

Cancer Report

2020-21





Our Values

Best Patient Care
Best Team and Resources
Best Processes
Best Approach
Best Enablers

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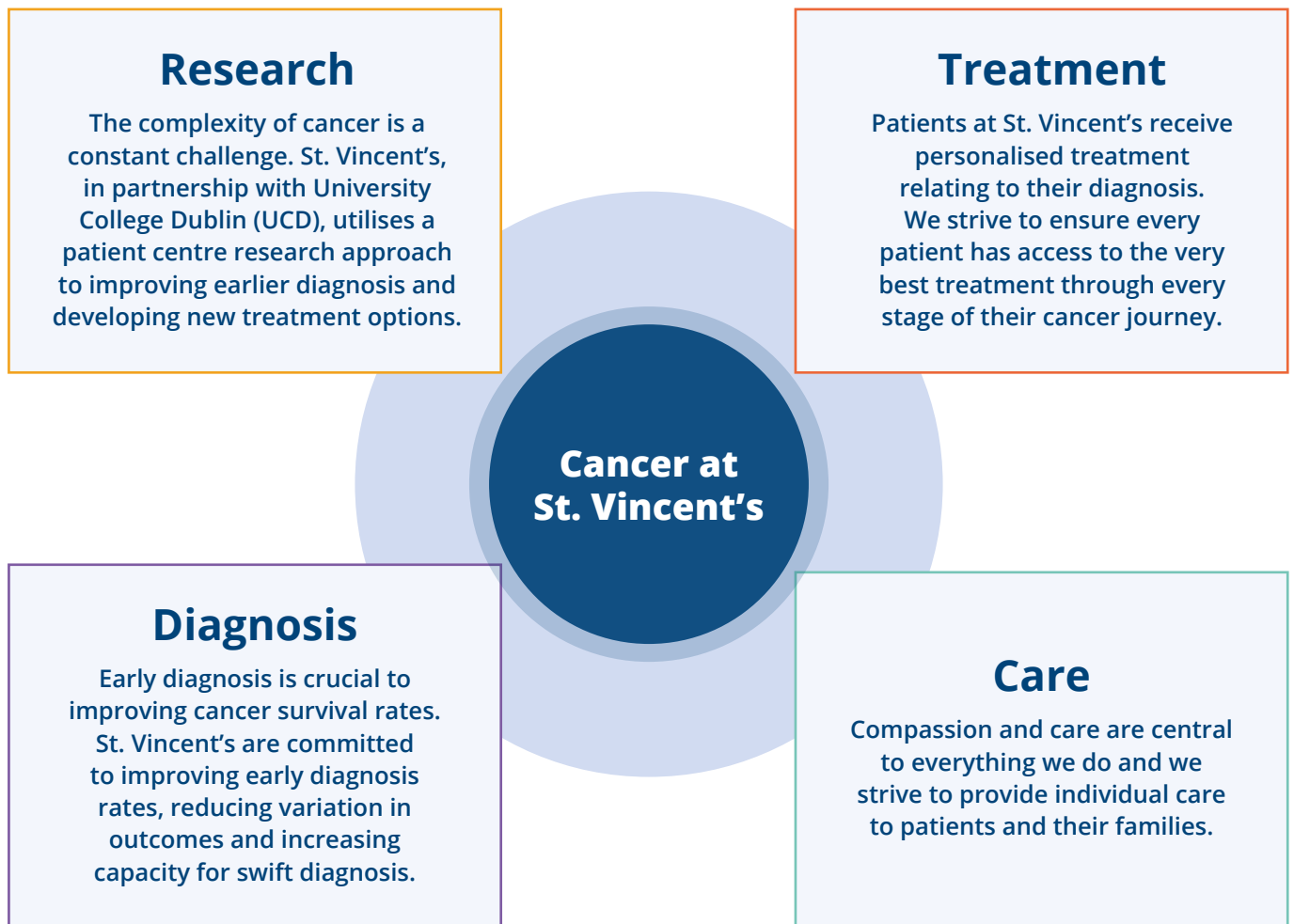
Section 1 Introduction

St. Vincent's Hospital Group

SVHG encompasses St. Vincent's Private Hospital (SVPH), St. Vincent's University Hospital (SVUH) and St Michael's Hospital (SMH) supported in teaching and research by University College Dublin (UCD). St. Vincent's Healthcare Group (SVHG) is a strategically important and leading healthcare group in Ireland, on an integrated multi-hospital campus located at Elm Park, Dublin 4 and Dún Laoghaire, Co. Dublin. The healthcare group provides front-line, acute, chronic and emergency care across 50 different medical and surgical specialities. Our two public hospitals are an integral part of services in the region, providing local, regional and national services in designated specialities.

National Centres of Excellence

- 1 of 8 Nationally Designated Adult Cancer Centres.
- National Cancer Screening Programmes for breast, colorectal, lung and prostate cancer.
- National Centre for Cystic Fibrosis.
- National Centre for Neuroendocrine Tumours (NET).
- National Centre for Pancreatic Cancer.
- National Liver Transplant Programme.
- National Pancreas Transplant Programme.
- Leading Colorectal Surgical Unit.



St. Vincent's is a centre of excellence for cancer care, one of eight nationally designated adult cancer centres and is the nationally designated centre for neuroendocrine tumours (NET), pancreatic cancer and sarcoma. The hospital is also one of the largest providers of care for patients with breast, prostate, colorectal, lung and gynae cancer and is one of three adult stem cell transplant centres in the country. The hospital also has a long tradition of cancer research. The recent Cancer Clinical Trial Research Infrastructure Funding award to the UCD Clinical Research Centre, by the Health Research Board, will enhance and expand cancer research at the hospital.

St. Vincent's strives to develop as the national centre of excellence for Sarcoma, Primary Liver Cancer services and Peptide Receptor Radionuclide Therapy (PRRT) services. The hospital is renowned for its best in class service provision and driven by a shared commitment to excellence in clinical practice, education, research and innovation.

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The hospital is one of the largest providers of care for patients with breast, prostate, colorectal, lung and gynae cancer and is one of three adult stem cell transplant centres in the country.”

Cancer Directorate Introduction



Dr. David Fennelly,
Clinical Director
for Cancer Care

This has been an extraordinary two years for all of us and, thanks to the equally extraordinary effort of all our staff, we have been able to maintain urgent cancer treatment throughout the COVID-19 pandemic and provide support for cancer services, as our colleagues managed the intense pressure of COVID-19 admissions.

Despite COVID-19 restrictions, we diagnosed 4,754 patients in 2020 and 5,623 in 2021 (compared with 4,779 patients in 2019).

Alongside the management of cancer services, we have developed an ambitious 5-year Strategic Cancer Plan to deliver world leading cancer services for patients. The plan is built on 4 strategic pillars and targets achieving the Organisation of European Cancer Institute's (OEI) Comprehensive Cancer Centre accreditation within the planning period. The plan sets the framework for St. Vincent's, in conjunction with our academic partner UCD, to enhance the integration of cancer care service, research, education and innovation and become an internationally recognised comprehensive cancer centre.

In 2021, in order to support the delivery of the Strategic Cancer Plan and OEI accreditation, the management of cancer services was re-organised into a Cancer Directorate.

A directorate management team have been put in place, and a set of priorities have been agreed for the next 3 years.

From an operational perspective, this streamlines the management of cancer services and enables us to better manage the increasing levels of activity and the increasing patient complexity and acuity that is forecast, primarily driven by our growing and aging population.

