and laboratories in these hospitals. Multidisciplinary care is provided across the Saolta Group through the MDM Programme. Haematologists from Sligo and Letterkenny link to tumour site-specific multidisciplinary meetings at UHG on an ongoing basis to discuss individual patient cases and plan treatment pathways. UHG has been the primary specialist centre for Autologous Stem Cell Transplantation for people with haematological malignancies from the West of Ireland since 1993

and more recently, the South of Ireland since 2013. The programme involves the peripheral harvesting, processing, storage and reinfusion of stem cells for the treatment of many cancers including myeloma and lymphoma.

In 2023, the programme accepted referrals from Saolta Group Hospitals and from the South / South West Hospital Group. 12 patients from Cork University

and Mercy Hospital in Cork were transferred to CUH for recovery The UHG Stem

Cell Transplant Programme involves a team of experienced Consultant Haematologists working with a diverse expert multidisciplinary team including clinical nurse specialists, specialist registrars, biomedical scientists, specially trained nursing team & pharmacists.



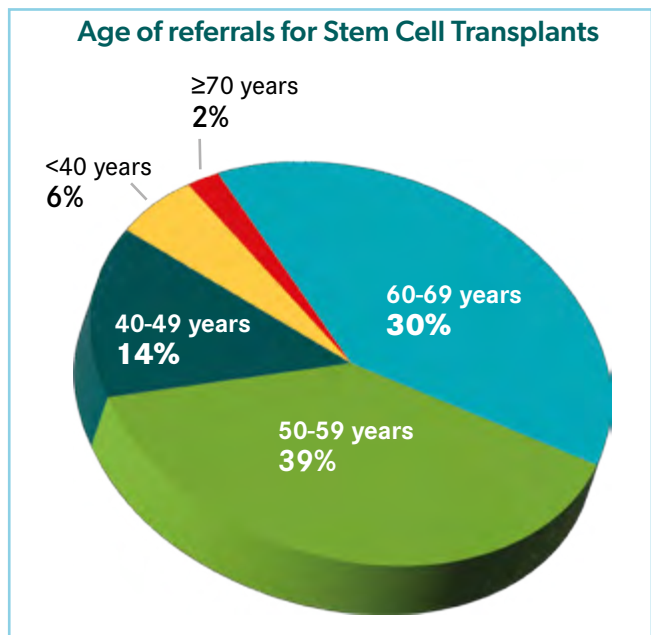
Referring Hospitals for Stem Cell Transplants

Galway University	21
Sligo	4
Letterkenny	2
Limerick	3
Cork - Bons	9
Cork University	11
Cork - Mercy	1

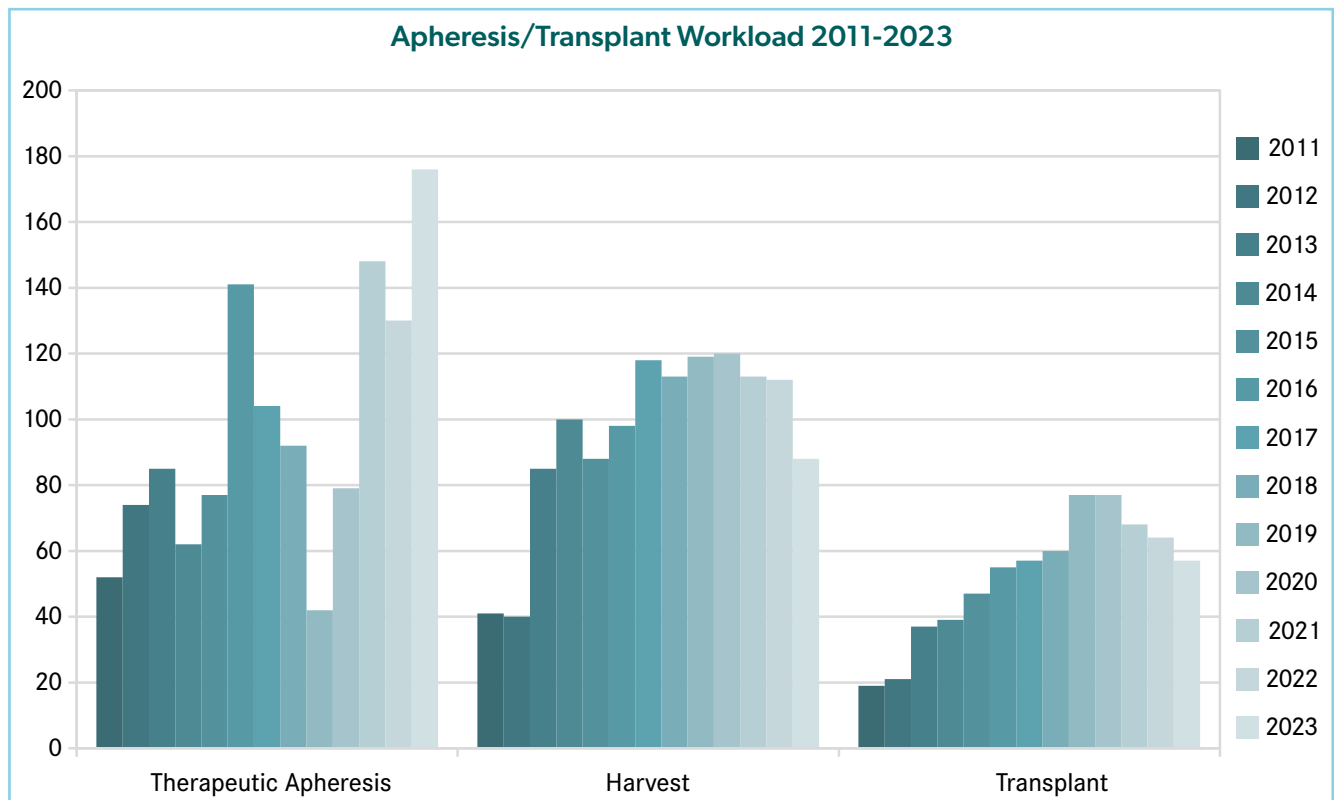
The Stem Cell Transplant Programme in UHG, treating multiple myeloma, lymphoma and other cancers has grown exponentially since commencing in 2011.

All stages of autologous stem cell transplantation take place on the UHG site with apheresis and the clinical care of patients during transplant occurring in the 25 bed Claddagh ward.

This specialist ward of 25 individual positive ventilation rooms ensures high quality care and improved patient safety, reducing infection risk during this and other intensive haematology treatments. The processing and storage of stem cells occurs in the fully licensed and regulated GBTE Laboratory on site. In 2023 82% of transplants were for the treatment of Multiple Myeloma and 18% were for the treatment of Lymphoma.



Age of referrals for Stem Cell Transplants	
≥70 years =	1 patient
60- 69 years	20 patients
50-59 years	20 patients
40-49 years	7 patients
<40 years=	3 patients
Total	51



Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Therapeutic Apheresis	52	74	85	62	77	141	104	92	42	79	148	130	176
No of patients Therapeutic Apherisis	-	-	-	-	-	-	-	-	8	14	15	14	19
Harvest	43	42	85	99	89	98	118	113	118	120	113	112	88
No of patients harvested	-	-	-	-	-	-	-	-	70	70	65	71	56
Stem Cell Reinfusions	18	21	38	40	35	53	54	56	72	74	64	63	57

Saolta Group Haematology Outpatient New and Review Attendance 2021 – 2023 Data source IPMS

Year	2021	2022	2023
University Hospital Galway New	838	987	1044
University Hospital Galway Review	4324	5771	6987
University Hospital Galway Total	5162	6758	7131
Mayo University Hospital New	4	19	36
Mayo University Hospital Review	396	505	399
Mayo University Hospital Total	500	524	435
Sligo University Hospital New	227	215	223
Sligo University Hospital Review	2227	2447	2202
Sligo University Hospital Total	2454	2662	2425
Letterkenny University Hospital New	190	167	277
Letterkenny University Hospital Review	1557	1068	2249
Letterkenny University Hospital Total	1747	1235	2526
Saolta Hospitals Group New	1281	1338	1580
Saolta Hospitals Group Review	7195	9791	10937
Saolta Hospitals Group Total	8476	11179	12517

Haematology Oncology Systemic Anti-Cancer Therapy KPIs

Each of the Saolta Hospitals delivering systemic anti-cancer therapies across the Group submit KPI reports on a monthly basis to the National Cancer Control Programme (NCCP). The SACT KPI provides a target of access to treatment in the day ward setting of up to 15 working days from date of referral (Haematology & Medical Oncology).

In 2023, the overall Group performance averaged 80% with UHG averaging 89% over the year. The key deficit at UHG is capacity, requiring intensive local management on a daily basis while awaiting the proposed new Ambulatory Care Centre. It is well recognised that the need to improve the infrastructure and facilities required to provide systemic anti-cancer therapy is well overdue. As the numbers of patients being treated and the complexity of regimens increases, we look forward to working with the NCCP to look at innovative ways in the delivery of care into the future.

Chimeric antigen receptor T-cell therapy

In 2023 Professor Michael O'Dwyer was appointed lead for CAR-T following on from UHG's designation as a CAR-T delivery centre. To date the service has gone through an in depth assessment of service and technical readiness and has successfully completed a dry run with CAR-T provider. Through the support of the NCCP a CAR-T co-ordinator post has been

secured which we hope will be in place in 2024 to allow this service to commence.

Key Achievements 2023

- ▶ The introduction of NCCP Guidance on the management of acute capacity challenges in Systemic Anti-Cancer Therapy in Ambulatory Day Units by maximising capacity.
- ▶ Reviewed procedures undertaken in Day Wards and prioritise parenteral SACT.
- ▶ Explored the option to provide low risk treatments off site. The appointment of a CNM 3 in this position.
- ▶ Set up a CAR-T working group to advance service and technical readiness
- ▶ Regular AYA implementation project working group met regularly to advance key priorities
- ▶ Progressing essential Haematology consultant posts Key Priorities 2024
- ▶ Work with the NCCP to fully implement the SACT model of care.
- ▶ Support the outreach SACT unit in Merlin Park hospital providing further support and training for staff.
- ▶ Continue to select low risk treatments to be given in outreach areas in line with NCCP SACT Model of Care.
- ▶ CAR-T service and technical readiness to be further progressed
- ▶ Engage with the Cancer MCAN to identify infrastructure requirements for the future.

Lung Cancer & Thoracic Surgery



Dr David Breen

Consultant Respiratory Physician
Lead Clinician, Interventional
Pulmonologist



Mr Alan Soo

Consultant Thoracic Surgeon
Thoracic Surgery Lead

The incidence of lung cancer, in Ireland, remains stubbornly high despite advances in lung cancer care and preventative medicine over the last two decades. The five-year survival is significantly lower than that of other common cancers.

Lung cancer is the third most common cancer in Ireland accounting for 2,672 new cases per year from 2018 – 2020. The annual incidence was 1,457 in men and 1,214 in females. The number of lung cancer cases is also increasing with an annual projected rise to 3,713 cases (+131%) for males, and 2,313 (+105%) for females, by 2045. This would amount to an increase to 5,450 cases (+119%) for both sexes combined.

Lung cancer is the leading cause of cancer-related mortality in Ireland, accounting for 1,083 deaths annually from 2018 – 2020. The 5-year overall survival for lung cancer has increased from 10% in 2003 to 24% in 2018.

The key to improving survival is early detection and that is what the Rapid Access Lung Clinic aims to support. There have been major advances in the management of lung cancer over the last two decades. This includes significant efforts in addressing the primary cause for the disease, smoking cessation advances and improvements in both invasive and non-invasive diagnostic methods.

Rapid Access Lung Clinic (RALC) History

The National Cancer Control Programme (NCCP) was set up to re-organise the way cancer care is delivered so that our cancer survival rates would compare more favorably with the best in Europe and the rest of the world. Rapid Access Lung Clinics, which were set up as part of the NCCP in order that patients could be diagnosed quickly and start treatment as soon as possible once cancer has been confirmed.

The RALC opened in Galway in 2010. The clinic coordinates the rapid assessment of patients referred from their primary care facilities. In 2023 the Rapid Access clinic began seeing patients in the

new Radiation Oncology building. This bright and open facility provides a calm patient experience at a stressful time for those potentially starting their cancer journey.

Dr David Breen, Consultant Respiratory Physician & Interventional Pulmonologist, leads the RAL programme at UHG. Dr. Breen qualified from Trinity College Dublin and after completing his respiratory and general internal medicine training in Ireland he was awarded a European Respiratory Society/ European Lung Foundation Fellowship to study Interventional Pulmonology in Marseille, France. He obtained expertise in interventional bronchoscopy and medical thoracoscopy training whilst in France. In addition, he spent periods training in Brescia, Italy for pleural ultrasound and in the Netherlands. Dr. Breen was appointed to the Radcliffe NHS Trust, Oxford, UK, as a respiratory consultant and lead for lung cancer services in 2009. He was the clinical director of the interventional bronchoscopy service. He has worked in

Galway University Hospital for the last ten years and is the clinical lead of the lung cancer service in the Saolta Group and the chair of the NCCP Lung Leads Group. Respiratory SpRs and a specialised nursing team in the rapid access clinic support him.

Nurse Imelda Fleming is an advanced nurse practitioner within the service and has responsibility a pulmonary nodule service and a survivorship programme which provides ongoing surveillance and support for patients where needed. Imelda also represents the lung ANPs on the NCCP lung leads group.

Janet Clince is the CNS for the Service. Her wealth of experience is evident in the support she provides for this vulnerable patient group. Janet is a designated key worker for patients going through their diagnosis journey.

Claire Kelly, CNS organises the Joint Thoracic Clinic attendances and is a key worker for patients attending this clinic. She also organises patient follow up from their discussion at Lung MDM.

Together with staff nurse Jacinta Murphy, this team of nurses bring an abundance of experience and skills to the service. Jacinta has worked in the RALC for ten years. She attends the RALC and the Joint Thoracic Clinic.

Cora manages the RALC with a focus on the NCCP KPIs. Cora also organises all virtual and follow up appointments from this clinic.

Nainsi Corcoran is the Rapid Access Lung Patient Navigator. Nainsi enables the efficient running of the Lung MDM and her assistance to the service is invaluable. In 2023 the lung cancer orchestrator system (LCO) was launched. This system, which identifies incidental findings of lung nodules, is managed by Nainsi. The LCO uses AI technology to alert the Lung Cancer service of potential lung cancers.

Sandra Pitt is also a key member of the team and attends the MDM to collect numbers of cancers diagnosed and the proposed personalized treatment plan for each patient. As data manager Sandra inputs the data for Lung cancer and returns the required NCCP KPIs on a monthly, quarterly and bi annual basis.

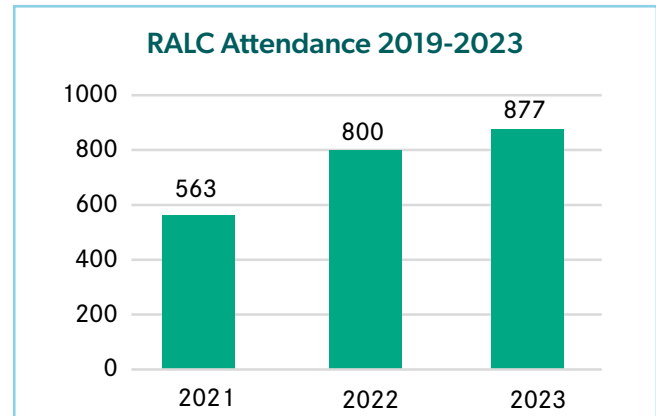
GUH RALC

In patients with (presumed) lung cancer, timely access to specialist services, that ensures rapid assessment and diagnostics by a specialist team and onward referral for appropriate treatments, has long been identified as the key for improving outcomes.

The RALC works under the guidelines and KPI's set out by the NCCP. The primary objective is to review patients within 10 days of receipt of referral. A RAL nurse greets patients at their initial clinic, often a difficult time for the patient. The RAL nurses act as support for the patient during this time. Following their nursing assessment, the patients will undergo a consultation with Dr Breen and a follow up plan is made. The patient is at the centre of every decision made and are kept involved in every step of their care pathway.

The Rapid Access Lung Team in GUH strive to maintain the NCCP's KPI's. In 2023, the access KPI, first visit within ten days of receipt of referral was difficult to achieve due to being off site. We anticipate that the planned move to the new Radiation Oncology building will greatly improve this into 2024.

RALC Attendance



As demonstrated above table the number of referrals sent to the RAL clinic is increasing every year putting enormous pressure on the service.

The Rapid Access Lung team make a huge effort to ensure that all of their patient are asked about their smoking status and that they are offered advice and support regarding cessation.

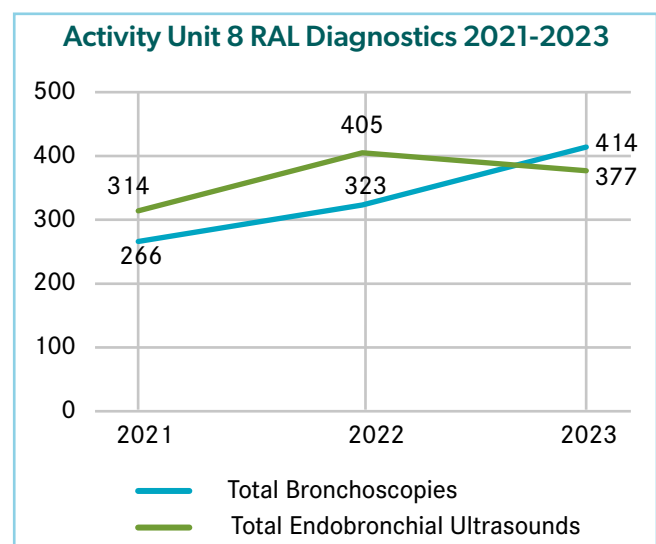
Diagnostic procedures:

The RALC relies on Unit 8 Merlin Park Hospital for their diagnostic activity. Unit 8 staff are skilled endoscopy nurses who assist the consultants in their procedures. Following diagnostic procedures, patients are listed and discussed at the Lung Cancer MDM.

GUH's Rapid Access Lung Clinic is proud to be the first in Ireland to provide radical EBUS procedures and fluoroscopies.

Below are the activity number for biopsies performed by Dr Breen in Unit 8 throughout 2022.

Unit 8 Activity 2021-2023



In addition in 2023 a total of 74 navigational bronchoscopy procedures were performed in the operating theatres of University Hospital Galway. The long awaited introduction of navigational bronchoscopies is of huge benefit to the service overall.

Multi-Disciplinary Team Meetings

There were 1,360 discussions at the Lung MDM in 2023. The Lung Cancer MDM is held weekly in UHG on a Monday with Sligo, Mayo & Portlincula University Hospitals joining by video conference. A panel of experts including specialties of respiratory medicine, Thoracic surgery, Medical Oncology, Radiation oncology, Radiology and Pathology, discusses patients from across the Saolta Group ensuring patients are discussed on a timely basis.

Joint Thoracic Clinic

After their MDM discussion the patients are brought for a follow up appointment in the Joint Thoracic Clinic. This is a unique clinic, the only one of its kind in Ireland, in that the patients have access to multiple specialist consultants at one visit. In 2023 we welcomed Dr Ronan McDermott to the joint thoracic service as Radiation Oncologist. Ronan is also vice chair of the weekly lung MDT and is a valued member of the team. The clinic is arranged so that patients

can attend Dr. Breen for the results of Lung MDM and directly afterwards will be seen by Medical Oncologist, Dr. Silvie Blazkova, Radiation Oncologist, Dr. Ronan McDermott or Cardiothoracic Surgeon, Mr. Alan Soo/Mr. Ronan Kelly. The clinic is entirely patient focused and avoids multiple hospital visits.

Challenges

As the Rapid Access Lung service continues to grow, the projected increase in case load will mean major pressure on RAL facilities. In order to future proof the service and to allow growth, the Rapid Access service will require additional clinical space and increased diagnostic capacity.

The Future

The appointment of a second Lung Cancer physician is imperative as the service continues to grow.

Participation in European accreditation programmes such as the OECL and CraNE projects will continue to enable a quality focus such as the patient pathway developed in 2023.

The RALC is looking forward to the future. The overall aim is to provide continued service improvements and therefore the best possible service to patients with (presumed) lung cancer.

Thoracic Surgical Programme

The Department of Cardiothoracic Surgery at UHG is the only dedicated thoracic surgery centre in the Saolta University Healthcare Group and is one of four NCCP designated thoracic surgery centres nationally. The department aims to provide evidence based surgical treatments for thoracic diseases to the highest standard. The unit performs regular audits and research to ensure that all patients receive the best possible treatment whilst under the care of the dedicated cardiothoracic surgical team

The thoracic surgical programme at UHG is supported by a dedicated team of staff, all of whom play a key role in the patient pathway. The team of cardiothoracic surgeons include Prof. Alan Soo and Mr. Ronan Kelly

The department also acknowledges the support of the Rapid Access Lung Cancer Specialist Nursing Team including Ms. Janet Cline, Ms. Claire Kelly and Ms. Jacinta Murphy as well as the Unit 8 physiotherapy team including Ms. Saoirse Flanagan and respiratory physiologists Ms. Nicola Harte and Ms. Michaela McGoldrick.

Data manager for surgical lung cancer Ms. Sandra Pitt works closely with Ms. Laoise Barrett, Cardiothoracic Surgery Programme Manager to compile and validate NCCP data returns. Patients are cared for by a committed team of NCHDs, nurses and HSCPs in the cardiothoracic ward, theatre, ICU and PACU.

The Cardiothoracic surgery team work closely with the Department of Respiratory Medicine and the Oncology department caring for patients within the Saolta University Healthcare Group catchment area.

In UHG, the cardiothoracic surgery department performs all aspects of thoracic surgery.

A team of specialist surgeons treat the following:

- ▶ Lung cancer
- ▶ Benign diseases and tumours of the lung
- ▶ Chest reconstruction after major trauma or surgery
- ▶ Pectus surgery for chest wall deformity
- ▶ Lung volume reduction surgery for emphysema
- ▶ Mediastinal tumours and diseases (including the surgical treatment of myasthenia gravis)
- ▶ Mesothelioma
- ▶ Pleural diseases (including pneumothorax, infections and pleural effusions)

- ▶ Chest wall tumours
- ▶ Sympathectomy for hyperhidrosis (excessive sweating)
- ▶ Plication for diaphragm paralysis

Patient Treatment Pathway

The care pathway begins with referral largely from the Joint Thoracic Clinic following the weekly lung multidisciplinary meeting. The department also accepts direct referrals from physicians and GPs.

All patients undergoing thoracic surgery for suspected lung cancer are enrolled in the ERAS programme (Enhanced Recovery After Surgery)

The Thoracic ERAS programme in UHG includes the following;

- ▶ **Pre-habilitation.** The pre-habilitation programme is carried out by a team of dedicated thoracic physiotherapists based in Merlin Park Hospital. Here, the patients undergo detailed fitness assessments. Following that, a personalised exercise programme is developed for each patient prior to surgery.
- ▶ **Post op pain management.** This is performed in conjunction with the Pain service at UHG. Patients are supplied with a pre-operative prescription for pain relief which is taken for two days pre-surgery to reduce pain related complications both peri and post-operatively.
- ▶ **Admission.** Patients are admitted the evening prior to or the morning of surgery (DOSA- Day of Surgery Admission) and go to the PACU (Post Anaesthesia Care Unit) for a night following surgery. This is for close monitoring of vital signs, analgesia and chest drainage.
- ▶ **Carbohydrate loading** pre-operatively
- ▶ **Digital monitored chest drain** (Medala Thopaz® suction unit) is used post operatively in keeping with international best practice.

Departmental Audits/Research

Audits are regularly conducted as part of the ongoing quality improvement and learning process within the department of cardiothoracic surgery. The team are continuously engaged in research in the field of cardiothoracic surgery.

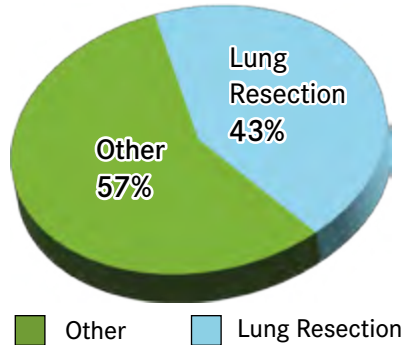
Examples of some of the audits/research carried out in the department in 2023 include;

- ▶ Audit of endoscopic vein and radial artery harvesting
- ▶ Prevention of prolonged air leak in thoracic surgery; a novel application of a haemostatic agent
- ▶ Endoscopic conduit harvest in coronary artery

- ▶ bypass graft surgery; a histological analysis of radial artery and saphenous vein grafts
- ▶ Bilateral intercostal nerve Cryotherapy to reduce post sternotomy pain: a novel approach

Thoracic Surgical Activity 2023

Thoracic Surgery Activity 2023



UHG Cardiothoracic Surgical Unit 2023 Activity

Procedure	Activity
Total Number of Thoracic Procedures	297
Total Number of Lung Resections	128
Other Thoracic	169

Procedure Type	Total Number of cases performed
Lobectomy	89
Bi-lobectomy	1
Pneumonectomy	1
Sleeve Resection	1
Segmentectomy	4
Wedge Resection	33
Mediastinal Biopsy/Excision of mediastinal mass	16
Lung Biopsy	2
Bullectomy/Blebectomy/Pleurectomy/Pleurodesis	34
Decortication	17
Bronchoscopy	4
Pleural Biopsy	19
Thymectomy	4
Thyroidectomy	1
Mediastinoscopy	20
Chest wall reconstruction/Rib resection	7
Thoracic Sympathectomy	1
Pectus Repair	5
Diaphragm Plication/Repair	7
Navigational Bronchoscopy	23
Other	9
Grand Total	297

Oesophageal-Gastric Cancer



Mr Chris Collins

The Upper GI Programme at University Hospital Galway is led by Mr Chris Collins. Over the years advances in surgical techniques have seen increased use of less invasive procedures for Upper GI surgery, which have reduced length of stay and improved patient experience.

Surgery is the cornerstone of treatment for Upper GI cancer; however, gastro-oesophageal cancers are unfortunately rarely diagnosed early as symptoms of early tumours are non-specific and often vague. Symptoms include difficulty swallowing, reduced appetite and weight loss. The majority of our patients with tumours suitable for resection require multi-modality treatments including radiation therapy, chemotherapy and then resection.

Internationally, best practice recommends that all cases are discussed at Multi-Disciplinary Team meetings (MDM) and this has revolutionised approaches to cancer treatment. MDMs have delivered a number of improvements in the quality of care and patient outcomes. They are seen as the 'gold standard' in terms of cancer patient management and have made a substantial contribution to reducing treatment variation.

The MDM is well embedded and forms an integral part of the Upper GI Programme at UHG. Every Upper GI cancer patient is discussed at the weekly MDM, held on Friday. Individual patient care plans are agreed and subsequently implemented by the MDM team of specialists to optimise patient treatment

and maximise patient outcomes. MDM provides enormous training opportunities for medical and associated health professionals, and we are now linked with six sites across the Saolta University Health Care Group. In 2023, there were over 2000 patients discussed at the Joint Upper & Lower GI multisite MDM held in UHG.

The incidence rates for adenocarcinomas are increasing annually in developed countries and research is attributing this to western lifestyles. There were over one hundred newly diagnosed Upper GI malignancies in 2023, (n = 169). The nature of Oesophageal Cancer is that patients present at an advanced stage of the disease. Consequently, this limits treatment options for many patients. Management of late diagnosis include stent placements, intestinal bypasses and alternate feeding access procedures. However, all individualised treatment plans are decided by our specialist multidisciplinary team in consultation with the patient in line with international clinical guidelines and evidence based practice.

Our gratitude, as always must be extended to our CNS, Ms. Aoife Quinn. The CNS supports the patients coming through UHG with a diagnosis of upper GI Cancer. Ciara Howley is also a key member of the team and attends the MDM to collect numbers of cancers diagnosed and the proposed personalized treatment plan for each patient.

