

N. IRELAND CANCER REGISTRY NEWSLETTER



**N. Ireland Cancer Registry
Newsletter**

July 2015

Centre for Public Health, Queen's University Belfast

N. Ireland Cancer Registry celebrating 21 Years of Local Information on Cancer



N. Ireland Cancer Registry Staff



N. Ireland Cancer Registry Report Launch - 15th May 2015, Great Hall, QUB

The N. Ireland Cancer Registry recently launched 2 Reports : "Dying with Cancer: Perspectives of Bereaved Relatives and Friends", a Cancer Focus Northern Ireland funded report and "Cancer incidence trends 1993-2013 with projections to 2035", see pages 2 & 3 for more detail.



Pictured at Launch: Mrs Roisin Foster, Dr Miriam McCarthy, Mrs Deirdre Fitzpatrick, Dr Anna Gavin, Dr Victoria Cairnduff, Dr Paddy Woods and Dr David Donnelly

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Report Launch “Dying with Cancer – Perspectives of Bereaved Relatives and Friends” - *Dr Victoria Cairnduff*

Research Team:

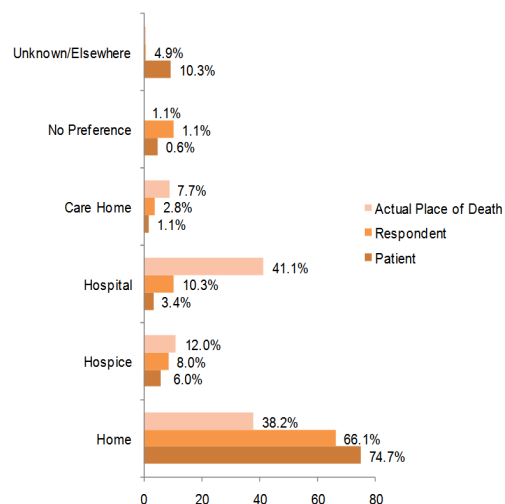
Dr Victoria Cairnduff, Mrs Deirdre Fitzpatrick

The launch of “Dying with Cancer: Perspectives of Bereaved Relatives and Friends”, a Cancer Focus NI funded report was held in the Great Hall of Queen’s University Belfast on the 15th May 2015. The launch was supported by several speakers including Dr. Paddy Woods (Deputy Chief Medical Officer), Dr. Miriam McCarthy (Consultant in Public Health Medicine, Public Health Agency), Mrs Roisin Foster (Chief Executive of Cancer Focus NI) and Mr Dooley Harte who shared his personal experiences with us in a very moving talk. The report which follows on from “Why cancer patients die in acute hospitals?” investigated factors influencing place of death, specifically those that enable cancer patients to die at home. A major finding was the role of family and friends as unofficial carers.

Key recommendations:

1. Healthcare Professionals (HCPs) caring for patients with end of life care needs should have enhanced training in effective communication particularly in initiating discussions about likelihood of death and preferred place of death. This would help enable patients receive end of life care in their preferred place of death wherever possible.
2. HCPs responsible for delivering end of life care in any setting should be encouraged to complete an evidence based training programme, for example the European Certificate in Essential Palliative Care.
3. Introduction of models such as the ‘Delivering Choices’ program and Rapid Response Teams should be explored for NI to reduce inappropriate ambulance use and admission to hospital.
4. All patients nearing end of life should have a knowledgeable key healthcare worker to provide practical and emotional support for the family and to co-ordinate end of life care according to needs of patient and family.
5. The burden that providing informal care at home puts on family and friends should be further researched to establish how best to support them in this role both practically and financially.

Fig 1. Patients’ and Respondents’ Preferred Place of Death at three months prior to death compared with actual Place of Death



Dr Victoria Cairnduff, Dr David Donnelly and Mrs Deirdre Fitzpatrick at the launch.

