Institiúid Ailse Choláiste
na Tríonóide/San Séamas

Trinity St James's
Cancer Institute

Compassionate care, revolutionary research

Trinity St James's Cancer Institute
Annual Report 2024

ECI
COMPREHENSIVE
Cancer Centre

OECI

RPMN 0473647634

Certificate of Accreditation and Designation

OECI

Hereby certifies that the Trinity St James's Cancer Institute Dublin, Ireland
Meets the quality standards for Cancer care and research and it is therefore, designated as **OECI**

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Introduction From Directors

It is a pleasure for us to write our 4th introduction to the annual report of the Trinity St James's Cancer Institute (TSJCI). It is remarkable to see the progress that has been made over that time in integrating and strengthening the bedrock programmes in patient care, research and education that were built here in the decades prior to our first introduction in 2021.

This report reflects the outstanding collaborative efforts of our administrative, clinical, educational, and research teams, all dedicated to delivering the highest standards of modern cancer care to our patients. The quality of services provided, despite rising demand and increasing complexity, is truly remarkable and evident in a series of significant initiatives and achievements throughout the year.

The OECI site visit on 3–4 December 2024 provided an opportunity for TSJCI to showcase our excellence across patient care, research, clinical trials and education as part of our re accreditation process. The peer review was highly successful, teams from across the cancer programme demonstrated how we deliver patient centred care, innovative research, robust education and high quality clinical trials every day. The OECI accreditation team was extremely impressed, noting that over 95% of the agreed Quality Improvement Plan from 2019 has been completed. They highlighted strengths including nurse empowerment, research structures, patient centredness, HSCP services, palliative care, survivorship, education, prevention and screening, MDT working, Power BI dashboards and Denis Burkitt Ward. Most notably, they praised the collaborative, friendly and dedicated staff who form the backbone of the cancer programme

Highlights from across the cancer centre include:

- The HOPe Directorate celebrated the 40th anniversary of the first bone marrow transplant was celebrated in June, with a special event opened by Minister for Health, Mr. Stephen Donnelly. In addition, the patient and family engagement event took place in Croke Park.
- In 2024, the recruitment of two Advanced Nurse Practitioners (ANPs) for the Young Onset Programme marked a major milestone in strengthening specialist care pathways for younger patients living with cancer.
- Strengthening partnerships: Continued invaluable work with the Patient Representative Group (PRG), which has evolved into a vital resource for researchers and healthcare professionals, driving collaborative research and service improvement initiatives.
- The Department of Cardiothoracic Surgery was accredited by the European Society of Thoracic Surgeons becoming the first European Accredited Thoracic Surgical Oncology Centre in Ireland.
- TSJCI continues its success in securing several large-scale research grants were awarded including: focussed on syntetic data, liquid biopsies and cellular therapeutics.

As we look ahead, we remain acutely aware of the challenges posed by rapid population growth, an aging demographic, and the increasing complexity and cost of novel therapies. St James's delivers over 50% of all the surgery for oesophago-gastric, lung, and head and neck cancers in the entire country. While we welcomed new appointments in critical areas such as survivorship and innovative follow-up care, it is undeniable that core services, particularly in diagnostics including radiology and laboratory medicine, operating theatres, and inpatient facilities, all require urgent expansion and upgrading. We are implementing systematic measures to address these gaps where possible. Substantial and accelerated delivery of infrastructure in collaboration with the Department of Health and the HSE is an absolute necessity to address the impact of aging, inadequate and inefficient facilities on patient care.

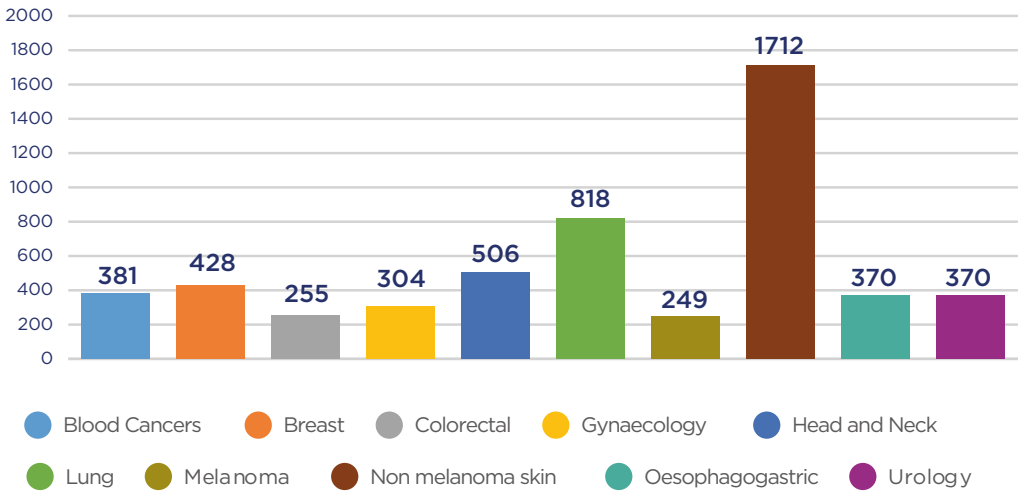
Following the OECI peer review visit, a key priority for TSJCI is to respond comprehensively to the findings and opportunities identified by the peer review team, acknowledging the complexity of our operating environment while leveraging the strengths of our directorates, partner organisations, and national and academic collaborations. With the support of our extensive network across Trinity College Dublin, St. Luke's Radiation Oncology Network, Children's Hospital Ireland and St. James's Hospital, we are confident that TSJCI will demonstrate the services, focus, innovation, and national leadership required to advance our goal of becoming Ireland's first OECI accredited and designated Comprehensive Cancer Centre.

Prof. John Kennedy,
Medical Director

Prof. Maeve Lowery,
Academic Director

Patients

5,393 Newly diagnosed and/or treated 2024



CLINICAL CARE

Number of Systemic Anti-Cancer Treatments (SACT)
16,302

Stem Cell Transplant (SCT) Activity Autologous
95

Stem Cell Transplant (SCT) Activity Allogeneic
94

Stem Cell Activity Donor Lymphocyte Infusion (DLI) Infusions
59

Chimeric Antigen Receptor T-Cell Therapy
CAR-T
48

Number of Radiotherapy Fractions
75,245

CANCER CLINICAL TRIALS

73
trials open in 2024

16%
of newly treated patients in the cancer centre on trials

359
patients recruited

Laboratory Medicine

HISTOPATHOLOGY
Number of patients
27,563
Number of Histopathology requests per day
110
Cytology requests per day
13

CRYOBIOLOGY LAB PROCEDURES PER DAY
1,376
requests per annum;
5.3
per day

CANCER MOLECULAR DIAGNOSTICS REQUESTS PER DAY
411
requests per day

Radiology

Cancer

Mammogram	PET/CT
10,586	3,437

Cancer and Non Cancer

CT	Ultrasound	MRI
36,576	26,897	12,991

Research

Research Funding
€11.5 million

Peer Reviewed Publications
269

Education

Doctor of Philosophy PhD
20

Master of Science MSc
2

Doctor of Medicine MD
7

Health and Social Care

Physiotherapy

Prehabilitation:
824 referrals
610 new patient contacts

Cancer Rehabilitation:
799 referrals
444 new patient contacts

Occupational Therapy

Inpatient services:
722 new in-patient referrals
1395 inpatient contacts

Cancer-related Fatigue Out-patient Service:
65 new referrals

Speech and Language Therapy

Upper GI In-patient referrals:
118 new referrals

Medical Oncology/Haematology:
574 in-patient contacts

Clinical Nutrition

Head and Neck Cancer In-patients:
346 new in-patient referrals

Head and Neck Cancer Out-patients:
133 new in-patient referrals

Upper GI In-patients:
503 new referrals

Upper GI Out-patients:
236 new referrals

Social Work

Medical Oncology:
974 new in-patient referrals

Haematology:
162 new in-patient referrals

Clinical Care Services

CANCER NURSING

- Ms Sharon Slattery, Director of Nursing

Service Area

The Trinity St James's Cancer Institute (TSJCI) has continued to excel in cancer care and research, maintaining its OECI accreditation. The achievements of the Cancer Oncology and Oncology Surgical Nursing teams in 2024 are highlighted through the four pillars of clinical care, research, education, and community engagement.

Clinical Care

Providing evidence-based quality nursing care remains a priority for the SJH Nursing team. There are numerous examples across the cancer clinical directorates that demonstrate the competence, experience, and drive of the nursing team. For example, the Haematology Oncology Day Centre (HODC) focused on continuous improvement, implementing a new toxicity screening model that enhanced patient safety and treatment efficacy. The consolidation of the two-day model for Systemic Anti-Cancer Therapy (SACT) delivery improved patient flow and resource allocation. The Acute Oncology Haematology Service expanded, helping with hospital avoidance and aiming for further growth in 2025.

The Thoracic Surgery team achieved European Accreditation, recognising excellence in thoracic surgical oncology care. The team developed an Enhanced Recovery After Robotic Thoracic Surgery pain protocol and increased nurse-led pre-assessment clinic appointments, facilitating Day of Surgery Admission (DOSA) for thoracic oncology surgery patients.

The Pathway to Excellence standards guide our daily work, shaping our values and professional practice. These standards provide a framework for continuous improvement and excellence in nursing. By adhering to these standards, we enhance patient care, foster a positive work environment, and achieve recognition for our efforts. There have been numerous achievements in 2024, and as a team, we will continue to strive for continuous improvements and work in partnership with all multidisciplinary colleagues.

Research

Research, Innovation, and Clinical Audit is one of the SJH Nursing strategy pillars which aligns with OECI. The Nursing team continues to build capacity in these areas with ongoing nurse-led local quality improvement projects and supporting those colleagues' completing masters and PhDs within the Cancer Nursing team.

There have been many successful initiatives that are shared within this report, including the Gynaecology Patient Passport, which was successfully developed and implemented and is now a national standard. I would like to take this opportunity to thank all nursing colleagues for their sustained efforts in sharing their learnings through local, national, and international forums.

Education

Education remains a cornerstone of the Cancer Nursing team with the support of the Nursing Practice Development Unit. Preparing for the OECI inspection engaged and inspired the pan-hospital Cancer Nurse Council, and I would like to take this opportunity to thank everyone involved.

The HOPe Directorate launched the Haematopoietic Stem Cell Transplant Nursing Education Pathway, equipping nurses with the clinical competence to manage transplants safely. The Digital SACT Competency Passport was adopted, allowing nurses to track competencies and streamline assessments. The Thoracic Nursing team provided education to SJH/Trinity cancer course and Thoracic foundation course participants.

The nursing team was recognised as finalists in two categories of the Irish Healthcare Centre Awards 2025: Best Use of Information Technology and Healthcare Initiative-Patient Education/Lifestyle Project for their nurse-led research on "A patient decision aid for women who have an inherited BRCA gene mutation." They won the award for Best Use of Information Technology for this innovative project.

Nursing continues to be empowered to develop and lead on new and innovative education programmes which are available to team members and the wider national forum. In 2025, plans are progressing in developing further Surgical Oncology Foundation courses with the support of our academic clinical partners.

Community Engagement

Involving our patients and external partners is developing year on year. The HOPe Directorate collaborated with the Irish Cancer Society on digitalising patient education, creating one-page digital information sheets with QR codes linking to educational videos. The integration of care into the community was enhanced by making Xgeva (denosumab) available in pre-filled syringes for patient self-administration, reducing in-hospital visits.

The Thoracic Nursing team presented the "Tracheostomy Passport" at various national forums, receiving awards for community patient impact and innovation. They also showcased their service during the OECI inspection, highlighting their contributions to patient care and safety.

Acknowledgements

2024 was a transformative year for the Cancer Oncology and Oncology Surgical Nursing teams at TSJCI. Significant advancements in clinical care, research, education, and community engagement have strengthened TSJCI's reputation as a leading cancer institute in Ireland and Europe. Looking ahead to 2025, the focus remains on enhancing community integration, strengthening nursing education, and continuing to innovate in cancer care delivery.

A special thanks to the nursing team for their dedication and hard work, which has been instrumental in achieving these milestones. I would also like to extend my gratitude to those who retired this year for their years of service and commitment. Welcome to the new members who have joined our team, I look forward to achieving great things together.

Thank you all for your continued support and dedication.

HAEMATOLOGY/ONCOLOGY AND PALLIATIVE CARE (HOPe) DIRECTORATE

- Dr Cliona Grant, Clinical Director
- Ms Paula O'Reilly, Operations Manager
- Ms Jane Murphy, Assistant Director of Nursing

Service Area(s)

Adolescents and Young Adults (AYA) service

- St James's Hospital is one of the three Adolescents and Young Adults (AYA) centres designated in 2023. The service continues to grow. Prof. Larry Bacon is the clinical lead for the service. Multidisciplinary team clinics and meetings are now well established and the monthly AYA hangout in the Guinness enterprise centre continues to provide valuable peer support and engagement opportunities. The National AYA Multi-Disciplinary Teams (MDT) remains active. Regular meetings between the AYA centres were maintained throughout the year.
- Several successful education sessions facilitated by the AYA teams were held throughout the year.