Cancer research at St. Vincent's has a long and well established reputation at the hospital. Over 50 cancer studies were open at the hospital over that last two years and over 120 cancer related publications generated by our research teams. Significantly, in December 2021 and in combination with the Mater Misericordiae University Hospital and University College Dublin, the hospital was one of 6 centres nationally to be awarded 5-year funding to increase resources and expand the access and type of clinical cancer trails for patients.

The project is led by Prof Michaela Higgins. It commenced in January 2022 and enhances our ability to deliver ground breaking clinical research and improve the lives of patients. Finally, I would like to acknowledge and thank the staff of St. Vincent's who have risen to the challenge of delivering high-quality cancer care during what has been a very difficult year.

Dr. David Fennelly,
Clinical Director for Cancer Care



Mission: Vision, Values, Priorities



Mission

To be at the forefront of cancer service provision in Ireland by providing a service that enables each and every patient to access safe, compassionate and high quality care when they need it. To deliver the best cancer care for patients through high quality, integrated care, advanced clinical research and ultimately more personalised diagnosis and treatment.



Vision

SVHG, in partnership with UCD, will be a leading cancer centre/institute, renowned for its best in class service provision and recognised as an institution of choice in Ireland, with an international reputation, driven by a shared commitment to excellence in clinical practice, education, research and innovation. A centre of excellence for pioneering the very latest in cancer treatment and technologies.



Values

The activities and work of SVHG and this Directorate are underpinned by five core values:



Best Patient Care

We will provide the highest quality patient care, always recognising our values of human dignity, compassion, quality and advocacy.



Best Team and Resources

We will continue to recruit and retain excellent people at all levels and to ensure they work with modern and effective facilities and technologies to deliver best outcome for our patients.



Best Processes

We will maintain a healthy and safe environment and provide a service that is efficient and cost effective so that we continue to deliver the best possible return for monies invested.



Best Approach

We support an integrated model of healthcare for Ireland, and recognise our responsibility to work with others to ensure that all patients have access to the right care, at the right time, in the right place, delivered by the right people.



Best Enablers

We recognise and are committed to the continued development and delivery of education, training and research as core, integral components that enable and support the delivery of excellence.

Organisational Structure

St. Vincent's Healthcare Group (SVHG) and University College Dublin (UCD) have established a programme to achieve the Organisation of European Cancer Institutes (OECI) accreditation and designation. A key pillar of which is the governance structure. The formation of the Cancer Directorate and the Cancer Operations Team are core elements of that structure.

Cancer Centre Directorate

The Cancer Centre Directorate is the Leadership Team for the Cancer Centre. The Cancer Centre Directorate is led by the Clinical Director and is attended by professionals involved in cancer care, research and education across the Cancer Centre. The Cancer Centre Directorate is responsible for the delivery of the Cancer Strategic Plan, the Strategic Cancer Research Plan and OECI Cancer Centre Accreditation programme. The Cancer Centre Directorate reports to the Cancer Centre Board, via the Clinical Director and will submit an annual report to the board covering all activity at the Cancer Centre.

Cancer Operations Team

The Cancer Centre Operations Team provides the core administration and coordination functions of the SVHG-UCD Cancer Centre. The Operations Team will support and maintain the programme to achieve OECI accreditation and designation. The team will be led by the Clinical Director and will comprise of Cancer Services Manager, OECI Accreditation Lead, Cancer Nurse Lead, Quality Lead and Research Lead.





Section 2 Year in Review

Joint Commission International Accreditation

Joint Commission International (JCI) is an international leader in healthcare quality of care and patient safety standards. JCI surveys and accredits healthcare organisations across the globe, with St. Vincent's Healthcare Group one of two Irish public hospitals to be JCI Accredited.

JCI's Academic Medical Centre hospital standards were developed to recognise the contribution, large academic healthcare centres, bring to their patients and the community. The Academic Medical Centre Standards are additional standards that the institution must meet in the areas of Medical Professional Education and in Research Programmes. St. Vincent's was originally accredited in 2010 and has achieved reaccreditation every three years subsequently, with the most recent accreditation achieving Academic Medical Centre Accreditation Programme.



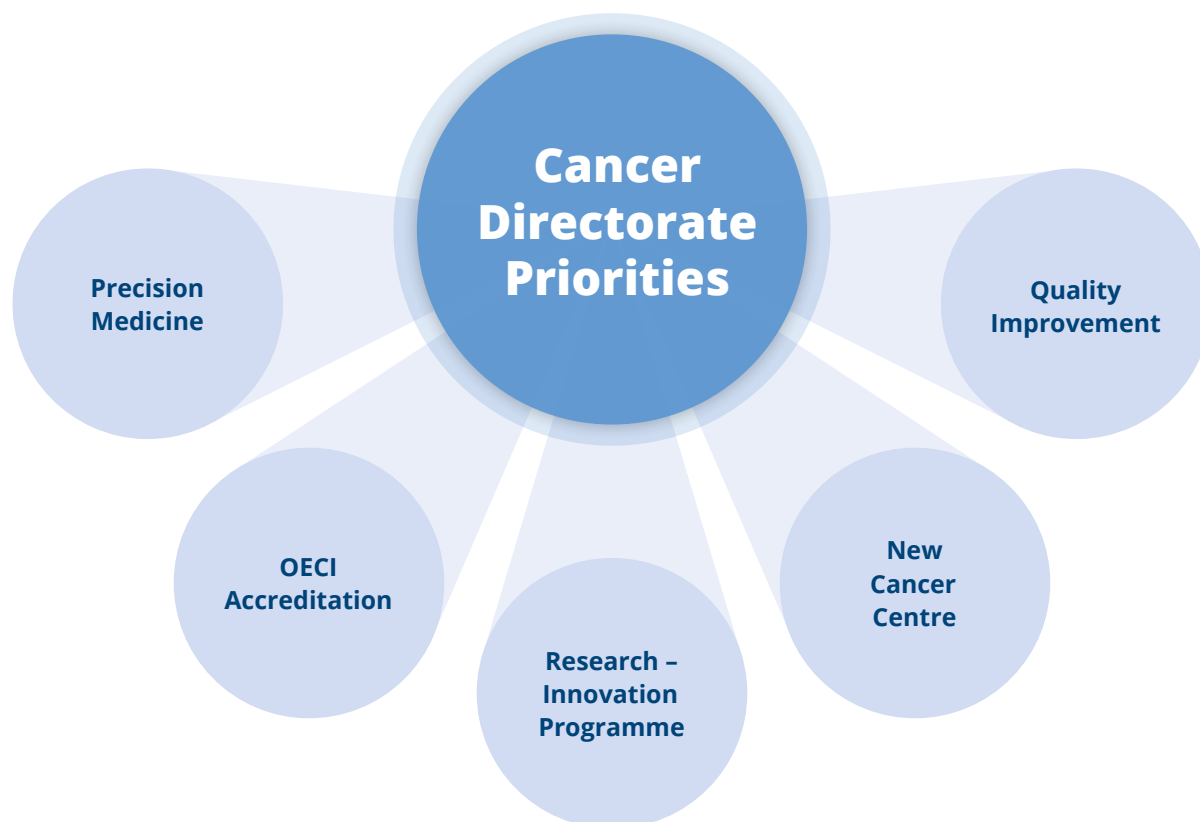
Cancer Directorate

The establishment of a dedicated Cancer Directorate in 2021, within St. Vincent's University Hospital is an important milestone in one of Ireland's leading cancer centres. The new directorate will drive and implement the hospital's Strategic Cancer Plan, with the ambition of providing comprehensive cancer care, which delivers high-quality, innovative cancer services along the entire patient pathway for prevention to end-of-life care.