The full report is available online at

<http://www.qub.ac.uk/research-centres/nicr/>

Report Launch—Cancer incidence trends 1993-2013 with projections to 2035” - Dr David Donnelly

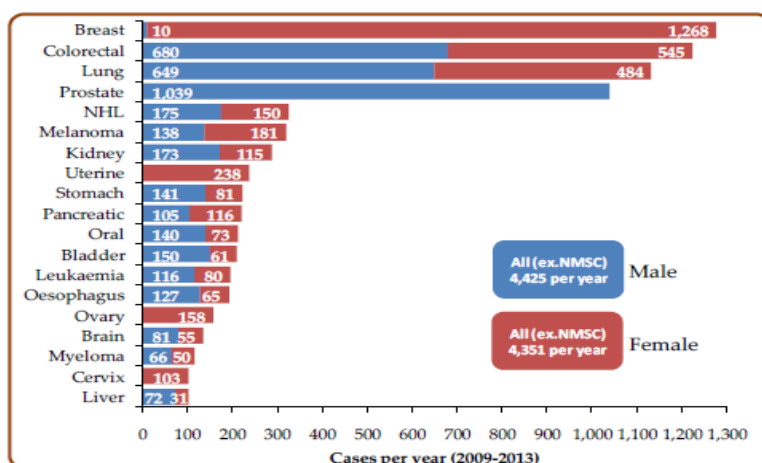
The extensive report “Cancer incidence trends 1993-2013 with projections to 2035” produced by the N. Ireland Cancer Registry was launched in the Great Hall of Queen’s University Belfast on the 15th May 2015. The report monitors past changes to cancer cases and rates and predicts an increase of new cancer cases which will require preparation by service planners to meet the needs of future cancer patients.

Compared to 2009-2013, when there were 4,347 male and 4,275 female cancer cases per year, the number of cancers diagnosed is expected to rise by 2020 by 25% for men and by 24% for women to 5,443 and 5,285 cases per year respectively. By 2035 the number of cancers diagnosed is projected to be 7,181 male and 6,967 females cases, a 65% rise among men and a 63% rise among women.

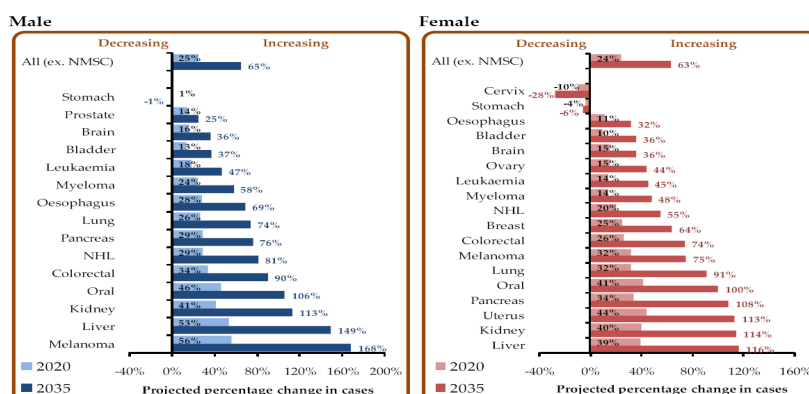
Not all cancer types are expected to increase. Cancer levels are predicted to fall for stomach and cancers of the cervix. However the number of cases diagnosed each year is expected to more than double among males for melanoma, liver, kidney and oral cancers, and among females for liver, kidney, uterine, pancreatic and oral cancers.

The potential exists to alter these projections through control of the risk factors associated with cancer including tobacco use, alcohol consumption, obesity, lack of physical exercise, lack of balanced diet and exposure to ultraviolet radiation from sunshine or sun beds. The introduction of health service initiatives that aim to either prevent or diagnose cancer early may also impact on trends. These include vaccinations (e.g. the HPV vaccination), screening (e.g. the breast, cervical and colorectal screening programmes) and levels of diagnostic tests (e.g. PSA testing for prostate cancer).