Chimeric Antigen Receptor T Cell Therapy (CAR-T)

The CAR-T service saw significant growth in 2024 with 43 CAR-T procedures performed, an increase of 33 on 2023. A key focus this year was the development of the National Review Committee meeting aimed at standardising care, and this will continue in 2025.

Cancer Genetics

- Staffing in cancer genetics remains a significant challenge, particularly in recruiting and retaining genetic counsellors. Efforts are ongoing at national level to gain formal recognition for genetic counsellors in Ireland.
- St James's Hospital hosted a cancer genetics conference in 2024 which was met with strong engagement and positive feedback. Rosie O Shea, Principal Genetic Counsellor in SJH was the main organiser of the conference.
- A new tender for genetic testing and courier services for the service in SJH was worked on throughout the year.

Haematology Oncology Day Centre (HODC) Lean Project

- The HODC maintained its focus on continuous improvement throughout 2024. The consolidation of the two-day model for Systemic Anti-Cancer Therapy (SACT) delivery has progressed well improving patient flow and resource allocation. A new toxicity screening model for oncology patients was successfully implemented, contributing to a reduction in medical review clinics. Staff training and competency development are underway to support this new model. Haematology is looking to pilot this model of care in 2025.
- The TCP Homecare outreach SACT project continued successfully throughout 2024, supporting capacity management in HODC by providing treatment for a specific cohort of patients, and easing pressure on HODC. Funding for this project was on a once off basis and will expire in early 2025.

- Efforts to introduce the Swiftqueue scheduling system are ongoing with the aim of reducing wait times and delays, ultimately enhancing the overall patient experience.
- The Acute Oncology Haematology Service (AHOS) is based in the HODC and is staffed by an Advance Nurse Practitioner (ANP) and Clinical Nurse Specialist (CNS). This service is increasing and is helping with hospital avoidance, and the aim is to increase this service in 2025.

Haematology Service

- The haematology service continued to face high demand in 2024 particularly following the retirement of Prof. Paul Browne, a pivotal figure in the national programme.
- The National Stem Cell Transplant (SCT) service celebrated the 40th anniversary of the first bone marrow transplant in 2024, with a celebration in June, opened by the Minister of Health Stephen Donnelly. In September, an academic and scientific conference was held, followed by a patient, family and staff celebration in Croke Park. The founder of the BMT programme, Prof. Shaun McCann attended both events, honouring the legacy and future of the service.

Medical Oncology

- The medical oncology service experienced a rise in activity throughout 2024, despite workforce pressures due to a reduction in non-consultant hospital doctor (NCHD) numbers particularly registrars. The service welcomed, Dr Emily Harrold, Dr Niamh Coleman and Prof. Patrick Forde to the team.
- The implementation of the toxicity screening model in HODC contributed to a reduction in medical review clinics, streamlining patient care and follow up.

Multi-Disciplinary Meetings

Multi-disciplinary Team Meeting (MDM) activity for cancer continued to increase in 2024, with plans to introduce a dedicated myeloma and pelvic MDM in the coming year. All standard operating procedures have been updated, and Key Performance Indicators (KPIs) are actively monitored and maintained. Working with the TSJCI Project Lead, biannual multidisciplinary meetings are in place for all specialties.

Palliative Care

The palliative care serviced remained very busy in 2024, with increasing referral volumes, many from non-cancer specialties within the hospital. Dr Bernadette Brady was appointed as a new consultant to the team, strengthening the team's capacity and leadership.

Psycho-oncology

The psycho oncology service continues to play a large part in the AYA service and run sessions in the 'hangout', the inter Professional clinic for AYA cancer patients located in the Guinness Enterprise Centre. Working with TSJCI PPP Lead the multi-disciplinary survivorship group continues to improve and develop survivorship care and service for cancer patients.

Volunteer service HODC

The volunteer service has been in existence since 2021 and is going from strength to strength. The volunteers provide an invaluable service for patients attending the Haematology Oncology Day Centre (HODC). The role includes providing a friendly welcoming meet and greet service, assisting with communications between staff and patients, providing general hospital information and providing support to patients.

Key Priorities for 2025

2024 was a year of significant growth, innovation and service evolution across all programmes. We look forward to continuing this momentum in 2025 with further developments in patient care models, staff development, and national collaboration.

- Paula O'Reilly and Michelle Doyle completed the Higher Diploma in Operational excellence in 2024 and Michelle Pollard and Ian Kavanagh completed yellow belt training. It is aimed to encourage more staff to undertake the Higher Diploma and a high number of staff across administration and nursing will be encouraged to undertake yellow belt training in conjunction with the lean transformation office.
- Staff will also be encouraged to complete the 7 Habits for Effective Leaders course in 2025.
- Staff recruitment and retention across all specialties is a priority for 2025 and looking at innovative ways to manage workload such as the development of physicians' associates for Oncology/Haematology.
- Continuing the improvement project in the HODC, moving to an electronic scheduling system that will maximise capacity and allow prospective planning.
- Maintaining and improving the great work carried out in the Directorate for OECI accreditation will continue to be a focus in 2025.
- Setting up the national CAR-T review group through National Cancer Information System (NCIS) and looking at AYA and cancer genetics next.
- Setting up the Myeloma and pelvic MDT monthly and exploring NCIS for facilitating MDTs.
- Working with Information Management System (IMS) to ensure the MDT rooms are upgraded from an IT perspective and increasing face to face MDT meetings once the IT upgrade of the rooms is complete.

Highlights

- Cancer genetics received an Irish Cancer Society (ICS) ANP grant to build a digital platform for predictive testing.
- The haematology service will be due for re-accreditation by the Joint Faculty of Intensive Care Medicine of Ireland (JACIE) in 2025.

Haematology Oncology and Palliative Care (HOPe) Directorate Nursing Report

Introduction

2024 has been a year of significant advancements and strategic improvements in HOPe Nursing cancer care at Trinity St James's Cancer Institute (TSJCI). Under the leadership of our dedicated nursing teams, we have made strides in enhancing patient care, streamlining education pathways, and integrating innovative digital solutions. This report highlights key achievements of the year and sets out our priorities for 2025.

Highlights

Staff Nurse-Led Toxicity Assessments

- This change of practice in the Haematology Oncology Day ward commenced in March with staff training. The pre-Systemic Anticancer treatment toxicity assessments was well established by year end improving patient safety and treatment efficacy.

Private 1 Ward

- The addition of the 30 bed unit in October to the Cancer Directorate has enhanced cancer patient care capacity. Training and support of the Nursing team to provide specialised care for our patients with cancer is ongoing.

Haematopoietic Stem Cell Transplant Nursing Education Pathway

- Launched in October, this programme aims to equip haematology nurses with the clinical competence to safely manage Haematopoietic Stem Cell Transplants (HSCT). This educational resource is now accessible to all nurses working with HSCT patients across oncology, haematology, and intensive care units.

Collaboration with the Irish Cancer Society on Digitalisation of Patient Education

- A one-page digital information sheet was developed for patients, featuring QR codes that link to educational videos covering chemotherapy, radiotherapy, hormone therapy, and immunotherapy. It also includes the patient information leaflet Safe Handling of Bodily Fluids at Home While on Chemotherapy.

Integrating Care into the Community

- Xgeva (denosumab) was made available in pre-filled syringes, allowing for patient self-administration and reducing in-hospital visits. There was collaboration with Amgen Limited to provide home-based education for self-administration, improving patient convenience and clinic capacity.

Digitalisation of the SACT Passport

- TSJCI became the first institution in Ireland to adopt the Digital SACT Competency Passport via the Compassly Application. The initiative was expanded nationally in May 2024, allowing nurses to track competencies, access live expiry data, and streamline assessments.

CCI4EU Project Collaboration

- Our Nursing team has contributed to a European-wide project aimed at reducing inequalities in cancer care.

Bone Marrow Transplant service in SJH – 40 years' celebrations

- Events took place in June and September.

Wellness and Staff Support

- Wellness Event was held in July 2024 with Dr Amanda Kracen, focusing on burnout prevention and self-compassion for healthcare professionals.

Burkitt's Ward Expansion

- The year saw the completion of four new rooms and additional clinical space in the unit. Staff training has facilitated the opening of two rooms with a further two to open in 2025.

The 'Crib Cards' Project

- In response to a gap analysis of training and documentation, crib cards were developed to support education pathways and relevant haematology topics with end-to-end learning pathways by teams involved in CAR-T and Haematopoietic Stem Cell Transplantation (HSCT).

HOPe Nursing Newsletter

- This quarterly newsletter was first launched in June and keeps staff informed of updates and celebrates our achievements.

Breast Cancer Self-Management Workshop

- Integrated initiative between HOPe and SACC, aims to improve patients' knowledge, survivorship and self-management of care while on endocrine therapy for Breast Cancer patients.

Organisation of European Cancer Institutes (OECI)

- In the initial feedback, following December's re-accreditation visit, the Nursing team was described as exceptional, highly educated, competent and motivated. 'Everything that is needed for the optimal functioning of the nursing discipline is present at TSJCI, making nurses really empowered and creating a powerful force in the care of patients.' The audit team visited several excellent clinical departments highlighting Burkitt's Transplant Unit where they found 'the level of clinical care, professionalism and patient-centredness meets thorough quality assurance and research orientation'.

Quality and Research

- Apheresis Quality Initiative.
  Two-day site visit to King's College Hospital NHS Foundation Trust.
- Audit of Nurse led Peripherally Inserted Central Catheter (PICC) insertions in HODC.
- Re-establishing of the AHOS service and rebranded to 'SOS Hotline for Cancer Patients' in line with the National Cancer Control Programme (NCCP) guidelines and standards.
- 'The hangout' Pilot programme for AYA – provide access to multi-professional healthcare teams (Psychology/OT/Physio and Dietitians) in a non-clinical environment while partnering with business and innovation at the Guinness Enterprise Centre (GEC).

Advancements in Nursing Education and Research

- Design and Innovation Day in March which kicked off the Nurse Toxicity Assessments in HODC.
- Cancer Education Programmes.
- 2024 saw the inaugural HOPe Education and Skills Fair Days.
- Nursing continued to run multiple oncology and haematology education courses, including Fundamentals in Oncology, Haematology, and the Foundation Course in Cancer Care which help to secure funding for educational resources and support student learning experiences.

Nurse Exchanges

- Nurse exchange programs to Zurich University Hospital and the Christie NHS Foundation Trust Manchester were designed to share best practices in Haematology/Oncology care.

Surface Wipe Testing for Occupational Safety

- This project, completed in April, involved testing to evaluate contamination risks associated with hazardous drugs. The results showed a low risk of contamination, prompting a review of current handling and cleaning practices and supporting collaboration with the Irish Cancer Society on the Safe Handling of Bodily Fluids at Home on Chemotherapy initiative.
- Catherine O'Brien, ANP Cancer Survivorship, commenced her PhD in Trinity College Dublin in March.

Achievements and Recognition

- HOPe Nursing had four recipients of *The Daisy Award* honouring nursing excellence internationally.
- The Nursing Team presented and displayed posters at various national and international conferences.

Key Priorities for 2025

- JACIE re-accreditation.
- Expansion of digital integration – Further development of digital education tools for patients and staff, including the full implementation of the Digital SACT Passport.
- Strengthening Community-Based Care – Increasing accessibility to treatments for self-administration in line with Sláinte Care.
- Enhancing nurse education – Developing new oncology and haematology education initiatives, including the Apheresis Workbook and continued SACT training.
- Advancing research and collaboration – Supporting national and European cancer research efforts, including the CCI4EU project.
- Fostering staff well-being – Continued focus on staff support and burnout prevention through wellness initiatives and education.
- Quality improvement in patient care – Introducing Patient-Reported Outcome Measure PROM to assess patient treatment toxicities pre-administration of SACT and establishing the HOPe Dashboard in LearnPath.
- Further develop oral immunotherapy pathways.

Conclusion

2024 has been a transformative year for HOPe Directorate Cancer Nursing at Trinity St James's Cancer Institute, with significant advancements in education, digitalisation, and patient-centred care. Looking ahead to 2025, our focus remains on enhancing community integration, strengthening nursing education, and continuing to innovate in cancer care delivery. Through collaboration, research, and strategic planning, we aim to uphold TSJCI's reputation as a leading cancer institute in Ireland and Europe.

MEDICAL DIRECTORATE

- Prof. Caroline Daly, Clinical Director
- Ms Siobhan Kiernan, Operations Manager
- Ms Clodagh Quinn, Assistant Director of Nursing

Dermatology

Service Area

- In 2024, the Dermatology service continued to deliver high-quality, patient-centred care across a broad spectrum of dermatological conditions, including complex skin cancers. We have strengthened multidisciplinary collaboration with oncology, pathology, and surgical teams, and expanded our minor procedures capacity. The service has also supported education and training initiatives, including registrar-led clinics and undergraduate teaching. We remain committed to timely access and excellence in care delivery.
- The National Treatment Purchase Fund (NTPF) funded tele-dermatology project, in partnership with AllView, allowed earlier detection and diagnosis of 83 skin cancers, and 123 suspicious lesions identified through teledermatology in 2024.