UHG Upper G.I. NCCP KPIs 2023

Parameter	Jan - June	July - Dec	Full Year
No. of newly diagnosed cases with Oesophageal/OGJunction/ Gastric Cancer	62	71	133
Total no. of patients proceeded to neoadjuvant treatment as first treatment intervention	12	9	21
Total no. of patients proceeded to surgery as first treatment intervention	6	9	15
Total no. of patients had neoadjuvant treatment followed by surgical intervention	14	5	19

*includes oesophageal, og junctions and gastric surgery for curative intent only

Upper GI Data 2023 (Dendrite database)

Cancer Type	Primary Malignant	Advanced Primary with Mets	Grand Total
Duodenal C17	3		3
Gastro- oesophageal junction C15.2	13	4	17
GI Stromal Tumour (GIST) C49.A	4		4
Oesophageal C15	78	7	85
Omental		1	1
Stomach C16	52	7	59
Total	149	19	169

Oesophageal-Gastric Cancer surgeries 2023

Distal gastrectomy	3
Distal gastrectomy,Other	1
Endoscopic resection ESD/EMR/RFA	6
Gastric wedge resection	1
Gastrojejunostomy	2
Gastrojejunostomy,Unresectable at surgery	1
Oesophagectomy	25
Oesophagectomy,Gastrojejunostomy	1
Partial gastrectomy (Subtotal)	12
Proximal gastrectomy	1
Total gastrectomy	5
Unresectable at surgery	1
(blank)	2
Total	61

Skin Cancer



Mr Kenneth Joyce
Saolta Group Skin Cancer Lead
Galway University Hospitals

Skin Cancer is the most common form of cancer in Ireland with over 13,000 new cases diagnosed every year. The National Cancer Registry of Ireland (NCRI) expects this number to double by 2040.

Galway University Hospitals treats the 2nd highest volume of melanomas or melanoma-in-situ nationally with over 500 diagnosed in 2023. The catchment

population of over 1 million people includes all geographical areas from Donegal to Limerick. Number of melanomas diagnosed continue to increase each quarter. The main types of skin cancer are basal cell carcinoma (53% in 2023), squamous cell carcinoma (33% in 2023) and melanoma (14% in 2023).

Skin Cancer Data 2021 - 2023 (Data Source: Pathology)

	Basal Cell Carcinoma	Squamous Cell Carcinoma in situ	Squamous Cell Carcinoma	Melanoma in- situ	Invasive melanoma	Total Skin Cancer
2021	1488	221	717	174	178	2778
2022	1514	281	766	166	237	2964
2023	2037	435	852	305	224	3853

The last year has seen Consultant appointments in Plastic Surgery (Maire-Caitlin Casey), Dermatology (Eilis NicDonncha, Ronan Brennan), Radiation Oncology (John Gaffney) and Oncology (Sonya Chew), to service the growing number of skin cancers diagnosed. The location of service delivery has also expanded to include Merlin Park Hospital and Portiuncula Hospital, in addition to Galway and Roscommon University Hospital's. Four Plastic Surgery Advanced Nurse Practitioners now carry out 'See and Treat' procedures in Merlin Park Hospitals weekly.

Advances in Oncology treatments means many stage III melanomas or high risk squamous cell carcinoma patients have access to clinical trial enrolment as well as an ever expanding armamentarium of adjuvant chemo- and immunotherapies. Delivery of these treatments is facilitated in Galway, Mayo and Letterkenny Hospitals to ease travel difficulties for patients.

Nationally, new guidelines on surveillance imaging, with key contributions from Professor Paul Donnellan Consultant Oncologist, look to standardise the delivery of imaging to skin cancer patients across the country. Data from Galway University Hospitals on key performance indicators of skin cancer care delivered to be very good in comparison to other hospital groups. Maria Mulryan, Data Manager attends the MDM to collect numbers of cancers diagnosed and the proposed personalized treatment plan for each patient. As data manager Maria inputs the data for skin cancer and returns the required NCCP KPIs on quarterly basis.

Challenges remain in many aspects of care in delivering treatment to patients with suspected skin cancers. These include access to care in out-patient clinics, surgical theatres, imaging surveillance and pathology, including medical scientists.

Urological Cancer



Ms Catherine Dowling
Lead Clinician
Urological Cancer Lead
Consultant Urological Surgeon



Mr Paddy O'Malley
Lead Clinician
Rapid Access Prostate Clinic
Consultant Urological Surgeon

The Saolta Urological Cancer Programme continues to provide one of the busiest urology programmes in the country providing an extensive programme of cancer care to the population of the West/North West for prostate, bladder, renal, testicular and penile cancers. The urology cancer programme has a multidisciplinary approach that meets fortnightly with video-conferencing linkages to LUH & SUH that enables clinical experts to discuss urological cancer cases for the region. Our dedicated Prostate MDM to support the programme continued throughout 2023.

The demand for Urology services continues to grow in Ireland, and this is certainly the experience across our Saolta Hospital Group.

- ▶ Saolta has an older population, 15.4% are over 65 years, compared to 13.4% nationally.
- ▶ An older population has a direct correlation with increasing demand on Urology services. OPD activity continues to rise year on year by 3.35%, with a 20% conversion rate for Inpatient day case procedures.
- ▶ In addition, more specifically, an increasing demand on our Prostate, Kidney and Bladder cancer programmes, alongside Cancer Survivorship.

Rapid Access Prostate Assessment Clinic (RAPAC)

The Rapid Access Prostate Assessment Clinic was established at UHG in 2009 and since then men with suspected prostate cancer are referred by GPs across the Saolta University Health Care Group and are seen within 20 working days of receipt of referral. The programme has grown exponentially since opening and it now stands as the busiest RAPAC service in the country.

The number of review patients in our clinics continues to rise. The rapid access service takes place in our 'One Stop Shop' prostate assessment clinics each week where patients are assessed and/

or have a biopsy performed. Cases are referred for discussion at MDM where an individual treatment plan is agreed.

Patients diagnosed with prostate cancer may be treated with any one of the following interventions; sometimes a combination of treatments may be required. Prostate cancer surveillance and treatment options may include active surveillance, watchful waiting, robotic assisted radical prostatectomy, external beam radiation therapy, brachytherapy, HDR brachytherapy, androgen deprivation therapy and chemotherapy. Patients receive a treatment plan tailored to treat their prostate cancer. Donegal patients are referred for external beam radiotherapy to Altnagelvin under a national Service Level Agreement but have seed brachytherapy at UHG.

Mr Garrett Durkan is the consultant surgeon who runs the RAPAC in Limerick along with his nursing team Sheila Kiely ANP & Mary Cremin CNS.

Our key objective for 2023 was reached with the recovery of the KPI for access to RAPAC clinics.

The average over the year was 91% with some months reaching 100% compliance. This target is however becoming increasingly difficult to achieve with the ever increasing demand on services, poor infrastructure and limited personnel. Our key objective for 2024 will be to secure an additional consultant post to support rapid access prostate services in particular with a proportion of this position to be allocated to the service in Limerick.

We also hope to re-establish the Prostate Cancer stratified self-managed follow up (SSFMU) once the recruitment embargo is lifted. This service was introduced in conjunction with the NCCP in 2022. The aim of SSFMU is to adopt a more personalised approach to delivering post treatment cancer care for patients. Stratification in cancer survivorship is described as 'a personalised approach to care in which cancer survivors are triaged or stratified to distinct follow up care pathways based on their needs and the type of follow up agreed with their treating team'.

Patients are assessed holistically, taking into account mental and social factors, rather than just the symptoms of a disease. Patients are included in the decision making process and advised which distinct care pathway is most suitable for their needs. A SSMFU approach can address the essential components of survivorship care with patients and caregivers, while being efficient and cost effective.

Patients will be assessed and then guided along distinct care pathways based on how complex their needs are, and who should be providing their follow-up care. Patients will be encouraged to, and supported in, playing an active role in their recovery

and management. Following completion of planned treatment for prostate cancer, patients are given the opportunity to be stratified into self-managed follow up, which allows them to self-manage their follow up care. Self- management will empower patients by giving them the skills and knowledge they need to be active participants in optimising their own health and well-being.

In 2023, two very experienced ANPs left our service to take up new roles in the HSE. We wish Rachael Dalton and Robert McConkey every success in their future endeavours and welcome Santooshi Kumar, Annette O'Sullivan and Donna Coy to the team.

Scheduled OPD care

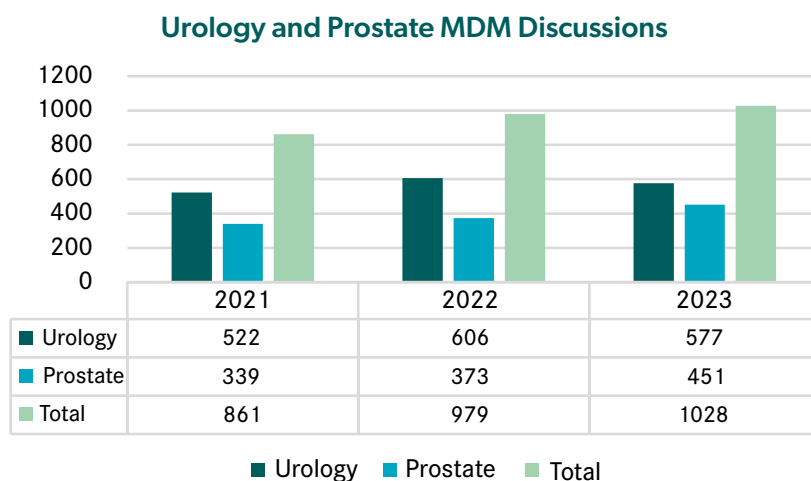
The activity in the Rapid Access Prostate service continues to rise year on year with a with a 25% increase in attendance from 2021 to 2023. As our population ages this will continue on an upward trajectory.

Rapid Access Prostate Clinic Attendance 2021-2023

	2021	2022	2023
RAP New attendance	730	928	923
RAP Review attendance	5571	5780	6106
Total patient attendances	6301	6708	7935

MDM Discussions

In 2023 there were over 1000 MDM discussions with urology and prostate MDMs held on alternate weeks as depicted in the table below: this reflects the increase levels of referrals to the programme. Hanna Walter is also a key member of the team and attends the MDM to collect numbers of cancers diagnosed and the proposed personalized treatment plan for each patient. As data manager Hanna inputs the data for Lung cancer and returns the required NCCP KPIs.



Rapid Access Prostate Diagnoses and Surgical Activity 2021 - 2023

	2021	2022	2023
Total number of new primary diagnoses	268	248	301
Total number of secondary & other cancers diagnosed	53	38	67
Total new primary plus secondary & other cancer diagnoses	321	286	368
Total number of Prostate Surgeries	143	156	149

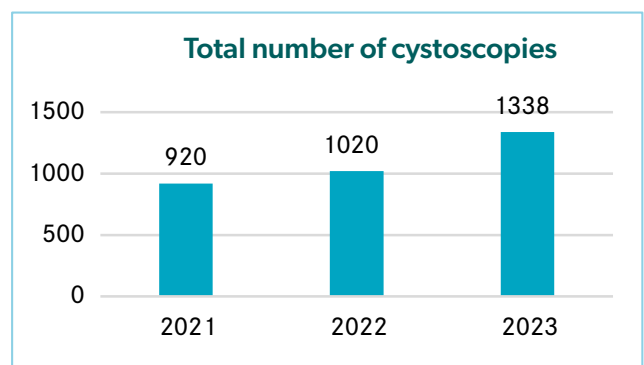
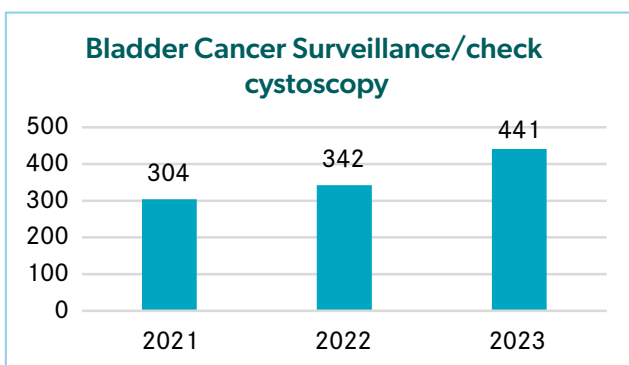
Urology Day Service Bladder Cancer Service: Flexible Cystoscopy and Intravesical Treatments

In 2023, there were a record 1338 outpatient/day case flexible cystoscopy procedures in the urology unit, representing a 31% increase over 2022. This was facilitated through restoration of the pre COVID 5 day service combined with additional resourcing. Robert McConkey provides an ANP led bladder cancer intravesical chemotherapy, immunotherapy, and surveillance cystoscopy service.

Of these, 441 cystoscopies were bladder cancer surveillance, representing a 29% increase over 2022, and partly facilitated with additional ANP capacity. It was another record year for the number of combined intravesical chemotherapy and immunotherapy installations delivered in the department increasing from 528 in 2022 to 701 in 2023, representing a 33% increase and reflecting continued adherence to international best practice guidelines.

Urology Day Case Bladder Activity

	2021	2022	2023
Immunotherapy Instillations	384	515	635
Chemotherapy Instillations	20	13	66
Total	404	528	701



Rapid Access Prostate Service Nursing Programme

In January 2023, Donna Coy took up the post of the new Clinical Nurse Specialist in Prostate Cancer. Annette O’Sullivan was the successful candidate advanced nurse practitioner and will commence her role in February 2024.

The CNS prostate cancer works as part of a wide multi-disciplinary team to care for prostate cancer patients undergoing surgical treatment, active surveillance management or hormone therapy for prostate cancer. The CNS provides men and their families with support following a prostate cancer diagnosis. This support begins when patients receive their biopsy results at clinic. The specialist nursing team meets with the patient and their families

following consultation with the medical team, provide patient’s with the appropriate literature from the Irish Cancer Society, information on their local cancer support groups and contact details for our dedicated prostate cancer nurse support telephone line. The nursing team assist to coordinate staging investigations and subsequent patient follow up clinic to optimize efficiency within the unit. Importantly, we communicate with patients and their families to appropriately assess patient’s needs and provide relevant support. The CNS acts as a key worker and a liaison between the patient and other members of the multidisciplinary team throughout the patient’s care continuum.

The CNS manages the following caseload:

- ▶ Nurse led survivorship clinics pre and post operatively
- ▶ Twice weekly visits to the ward to review post-operative patients and coordinate post op reviews and removal of post op urinary catheter
- ▶ Twice weekly Trial without catheter (TWOC) and survivorship clinic
- ▶ Physio and nurse led survivorship clinic- every Wednesday and Thursday
- ▶ In 2022, Rachael McHugh began her post as a specialist continence physiotherapist in the urology department. This has being an amazing addition to the survivorship programme for men undergoing surgery for prostate cancer
- ▶ RAPAC clinic prep for RAPAC clinics which run every Tuesday and Friday
- ▶ (MDM) every other Wednesday. The MDM team includes specialist experts from Urology, Specialist Nursing, Medical and Radiation Oncology, Radiology and Pathology
- ▶ Stratified Self-Managed Follow up (SSMFU) is a NCCP cancer survivorship programme that was set up in 2023. It aims to adopt a standardized approach nationally to follow up care after cancer treatment. The goal of this programme is to move patients from a busy urology clinical setting to a remote support follow up pathway. The CNS works with the support worker on this programme. Due to the current embargo this programme is on hold but is due to restart in 2024 once the embargo is lifted. The CNS continues to attend meetings with the NCCP to keep up to date on the programme.
- ▶ The CNS will complete the clean intermittent self-catheterisation (CISC) course in 2024 and is currently getting trained on this procedure.
- ▶ Pre surgery Education classes twice monthly- currently on hold but aim to restart in 2024
- ▶ Androgen Deprivation Therapy (ADT) classes are facilitated monthly via zoom
- ▶ Ward Education Sessions, the CNS delivered pop up sessions on the urology ward to new staff/ student nurses to educate them on the care of the prostatectomy patient pre and post operatively.
- ▶ Prostate Cancer support and information seminars run four times a year and are coordinated by Cancer Care West
- ▶ Annually develop and review local guidelines that guide practice and research Development
- ▶ The CNS is a member of the research and Journal club where we run weekly meetings on a Thursday
- ▶ Member of the CNS group who are developing a patient education policy across the cancer journey for OECl accreditation.

Clinical performance from January 1st 2023-December 31st 2023:

Activity	No
New diagnosis Prostate Cancer patients referred to nurse specialist	336
Virtual Contacts (logged to evolve)	362
Physio and Nurse review	443
RARPS 2023 including nurse review on the ward and coordination of Trial of Void and post op reviews	153
Trial of Void and survivorship review	94
Pre Surgery Education Classes from Jan-July	67
SSMFU	25

Uro-oncology Bladder/kidney cancer CNS report for the year 2023

This report outlines the activities and achievements of the Uro-oncology Clinical Nurse Specialist (CNS) Santoshi Kumar for bladder/ kidney cancer at University Hospital Galway from September 2023 to December 2023. The role was established to provide specialized care in line with the five core concepts of the CNS role as defined by the National Council of Nurses and Midwives 4th edition (2008).

The Uro-oncology CNS aim to provide support to bladder/kidney patients and their families following a decision made by the urology team for surgical intervention i.e. TURBT, Nephrectomy or Cystectomy. At this point the CNS Introduces themselves as one of the patient's main points of contact. As the primary point of contact, the CNS acts as a care coordinator, facilitating communication between patients, their families, and other healthcare professionals. Key responsibilities include providing patient information leaflets, addressing inquiries, monitoring postoperative progress, and managing patient concerns.

Upon receiving a cancer diagnosis based on histology results, the CNS offers emotional support and provides relevant literature, including information about local cancer support groups.

The CNS attends general urology MDT meetings fortnightly, advocates for patient values and decisions in collaboration with MDT colleagues, and develops and supports patient participation in decision-making. Effective communication is maintained through clinics, telephone calls and written correspondences.

The CNS has developed the Standard Operating Procedures outlining the responsibilities and procedures for their role. Additionally, the CNS has

developed a pathway for trial without catheter in post-nephroureterectomy patients, ensuring timely implementation. The CNS has created a patient information leaflet for nephrectomy patients with the goal of improving care.

Following training in male catheterization and administration of intravesical therapies the CNS oversees this treatment for Bladder cancer (Mitomycin/BCG). This involves triaging referrals, educating patients about treatment indications, contraindications, procedures, and potential side effects. The CNS serves as a liaison between patients and the urology team for managing side effects from intravesical therapy. The CNS Coordinates and administers the Stat Mitomycin post-operative dose post TURBT procedures.

The CNS stays current with the latest research by attending conferences and study days, participates in the development and evaluation of new patient care techniques. CNS also joined the research & journal club and aim to carry research within the unit in the future. The CNS is working with the NCCP Bladder cancer working group to create a national electronic intravesical therapy pathway for standardised patient care.

Below is the report for the patients seen by CNS from 1/09/2023 to 31/12/2023

Summary by age group

	17-65	Over 65	Total
Attended	8	19	27
Not specified	0	1	1
Total	8	20	28

Department of Anatomic Pathology



Dr Anne Marie Quinn
Head of Department of DAP, GUH

Overview of Service

Regional histopathology and cytology diagnostic services of Saolta are provided by 5 anatomical pathology departments, namely GUH, SUH, PUH, MUH and LUH. Cancer-related services include tissue (histopathology) and cytology diagnoses in addition to case review for multidisciplinary (MDM) team meetings. MDM review represents a significant portion of pathologist workload and includes in-house as well as material referred from external departments. Additionally services of autopsy and diagnostic non-cancer pathology reports are provided. All 5 Saolta departments participate in the RCPI Faculty of Pathology's National Quality Improvement Programme.

The department of anatomic pathology (DAP) is the largest cellular pathology department within Saolta and now includes 18 general histopathologists and 2 perinatal pathologists. The department supports national Breastcheck, CervicalCheck and BowelScreen services which facilitate early cancer detection. Both screening programmes and

symptomatic cancer workloads are supported by an in-house immunohistochemistry and molecular service. Predictive biomarker testing includes PD-L1 screening for non-small cell lung cancer, head and neck cancer and breast cancer. The subspecialty areas covered by the DAP service include gastrointestinal, urology, renal pathology, dermatopathology, gynaecological pathology, cardiothoracic, haematopathology, head and neck and endocrine pathology as well as non gynaecological cytology. Non consultant hospital doctor training is provided in conjunction with the RCPI accredited training programme. In 2023 the number of cases processed at GUH increased beyond 40,000 to 46,000, with more than 82,000 individual specimen pots analysed. This expansion from 39,487 in 2022 (69,270 specimens) reflects input from symptomatic, waiting list and screening initiatives. 8751 malignancies were reported compared to 7691 in 2022.

Activity

Data relating to GUH has been obtained from the departmental laboratory information system and from the DAP Molecular Laboratory. (Acknowledgements: Jennifer Ruane and Dr Allan O'Keeffe).

Key achievements for 2023

- ▶ The DAP successfully recruited to a permanent consultant histopathology post, with recruitment to 2 permanent chief medical scientist posts in progress.
- ▶ A laboratory reconfiguration created additional bench space for dissection of specimens and a new reception area.

Key priorities for 2024

- ▶ The department aims to recruit into a permanent consultant post funded by NCCP.
- ▶ Validation of the next generation sequencing service with commence with arrival of sequencing and robotic library preparation instruments.
- ▶ The PD-L1 service will expand with the acquisition of a Dako Autostainer Link 48 immunohistochemistry platform.
- ▶ DAP will aim to purchase a digital scanner for EQA and research use.

Division of Anatomic Pathology Workload at GUH 2023

(Data source: Pathology GUH LIS)

P Code	Procedure codes	Cases	Specimens
P01	Small biopsy	8274	15201
P02	GI biopsy	14890	32254
P03	Non biopsy Cancer resection	2201	6036
P04	Non biopsy Non Cancer resection	17912	24079
P05	Non Gynae Cytology CSF	78	80
P06	Non Gynae Cytology FNA	926	2175
P07	Non Gynae Cytology Exfoliative	1775	2095
P10	Autopsy Coroner	367	367
P11	Autopsy Other	36	42
Total	All procedures	46459	82329

Malignancy Case Detail 2023

(Data source: Pathology GUH LIS)

Malignancy Cases		Cases Discussed at MDM	
Surgical	7969	Surgical cases	5848
Cytology	474	Non Gynae cytology cases	682
Referral	308	Referred cases	240
Total Malignant Cases	8751	Total cases reviewed/discussed	6770

Cases referred to the Division of Anatomic Pathology for testing/review/opinion/MDM discussion 2023

(Data source: Pathology GUH LIS)

	2023
Cases referred	636

Precision Medicine Service

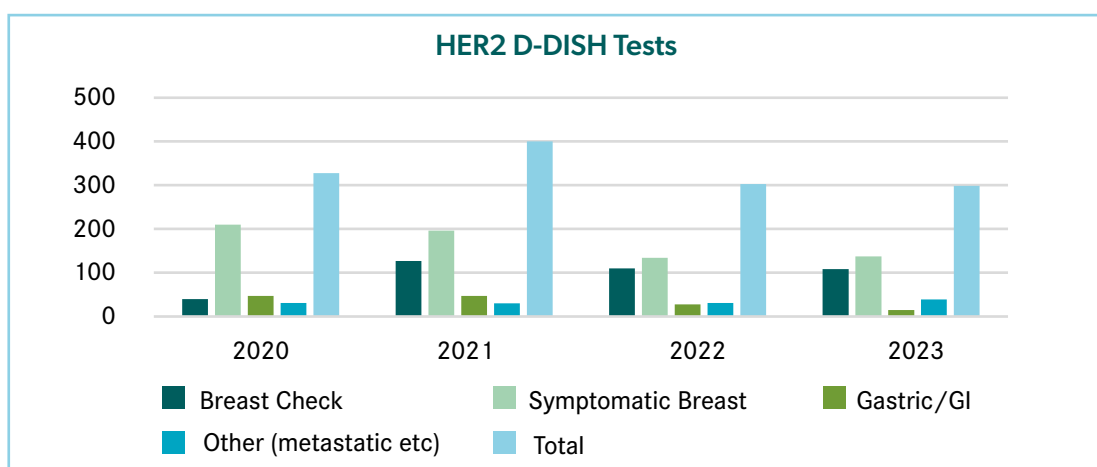
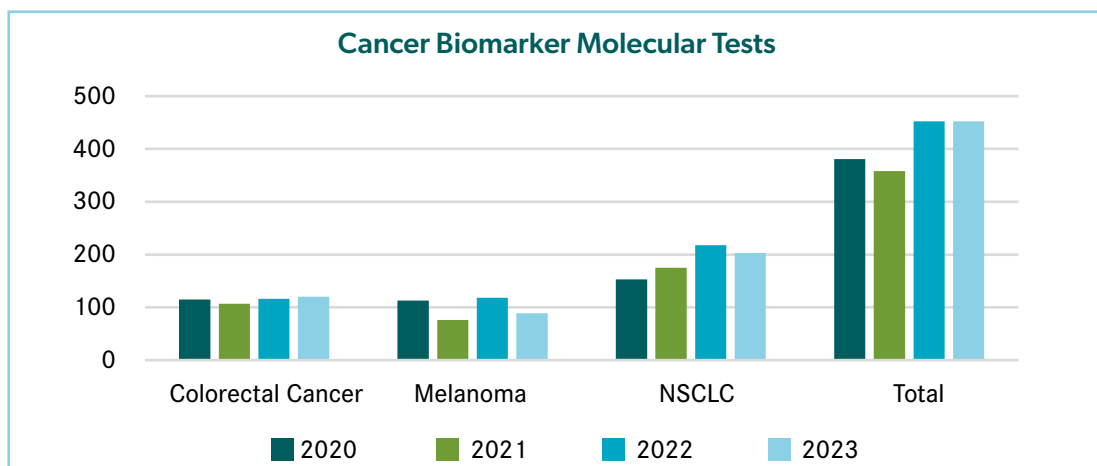


Prof Sean Hynes

Chair Saolta Precision Medicine Working Group

The precision medicine service offers an integrated and tailored approach to cancer diagnostics and prognostics. By combining predictive biomarkers in the form of ER, PR, Her2 and PDL1 with single gene analysis we can provide access for patients in the Saolta Group to the majority of licensed cancer therapies available. At present we provide the widest range of PDL1 testing available in any centre in Ireland including, triple negative breast cancer, head and neck cancers, and non-small cell lung cancer. During this year we have secured funding from the

NCCP and Cancer MCAN for diagnostic platforms to expand this further and repatriate currently outsourced testing in PD-L1. Our genomic analysis with DDISH and single gene testing has plateaued as more comprehensive gene testing is now required. As a result we have sought and secured funding through the Cancer MCAN and NCCP programme to establish next generation sequencing for the Saolta hospital group for solid tumours. It is anticipated these will be in place in 2024/25 and will be transformative for our service and more importantly our patients.



PD-L1 immunohistochemistry requests

PD-L1	2021	2022	2023
Total	286	292	324*

*In 2023 324 PD-L1 requests comprised mainly SP263 (257), with 29 SP142 and 38 22c3.