The full report is available online at <http://www.qub.ac.uk/nicr>



Cancer Cases Diagnosed in N. Ireland 2009-2013



Predictions for Cancer Cases 2020 and 2035

NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer

NCIN Cancer Outcome Conference, Belfast, 8-10th June 2015



National Cancer Intelligence Network
Cancer Outcomes Conference 2015
"United Against Cancer"
08-10 June 2015 Belfast
www.qub.ac.uk/NCIN2015



Over 500 delegates from across the globe attended the 2015 Cancer Outcomes Conference 8-10 June in Belfast. A mix of researchers, policy makers, patients and cancer charity representatives considered how routine information from health service activity could help us to understand how patients present, their pathway through the service, how service delivery differs by age, deprivation, ethnic group and geography and how to improve outcomes for patients. Public Health England supported the attendance of over 80 patients / carers. The conference closed with a lively panel debate with Chief Medical Officers or their representatives from each area of the UK.



Dr Jem Rashbass, Professor Robert Steele, Miss Sara Hiom, Dr Michael McBride, Mr Chris Carrigan, Mrs Margaret Grayson and Dr Mick Peake. Chairs / Speakers at opening session. Changing clinical practice : the importance of routine data and cancer registries.



Professor Patrick Johnston, Professor Sir Richard Peto, Dr Isabelle Soerjomataram, Miss Sara Hiom, Professor Michel Coleman and Mr Richard Stephens. Chairs and speakers for the International Issues in Cancer session.



Ms Heather Monteverde, Professor Sir Alex Markham, Dr Gina Radford, Mrs Margaret Grayson, Dr Michael McBride, Dr Ruth Hussey and Dr David Dunlop during the closing Panel Debate on future challenges for cancer services.



Dr Martin McCabe, Professor Hamish Wallace, Dr Gemma Gatta, Professor Mike Hawkins, Dr Tom Grew
Speakers / Chairs for the Teenage and Young Adult Cancer session

International Cancer Benchmarking Partnership (ICBP) Module 4

Over the last year the N. Ireland Cancer Registry continued to progress work on the International Cancer Benchmarking Partnership (ICBP), a programme of work aiming to document and explain international cancer survival variation for lung, breast, colorectal and ovarian cancers.

The ICBP is a partnership of 12 jurisdictions (New South Wales, and Victoria [Australia], Alberta, British Columbia, Manitoba and Ontario [Canada], Sweden, Denmark, Norway, England, Wales and Northern Ireland). Module 4 also includes Scotland.

The study began in 2009 and involves 5 main strands of work. More details can be found at <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/international-cancer-benchmarking-partnership-icbp>

Key achievements in the last year have included:

The first publication of findings from Module 3, a survey of General Practitioners (GP) attitudes beliefs and behaviours in partner countries and association with cancer survival. The results showed a statistically significant correlation ($p < 0.05$ or better) between readiness to investigate or refer to secondary care (based on response to patient vignettes) and cancer survival rates for that jurisdiction. No consistent associations were found between readiness to investigate and GP factors such as age, gender, practice or health system variables. To find out more about this study please click [here](#)

Module 4 which aims to determine pathway delays to cancer diagnosis and treatment has made significant progress. Each jurisdiction is collecting data via a validated standardized questionnaire on 200 symptomatic colorectal, breast, lung and ovarian cancer patients. Questionnaires are also sent to the GPs of consenting patients to confirm diagnostic route, treatment and dates, whilst information regarding secondary care is being collected from hospital records.

To date, we in NI have collected data for 358 breast cancer patients (121 screen-detected), 277 colorectal cancer patients (54 screen-detected), 215 lung cancer patients and 77 ovarian cancer patients. We have received responses from 804 GPs; 306 relating to breast cancer patients, 227 for colorectal cancer, 202 for lung cancer patient and 69 for ovarian cancer patients. The collection of secondary

care data has been completed for all consenting patients.

Preliminary results for N. Ireland indicate that 36.7% of breast cancer patients contacted their GP within the first week of noticing symptoms and only 4.9% waited 6 months or longer. 44% of lung cancer patients contacted their GP within 2 weeks of noticing symptoms, however a substantial number waited longer; 15% of lung cancer patients contacted their GP 2-5 months after noticing symptoms and 12.8% waited 6 months or longer. 17.6% of colorectal patients contacted their GP within 1 week of noticing symptoms, although 16.7% waited 6 months or longer. 23% of ovarian patients contacted their GP within 1 week of symptoms, while 18.5% waited more than 6 months.