Key Priorities for 2025

Our key priorities for 2025 include:

Teledermatology:

The implementation of a teledermatology service within the Dermatology department, to enhance access, streamline triage, and reduce waiting times. This initiative will support earlier diagnosis and management, particularly for patients in remote or underserved areas. By implementing teledermatology in St James's Hospital (SJH) this will reduce reliance on the private sector by expanding in-house capacity and optimising resource allocation. These efforts will contribute to a more sustainable, equitable, and integrated model of dermatologic care aligned with national healthcare goals.

Dermatopathology:

The challenges in recruiting and retaining histology laboratory scientists have underscored the critical role of diagnostics in cancer care. As cancer diagnostics grow increasingly complex, with greater reliance on genetic and molecular markers, it is imperative to address workforce sustainability to ensure continued excellence in care.

Electronic Melanoma Diagnostic and Surveillance Tracing:

This system was completed in 2022 and is currently undergoing refinement based on user feedback. It is expected to enhance safety in melanoma surveillance and provide valuable data for service planning.

Surgical Hub:

Dermatology is hoping to provide ANP led off site surgical lists in the SJH Surgical Hub at Mount Carmel.

Hepatology

Service Area

There is a growing incidence of Hepatocellular carcinoma (HCC) worldwide. In the United States, the rate of HCC deaths has increased by ~40% over the period 1990-2004, relating to the emergence of cirrhosis due to hepatitis C as a risk factor for HCC, but additionally also to an increase in HBV-related HCC. Obesity, diabetes and fatty liver disease are recognised aetiological factors for HCC development. In the US in 2020, NAFLD-related HCC was the primary liver cancer indication for liver transplantation. HCC arises in a cirrhotic background in up to 90% of cases, and cirrhosis itself is a progressive disease that affects patient survival. The presence and staging of cirrhosis therefore influences the opportunity for anti-HCC treatment, thus rendering early diagnosis of HCC even more crucial.

- The Hepatology Department provides diagnostic and loco-regional therapeutic interventions for supportive therapies to patients who develop liver cancers (Hepatocellular carcinoma (HCC), cholangiocarcinoma), and supportive care to patients requiring liver transplantation.
- Up to 4% of patients with cirrhosis develop HCC annually. Patients with cirrhosis who attend the hepatology department receive HCC Screening services every six months for surveillance.
- HCC care materials for patient and family support linked to ARC services have been developed.
- Liver cancer CNS role in ongoing revision of care pathways and improved delivery of service with a focus on survivorship and nursing research.
- Work ongoing to implement a fit for purpose data capture system, e.g. Red Cap

Key Priorities for 2025

- Development of a dedicated cancer database to capture all liver cancer data in real-time.
- Finalise and roll out a data capture system.
- Staff training on new cancer data management systems.
- Implementation of dedicated Multi-Disciplinary Meeting for patients diagnosed with liver cancer.

Thyroid Cancer

Service Area

In 2024, 126 new patients joined the existing cohort of 1500, all of whom require life-long follow up due to the well documented risk of late recurrence.

Radio-Iodine Treatment

- The Endocrinology Service manages radio-iodine treatment, reserved for high risk and selected intermediate risk thyroid cancer patients.
- 27 patients received treatment with I131.
- 25 patients attended for the three-day surveillance program post-radio-iodine treatment.

Key Priorities for 2025

- The Endocrinology service remains committed to delivering high-quality, patient-centred care. A critical priority for the coming year is the urgent acquisition of funding for a dedicated database manager. Currently, our cohort of 1500 patients is not supported by a unified data system, posing significant clinical risk. This gap hinders our ability to ensure consistent follow-up, develop a responsive service model aligned with clinical demand, and leverage opportunities for outcome auditing, international research collaboration, and long-term survivorship analysis for a unique population requiring lifelong care.
- The service is presently supported by a Thyroid Cancer Clinical Nurse Specialist. To enhance care delivery, we aim to appoint an Advanced Nurse Practitioner (ANP) in thyroid cancer. This role would lead the development of a holistic survivorship programme and improve access to both the service and radioactive iodine (RAI) treatment where indicated.
- In 2024, 26 new patients entering the service had relocated from outside Ireland, having received treatment in other centres. These cases present additional complexity, including language barriers and the integration of external clinical data such as histopathology. These patients will require enhanced communication support and coordinated follow-up to ensure continuity and quality of care.

There are three distinct groups within our patient cohort. Formal data management would safeguard patient care, streamline management and resource distribution.

- High risk patients referred via MDT, requiring Iodine 131 inpatient treatment. This requires meticulous planning, liaison with Physics, maximisation of physical health, radiation protection advice and emotional support. The patient then requires structured three-monthly clinical and interim phone review. The role of ANP support is critical here.
- Persistent structural or biochemical disease despite treatment. They require careful monitoring and MDT review to time further surgery or transfer to systemic therapy. ANP co-ordination critical.
- Patients with complete response to therapy and those who have had lower risk disease at the outset. Although prognosis is excellent, lifelong follow up is required due to the risk of late recurrence. ANP-led survivorship-clinic would offer the best model of care.

SURGICAL DIRECTORATE

- Mr Vincent Young, Clinical Director
- Mr Jeff Virgo, Operations Manager
- Ms Deborah Cross, Assistant Director of Nursing

Breast Cancer

Service Area

- The Symptomatic Breast service continues to grow. In 2024, over 10,000 patients were seen in the clinic.
- Over 430 new breast cancers were diagnosed by the breast MDT group in St James's.
- The immediate breast reconstruction rate for breast cancer patients having mastectomy has increased to 47% in 2025 from 28% in 2023. There has also been an increased rate of autologous reconstruction, the current gold standard using patients' own tissue for reconstruction, versus implant base reconstruction.
- The rate of risk reducing mastectomies and immediate reconstruction for gene positive women has also increased significantly from pre-covid times and in collaboration with our plastic reconstructive colleagues, all types of breast reconstruction are now available to this high-risk group.
- The department received an Irish Healthcare centre award 2025 in the healthcare initiative section for an ANP led study funded by the Irish Cancer Society entitled "A patient decision aid for women who have inherited Breast Cancer Predisposition Gene (BRCA) gene alteration".
- Work to improve the breast pathway is ongoing, with the MDT currently taking part in a Lean Management initiative.

Key Priorities for 2025

- Improve timely access to diagnostic breast and cross-sectional imaging. The service is impacted by increased demand in the symptomatic and high-risk screening services.
- Advocate for a national high risk screening service for all high-risk women that is appropriately funded and resourced.
- Secure protected theatre slots for risk reducing surgery and reconstruction for high-risk women.
- Continue to improve the immediate reconstruction rates.
- Continue accrual to international trials and increase translational research.
- An integrated unit delivering all services for symptomatic breast patients.

Cardiothoracic Surgery

Service Area

- The Department of Cardiothoracic Surgery was accredited by the European Society of Thoracic Surgeons becoming the first European Accredited Thoracic Surgical Oncology Centre in Ireland, recognising excellence in the provision of thoracic surgical oncology care to Irish lung cancer patients.
- The department was invited to join the Staging and Prognostic Factors Group (SPFG) of the International Association for the Study of Lung Cancer (IASLC). This is the first time that surgical patients in Ireland will contribute to the IASLC's international lung cancer staging project signifying Ireland's growing role in advancing global cancer care.
- Evolving advanced Robotic Surgical Programme.

Key Priorities for 2025

- Additional recruitment across the multi-disciplinary lung cancer team.
- Expand operative access to meet increasing demand.
- Enhance implementation of neoadjuvant treatment strategies.
- Expand Thoracic Surgical Oncology Trial access.
- Develop National Complex Lung Cancer MDT pathway.

Highlights

- St James's is the surgical site for the management of screen detected lung cancer patients via the recently announced Lung Health Check programme. Lung cancer screening is not currently available in Ireland however the aims of this pilot study are to assess the feasibility, including uptake, of lung cancer screening in an Irish community context.
- The Thoracic multi-disciplinary team were finalists in the Irish Healthcare Awards in 2024.

Cardiothoracic Nursing

Service Area

- Thoracic surgical oncology team was awarded European Accreditation by the European Society of Thoracic Surgeons.
- Development of an Enhanced Recovery After Robotic Thoracic Surgery pain protocol.
- Increased number of nurse led pre-assessment clinic appointments to facilitate Day of Surgery Admission (DOSA) for thoracic oncology surgery patients.
    - 356 patients were pre-assessed.
    - 161 patients were admitted via DOSA.
    - 463 thoracic surgery cases, 290 of these were patients with a primary lung cancer diagnosis.
    - 1,152 appointments were facilitated in the ANP led lung cancer surveillance and survivorship service.
- Thoracic foundation course (TCPHI Level 8 accredited) is established.
- Education was provided to SJH/Trinity cancer course and Thoracic foundation course.

Key Priorities for 2025

- Education is a key focus, and the targeted focus continues championing the enhanced recovery after thoracic surgery (ERATs) programme.
- Continue to optimise day of surgery (DOSA) admissions for thoracic surgery patients.
- Maintain a robust quality and safety culture by conducting monthly quality Datix and auditing compliance with ERATS.

Highlights

- The nurse-led service achieved 99% compliance with the minimum imaging standard for referred patients. A Lean transformation and quality improvement review was carried out on the Lung Cancer surveillance service to support optimal service delivery. The findings were presented in poster format at the Irish Association of Advanced Nurse Midwife Practitioners (IAANMP) Annual Conference in 2024.
- ANP undertaking a four-year Professional Doctorate at Royal College of Surgeons in Ireland (RCSI). Research is to determine the prevalence of sarcopenia in patients undergoing lung surgery for a primary lung cancer in St James's Hospital, the largest surgical centre for the disease in Ireland. **Secondary research outcomes:** Assess the impact of sarcopenia on post-operative complications.

Tracheostomy Nurse Specialist Team

Service Area

The team successfully expanded in 2024 to 3 whole time equivalent (WTE) permanent posts.

Safety:

- Co-facilitated hands-on scenario-driven education programme, simulating realistic tracheostomy and laryngectomy emergencies. Staff gained knowledge, skills and confidence required to respond effectively in real-life situations.

Improvement:

- The simulation training identified key areas for emergency management improvement. The lay-out was changed to increase awareness of emergency algorithm on bedhead signage.
- Advanced practice by upskilling to perform tracheoscopy, to assist in clinical decision making and improve patient-safety.

Education:

- CNS staff completed courses including post-graduation in surgical care, application of simulation practice micro credential and suturing course.

Key Priorities for 2025

- Pilot, launch and dissemination of Laryngectomy Passport.
- Use further simulation to build on our educational support for all MDT and incorporate into our tracheostomy study day which is facilitated quarterly.
- Submit a full manuscript of the Tracheostomy Passport to the Global Tracheostomy Collaborative journal with the aim of being published.

Highlights

- Presentations at several National forums in 2024.
- Presented "Tracheostomy Passport" at the Global Tracheostomy Collaborative. Awarded best Community patient impact award.
- Presented "Tracheostomy Passport" poster at the Irish Head Neck Society, Kilkenny and awarded second prize.
- Presented at the Irish Association simulation annual symposium: Awarded best presentation for innovation for designing a "Laryngectomy mannikin simulator".
- Reviewed and updated all Policies, Procedures and Guidelines related to Tracheostomy/ Laryngectomy. Showcased the tracheostomy service in SJH times.
- Presented at the National Tracheostomy Symposium Tallaght University Hospital (TUH).
- Presented at Clinspire conference on the role of the Fiberoptic Endoscopic Evaluation of Swallowing (FEES) in tracheostomy patient.
- Presented at the 36th Annual Ear, Nose and Throat (ENT) Conference, Royal Victoria Eye and Ear Hospital (RVEEH).
- Presented at the International Head and Neck Speech and Language Therapists (SLT) forum.

- Presented at the Design and Innovation 10-year anniversary exhibition.
- Panellists at the SJH Nursing Design Workshop.
- Organisation of European Cancer Institutes (OECI) inspection: Showcased Tracheostomy service (highlights included: Tracheostomy equipment storeroom, tracheostomy and laryngectomy mannikins, modified bedhead signage and tracheostomy passport).

Colorectal Cancer Services

Service Area

- Expansion of our current robotic caseload to include advanced pelvic exenterative surgery.
- Introduction of the Young Onset Gastrointestinal (GI) Cancer Service with dedicated advanced nurse practitioners.
- Introduction of new National Treatment Guidelines on management of Rectal Cancer lead by Prof. Paul McCormick. Ref: Rectal Cancer National Clinical Guidelines – HSE.ie
- Expansion of National Bowel Screening Service in SJH.
- Development of Wet-lab teaching for medical students and surgical trainees.