Letterkenny University Hospital Laboratory



Dr Gerry O'Dowd
Consultant Pathologist Laboratory
Directorate and Cancer MCAN aCD

Histopathology LUH Overall Activity 2023

P Code	Procedure codes	Cases	Specimens	Blocks
P01	Small biopsy	3784	4965	6092
P02	GI biopsy	4461	10673	10769
P03	Non biopsy Cancer resection	206	482	3461
P04	Non biopsy Non Cancer resection	2700	3142	8266
P05	Non Gynae Cytology CSF	50	50	0
P06	Non Gynae Cytology FNA	70	105	78
P07	Non Gynae Cytology Exfoliative	400	468	255
P10	Autopsy Coroner	168	168	2765
P11	Autopsy Other	0	0	0
Total	All procedures	11839	20053	31686

Pathology Cases Details 2023 (Data source: Pathology LUH)

Malignancy Cases		Cases Discussed at MDM	
Surgical	2531	Surgical cases	959
Non Gynae Cytology	73	Non Gynae cytology cases	22
Total Malignant Cases	2604	Total no. discussed/reviewed	981
Cases referred to the Division of Anatomic Pathology for testing/review/opinion/MDM discussion	981		

*Definition of malignant used in this report: any case with a diagnosis that appears on the NCRI dataset

Intra-Departmental Consultation 2023

Histology (P01-P04)	6.79%	(757 cases)
Non Gynae Cytology FNA (P06)	31.43%	(22 cases)
Non Gynae Cytology Exfoliative (P07)	15.00%	(60 cases)
Inter-institutional Consultation	1.56%	(183 cases)
Cases received for review	0.03%	(4 cases)
Cases referred for opinion	0.37%	(43 cases)

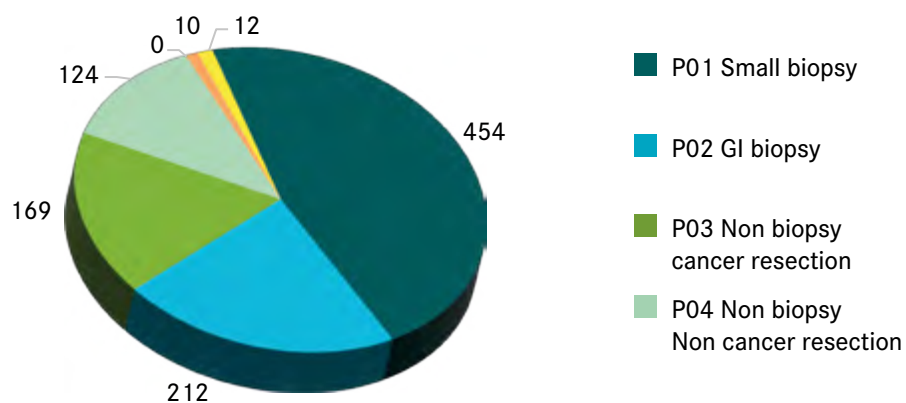
LUH Histopathology Cancer related testing 2022

P Code	No. of Cancer Related Tests
Major Cancer Resections	206
Breast Core Biopsies	276
Prostate needle core biopsies	52
Bone Marrow Trepines	277
Lung needle biopsies	97
Lymph node needle biopsies	42
Soft tissue needle biopsy	64
Liver needle biopsy	83
Bladder biopsies	58
Immuno stains (Inc. Controls)	4797
Special stains (exc. Controls)	491
Total	6443

LUH MDM cases discussed by procedural code 2022

P Code	
P01 Small biopsy	455
P02 GI biopsy	169
P03 Non biopsy cancer resection	145
P04 Non biopsy Non cancer resection	126
P05 Non Gynae Cytology CSF	0
P06 Non Gynae Cytology FNA	4
P07 Non Gynae Cytology Exfoliative	18
Total	917

LUH MDM cases discussed by procedural code 2023

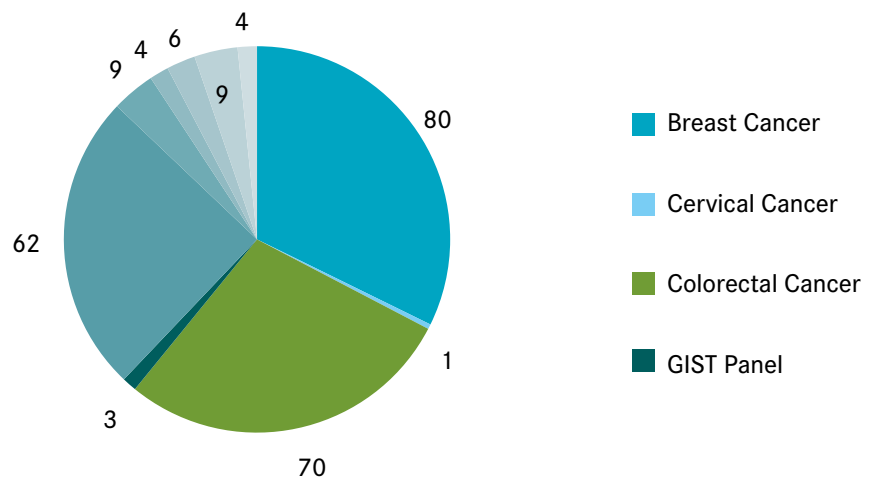


Molecular Service

LUH Molecular Referrals 2023

Specimen Type/Mutation Test	2023 Total Test	Cancer Diagnosis	2023 Total Cancer
ISH	29	Breast Cancer	
Oncotype DX	46	Breast Cancer	
PD-L1	3	Breast Cancer	
Oncomine Panel inc. PIK3 CA	2	Breast Cancer	80
PD-L1	1	Cervical Cancer	1
Colon Cancer Mutation Panel	48	Colorectal Cancer	
MSI (by PCR)	17	Colorectal Cancer	
MLH1 Methylation	5	Colorectal Cancer	70
ISH	2	Upper GI Cancer	
PD-L1	7	Upper GI Cancer	9
Lung Cancer Mutation Panel	23	Lung Cancer	
PD-L1	38	Lung Cancer	
EGFR T7290M	1	Lung Cancer	62
C-MYC	6	Lymphoma	
TCR Gene Rearrangement	2	Lymphoma	
PD-L1	1	Lymphoma	9
Malignant Melanoma Mutation Panel	4	Malignant Melanoma	4
BRCA	6	Ovarian Cancer	6
PD-L1	4	Urothelial Cancer	4
GIST Panel	3	GIST	

LUH 2023 Molecular Referrals



Medical Oncology



Dr Michael McCarthy

Consultant Medical Oncologist UHG
& MUH Lead Clinician in Medical
Oncology, Saolta Health Care Group

The Medical Oncology Programme in the Saolta Group has seen a range of developments over the past year, developments that co-exist with as many if not more remaining challenges. As a group, we aim to meet these challenges head on in the years ahead to maximize the quality, safety and efficiency of Systemic Anti-Cancer Therapy (SACT) delivery to cancer patients throughout the region.

University Hospital Galway remains classified as the NCCP “Designated Cancer Centre” for the Hospital Group. In contrast to Cancer Surgery, Medical Oncology is not a specialty that mandates centralization as a key aspect of quality care. In fact, safe, equitable access to specialized care closer to home is the direction of change described by not only the Slaintecare Programme from the Department of Health, but also the Organisation of European Medical Institutes (OECI) programme of accreditation, to which all of our sites have recently contributed.

From North to South, Letterkenny University Hospital provides both an inpatient and ambulatory (outpatient and dayward therapy) cancer service with three permanent on-site Medical Oncologists; Sligo University Hospital provides the same service, with two Medical Oncologists on-site; Mayo University Hospital provides a nurse-led ambulatory cancer service supported by three visiting Medical Oncologists, three days per week and an on-site oncology registrar in a non-training post; Portlinculla University Hospital similarly operates a nurse-led ambulatory cancer centre, supported by three visiting medical oncologists from University Hospital Galway.

Each of these sites offers high quality cancer care, often in challenging conditions, for the cancer patients of the West and North West. In the year ahead, we should recognize the challenges we face as a hospital group, and collectively advocate regionally and nationally for the resources that are due to the West-Northwest to resolve the shared problems that we face.

On the topic of positive changes:

1. The National Cancer Information System

(NCIS) is a nationally supported up-to-date electronic solution for chemotherapy charting, compounding and administration. In 2022-2023, our hospital group led the national roll-out of NCIS use for SACT delivery, a system that replaces legacy electronic solutions. UHG now uses NCIS for all delivered systemic therapies both at UHG and also the Merlin Park Hospital sites; Mayo University Hospital is a close second, with ~94% of systemic therapies administered via NCIS. Letterkenny is not that far behind. In fact, as a hospital group, Saolta is leading the country on NCIS adoption. In the coming year we hope to work with all sites to optimize NCIS integration into SACT delivery workflows. This is a key priority.

In parallel with this, the NCCP continue to develop chemotherapy regimen protocols as requested by practitioners – including expanded access and clinical trial regimens; and all new ODMS-approved protocols for high-cost anti-cancer drugs automatically come with an NCIS protocol.

2. Similar to SACT delivery, 2023 also saw the expansion of the NCIS system to most cancer site specific multidisciplinary team (MDT) meetings with the exception of GI which will be prioritized in the year to come. Records of MDT case discussions and outcomes for all cancer sites are now documented centrally in the patient’s national NCIS record.
3. Clinically urgent inter-hospital patient transfers have long been a challenge across our hospital group. In 2023, management and staff in Mayo University Hospital and University Hospital Galway worked to put in place an urgent patient transfer policy between the hospitals, for cancer patients on active treatment. That policy is now active, and if successful, will hopefully expand to other hospitals and services in the future.
4. In November 2023, a Saolta-wide team were awarded a HRB enhancement award to support Cancer Clinical Trials in the region. This HRB

award allocated 730,000 to support clinical trial activity to the hospital group. A key aim of this funding is to expand access to clinical trials to cancer patients not only in University Hospital Galway, but to all Saolta sites. The next HRB funding round, which is a nationally competitive process will be due in 2026. We hope in the years ahead to safely deliver non-regulated interventional randomized clinical trials to all Saolta sites, as proof of concept, to support the 2026 HRB application. Full programme funding from the HRB should include funding for the development of clinical trial access at each Saolta site.

5. An update on OECl accreditation: Throughout 2023, all Saolta Hospital Sites contributed to the self-assessment process across the full spectrum of cancer care delivery to the Cancer MCAN for the OECl accreditation process. If successful, this will result in a range of Quality Improvement Programmes across cancer services for the Saolta group, supported and approved by the Saolta CEO. This has the potential to improve standards of cancer care over the next 5 years.
6. In September 2023 we welcomed Dr Soya Chew to our team of medical oncologists. Sonya specializes in Breast and Skin cancer and runs an outpatient clinic in Portlincula University Hospital.

There are however challenges ahead in the coming year:

1. HSE Recruitment Embargo and Pay and Numbers Strategy. In November 2023, the HSE announced a recruitment embargo. This prevented advertisement and recruitment to existing available posts across cancer services. It remains unclear as to how strategic recruitment

to cancer service posts will be affected in the long term. As the new management systems develop, we eagerly await an update on this topic.

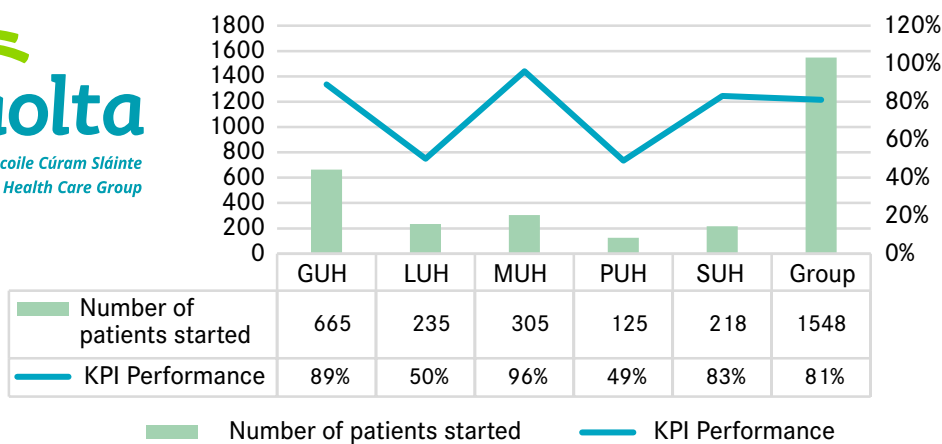
2. Systemic therapy access is a new emerging challenge for public cancer patients nationally. Prior to 2023, healthcare insurance companies followed the HSE reimbursement status for systemic therapies, meaning that all patients private and public had equal access to SACT. In early 2023, insurance companies changed their policies, pledging access to all European Medicines Agency (EMA)-approved cancer treatments. The HSE is not currently in a position to match this pledge. We live in an era of unprecedented improvement in the effectiveness of new anti-cancer treatments. We will work closely with the HSE in the year ahead to ensure that public cancer patients are not left behind.
3. The changing demographics of our region led to yet another year of increased hospital visits to cancer centres across our region. For some centres, this rising demand resulted in a drop in the NCCP Access to Care Key Performance Indicator (KPI). This is outlined in the tables attached. In the year ahead, we will work with all sites to maximize the efficiency of available resources, with an emphasis on pre-assessment for systemic therapy visits. If optimized workflows are insufficient to meeting the rising demand on cancer services, we will advocate regionally and nationally for all required resources to meet this need.

Finally, I would like to thank all who have worked hard – across many departments and many hospitals – to meet the challenges of 2023; sustaining this combined momentum will lead to stronger cancer services that both staff and patients of the West Northwest deserve.

Saolta Group Medical Oncology Outpatient New and Review Attendance 2021-2023

	2021	2022	2023
University Hospital Galway New	958	1078	1031
University Hospital Galway Review	5360	6308	6861
University Hospital Galway Total	6318	7386	7892
Mayo University Hospital New	119	117	193
Mayo University Hospital Review	1241	1230	1026
Mayo University Hospital Total	1360	1347	1219
Portiuncula University Hospital New	92	82	119
Portiuncula University Hospital Review	971	1426	1392
Portiuncula University Hospital Total	1063	1508	1511
Sligo University Hospital New	237	215	298
Sligo University Hospital Review	1020	1209	1913
Sligo University Hospital Total	1257	1424	2211
Letterkenny University Hospital New	318	350	370
Letterkenny University Hospital Review	1436	1110	1171
Letterkenny University Hospital Total	1754	1460	1541
Saolta Hospitals Group New	1724	1842	2,011
Saolta Hospitals Group Review	10028	11283	12363
Saolta Hospitals Group Total	11,752	13,125	14,374

SACT New Starts and KPI by hospital site 2023



Key Achievements 2023

- ▶ NCIS Med rollout for electronic SACT prescribing on a national patient record
- ▶ NCIS chart rollout of MDT support
- ▶ HRB Enhancement Award for Cancer Clinical Trials
- ▶ The development of Saolta Cancer patient pathways during the OECE accreditation process
- ▶ Progress on urgent inter-hospital patient transfer policy
- ▶ Establishment of the Saolta Cancer MCAN Audit Committee

Key Priorities 2024

- ▶ Consolidating NCIS Med prescribing across all Saolta SACT sites
- ▶ Solving public access to innovative emerging Systemic Therapies for cancer patients.
- ▶ Delivering on the National Development Plan commitment to improved cancer infrastructure at all Saolta cancer sites.
- ▶ Progressing cancer care Quality Improvement Plans in accordance with the agreed OECE 5 year strategy following peer review in early 2024.

Oncology and Haematology Nursing in Letterkenny University Hospital



Janice Richmond
ANP Medical Oncology

Thank you for the opportunity to contribute and outline the improvements, challenges and changes within Oncology & Haematology nursing in Letterkenny University Hospital (LUH) for 2023.

This year we welcomed a few staff changes. Adrian O Dálaigh became a Registered ANP Haematology. Adrian's focus will be the development of care pathways, and enhance the out-patient care received, for patients who have a diagnosis of Multiple Myeloma, CLL, CML and MPN's who are receiving oral anti- cancer medications. Adrian will also work to develop the protocols and care for patients receiving SACT through the In-patient and Day Services units.

Maggie McGinley was promoted to CNM3 for the Haematology/Oncology Service. We had long advocated for a CNM3 to have a strategic clinical overview of the service and this role has proved invaluable especially as we plan for potential OECL accreditation in 2024.

Stephanie Brady was promoted to CNM2 in the In-Patient ward and plans are being made to recruit a CNM1. With this 11-bedded ward being inadequate in size and always requiring in-patients to spill over into outlying wards, plans are in place to relocate in 2024 to increase bed capacity.

Isabel Baldemor was appointed as the Acute Oncology CNS to work along with the existing CNS (Geraldine Mullan) to make 1 WTE. This service reduces ED admission by about 60% and supports the acute SACT services.

2023 also welcomed Siobhan Hopkins as the Daffodil Centre Information Nurse to work alongside Teraze Toby. The LACES patient education workshop is managed by these staff. Teraze Toby was also appointed as the Moving on Programme coordinator which is a 12-week programme with significant MDT input and is offered to individuals post completion of acute cancer treatment to improve their physical and psychological health. In 2023 this 12-week programme commenced with an in-person event at a local hotel (had been online during COVID). The

Moving on Programme is supported by CNM2 Mary Grace Kelly.

CNM2 Rory McCauley & CNM1 Lorraine McLoone manage the Day Ward and despite previous extensions and changes to make practice more efficient, the space is grossly inadequate. As with every passing year, the increase in SACT activity and intensity for 2023 is clearly visible and shows no sign of abating.

ANP Oncology Caroline Clancy continues with ANP-led survivorship clinics and leads the PICC service which provides an efficient central line service for timely SACT provision. Caroline also leads out on Central line training for LUH delivered by the CNME.

The Northwest Cancer Centre (NWCC) in Altnagelvin Hospital, Derry provides radiotherapy to a cohort of Donegal/Republic of Ireland patients. St Luke's Radiation Oncology Network and the Radiation Oncology Department, Galway provides other site specific/radical treatments. CNS Noreen Rodgers is the Liaison nurse for this service and manages this cohort through ongoing attendance at monthly Radiotherapy Operational Meetings (NWCC/LUH/GUH). In 2023, CNS Noreen Rodgers continued to advocate for patients travelling from the North West for Cancer treatment at every available opportunity.

CNS Mary McCollum (Lung CNS) works with the respiratory service in the diagnosis and work-up of lung cancer. This service continues to see many late diagnoses requiring complex care.

CNSs in Oncology Caroline Nee, Shay Lar Uddin & Mary Grace Alegarme and CNS's in Haematology Claire Dunnion & Maria Antazo work in Outpatients clinics in the support and work-up of patients' pre SACT and with those on ongoing follow up.

The ANP Oncology Janice Richmond and CNM2 Mary



Grace Kelly continue their work in OAM care following the completion of their research in collaboration with the University of Galway. By end 2023, 6 publications on this research had been published.

The senior Haematology/Oncology nurses have quarterly meetings throughout the year to discuss

and resolve issues, update on local and national initiatives and plan ahead. Overall, there are ongoing exciting initiatives in LUH. In the midst of increasing workload and staff shortages/recruitment embargo it is important to keep striving to improve patient care.

Mayo University Hospital

The Oncology/Haematology service at MUH continues to run a very busy satellite service which compliments the Day ward in UHG. The following outlines the activities and changes to service in 2023.

In total there were 4,614 day ward attendances recorded by HIPE for the administration of SACT and supportive therapies. This was broken down into 4044 Oncology and 570 Haematology patient attendees. The total combined number of haematology and oncology outpatients was 1618, 1199 of whom were Oncology patients and 419 Haematology.

In 2023 the nurse-led Acute Oncology service continued to expand. This invaluable service has allowed many cancer patients avoid attendance to ED. Patients are guided to call a dedicated hotline Monday-Friday 8am-4pm, and through utilisation of UK ONS telephone triage system are triaged, assessed and managed. Most are managed at home with regular follow up calls, whilst some are referred onto GP/ Palliative Home care etc. Some patients do require ED attendance/ review, but they are

managed within an agreed pathway. 2023 saw the appointment of Mags Nimmo to CNS to Dr Keane and Dr McCarthy. Mags covers both consultants' outpatient clinics and her role involves a great deal of liaising with the gynaecology team and the Radiation Oncology department in UHG for both gynaecological and Head & Neck cancers. Sinead Fallon completed her masters and is now a registered advanced nurse practitioner in Oncology. We are fortunate to now have two ANPs in Oncology here in Mayo.

There are three qualified radiology referrers. In 2023 a total of 849 requests were made from nurses on NIMIS. This number does not include cardiac Echo's and Dexa scans. The requests include ultrasounds, portacath insertions, venous US, CT PA and various x-rays. Of note 580 of the total requests were for CT scans.

With Dr McCarthys support NCIS prescribing continued to be rolled out. Deirdre Allen was appointed as nursing lead and Ivan Mulligan as pharmacy lead. By mid-2024 it is anticipated all regimes will be on the MCIS system.



Pictured from left to right Emer Murphy SN, Yvonne Ruane SN, Anne Hussey SN, Deirdre Allen CNM2, Mary Hannigan ANP, Madeline Gallagher CNS, Anne Campbell CNS, Bernie Kelly Haematology CNS and Sharon O'Malley Pharmacist



MUH Cancer Nursing Team

Sligo University Hospital

The Haematology/Oncology Service at Sligo University Hospital (SUH)

Our Haematology/ Oncology day ward treated a record number of patients, and our 16 bedded inpatient unit reflects a high level of activity.

Two Consultant Medical Oncologists lead the Haematology / Oncology service at SUH: Dr Michael Martin and Dr Lore Komanyane, and two Consultant Haematologists: Dr Andrew Hodgson and Dr Aine Burke. Two Advanced Nurse Practitioners support the Consultants: Breege Farrelly (Oncology), and Geraldine Walpole (Haematology). The nursing team also includes Clinical Nurse Specialists, an Acute Oncology Nurse, Clinical Nurse Managers and Research Nurses. There are also highly experienced nurses working on the day ward and on the inpatient unit. Cancer Services at SUH currently has eight nurse prescribers. Specialist pharmacists from the aseptic unit also support the Systemic Anti-Cancer

Therapies programme.

The Haematology / Oncology MDM's link with various disciplines in UHG including Breast, Respiratory, Gastrointestinal, Genitourinary, and Haematology. These MDM's continue to grow in numbers, and we are proud to report that we are delivering on our KPIs, and continue to have no waiting lists for systemic anti-cancer therapy (SACT). Our waiting time for new start anti-cancer treatments is within three weeks.

Building links with our community partners continues. We work closely with the Sligo Cancer Support Centre, who offer our patients a counselling service and weekly Bio Energy therapies (inpatient unit). In conjunction with the Sligo Support Group, we have also set up a Myeloma Support Group. Our local charity SHOUT continues to grow, providing ongoing support for patients and families.



SUH Cancer Nurses

Portiuncula University Hospital

Portiuncula University Hospital has a well-established nurse-led Oncology Unit

It is a satellite service of Galway University Hospitals and is part of the Saolta University Health Care Group. The service has been in existence since 2001. Treatment and assessment in the oncology day ward is provided by a nursing team. Each member of the nursing team is highly skilled in the area of oncology, all having a Higher Diploma in Oncology Nursing, and exercise expert clinical competence in all areas related to cancer care.

Two medical oncologists (Dr Silvie Blazkova and Prof Maccon Keane) liaise closely with the oncology nursing staff. The department is supported by a full time medical secretary.

The Oncology Day ward consists of six treatment bays with recliner couches for the patients. Patients attending for chemotherapy receive a comprehensive education programme prior to starting their treatment regimen. This ensures that everyone is fully informed about their disease and their drug treatment schedule prior to commencing treatment.

Globally, the number of cases and incidences of cancer are increasing; from 9.8 million in 2018 to a projected 15 million in 2040, this indicates that 53% more individuals will require first-line chemotherapy, with 75% of those treatments being given intravenously.

Treatments for cancer are now tailored to the genetic makeup of each patient and include targeted immunotherapies, thanks to advances in our understanding of molecular and genetic human biology. The Portiuncula Oncology department has adapted to these developments, enabling patients to receive these therapies locally. From 2022 to 2023 there has been a 24% increase in patient numbers attending the unit and an increase of 40% for SACT treatments received by patients.

As an exclusively nurse led unit, led by Ms. Sally Carey, CNM 11 we are highly motivated to practice in line with the most up to date research. We undertake 3 monthly journal clubs, attend regular conferences and are regularly involved in audits and research.

Congratulations to Marie Daly and Cora Shaughnessy who successfully completed their Postgraduate Diploma in Health Sciences (Oncology and Haematology). Cora is currently undertaking her Masters in Health Sciences (Oncology and Haematology).

Barbara Flynn Oncology CNS assesses any in patients with cancer in order to provide support, guidance, and a connection with GUH (if required). Both the patient's and the hospital staff's experience during their inpatient stay has been significantly improved by this service.

Caitriona Duggan is the Registered Advanced Nurse Practitioner in Oncology. She is a 2nd year PhD student in the University of Galway. This was facilitated by the Cancer Nurse Research award from The Irish Cancer Society, NCCP and ONMSD. Sarah Ennis cANP joined the team on 16th January 2023. She completed the Postgraduate certificate in

Oncology Nursing in June 2023 and will commence the MSc Nursing (Advanced Practice) in 2024. The role of ANP oncology covers weekly outpatient clinics. Caitriona and Sarah look after a caseload of patients receiving oral anti-cancer therapy.

Caitriona is conducting a programme of research under the supervision of Dr. Peter Carr, University of Galway. She has published the largest scoping review into vascular access devices for the delivery of systemic anti-cancer therapy. She presented her findings at the 50th Anniversary Conference organized by the Infusion Nurses Society in Boston in April 2023 and The Gathering around Cancer. October 2023 marked the conclusion of Caitriona's two-year term as President of the Irish Association for Nurses in Oncology (IANO).

She now takes over as chairperson of the Western Network of the IANO with Cora Shaughnessy now taking up the position as the western representative on the national executive of the IANO.

The Acute Oncology Service here in Portiuncula is now fully established in the hospital on a Monday to Friday basis, with the help-line numbers circulated to all patients prior to commencing chemotherapy. Since commencing the role in January 2022 the service continues to grow and the numbers using the service continue to increase. Close links have been established between the Acute Oncology Service here in Portiuncula University Hospital and Galway University Hospitals. Eilís will be commencing the 'Authority to Refer for Radiological Procedures' with UCC in 2024, this should further enhance the care provided to patient's accessing the service.



Caitriona Duggan ANP PUH presenting at INS conference



Caitriona Duggan, Dr Peter Carr and at the INS conference 2023



PUH Cancer Nurses

Multidisciplinary Meetings

Ms Cathy Walsh & Ms Aideen Mulkerrins
MDM coordinators



The primary purpose of the multidisciplinary meeting (MDM) is to ensure best practice and to standardise patient care. MDMs aim to ascertain or confirm a patient's diagnosis, establish the clinical and pathological stage of their disease and by prompt, effective multi-disciplinary decision, make and recommend a suitable clinical pathway of treatment and care for each individual patient.

Multidisciplinary team meetings are considered the hallmark of high quality patient centred care, providing personalised treatment plans for all cancer patients. The National Cancer Strategy 2017 - 2026 that outlines the direction and focus for cancer services in Ireland drives multidisciplinary working.

Membership of each MDM can vary, but usually consists of Radiologists, Pathologists, Surgeons, Medical Oncologists, Radiation Oncologists, Clinical Nurse Specialists and Advanced Nurse Practitioners.

The Saolta Healthcare Group:

The Multidisciplinary Programme within the Saolta Cancer Centre continues to be a high volume programme and is considered one of the busiest in the country. An extensive schedule of meetings are held on a regular basis covering 14 clinical specialities.

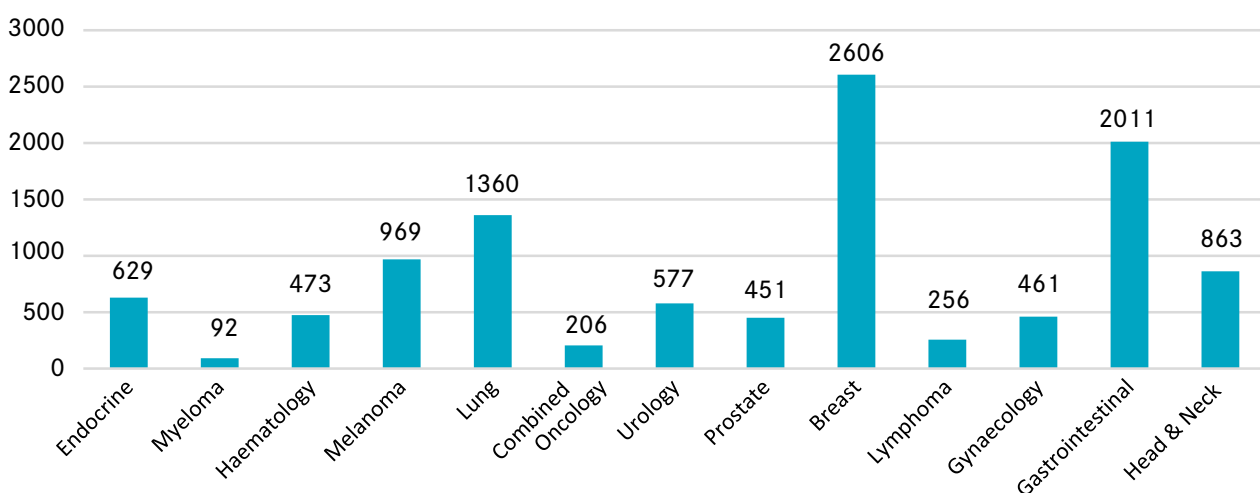
In 2023 Endocrine, Combined Oncology and Skin MDMs went live on the National Clinical Information System (NCIS).