A Directorate Management Team (Business Manager and Nurse Manager) were put in place and a robust governance structure was established, consisting of monthly Cancer Services Directorate Management Meetings, a monthly Medical Oncology Team Meeting and a monthly Haematology Team meeting. This combined meeting structure ensures clear and transparent engagement, direction and facilitates optimum decision making.



JCI surveys and accredits healthcare organisations across the globe, with St. Vincent's Healthcare Group one of two Irish public hospitals to be JCI Accredited."



European Society of Gynaecological Oncology (ESGO)

In July 2021, the UCD Gynaecological Oncology Group (UCD-GOG) incorporating the Mater Misericordiae University Hospital, St. Vincent's University Hospital and University College Dublin, was accredited by ESGO as an accredited centre for Gynae-oncology Training. This follows the group's 2020 ESGO accreditation for Advanced Ovarian Cancer Surgery.

The UCD-GOG is the largest Gynaecological Oncology Group in the country serving over two million people. The Group offers specialist treatment for all types of gynaecological cancers including advanced surgery, radiotherapy and chemotherapy. UCD-GOG receives 500 new referrals per year from across the country and treats nearly 400 new cancers annually.



The introduction of a new tracer in our PET CT scanner results in image quality that far surpasses older techniques.

Gallium-68 DOTATATE is an injected PET tracer that gives enhanced images of disease extent in patients with neuroendocrine tumours. The tracer targets a specific receptor expressed on the surface of tumour cells, allowing very small lesions to be identified and treated. The quality of the images far surpasses older functional imaging techniques for patients with this type of cancer.

The introduction of this service for patients from all parts of Ireland ties in with St. Vincent's role as the national centre for treatment of neuroendocrine tumours, and as a European Neuroendocrine Tumour Society Centre of Excellence. In addition, gallium-68 DOTATATE PET-CT scanning is used to decide which patients may be suitable for targeted therapy with an intravenous radioactive substance (peptide receptor radiotherapy). This treatment is currently carried out in England and Sweden under the Treatment Abroad Scheme, but will hopefully commence in the Cancer Centre in 2022.

Ransomware Attack

On 14th May 2021, the HSE and the Dept of Health were subject to a ransomware attack. Overnight the hospital shut down it's interfaces with external systems. This contained the attack and allowed the SVHG to continue to operate effectively with only a limited impact on care.

The ICT was able to secure the hospitals internal systems and while all national systems were shut down, these quick actions mitigated the impact of the cyber-attack and allowed internal communications systems at the hospital to remain operational. The group implemented a number of additional security measures to reflect the additional threat that cyber-attack posed. Over the subsequent weeks, the ICT worked closely with the HSE IT Group to gradually restore external links and systems.





Section 3

Response to Covid

COVID-19 Impact on Care

In 2020, non-Covid-19 activity was significantly impacted as the hospital adapted to the consequences of the pandemic. The challenging events surrounding the COVID-19 outbreak saw the hospital placing the safety of patients, staff and communities first in all decisions.

2021 started with a full lockdown imposed on the country from 31st December 2020 as the third COVID-19 wave rolled across the country.

Nationally, the peak day for Intensive Care Unit (ICU) admissions was the 28th January 2021, with 330 patients in ICUs across the country, of whom 215 had COVID-19.

However, the hospital's ability to adapt across cancer care areas saw activity recover as a result of the measures deployed and systems put in place to manage the everyday care of patients.

Over the past two years, admission of patients to the Intensive Care Unit of St. Vincent's mirrored the four waves of COVID-19. The peak number of COVID-19 patients in ICU was in January 2021. Surges in demand for ICU beds were responded to by increasing the number of available ICU beds. For the hospital, this was managed through the redeployment of staff from other areas of the hospital and the upskilling of those staff.

COVID-19 Timeline – Ireland

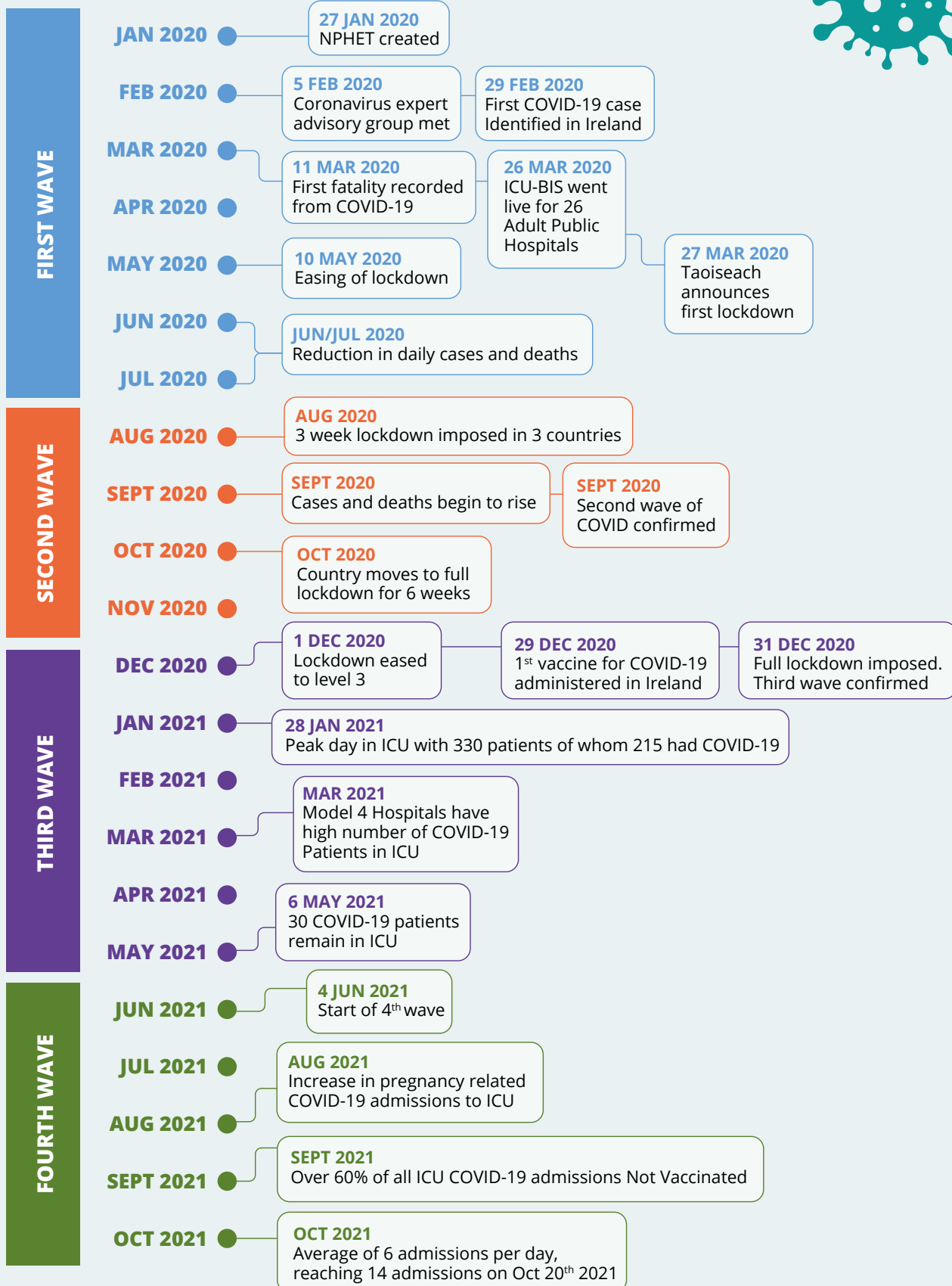
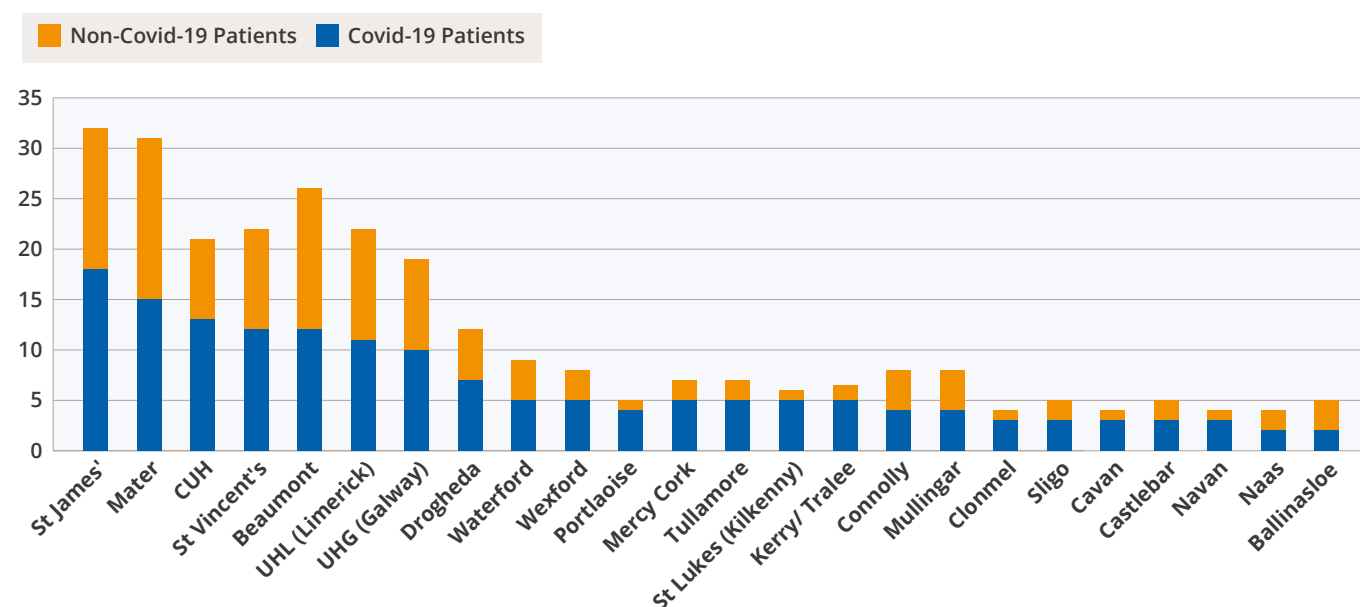