Key Priorities for 2025

- Funding for a Colorectal ANP for advanced rectal cancer.
- Addition of Surgeons on Robotic Platform.
- Expansion of our Watch/Wait pathway for Rectal Cancer.
- Implementation of new novel therapies (Immunotherapy) for Colorectal Cancer.
- Developing and Expanding International Collaboration in both research and fellowship programmes.
- Expansion of Pelvic Exenterative Programme.

Gynaecology Oncology

Service Area

- To enhance the understanding of women with newly diagnosed gynaecological malignancies and their treatment pathways, Gynaecology Patients Passports were developed and put in practice. This received wonderful feedback from both patients and relatives alike.
- In line with international standards, advanced endoscopic surgery was further expanded to the use of Da Vinci Robot in the treatment of endometrial cancer.

Key Priorities for 2025

- To further strengthen and enhance exenterative and advanced pelvic re-constructive surgery for pelvic malignancy in conjunction with colorectal, urology and plastic surgical teams.
- To establish a multi-disciplinary centre for the surgical treatment of gynaecological malignancies and complex benign gynaecological conditions in adolescents.

Head and Neck Cancer Services

Service Area

- Highest volume head and neck cancer service in Ireland (SJH/TSJCI).
- National and International Research Awards.
    - First Prize Best Head & Neck Paper Irish Otolaryngology Society Meeting, Belfast, United Kingdom
    - Best Head & Neck Paper, Royal Academy of Medicine in Ireland, Spring Meeting, Co Kilkenny, Ireland
- Peer-reviewed publications in high-impact journals listed in publications list.
- High-volume recruitment for cancer clinical trials.
- National leadership roles in Irish Head and Neck Society and other international societies.
- Biobanking of cancer patient samples initiated.
- Recognised centre of excellence: surgical innovation, multidisciplinary care, academic productivity.

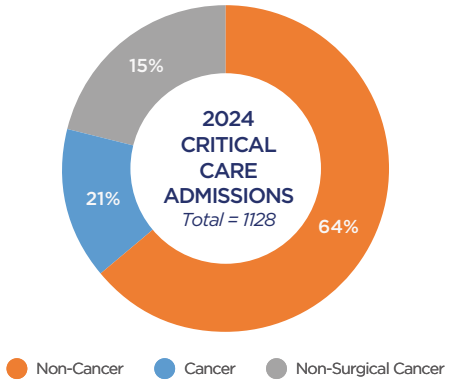
Key Priorities for 2025

- Review of ERAS (Enhanced Recovery After Surgery) protocols for head and neck surgery.
- Optimise perioperative pathways and reduce morbidity.
- Review and optimise data collection for cancer database.
- Capture outcomes, complications, Quality of Life (QoL) metrics/patient reported outcome measures (PROMs).

Intensive Care Unit

Service Area

In 2024, we admitted 403 patients with a primary cancer related diagnosis to critical care. This represents 36% of our total patient admissions for this year, which is over a third of our bed demand. 232 of these patients were admitted post-operatively, and the remaining 171 were emergency admissions with medical or surgical complications. 10 of the 43 CAR-T patients in 2024 were admitted to Intensive Care Unit (ICU) with complications as expected. The non-surgical admissions had a mean APACHE2 score of 21.6 which signifies a high severity of illness.



Post-operative surgical patients: 232 patients

Solid tumour in past 6 months: 220 (94.8%)

Of which had metastases: 18 (7.8%)

Received chemotherapy within 6mths: 88 (37.9%)

Received radiotherapy within 6mths: 23 (9.9%)

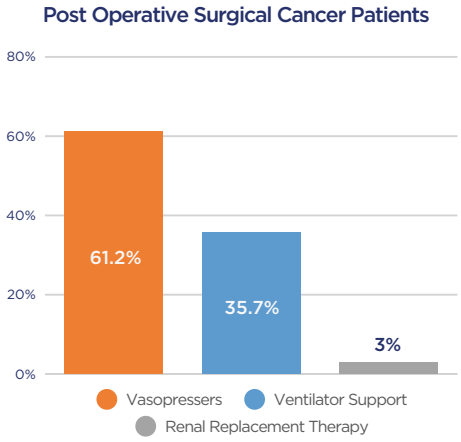
Ventilation support: 83 patients (35.7%)

Vasopressor support: 142 patients (61.2%)

Renal Replacement Therapy: 7 patients (3%)

Mean LoS: 5.9 days

Survival to discharge from Critical Care: 224 (96.6%)



Non-surgical patients: 171

Haematological Malignancy related: 46 (26.9%)

Solid tumour in past 6 months: 104 (60.8%)

Of which had metastases: 27

Received chemotherapy within 6mths: 94 (55%)

Received radiotherapy within 6mths: 20 (11.7%)

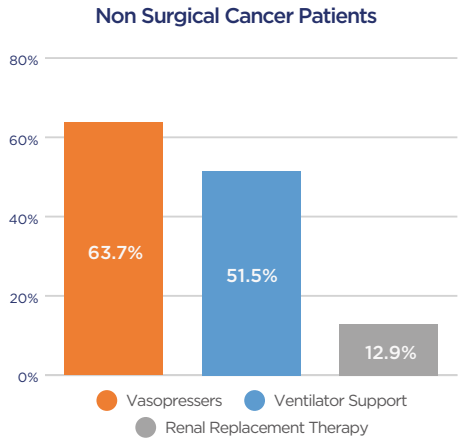
Ventilatory Support: 88 (51.5%)

Vasopressor support: 109 (63.7%)

Renal Replacement Therapy: 22 (12.9%)

Mean LoS. 9.2 days

Survival to discharge from Critical Care: 125(73.1%)



There continues to be insufficient numbers of critical care beds in St James's Hospital and plans for a new Critical Care build remain on the horizon. Innovations and a hard-working ethic continue to support excellent outcomes in our intensive care unit. However, a review of our staffing compared to the HSE supported Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) National Standards for Adult Critical Care Services 2024 staffing model has shown a significant deficit staffing across all multidisciplines in critical care.

Key Priorities for 2025

Our key priority for 2025 is to continue achieving our Key Performance Indicators (KPIs), to continue our excellent education programmes across all critical care disciplines, and to continue seeking expansion of our critical care to cater for the demand of the hospital and the cancer service. We were unsuccessful in attaining resources from the NCCP to expand our service to CAR-T patients to adequately support the programme clinically, and to become part of an international ICU CAR-T registry that our team have links within the UK and France. We plan to submit a business case to the executive to increase our staffing to come closer to meeting national standards across every discipline including seeking resources for an occupational therapist and a psychologist which cancer patients in the ICU would benefit from. We plan to submit a business case for a critical care outpatients which would benefit cancer patients post-ICU. We hope to expand on the haematology study day and involve the team in our education programme.

Highlights

Our first Critical Care Haematology Study Day was held in September 2024; it was a combination of lectures and workshops. Interdisciplinary faculty consisted of Intensive Care Medicine and Haematology medical and nursing staff. It was championed by Dr Enda O'Connor. Our weekly post-graduate education continues to have a focus on cancer in ICU. Dr John Davis Coakley attended the Blood Diseases in the ICU (BDI) 2024 five-day training course which covers haematological malignancies and non-malignant haematology. We maintained >95% compliance with the national four-hour admission KPI, made possible by an emergency bed being kept available and the ANP-led patient flow. A post-ICU clinic was successfully piloted. We have improved transition of care from ICU to the ward for cancer patients through our Transition from ICU Committee and QI project. Issues around cancer critical care are frequently the subject of focus at our monthly Quality and Audit meetings.

The Critical Care nurse education programmes on offer include the New Graduate Critical Care Programme, the Foundation Course in ICU Nursing and the Post Graduate Diploma/MSc in Intensive Care nursing; of which all have a strong oncology focus. The lectures and education are reflective of the complex and dynamic nature of Cancer Care. These lectures are facilitated by the appropriate nurse leaders in their area of expertise. ICU nurses are key in the delivery of quality, evidence-based care supporting and advancing patients on their integrated oncology pathways. There is a strong link between the ICU Nurse Educator team and the Oncology Service Nurse Education team. Many of the nursing staff in ICU have completed Nursing Board of Ireland approved Oncology, Haematology and Palliative care education programmes which enable them to deliver the highest quality care. An ANP led Follow Up/Recovery clinic was established in ICU in 2024 and the post-ICU cancer patient is included in this clinic remit. This clinic ensures that ICU nurses extend their impact beyond Critical Care/illness supporting recovery and survivorship. Nurses in ICU engage with CAR-T specific online learning on the hospital Learning Management System to ensure they are updated and current. The ICU Nurse Educator team have a dedicated Podcast hosting content relating to Critical Care nursing and have some very relevant content recorded from Oncology and Haematology nurse specialists in the hospital. A themed month is dedicated to the Oncology and Haematology patient in the ICU to ensure that all nursing staff are updated and aware of key changes in best practice, enhancing the knowledge, competence and capability of the ICU nurse caring for the cancer patient.

Our critical care research programme continues to deliver. In 2024 Prof. Martin-Loeches published 56 articles in peer-reviewed journals, of which 5 were related to malignancy with ongoing support for post-graduate trainees to be involved in academia including MD and PhD students. Prof. Martin-Loeches continues to represent St James's presenting at numerous international conferences.

Upper Gastrointestinal Cancers

Service Area

- Retirement of Prof. Reynolds and appointment of Ms Jessie Elliott. Proleptic appointment of Mr Noel Donlon.
- Appointment of Dr Emily Harrold, consultant medical oncologist.
- Introduction of robotic surgery programme (since end 2023) for major upper GI resections.
- Appointment of a new Advanced Nurse Practitioner Ms Aoibhinn O'Reilly to focus on enhancing survivorship.
- Opening the international SARONG II trial (PI: Ms Elliott) to evaluate intensive versus symptom guided surveillance post-major upper GI resection.
- Appointment of first Irish Clinical Academic Training (ICAT) candidate in General surgery (Ms Nicola Raftery) under supervision of Ms Elliott to investigate advanced precision medicine in oesophagogastric cancer with specific focus on molecular Profiling and liquid biopsy.

Key Priorities for 2025

- Expansion of robotic programme to increase the number of robotic oesophagectomy surgeries performed.
- Increased access to day case general anaesthesia (GA) facilities for therapeutic endoscopy for cancer and audit of the impact of this on time to treatment for early mucosal neoplasia.
- Establishment of Endoscopic Submucosal Dissection (ESD) service.
- Referral portal for new referrals.
- Ensuring adequate medical staffing to deliver the quality of service required for our patients.
- Establishment of new liquid biopsy research programme.
- Open Phase II/III international multicentre randomised controlled CONVERGENCE trial.

Highlights

We had a high impact publication about the national Barrett's oesophagus registry outcomes in the Annals of Surgery – this national registry is housed in SJH and one of the largest in the world. We are a research active team with a biobanking programme, national and international translational research studies and we are recruiting to several international randomised controlled trials and prospective cohort studies, underpinned by our specialist multidisciplinary team and prospective data collection.

Urology

Service Area

- Tanya Conroy took up the role as ANP (candidate) for haematuria and will establish an ANP-led haematuria service within SJH.
- Mr John Sullivan secured €70,000 in recurring funding from the National Sexual Health Strategy to support the survivorship service for men with prostate cancer. Access to the Survivorship Programme extended to pelvic exenteration patients.
- Collaboration with Colorectal, Plastics, and Gynaecology for the pelvic exenteration service.
- NCCP funded Stratified Self-Management Pathway established for men after prostatectomy with Katie Byrne appointed as the Patient Support Worker.
- Mr Peter Lonergan invited to the NCCP Guideline Development Group for Active Surveillance for prostate cancer.

Key Priorities for 2025

- External accreditation for SJH as a robotic urological cancer centre.
- Clinical trial expansion: Moonrise-1, RENAISSANCE and NAUTICAL due to open 2025.
- Continued expansion of the robotic total pelvic exenteration service in collaboration with Colorectal Surgery.
- Continued expansion of the prosthetics programme as part of the Survivorship service.

Laboratory Medicine (LabMed) Directorate

- Dr Niamh Leonard, Clinical Director
- Ms Fiona Kearney, Operations Manager
- Ms Christina Ryan, Quality Manager

Service Area

- In LabMed, the Histopathology and Cytopathology, Cancer Molecular Diagnostics, and Cryobiology Stem Cell laboratories are significant contributors to cancer care, supported by the haematology teams for chemotherapy monitoring and the virology laboratory for post-stem cell transplant (SCT) patients. Overall, all laboratory disciplines provide cancer services to our hospital patients, to patients located in external hospitals throughout the country, and to our community patients via their general practitioners.

Cancer Molecular Diagnostics (CMD) Laboratory

The CMD laboratory achieved another year of growth in 2024, with testing output rising across nearly all service areas. This was driven by sustained increases in referral volumes and continued integration of Next Generation Sequencing (NGS), enabling the laboratory to deliver a broader range of tests from each patient sample. CMD further consolidated its approach to molecular diagnostics by embedding NGS at the core of its workflow for myeloid and solid tumour analysis, reducing turnaround times and minimising the need for serial testing. The introduction of homologous recombination deficiency (HRD) testing marked a key expansion in CMD's diagnostic repertoire, while existing services such as OMR NGS and chimerism testing also saw significant year-on-year increases.