The Saolta Group Cancer Programme is hosted at UHG but has multisite video link connectivity to LUH, MUH, PUH, RUH & SUH and other hospitals nationally as appropriate.

Cathy Walsh and Aideen Mulkerrins continue to run this very busy programme.

As can be seen from the table below the MDM programme continued at a consistently high level with a total of 10,954 MDM discussions in 2023.

MDM Patient discussions 2023



Key Achievements 2023

- ▶ Sustained a consistently high number of MDM discussions across all tumour sites.
- ▶ The successful implementation of the NCIS MDM module across the prostate and urology tumour sites.
- ▶ Reviewed and updated MDM SOPs

Key Priorities 2024

- ▶ Continue the roll out of NCIS MDM module to the remaining tumour sites.
- ▶ Develop a quality improvement plan in line with the OEI recommendations

Nursing Oncology



Olive Gallagher

Director of Nursing, Saolta Cancer MCAN

Executive Summary

2023 Cancer Nursing report provides an opportunity to reflect on the commitment and contribution of our cancer nursing community to innovation, service development and new initiatives improving patient care and experience. The role of the cancer nurse has continued to respond to meet the ever increasing demands of rising cancer cases, newer and increasingly complex cancer treatments supporting patients from early diagnosis, treatment, survivorship to end of life care.

2023 laid the foundations for the OECl accreditation and designation Programme with significant nursing contribution to the self –assessment process across the Saolta region. A nursing working group was established on each site, with monthly site visits contributing across all of the OECl standards. A particular nursing focus on patient education process and the delivery of SACT saw standardization across sites and the strengthening of clinical pathways.

Achievements

It is challenging to capture the full extent of our achievements in 2023 across all our nursing teams, here is an overview of some of the highlights.

2023 saw the embedding of the GUH Cancer Nursing graduate rotation Programme. This Programme was developed to entice graduate nurses into a career in the diverse environment of cancer services, improve retention, broaden knowledge and skills and highlight career opportunities in cancer nursing. The Programme provided rotation for graduate nurses through medical oncology, Haematology, radiotherapy and the Haematology Oncology day ward setting. The rotation Programme was developed and led by clinical facilitator Julie Joyce and senior cancer nurse managers in GUH in each of the areas of rotation.

Building on the recommendations from the 2022 Training Needs Analysis of Nurses Caring for Cancer Patients a Cancer Nursing education and training group was established. This group identified the need to progress the 3 day NCCP programme for non-specialist nurses looking after cancer patients and also contributed to the revision of the Community oncology nursing programme, both of which will run in 2024.

January 2023 saw the expansion of Merlin Park SACT outreach service providing expanded access to care under the steer of Sheila Talbot CNM3 SACT

outreach, HODW staff, pharmacy, clinicians and staff of the infusion unit in Merlin Park. The service treated on average 28 patients every Friday, positively impacting capacity in the HODW. This is the first phase in scoping out and developing of the NCCP SACT Model of care.



SACT outreach team Merlin Park Hospital

A CNS in Colorectal survivorship was appointed this year and is developing a colorectal survivorship pathway in conjunction with colorectal surgical and medical oncology colleagues.

In October we welcomed the President of the European Oncology Nursing Society Virpi Sulosaari to Galway, where both PUH/GUH showcased aspects of oncology nursing service delivery and innovation.

Dr Janice Richmond and Mary Grace Kelly LUH were highly commended for an oncology research study



Patricia Gleeson, Adolescent and Young Adult Clinical Nurse specialist GUH and her colleagues from St James and Crumlin along with representatives from the Irish Cancer Society and the NCCP ran a really informative interactive study day in the newly opened Radiation Oncology building on 23 October in GUH. The first AYA interactive study day in Ireland.

performed in Letterkenny University Hospital in the HSE Excellence awards under the “Improving Patient Experience” Category.

There were over 100 applicants to this category and the team were delighted to be highly commended for their work.

The GUH Urology Nursing team published their research on: ‘Patient-Reported Enablement After Consultation With Advanced Nurse Practitioners: A Cross-Sectional Study’ This paper is an outcome of the urology nursing research and journal club. The club was formed in 2021 as a urology nursing clinical academic partnership with the School of Nursing in

the University of Galway. The paper was presented at the Saolta Urology/Continence Nurses Network (SUNN) Conference October in the Maldron Hotel in Galway, and was awarded second place.

2023 has been a testament to the unwavering commitment, compassion and expertise of our cancer nursing team. Through innovative patient care, continuous education and collaborative practice, we have made significant strides in enhancing the quality of life for our patients and their families’. Looking ahead we will continue to embrace new research, technologies and best practices, ensuring we provide the highest standard of care to those affected by cancer.



Ger Walpole ANP Haematology SUH presented on the Cancer Seminar series on: Empowering Care: ANP -led Oral Anti-Cancer Medication Clinics leading the way in expansion of cancer care. Ger also won the Gillian Lamrock award at the Haematology Association of Ireland (HAI) conference in October for best oral presentation on her work.

Palliative Medicine



Dr Dympna Waldron
Consultant Palliative Medicine Lead Clinician

Galway University Hospitals

The palliative medicine liaison service reviews patients with advanced life limiting illness and complex symptom control or psychosocial needs. Our aim is to optimize patient comfort and quality of life throughout their illness including at end of life. In 2023 1261 patients were reviewed by the service in UHG, 100% of whom were seen within two days of referral. Patients with a primary cancer diagnosis represent 60% of our referral cohort. We provide intensive and responsive support to patients and families including a 24/7 on call cover to patients across Galway and Roscommon supporting hospitals, hospices and community palliative care teams.

We are continuing our work towards earlier integration of palliative medicine in the cancer patient journey. Appropriate and timely integration of Specialist Palliative Care can decrease the reliance on the acute hospital sector; improve patient experience and satisfaction; improve patient quality of life and ensure improved continuity of care throughout the patient journey.

We continue our commitment to undergraduate and postgraduate education initiatives, delivering an intern workshop on end of life care, a prescribing workshop for final medical students, postgraduate education at grand rounds and clinical case presentations. We are a recognized training centre for HST palliative medicine and provide education and mentorship for NCHDs on service. Our team presented at IAPC / EAPC and published a number of articles in palliative medicine journals. Dr Cian Lannon won best oral presentation and best poster at IAPC 2023 for his UHG work on antimicrobial stewardship at end of life.

GUH Palliative Care Activity 2023

Palliative Care Referrals	Total	Monthly average
New Referral	1005	84
Re-Referral	256	21
Total	1261	105
Seen within 2 days.	1261	
% seen within 2 days	100%	
DC/outcome within 7days.	631	53

GUH Age /Cancer vs Non Cancer at referral

Age at referral		GUH Diagnosis	
0-18	3	Cancer	605
19-24	2	Non Cancer	400
25-64	262		
>65	738	Total	1005

Outcome	No
RIP in UHG	535
DC with CPCT	505
DC no CPCT	17
DC Hospice	96
DC other / new LTC	48
DC service	37
Total	1238

CPCT = community palliative care service

Pharmacy Oncology

GUH is the first Cancer Services hospital site in Ireland to have 100% SACT ordering and preparation via NCIS (National Cancer Information system). This also includes all intravenous compassionate access and clinical trial

drugs. All prescriptions for intravenous chemotherapy are now electronic leading to a faster and more efficient service for patients.

The OECl (Organisation of European Cancer Institutes) 2023 recommendation report on **Pharmacy post PEER review** was a very positive one which detailed full alignment with OECl standards except for NCIS rollout which is still in progress for other Saolta Group hospitals, but, as already outlined has been fully implemented in GUH.

The Pharmacy Aseptic Services Compounding Unit (PASU) now works 72 hours in advance of patient attendance to the Haematology/Oncology Day Ward (HODW) ensuring that any appropriate SACT is available on the shelf prior to patient attendance.

A new 4-glove negative pressure isolator for the aseptic preparation of patient-specific SACT was procured and commissioned this year to accommodate an increase in the volume of SACT required and to add an improved resilience to our service.

All treatment protocols, supportive care guidelines and management of toxicities are now available online for all doctors, nurses and pharmacists via the pharmacy medicines information intranet, available at <http://medinfoagalway/specialist-areas/cancer>

GUH Pharmacy Cancer Services has a new electronic referral system for pharmacy screening of inpatient oral anticancer therapies on outlier wards across the hospital. This new system ensures the safe supply of oral anticancer medicines to patients on non- cancer wards.

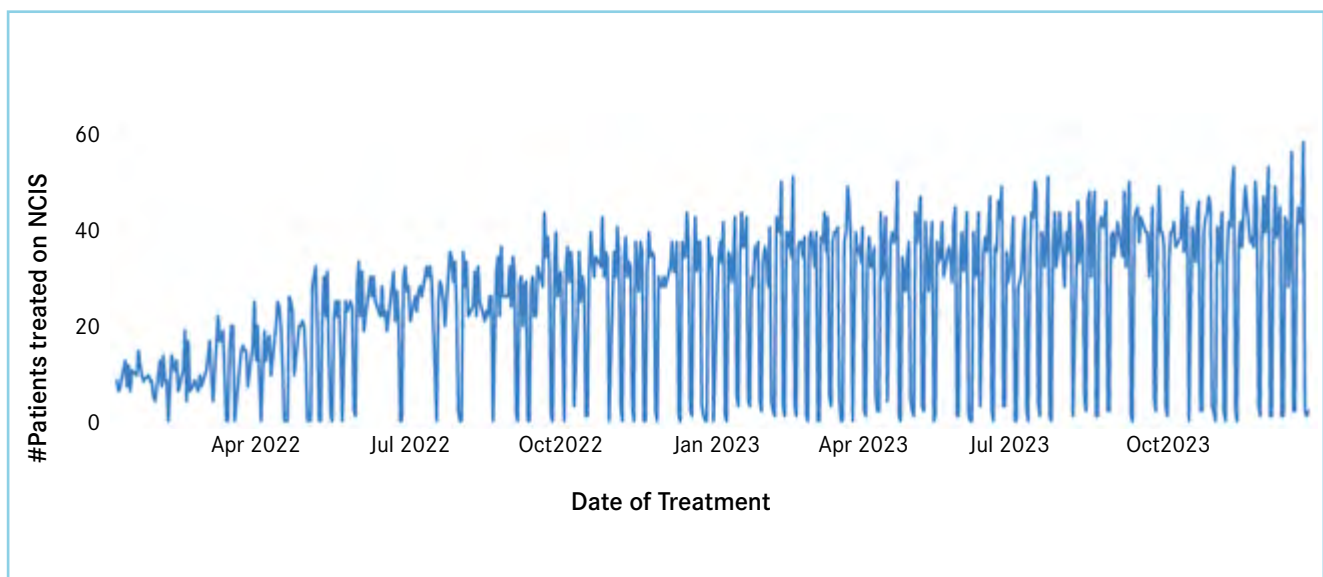
Opportunities for 2024:

Oral anticancer pharmacy screening service in outpatients is planned for roll-out by Q4 of 2024.

SACT Performance on (NCIS) platform

Activity levels for SACT treatments administered on the digital platform were sustained in 2023 following an acceleration in adoption in 2022. By Q4 2023 40

or more patients per day received chemotherapy and or immunotherapy treatments in Galway University hospitals.



A business intelligence platform was prototyped in order to provide critical data about patient journeys and capacity to treat. Important system metrics were possible, for example:

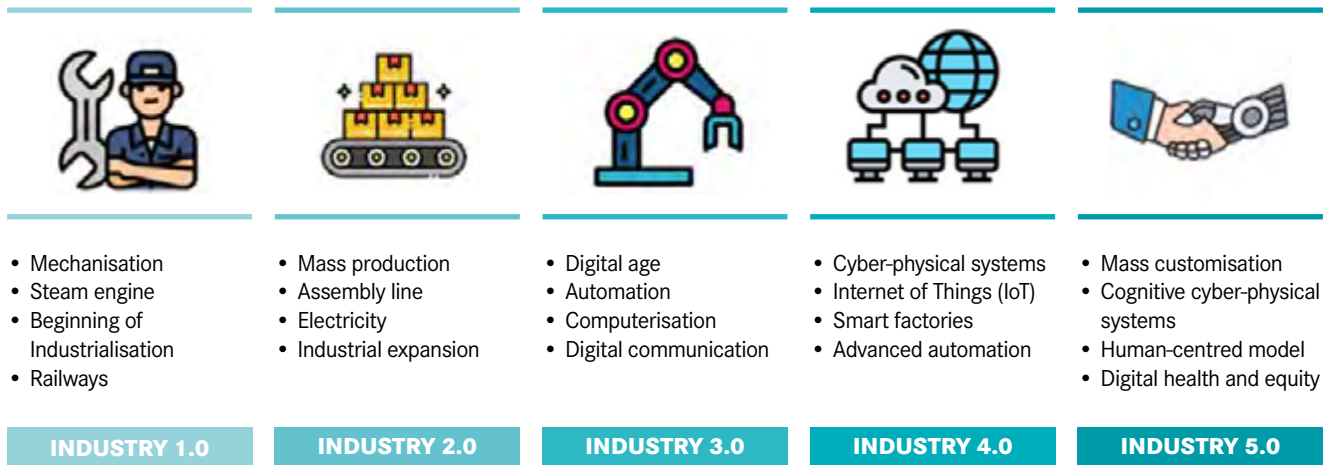
- ▶ Chair utilisation by treatment location

- ▶ Pre-manufacturing capacity (indicative of advanced scheduling and increased chair utilization on the day of treatment)
- ▶ Quality of documentation of treatment sign-off
- ▶ Histograms of cancer presentation by age, ICD10 code

Opportunities for 2024

- ▶ Agree a strategy for digital transformation of the service with patient journeys at its heart
- ▶ The pursuit of the European Model of Industry 5.0 affords GUH to make a quantum leap from 2.0 to 5.0 possible.
- ▶ This strategy recognizes that computerization is the beginning, not the end of the transformation of cancer services.

- ▶ This transformation will be required to meet:
 - » survivorship-demand
 - » new diagnostic-demand
 - » and technology-demand sooner rather than later
- ▶ A digital transformation strategy encompasses engineering, improvement science, data-science, process excellence and digital adoption
- ▶ This and succeeding generations of patients and health-care workers will depend on this strategy for future care



Psycho-Oncology



Dr. Natalie Hession

Principal Psychologist Psycho-oncology/Cancer Services Saolta University Health Care Group

Psycho-Oncology is a specialty in cancer care concerned with understanding and treating the psychological, mental health and quality-of-life aspects of cancer. It has been reported that between 20-52% of patients show a significant level of psychosocial distress. Psychological obstacles if not addressed, can impact on adherence to treatment protocols, engaging in self-management and rehabilitation programmes and ultimately impact on clinical outcomes.

Dr. Natalie Hession, Principal Psychologist, joined GUH in February 2023. She has been developing the main three components of the Psycho-oncology services; clinical including individual, couples and group interventions, staff education, and research.

The newly formed GUH Psycho-oncology service is multi-disciplinary nature and Dr Hession has been joined by Senior Medical Social Worker, Martina Kinnane, and Clinical Nurse Specialist, Michelle Curran. The specialist healthcare professionals

support patients to maintain optimum levels of psychological wellbeing as they transition through the various stages of their cancer journey, with a focus on resilience building from the outset. Both adult oncology in-patients of Galway University hospital and Adolescent and Young Adult (16-24 year old) patients under the remit of Medical Oncology, Radiation Oncology and Onco-Haematology teams are offered the service. Due to limited staffing Psycho-Oncology service is mainly limited to radiation oncology outpatients on treatment.

The vast majority of referrals to the Psycho-oncology service in 2023 have been in relation to mental health/emotional difficulties such as anxiety, depression, trauma, panic and complex grief. As well as oncology specific needs, including adjustment to the diagnosis and treatment, body image difficulties, radiation mask phobia, treatment compliance and sexual difficulties and psychological issues related to dying.

Key Achievements in 2023

► Clinical Service development:

- » Development of adult clinical service – individual, couple and group interventions.
- » Development of Psycho-oncology Adolescent and Young Adult (AYA) (16-24 year old) patient service in line with GUH as one of the designated AYA cancer centres.

► Psycho-oncology structures:

- » Development of Psycho-oncology care pathways, information leaflets and policies.
- » Development of Psycho-oncology Adult MDT and Psycho-oncology AYA MDT.
- » Collaboration with charity partner, Cancer Care West in terms of care pathways.

► Education:

- » Delivery of talks and workshops to staff throughout 2023.
- » Psychological skills training of staff in GUH

- » Academic links with Doctorate in Psychology Trinity College Dublin and MSc in Cancer Survivorship Trinity College Dublin, with lectures/workshops presented on Psycho-oncology.

► National representation:

- » Contribution to the development of the national Psycho-oncology Adolescent and Young Adult Model of Care. Launch of Model of Care by Minister of Health in May 2023.
- » Steering group member of the newly formed Irish Psycho-Social Oncology Network (ISPON)
- » NCCP Psycho-oncology Advisory board member.

► Research

- » HRB funded randomised controlled trial in efficacy of psychotherapeutic intervention. Research protocol published.

- » Research presented at The Psychological Society of Ireland Conference.
- » Psycho-oncology Chatbot feasibility study to

leverage existing Chatbot-like digital health solution to provide psycho-oncology support to cancer patients for those with transient distress.

Key Priorities 2024

- ▶ The service is gravely under staffed and does not meet the required staffing complement as outlined by the NCCP Psycho-oncology Model of Care. It is hoped that in 2024, an increase in staffing would allow for a further development of the service vision. These include:
 - » Expansion of clinical service to surgery and all out patients.
 - » Further training of staff across the West North West Region.
 - » Research links with University of Galway.
 - » Development of Psycho-oncology survivorship services.

Radiation Oncology



Dr Cormac Small

Consultant Radiation Oncologist Lead Clinician

In October 2023 University Hospital Galway and the Saolta Group announced the official opening of the new state-of-the-art Saolta Radiation Oncology Centre. The newly built Radiology Oncology Centre which opened in UHG on a phased basis equipped to the highest specification, provides advanced radiotherapy treatment for cancer patients all across the West and North West.

The unit is the largest infrastructure development in the history of UHG. The newly built 8,000sqm radiotherapy unit will lead to an increase in capacity for radiotherapy treatments. The new technology also significantly increases the ability to accurately target and treat tumours.

The new three-storey building includes six radiotherapy treatment vaults using the most advanced linear accelerator technology. These provide improved imaging and allowing greater precision and accuracy in targeting disease.

These machines can deliver stereotactic radiotherapy treatment which is a highly focused technique delivering ultra-precise treatment to tumours. This advancement will ensure that patients will no longer have to travel to Dublin for this treatment.

Three of the linear accelerators are currently operational with one more coming on stream on a phased basis. The remaining two vaults will allow for future expansion.

A new brachytherapy suite has been built containing a state of the art surgical theatre and treatment rooms, along with a new superficial suite for skin

treatments. The centre also includes a new radiation oncology outpatient suite with 12 clinic rooms and facilities for patient review and support.

The new centre will welcome the installation of the country's first MRI-RT simulator next year. This is a MRI scanner specifically for the needs of Radiation Oncology patients, it allows better soft tissue definition and again improves the precision in targeting the disease.

The hospital has secured increased staffing allocation for the department, with the number of radiation therapists due to rise from 25 to 46. While recruitment to these posts and others remains an ongoing challenge, we continue to prioritise filling all vacant posts.

This new centre will also allow for the expansion of services across a wide range of areas. The dedicated ambulatory care area will allow for the expansion of nursing service to patients and play a vital role in allowing patients to stay out of hospital and remain at home for their treatment. There is now space for allied health professions again allowing for expansion of physiotherapy, occupational therapy, social work, and speech and language therapy to patients.

There are two empty treatment bunkers that allow for expansion as needed. We have designed these bunkers to accept the next generation of MRI base Linear Accelerators which weren't even available when we planned the building.

In 2023 we welcomed Dr Ronan McDermott and Dr John Gaffney to our Radiation Oncology team.

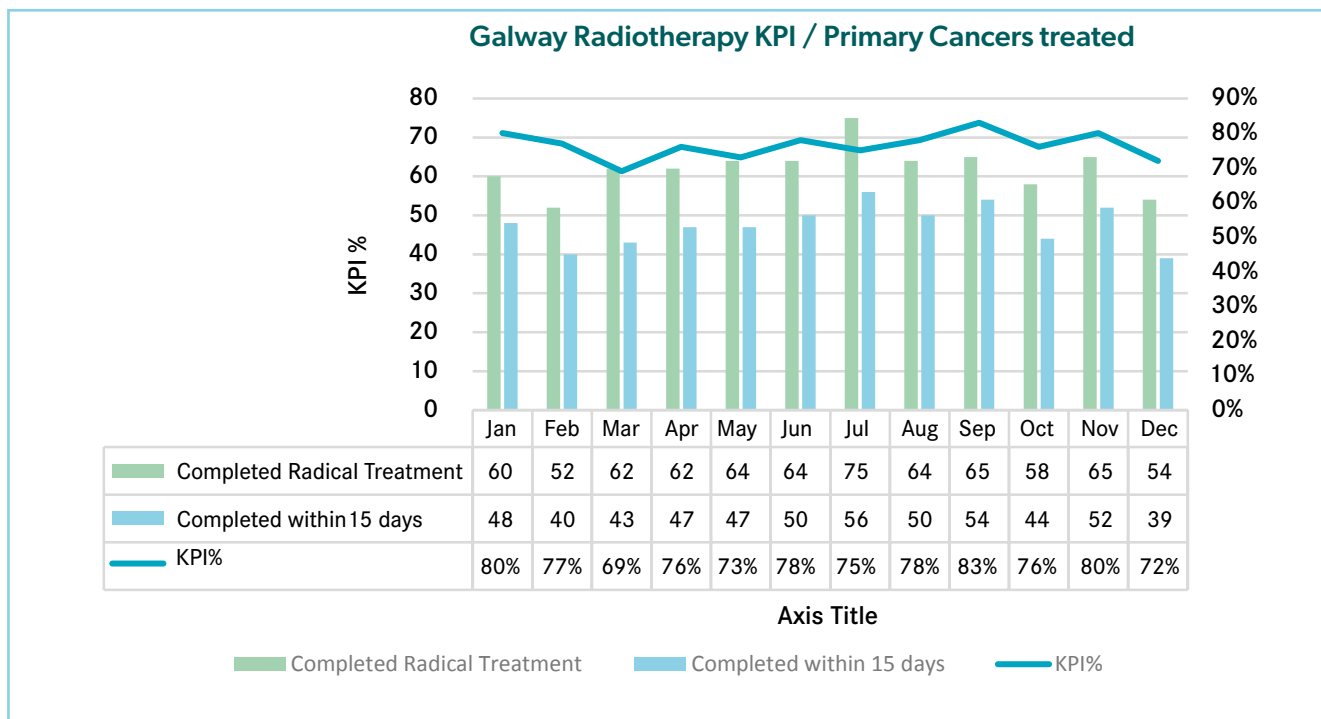
Patients treated – Brachytherapy Gynecology

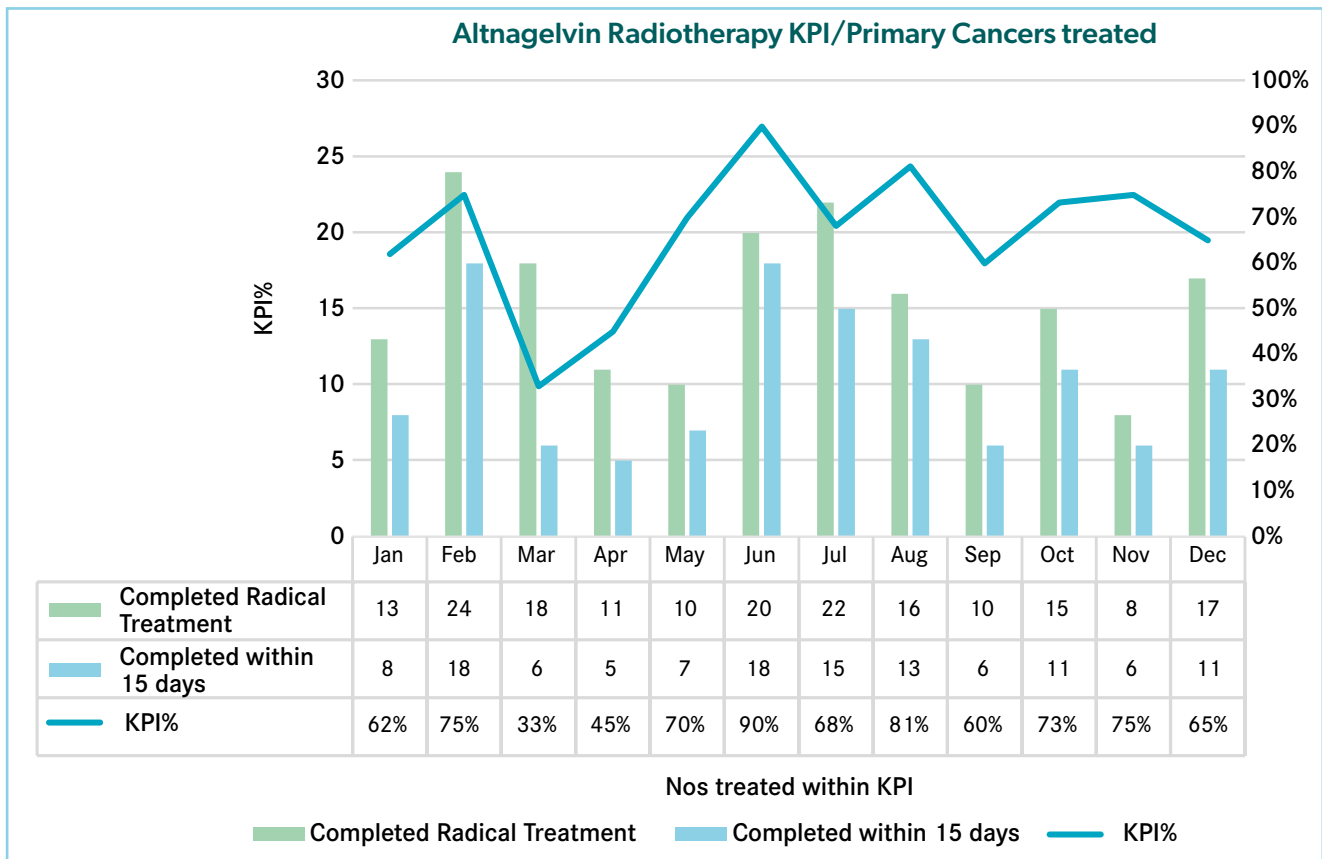
Radiotherapy Activity	Patients	Activities
HDR Intravaginal (15312-00 No Anesthetic Requirement)	23	69
HDR Intravaginal & Intrauterine (15320-00 Anesthetic Required)	26	82
Total	49	151

Radiotherapy Activity	2023
New Referrals to Radiation Oncology (GUH, SUH & MUH)	1390
New Virtual Clinics (GUH, SUH & MUH)	145
Review Clinics (GUH, SUH & MUH)	2052
Review Virtual Clinics (GUH, SUH & MUH)	3387
Registered Advanced Nurse Practitioner Virtual Follow-up Telephone Clinic for Prostate and Erectile Dysfunction Patients	1725
RANP Erectile Dysfunction Clinic- New Referrals	240
RANP Pre-Assessment Virtual clinic	120
RANP New and Follow up Prostate Review in OPD virtual and face to face clinics	1175 approx
Patients treated with EBRT (External Beam Radiation Therapy)	1207
Patients treated - Orthovoltage	37
Total Number of Orthovoltage Treatments	493
Patients treated - Brachytherapy Prostate Seeds	20
HDR-Brachytherapy	23
Ultrasound Biopsy (Requires Anesthetics)	29
Number of Fractions Treated on LINACS - EBRT	20808

*Patients treated with EBRT – patients commencing treatment on multiple areas on the same date are counted as one patient start as per NCCP Guidance

**A cohort of patients had brachytherapy and EBRT as their treatment plan





Key Achievements 2023

- ▶ In October 2023 the new Radiation Oncology building was opened with minimal disruption to patients and staff.
- ▶ The continued recruitment of essential staff which ensured the seamless transition to the new facility on completion.
- ▶ Continued to strengthen and enhance cross border partnerships with Altnagelvin

Key Priorities 2024

- ▶ Move all treatments to the new build and decommission the old radiotherapy department



*Pictured Left to Right at the unveiling of the new Radiation Oncology Building October 2023
 Tony Canavan CEO, Marie Burns DoN Dr Cormac Small Minister Stephen
 Donnelly Ann Cosgrove COO Dr Joe Martin Dr Pat Nash.*

Radiology



Dr Diane Bergin

Clinical Director Radiology Galway
University Hospitals

Key Service Developments and Achievements 2023

2023 was yet another challenging period for Radiology GUH. The total patients seen in 2022 was 142,466 compared to 141,622 in 2023 a very slight decrease 0.6%. We experienced a critical shortage of experienced Radiographers in 2023 following the pandemic as a significant number decided to travel abroad. This affected our ability to deliver radiology services across all modalities. Despite recruitment campaigns, recruitment fairs, nationally and internationally and the use of agency staff we carried

a considerable deficit of radiographic resources.