Most patients said they were seen within a week of contacting of their GP (71.9% of breast cancer patients, 76.1% of lung cancer patients, 64.8% of colorectal cancer patients and 69.65% of ovarian cancer patients). However, 9% of lung cancer patients and 7.4% of colorectal cancer patients went straight to accident and emergency, bypassing their GP. Data collection is still ongoing in several jurisdictions and final results are expected in 2016.

Work on Module 5 of ICBP has commenced. This research is testing the hypothesis that patients who die shortly after diagnosis are more likely to be living with one or more health condition(s) - comorbidities - which affect whether they receive optimal treatment and the chances of surviving their cancer. This study is focusing on lung cancer to begin with and is linking routinely collected data from hospitals, cancer registries and, where available, clinical audits.



Life After Prostate Cancer Diagnosis – A UK wide study of Patient Reported Outcomes

Prostate cancer is the most common cancer in men in the United Kingdom, however, the treatments given can impact on the men's quality of life and also the quality of life of their partners/spouses. This project aims to find out what effect prostate cancer has had on men's physical, emotional and social wellbeing, as well as exploring the impact on their families. The combined results will lead to a detailed picture of what life is like for men with prostate cancer across the UK. Information will be gained on how circumstances can change over time, what helps the men cope with any problems and what gaps there are in support and care services.

Patients will be asked a range of questions on generic, cancer specific and prostate cancer specific patient reported outcome measures. The topics covered will include urinary and bowel functioning, sexual functioning, psychological and social well-being as well as physical social and financial concerns.

The English arm of the investigation is due to start July 2015 and it is hoped that Northern Ireland, Scotland and Wales will begin to issue questionnaires in Jan/Feb 2016 to men diagnosed between 1st November 2012 and 31st October 2014. In order to track changes over time, the men surveyed in Jan/Feb 2016 will be resurveyed in Jan/Feb 2017. A further separate cohort of men diagnosed between 1st November 2014 and 31st October 2015 will also be

surveyed; this separate cohort will be used to monitor service changes over time.

A normative study is also going to be carried out in Northern Ireland, this is to allow the hypothesis testing that significant differences in health outcomes in prostate cancer patients exist when compared to the general population. Individuals in the normative study will be aged matched within a 5 year band, and also matched on socio-economic quintile to those on the LAPCD.

Ethical approval has been granted for the English arm of the investigation, whilst ethical approval is currently being sought for the normative study and the devolved nations arm.

www.lifeafterprostatecancerdiagnosis.com



Some members of the LAPD Research Team

Back : Lucas Daly, Penny Wright, Conan Donnelly, Eila Watson, Hugh Butcher

Middle : Luke Hounsborne, Amy Downing, Linda Roberts; Rebecca Mottram

Front : Therese Kearney, Adam Glaser, Anna Gavin, Marjorie Allen, Richard Wagland

Targeting Early Diagnosis Interventions (TEDI)

In 2012, the NICR initiated a project to investigate the factors associated with dying within 3 months of a diagnosis of lung or colon cancer. This study was funded by Cancer Research UK (CRUK) the National Awareness and Early Diagnosis Initiative (NAEDI) and is led by Dr Anna Gavin and a team including GP Adviser Dr Nigel Hart, Clinical Adviser Dr Lisa Ranaghan, lead researcher Conan Donnelly with Dr Michael Donnelly and Dr Lesley Anderson of the Centre for Public Health. The study involved a comprehensive note review of GP records to review patient characteristics and the pathway to diagnosis.

Almost 25,000 GP and hospital episodes for over 2000 patients were recorded through the dedicated work of the NICR data abstraction team (Donna Floyd, Rosemary Ward, Jacqui Napier, Brid Morris and Kate Donnelly). Early results of the colon study are emerging and highlight that, as well as being older, those that die within three months of diagnosis compared to those who lived longer were more likely to be living alone or in nursing or residential care, unmarried and more deprived. These patients who died early also saw a GP more frequently in the three months before being diagnosed, were more likely to have emergency consultations and less likely to have outpatient consultations. The results identify target populations for promoting early diagnosis and will provide evidence to inform improvements to early cancer diagnosis in primary care.