The department maintained strong academic output, contributing to 13 peer-reviewed publications in 2024. Investments in laboratory infrastructure and workflow optimisation ensured CMD could meet growing clinical demand while maintaining high standards in quality and reporting. Staffing challenges remained a limiting factor throughout the year. Although progress was made in recruiting both scientific and support staff, persistent gaps in senior scientific roles and administrative support placed added pressure on existing teams. The continued rise in ancillary testing volumes – up nearly 50% over two years – also contributed to increased workload without a proportional increase in resourcing.

Histopathology Laboratory

In 2024, the Histopathology laboratory completed major renovations of the Histopathology Dissection Cut-Up Room. The workspace available for specimen dissection increased from four workstations to seven workstations, affording greater capacity and flexibility when scheduling specimen cut up. Improved formalin extraction has been achieved with the newly installed Air Handling Unit, making it a safer working environment for the laboratory teams. A specimen radiography system (Faxitron) was also introduced, which aids in more targeted block selection, particularly for breast specimens, with better outcomes for patients.

A range of new and advanced immunohistochemistry (IHC) and Fluorescent In-situ Hybridisation (FISH) specialised tests were also introduced in 2024 further advancing the excellent repertoire of tests provided to patients and other service users. The FISH laboratory has become the first and only laboratory service in Ireland to offer HPV RNAscope technology for High-Risk HPV.

The Histopathology Department introduced one additional permanent Senior Medical Scientist and one locum Consultant Pathologist position further expanding the scientific and medical team within the department.

Cryobiology Department

The Cryobiology Laboratory Stem Cell facility as part of the St James Hospital tissue establishment collect, process and cryopreserve stem cells for transplantation. In 2024, a total of 307 stem cell units were processed, and lab procedures are continuing to increase, with a 24% increase from 2021. For allogeneic transplant, 22 bone marrow products and 84 peripheral blood products, (including 63 product imports) were analysed and issued. Donor Lymphocyte Infusion (DLI) for treatment post-transplant continues to increase with 31 DLI infusions in 2024. In the autologous programme; 107 patients had 135p peripheral blood stem cells (PBSC) units were cryopreserved, with 100 patients receiving stem cell infusions.

In 2024, the Cryobiology Laboratory Stem Cell facility, as part of the National Adult CAR-T programme, completed the collection of stem cells for manufacture and the acceptance, storage and infusion of the genetically modified CAR-T product as part of the Janssen CARTITUDE clinical trial. The CAR-T patient programme is now fully active with (Kymriah) Novartis and Yescarta (KITE Gilead) products. 46 patients had 48 units of mononuclear cells collected, processed by the laboratory and shipped for CAR-T manufacture. The team reached the milestone of first 100 CAR-T patients collected. CAR-T products were received, stored on behalf of SJH Pharmacy and 43 patients received CAR-T cells thawed at the bedside and infused in 2024.

Key Developments for 2025

CMD Laboratory

- Migration to a New Laboratory Information System: The molecular diagnostics team will transition to a new laboratory information system capable of interfacing with laboratory instruments, digital test ordering systems, and the Electronic Patient Record (EPR). This upgrade will enhance internal lab workflows and improve traceability of test requests and results for clinical users.
- Upgrade to Next-Generation Sequencing Panels: Existing diagnostic panels will be replaced with advanced Next-Generation Sequencing (NGS) panels. These updated panels will offer broader coverage and provide more clinically actionable data to support treatment decisions for a wider range of blood cancers and solid tumours.
- Adoption of Standardised Internal Processes: Redundant internal workflows will be consolidated into shared, best practice-driven protocols. This shift will enhance operational efficiency and establish a stable, scalable foundation for future service expansion and development.

Histopathology laboratory

- Introduction of Digital Pathology; this will be a small-scale project but a step forward in revolutionising Histopathology and how a pathologist examines disease.
- Implementation of new Immunohistochemistry (IHC) instruments creating a multiplatform IHC laboratory. This will also allow us to implement a more efficient workflow system in the IHC department to cope with the increasing antibody repertoire and workload.
- Introduction of fully automated HER2 FISH testing on the Leica BOND III autostainer. This implementation should increase the turnaround time (TAT) for HER2 FISH testing which are delayed due to the semiautomated FISH run available only from Monday to Thursday.
- Introduction of an Automated Sectioner (AS-410M) which would automate the microtomy step, which historically has been a time consuming and laborious step in the histopathology processes. Automating this step will produce more uniform, better quality sections for analysis and free up highly skilled medical scientists to work in more specialised ancillary areas of the lab.
- Implementation of Vantage into the Cytology Laboratory.

Cryobiology laboratory

- Electronic ordering and resulting of CD34 counting on EPR for patient and user improvement.
- Development of advanced graft manipulation and cellular therapy processing capability.
- Establishing electronic reports for stem cell products.
- Continuation of Cellular Therapy Research Group (CTRG) research work including publications of PhD and MD studies.

Highlights

In 2024, the LabMed Directorate workload overall exceeded 12 million tests in one calendar year and continues to deliver the highest and most comprehensive testing service to our cancer patients in St James's Hospital.

The Histopathology Department saw an increase of 4.4% in total Histology sections and 5% in total Cytology procedures compared to 2023. Endoscopic biopsies continued to challenge the department in 2024 (53% of specimens processed in histopathology) but with successful recruitment in Q4 of 2024, this should greatly benefit the service and increase turn-around times. The demands on the service have become very challenging with extra pressure from additional clinics and theatre space utilised by the hospital to combat waiting lists. 2024 saw the failure of multiple pieces of aged critical equipment, which seriously impacted the histology lab's capacity to process the ever-increasing workload. Implementation of replacement equipment should return the lab to its original capacity and provide a more reliable and robust service to our patients.

In relation to the cryobiology laboratory, the Cellular Therapy Research group (established in 2021 comprising of SJH Medical scientists and clinicians, with the Irish Blood Transfusion Service (IBTS) staff and Trinity College (TTMI) scientists) continues to develop research projects. This group has evolved with input from 20+ internal and external contributors with an expansion of the research collaborations of the group. A PhD research project (Year 3 in 2024) seed funded by an IBTS research agreement, based on detailed laboratory monitoring of patients in the early post-stem cell transplant and post-CAR-T treatment is progressing, and a related MD project monitoring patient outcomes has been completed. Multiple oral and poster presentations were presented by the group in 2024 at both national and international meetings. A poster on vaccination status post-CAR-T therapy was presented for the American Society of Haematology. The Haematology biobank of patient samples from this study group continues to grow, with 85 patients currently having serial samples collected following transplant (40) or CAR-T therapy (45). The biobank sample processing has now been established within Trinity Translational Medicine Institute (TTMI). An application for EU funding for the Cellular Therapy Research Group (CTRG) group was submitted with the IMPACT symposium.

Pharmacy

- Ms Gail Melanophy, Chief Pharmacist

Service Area

- Over 90% of SACT being prescribed on NCIS, with 21,603 SACT products prepared/dispensed and administered on NCIS during 2024.
- Pharmacy involvement in the rollout of the Swiftqueue scheduling system on the Haematology and Oncology Day Ward. This involved the transition to utilisation of NCIS lists to identify workload for both prescribers and pharmacists, and the development of new workflows, thus aiming to improve efficiencies and patient experience on the Haematology and Oncology Day Ward.
- OECI reaccreditation in December 2024. Standard Operating Procedure (SOP) development and review completed prior to visit.
- Proseal, a new closed system transfer device (CSTD), was rolled out in the Acute Care Unit (ACU), HODC and inpatient units.

The arrival, installation, set up and validation of the Chemotherapy Compounding Robot, ahead of Robot Go-Live in April 2024. After initial period of "super-user" training, robotic compounding was integrated into the daily ACU workflow, producing an average of 600 items per month. The ACU received the Fresenius Kabi Innovation in Aseptic Compounding Award at the Hospital Professional Honors 2024 in recognition of this work. New Chief II Pharmacist for Cancer Clinical Trials role was established in 2023 and a Clinical Trial Technician role recruited in 2024. 2024 saw an increase in the number of new Cancer Clinical trials opened compared to previous year.

Key Priorities for 2025

- Maximise robotic production to strengthen the resilience of the ACU, with a focus on further upskilling of technical staff and expansion of the robotic drug library.
- Establishing a pharmacy oral anti-cancer medication service.
- Pharmacist involvement in a Geriatric Oncology Clinic as part of a wider MDT, for SJH patients over 70 with a new cancer diagnosis.
- Training and development of new pharmacy staff.
- To have full SACT electronic prescribing, verification and administration on NCIS for HODC, and continued roll-out for more complex regimens on inpatient service and start roll-out of Clinical Trials on NCIS.
- Promote and encourage electronic prescribing and administration of SACT supportive care on NCIS for HODC, moving away from paper-based prescribing.
- Expansion of the role of pharmacy technician in the Haematology Oncology Day ward and other HOPe Clinical areas.

Highlights

- 2024 was a challenging year due to staff changes within the HOPe team. Thank you to our dedicated pharmacy team for their unwavering commitment to providing a safe service to our cancer patients.
- HOPe Pharmacist involved in facilitating sessions as part of TSJCI/TCD Pharmaceutical Treatment of Cancer Masterclass Programme, the first course of its kind offered in Ireland for pharmacy practitioners with limited experience in Oncology.

Diagnostic Imaging (DIAGIM) Directorate

- Prof. Peter Beddy, Clinical Director
- Ms Suzanne Dennan, Operations Manager

Service Area

Peripherally Inserted Central Catheter (PICC) Line Service:

- The extension of the peripherally inserted central catheter (PICC) line service using the new fluoroscopy room on 1.5 days per week in addition to the IR room PICC line service, has significantly reduced the wait time for inpatient PICC line procedures and reduced delayed discharges.

Radiology Day Unit:

- In 2024, the unit opened on a limited basis with two bank nurses on 3.5 days per week. The unit provides direct day ward access for image guided oncology procedures. The initial pilot has demonstrated promising results with a reported average referral-to-procedure wait time of 7.92 days compared to 8 weeks previously when using surgical day ward.

Equipment Replacement:

- The replacement of the fluoroscopy room was completed in early 2024. A general X-ray room and a number of X-ray systems including a theatre c-arm and a mobile Digital Radiography (DR)X-ray system were also replaced during 2024.

Consultant Radiologist Appointments:

- Dr Steven Dolan with specialist interest in Breast and Interventional Radiology joined the department in 2024.

Key Priorities for 2025

Radiology Day Unit Staffing

- It is hoped to fully open the Radiology Day Unit (RDU) with the approval of additional staffing resources in 2025. This will bring significant benefits including decreased bed occupancy, reduced radiology procedure waiting lists and cancellations, while maintaining low complication rates and high patient satisfaction.

Imaging Capacity Off Site

- It is planned to develop off-site imaging capacity in 2025, e.g. CT, Ultrasound, MRI and X-ray at the Mount Carmel Hospital site.

South Dublin Surgical Hub (SDSH):

- A Clinical Specialist Radiographer will be appointed to manage the theatre screening service at the SDSH, and a bank of St James's Hospital Radiographers' will provide rotational cover for the SDSH.

Equipment Replacement:

- A SPECT/CT scanner, MRI scanner and the maxillofacial general X-ray room will be replaced during 2025.

Breast Imaging Quality Improvement.

- The Breast Imaging service will participate in a quality improvement project facilitated by the Virginia Mason Institute, to improve the breast care diagnosis experience for symptomatic breast cancer patients.

Highlights

Weekend MRI service:

- The weekend MRI sessions continued in 2024 for inpatients and outpatients providing additional MRI capacity. This initiative has reduced the MRI waiting time for inpatients supporting earlier discharge.

MRI replacement project:

- A key department project in 2025 and 2026 will be the reconfiguration of the current MRI department. When these scanners are replaced, it is planned to keep one MRI scanner in the current MRI department and place the 2nd MRI scanner in a new location adjacent to the department. This will enable reconfiguration of the existing main MRI department, providing additional space for the MRI scanning room, MRI holding area for patients, changing cubicles and the control room. This project will enhance the MRI space and increase safety for patients and staff.