Figure 1: Timeline of the COVID-19 Pandemic. Source: National Office of Clinical Audit on ICU Activity during COVID-19 Pandemic

Figure 2: Covid-19 and non-Covid-19 patients in ICU – Mean Daily Numbers January-February 2021

Source: NOCA Report on ICU Activity During COVID-19 Pandemic

COVID-19 Response

In 2020, non-Covid-19 activity was impacted across the hospital as it responded to the pandemic. The deployment of workaround measures and adaption of systems enabled the hospital to resume higher levels of activity, with more patients seen in 2021 than in 2019.

The primary focus of the response was:

- The safety of patients, their families and hospital staff.
- The protection of public health in the short and medium term through the gradual reintroduction of non-Covid clinical services, while maintaining the ability to cope with possible future surges of the virus.
- The establishment of current clinical services delivery and associated risk.
- The agreed prioritisation of clinical activity that required scaling up.
- To build capacity in the system to manage urgent response requirements.
- The scaling up of non-Covid clinical services in an integrated, prioritised and coordinated manner.

Aims:

- To ensure that service delivery efforts to help prevent the spread of the virus are maintained.
- Provide transparency on current provision of clinical services.
- To ensure that patient and staff health and wellbeing are at the centre of any decisions to reintroduce services.
- To provide a process to ensure that all work is coordinated and integrated to ensure system alignment and capacity.
- To support the delivery of critical health services to support the health of the population and to support the treatment and prevention of cancer and associated health issues.
- To provide a structure for communication to build and maintain public confidence with regard to services offered in SVHG.

Phased Roadmap for Recovery:

The St. Vincent's Cancer Care Committee established a phased roadmap - a prioritisation strategy appropriate to immediate patient needs. This plan reflects a single coordinated approach to the continuation and reintroduction of services.

Phase 1

Prioritisation Categories for Urgent Workload

- Creation of an urgent National Cancer Control Programme (NCCP) Diagnostics Email to flag urgent patients from teams
- Extra Clinics and surgery lists due to Bank Holidays to avoid delays.
- Utilisation of 4 theatres in St. Vincent's Private Hospital (SVPH) for emergency and urgent surgery
- Utilisation of SVPH Cath Lab for St. Vincent's University Hospital (SVUH) Robotic Surgery Urgent Workload
- Utilisation of Blackrock Clinic for HPB and Breast Surgery
- Review of Endoscopy workload and prioritisation of urgent cases
- MDT's continued albeit with minimal staffing or via teleconference
- Staff support via Employee Assistance Programme & Occupational Health Department

Phase 2

Review of Activity Postponed or Cancelled

- Prioritisation Categories of work to expedite and scaled up
- ADCC Review and Recovery Plan with staged phases
- Social Distancing Review and Plan – OPD/Clinical Areas/Theatre
- Pre-assessment Pathways to include Covid Testing Plan for patients
- Safety and risk mitigation surrounding a second wave
- Staff support via Psychological First Aid Programme (Psychology Department)

Phase 3

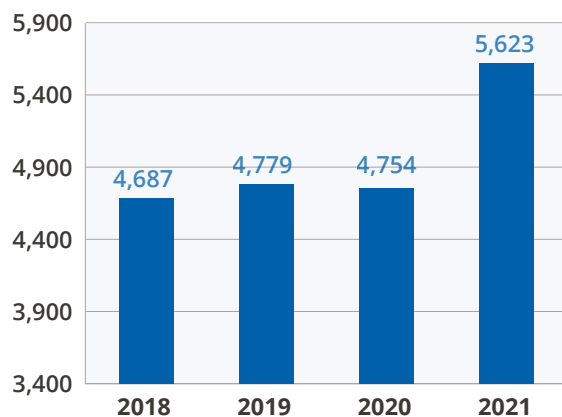
Phased Reintroduction of OPD Services & Continuation of Virtual Clinics

- Phased movement of surgical services back to SVUH
- Movement of Oncology Services back to SVUH
- Movement of services including Breast, Urology and General Surgery back to SVUH
- Monitoring of activity levels and waiting lists
- Reintroduction of NTPF work

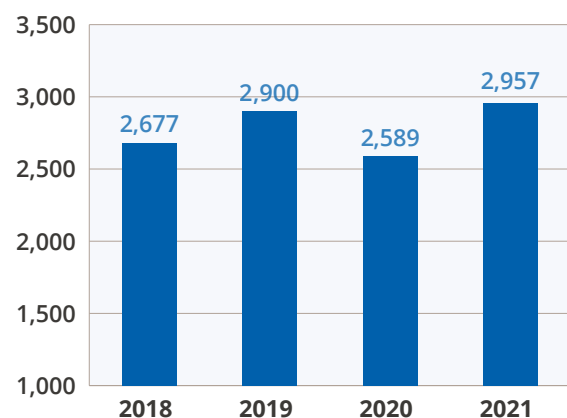
Section 4 Treatment and Care

The number of cancer cases in 2020 was marginally lower than 2019. Driven primarily by the March-April 2020 lockdown, which saw fewer patients attending diagnostic services at the hospital, particularly the Rapid Access Clinics for breast, prostate and lung cancers. Attendances and diagnosis picked up significantly in 2021, with diagnosed cancers up over 18% on 2019 levels and the number of patients discussed at Multi-Disciplinary Meetings up over 9% on 2020.

