



**NCRI**

National  
Cancer  
Research  
Institute

# **NCRI**

## **Operating Report 2011/12**

## Contents

1. Introduction .....	2	<a href="#">↗</a>
2. Research to meet the needs of cancer prevention and care .....	3	<a href="#">↗</a>
3. Basic, Translational and Clinical Research .....	5	<a href="#">↗</a>
4. Enabling tools and resources.....	7	<a href="#">↗</a>
5. Making it happen .....	9	<a href="#">↗</a>
<hr/>		
Appendix A: NCRI Secretariat outturn 2011/12 .....	11	<a href="#">↗</a>
Appendix B: Clinical Studies Groups (CSGs) Secretariat outturn 2011/12.....	12	<a href="#">↗</a>
Appendix C: Conferences, meetings and visits .....	13	<a href="#">↗</a>
Appendix D: Risk management .....	14	<a href="#">↗</a>
Appendix E: NCRI Partners .....	16	<a href="#">↗</a>
Appendix F: Glossary of terms and acronyms .....	17	<a href="#">↗</a>

# 1

## Introduction

This report summarises the activities of the NCRI during 2011/12, and is intended to provide evidence to Partners that the work of NCRI is being taken forward in an effective and cost-effective manner. Although it has been compiled by the NCRI Secretariat, the activities described derive from the commitment and hard work of very many people within the partnership, including individual Partners, and the various organisations which have been set up under the NCRI umbrella. Thanks to all these people, the major operational objectives for the partnership for the year have been achieved.

This report covers the fourth year of the strategic plan for 2008-2013. Since some priorities have changed since the plan was prepared in 2007, the outputs do not match exactly the published objectives. However, work that was not taken forward has been balanced by other activities that were not anticipated in the original planning.

A significant activity during the year has been the preparation of a new strategic plan to come on stream from April 2012. The objectives in the new plan are less prescriptive than in previous plans so that they are less likely to lose their currency over time. This looser approach to long-range planning is to be replaced with a more structured annual review of progress and priorities which will be piloted in June 2012.

# 2

## Research to meet the needs of cancer prevention and care

### Prevention

The National Prevention Research Initiative (NPRI) continues to be managed by the Medical Research Council (MRC) on behalf of 16 funding partners (not all related to cancer). The focus remains on behaviours associated with significant risks to health – such as poor diet, physical inactivity, smoking and alcohol consumption – and on the environmental factors that influence those behaviours. The fourth funding round, worth £10m, was completed in November 2011 and resulted in support for 19 grants for interventional studies with the potential to have a direct impact on policy and/or practice.

### Screening

The pilot phase of a clinical trial of spiral CT screening for lung cancer has been in progress since early 2011. This work was stimulated by an earlier enquiry into lung cancer research by NCRI, and is led by Professor John Field, Director of the Roy Castle Lung Cancer Foundation Research Programme at the University of Liverpool, and is funded by the NIHR's Health Technology Assessment (HTA) programme.

### Early Diagnosis

Cancer Research UK continues to manage NCRI's contribution to the National Awareness and Early Diagnosis Initiative (NAEDI) on behalf of six partners across the UK. NAEDI was launched by the NHS in November 2008 with Cancer Research UK as the lead partner in the charity sector. A second research funding round was completed in September 2011, leading to the award of 10 grants. The scope of the second call was similar to the first, focussing on high risk populations, public awareness of symptoms, reasons for late presentation, cancer screening, health services research and evaluation methodology.

### Supportive and Palliative Care (SuPaC)

The two SuPaC Collaboratives known as COMPASS and CEC0 held successful final research conferences in Edinburgh and Manchester respectively during April 2011, and the British Medical Journal chose to launch their new Palliative Care Journal at the Edinburgh meeting. Final reports from the Collaboratives were considered by a panel comprising the SuPaC Management Committee, which has been led by Marie Curie Cancer Care on behalf of seven funders, and augmented by a panel of international experts for the final review in December 2011. The review panel commended the Collaboratives for their success in capacity-building which they thought had been good value for money having leveraged substantial additional funding beyond the £5m investment from partners. There was also discussion of how the new research being generated would be disseminated and how and when impacts in terms of policy and practice could be captured; it was agreed that this will be further facilitated by the NCRI Secretariat (see section 5).

### Cancer Survivorship

NCRI convened a research proposal development meeting in October 2011, which was chaired by Professor Peter Selby and attended by around 40 researchers from a wide variety of disciplines. Five specific ideas for multi-disciplinary studies were identified and the onus is now on consortia of collaborators to develop protocols and funding applications.

### End of Life Care

A second meeting of organisations with an interest or potential interest in end of life care research was held in May 2011 and this led to a firm proposal for a UK end of life care Research Interest Group (UKeolcRIG) to be backed by a joint 'statement of intent'. This activity has successfully engaged a variety of organisations in the cancer field and beyond.