Speech and Language Therapy, Clinical Nutrition, Occupational Therapy, Physiotherapy Services and Medical Social Work (SCOPe) Directorate

HEALTH AND SOCIAL CARE PROFESSIONS (HSCP)

- Ms Alison Enright, Director, SCOPe Directorate

Service Area

Activity:

- The Dietetic initiative for routine Radiologically Inserted Gastrostomy (RIG) tube replacement performed 247 replacements in 2024 (212 scheduled and 35 reactive) successfully removing these patients from the Intervention Radiology caseload.
- Referrals for all physiotherapy-led cancer rehabilitation services continue to rise from 595 in 2023 to 799 in 2024. The cancer exercise service supported over 120 patients through 8-week exercise-based rehabilitation programmes offered online and in-person.
- Occupational therapy (OT) inpatient activity rose from 582 referrals (2023) to 749 (2024) referrals, an increase of 29%. OT-led Fatigue Clinic referrals now account for 45% of out-patient activity.
- In 2024 inpatient activity for Speech and language Therapy increased by 35% in UGI and by 17% in Medical Oncology/Haematology

Survivorship Services:

- The SCOPe team successfully introduced the Salaso digital therapy app to optimise and integrate Prehab Services for head and neck cancer surgery patients.
- SCOPe specialties supported successful pilots of a) Comprehensive Geriatric Assessment (CGA) in a geriatric-oncology population and b) AYA Non-clinic Model initiative.
- A new psycho-oncology social work service has enabled the introduction of monthly breast care information and support group sessions, delivered in conjunction with psychology services.
- A much-needed Young Onset Cancer Social Work Service was funded by the Irish Cancer Society and will commence in 2025.
- The Physiotherapy team continues to lead the development of physiotherapy cancer prehabilitation and rehabilitation teams nationally, providing integrated research and clinical services to TSJCI patients.
- Head and Neck Cancer Speech and Language Therapy Service enhancements have included greater access for unscheduled attendances and a complex dysphagia clinic for patients with chronic, severe dysphagia.
- Lucy Kelly, Senior Dietitian, successfully competed for a place on the TCD UCD Cancer Survivorship post-graduate diploma (P.Dip).

Research:

Dr Grainne Sheill was awarded an Emerging Clinician Scientist Award by the Health Research Board. This project will work "Towards an evidence based and stakeholder informed model of rehabilitation for people with haematological cancer".

Dr Naomi Algeo continued her Irish Cancer Society-funded Adolescent and Young Adult research exploring education/employment reintegration. She also led a national psycho-oncology workforce study prepared for publication in the *Journal of Psychosocial Oncology Research and Practice*.

Dietitians presented at the European Bone Marrow Transplant (EBMT) Annual Meeting in April 2024 on implementing nutritional guidelines into practice.

The Physiotherapy Department is participating in INTERACT 100, the first European Inter-Specialty Cancer Training Programme.

Key Priorities for 2025

- A SCOPe-led study '*Profiling the Cancer Rehabilitation Needs of Patients Attending a National Cancer Centre*' is being led by an interdisciplinary St James's Hospital / TCD working group.
- A malnutrition point prevalence survey conducted by Clinical Nutrition demonstrated a high prevalence of malnutrition risk in oncology patients on admission to SJH (39%). This will be repeated in 2025 and results used to inform service planning.
- Oncology occupational therapists from Malta will be hosted in St James's Hospital in Summer 2025, aimed at informing out-patient department (OPD) service development and building an international network.
- The evidence-based occupational therapy-led survivorship programme, OPTIMAL, will be available to patients in 2025.
- Physiotherapy and Occupational Therapy Geriatric Oncology services will be expanded in 2025.
- Michelle Hayes Clinical Specialist Speech and Language Therapist is currently undertaking a PhD focussing on the management of dysphagia post oesophagectomy.

Highlights

- A Home Enteral Feeding Dietetic Service for Upper GI surgery patients to expedite elective feeding tube admissions and prevent avoidable admissions/ED presentations has saved 982 surgical bed days to 31.12.2024 with 104 admissions avoided. This model will be replicated for patients attending HODC where the demand and complexity has risen owing to neoadjuvant and adjuvant treatment in HODC. Cancer patients requiring home enteral feeding as an integral part of their treatment in HODC increased by 46% from 2023 to 2024. Much of this has been driven by the increased number and complexity of patients undergoing neoadjuvant and adjuvant treatment in the HODC.
- New referrals from medical oncology patients requiring Speech and Language Therapy interventions have doubled in the last 5 years, reflecting the highly complex nature of Medical oncology/haematology patients needs. The ambition is to develop a much-needed specialist service in this area.
- A clinical activity occupational therapy dataset has been recorded over a six-month period across seven of the eight designated cancer centres in Ireland. St James's Hospital demonstrated the highest level of occupational therapy clinical activity across sites.

Cancer Clinical Trials

- Prof. Maeve Lowery, Director, Cancer Clinical Trials
- Ms Ingrid Kiernan, Manager, Cancer Clinical Trials
- Ms Deirdre Lehwald, Clinical Nurse Manager (CNM3), Cancer Clinical Trial

Service Area

The Cancer Clinical Trials Unit (CCTU) consists of a multidisciplinary team of Research Nurses, Clinical Trial Co-ordinators, Research Assistants, Research Registrars, a Clinical Trial Pharmacy team and a management team led by the Clinical Trials Director. The remit of the unit is to conduct solid Oncology and Haematology clinical trials to the highest international standards. They work with international academic institutions and large pharmaceutical companies. The unit has experience in all trial phases from phase I to phase IV. CCTU continue to expand our portfolio and have increased our participation in early phase trials. They provide an end-to-end service to Principal Investigators (PIs) from trial feasibility all the way through to trial closure. The team has a total staff of 23 a mixture of WTE and part-time. The CCTU work collaboratively to deliver on all the clinical trials in the different cancer specialties. The unit works with a diverse group of PIs and has opened and recruited patients in the following disease areas: Breast, Lung, Head and Neck, Skin, Upper and Lower GI, Gynaecology, Lymphoid, Melanoma and surgical trials.

- In 2024, 42 Investigational Medicinal Products (IMP) trials were open to recruitment.
- 80% increase in patient recruitment compared to 2023.
- 1st surgical trial in Melanoma opened with Ms Marlese Dempsey.
- The first site in Ireland to develop a strategic partnership with Accellacare. The aim is to attract more trials, broaden the portfolio and increase patient recruitment.
- Cancer Clinical Trials Patient Representative Group established across the Trinity Academic Cancer Cluster.
- CCTU Chief II Pharmacist is chair of the national cancer trials pharmacy working group. The group's main objectives are to foster and encourage collaboration and knowledge sharing.
- The team expanded to support resourcing planning, staff education and increasing efficiency within the team.

Key Priorities for 2025

Our main priorities for 2025 are:

- Continue to build on and sustain improved visibility and networking to increase access to clinical trials for patients.
- Continue to improve and streamline our processes to achieve targets and metrics.
- Build on existing partnerships with Accellacare to augment the trial portfolio.
- Undertake regular gap analysis exercises in the portfolio and outreach with sponsors and Contract Research Organisations (CROs) to fill such gaps.
- Use NCIS e-prescribing for all clinical trials protocols.
- Continue to aim to be a paper light unit, utilising the EPR for all clinical trial notes.
- To be able to offer different treatment options to our patients, such as vaccine treatment and Genetically Modified Organisms (GMO) products to treat cancer.
- Expand the PI base and develop a surgical trials portfolio.

Highlights

- Highest recruiter for the WayfindR study in Ireland.
- Second highest recruiter for the Ember trial in Ireland, enrolling 11 patients within four months.

St Luke's Radiation Oncology Network (SLRON)

- Prof. Charles Gilham, Medical Director, SLRON
- Ms Jennifer Carey, General Manager, SLRON

Service Area

Clinical Treatment

- Introduction of Interstitial Brachytherapy.
- Expansion of Stereotactic Ablative Radiotherapy (SABR) service to include Liver Treatments.
- Introduction of MRI for radiotherapy planning by SLRON staff.
- Delivery of tattooless treatments to patients with breast cancer.

Research/Development/Education:

- Appointment of Prof. Gerry Hanna as the Marie Curie Professor of Clinical Oncology.
- 26 SLRON abstracts accepted for ESTRO Conference 2025.
- SLRON recruited 206 patients to clinical trials in 2024.
- Irish Research Radiation Oncology Group (IRROG) was top recruiting oncology clinical trials group to interventional clinical trials nationally.
- SLRON was top global recruiter to 20-04 PRESERVE Clinical trial, consenting 36 patients.
- Clinical Research Fellowships in Radiation Therapy, Radiation Oncology and Medical Physics, focusing on adaptive radiation therapy.

Key Priorities for 2025

- Continued work with HSE Estates and NCCP for replacement of all major radiotherapy and imaging equipment in SLRON.
- Ongoing training, placement, and education of students across a range of disciplines.
- Introduction of Varian Hypersight solution to enhance treatment imaging.
- Further integration of artificial intelligence into our planning systems.
- Increasing involvement in both clinical and translational research.
- Results and analysis of the OPEN trial.
- Introduction of Advanced Practice Radiation Therapists.
- Increase number of clinical trials available to our patients.
- Establish a national Radiotherapy Quality Assurance (RTQA) programme for Investigator Initiated Studies.
- Expansion of our existing Investigator Initiated Studies to include national and international sites.

Highlights

- As an educational institution, training, placement and education of students across a range of disciplines including nursing, radiation therapy and medical physics is ongoing. In collaboration with TCD, experience in the SLRON clinical trials unit was introduced into TCD School of Radiation Therapy Students placements.
- SLRON delivered 5786 radiotherapy courses, including new and returning patients. This required the delivery of 75,245 radiotherapy treatment fractions. Increased the delivery of specialised treatments including 59 total body irradiation and 1,217 Stereotactic Ablative Radiotherapy (SABR) fractions in SLRON. Treatment of 50 paediatric patients as SLRON provides the only paediatric radiation oncology service in Ireland.

Education

- Prof. Jacintha O'Sullivan, Education Lead, TSJCI

Introduction

- In 2024, 20 PhD, seven MD and two MSc. students successfully graduated.
- The Trinity St James's Cancer Institute was officially selected as part of the new cohort of Cancer Centres under the EU co-funded project INTERACT-EUROPE 100, implementing for the first time this pan-European Inter-Specialty Cancer Training Programme. This is a significant achievement which will enable our trainers and trainees to participate in this education programme. Cancer patients in Europe are treated by an array of different specialties and Professions: medical oncologists, radiation oncologists, surgical oncologists, cancer nurses and many others involving extensive teamwork but understanding each other's role is needed to enhance collaboration and benefit patient care. The goal of this training programme is to improve cancer care by improving the collaboration and educational needs of those providing it.
- Many successful postgraduate courses ran again in 2024, including MSc. in Translational Oncology and MSc. in Cancer Survivorship. These courses are attracting graduates from different disciplines both nationally and internationally. Some of these graduates are then going on to pursue PhD. research in oncology within the Trinity St James's Cancer Institute and/or bringing back the skills they have learned to clinical practice.
- Within the nursing division, many courses ran again in 2024 in the areas of Fundamentals in Oncology, specialist palliative care, Fundamentals in Haematology to name just a few.

Key Developments

Numerous educational outreach events ran in 2024; some of which include Transition Year (TY) programme, World Cancer Day, Blood Cancer Awareness Month, Trinity Access Program, ExWell Medical Health Fair, living through the cancer experience and public open nights to our laboratories, co-hosted with Breakthrough Cancer Research.

Key Priorities for 2025

- Hire an education co-ordinator to work with Prof. Jacintha O'Sullivan. This funding has been secured for three years, and this role will be filled in Q3 of 2025.
- Build on our strengths in oncology education through delivering new CPD's and specialised cancer modules (delivered in person and online).
- Attract further Philanthropy donations to support oncology education at the PhD level and research fellow levels.
- Work in collaboration with other accredited cancer centres in Ireland in developing joint cancer education offering for trainees, offering flexible, personalised education opportunities for those involved in delivering cancer care and conducting cancer research.

Research

- Prof. Lorraine O'Driscoll, Research Lead, TSJCI
- Dr Patricia Doherty, Senior Research Programme Officer/OECI Coordinator

TSJCI Research Day

The Trinity St James's Cancer Institute held its Annual Research Day on 17th September in the Davis Coakley seminar room in MISA. The event was an internal forum to highlight the depth and breadth of cancer research across TCD and SJH and to bring people together to share ideas and foster new collaborations. The event was opened by TSJCI Research Lead, Prof. Lorraine O'Driscoll. Prof. O'Driscoll stated "It is truly rewarding to hear progress updates on the new research collaborations established between scientists and clinicians across the university and hospital sites, made possible by the Cancer Research Stimulus (CREST) Awards. We are very grateful to philanthropic donors for their support of this TSJCI Research initiative". Special invited guest was Kay Duggan-Walls, Policy Officer at the European Commission who briefed attendees on the funding landscape for Cancer at EU level. The event comprised of four sessions, one for each research theme at TSJCI; namely Cancer Prevention (led by Prof. John O'Leary, Prof. Cara Martin and Prof. Karen Cadoo), Molecular and Precision Oncology (led by Prof. Lorraine O'Driscoll and Prof. Gerry Hanna), Cancer Immunology (led by Prof. Joanne Lysaght and Dr Martin Barr) and Cancer Survivorship (led by Prof. Juliette Hussey and Prof. Stephen Maher). Each session was opened by the research theme leads and consisted of research project updates from the CREST (Cancer Research Stimulus Awards) recipients, followed by short elevator pitch style presentations from researchers affiliated with the theme. Sessions concluded with a discussion on future directions, global challenges in the field, opportunities for collaboration within TSJCI. The TSJCI Research Day had over 120 registrants, and we hope that there will be many new collaborations arising from the event.