Radiology had to reduce some of outpatient scheduled appointments to facilitate inpatient waiting lists.

Our challenge will be to increase capacity to match demand and reduce waiting times for our patients across the hospital Group as we increase our Radiographic WTE levels in 2023. Matching capacity to demand will continue to be a key focus in 2024.

Quality and patient safety

The Radiology Directorate Team are committed to continuous quality and safety improvements in order to positively affect the outcomes for our patients in the Saolta Group and are implementing initiatives to

enable this. Monthly Radiology QPS Meetings with the Quality & Safety Office to review risks, incidents, Risk Register and protocols are now in place.

Skilled Caring Staff

A key challenge for the Radiology Directorate is attracting high quality staff to deliver innovative, safe and sustainable radiology services to our patients. There is a specific focus to retain the skilled

radiographic workforce while attracting high quality candidates nationally and internationally across all grades.

Research, Education and Innovation

We are committed to prioritizing and supporting professional development of all radiology staff with the expansion of training posts for undergraduate and post graduate Radiographers. We aim to provide a stimulating work and educational environment providing radiographers with opportunity to train in various modalities, build on their knowledge and enhance radiology service delivery. Radiographer training is provided in collaboration with University of Galway, UCD School of Radiography and more recently with UCC. Consultant Radiologists are supported in their continued professional

development, research and education. GUH Radiology Department encourages innovation and research. It is currently incorporating artificial intelligence innovations to enhance patient imaging and care.

MDM's are a key component in the delivery of care to patients including weekly Oncology MDM's, subspecialty medical and surgical MDMs. MDM's involve collaboration with teams across Saolta hospital sites. We will continue to encourage and support our administrative and radiology support staff to undertake further training and upskilling.

Patient Access

In 2023 The Radiology Directorates priority is to improve patient access incorporating the following:

- ▶ Addressing demand and capacity mismatch to reduce waiting times in all modalities
- ▶ Improving GP access to radiology examinations and exploring further synergies with our clinical

colleagues in CHO1 and Community Healthcare West.

- ▶ Streamlining of patient pathways for imaging to provide the service as close to home as possible
- ▶ Development of CT services to meet increasing demand.

Key Challenges

Increasing capacity to match demand and reduce waiting times in particular for MRI, CT, Ultrasound, Interventional Radiology and Breast Services

Critical shortage of Radiographers/ Mammographers / Sonographers RSM 1 Post vacant

Increased inpatient/outpatient waiting lists Increased on call/inpatient services

Continue to explore option to outsource activity to deal with service demands Increase access to Radiology services to GP's across Saolta

Galway University Hospitals - Radiology Activity Comparison 2022 v 2023

Galway University Hospitals	2022	2023
Total Examinations	169,782	168,425
Total Patients	142,466	141,622

MRI

We continue to use the option of outsourcing MRI activity to Merlin Park Imaging Centre (MPIC) on a monthly basis in addition to MRI2 on site.

This has been successful in reducing the long waiting

times for MRI over the past few years, the existing MRI units (HSE and outsourcing) are now at absolute capacity. Additional and replacement MRI units are required across the group.

MRI Performed UHG	2022	2023
Total Examinations	9,146	10,936

CT Activity

CT 1 (end of life) needs to be replaced – priority replacement equipment 2023.

CT in particular is a priority as increasing workload on a background of staffing shortages and inadequate and ageing equipment. The need for additional and replacement equipment i.e. (CT 1) is an absolute priority as this machine is nearing end of life. CT

1 is operating at 25 % capacity which is no longer sustainable.

We continue to outsource CT Scan to the Bon Secours Hospital and MPIC and we also continue with evening and weekend CT initiatives funded by NTPF and NCCP (Oncology Patients) where possible to further reduce our out- patient waiting lists.

CT Performed UHG	2022	2023	% Increase
Total Examinations	21,872	22,612	3%

Outsourcing Summary Activity for 2023

Scanning Department	Scans performed 2023
Merlin Park Imaging Centre (MRI & CT)	4447
UHG C/O Alliance Medical MRI 2 (MRI)	1936
Bons Mammo	820
Bons Bridging Agreement CT	1712
UHG Rapid access Urology/Lung cancer Scans (MRI)	33
CT, MCAN initiative	1340
Merlin Park US initiative	890
US, NTPF initiative	1154
Mammo Inhouse Initiative	424
Grand Total	12,332

Ultrasound

Increasing demand for ultrasound scans has increased workload and waiting times. However there is a significant ongoing shortage of Sonographers and this is proving a significant challenge to deliver optimum service. We have had to reduce outpatient ultrasound lists to facilitate inpatient demands. Weekly insourcing Ultrasound lists currently funded

by NTPF have helped reduce waiting times. One Ultrasound cubicle has been configured to reflect a child friendly space to enhance our paediatric experience.

Ultrasound Performed UHG	2022	2023
Total Examinations	13,567	12,915

Mammography

Significant challenges in Mammography services due to insufficient Mammographers available. Rolling recruitment campaigns nationally and internationally and agency are being utilised to fill the gaps in service.

Insourcing initiatives funded by NTPF to reduce mammogram wait times have assisted in reducing wait times.

Equipment New/Replacement 2023

ED Xray room was replaced in 2023.

CT Research Scanner in place. Anticipated the New

CT Research Scanner will be operational in Q4 2024.

Radiographer Staffing

Radiographic and sonographic staffing shortages continue to restrict our ability to meet the ever increasing demand for radiological services however 2023 is a much improving situation. The focus on priority posts to backfill in 2023 RSM 1 x 2 posts

Clinical Specialists in MRI / CT/ Mammography/ PACS/ Ultrasound Senior Radiographer

Radiographers

There was limited recruitment success with unfilled post in key areas including RSM 1 x 2 & CSR grades.

2023 over 40% radiographer vacancy rate at all grades.

Postgraduate training ongoing in 2023

- ▶ CT
- ▶ MRI
- ▶ Ultrasound
- ▶ MSK Ultrasound
- ▶ Interventional Radiography
- ▶ Radiation Protection

Consultant Staffing

- ▶ Replacement Applications submitted to the Consultant applications advisory committee (CAAC) for 3 Consultant Radiologists due to retirements in 2022.
- ▶ Application submitted for Cons Radiologist with special interest in Paediatrics and Nuclear

Medicine essential.

- ▶ Professor of Radiology interviews took place in 2023. Successful candidate being processed.
- ▶ Continue to see Locum cover to fill current vacancies owing to retirements and leave.

Nursing Staffing Training 2022/2023

Nursing WTE staffing deficits continue for general and IR Services.

Continual education for nursing staff in Interventional Radiology, Course in UCD.

General Radiology Nurse: Nurse needed to support

radiology services in the general department independent of IR. To monitor patients in CT and MR for specialised procedures. To provide nursing support for procedures such as arthrograms, paediatric and gynaecological fluoroscopic invasive procedures.

Administration Staff

- ▶ ACS/IT support personnel x 2 to support expanding IT and PACS services and increasing projects demands from all modalities as well as development of AI related imaging projects.
- ▶ Data Analyst: To analyse and produce data related to imaging services to guide development of radiology services to meet clinical demand going forward.

- ▶ Additional administrative staff Grade IV to support New CT Research Scanner
- ▶ Additional administrative staff Grade IV to support Symptomatic Breast Unit, currently 2 WTE's not sufficient to support this service.

Interventional Radiology

Development of interventional radiology services on the Merlin Park Site to increase from 2 to 3 days a week. Transferring all appropriate elective out-patient and day case UHG work to be done in MPUH will allow UHG to concentrate exclusively on in-patient and high acuity cases.

Timely access to day case Interventional Radiology services is critical to the treatment of all patients, but especially in Oncology and Haematology, where treatments can be very time dependent.

LINC DAY 28th May 2023 – World Live Broadcast on IR Procedures by Professor Gerry O’Sullivan, Consultant Radiologist, University Hospital, Galway.



Interventional Radiology Staff UHG

SECTION 2

Health & Social Care Professionals

Dietetics

Grainne O'Byrne

Dietetics Manager
Katie Cunningham
Senior Dietitian Medical Oncology

Deirdre Burke

Home Parenteral Dietitian Oncology

Noelle Coughlan/Edel Barrett

Senior Dietitians

Aoibheann O'Sullivan/Mary Sexton

Basic Grade Radiotherapy/Oncology Cover

Radiation Oncology Overview 2023

The Radiotherapy Dietitian continues to provide priority service to Head and Neck Cancer and Oesophageal patients in the Outpatient and Inpatient setting. These patients are at high risk of having nutritional issues.

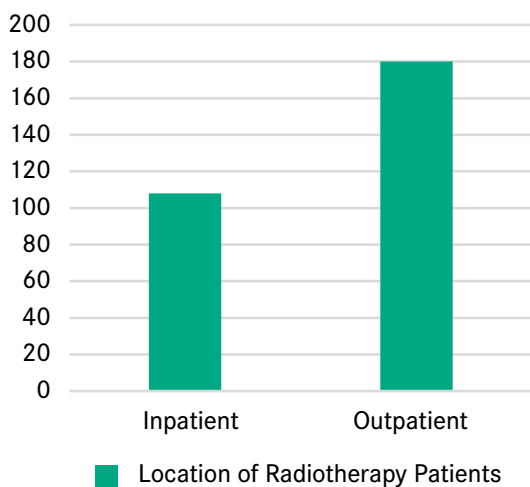
Therefore the aim is to have regular input with these patients is to prevent malnutrition, admission for feeding and to reduce delays or re-planning of

treatment. When fully staffed the Radiotherapy Dietitians will also cover other tumour groups when referred.

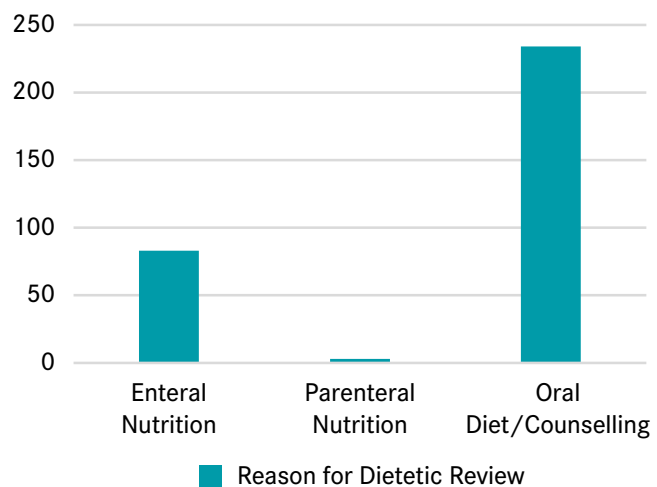
In 2023 there were 150 outpatients referred to the Radiotherapy Dietitian

Radiation Oncology had 1.5 WTE Senior Dietitian's allocated - providing cover for both inpatient and outpatient services.

Location of Radiotherapy Patients



Reason for Dietetic Review



Comparison of Outpatient referrals for Radiation Oncology Patients over the past 4 years:

Radiotherapy referrals continue to increase each year as seen below.

Year	New	Review	Total
2020	154	744	898
2021	184	897	1081
2022	202	1073	1275
2023	250	939	1189

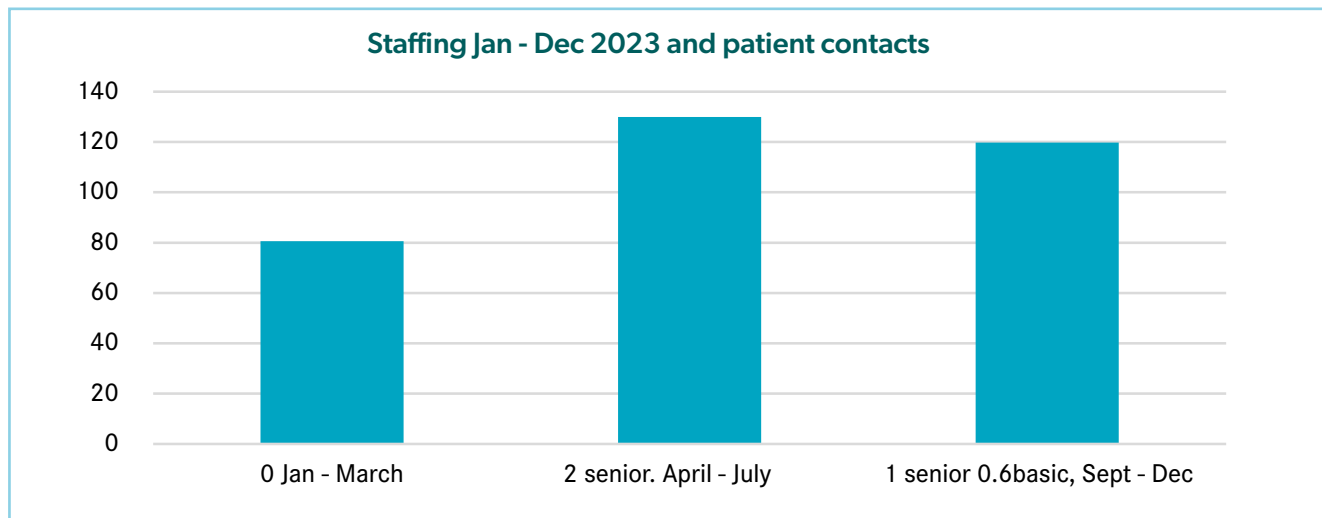
62% increase in NEW referrals in Radiotherapy over past 4 years

Activity Report Haematology Oncology 2023

The appointment of two Haematology Oncology senior dietitians, in Q2 2023, reinstated a dedicated dietetic service to the Haematology and Oncology ward. There had been no dedicated senior dietetic service to the Haematology Oncology wards since August 2021.

2023	Mean Monthly Referrals	Mean Monthly Contacts	Dietitian dedicated to ward
Jan – March	23.7	80.6	No
April – December	24.3	119.3	Yes

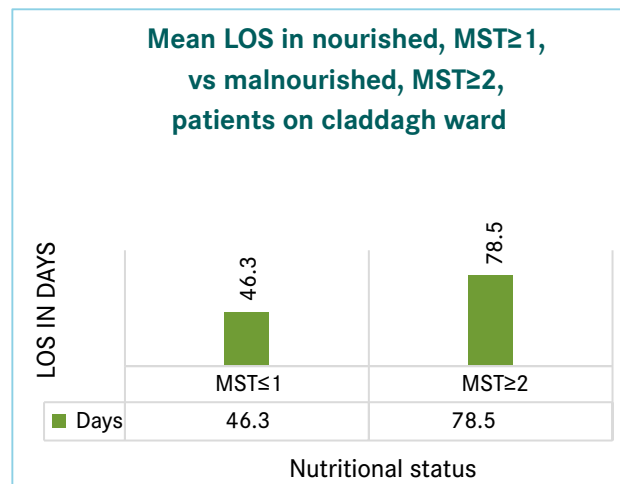
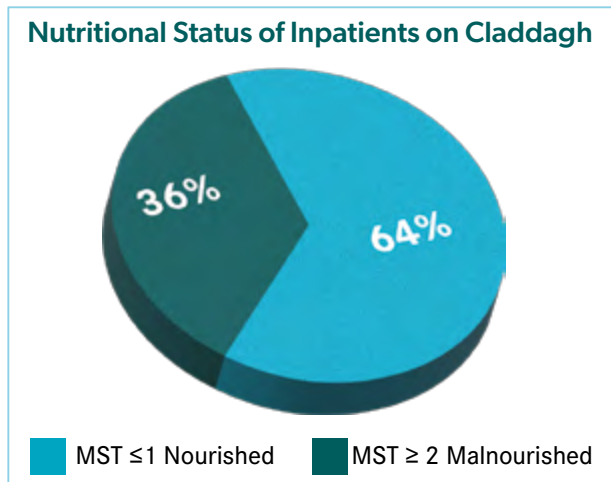
The appointment of the dedicated Haematology Oncology dietitians translated to an increase of 48% more patient contacts on the wards and patients seen more timely. With unfilled maternity leave in July the dietetic service was reorganised to provide some basic grade support to these wards

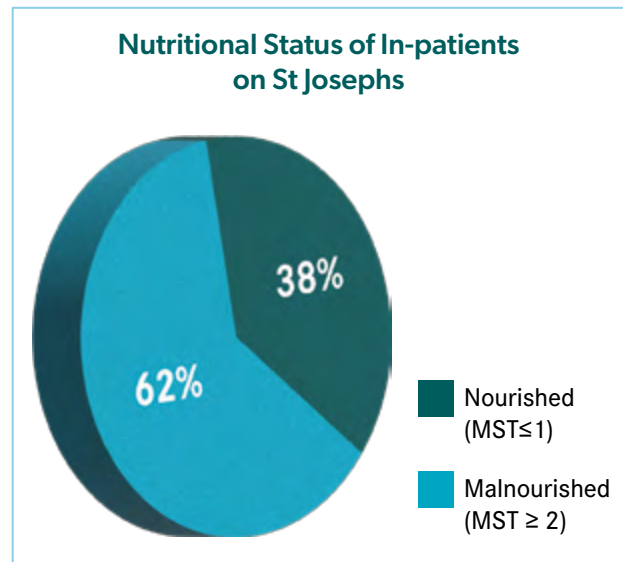
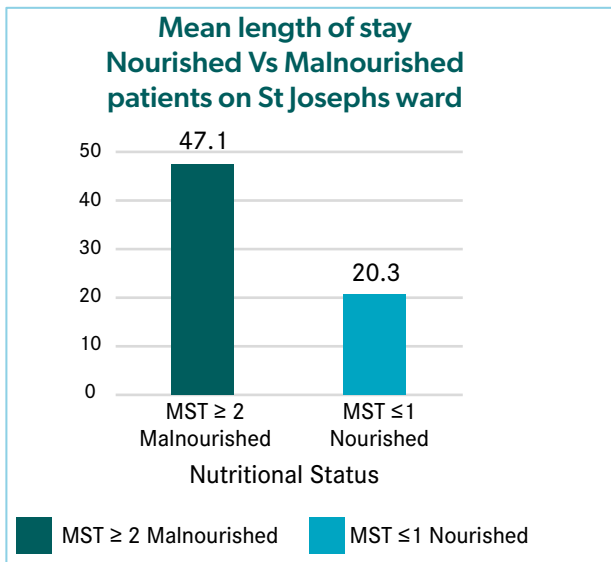


Malnutrition Screening Audit

A Malnutrition Screening Audit was conducted on St Josephs and the Claddagh wards in November 2023. This indicated that almost 62% of inpatients on St Joseph's ward and 38% of patients on Claddagh ward were identified as malnourished using the Malnutrition Screening Tool. Malnourished patients and those receiving artificial nutrition support are likely to have a longer inpatient stay.

The Haematology Oncology Day Ward (HODW) does not have access to dietetic services. With dietetic support, Malnutrition Screening could be introduced on the HODW, thereby helping to identify and treat malnutrition earlier in the patients' cancer journey. Earlier dietetic intervention may help with treatment tolerance, reduce need for hospital admissions and improve quality of life.





Home Parenteral Nutrition, HPN, Oncology.

The dietitian is instrumental in the management of patients on HPN, facilitating their discharge and enabling them to remain at home.

Oncology Referrals	Number	Times spent in managing from HPN referral to discharge	Time Weekly to enable patient remain at home
Successfully discharged home.	5	660minutes / patient = 55hrs to facilitate discharge	60 minutes to 290 minutes/patient
RIP on ward	2	average 520minutes / patient = 17hrs	N/A
Transferred to hospice	2	average 520minutes / patient = 17hrs	N/A
Successfully transitioned by dietitian to enteral feeding	1	average 520minutes / patient	N/A
Discharged home in 2022 at home in 2023	3	N/A	40 minutes to 310 minutes/patient

Health Promotion Service

Pamela Normoyle

Health Ireland Lead, Galway University Hospitals

Summary of 2023 Health and Wellbeing Activity

Actions	Outcomes
Healthy Eating and Active Living.	<ul style="list-style-type: none"> ▶ Gold Medals awarded to both staff canteens at GUHs. This is in recognition of measures and implemented National policies in relation to creating a Healthier Food Environment and supporting heart health. These awards were delivered by HSE, Healthy Ireland and in association with the Irish Heart Foundation. ▶ Compliance with HSE Healthy Vending Policy across UHG and MPUH. ▶ Upgrading of staff facilities to support active travel measures including staff showers and locker facilities in UHG and MPUH. ▶ Staff Representation on focused walk and bike themed days as part of our smarter travel partner initiatives with the National Transport Authority, the HSE and Healthy Ireland.
Making Every Contact Count- Prevention and management of chronic disease.	<ul style="list-style-type: none"> ▶ Achieving National targets for Making Every Contact Count ELearning and Skills into Practice KPIs. ▶ Free Stop Smoking Medications to all HSE staff who engaged with the QUIT stop smoking services ▶ QUIT Smoking at Galway University Hospitals. ▶ Galway University Hospitals is committed to reducing the use of tobacco and its harmful effects by creation a tobacco-free environment for its patients, service users, visitors and staff. QUIT Services, supports and resources are widely communicated across both hospital campus. The GUHs Tobacco Free Campus committee meet 5 times a year with the aim of implementing the HSE Tobacco Free Campus Policy which helps reduce exposure to nicotine ▶ GUHs staff are offered free Nicotine Replacement Therapy when they commit to a 12 week “HSE Staff Stop Smoking Support” programme.
Promoting Healthy Childhood-	<ul style="list-style-type: none"> ▶ Maternity Services GUHs support Increasing rates of breastfeeding through provision of various infant feeding supports and provision of both universal and tiered additional supports and programmes to families. ▶ Maternity Services at GUHs continues to embed standardised child health information resources in service settings and they also support the developments of content on mychild.ie website. ▶ Staff at both Paediatric and Maternity Services in GUHs participate in all child health services and supports related to infant/child mental health
Promoting Mental Health and Wellbeing-	<ul style="list-style-type: none"> ▶ Implemented and scaled up delivery of evidence-based mental health promotion programmes including HSE Balancing Stress-a practical course on stress management. ▶ GUHs continued to work in partnership with the community and voluntary sector to integrate and scale up social prescribing across the health services, in line with the HSE Social Prescribing Framework.

Actions	Outcomes
Actions Promoting Health and Wellbeing Communications	<ul style="list-style-type: none"> ▶ National Campaigns promoting wellbeing and healthy behaviours are communicated through all available channels at GUHs including, digital, print and media.
Infection Prevention and Control	<ul style="list-style-type: none"> ▶ In line with HSE recommendations COVID-19 and adult seasonal influenza vaccines are offered to all individuals identified in “At Risk” Categories, ▶ including Healthcare workers, Over 65Years, pregnant and individuals with chronic disease. These vaccines are administered during the relevant season, typically October to March each year which can be co-administered where practicable, to maximise uptake. ▶ GUHs continues to implement the WHO five moments of hand hygiene throughout both hospital sites. The Infection Prevention & Control team invite everyone to participate in the following drop-in education sessions: HAND HYGIENE & PPE EDUCATION SESSIONS.
Screening	<ul style="list-style-type: none"> ▶ The health promotion service at GUHs continues to support the delivery of screening programmes in conjunction with the National Screening Service population based, call-recall screening programmes including • Colposcopies (CervicalCheck) • BreastCheck Surgeries (BreastCheck) • Colonoscopies (BowelScreen) • Diabetic RetinaScreen consultation and treatment.
Empowering people and Communities	<ul style="list-style-type: none"> ▶ The health promotion service continues to support the implementation of the reformed clinical programmes & new integrated care programmes in line with national direction to emphasise prevention, early detection and self-care. ▶ Self-care support programmes for patients identified with cardiovascular disease, respiratory diseases and diabetes are implemented in line with national framework. ▶ Patient Advocate Liaison Service (PALS) provide general information and support to patients and families in line with the Saolta University Healthcare Group Strategic Priority plan.

Physiotherapy



Catherine O'Sullivan

Physiotherapist Manager in Charge III UHG

In GUH, Physiotherapy plays a key role in providing cancer rehabilitation services to patients at both a ward based level and gym rehabilitation as appropriate. Cancer Rehabilitation, addresses the musculoskeletal, cardiopulmonary and functional impairments expected in cancer. It has the potential to limit and manage the side effects of cancer and its associated treatments, improving the quality of life of anyone living with cancer. The primary goal of rehabilitation is to assist the patient in achieving maximum physical and psychological functioning within the limits imposed by disease or treatment and exercise plays a huge part in this.

Exercise has been shown to be safe and effective for cancer patients at all stages of treatment and is recommended by multiple international guidelines. Our caseload encompasses patients throughout their cancer journey (diagnosis, treatment, survivorship and through to end of life, palliative care) and providing individualised exercise programmes is a key component of our work with this group.

We participate in weekly multidisciplinary team meetings with the primary focus on patient centred goal setting. This is integral to ensure the safe and timely discharge of patients from the acute setting and aid patient flow in an ever increasing and busy service.

Staffing consists of 3 WTE Physiotherapists (2 Senior and 1 Staff Grade), providing a service to oncology, radiotherapy and haematology patients.

In 2023, we saw an ongoing year on year increase in our inpatient caseload in Oncology and Radiotherapy compared to 2022 (Table 1). This is likely due to the increasing complexity and dependency levels of our caseload with a greater number of older patients now treated with systemic anti-cancer treatment and advances in treatments for patients with metastatic disease. Due to this high demand, we were unable to consistently provide gym rehabilitation or the intensity of therapy that these patients require.