Figure 3: All Diagnosed Cancers SVHG 2018-2021

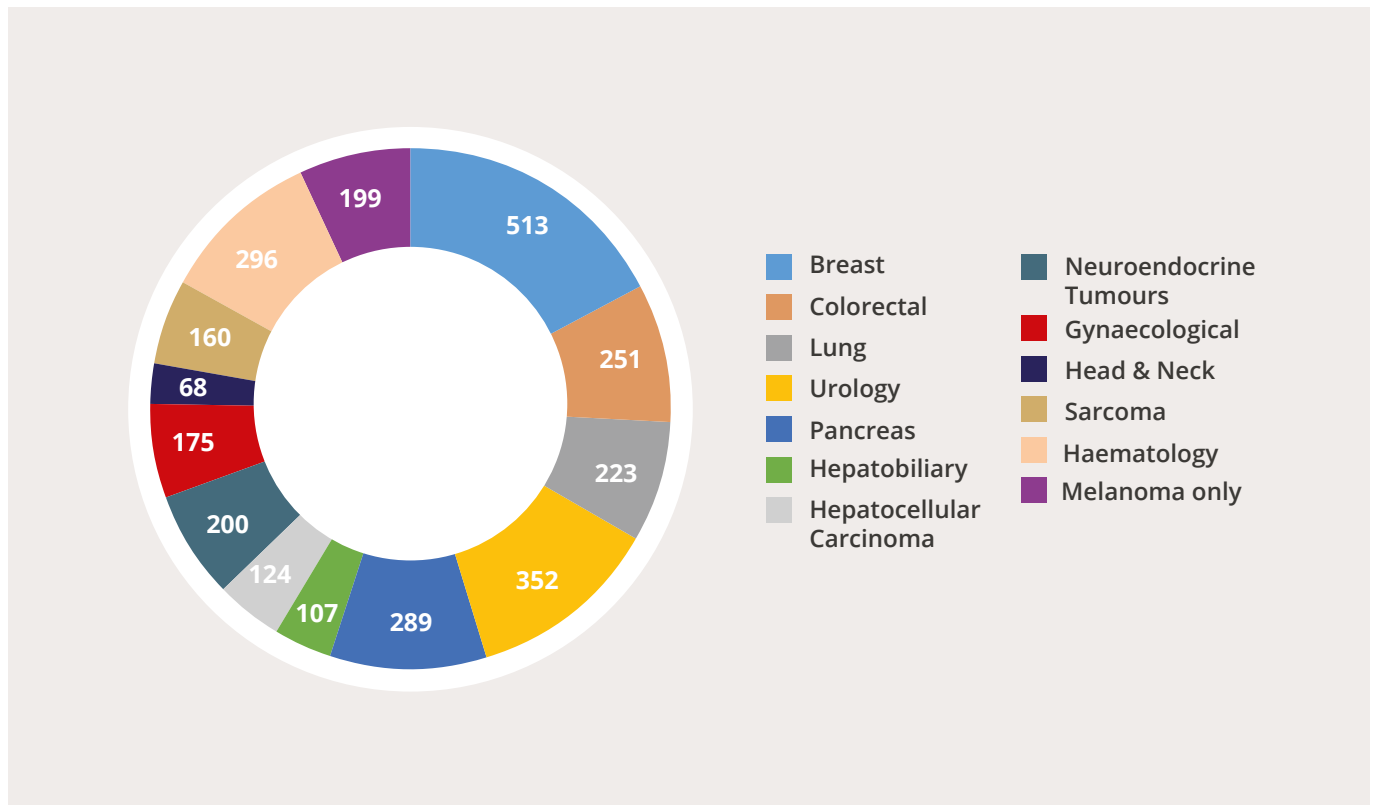


**Figure 4: Diagnosed Cancers SVHG 2018-2021
(All Cancers excluding skin and including melanoma)**



Skin Cancer accounts for approximately half of all cancers diagnosed at the hospital in 2021, with breast, colorectal, lung and urological cancers accounting for another 25%.

Figure 5: Diagnosed Cancers by Type 2021



Highlights of 2020-21

Breast Cancer

513

Breast cancers diagnosed at the symptomatic Breast Unit and BreastCheck services on the Campus in 2021.

Clinical Trials

102

Patients were enrolled in a clinical trial at the hospital in 2021.

Gynae-Oncology Service

The joint service with the Mater Hospital and now the largest centre in the country for gynaecological malignancy provides a fast-track multi-disciplinary and patient-centred clinic for newly diagnosed patients.

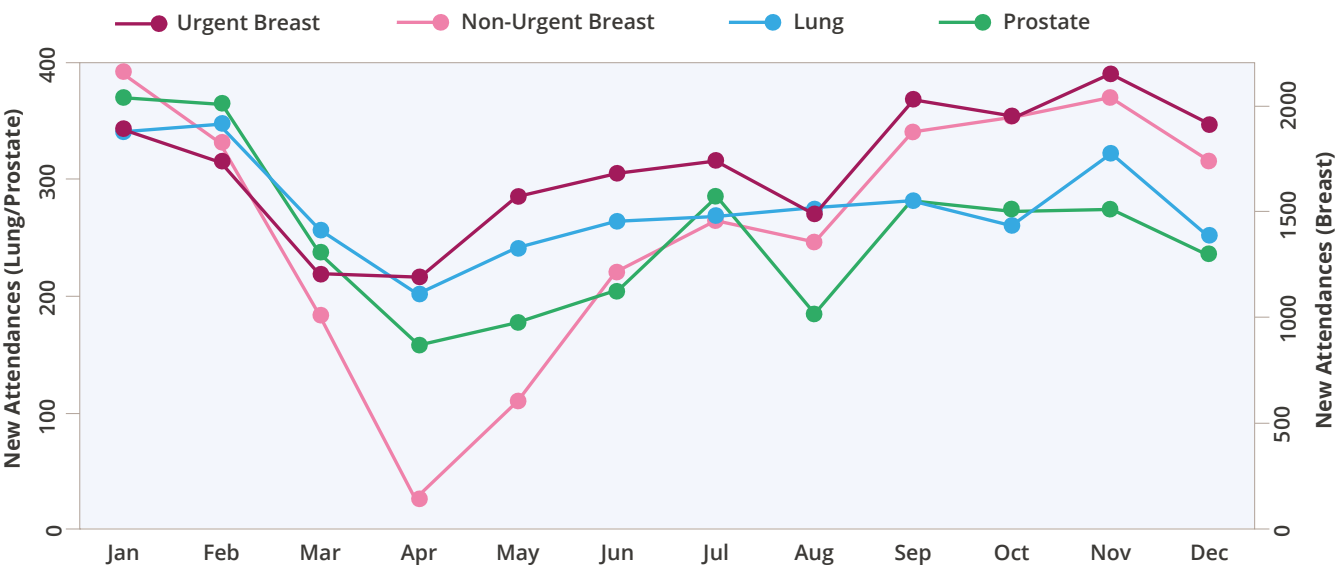
Number of Neuroendocrine Tumours in 2021

200

Rapid Access Clinics for Breast, Prostate and Lung:

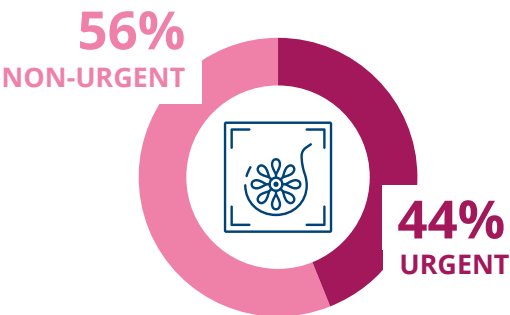
The Rapid Access Clinics (RACs) for suspected breast, lung and prostate cancers were impacted by the initial national lockdown in March 2020. These clinics usually account for 42% of the almost 25,000 invasive cancers (excluding non-melanoma skin cancer) diagnosed in Ireland each year. The RACs, operating from the eight designated cancer centres and one additional breast satellite centre, provide a streamlined pathway to diagnostic evaluation and specialist review for these three major cancers. Figure 6 below shows the national impact on RAC attendances over 2020.