The CREST awardees speaking at the event – and their projects supported by CREST Awards – were:

- Dr Karen Cadoo – Examining the role of lifestyle interventions for modifiable risk factor management in people with BRCA-associated inherited cancer risk
- Dr Brooke Tornioglio – Characterisation of the collagen microstructure in breast tissue by non-invasive MR imaging: from risk to metastatic breast cancer
- Dr Geraldine Foley – Discordance between patients with advanced cancer and family caregivers in decision-making for specialist palliative care: The healthcare Professional perspective
- Dr Nina Orfali – Selection of Cold Tumour Phenotype (Cell) specific Aptamers
- Dr Noel Donlon – Investigating the ability of secreted IL-Binding Protein (IL-18BP) from Oesophageal Adenocarcinoma (OAC) cells to stimulate immune checkpoint inhibition of T cells
- Dr Melissa Conroy – Elucidating the potential of combination Olaparib and Natural Killer cell therapy in non-small lung cancer
- Dr Kate Connor – Interrogation of the neuroinflammatory impact of mast cells in brain tumour related epilepsy (BTRE)
- Dr Kevin Molloy – Circular RNAs: A potential novel diagnostic biomarker in Mycosis Fungides/ Sezary Syndrome
- Dr Daniela Zisterer – Development of anti-myeloma therapeutic strategies utilising the novel agent VP79s
- Dr Mark Ward – Using liquid biopsy to better understand immunotherapy and antibody-drug conjugates in triple-negative breast cancer

The Laabei family joined the event to announce an additional CREST Award, in honour of their family member, Dr Fadhil Laabei, who passed away from Small Cell Lung Cancer (SCLC). The Laabei Family raised over €36,000 to fund future CREST awards in the field. This inaugural Laabei CREST award was granted in December 2024 to Prof. Gerry Hanna and Dr Melissa Conroy for a project 'Delineating the utility of chemo-radiotherapy and PARP inhibition with natural killer cell therapy in small cell lung cancer'.

Cancer Liquid Biopsies Research

In 2024, substantial progress was made in our emerging liquid biopsies research, initially enabled by the Higher Education Authority (HEA)'s under the North-South Research Programme support of the All-Ireland Cancer Liquid Biopsies Consortium (CLuB, clubcancer.ie), and strongly supported by CLuB's Advisory Board including patient advocates Ms Jacqueline Daly, Ms Roberta Hogan, Mrs Krista Costello, Mrs Gemma Ward; Deputy Director of CRUK National Biomarker Centre, University of Manchester, Dr Dominic Rothwell; and Director of Innovation Partnerships at Catalyst, Dr Robert Grundy MBE.

Examples of outputs from this novel liquid biopsies research, which spans TSJCI Research Themes 2: Molecular and Precision Oncology and Theme 1: Cancer Prevention, included publishing the first comparative study of circulating tumour cell isolation and enumeration technologies, establishing methods for Extracellular Vesicles (EVs) analysis *in situ* in samples of patients' samples, developing methods for EVs collection from ascites fluid, and determining – in a proof-of-concept study – that co-analysis of both EVs and ctDNA is superior to either of them on their own. Furthermore, in 2024 CLuB Investigators and funded researchers delivered numerous keynotes and invited talks, proffered, oral, and poster presentations at nationals and international conferences. They hosted the 2024 Liquid Biopsies Research Symposium at Queens University Belfast (QUB); organised, hosted and presented at Patient and Public Involvement and Engagement (PPIE) events; as well as at European Researchers Night, the Balmoral Show, and were subjects of many radio and television interviews. More than 50 TY researchers have spent time in TSJCI laboratories learning about our liquid's biopsies research.

Examples of awards bestowed on the liquid biopsies research consortium members in 2024 include Ms Faye Lewis, PhD. Candidate, receiving the Patrick J Johnson Award and Dr Mark Ward receiving the EACR Senior Investigator Award at the Irish Association for Cancer Research (IACR) Annual meeting; Dr Sharon O'Toole receiving the Best Healthcare Campaign Award, on behalf of the Irish Network for Gynaecological Oncology; and Professor Lorraine O'Driscoll receiving the International Society for Extracellular Vesicles Exceptional Contribution to the EVs field Award.

Added to this, by end of 2024, the CLuB Consortium had collectively leveraged €4,021,194 (of which €1,500,984 is exchequer and €2,520,610 non-exchequer) funds from national and international sources to expand cancer liquid biopsies and associated research, to add to the initial €4,000,000 support from the Government of Ireland North-South Research Programme (NSRP).

External Research Funding Secured (selected)

Several other large-scale competitive research grants/awards were secured in the 2023/2024 academic year.

These include:

1. Metabolism-Driven Precision Biomanufacturing of Cellular Therapeutics

Prof. Athanasios Mantalaris was awarded an Science Foundation Ireland (SFI) Research Professorship for his proposal on cellular therapeutics in the School of Pharmacy and Pharmaceutical Sciences. The use of manipulated Advanced Cellular Therapy (ACT) products to treat patients, especially with advanced cancers, immune or degenerative conditions, is increasing as the benefits are realised, now with 25 FDA-approved ACTs and over 10,000 clinical trials. Though the potential impact is high, challenges remain; variability in reported patient responses can result from unpredictable heterogeneity of infused ACTs, highlighting the unmet need for robust and reproducible biomanufacturing.

Fundamental work done by his group using pluripotent, multipotent, and maturing unipotent cells has shown that metabolic signatures change well before genotype and phenotype indicating that what will happen to cells ultimately is governed by cellular metabolic fitness and culture conditions to which they are exposed, creating a pathway towards manipulating cellular heterogeneity and function through metabolism. The overall aim of this research programme is to characterise and direct cellular heterogeneity through the understanding and control of metabolism throughout the bioprocess using combined in vitro-in silico approaches to deliver personalised ACTs through Metabolism-Driven Precision Biomanufacturing for improved clinical outcomes.

2. Extracellular Vesicle Research Exchanges for Advanced Biomarkers and Therapeutics

Prof. Lorraine O'Driscoll is TSJCI's P.I. on the European MSCA staff exchange EVEREST (Extracellular Vesicle Research Exchanges for Advanced Biomarkers and Therapeutics). The EVEREST project, led by Prof. Breandan Kennedy UCD, is a consortium in extracellular vesicles training, bringing together 22 institutions from 11 countries. Other TSJCI researchers involved include Prof. Jacintha O'Sullivan and Associate Prof. Niamh O'Boyle. This interdisciplinary consortium project has an ambitious plan for over 285 months of researcher/staff exchanges, engaging at least 81 fellows. The Research-Innovation programme is structured into four pivotal work packages: 1. Combining Expertise and Resources for Advancing Standardised Characterisation and Isolation of EVs: Focused on harmonising methods for EV isolation across diverse tissues and samples, enhancing the consistency and reliability of EV research. 2. Jointly Investigating EVs in Health or Disease and Enhancing Translational Biomarker Discovery: Concentrated on exploring the roles of EVs in various health conditions and diseases, with a particular emphasis on identifying and validating new biomarkers for diagnostic and prognostic applications. 3. Uniting Capacities, Advancing EV-Based Therapeutics or Drug Delivery: Dedicated to developing innovative EV-based treatments and drug delivery mechanisms, targeting key health challenges like cancer and cardiovascular diseases. 4. Catalysing commercial development of EV-based technologies: Aiming to bridge the gap between research and practical application, this work package focuses on preparing EV-based solutions for large-scale production and market introduction. At its core, EVEREST is committed to significantly enhancing the capabilities of participating institutions and fostering career advancement for involved fellows. By positioning EVs as critical tools for biomarker discovery and therapeutic applications, the project aims to make substantial contributions to personalised medicine and improved health outcomes, ultimately translating research breakthroughs into clinical practice.

3. Synthetic hEalthcare dAta goveRnanCe Hub

Prof. Aideen Long, Prof. John O'Leary and Dr Cara Martin are partners in a Horizon Europe Innovative Health Initiative EU project, SEARCH (Synthetic hEalthcare dAta goveRnanCe Hub). The consortium seeks to enable extensive data aggregation and analysis while safeguarding the integrity and privacy of original datasets. This initiative is designed to address biomedical challenges in Europe and offer translational solutions that will ultimately contribute to the advancement of personalised medicine. Unlike traditional data-sharing platforms that mainly focus on technical obstacles, SEARCH adopts an innovative approach by addressing legal, ownership, and subject privacy concerns. It specifically targets distributed institutional repositories that are hesitant to share multimodal clinical data, overcoming security concerns through a combination of clinical synthetic data proxies and a Federated Learning framework. Until synthetic data proxies gain wider acceptance, this combined strategy aimed at alleviating security concerns, facilitates the scalability required for AI analysis and promotes creative public-private data collaborations. SEARCH will offer advanced data federation capabilities, incorporating unique Synthetic Data Generation features to create various data types, including those not comprehensively addressed currently (e.g. wearable device data, image sequences, and genomic data). Through curated access to these novel digital tools, SEARCH will facilitate convenient access for the healthcare industry and research community to address bottlenecks and challenges in the development of novel tools for personalised prevention, diagnosis and treatment based on explainable AI. Moreover, SEARCH will provide agreed-upon gold standard synthetic datasets for evaluating the performance of biomedical AI solutions. SEARCH aims to consolidate European Innovation and

Research endeavours by promoting public and private collaborations to unlock the potential for innovation in the digital healthcare sector.

4. PINPOINT: PredIction aNd Prevention of Venous Thrombosis durINg chemoTherapy – combining dynamic biomarker risk assessment, patient perspectives and health technology assessment.

Dr Lucy Norris was awarded a HRB Investigatior-led programme award for her project PINPOINT.

The study aims to:

- Measure procoagulant biomarker levels serially during chemotherapy as dynamic predictors of Venous thromboembolism (VTE).
- Investigate the prothrombotic mechanisms involved in chemotherapy associated VTE.
- Identify patient priorities and preferences for shared decision-making regarding prophylaxis during chemotherapy.
- Perform a cost benefit analysis of biomarker screening and targeted VTE prophylaxis during chemotherapy.

The overall objective of the study is to develop dynamic predictive biomarkers for VTE during chemotherapy and to understand patient priorities regarding VTE prediction and prevention. Identification of high-risk patients and increased understanding or patient priorities will lead to effective shared decision between doctor and patient ultimately reducing the burden of VTE in cancer.

5. Exploring the unmet needs of Irish cancer patients from underserved communities

Prof. Martin McMahon was awarded the Irish Cancer Society Underserved Communities Award 2023.

Prof. McMahon's project Aims to Explore the barriers to and enablers of timely access to cancer diagnostics in underserved communities by:

- Exploring cancer diagnosis and cancer mortality in underserved aging and persons with disability communities.
- Exploring the association between sociodemographic and social vulnerability factors and cancer diagnosis.
- Exploring cancer service provisions for underserved communities.
- Exploring the experiences of underserved communities who are living with or beyond cancer.

Key Developments 2025

In addition to progressing the recently funded projects outlined above, and also aligned with the TSJCI Strategic Plan, we will seek opportunities to fund:

- Key equipment to further expand the Liquid Biopsies Core.
- Key equipment to development a Functional Genomics Core.
- Increase human resources dedicated to TSJCI's research programme.
- Nurture successful relationships with industry partners, patients' advocacy groups, research funders, and charitable groups.

Continue to build collaborative fundamental, translational, and clinical research programmes across our 4 Research Themes.

- Integrate patient-focused research across the Island of Ireland that studies samples kindly donated by cancer patients.
- Establish fora for clinicians, Allied Health Professionals and academic research to meet.
- Establish more research collaborations between personnel on TCD campus and SJH campus.
- Embed new appointments in TSJCI research infrastructure.
- Further enhance the TSJCI seminar series.
- Enhance engagement between clinicians and researchers across TSJCI in cancer prevention, molecular and precision oncology, immuno-oncology, survivorship, and beyond.
- Increase input into translational trial design and access to clinical trials samples for research.
- Increase outputs in the area of immuno-oncology in terms of publications, communications and networking.
- Support trainees in the field of immuno-oncology through education provision and training.
- Enhance industry engagement and joint research.