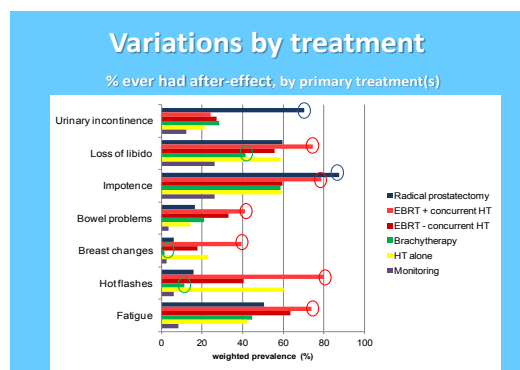
Results have been presented at the National Awareness and Early Diagnosis Initiative (NAEDI) conference in London and the at the Association of University Departments of General Practice in Ireland (AUDGPI) meeting in March 2015 as well as at the NCIN Conference in June 2015. Further work will investigate the relationship between referral patterns by General Practice and cancer mortality in Northern Ireland and, of course, the results of the lung cancer study.



All Ireland Patient Reported Outcomes following Prostate Cancer

A Prostate Cancer UK study of 3348 survivors from Ireland diagnosed 2-18 years previously with Prostate Cancer has been completed.

This All-Ireland study identified that men had multiple ongoing symptoms which included urinary incontinence 16%, impotence 57%, bowel problems 14%, fatigue 22%. These were related to treatment type. Publications related to this work are listed under the publications section of this Newsletter.



Concord-2



Dr Finian Bannon has successfully completed his secondment with the CONCORD study under Professor Michel Coleman in the London School of Hygiene and Tropical Medicine. The secondment was funded for one year part-time by Cancer Focus NI, and for 4 months by the CONCORD study. Finian benefited greatly from this experience working in a world-class cancer epidemiology group, both in terms of enhancing his statistical skills, but also the exposure to working with expert epidemiologists. In December 2014, the CONCORD team published, in the Lancet medical journal, the largest ever study of international population-based cancer survival entitled: "Global surveillance of cancer survival 1995-2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries (CONCORD-2)". International comparison of survival trends revealed very wide differences between countries that were likely to be attributable to differences in access to early diagnosis and optimum treatment. Continuous worldwide surveillance of cancer survival should become an indispensable source of information for cancer patients and researchers, and a stimulus for politicians to improve health policy and health-care systems. The study attracted media attention around the globe, and

will help evaluate progress to the World Cancer Declaration goal of major increase in patient survival by 2020.

Finian has taken up a new post since April 1st 2015 in the Centre of Public Health, School of Medicine, Dentistry and Biomedical Science, Queen's University Belfast, as a lecturer in medical statistics. This is the same centre in which the Registry is located, so he is not moving far away. In his new post, he will be lecturing on medical statistics to medical and dentistry undergraduates, and postgraduates in public health, as well as giving statistical consultancy to researchers in the centre. He'll keep a strong link with the Registry as he will set up a research portfolio within the Cancer Epidemiology and Health Services Research Group (CEHSRG), led by Professor Liam Murray, which is allied to the Registry. He will be bringing to the CEHSRG an interest and experience in population-based cancer statistics, and will develop and apply new methodological approaches to better use the Registry's data. His research will assess aspects of cancer patient outcome in N. Ireland, such as survival, and population-based estimates of treatment effects.

Official Statistics

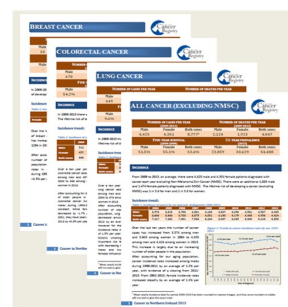
On Tuesday March 10th 2015 the N. Ireland Cancer Registry published the latest official statistics on cancer incidence survival and prevalence in N. Ireland (NI) up to the year ending December 2013. Following consultation with our user community, we have prepared a suite of fact sheets for the four most common cancers to provide some explanation and context for some key cancer statistics. In addition, for the first time the Registry published routine statistics on incidence and survival by stage at diagnosis. We plan to continue to build on these enhancements over the next year to enhance public understanding of the burden of cancer in Northern Ireland.