Total Inpatients by Physiotherapy

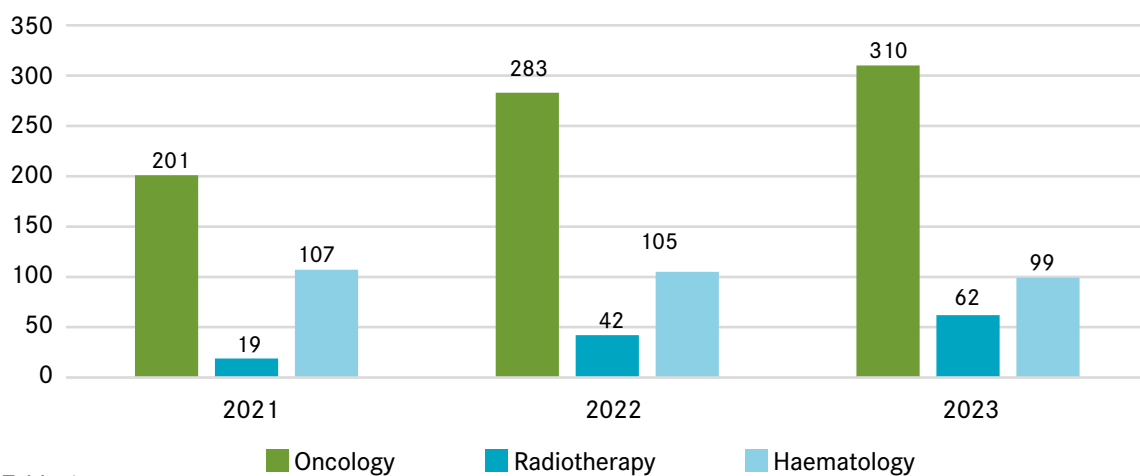


Table 1

Outpatient Service

We also provide a limited outpatient service to patients with lymphoedema due to cancer treatment and post-operative breast patients who develop musculoskeletal complications such as cording and scar tightness. The demand for this

service is increasing and we now provide it from a treatment room in the new Radiotherapy building, ensuring convenience for many patients undergoing radiotherapy.

Lymphoedema

Lymphoedema is a recognised side effect of cancer treatments including, surgery, chemotherapy, radiation therapy and endocrine therapies, which can adversely impact the lymphatic system. It is a chronic, progressive condition which becomes more complex, and can lead to significant costs to the health service and the patient if left untreated. Lymphoedema can cause swelling, pain, skin changes, cellulitis and reduced function which can be very distressing and adversely affect quality of life. The exact incidence of lymphoedema is unknown in Ireland. It is estimated that more than 1 in 5 women with survive breast cancer will develop arm lymphoedema. Interventions for lymphoedema consists of exercise, skincare advice, complete decongestive therapy and garment prescription.

In GUH we provide some cover for oncology related

patients who develop lymphoedema. However, due to lack of dedicated staffing to this service, we cannot provide intensive treatment to these patients. There is an absence of an Early Detection service here in UHG which has shown promising results having been rolled out in other cancer centres in Ireland.

In 2023 we broadened our criteria for the management of lymphoedema to include head and neck lymphoedema, lower limb lymphoedema and genital lymphoedema. This includes very complex cases that are seen in our inpatient and outpatient cohort.

Our outpatient activity increased by 75% in the main due to this extension of inclusion criteria and also due an increase in presentations with cording. This was a significant challenge for us to manage with current staffing levels.

Physiotherapy Outpatient Activity 2021-2023

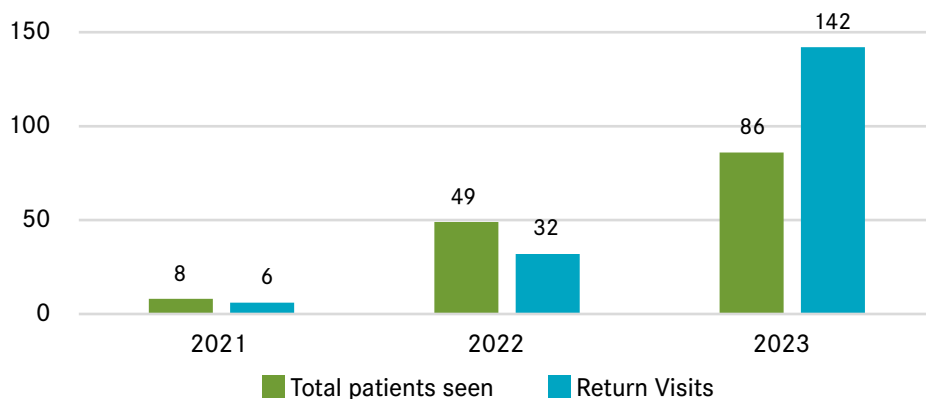


Table 2 Outpatient Lymphoedema activity 2021, 2022 and 2023

Haematology

Haematology services in Galway have experienced a significant rise in patient numbers including a 3 fold increase in stem cell transplant patients in the past 5 years. There are approx. 100-120 patients yearly now receiving their transplant who would benefit from pre and post-transplant multi-disciplinary team input with physiotherapy playing a crucial role in supporting these patients' recovery. This involves assessing

patients' functional level pre transplant, prescribing them an appropriate exercise programme tailored to their needs with subsequent follow up 6-12 weeks post-transplant. The dependency level of patients on the haematology ward is continually increasing. This is largely due to the significant advances in treatments meaning patients are now getting treatment well into their 80s.

Key Initiatives

- ▶ Became key members of the Managed Cancer Academic Network (Saolta) Research and Development group for cancer with attendance and participation at bi monthly meetings.
- ▶ Successfully bid for €20,000 Seed Funding from HSCP office for project titled 'Head and Neck Cancer: Health and Social Care Professions (HSCP) pathways, practices and considerations'. Have obtained ethical approval and are now in the process of recruiting a research assistant
- ▶ Our team enrolled as the only Irish site to participate in an ECAN, randomised control trial on the effect of virtual monitoring and delivery of care to breast and head and neck cancer patients. Project will continue into 2024.

Prostatectomy Physiotherapy Service

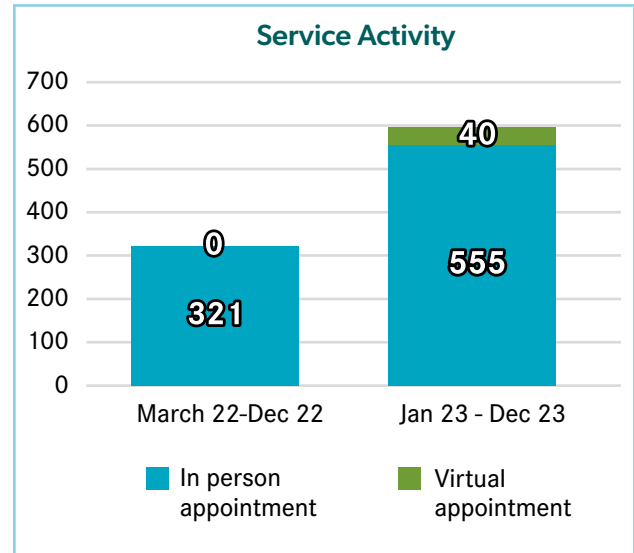
Prostate cancer survivors face significant quality of life issues. The high prevalence of urinary incontinence, sexual dysfunction and fatigue among these men underscores the need for specialised urological care and a comprehensive rehabilitation programme. Addressing these challenges can significantly improve their quality of life.

The physiotherapist service is provided by a 0.5 WTE Senior Physiotherapists to patients under the care of 3 surgeons performing robot assisted radical prostatectomy. These patients are from areas within the Saolta group catchment area as well as some outliers.

The current service delivery model is a blended model of in-person and virtual appointments. Patients receive both pre-operative and post-operative pelvic floor muscle exercise training for the management of urinary incontinence and pelvic floor dysfunction.

Service Activity

170 patients were seen by the service in 2024. Please see below for the number of patient contacts and breakdown of in-person and virtual appointments.



Key Service Achievements 2023

Started a clinic once monthly in Radiotherapy Department for patients with pelvic floor dysfunction post radiotherapy for prostate cancer in October 2023.

Virtual patient follow-up option for suitable patients- save patient travel, therapist clinic slots and reduces carbon footprint associated with travel in private transport.

Service Challenges in 2023

Lack of capacity within Donegal Pelvic Health Physiotherapy Services to provide pre-operative review to patients booked for RARP.

Lack of capacity/training required within the Mayo University Hospital Pelvic Health Physiotherapy Service to see patients pre/post prostatectomy surgery.

Patients in Galway are not all having pre-operative physiotherapy sessions and may only meet physiotherapist for first time at 6 weeks post-surgery.

Priorities for Achievement in 2024

Conduct service evaluation via patient satisfaction questionnaire. Improve numbers receiving pre-op physiotherapy

Start seeing patients sooner than 6 weeks post op for their initial post-op review.

Explore the development of a group physiotherapy exercise class for patients post prostatectomy surgery.

Lung Cancer Physiotherapy Service

There is a large body of evidence to support Enhanced Recovery after Surgery (ERAS) and prehabilitation programmes in cancer care. Such programmes have been shown to optimise post-operative recovery, reduce post-operative complications as well as reducing hospital length of stay. The Lung Cancer Enhanced Recovery Programme was established in Galway University Hospitals to meet the needs of patients with lung cancer across the entire Saolta region. The aim of the programme is to optimise physical fitness and lung function in order to aid in post-operative recovery, to support patients through their treatment journey and improve quality of life.

In 2023, 92 patients due to undergo surgery for lung cancer underwent an in-depth pre-operative physiotherapy assessment. These patients were given individualised exercise programmes or enrolled in a pre-operative exercise programme. Patients had the option to complete the programme either online or in person. After surgery patients were followed up for post-operative assessment and had the option to participate in a post-op rehabilitation programme.

Outcome measures assessed pre and post-surgery were grip strength, 1 minute sit to stand, 6 minute walk test and a qualitative measure of physical, emotional and social wellbeing. Improvements were seen in all outcomes for patients who underwent the prehabilitation and post-op rehabilitation programme.

Colorectal Cancer Physiotherapy Service

Internationally, ERAS is the standard minimum care provided to patients following colorectal surgery. Patients who follow an ERAS program have been shown to have reduced post-operative complications and shorter lengths of stay. With the initial plan to integrate an ERAS program with the traditional post-operative pathway for Ms Hogan's patients, the long-term goal is to expand to all colorectal and GI surgery across UHG.

Physiotherapy currently provides a limited service to colo-rectal surgery patients, primarily at the peri-operative and immediate post-operative phase. In 2019 physiotherapy were involved in developing a multidisciplinary team (MDT) led enhanced recovery after surgery (ERAS) programme for patients admitted to UHG for elective colorectal surgery. This was discontinued during Covid and needs to be recommenced

Breast Cancer Physiotherapy Service

It is estimated that more than 1 in 5 women who survive breast cancer will develop arm lymphoedema.

Most current cancer services, including GUH, provide a lymphoedema service for cancer patients that have already developed lymphoedema at an irreversible stage. This results in a requirement for more intensive treatment from a lymphoedema service and lifelong monitoring and support. It has been demonstrated that lymphoedema in breast care patients leads to higher health costs and hospitalisation due to cellulitis. Research has demonstrated that patient education regarding risk reduction and provision of early detection and treatment can be successful in preventing lymphoedema. If lymphoedema does develop early intervention lessens the impact and progression and reduces the need for more costly intervention.

Physiotherapy currently provides a limited service to patients during their breast cancer journey. As an inpatient, the focus is primarily on post-operative shoulder exercises and lymphoedema risk reduction. Outpatient treatment is directed towards musculoskeletal dysfunction, scar tightness and shoulder rehabilitation.

Areas for development

The most significant gap in our physiotherapy service at present is in relation to Cancer Rehabilitation & Survivorship services. Cancer Rehabilitation addresses the musculoskeletal, cardiopulmonary and functional impairments expected with cancer, cancer treatment, survivorship, advanced disease and end of life. As per the National Cancer Strategy (2017-2026), there is a significant lack of Cancer Survivorship programmes in Ireland currently with an objective being to develop and implement survivorship care.

We currently do not provide a service to the oncology day ward patients. These patients generally have less disease burden than our inpatient cohort and there is a significant opportunity for us to address the many survivorship issues that they may have. We could provide a cancer survivorship needs assessment for these patients and educational sessions in the day ward for patients to attend as required.

Oncology Social Work

Ms Rachel Macken

Senior Social Worker in Radiation Oncology

Ms Martina Kinnane

Senior Social Worker in Psycho-Oncology with special interest in Palliative Care.

Ms Mairead Hutchinson

Medical Social Worker in Oncology

Ms Jessica Donlon

Medical Social Worker in Oncology

Ms Aoife Dirrane

Medical Social Worker in Haematology and AYA

The Medical Social Work staffing to Cancer Services was delighted to experience a much needed uplift in resources in 2023. This included funding from the National Cancer Control Programme via the Psycho-Oncology Model of Care.

The reconfiguration of the overall social work department has also allowed a staffing resource to be provided to Haematology inpatients which has also been a very welcome development. As this is not a dedicated funded post this is only a temporary arrangement but it is already making a significant impact on this cohort of patients and will allow some service towards the Adult and Young Adolescence (AYA) Cancer Model of Care.

There can be a lot of uncertainty and distress for a person when a diagnosis of cancer is presented. It evokes various elements of coping mechanisms that may not have previously been consciously used. Sometimes the physical, emotional and social distress of a diagnosis can be overwhelming and patients may benefit from exploring that distress with a Medical Social Worker to help elicit those coping strategies that are sometimes forgotten. Research has shown that those who are able to adapt or manage effective coping strategies demonstrate lower levels of depression and anxiety in their treatment (Huberty, 2014; Gaston-Johansson et al, 2013; National Cancer Institute, 2012).

Central to all medical based social work is supporting and completing comprehensive biopsychosocial assessments. This seeks to consider the social, emotional, financial and environmental factors in a person's life in a holistic and supportive manner. Health issues, illness and diagnoses can be exacerbated by these factors and their consideration is imperative to the overall care and treatment journey a person faces, particularly in the context of a cancer diagnosis.

Attending for oncology treatment is challenging for patients and their caregivers. Oncology Social Work seek to support those affected by cancer in managing the physical, emotional, spiritual and practical hurdles they may encounter after a diagnosis. Our oncology Social Work team specialise in caring for cancer patients and connect them to the resources they need to help them navigate the health and social care system and remove barriers to their care. Oncology social workers provide psychosocial assessments and therapeutic support to patients and their families related to illness adjustment, coping mechanisms and advocacy recommending resources to meet the patient's comprehensive needs.

Inpatient referral rates over the past five years have demonstrated a continuing increase in demand for social work intervention and support.

Year/ Speciality	Oncology	Haematology	Radiotherapy	Total
2019	242	105	75	422
2020	280	111	88	479
2021	344	141	102	587
2022	320	82	123	525
2023	373	116	141	630

Notwithstanding the challenging environment of the past few years it has been of vital importance to engage and sustain ongoing education and training within our team. Continuing professional development is at the forefront of best practice. Through-out 2023 Medical Social Worker in Cancer Services were involved in the following training and initiatives:

- ▶ 'Including You' – Toy support packs for children visiting a loved one in hospital who is receiving end of life care
- ▶ Facilitation of Final Journeys training
- ▶ Family Therapy workshops
- ▶ Project Team with developing and exploring AYA services in GUH
- ▶ Assisted Decision Making (Capacity) Act training with La Touche legal training
- ▶ Members of End of Life Care Committee
- ▶ Dignity at work training

- ▶ Continued learning with in-house Journal Club presentations with MSW department
- ▶ Safeguarding Vulnerable Adult Training
- ▶ Trauma and Loss training

While the Oncology Medical Social Work team may be small in number our commitment to supportive and meaningful intervention to our patients and their families is substantial and we are always seeking new and innovative ways to engage and offer compassionate and empathetic care. We look forward to opportunities to further develop our team and service into 2024 and the years ahead.

We look forward to the opportunity to increase the much needed staffing resource in the team to include dedicated social workers to support Palliative Care, Bereavement Care and Outpatient Oncology and Haematology services.



Left to Right Aoife Dirrane, Jessica Donlon, Martina Kirrane, Mairead Hutchinson and Rachel Macken Oncology Social Worker

Speech and Language Therapy

Geraldine Keenan

Speech & Language Therapy Manager

Karen Malherbe

Senior Speech and Language Therapist

Sandra Brandon

Senior Speech and Language Therapist

Ear, Nose, Throat, and Maxillo Facial Service Overview

Speech and Language therapy involvement in both Ear, Nose and Throat (ENT) and Oral Maxillo Facial services (OMFS) is a well-documented requirement of a best practice service. This is the mark we strive to achieve as a centre of excellence at Galway University Hospitals.

In ENT, dysphonia and dysphagia are very common complaints reported in Outpatient clinics, requiring further assessment and management by SLT to assist with diagnosis. In head and neck cancer patients, again difficulties with voice and swallow can exist before, during, and after surgery and during post-operative recovery. Thus the comprehensive service needs to be available for inpatient and outpatient referrals. Clinically, this includes managing anatomical changes to the oral, pharyngeal and laryngeal areas, as well as managing physiological or functional changes. It also includes emotional and psychological support through what can be a difficult and frightening cancer trajectory affecting areas of daily life, which are often taken for granted. Speech Therapy attends weekly ward rounds for a more direct review of patients after surgery and consultants' plans and prognoses are discussed.

In OMFS, the current inpatient and fledgling outpatient service tends to be more oncology based: best practice guidelines from international professional bodies recommend the input of an SLT for speech, voice and swallow before, during, and after surgery and post-operative recovery. It is also worth noting that structural changes to oral cavity and facial features can be a life-long challenge for the patient, with resulting influence on SLT service provision. The ward rounds with OMFS remains a service goal. This will provide for a more direct review of patients after surgery and/or consultants' plans and prognoses.

Dysphagia is perhaps the most researched area to reflect on for service provision: it leads to nutritional deficiency, weight loss, and prolonged unnatural

feeding and has a major potential risk for aspiration. This has a significant negative impact on the patient's entire quality of life (Ihara et al., 2018).

Currently, the ENT / OMFS SLT service is a specialised service established to improve communication and feeding, eating, drinking and swallowing (FEDS) outcomes for patients under the consultants relevant to this speciality. There is also a strong clinical link with Radiation Oncology SLT from whom this service was only recently separated. Input may include prevention, early detection and management of communication and/or FEDS disorders that may arise following either a diagnosis of cancer and/or secondary to chemo radiotherapy (CRT) treatment. Pathways to refine service provision for inpatients and outpatients with and without an oncology diagnosis are ongoing.

Radiation/Oncology Service Overview

Dysphagia is a very common complaint of head and neck cancer patients and can exist before, during, and after chemo radiotherapy. It leads to nutritional deficiency, weight loss, and prolonged unnatural feeding and has a major potential risk for aspiration. This has a significant negative impact on the patient's entire quality of life.

The Radiation Oncology SLT service is a specialised service established to improve communication and feeding, eating, drinking and swallowing (FEDS) outcomes for patients undergoing chemo radiotherapy treatment. This is achieved through prevention, early detection and management of communication and/or FEDS disorders that may arise following either a diagnosis of cancer and/or secondary to chemo radiotherapy (CRT) treatment. An inpatient service is provided to patients with a diagnosis of cancer. However, the outpatient service is restricted to patients with a diagnosis of Head and Neck Cancer.



Grúpa Ollscoile Cúram Sláinte
University Health Care Group

SECTION 3

Cancer Support Groups

Cancer Care West

Cancer Care West is a not for profit organization dedicated to supporting those whose lives have been affected by cancer. Our vision is that no one in our region will go through cancer alone.

Cancer Care West's services include residential services for patients on radiotherapy, as well as psychological, practical and holistic support services for patients and their families. We also provide transport services to and from our residential facility at University Hospital Galway. Alongside our range of direct support services, the charity undertakes a wide range of cancer awareness and educational programmes. In 2023 we provided practical and emotional support to nearly 2,850 people whether in-person at our residential lodge and cancer support centres or remotely through our online cancer awareness and support programmes.

In 2023 Cancer Care West received the 2023 AIBF All-Ireland Champion Charity of the Year accreditation. In announcing the award the AIBF Adjudication Board highlighted Cancer Care West's relentless dedication to serving the community and the immeasurable impact they have on the lives of those affected by cancer, both directly and indirectly.



*Richard Flaherty CEO and Annette Hassett
Operations Manager CCW receiving the AIBF
All Ireland Champion charity award*

Inis Aoibhinn

Inis Aoibhinn is Cancer Care West's thirty-three bedroom lodge on the grounds of University Hospital Galway. Patients can stay at the lodge for the duration of their treatment where they have complete independence as well as the comfort of 24 hour nursing care. Referrals to Inis Aoibhinn are made through the Radiotherapy department at University Hospital Galway. The centre runs to capacity each year and in 2023 we provided accommodation and meals for 371 patients. We also provide free transport services to and from the lodge as well as

working with local companies to provide extended transport support on other commercial links. The new Saolta Radiation Oncology Centre at Galway University Hospital (GUH) was opened in October 2023. It is located right next door to Inis Aoibhinn and Cancer Care West opened an information desk in the new centre so that we can directly support patients who need accommodation while going through their radiotherapy treatment.

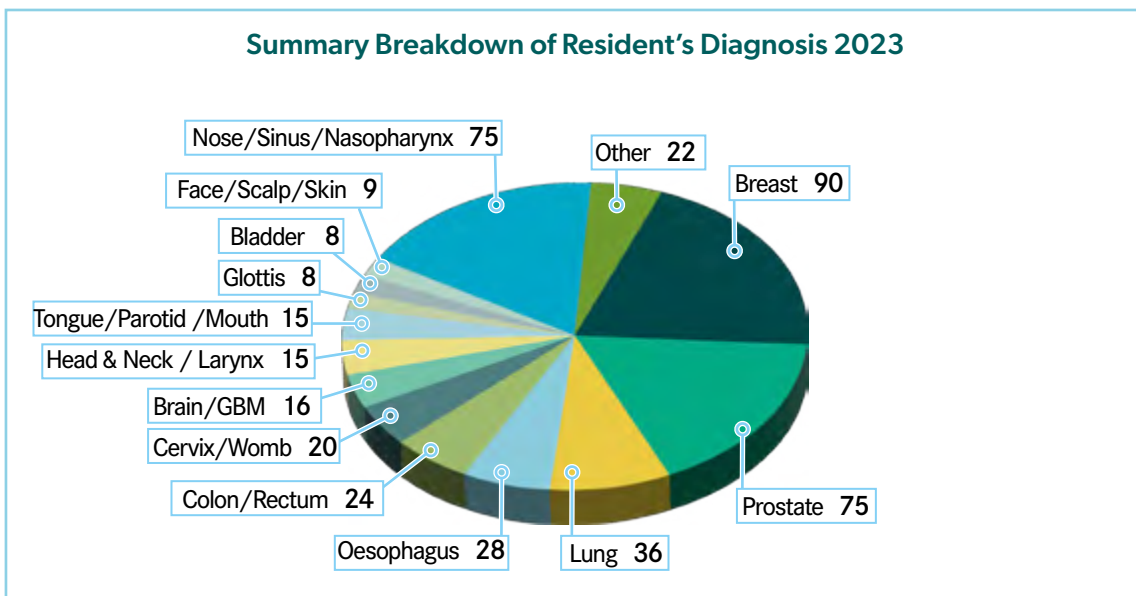
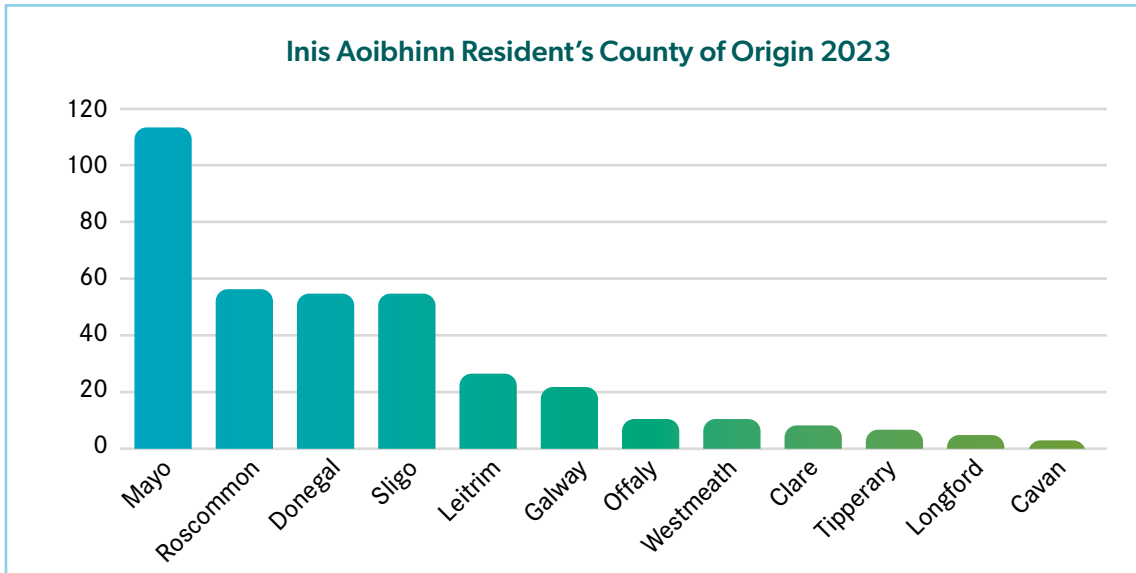
In 2023 the facility provided:

7,485 bed nights for cancer patients going through radiotherapy

Free transport to and from the facility for 107 radiotherapy patients & family

Accommodation and meals for 35 families accompanying loved ones in hospital

Over 16,000 meals for residents



Cancer Support Centres

Cancer Care West's support centre facilities are located in Galway and Letterkenny and are staffed by psychologists, counsellors, oncology nurses and a range of qualified cancer support specialists. Our services include Psycho-Oncology and Counselling Services, Complimentary Therapies, Physical Rehabilitation and Exercise, Oncology Nursing Support and Benefits and Advocacy Advice. We provide individual support, workshops and groups are for every type and stage of cancer, whether a patient is newly diagnosed, facing a recurrence or are dealing with side effects of treatment. We also provide support for families and friends who are affected

by a loved one's diagnosis as well as a range of services especially designed for children and young adults. In 2023 1,486 people affected by cancer visited our centres involving 9,942 interactions. During the year we also continued to build our digital outreach programme broadcasting 9 interactive webinars over the year on a range of cancer related topics. Staff from the cancer centres also provided Psycho-Oncology support services to 260 patients in hospitals in the region.

In 2023 over 2,000 people affected by cancer used our support centre services, in-person or remotely, including:



Fund Raising

All of our services are offered free of charge which means we need to raise over €1m each year to make this happen. The funds are raised through a combination of large and small events, individual sponsored efforts, continuous giving through direct debits, online donations and payroll donations as well as corporate sponsorships and some flagship annual

events. Our largest annual events are the Galway Bay Swim, which in 2023 raised almost €150k, and the Donegal Camino which raised €85k. Cancer Care West is deeply grateful to everyone who supports their work and helps them to reach their fundraising targets.



100 people participated in the Donegal Camino and raised €85,000 for Cancer Care West in 2023



Liam McDwyer climbed to Everest Base Camp and raised €5,600 for Cancer Care West in 2023

Irish Cancer Society

Introduction

The Irish Cancer Society Daffodil Centres are hospital based local cancer information and support centres. In these centres, enquirers will find Cancer Nurses and specially trained volunteers on hand to answer cancer related questions, to provide a confidential listening ear and to provide information on everything from local support groups to help for the travel or financial problems cancer can create.

The Daffodil Centres are open to the public and all are welcome whether they have a cancer diagnosis, are worried about cancer, are visiting on behalf of a friend or relative or are a healthcare professional looking for information and support for patients/clients. An appointment or referral is not necessary, and the Cancer Nurse will take the time to listen and provide tailored information, advice and support.

The Cancer Nurses provide easy to understand information on

- ▶ Cancer types.
- ▶ Tests and investigations used to diagnose cancer.
- ▶ Cancer prevention and early detection.
- ▶ Screening and early detection of cancer.
- ▶ Cancer treatments and side effects.
- ▶ Irish Cancer Society Services and Supports
- ▶ Local cancer support services.
- ▶ End of life services.
- ▶ Life after cancer treatment.
- ▶ Financial and practical supports.