Highlights

- Prof. Patrick Forde joined TSJCI as the Patrick Prendergast Chair in Immuno-oncology and as the clinical theme lead for the Cancer Immunology Research Theme.
- Prof. Gerry Hanna joined TSJCI as Marie Curie Chair of Clinical Oncology as the clinical theme lead on TSJCI radiotherapy research.
- Prof. Owen Smith, of Child, Adolescent and Young Adult (CAYA) Oncology at TSJCI, joined the TSJCI Survivorship Theme an additional clinical lead.
- Theme co-lead Prof. Joanne Lysaght, in her role as President of the Irish Society for Immunology, played a central role in organising the largest immunology conference ever held on the island of Ireland – The 7th European Congress of Immunology in September 2024 held in the Convention Centre Dublin.
- Prof. Joanne Lysaght in collaboration with Dr Aideen Ryan, University of Galway, and The Society for Immunotherapy for Cancer (SITC) organised a Cancer Immunology Symposium entitled "New Frontiers in Cancer Immunotherapy" with discussions and talks from world leading experts including Nobel Laureate Jim Allison, Padmanee Sharma, Alberto Mantovani, Bernard Fox, Evelyn Ullrich, Jarushka Naidoo, Joachim Aerts, Kirstin Anderson, Thomas Marron. Additionally, Prof. Lysaght, Dr Ryan and Breakthrough Cancer Research organised a very successful patient evening to coincide with the Immunotherapy Symposium, to facilitate Irish patients meeting and engaging with these world leading experts, many of whom discovered the treatments that saved their lives or offered valuable treatment options.

Quality

At TSJCI we continue to strive to provide high quality, safe, compassionate care with an emphasis on continually improving the experience and the outcomes for people with cancer and their support networks.

Key Developments during 2024

- Preparation for the OECI peer review visit was a major focus for the cancer centre in 2024.
- This cross directorate and institution work culminated in a comprehensive two-day site visit by the OECI, in December 2024. The visit focused on evaluating clinical care, research, trials, and education across TSJCI and partner institutions.
- The multidisciplinary Cancer Clinical Outcomes Group (CCOG) continues to meet, providing a forum for review of outcomes of cancer treatment at the cancer centre.
- Work continued on the development and assessment of patient pathways across the cancer centre.
- Pathway-centric biannual review meetings are embedded for every pathway in collaboration with all cancer services. The meetings provide a valuable forum for cross directorate collaboration, review of data, audit, guidelines and clinical research.
- The external advisory board (EAB) continues to provide expert external advice to TSJCI focusing on the implementation of the TSJCI strategy and the road map to accreditation and designation as a Comprehensive Cancer Centre.

Trinity St James's Cancer Institute (TSJCI) Cancer Survivorship Network

- Dr Emer Guinan, Associate Professor, Physiotherapy
- Mr John Sullivan, Consultant Urologist
- Ms Gráinne Smith, Patient and Public Partnership Lead

The TSJCI Cancer Survivorship Network continues to thrive.

Service Area

Publication of the Cancer Survivorship Services Directory:

- This resource includes details of over 50 different survivorship services being delivered across 23 different specialties within the hospital. Cancer survivorship services are being delivered by a wide range of medical, nursing, allied health professionals and non-clinical staff. Services are available across all cancer types treated within the hospital.

TILDA Collaboration:

- On July 12th, 2024, the team from The Irish Longitudinal Study of Aging (TILDA) were invited to St James's Hospital. Colleagues from both TILDA and from the survivorship network presented current work and discuss synergies and opportunities for future collaboration.

Patient Event:

- On Saturday 2nd March 2024 the Network hosted a patient event titled 'Living through the Cancer Experience' in the Hilton Hotel Kilmainham, Dublin. The event included talks from multiple members of the St James's Hospital multidisciplinary team and a patient panel from our patient representative group. The event was attended by 60 patients and their supporters (maximum capacity) and was well received by those attending.

Key Priorities for 2025

The major priority for the Network in 2025 is to develop a proposal for a survivorship programme. The survivorship programme will enable us to define and consolidate our survivorship activities across the clinical services, research and education, thus optimising collaboration and outcomes.

As a starting point for this work, Fiona Keogan and her team facilitated a Lean Transformation Workshop on June 17th, 2025. A subgroup has since been established to progress the actions arising from this workshop over the coming months.

Highlights

The Network includes over 85 members from 39 different specialities from St James's Hospital, Trinity College Dublin and our partner sites including St Lukes's Radiation Oncology Network, Dublin Dental University Hospital, Our Lady's Hospice and Care Services, Stewarts Hospital, Children's Health Ireland and the TSJCI Patient Representative Group.

The current network co-chairs for 2025 are Mr John Sullivan (St James's Hospital, Ms Grainne Smith (Programme Office) and Dr Emer Guinan (Trinity College Dublin).

Patient Representative Group

- Grainne Smith, Patient and Public Partnership (PPP) Lead, TSJCI

Service Area

2024 has seen an increase in the number of researchers and healthcare professionals seeking Patient Representative Group (PRG) input and contributions. The main contributions for 2024 are as follows:

- TSJCI Cancer Survivorship Network patient day event
- Contributed to eight research proposals
- Provided feedback on 11 clinical service initiatives and four innovations
- TSJCI website
- Lean Transformation review of Breast Pathway
- Health Care Assistant (HCA) study day, and fundamentals in cancer nursing days
- Development of a Nursing Professional Practice
- QSID's Patient-Centred Day
- Cancer centre event on patient partnership
- Opening of an outdoor garden space for patients
- OECI accreditation audit process

Key Priorities for 2025

The PRG main priorities for 2025 are as follows:

- Develop a PRG strategy
- Contribute to development of Quality Improvement Plan as part of the OECI process
- Recruit new members to the PRG
- Ensure robust feedback mechanism established and implemented
- Contribute to capital developments within TSJCI
- Have PRG representation on TSJCI governance structure

Highlights

TSJCI PRG has positioned itself as a vital resource for researchers and healthcare professionals to collaborate on research projects and service improvement initiatives. This was particularly referenced during the OECI audit visit. I would like to thank the PRG members for their continued, unwavering support and commitment to ensuring the voices and lived experience of patients and families living with cancer to inform research, service design, and provision.

Patient and Public Partnership (PPP)

- Ms Grainne Smith, Patient and Public Partnership (PPP), TSJCI

Service Area

Since commencing in the role in February 2024, work got underway to meet with key personnel outlining the role of the PPP Lead exploring alignment and possible collaborations. Main highlights are:

- Scoping exercise within TSJCI to determine what is happening in relation to PPP activities
- Networking with various national, academic and cancer support services and centres
- Established Patient Representative Group (PRG) for HRB funded Trinity Academic Cancer Clinical Trials Cluster (TACC) across SJH, Tallaght University Hospital and Midland Regional Hospital Tullamore
- Co-hosted event to discuss and share learnings on patient partnership with cancer centres across Ireland
- Facilitation of TSJCI PRG
- Supported OECI submission and audit

Key Priorities for 2025

PPP Role

- Finalise PPP Framework and commence implementation and embedding of same.
- Collaborate with hospital and community services who support underrepresented communities to ensure their voices and experiences are incorporated.
- Collaborate and network more with community-based cancer support services.
- Develop education and training on PPP for researchers and healthcare professionals.
- Contribute to development of Quality Improvement Plan as part of the OECI process.
- Promote work of PPP Lead at national (possibly international) events and conferences.

TSJCI and TACC PRGs

- Develop PRG strategy.
- Recruit new members to the PRG.
- Have TSJCI PRG representation on TSJCI governance structure.

Highlights

Following on from the OECI audit visit, we are developing plans to review how we gather, analyse, and act on patient feedback. We are working closely with QSID on this, and plan to make progress on this in 2025. We have seen an increase in demand from researchers and healthcare professionals to collaborate with TSJCI PRG. This is testament to the important role and impact patient partnership has. As PPP Lead, I welcome this collaboration and look forward to its continued growth in 2025.

Young Onset Cancer Programme

- Ms Nicola Keohane, Programme Coordinator Young Onset Cancer Programme, TSJCI

Service Area

- In 2024, the establishment of the Young Onset Cancer Programme marked a significant milestone with the introduction of a dedicated service for individuals aged 25-50 diagnosed with gastrointestinal cancers.
- This pioneering programme delivers age appropriate, multidisciplinary care, recognising the distinct clinical, complex and unique needs of younger adults. The programme is delivered through a strategic partnership with the Irish Cancer Society and is co-directed by Professor Maeve Lowery and Dr Emily Harrold.

2024 Recruitment

- Programme Manager in Young Onset Cancers
- Advanced Nurse Practitioner in Sexual health, fertility and Menopause
- Advanced Nurse Practitioner in Survivorship and Wellbeing

2024 Highlights

- GI needs analysis completed and presented at GI ASCO
- Increased collaboration with clinical partners and advocacy groups to improve patient experience and continuity of care
- Attended the Entero Conference in Porto with Digestive Cancers Europe
- Establishment of Young Onset Cancer Pathway
- Integrating Research and Education to improve understanding of Young Onset Cancers and inform future models of care

Key Priorities for 2025

- Expand to other tumour types
- Present research outputs of the programme at ASCO and GI ESMO
- Improve Patient advocacy and hold a patient event increasing awareness of young onset cancers
- Promote Policy Change for this age group

Appendix 1: Glossary of Terms

Term	Description
ACU	Acute Care Unit
AHOS	Acute Oncology haematology Service
ANP	Advanced Nurse Practitioner
ASCO	American Society of Clinical Oncology
AYA	Adolescent and Young Adults
BRCA	Breast Cancer Predisposition Gene
BTRE	Brain Tumour Related Epilepsy
CAYA	Child, Adolescent and Young Adult
CCI4EU	Comprehensive Cancer Infrastructures for the European Union
CCOG	Cancer Clinical Outcomes Group
CCTU	Cancer Clinical Trials Unit
CGA	Comprehensive Geriatric Assessment
CMD	Cancer Molecular Diagnostics
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CPD	Continuing Professional Development
CREST	Cancer Research Stimulus Awards
CRO	Contract Research Organisations
CSTD	Closed System Drug Transfer Device
CTRG	Cellular Therapy Research Group
DOSA	Day of Surgery Admission
EAB	External Advisory Board
EBMT	European Bone Marrow Transplant
ENT	Ear, Nose and Throat
EPR	Electronic Patient Record
ERATS	Enhanced Recovery After Thoracic Surgery
ESD	Endoscopic Submucosal Dissection
ESMO	European Society for Medical Oncology
EVEREST	Extracellular Vesicle Research Exchanges for Advanced Biomarkers and Therapeutics
FEES	Fiberoptic Endoscopic Evaluation of Swallowing
FISH Test	Fluorescence In Situ Hybridisation test
GEC	Guinness Enterprise Centre
GMO	Genetically Modified Organisations
GMO	Genetically Modified Organisms
HCC	Hepatocellular Carcinoma, Cholangiocarcinoma

Term	Description
HCC	Health Care Assistant
HEA	Health Care Assistants
HODC	Haematology Oncology Day Centre
HRD	Homologous Recombination Deficiency
HSCT	Haematopoietic Stem Cell Transplant
IAANMP	Irish Association of Advanced Nurse and Midwife Practitioners
IACR	Irish Association for Cancer Research
IASLC	International Association for the Study of Lung Cancer
IBTS	Irish Blood Transfusion Services
ICAT	Irish Clinical Academic Training
ICS	Irish Cancer Society
ICU	Intensive Care Unit
IHC	Immunohistochemistry
IMP	Investigational Medicinal Products
IMS	Information Management Systems
IRROG	Irish Research Radiation Oncology Group
JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood and Marrow Transplantation
JFICMI	Joint Faculty of Intensive Care Medicine of Ireland
KPI	Key Performance Indicator
MDM	Multi-Disciplinary Team Meeting
MDT	Multi-Disciplinary Team
NCCP	National Cancer Control Programme
NCHD	Non Consultant Hospital Doctors
NCIS	National Cancer Information System
NGS	Next Generation Sequencing
NSRP	North-South Research Programme
NTPF	National Treatment Purchase Fund
OAC	Oesophageal Adenocarcinoma
OECI	Organisation of European Cancer Institutes
OT	Occupational Therapy
PBSC	Peripheral Blood Stem Cells
PICC	Peripherally Inserted Central Catheter
PPIE	Patient and Public Involvement and Engagement
PPP	Patient and Public Partnership

Term	Description
PREHAB	Prehabilitation
PRG	Patient Representative Group
PROMS	Patient Reported Outcome Measures
QoL	Quality of Life
RCSI	Royal College of Surgeons in Ireland
RDU	Radiology Day Unit
RIG	Radiologically Inserted Gastrostomy
RTQA	Radiotherapy Quality Assurance
RVEEH	Royal Victoria Eye and Ear Hospital
SABR	Stereotactic Ablative Radiotherapy
SACT	Systemic Anti-Cancer Therapy
SCT	Stem Cell Transplant
SDSH	South Dublin Surgical Hub
SEARCH	Synthetic hEalthcare dAta goveRnanCe Hub
SFI	Science Foundation Ireland
SITC	Society for Immunotherapy for Cancer
SJH	St James's Hospital
SLRON	St Luke's Radiation Oncology Network
SLT	Speech and Language Therapist
SOP	Standard Operating Procedure
TACC	Trinity Academic Cancer Clinical Trials Cluster
TAT	Turnaround Time
TILDA	The Irish Longitudinal Study of Aging
TSJCI	Trinity St James's Cancer Institute
TTMI	Trinity Translational Medicines Institute
TUH	Tallaght University Hospital
TY	Transition Year
UGI	Upper Gastrointestinal
VTE	Venous Thromboembolism
WTE	Whole-Time Equivalent