Key findings reported in the official statistics on cancer registration included 8,859 new cancers diagnosed in 2013 in NI (excluding 3,736 cases of the common but not generally serious non-melanoma skin cancer [NMSC]) and an increase in incidence from 3,574 among men and 3,643 among women in 2004 to 4,435 among men and

4,424 among women in 2013. These increases are largely due to our aging population. To find out more, please visit:

<http://www.qub.ac.uk/research-centres/nicr>

We always welcome feedback and suggestions as to how the cancer registry can meet user needs better. If you would like to be part of a user group or if you have any suggestions, please get respond using the link: <http://www.qub.ac.uk/research-centres/nicr/CancerStatistics/Feedbackform/>



Recent Peer Reviewed Publications (April 2014 – March 2015)

2015

- Gavin AT, Drummond FJ, Donnelly C, O'Leary E, Sharp L, Kinnear HR. [Patient reported "ever had" and "current" long term physical symptoms following prostate cancer treatments](#). BJU International 2015, Jan. <http://onlinelibrary.wiley.com/doi/10.1111>.
- Drummond FJ, Kinnear H, Donnelly C, O'Leary E, O'Brien K, Burns RM, Gavin A, Sharp L. Establishing a population-based patient-reported outcomes study (PROMs) using national cancer registries across two jurisdictions; The Prostate Cancer Treatment, your experience (PiCTure) Study. [BMJ Open](#). 2015 Apr 17;5(4):e006851. doi: 10.1136/bmjopen-2014-006851.
- O'Leary E, Drummond FJ, Gavin A, Kinnear H and Sharp L. [Psychometric evaluation of the EORTC QLQ-PR25 questionnaire in assessing health-related quality-of-life in prostate cancer survivors: a curate's egg](#). Published online March 2015 Quality of Life Research.
- Kearney TM, Donnelly C, Kelly JM, O'Callaghan EP, Fox CR, Gavin AT. [Validation of completeness and accuracy of the Northern Ireland Cancer Registry](#). Cancer Epidemiol. 2015 Mar 11. doi: 10.1016
- Allemani C, Weir HK, Carreira H, Harewood R, Spika D, Wang X, Bannon F, Ahn JV, Johnson CJ, Bonaventure A, Marcos-Gragera R, Stiller C, Silva GAE, Chen W, Ogunbiyi OJ, Rachet B, Soeberg MJ, You H, Matsuda T, Bielska-Lasota M, Storm H, Tucker TC, Coleman MP, the CONCORD Working Group. Global surveillance of cancer survival 1995–2009: analysis of individual data for 25 676 887 patients from 279 population-based registries in 67 countries (CONCORD-2). The Lancet Vol 3825 14 March 2015 DOI: [http://dx.doi.org/10.1016/S0140-6736\(14\)62038-9](http://dx.doi.org/10.1016/S0140-6736(14)62038-9)
- Quaife SL, Winstanley K, Robb KA, Simon AE, Ramirez AJ, Forbes LJL, Brain KE, Gavin A, Wardle J. [Socioeconomic inequalities in attitudes to cancer: an International Cancer Benchmarking Partnership study](#). European Journal of Cancer Prevention, accepted January 2015.
- Drummond FJ, Kinnear H, O'Leary E, Donnelly C, Gavin A, Sharp L. [Long-term health-related quality of life of prostate cancer survivors varies by primary treatment](#). Results from the PiCTure (Prostate Cancer Treatment, your experience) study. Published online 7 January 2015 J Cancer Survival.