Figure 6: National New Attendances at Breast/Prostate/Lung Rapid Access Clinics.

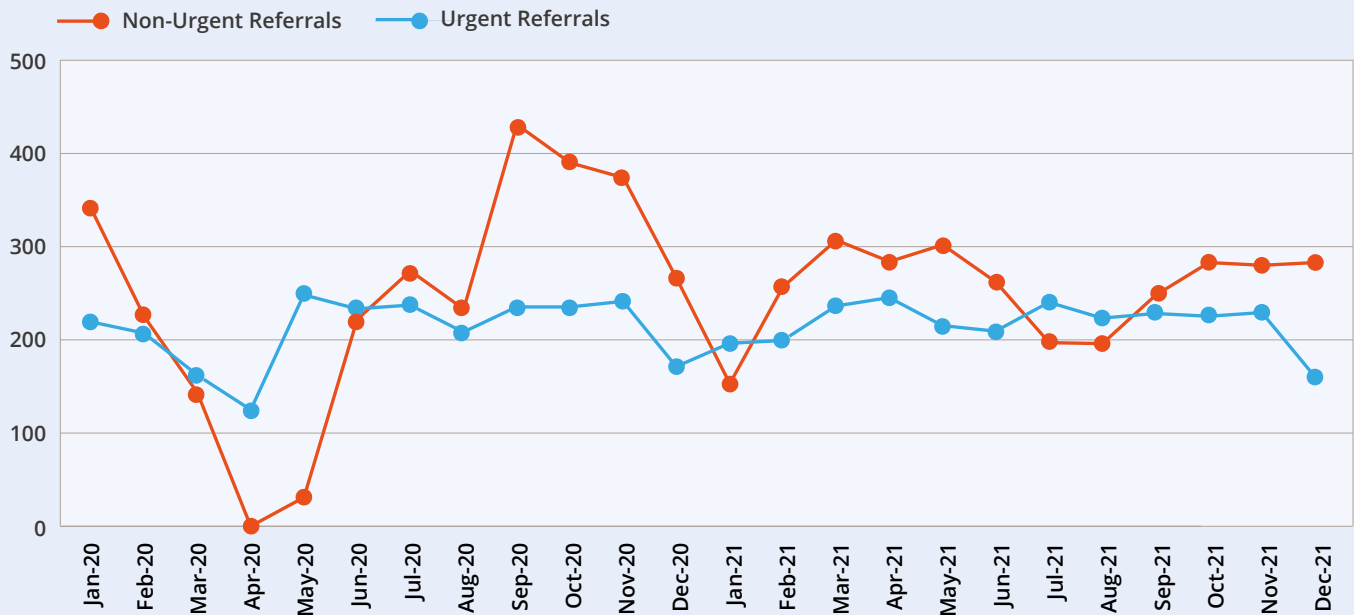


Source: Cancer Care in Ireland 2020, December 2021.

Nationally urgent breast attendances fell by 35% in March 2020 and took a further two months to recover. At the St. Vincent's Breast Cancer RAC attendances mirrored the national picture with non-urgent referrals most significantly affected, and urgent referrals down approximately 20%. Attendance levels recovered to normal by June 2020, with particularly high attendance in September, October and November 2020.

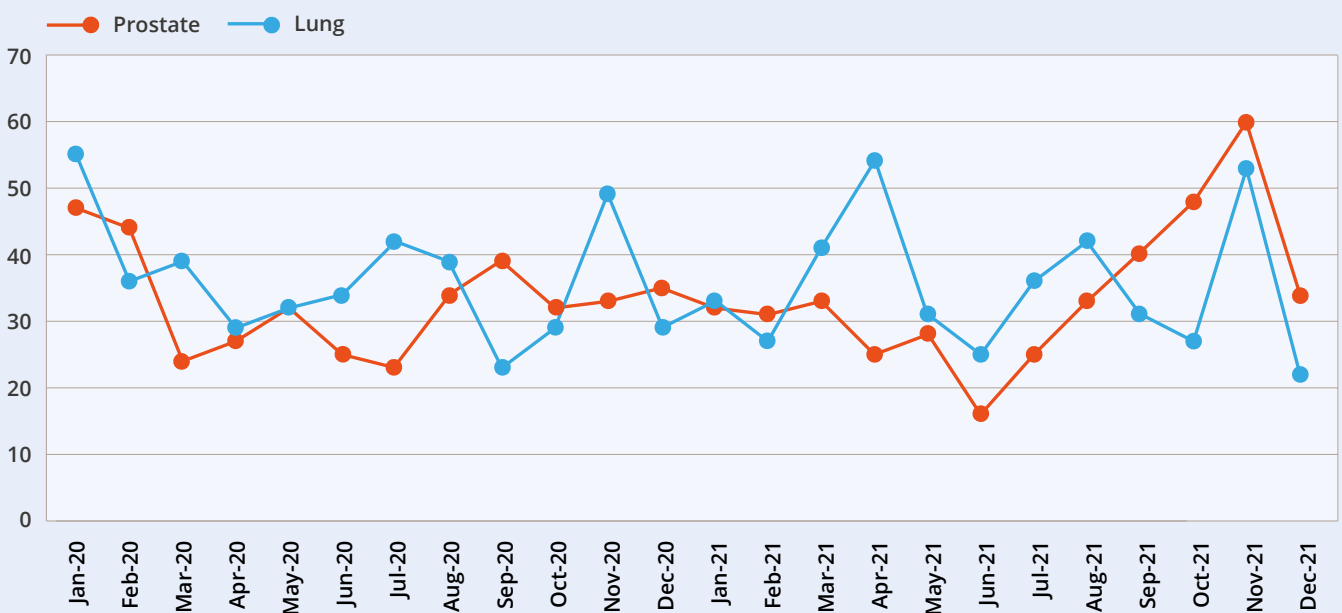


5,669 referrals were received in the symptomatic breast service in 2021, **44%** of which are triaged as urgent and **56%** as non-urgent.

Figure 7: Breast Cancer RAC Attendances SVUH 2020-21

Similar patterns were observed in the rapid access prostate clinic. Prostate RAC attendances in 2020 were 72% of 2019 levels. The Lung RAC attendances were up 8% to 436 in 2020 compared to 401 attendances in 2019. In 2021, 116 prostate cancers and 203 lung cancers were diagnosed through St. Vincent's University Hospitals Rapid Access Clinics.