The Daffodil Centres in University Hospital Galway (UHG) and Letterkenny University Hospital (LUH) are staffed by four oncology qualified Irish Cancer Society Cancer Nurses and two teams of specially trained volunteers. Both Daffodil Centres have strong working relationships with their hospitals which builds a successful partnership between the Irish Cancer Society and the Saolta Group.

Daffodil Centre Activity 2023

University Hospital Galway

- ▶ The total number of enquirers **1284**
- ▶ **67%** of enquirers were in contact for the first time
- ▶ **39%** of enquirers were referred by Healthcare Professionals
- ▶ The majority of enquirers were female (**67%**)

Primary Cancer Type Top 5

- ▶ 20% Breast
- ▶ 19% Lung
- ▶ 9% Bowel
- ▶ 6% Ovarian
- ▶ 4% Prostate

Letterkenny University Hospital

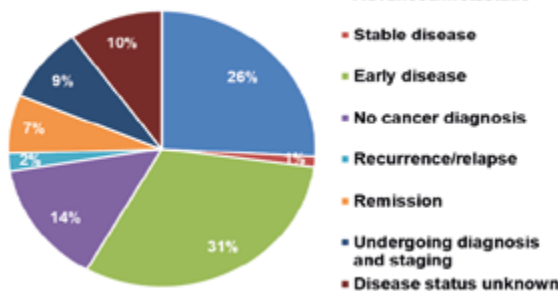
- ▶ The total number of enquirers **707**
- ▶ **59%** of enquirers were in contact for the first time
- ▶ **30%** of enquirers were referred by Healthcare Professionals
- ▶ The majority of enquirers were female (**75%**)

Primary Cancer Type Top 5

- ▶ 25% Breast
- ▶ 9% Bowel
- ▶ 8% Prostate
- ▶ 7% Lung
- ▶ 4% Ovarian

University Hospital Galway

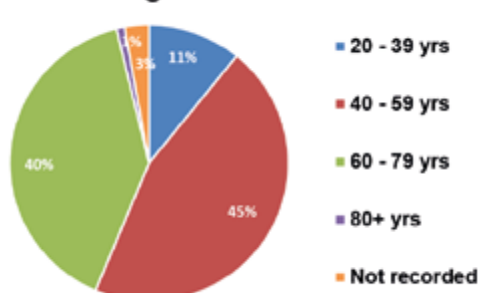
Disease Status



Type of Enquirer

- ▶ 67% of enquirers were people diagnosed with cancer
- ▶ 18% were relatives/friends of someone diagnosed
- ▶ 11% of enquirers were healthcare professionals within the hospital, seeking information on behalf of their patients/clients

Age



Subject of Enquiry – Top 5

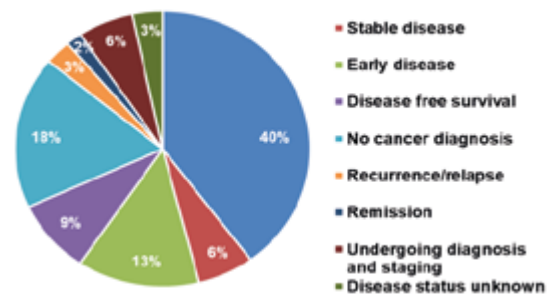
- ▶ Emotional Support
- ▶ Irish Cancer Society Services
- ▶ Cancer treatments and Side Effects
- ▶ Talking about Cancer: Personal/Family, Children and Friends
- ▶ Local Cancer Support Services

How Enquiry was Managed – Top 5

- ▶ Listening/Emotional Support
- ▶ Information Booklet/Leaflet
- ▶ Referred to Irish Cancer Society Services
- ▶ Referred to Services within the Community
- ▶ Follow Up/call Back

Letterkenny University Hospital

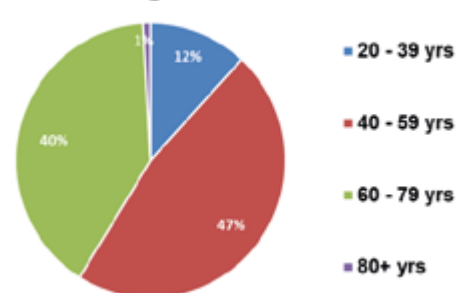
Disease Status



Type of Enquirer

- ▶ 57% of enquirers were people with cancer
- ▶ 26% were relatives/friends of someone diagnosed
- ▶ 12% of enquirers were healthcare professionals within the hospital, seeking information on behalf of their patients/clients

Age



Subject of Enquiry – Top 5

- ▶ Emotional Support
- ▶ Practical Support and Advice
- ▶ Cancer treatments and Side Effects
- ▶ Hospital and Community Health Services
- ▶ Local Cancer Support Services

How Enquiry was Managed – Top 5

- ▶ Listening/Emotional Support
- ▶ Information Booklet/Leaflet
- ▶ Referred to Cancer Support Centre
- ▶ Follow Up/Call Back
- ▶ Referred to Services within the Hospital

Patient Programmes and Services

Chemotherapy Education Programme – Understanding Chemotherapy

A recognised and established education programme provided by Cancer Nurses in many Daffodil Centres throughout the country, this group educational session is for patients and families about to start chemotherapy. The session focuses on providing the right tools and knowledge to cope with chemotherapy and its side effects. These sessions are delivered by

Daffodil Centre Cancer Nurses in group sessions face to face or online via Microsoft Teams.

The sessions are held in group format in UHG on a weekly basis and individual sessions are held in Letterkenny. In UHG individual sessions are also held in person to adapt to patients needs i.e. distance from hospital, language barrier, anxiety etc.

continuum

Online Chemotherapy Education Programme

In response to the suspension of the normal group education sessions as a result of Covid-19 a Telephone Referral Service was set up initially to enable Health Care Professionals to refer enquirers for Telephone Chemotherapy Education advice and support. This was followed by setting up hospital specific and generic online chemotherapy education sessions. The generic sessions provide information recommended by all hospitals and do not provide

hospital specific guidelines in relation to the management of side effects.

The hospital specific sessions are organised as required by the Daffodil Centre Cancer Nurses while the generic chemotherapy education programmes are conducted twice weekly by a team of Daffodil Centre Cancer Nurses throughout the country. Patients that avail of the online education generally live a considerable distance from the hospitals.

Chemotherapy Education 2023 (UHG)

- ▶ 48 face-to-face group sessions for 65 attendees
- ▶ 21 one to one sessions facilitated at ward level
- ▶ 3 online sessions (Hospital specific programme) for 3 attendees
- ▶ 5 online sessions (Generic programme) for 5 attendees

Chemotherapy Education 2023 (LUH)

- ▶ 71 face-to-face group sessions for 147 attendees
- ▶ 38 one to one sessions facilitated at ward level
- ▶ 3 online sessions (Hospital specific programme) for 6 attendees
- ▶ 2 online sessions (Generic programme) for 5 attendees

LACES – Life and Cancer – Enhancing Survivorship

This is a patient Education Workshop which has been jointly created by the National Cancer Control Programme (NCCP) and the Irish Cancer Society. The intention is to bridge the gap in services between the end of active treatment and potentially, suitable longer term support.

The Life and Cancer – Enhancing Survivorship (LACES) workshop is for adult patients who have finished their active cancer treatment and are

beginning their long-term follow up. This includes patients who are post-surgery, radiation therapy, the acute phase of their chemotherapy treatment and patients with advanced cancer, who have discontinued treatment or who are on ongoing treatment. The workshop allows patients to access appropriate information and signposting to improve their quality of life after cancer. The focus is on health and well-being, enhancing the use of community

supports and survivorship programmes. Delivering workshops, using online platforms, commenced in June 2021. The workshops are delivered in person in

UHG once or twice monthly depending on referrals and those that live a distance away can avail of the online service.

Remote Counselling Service

In 2020 the Irish Cancer Society developed a new model for its delivery of professional counselling to ensure that those who are unable to access face-to-face counselling due to COVID-19 containment measures were able to access the care they need. This includes all people diagnosed with cancer as well as their carers and loved ones. It is also available

for children through a therapeutic support model and for teenagers using accredited and experienced counsellors.

Patients and family members can avail of counselling in a recognised Cancer Centre nearest to them or can be referred by the Daffodil Centre Nurses to a counsellor for online or phone sessions.

Other Activities

- ▶ The Daffodil Centre Cancer Nurses are members of the End of Life, Health Literacy, Tobacco Free Campus and the Healthy Ireland Hospital Committees.
- ▶ Collaborating with the Hospital OEI Committee in undertaking the cancer centre accreditation process to improve the quality of cancer care, research and education.



OLLSCOIL NA
GAILLIMHE
UNIVERSITY
OF GALWAY



Grúpa Ollscoile Cúram Sláinte
University Health Care Group

SECTION 4

Cancer

Research and

Developments

Cancer Research and Education 2023



OLLSCOIL NA
GAILLIMH
UNIVERSITY
OF GALWAY

Highlights

February 2023

- ▶ To coincide with World Cancer Day, an investment of €1m into oesophageal cancer research has been announced by Irish cancer research charity Breakthrough Cancer Research with the establishment of *AllCaN, the first All-Ireland Cancer Network*. **Dr Aideen Ryan**, Associate Professor of Tumour Immunology, is the University of Galway lead in this network.
- ▶ **Dr Janice Richmond**, Advanced Nurse Practitioner at Letterkenny University Hospital was awarded the *Irish Cancer Society Senior Researcher of the Year* for her work, with the HRB-Primary Care Trials Network, providing practical benefits to patients receiving oral anti-cancer medication in Donegal.
- ▶ **Dr Niamh Leonard** and **Ms Aoise O'Neill** from Dr Aideen Ryan's group in the Lambe Institute won the *EACR senior and junior research awards* at the Irish Association for Cancer Research meeting.

March 2023

- ▶ **Prof. Sharon Glynn** and **Prof. Corrado Santocanale** were invited to deliver talks at the *11th Cancer Research Day* at the University of Notre Dame, Harper Cancer Research Institute. Prof Glynn visited Notre Dame as part of her Fulbright Scholar Award.

April 2023

- ▶ **Caitriona Duggan**, Advanced Nurse Practitioner and PhD candidate at University of Galway with **Dr. Peter Carr** presented at the 50th Anniversary Conference organized by the Infusion Nurses Society in Boston.

May 2023

- ▶ **Dr Michael McCarthy**, in collaboration with *Health Innovation Hub Ireland*, developed a digital platform for healthcare professionals to keep pace with practice-changing studies, a key part of continuous medical education and professional development.
- ▶ **Dr Aideen Ryan** led her team of researchers in studying cell interactions in bowel cancer to identify innovative strategies to enhance how the body and drug treatments fight the disease. The research was published in high impact life science journal *Cell Reports*.
- ▶ University of Galway hosted visiting researchers from the University of Bordeaux to discuss opportunities for a joint *ENLIGHT Cancer Network*. This meeting was held the day before the ENLIGHT European Dialogues meeting. **Dr Roisin Dwyer** and **Dr Eva Szegezdi** led a delegation of cancer researchers at the first EU ENLIGHT Cancer Network meeting in Bordeaux.
- ▶ The *Institute for Clinical Trials* was launched at University of Galway. The launch was attended by many of our colleagues, with national and international speakers and contributors. **Prof Aoife Lowery** was appointed Director of the HRB-Clinical Research Facility, a leadership appointment to the new Institute.

June 2023

- ▶ **University of Galway** announced they will launch three *new healthcare degree programmes*: Pharmacy, Graduate Entry Medicine, and Graduate Entry Nursing. These government-supported programmes will focus on community-based care and address workforce needs in rural and remote regions.
- ▶ **Prof Sean Hynes** was a visiting researcher at Houston Methodist Hospital, Texas, funded by the *School of Medicine mobility grant*.

July 2023

- ▶ Prof Sharon Glynn completed her seven-month Fulbright Scholar Award at Houston Methodist Hospital Weill Cornell.

August 2023

- ▶ A memorandum of understanding was signed between University of Galway and the University of Notre Dame to support collaborative research as part of the *Biseach Initiative*. To date research projects between the universities have been developed, undergraduate students hosted, and symposia arranged.
- ▶ The University of Galway was launched to showcase all academic cancer research activities (www.universityofgalway.ie/cancercentre).

September 2023

- ▶ *BioBANC na Gaillimhe*, a multidisciplinary biobanking initiative, led by **Dr Nicola Miller** and **Prof Sean Hynes** was launched. A data sharing agreement for the Cancer Biobank was approved between University of Galway and Saolta University Healthcare Group.
- ▶ The *35th European Congress of Pathology* took place in Dublin, with more than 4000 attendees from 94 countries, co-convened by **Prof Sean Hynes**. Fidelma Kaar a medical undergraduate student co-supervised between UCC and the University of Galway won the best poster in the computational pathology section for her project co-funded by the National Breast Cancer Institute on breast cancer digital analysis and molecular testing.

October 2023

- ▶ University of Galway announced a new two-year, €2 million research investment by the *National Breast Cancer Research Institute (NBCRI)*. The commitment builds on a longstanding relationship between NBCRI and the University.
- ▶ **Prof Sharon Glynn**, in collaboration with CòRAM, was awarded a four-year, €2.7million *Horizon Europe MSCA Doctoral Network Grant award* from the European Research Executive Agency. NO-CANCER-NET will train 10 doctoral candidates across 6 European countries and 9 institutions, focussing on three areas centred on expanding nitric oxide (NO) based therapeutics for the treatment of TNBC.
- ▶ **Prof Michael Kerin** was invited to join the *Harper Cancer Research Institute Industry Advisory Board* at University of Notre Dame, a further development in the international collaborative cancer research Biseach Initiative.
- ▶ **Ger Walpole**, was awarded the “The Gillian Lamrock Award” for best oral presentation at *Haematology Association of Ireland* annual conference.
- ▶ Saolta Cancer MCAN Director of Nursing, **Olive Gallagher**, was awarded best poster at the *Irish Association of Nurses in Oncology* national conference for her work on “Training needs analysis of oncology nurses”. The conference was hosted by outgoing IANO president, **Caitriona Duggan**, Oncology ANP at Portiuncula University Hospital and University of Galway PhD candidate.

November 2023

- ▶ **Prof Afshin Samali**, chair of cancer biology at University of Galway was named on the annual Clarivate Highly Cited Researchers 2023 list.
- ▶ Saolta Nursing and Health and Social Care Professionals research group meetings continued. Stemming from interactions with the HSCP group and seminar series, **Aoife Burke**, **Meghan Carter** (GUH Physiotherapy) and **Karen Malherbe** (GUH Speech and Language) were awarded *HSE Research and Development Funding* to develop research around health and social care professionals in the head and neck cancer care Pathway.

December 2023

- ▶ The *International Society for Biological and Environmental Repositories (ISBER) Best Practices, 5th Edition*, was launched with **Dr Nicola Miller** acting as an associate editor on the board. ISBER is the definitive, global guide for managing and operating biobanks.
- ▶ The Advanced Therapies and Cancer (ATC) cluster in the Clinical Research Facility, led by **Dr Janusz Krawczyk**, was awarded a three-year *Cancer Trials Enhancement Award* from the Health Research Board.

Performance Metrics Summary

Research publications	104
Outreach and public engagement activities	30
University of Galway graduate research theses	16
Research Funding Awards	14
Symposia and networking events	12
Cancer seminar series events	8
Patents and invention disclosures	4

OECI Cancer Centre Accreditation

Self-assessment against the OECI research standards 69-82 progressed throughout 2023. A hybrid information session for university academics, research PIs and leadership, was hosted by Emer Hennessy (cancer centre research manager) and Prof Michael Kerin (cancer network director) on February 10th to update clinical and academic colleagues on the OECI programmes and thank those who had provided research support and metrics to date.

In July 2023 academic cancer research leads for translational, clinical and bio banking research were appointed to the OECI Steering Group, joining hospital leadership, clinical leads, and the executive dean of the College of Medicine, Nursing and Health Sciences. Academic updates are delivered by the cancer centre research manager at Cancer MCAN Executive meetings.

Outreach and Public Engagement Activities

Date	Type	Details	Host PI(s)
Jan 2023	Media	Investigating targeted treatments for cancer - Silicon Republic	Dr Róisín Dwyer
Feb 2023	Media	Wavelia Clinical Trial video https://www.wavelia.com/	Prof Michael Kerin, Dr Veronica McInerney, Clinical Research Facility
Feb 2023	Public Engagement	Women's Health Initiative information meeting for Clarinbridge Cairde Club.	Prof Aoife Lowery, Dr Veronica McInerney, Helena Kett, Emer Hennessy
Feb 2023	Seminar	Biochemistry Pathway Research Seminar Series. "Breaking down growth during tumorigenesis" - Dr Marisa M. Merino, University of Geneva.	Prof Noel Lowndes
Mar 2023	Student Engagement	Careers in Oncology Networking Event	Olive Gallagher, Prof Michael O'Dwyer, Prof Sean Hynes, Prof Aoife Lowery, Dr Michael McCarthy, Dr Anne Marie Quinn, Emer Hennessy
Apr 2023	Student Engagement	Women in STEM (WiSTEM) society at University of Galway visited the Lambe Institute research facilities.	Dr Roisin Dwyer
Apr 2023	Advocacy	Cancer Knows No Borders – Celebrating 25 years of the Good Friday Agreement	Dr Roisin Dwyer
May 2023	Media	RTE Hospital Live featured the Wavelia Clinical Trial	Prof Michael Kerin
May 2023	Public Engagement	Multiple Myeloma Information Day	Ger Walpole, Dr Janusz Krawczyk, Multiple Myeloma Ireland
May 2023	Public Engagement	National Breast Cancer Research Institute hosted the Galway Chamber Connect networking event at the Lambe Institute.	Dr Roisin Dwyer, Prof Michael Kerin, Prof Aoife Lowery and NBCRI researchers

Date	Type	Details	Host PI(s)
May 2023	Media	Identifying strategies to enhance how the body and drug treatments fight bowel cancer. – RTE Radio	Dr Aideen Ryan
May 2023	Media	Research into bowel cancer and immunotherapy - Newstalk Radio	Dr Aideen Ryan
June 2023	Media	Multidisciplinary approach to cancer survivorship can help more patients - Irish Independent Innovations in Oncology	Prof Aoife Lowery
June 2023	Media	Looking to our immune system: promising advances in cellular immunotherapies Irish Independent Innovations in Oncology	Dr Eva Szegezdi and the Blood Cancer Network Ireland.
July 2023	Media	Illuminating quality of life during cancer care - Silicon Republic	Prof Martin O'Halloran, Luminate Medical
Aug 2023	Public Engagement	"Why are you doing a PhD?" A PhD researcher shares his personal family story of cancer and his path to cancer research with Precision Oncology Ireland.	Brandon Sugrue, PhD student in Dr Roisin Dwyer's research group
Aug 2023	Media	Irish and US universities sign cancer research agreement - Silicon Republic	Prof Michael Kerin, Biseach Initiative PIs
Sept 2023	Media	Patient-centre clinical research: how to bridge science and lived experience Irish Independent FutureTrials	Prof Aoife Lowery, Prof Martin O'Halloran, Dr Alanna Stanley
Sept 2023	Media	How the work of biobanks can contribute to important medical advances Irish Independent FutureTrials	Dr Nicola Miller, Prof Sean Hynes, BioBANC na Gaillimhe
Sept 2023	Media	Navigating complex care: role of advanced nurse practitioners in RRMM management	Ger Walpole, Multiple Myeloma Ireland
Sept 2023	Public Engagement	Cancer Biobank develops interactive game and videos to explain to cancer patients how they can contribute to life-saving research.	Dr Nicola Miller
Sept 2023	Media	Galway researchers develop online game to aid cancer research - Galway Bay FM Innovative online game demystifies the power of cancer biobanks - RTE	Dr Nicola Miller
Sept 2023	Public Engagement	The People There to Catch Us Public film screening for World Cancer Research Day	Dr Roisin Dwyer and Prof Aoife Lowery
Oct 2023	Media	Galway Bay FM outside broadcast at Lambe Institute	Prof Aoife Lowery, Dr Laura Barkley, Prof Michael Kerin
Nov 2023	Public Engagement	Breast cancer research outreach to Signify Health, Galway	Dr Roisin Dwyer
Nov 2023	Public Engagement	Transition year student programme at the Lambe Institute spent a week in the research lab shadowing researchers and visited the Symptomatic Breast Unit	Dr Oliver Carroll, Lambe Institute
Nov 2023	Advocacy	Equity & inclusion in cancer care: 'The Future of Cancer in Ireland: Health Economic Perspectives'	Prof Michael Kerin

Date	Type	Details	Host PI(s)
Nov 2023	Media	RTÉ screening of 'The People There to Catch Us' documentary for Science Week 2023	Dr Roisin Dwyer
Nov 2023	Public Engagement	START Schools Programme - Meet the Scientist	Prof Aoife Lowery
Dec 2023	Public Engagement	National Breast Cancer Research Institute Research Showcase at the Lambe Institute	Dr Roisin Dwyer, Prof Michael Kerin, Prof Aoife Lowery and NBCRI researchers

University of Galway Graduate Research Theses

Degree	Graduate Name	Thesis Title	Supervisor(s) *external	Discipline/Group
PhD	Declan Bennett	Analysis of putative somatic mutations in 200,000 human exomes	Prof Cathal Seoighe	Mathematics and Statistical Sciences
PhD	Afrin Sultana	PERK-dependent molecular mechanisms in breast cancer progression and treatment	Dr Sanjeev Gupta	Pathology
PhD	Teresa Reyes	Investigating the roles of Chl1 helicase in DNA damage tolerance pathways	Prof Dana Branzei* Prof Corrado Santocanale	Biochemistry
PhD	Ahmed Ahmed	Design and synthesis of biocompatible metal-organic frameworks for anti-cancer, anti-tubercular and MRI application	Dr Constantina Papatriantafyllopoulou	Chemistry
PhD	Amir Abdo	Synthesis of model compounds acting as Nitric Oxide (NO)- scavengers and the fabrication of NO-scavenging hydrogels targeting the treatment of triple-negative breast cancer	Prof Abhay Pandit	Chemistry
PhD	Yashna Chabria	Development of 3D breast cancer model to study extracellular vesicle crosstalk	Dr Roisin Dwyer	Surgery
PhD	Rozan Mehder	Metal-based theranostic and therapeutic agents for the targeted treatment and imaging of tumors	Dr Luca Ronconi	Chemistry
PhD	Mark Gurney	CAR-NK cell therapies in haematological malignancies	Prof Michael O'Dwyer, Prof Claire Gardiner*	Medicine
PhD	Alice Bolger	Identification and validation of novel targets of regulated IRE1- dependent decay in triple negative breast cancer	Prof Afshin Samali, Prof Adrienne Gorman	Biochemistry
PhD	Neville Murphy	Investigation of metallacarboranes as unexpected therapeutics against triple-negative breast cancer cells	Dr Pau Farràs, Dr Róisín Dwyer	Chemistry
PhD	Siobhan Cleary	Analysis of clonal mutations in cancer as a means of studying variation in somatic mutation processes	Prof Cathal Seoighe	Mathematics and statistical Sciences
PhD	Elan McCarthy	MicroRNAs for the treatment of breast cancer	Dr Roisin Dwyer	Surgery
PhD	Elan McCarthy	MicroRNAs for the treatment of breast cancer	Dr Roisin Dwyer	Surgery
PhD	Brian O'Sullivan	Computational approaches to identify and explain sources of error in cancer somatic mutation data	Prof Cathal Seoighe	Mathematics and Statistical Sciences

Degree	Graduate Name	Thesis Title	Supervisor(s) *external	Discipline/Group
MSc	Kelsey Bruce	Large-Scale Production of engineered Extracellular Vesicles (EVs) in a Serum-Free continuous Culture Bioreactor	Dr Roisin Dwyer	Surgery
MPhil	Jason Mulhern	The impact of cognitive dysfunction on the occupational performance of cancer survivors post-chemotherapy	Prof Agnes Sheil	Occupational Therapy

Research Funding Awards

In 2023 new cancer research funding contracts awarded to the University of Galway totaled €2,686,582. Ongoing project awards can span several years and have detailed in previous annual reports.

Funder and Award	Research Project	Recipient PI(s)
EU Erasmus+ Cooperation Partnerships	EduCanNurs- Towards Cancer Care Continuum Approach in Undergraduate Nursing Education	Dr Maura Dowling <i>School of Nursing</i>
Horizon Europe: EU4Health	DigiCanTrain -Digital Skills Training for Health Care Professionals in Oncology	Dr Maura Dowling <i>School of Nursing</i>
Irish Cancer Society	Implementation of the newly developed cancer survivorship initiative (Moving On Programme) as part of standardized cancer services with the aim of improving the health and wellbeing of cancer survivors	Prof Patrick Gillespie <i>School of Economics</i>
Horizon Europe: European Research Executive Agency	NO-CANCER-NET MSCA Doctoral Network Grant	Prof Sharon Glynn <i>School of Medicine</i>
Galway University Foundation-National Breast Cancer Research Institute	Breast Cancer Research at University of Galway	Prof Michael Kerin <i>School of Medicine</i>
Health Research Board	Cancer Trials Enhancement Award 2024-2027	Dr Janusz Krawczyk <i>School of Medicine</i>
Irish Cancer Society	A multicenter, early phase clinical trial to evaluate transposon based CD19- specific autologous CAR T cells in patients with Relapsed/Refractory B cell lymphomas	Dr Janusz Krawczyk <i>School of Medicine</i>
Cancer Trials Ireland	Cancer Trials	Dr Janusz Krawczyk <i>School of Medicine</i>
Enterprise Ireland	Commercialisation Fund Feasibility Study grant for OncDB platform	Dr Michael McCarthy <i>Medical Oncology</i>
Horizon Europe ERC Starter Grant	MechanoGAP - Personalised Mechanobiological Models to Predict Tumour Growth and Anti-Cancer Drug Penetration	Dr Eoin McEvoy <i>School of Engineering</i>
Galway University Foundation	A Study to Understand the Needs and Experiences of Patients with Intellectual Disability in Access and Utilisation of Cancer Services	Dr Veronica McInerney <i>School of Medicine</i>
Enterprise Ireland Commercialisation Fund - Feasibility	Nanoparticle delivery of a sialyltransferase inhibitor to restore anti- tumour immunity	Prof Michael O'Dwyer <i>School of Medicine</i>
Horizon Europe ERC Proof of Concept	NeuroProtect - A novel therapy to prevent Chemotherapy-Induced Peripheral Neuropathy	Prof Martin O'Halloran <i>Medicine/Engineering</i>
Naughton Fellowships Faculty Research Accelerator Program	Naughton Fellowship_Synthetic essentiality of TRAIL/TNFSF10 in VHL-deficient renal cell carcinoma	Dr Eva Szegezdi <i>School of Biological and Chemical Sciences</i>

Symposia and Networking Events

Date	Event Details (Venue)	Host PI
Feb 2023	Networking conference: Research on cancer screening in Ireland (University of Galway)	Dr Alice Le Bonniec <i>School of Psychology</i>
Apr 2023	CURAM Day of Immunology (University of Galway)	Dr Aideen Ryan <i>School of Medicine</i>
May 2023	ENLIGHT Cancer Networking Event and Academic Industry Meeting (AIM)	<i>Cancer Centre and ENLIGHT Galway Office</i>
June 2023	GUH Academic Research Day (University Hospital Galway)	Saolta Academic Office
Sept 2023	2 nd BioBANC Symposium (University of Galway)	Dr Nicola Miller, Dr Sonja Khan, <i>School of Medicine</i>
Sept 2023	Sir Peter Freyer Surgical Symposium (University of Galway)	Prof Michael Kerin, Prof Oliver McAnena, <i>School of Medicine</i>
Sept 2023	Blood Cancer Network Ireland Annual Symposium (Hilton Kilmainham, Dublin)	Dr Eva Szegezdi, <i>School of Biological and Chemical Sciences</i>
Oct 2023	CLuB Cancer Consortium Symposium (Trinity College Dublin)	Dr Pilib O Broin, <i>School of Mathematics and Statistical Sciences</i>
Oct 2023	Irish Association of Nurses in Oncology	Caitriona Duggan, <i>School of Nursing</i>
Oct 2023	School of Medicine Undergraduate Research Day (University of Galway)	Dr Sanjeev Gupta, <i>School of Medicine</i>
Nov 2023	All-Island Cancer Research Institute <i>AICR/start</i> symposium (University of Galway)	Dr Laura Barkley, Prof Michael Kerin, <i>School of Medicine</i>
Nov 2023	Translational Medicine Alliance Ireland launch (Trinity College Dublin)	Dr Pilib O Broin, <i>School of Mathematics and Statistical Sciences</i>

Cancer Seminar Series 2023

The monthly **Cancer Seminar Series** continued in 2023 for staff, students and trainees at University of Galway and Saolta University Healthcare Group. Hosted by **Dr Michael McCarthy** this multidisciplinary, cancer education meeting is open to clinical and academic attendees joining in person and online across the west and northwest.