2014

- Bhat SK, McManus DT, Coleman HG, Johnston BT, Cardwell CR, McMenamin U, Bannon F, Hicks B, Kennedy G, Gavin AT, Murray LJ. Oesophageal adenocarcinoma and prior diagnosis of Barrett's oesophagus: a population-based study. GUT online 3 April 2014.
- Gavin A, Rous B, Marcos-Gragera R, Middleton R, Steliarova-Foucher E, Maynadie M, Zanetti R, Visser O. Towards optimal clinical and epidemiological registration of Haematological Malignancies: guidelines for recording progressions, transformations and multiple diagnoses. Article in Press European Journal of Cancer March 2014.
- Bannon FJ, McCaughan JA, Traynor C, O'Brien K, Gavin AT, Maxwell AP, Comber H, Conlon PJ. Surveillance of non-melanoma skin cancer incidence rates in kidney transplant recipients in Ireland. Transplantation. Accepted January 2014
- Coleman HG, Bhat SK, Murray LJ, McManus DT, O'Neill OM, Gavin AT, Johnston BT. Symptoms and endoscopic features at Barrett's esophagus diagnosis: implications for neoplastic progression risk.
- American Journal of Gastroenterology 2014; 109:527-534. Zanetti R, Schmidtman I, Sacchetto L, Binder-Foucard F, Bordoni A, Coza D, Ferretti S, Galceran J, Gavin A, Larranaga N, Robinson D, Tryggvadottir L, Van Eycken E, Zadnik V, Coebergh JWW, Rosso S. Completeness and timeliness: Cancer registries could/should improve their performance. Article in Press Eur J of Cancer January 2014.
- Sharp L, Donnelly D, Hegarty A, Carsin AE, Deady A, McCluskey N, Gavin A, Comber H. Risk of several cancers is higher in urban areas after adjusting for socio-economic status. Results from a two-country population-based study of 18 common cancers. Journal of Urban Health, 2014, doi 10.1007/s11524-013-9846-3.
- McClements J, Fitzpatrick D, Campbell WF, Gavin A. Changes in Management and outcome of patients with rectal cancer in Northern Ireland: 1996-2006. Accepted by Colorectal Disease 2014 Feb;16(2):O58-65. doi: 10.1111/codi.12484.

Audits

N. Ireland Cancer Registry continues to audit the process of care, treatment and outcomes for patients with cancer in N. Ireland. We are currently performing audits on Breast cancer for patients diagnosed in 2012 and Lung Cancer for patients diagnosed in 2013. These audits are funded by the Guidelines and Audit Implementation Network (GAIN).

The N. Ireland Cancer Registry has also been involved in submission of data to the National Lung and Bowel Cancer audits

Cancer Staging Tool

CanStaging, the Cancer Staging Tool, is now live and can be accessed [here](#). The tool calculates TNM, Stage Group and other simplified and/or site-specific cancer staging classifications from the basic features of the patient's disease (e.g. tumour size or number of lymph nodes involved), entered by the user in a controlled fashion.

To request access to CanStaging, please download and fill in the [Application Form](#).



Data Quality

The United Kingdom and Ireland Association of Cancer Registries (UKIACR) strives to improve quality assurance of data through the development of national performance indicators (PIs). The UKIACR Quality and Performance Indicators are carried out each year and enable comparisons of timeliness, quality and data completeness for England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The information is collated and an annual report produced, consisting of a series of datasets, with accompanying explanatory commentary from each of the Registries.

In March, PIs for 2013

incidence of malignant cancers (excluding non-melanoma skin cancer (NMS)) were submitted. The N. Ireland Cancer Registry is pleased to announce that staging was available for 76% of our malignant cancers (excluding NMS cancer). This exceeded the UKIACR target of 70% and was the highest submitted amongst each of the jurisdictions. The high level of staging information may in part be attributed to the increased availability of information from electronic sources such as the Cancer Patient Pathway System (CaPPs), along with expertise of N. Ireland Cancer Registry Tumour Verification Officers and the pathological

input from Dr Caughley, Dr Loughrey and Dr Vekhrum.