Appendix 1: Cancers Diagnosed by St. Vincent's University Hospital

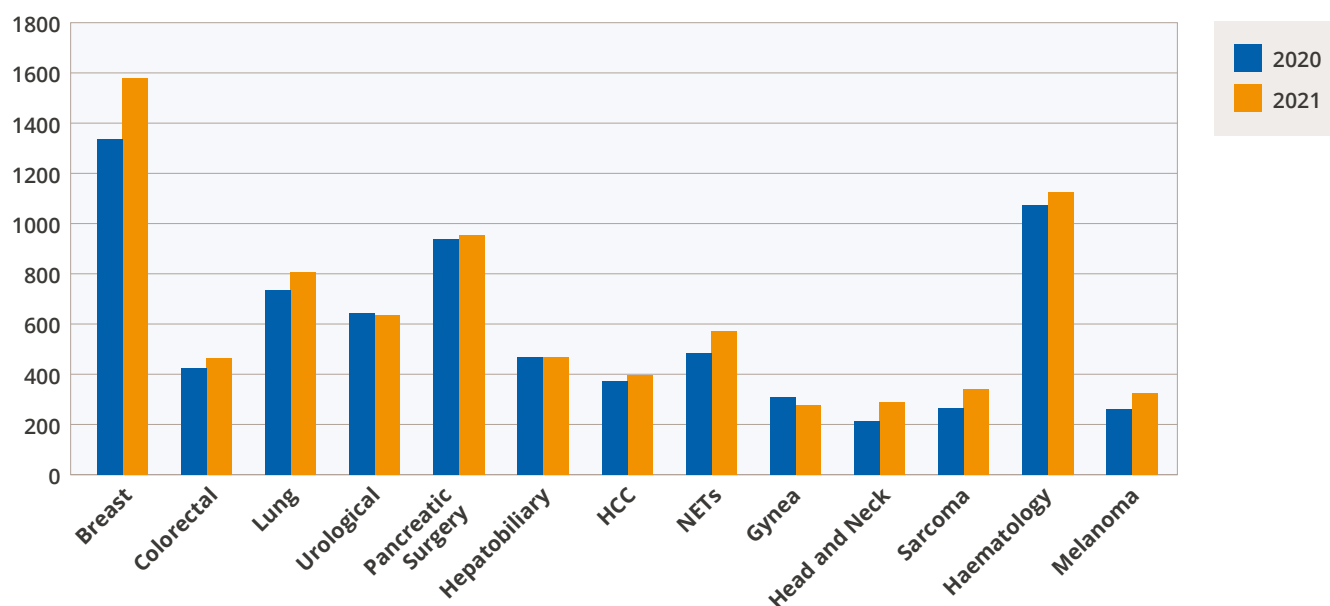
Figure 8: Prostate and Lung Cancer RAC Attendances SVUH 2020-21

Cancer Staging

Multidisciplinary Team Meetings (MDM)

Multidisciplinary team meetings are weekly or bi-weekly meetings between healthcare professionals with different medical expertise. The goal is to discuss patients diagnosis and agree each patients treatment plan according to the most appropriate evidence-based protocols. Over 600 MDMs were held at St. Vincents in 2020 and 2021.

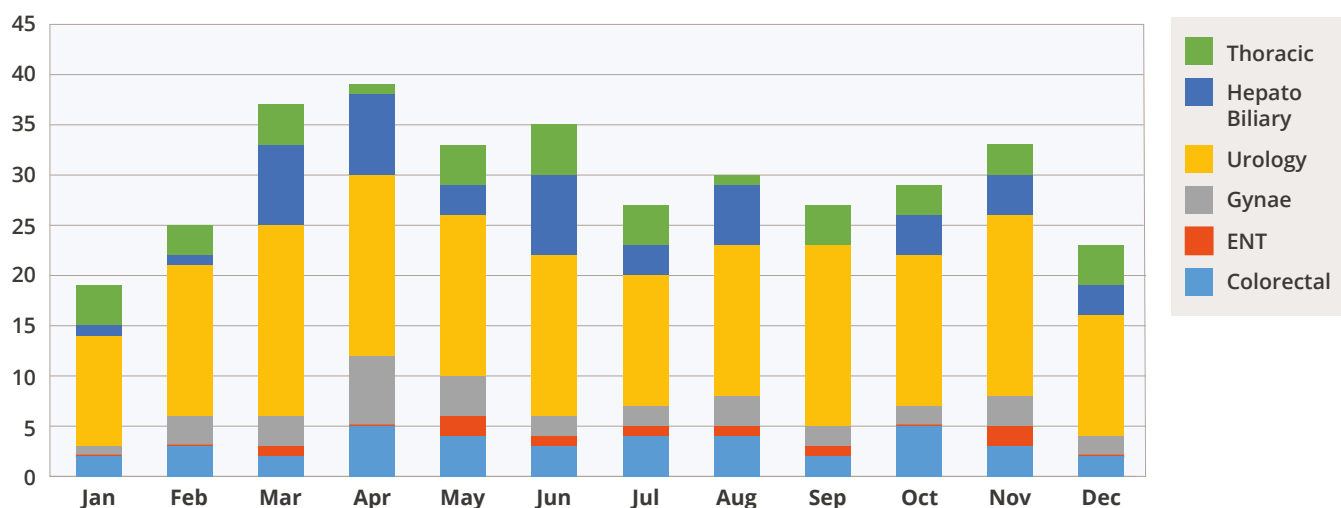
Figure 9: Number of patients discussed at MDMs 2020-21



Robotic Surgery

Robotic assisted surgery allows complex surgery to be performed that would often be only possible with open surgery, but has all of the benefits of minimally invasive surgery – such as reduced pain for the patient, quicker recovery, earlier return to work, and reduced length of stay post-operatively.

Figure 10: Robotic Surgery at SVHG 2021



Otolaryngology

The use of the robot in oropharyngeal surgery has demonstrated huge advantages in reduced morbidity and length of stay for patients with tumours at the base of their tongue, a location deep in the mouth cavity. Normally, trying to access this very tight space is associated with extensive morbid surgery.

The robot facilitates a quick resection, and a vastly reduced length of stay, reduced morbidity and none of the scarring associated with an open resection.

The ENT department has performed 70 of these types of cases across two sites (SVUH and the Mater Hospital). Mr Tom Moran (Consultant Otolaryngologist) plans on becoming an international proctor (mentor) in this area of surgery.

Gynaecology

The department of Gynaecological Oncology is performing many robotic hysterectomies and now offers a fellowship in Gynaecological Oncology in partnership with the Mater Hospital. Robotic assisted surgery is offered primarily to women affected by endometrial cancer and especially to women with a high body mass index where the most benefit is seen.

The department is receiving referrals from across the country for comprehensive gynaecological care. The practice undertakes ongoing audit for accreditation with the British and Irish Association of Robotic Gynaecological Surgeons.

Colorectal

The robotic colorectal surgery programme has now completed 113 cases since its advent. Surgery for benign and malignant disease is being performed including for those with high Body Mass Index (BMI). Mr Sean Martin (Consultant General and Colorectal Surgeon) plans to become a proctor for colleagues within SVUH and nationally.





Section 5 Research and Innovation

Health Research Board Cancer Trials Funding

The Health Research Board awarded €21m in funding to six Cancer Clinical Trials groups in Ireland to increase the resources and expertise to conduct cancer trials in adults and children. University College Dublin (UCD) – Ireland East Hospital Group (IEHG) (comprising of the Mater Misericordiae University Hospital and St. Vincent's University Hospital) were one of the clinical trial groups that were awarded infrastructure funding to support an expansion of cancer clinical trials. Funding starts in 2022 of a 5-year period. The IEHG-UCD Cancer Cluster is led by Consultant Oncologist Prof Michaela Higgins.



Prof. Michael Joe Duffy: Breast Cancer Research

Identification of new molecular treatments for Triple-Negative Breast Cancer (TNBC).