Date	Title	Presenter
Jan 2023	Stromal cells as immunotherapeutic targets in Colorectal cancer	Dr Aideen Ryan (associate professor of tumour immunology)
Feb 2023	Integrated model of care for patients on oral anti- cancer medications	Dr Janice Richmond (advanced nurse practitioner) and Dr Patrick Murphy (HRB Primary Care Clinical Trials Network)
Mar 2023	Cancer Survivorship: Exploring ways to reduce treatment burden	Prof Aoife Lowery, (associate professor of surgery)
Apr 2023	Targeting Cell Communication in Breast Cancer for Development of Novel Therapies	Dr Roisin Dwyer (associate professor of translational science)
May 2023	Research through clinical academic partnerships: Why it is time for the nurse profession to start contributing to the science of evidence-based cancer care.	Caitriona Duggan (advanced nurse practitioner) and Dr Peter Carr (associate professor of nursing)
Jun 2023	Training and Education for Clinical Research	Dr Sonja Khan (head of education, Institute for Clinical Trials)
Nov 2023	Psycho-Oncology:A Vision for the West	Dr Natalie Hession (cancer services principal psycho-oncologist)
Dec 2023	Physics Input in the Patient Oncology Pathway	Ms Anna Sweetman, Mr Cathal Coen, Ms Aoife Donnellan (medical physics)

Patents and Invention Disclosures

Title	PI(s)	Type
A PET Radiogenomic Nomogram to Predict Overall Survival of Non-Small Cell Lung Cancer Patients	Dr Aaron Golden	Invention Disclosure
Inhibitor of oxidised microRNA-133 for cancer-related muscle loss (cachexia)	Dr Katarzyna Whysall	Invention Disclosure
Hemin-loaded hyaluronan hydrogel for treatment of breast cancer through scavenging of nitric oxide and modulation of tumour angiogenesis	Prof Abhay Pandit	Invention Disclosure
Spiral Choke Design for Microwave Ablation needle	Jimmy Eaton Evans	Patent Granted 201880065563.5



The **Clairin Cairde** community group visited the Clinical Research Facility and Lambe Institute, hosted by Dr Veronica McInerney, in February 2023, as part of the CRF public engagement programme.



CancerSoc hosted a Careers in Oncology Networking Event in March 2023. Pictured are Anne Duchesne (medical student), Dr Anne Marie Quinn, Prof Michael O'Dwyer, Prof Sean Hynes, Jessica Prendergast (medical student), Prof Aoife Lowery and Olive Gallagher.



Olive Gallagher and Prof Michael Kerin pictured at the launch of the *Institute for Clinical Trials* at University of Galway in May 2023.



The University NBCRI research team hosted the *Galway Chamber Connect* event in May 2023 at the Lambe Institute.



Prof Michael Kerin, Prof Sharon Stack and colleagues at the event of signing of a memorandum of understanding between University of Notre Dame and University of Galway to support the *Biseach Initiative* in August 2023.

Advanced Therapies and Cancer Trials Cluster at Galway University Hospitals and University of Galway

2023 marked the establishment of the Clinical trials Institute at University of Galway/ Saolta. In parallel with its mission, the Advanced Therapies and Cancer Trials Cluster (ATC) continued its mission to improve health by supporting the development of better

and safer treatments and diagnostics for disease management and prevention through excellence, partnership, clinical need, integration, sustainability and inclusion.

Strategic Objectives and Achievements.

The core objectives of the Cancer Clinical Trial Cluster for 2023 were to:

1. Enhance cancer clinical trial access to the population in the West of Ireland
2. Expand and diversify cancer trial portfolio
3. Increase cancer clinical trial recruitment
4. Strengthen international collaborations
5. Secure further funding
6. Harmonise our actions and work together toward meeting the national target and core standards set by of Organisation of European Cancer Institutes.

Trial Enrolment and Integration Achievements

During 2023 there were twenty three active cancer clinical trials open within the cluster. Throughout the year, a total of 89 new patients were enrolled onto interventional trials and 488 patients received cancer trial treatment and /or comprehensive cancer trial follow-up.

An additional eight cancer clinical trials concluded with study close out procedures completed.

Research activity was supported by a research team of thirteen staff comprised of research nurses, research associates/ assistants, data entry officers and administrative officer.

Diversity of the cancer trial portfolio was enhanced through engagement with a number of new collaborators: Embracing the age of digital transformation using digital technology and telehealth, Prof A Lowery was the national lead for a EU4 Health Programme, the eCAN Joint Action Network. This program of work aimed to explore the role of telemedicine on the rehabilitation of patients affected by Head and Neck Cancer and breast cancer after surgery and telemedicine in addressing the psychological needs of patients with

advanced cancer. Through this we have collaborated with the National Digital Lead and national Artificial Intelligence Lead within the Health Service Executive. Furthermore, the trial interventions were delivered by physiotherapy, psychology and nursing thus complementing our ambition to extend the conduct of cancer trials across the multidisciplinary team.

To complement the digital transformation theme, international collaboration was established with the Office of Nursing Research at Memorial Sloan Kettering New York. A nurse led telemedicine proposal was supported by Industry.

The survivorship trial 'UCARE' supported by the Irish Cancer Society has cemented collaboration with colleagues at the Research Centre for Advanced Cardiovascular Imaging and Core Laboratory and the INSIGHT Centre for Data Analytics University of Galway. This project is an example of a project shaped by clinical guidelines policy and practice influences. (European Society of Cardiology doi.org/10.1093/eurheartj/ehac244)

The UCARE trial, coordinated at the Galway site, is the first academic led, multi-center cancer trial

successfully rolled out (in June 2023) regionally to Mayo, Sligo and Portlincula University Hospitals and includes collaboration with local Private hospital group.

Dr Michael McCarthy, Medical Oncologist took the clinical lead in delivering Gynaecological cancer trials. In collaboration with Cancer Trials Ireland and Industry, he is preparing for initiation of endometrial and ovarian cancer trials. To ensure gender balance and support for GU trials for men, we worked closely in collaboration with colleagues within Irish Research Radiation Oncology Group (IRROG) network, to facilitate the set up and initiation of prostate cancer trials (Dacl HyCap, Compare and Preserve) within the IRROG Galway group.

Strategies to include Medical Device Clinical Investigations into the cancer trial group have demonstrated effectiveness. The Wavelia Trial, investigating Microwave imaging as a novel modality for the detection of breast Cancer, led by Professor Michael Kerin was initiated within the group in early 2023. This has further strengthened the partnership with French innovators MVG Industries and colleagues within the CRF- University of Galway Trial Sponsor Coordinating group.

Engagement with University of Galway physiologists and innovators, Professor Ananya Gupta and Professor Sanjeev Gupta also commenced in 2023, supporting the development of a trial protocol for a novel Enterprise Ireland Funded Medical device project to investigate neutropenia.

In keeping with the importance of diversity in trial methodology and design, there is a clear

understanding that significant clinical outcomes for our patients may be gained through participation in Window of Opportunity (WOO) trials and surgical trials in cancer Collaboration with the International Breast Cancer Study Group and UCC commenced to prepare to undertake the first Neoadjuvant Breast Surgery WOO trial within the group. While collaborations with the Royal College of Surgeons, National Surgical Research Support Centre (RCSI NSRSC) and UK Breast Surgery groups, University Hospital Derby and Burton NHS Foundation Trust and the University of Warwick led to preparations to open the breast surgery trial 'ATNEC'

A number of collaborations established by Prof J Krawczyk has led to the introduction of high quality haematology clinical trials into Ireland. Examples of such are: HOVON, a Dutch a non-profit organisation committed to improving outcomes of patients with haematological disease, opened a portfolio of acute myeloid leukaemia trials across seven sites in Ireland. Collaboration with the European Myeloma Network (EMN) has resulted in the introduction of the 'Majestic trial' opening across six Irish sites. The HOVON and EMN trials, supported by Irish Cancer Society, will be delivered in collaboration with Cancer Trials Ireland.

Partnership with the Spanish cell therapy network provides opportunity for academic cell therapy trials in cancer. A formal research agreement was signed in 2023 with European Research Organisation PRATIA that aims to introduce and make accessible a portfolio of research projects to Ireland.

Clinical trials active in 2023

	Disease group	Trial Acronym	Trial Title	PI
1	Breast	Wavelia-	A stage 2 open-label, single site, pilot clinical investigation to assess the detectability and sizing of invasive breast cancers, the detectability of benign breast lesions, as well as the differentiation between malignant and benign breast lesions using the Wavelia #2 microwave breast imaging system https://www.cancertrials.ie/cti-trials/wavelia/	Professor Michael Kerin
2	Breast	Ucare	Understanding cardiac events in breast cancer (Ucare) https://www.cancertrials.ie/cti-trials/ucare-ts/	Professor Aoife Lowery
3	Breast	Trio 045	A phase iii, randomized, open-label, multicentre study evaluating the efficacy and safety of adjuvant giredestrant compared with physician's choice of adjuvant endocrine monotherapy in patients with oestrogen receptor-positive, her2-negative early breast cancer https://www.clinicaltrials.gov/study/nct04961996	Professor Maccon Keane

	Disease group	Trial Acronym	Trial Title	PI
4	Lung	Regeneron 3767- onc-2011 melanoma	Regeneron 3767 onc 2011 trial phase 3 trial of fianlimab (regn3767, anti-lag-3) + cemiplimab versus pembrolizumab in patients with previously untreated unresectable locally advanced Or metastatic melanoma https://www.cancertrials.ie/cti-trials/r3767-onc-2011/	Professor Paul Donnellan
5	Melanoma	Regeneron 2810- onc-1788 squamous cell carcinoma	A randomized, placebo-controlled, double-blind study of adjuvant cemiplimab versus placebo after surgery and radiation therapy in patient with high-risk cutaneous squamous cell carcinoma https://www.cancertrials.ie/cti-trials/r2810-onc-1788/	Professor Paul Donnellan
6	Melanoma	R3767- onc-2055	A phase 3 trial of fianlimab (anti lag 3) and cemiplimab versus pembrolizumab in the adjuvant setting in patients with completely resected high risk melanoma https://www.cancertrials.ie/cti-trials/r3767-onc-2055/	Professor Paul Donnellan
7	Ovary	Prima	a phase 3, randomised, double-blind, placebo controlled multicentre study of niraparib maintenance treatment in patients with advanced ovarian cancer following response on front-line platinum-based chemotherapy https://clinicaltrials.gov/study/nct02655016	Professor Paul Donnellan
8	Prostate	Peace	A prospective randomised phase 3 study of androgen deprivation therapy with or without local radiotherapy with or without abiraterone acetate and prednisone in patients with metastatic hormone-na • ve prostate cancer	Prof Cormac Small
9	Breast	Oasis-4	A double-blind, randomized, placebo-controlled multicentre study to investigate efficacy and safety of elinzanetant for the treatment of vasomotor symptoms induced by adjuvant endocrine therapy, over 52 weeks in women with, or a high risk for developing hormone- receptor positive breast cancer https://clinicaltrials.gov/study/nct05587296	Professor Maccon Keane
10	Lung	Neocoast- 2/ d9077c00001	Phase ii open-label, multicentre, randomised study of neoadjuvant and adjuvant treatment in patients with resectable, early-stage (ii to iiia) non-small cell lung cancer (neocoast-2) https://www.clinicaltrials.gov/study/nct05061550	Dr Silvie Blaskova
11	Myeloma	Maia	Phase 3 study comparing daratumumab, lenalidomide, and dexamethasone (drd) vs lenalidomide and dexamethasone (rd) in subjects with previously untreated multiple myeloma who are ineligible for high dose therapy https://clinicaltrials.gov/study/nct02252172	Professor Amjad Hayat
12	AML	Hovon 150	A phase 3, multicentre, double-blind, randomized, placebo-controlled study of ivosidenib or enasidenib in combination with induction therapy and consolidation therapy followed by maintenance therapy in patients with newly diagnosed acute myeloid leukaemia or myelodysplastic syndrome with excess blasts-2, with an idh1 or idh2 mutation, respectively, eligible for intensive chemotherapy. https://www.cancertrials.ie/cti-trials/hovon-150/	Professor Janusz Krawczyk
13	Myeloma	Gmi-1271-301	A phase iii randomized, double-blind trial to evaluate the efficacy of uproleselan administered with chemotherapy versus chemotherapy alone in patients with relapsed/refractory acute myeloid leukaemia https://www.clinicaltrials.gov/study/nct03616470	Professor Janusz Krawczyk
14	CML	Enest freedom	A single-arm, multicentre, nilotinib treatment-free remission study in patients with bcr-abl1 positive chronic myelogenous leukaemia in chronic phase who have achieved durable minimal residual disease (mrd) status on first line nilotinib treatment. https://clinicaltrials.gov/study/nct01784068	Professor Janusz Krawczyk

Disease group	Trial Acronym	Trial Title	PI
15 Myeloma	Majestec-4	Phase 3 study of teclistamab in combination with lenalidomide and teclistamab alone versus lenalidomide alone in participants with newly diagnosed multiple myeloma as maintenance therapy following Autologous stem cell transplantation https://www.cancertrials.ie/cti-trials/majestec-4	Professor Janusz Krawczyk
16 Telemedicine	Ecans	Joint action on strengthening eHealth including telemedicine and tele monitoring for health care systems for cancer prevention and care - ecan	Professor Aoife Lowery
17 Myeloma	Cpd dara	Phase 1b of cyclophosphamide, pomalidomide, dexamethasone and daratumumab (cpd-dara) in patients with relapsed/refractory multiple myeloma. (the cpd-dara study) https://clinicaltrials.gov/study/nct04667663	Professor Janusz Krawczyk
18 CLL	CII17	a phase 3 multicentre, randomized, prospective, open-label trial of ibrutinib monotherapy versus fixed-duration venetoclax plus obinutuzumab versus fixed-duration venetoclax plus ibrutinib in patients with previously untreated chronic lymphocytic leukaemia (cll) https://clinicaltrials.gov/study/nct04608318	Professor Amjad Hayat
19 Lymphoma	Chronos	a phase iii, randomized, double-blind, placebo-controlled study evaluating the efficacy and safety of copanlisib in combination with rituximab in patients with relapsed indolent b-cell non-hodgkin's lymphoma (inhl) - chronos-3 https://clinicaltrials.gov/study/nct02367040	Professor Amjad Hayat
20 Myeloma	Cc-220-mm-002 excaliber	a phase 3, randomised, multicentre, open-label study comparing iberdomide, daratumumab and dexamethasone (iberdd) versus daratumumab, bortezomib, and dexamethasone (dvd) in subjects with relapsed or refractory multiple myeloma (rrmm) https://www.cancertrials.ie/cti-trials/excaliber-rrmm	Professor Janusz Krawczyk
21 Myeloma	Ca057-001 successor	a phase 3, two-stage, randomized, multicentre, open-label study comparing cc-92480, bortezomib and dexamethasone (480vd) versus pomalidomide, bortezomib and dexamethasone (pvd) in subjects with relapsed or refractory multiple myeloma (rrmm) https://clinicaltrials.gov/study/nct05519085	Professor Janusz Krawczyk
22 Healthy Volunteer	Bone marrow projects visicort bmr etc	tissue procurement for gmp validation and research	Professor Janusz Krawczyk
23 Lymphoma	Beigene	phase 3 randomized, open-label, multicentre study comparing zanubrutinib (bgb-3111) plus rituximab versus bendamustine plus rituximab in patients with previously untreated mantle cell lymphoma who are ineligible for stem cell transplantation https://clinicaltrials.gov/study/nct04002297	Professor Amjad Hayat

Governance and Educational Frameworks

The Governance of the conduct of cancer clinical trials continued through oversight provided by Clinical Research Development Office (CRDO), which provides support and oversight for contract, finance and quality management for clinical trials across the SAOLTA region.

Patient Public Involvement

The importance and value of bringing the voice and perspective of the patient and public into our research was sustained during 2023. A total of 5 meetings with the Women's Cancer Survivorship panel took place. Contribution enabled the group to identify research questions relevant to current cancer care, design and develop research material and communicate the results of our cancer research in a way that can be understood by a broad audience.

Education and Learning

As part of the continuum to advance patient outcomes, the group continued to impart knowledge and expertise to future research leaders. A culture of enquiry and collaboration amongst cancer researchers continued to be fostered through ongoing training and educational opportunities offered through the University of Ireland and the structures in place within the cancer research cluster for conducting research through a robust six – twelve week orientation, training and education program for on boarding staff . Cancer clinical trial

scholarships were awarded to six post graduate students undertaking the Masters in Clinical Research Program- supervision was delivered by members of the cancer cluster. Dr Sonya Khan leads the Masters in Clinical Research that is available to researchers and provides a strong foundation for early career researchers. First in Man Module delivered by Dr McInerney and the Saolta Cancer Seminar coordinated by Dr Michael McCarthy were also accessible to researchers.

Cancer Clinical Trial Funding 2023

Resources to support the delivery of cancer clinical trials is dependent on competitive grant funding- sources are which are detailed on the table 2 below.

Funder	Activity	Amount	Awardee
Industry Sponsored Clinical Trial Specific Funding	Multiple cancer clinical trials as detailed on table 1	Activity related 2023 Total €578,028	Prof Michael Kerin Prof Paul Donnellan Dr Silvie Blaskova Prof Maccon Keane Prof Michael O Dwyer Prof Amjad Hayat Prof Janusz Krawczyk Prof Aoife Lowery Prof Gregory Leonard
Irish Cancer Society/ Cancer Trials Ireland Grant Funding Award	Underfunded Academic CTI trials listed on Table 1 during year 2023.	€55,000	Prof Janusz Krawczyk & Co Applicants
HRB -Enabling grant for Cancer trials in Ireland Cluster Jan 2022- 31 March 2023	Enable the infrastructure and supports to Establish a SAOLTA- wide cancer clinical trial hub - grant ended March 2023.	€100,000	Prof Maccon Keane & Co Applicants
HRB CTEA 2023-01	University of Galway Saolta Cancer Trials Cluster Enhancing Grant	710,000	Prof Janusz Krawczyk & Co Applicants
Catalyst Award Irish Cancer Society: CTCA -22-004	Multicentre, collaborative Clinical Trials Evaluating Frontline BiTE Therapies in Patients with Relapsed/Refractory Hematological Malignancies	€80,000	Prof Janusz Krawczyk
Janssen Sciences Ireland/ Johnson & Johnson educational grant	Study to Understand the Needs and Experiences of Patients with Intellectual Disability in Access and Utilisation of Cancer Services	€10,000	Dr Veronica McInerney
School of Medicine University of Galway Staff Mobility & Networking Grant 2023	Strengthen Nursing Research Collaboration with Oncology colleagues ,Nursing Research Memorial Sloan Kettering Cancer Institute NY	€3,000	Dr Veronica McInerney
European Health and Digital Executive Agency (HADEA Project 101075326	EU Joint Action on strengthening eHealth including telemedicine and remote monitoring for health care systems for cancer prevention and care (eCAN	€128,000	Professor Aoife Lowery

Funder	Activity	Amount	Awardee
Oncology Novartis Ireland Ltd. Project Grant	Telemedicine as a Support to Patients with Advanced Breast Cancer – A Scoping Review of The Treatment Care And Outcomes Of Patients Prescribed Ribociclib in the West of Ireland.	€18000	Dr Veronica McInerney
National HSE Health & Social Care Professions Office Research Seed Funding	Head & Neck Cancer: HSCP pathways, practices and considerations	€18,000	Ms Catherine O Sullivan/ Ms Aoife Burke/ Ms Meghan Carter/ Ms Fionnuala Ginty/
National Cancer Control Program	Cancer Clinical Trials Nurse	€100,000	Galway University Hospitals Division of Nursing

Conclusion

Cancer Clinical Trial activity preceding 2023 and throughout culminated in successfully securing the HRB cancer clinical trials enhancing grant funding award for the Saolta region (CTEA-2023-001- Title University of Galway Saolta Cancer Trials Cluster)

Key Priorities 2024

The program of research planned for 2024-2026 outlined in the CTEA-2023-001 grant proposal highlights key priorities – attention in 2024 will be given to implementing strategies to enhance a regionalised sustainable approach to delivering cancer clinical trials and to diversify trial design to increase trial recruitment and enable access to the underserved populations in the West and North West of Ireland with particular focus on rural population, elderly and people with disability.

National Breast Cancer Research Institute



The start of our fundraising year got off to a glamorous beginning in January with two Gala Balls. In Tuam, the inaugural Charlotte's Vision New Year's Eve Ball took place while in Loughrea SuperMac's held their Charity Gala Ball for the National Breast Cancer Research Institute (NBCRI). At the end of January the charity received a surprise addition to its fundraising as Kirby Group Engineering donated €60,000 from their 'Kirby Way Cycle'.

More surprises were ahead, as in February NBCRI's 'Swim in Pink' fundraising initiative won 'Best Outdoor Event of 2022', before it was time for our annual Valentine's Ball, one of the many excellent events organised by the charity's Galway Fundraising Committee, and in Offaly a new Breast Cancer Research Ball took place.

In March, as part of International Women Day, HID Global held a celebration of women with guest speaker, Nina Carberry. Also in March the second 'Walk in Pink' fundraiser took place, which went from raising €3,000 in 2022 to €17,000 in 2023.

University of Galway CancerSoc held their now annual white collar boxing fundraiser, 'Box in Pink' for the charity with over thirty students taking part.

In April the first of the charity's 'Play in Pink' golfing days at clubs nationwide began with a schedule of events taking place right up to November. April also saw the 2023 launch of 'Tennis 4 Cancer' a fundraising initiative organised by Grace Owens for Arc Cancer Support and NBCRI were Tennis Club hold T4C Days to raise money for both charities. A big thanks to Dundalk Rugby Club who also held a Gala Ball for NBCRI and raised €10,000. The people of Mayo turned out in force once more to support 'Mayo Pink Ribbon' where over 400 cyclists took to the road in support of NBCRI including former Taoiseach, Enda Kenny and former Mayo senior footballer ad TD Alan Dillion.

In May NBCRI played host to Chamber Connects with the Galway Chamber of Commerce at the Lambe Institute. This was a great opportunity for the charity to highlight its work and show where monies raised goes to the local business community.

In June ladies took to the streets of Dublin to take part in the Vhi Women's Mini Marathon while also in June the Lodge at Ashford Castle held NBCRI's annual Ladies lunch, 'The Pink Afternoon'. There was more wonderful news about 'Swim in Pink' as the fundraiser won the Gym+Coffee 'Make Life Richer Award' for the best 'Small Fitness/Wellness Event 2022'.

In July, NBCRI took part in the hugely popular 'Ring of Kerry Charity Cycle' for the first time. This is the biggest cycle in the county with thousands taking part. NBCRI were a tier 2 charity partner and were required to supply fundraising cyclists and volunteers to help manage the event which was a great success. As part of The Byrne Group Charity Partnership a fundraising lunch 'Prom to Paddock' was held during The Galway Races at the Salthill Hotel. MC'ed by Meghann Scully and 2FM DJ Laura Fox with Tipsters, Tracy Piggott and Tom Lee and entertainment from 'X' Factor star, Mary Byrne. Also during race week, The Ardilaun Hotel held a charity luncheon for NBCRI sponsored by Deloitte. In September, to coincide with World Cancer Research Day, a special screening of Science on Screen 'The People There to Catch Us' took place at the Town Hall Theatre featuring Dr Róisín Dwyer from the research team. In October, Breast Cancer Awareness Month many individuals and businesses held fundraising events for the charity. In Galway, Brown Thomas held their 2023 Autumn/Winter Fashion Show at the Glenlo Abbey Hotel. While Seapoint Leisure held 'Bingo in Pink'. John Divilly in association with Paul Byrnes Media had an Art Auction.

In December, NBCRI held an 'Open House/Lab Tour' for fundraisers and supporters to show how their donations are used and the impact it makes in the development of breast cancer research. A Christmas raffle was held in association with FahyTavel which was a great success and raised €41,994.

The year ended with the incredible announcement that the National Breast Cancer Research Institute are the SPAR/EUROSPAR Charity Partner 2024/2025 exciting times ahead and a fantastic year for fundraising at NBCRI.



Appendix

Cancer Research Publications 2023

Reference	DOI
Connolly, C., Herson, O., Carr, P. and 6 more (...) (2023). Artificial Intelligence in Interprofessional Healthcare Practice Education—Insights from the Home Health Project, an Exemplar for Change. <i>Computers in the Schools</i> ,40(4) 412-429	10.1080/07380569.2023.2247393
Ennis, S., Broin, P.O., Szegezdi, E. (2023). CCPlotR: an R package for the visualization of cell-cell interactions. <i>Bioinformatics Advances</i> ,3(1)	10.1093/bioadv/vba d130
Mahdi, A.F., Nolan, J., O'Connor, R.Í. and 4 more (...) (2023). Collagen-I influences the post-translational regulation, binding partners and role of Annexin A2 in breast cancer progression. <i>Frontiers in Oncology</i> , 13	10.3389/fonc.2023.1270436
Hussain, N.M., Amin, B., O'Halloran, M. and 1 more (...) (2023). Dielectric Characterization of Interstitial Fluid Phantoms for Hypoxia Monitoring at Microwave Frequencies. 2023 Photonics and Electromagnetics Research Symposium, PIERS 2023 - Proceedings, 1732-1737	10.1109/PIERS59004.2023.10221244
Vidjak, K., Farina, L., Ruvio, G. and 2 more (...) (2023). Ethylene Glycol Based Phantoms for High-Loss and Malignant Tissue at Microwave Frequencies. 17th European Conference on Antennas and Propagation, EuCAP 2023,	10.23919/EuCAP57121.2023.10133186
Pittiruti, M., Van Boxtel, T., Scopettuolo, G. and 12 more (...) (2023). European recommendations on the proper indication and use of peripheral venous access devices (the ERPIUP consensus): A WoCoVA project. <i>Journal of Vascular Access</i> ,24(1) 165-182	10.1177/11297298211023274
Rickard, C.M., Larsen, E., Walker, R.M. and 7 more (...) (2023). Integrated versus nonintegrated peripheral intravenous catheter in hospitalized adults (OPTIMUM): A randomized controlled trial. <i>Journal of Hospital Medicine</i> ,18(1) 21-32	10.1002/jhm.12995
McEvoy, E., McNamara, L.M. (2023). Mechanobiology regulation. <i>Multiscale Cell-Biomaterials Interplay in Musculoskeletal Tissue Engineering and Regenerative Medicine</i> ,127-160	10.1016/B978-0-323-91821-3.00007-4
Leahy, M., Griffin, L., Harrington, R. and 1 more (...) (2023). Poor availability in Ireland of hats meeting sun-protective standards. <i>Clinical and Experimental Dermatology</i> ,48(1) 32-34	10.1093/ced/llac005
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Saolta

Grúpa Ollscoile Cúram Sláinte
University Health Care Group

Galway University Hospitals
Letterkenny University Hospital
Mayo University Hospital
Portiuncula University Hospital
Roscommon University Hospital
Sligo University Hospital