The N. Ireland Cancer Registry performed well across most measures. In particular, there was a low level of notification of cases where a death certificate was the only source of information and also reported were high levels of microscopic verification of cancer diagnosis. The detail of latest PIs for N. Ireland Cancer Registry may be found at:

<http://www.qub.ac.uk/research-centres/nicr/CancerStatistics/PerformanceIndicators/>

Staff News

Awards and Congratulations

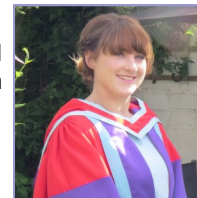


Dr Gavin received an award as a Belfast Ambassador at a ceremony sponsored by Visit Belfast and the Northern Ireland Tourist Board. This recognised the effort in bringing the NCIN Cancer Outcomes Conference to Belfast.

Dr Kerry Moore, gave birth to a beautiful baby girl in June 2014.



Dr Eileen Morgan graduated from QUB with a PhD in Medical Statistics, July 2015



Visiting Student - Laura Steentjes - a personal story



On Valentine's Day 2015 I left the Netherlands for a 5 month study period based at the N. Ireland Cancer Registry – a new adventure. Working with Dr David Donnelly and Dr Anna Gavin in the Registry, Dr Linda Sharp – Newcastle University and Dr Frances Drummond in the National Cancer Registry, Cork, my research project was soon defined. I worked on survey data from 3348 men who had completed lengthy questionnaires on Patient Reported Outcomes. My goal was to determine if there was any specific association for development of long-term severe complications of treatment. It was interesting working long distance with these researchers and also by telephone with my Dutch supervisors, Professor Sabine Siesling and Dr Jeannette van Manen.

So I did loads of reading, got to know SPSS and undertook the analysis itself with Dr Donnelly providing advice. I submitted an abstract for the International Association of Cancer Registries (IACR) conference in Mumbai and have a paper almost ready for publication. Additionally, I had a lot of educational opportunities such as attending lectures, participating in a 3 day oncology course, attending a weekly journal club and of course attending my first ever conference (NCIN in Belfast)! I can certainly say that I have learnt a lot!

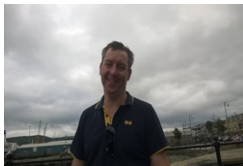
I was made very welcome at the Registry and became a short term, full member of the team. I also experienced Northern Ireland. During my stay, I went to the Ulster and Titanic museums, the Giant's Causeway and Dublin. I enjoyed, Belfast as a city because of its history. I also had the opportunity to experience, St. Patrick's day. I really had a blast. My stay in Belfast was interesting, educational and a real adventure! If I look back at my weeks here it really passed quickly and I really felt that I was part of the Registry. At the moment I am not really sure what new adventure will come my way after I am graduated with a MSC, but I do know that I will look back on my time in Belfast with a smile and that I look forward to see everybody again in the future!

Staff News

Welcome to New Staff

Three new members of Staff have recently taken up posts in the Registry.

Mr Ronan Campbell has taken up the post of Information Management and Technology Officer



Dr Victoria Cairnduff a Research Fellow who has been working with us since August 2014



Dr Eileen Morgan has taken up post of Statistician in the Registry.



Farewell



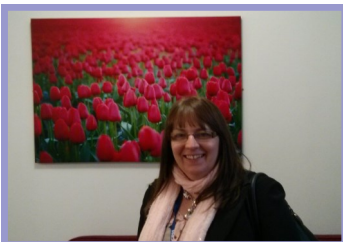
Dr Giulio Napolitano has left the Registry to take up a post in Bonn, Germany. Giulio worked in the Registry from August 2001. He has however continued his links with the Registry to work on the Cancer Staging Tool.



Dr Linda Caughley has ended her pathology support to the Registry. Linda has worked in the registry on a voluntary basis for 8 years. Linda has been invaluable and she will be greatly missed by all staff. Linda received an MBE for in for her work in the Registry in May 2012.



Dr Finian Bannon, a statistician with Registry has taken up a post as a Lecturer in Statistics in the Centre of Public Health, QUB. Finian worked with us in the Registry since March 2006.



Dr Heather Kinnear, Research Fellow has moved to a post in Middleton, Co Armagh working in Autism.

Mrs Julie McConnell who worked in the Registry as a Tumour Verification Officer for 12 years has taken up a new post with the NICOLA project in Centre for Public Health.

We would like to wish all staff who have moved to new careers good luck for the future.

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