During 2020, research continued on the development of new molecular treatments for patients with a form of breast cancer that is currently difficult to treat, i.e., Triple-Negative Breast Cancer (TNBC). A potentially important clinical finding during 2020 was that a family of drugs currently widely used to treat high levels of cholesterol, i.e., statins, inhibited the growth of TNBC cells grown in the laboratory. The inhibition of cancer growth appeared to be mediated by cell cycle inhibition and induction of cell death via apoptosis. Since statins are widely available, are relatively cheap and relatively safe, they are a potential new treatment for patients with TNBC.

Irish Association for Cancer Research (IACR) Award

Prof Joe Duffy received the Irish Association for Cancer Research Award for his outstanding contribution to cancer research. Prof. Duffy also received the Irish Cancer Society Award for the best research paper of 2020.

UCD Clinical Research Centre

The UCD Clinical Research Centre (CRC) is an academic-led, multi-site, patient-focused facility for clinical and translational research integrated under a single governance structure. It has been created to deliver the strategic objective of advancing high quality, impactful investigator-led translational and personalised medicine research.

The UCD CRC is aligned with UCD's vision of being a research-intensive university by supporting the 'bench to bedside' translational research continuum. The UCD CRC is the focal point for our clinical research activities.

CRC clinical research facilities

- **Consulting and procedure rooms:** The CRC has a suite of clinical consulting rooms, as well as procedure and recovery rooms supporting moderately invasive procedures such as arthroscopy (procedure for diagnosing and treating joint problems).
- **Investigational Medicinal Product (IMP) management:** The UCD CRC can offer secure, monitored, fully auditable, refrigerated and room temperature IMP storage.
- **Database design and support:** In order to support effective and secure clinical data management across all studies, the UCD CRC can offer design of study specific databases.
- **Clinical trial sponsorship:** UCD can act as a sponsor for non-commercial, investigator-initiated clinical trials.

Quality and regulatory affairs

- **Protocol development:** The CRC has significant experience in the development of clinical trial protocols for investigator initiated trials. The UCD CRC also provides support for funding applications.
- **Support with regulatory and ethics submissions:** The UCD CRC supports the strategy for submissions and assists with the finalisation of the clinical trial dossier required to obtain the relevant regulatory and ethics approval.
- **Quality control and auditing:** Aside from external audits, the CRC has the capacity to internally audit and review the conduct of clinical trials within the facilities by all staff actively working on clinical trials



Cancer Research

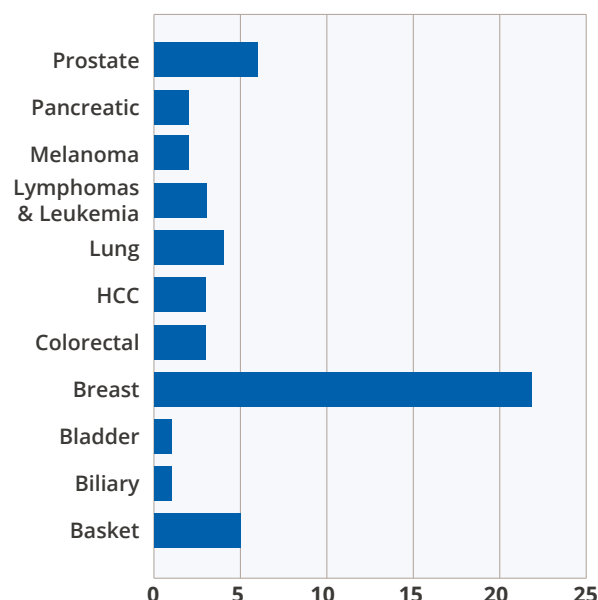
Cancer Clinical Research Trust

The Cancer Clinical Research Trust (CCRT) is a registered charity which supports a dedicated cancer research programme in St. Vincent's University Hospital and University College Dublin for over 20 years.

The CCRT team of 9 clinical trials staff and an operations manager support a clinical trials programme that participates in cooperative group and pharmaceutical industry studies.



Figure 11: Number of Cancer Studies at SVHG 2020-21



IEHG – UCD Cancer Cluster

The 5-year funding from the Health Research Board, awarded in 2020 to the Ireland East Hospital Group – UCD Cancer Cluster will support the delivery of the following strategic goals:

- i. Increase the number of patients involved in cancer clinical trials by 10% by 2026.
- ii. Expand access for patients to phase I to IV cancer trials for early and advanced stage common cancer types and rarer types that are aligned to expertise in the cluster.
- iii. Enhance collaboration through fostering a supportive research environment across the cluster and the deepening of national and international collaborations.
- iv. Develop clinical research programmes that provides the training ground for future clinical trialists in the field of cancer.
- v. Shift from public and patient 'participation' to a more comprehensive engagement or 'collaboration'.
- vi. Ensure that cancer research becomes a fully integrated component of cancer care delivery with access to high level genomics expertise and molecular tumour boards.



Breast Cancer Research Group

Research at the Breast Cancer Research Group is focused on developing new therapies for triple-negative breast cancer, so called as it lacks the three important biomarkers, estrogen receptors, progesterone receptors and the protein called HER2. Since patients with triple-negative breast cancers lack these three biomarkers, they cannot be treated with drugs such as tamoxifen or Herceptin. Consequently, the only current treatment for these women is chemotherapy. Research is focused on developing new drugs that inhibit genes responsible for driving or promoting the growth of triple-negative breast cancer cells.

Centre for Colorectal Research

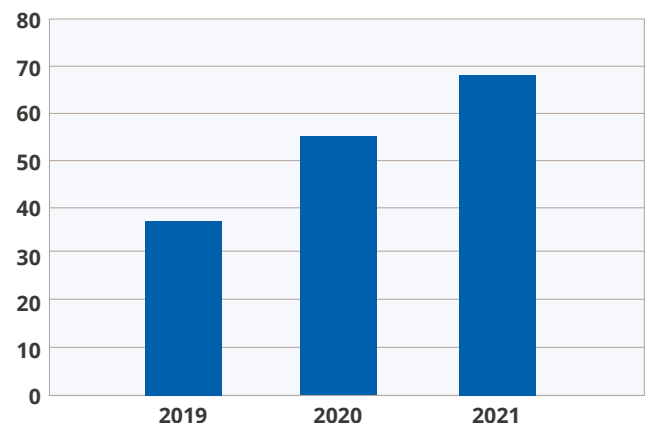
The Centre for Colorectal Disease at St. Vincent's University Hospital encompasses patient care, educational research and clinical research – with the ultimate aim of improving clinical management of patients. The Centre's priority is to achieve a complete understanding of the mechanisms behind colorectal cancer and inflammatory bowel disease (IBD) through translational and clinical research.

Key research goals in colorectal cancer include:

- Understanding how the local tissue environment of the gut impacts on the immune response to cancer.
- Development and translation to the clinic of new methods for the molecular and pathological classification of colorectal cancer.

Publications

Figure 12: Cancer Publications by SVHG Authors 2019-2021



Appendix 1

Cancers Diagnosed by St. Vincent's University Hospital

Speciality	2018	2019	2020	2021
Breast	395	406	406	513
Colorectal	256	280	225	251
Lung	206	227	196	223
Urology	306	339	334	352
Pancreas	250	359	322	289
Hepatobiliary and Upper GI	169	136	88	107
Hepatocellular Carcinoma	130	114	116	124
Neuroendocrine Tumours	164	148	117	200
Gynaecological	142	148	170	175
Head and Neck	105	111	70	68
Sarcoma	121	133	115	160
Haematology	288	311	277	296
Skin (incl. melanoma)	2,010	1,879	2,165	2,666
Melanoma only	145	188	153	199



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