### Cancer Inequalities

Sir Mike Richards, National Cancer Director for England, wrote to NCRI in 2010 highlighting the need to address a number of research questions in the area of cancer inequalities, especially those relating to gender, ethnicity and deprivation. There are already a number of relevant studies within the NCRI portfolio (including some which have been funded through the NPRI and NAEDI initiatives) but still some knowledge gaps. NCRI convened a small meeting of experts in December 2011 to consider some ideas for action. At this stage the focus may need to be on capacity-building, and the Secretariat will consider how best to take this forward at a time when ring-fenced funding for this type of activity is not generally available.

## Forward look for 2012/13

- The Medical Research Council will conduct an evaluation of prevention research, including, but not restricted to NPRI, with a view to assessing future needs.
- In response to the debate about the effectiveness of breast screening, and criticism of the information given to women, Cancer Research UK, working with the National Cancer Director for England, have organised an independent review of the global evidence relating to breast screening. The outcome will be presented and debated at the NCRI Cancer Conference in November 2012.
- Cancer Research UK will be conducting an evaluation of the first two NAEDI calls for proposals before considering the future of the initiative. The second NAEDI research conference is being planned for April 2013 in Cambridge.
- Using remaining funds from the SuPaC initiatives the NCRI Secretariat will run a scheme for scholarships specifically for work in lung cancer.
- Investigators from the former COMPASS Collaborative will present a masterclass in palliative care research at the NCRI Cancer Conference in November 2012.
- The UK eolcRIG will be launched in May 2012, and a website will be developed. The statement of intent will be published along with information on other planned actions in the summer of 2012.

## 3

**Basic, Translational and Clinical Research****Basic cancer research**

The strength of cancer biology within the NCRI portfolio remains undented. Compilation of data for 2011 again showed that just under 40% of research fell into the category of cancer biology. This percentage has remained stable over the years since the first analysis in 2002. However, because the total portfolio has grown, there has been an increase in cash terms from £106m in 2002 to £205m in 2011.

**Experimental Cancer Medicine Centres (ECMCs)**

In December 2011, it was announced that a second wave of infrastructure funding had been agreed for the ECMCs, to come on stream in April 2012. This network of 18 centres is jointly funded by Cancer Research UK, the National Institute for Health Research (NIHR) in England and Departments of Health in Scotland, Wales and Northern Ireland. Since its launch in 2006, the ECMC network has supported more than 600 early phase cancer studies, over 60% of which are in partnership with industry, thus creating a step change in experimental cancer medicine in the UK. This enhancement in the quantity and quality of such research is demonstrated in the report 'Impact of the Experimental Cancer Medicine Centres Network 2007–2011,' which highlights successes from the first quinquennium.

**National Cancer Research Network (UK NCRN)**

Recruitment to clinical trials has again increased, with the figure for England rising to 22.9% of newly diagnosed patients (23.1% for the UK as a whole). This represents 63,764 cancer patients recruited to studies on the national portfolio. A further 35,905 participants were recruited to screening and prevention studies in 2011/12. The portfolio of industry-adopted trials has continued to grow with 123 studies open and recruiting in 2011/12 representing a substantial increase on 83 studies open the previous year.

The International Rare Cancers Initiative was formally launched in November 2011 as a collaboration between UK NCRN, Cancer Research UK, the US National Cancer Institute and the European Organisation for Treatment of Cancer (EORTC). A total of 8 planning groups have been established in head & neck cancer (salivary gland and anaplastic thyroid cancers), small bowel adenocarcinoma, gynaecological sarcoma, fibrolamellar hepatocellular carcinoma, penile cancer, ocular melanoma and metaplastic/relapsed anal cancer. Once up and running, trials in these cancers will enable a wider group of patients to participate in and benefit from research.

An internal review of the Clinical Studies Groups (CSGs) was undertaken and some changes made to the configuration of groups. In addition, a pilot meeting on Screening, Prevention and Early Diagnosis was held in January 2012, bringing together experts from a number of CSGs and beyond to provide advice and oversight. A standing advisory group in this area is planned and if it proves successful the model may also be applied to other cross-cutting functions in future.

The NCRI Secretariat contributed the NIHR Clinical Research

Network Funder Engagement Programme which aims to identify practical approaches to improving the clinical research networks' engagement with research funders with the view that this should support the network to meet its High Level Objectives and enable a 'whole system' approach to supporting research in the NHS along similar lines to the way the NCRI and NCRN operate.

**Radiotherapy and Radiobiology**

The NCRI Clinical and Translational Radiotherapy Research Working Group (CTRad) has had another highly productive year. A proposal guidance meeting involving all workstreams was held in November 2011, immediately after the NCRI Cancer Conference. Such meetings are now core business for CTRad and focus on improving quality and relevance of research ideas as they are developed into funding applications. CTRad members and non-members are invited to submit research outlines and to present them at the meeting for guidance from their peers. Fifteen studies that have been through this process previously have since been funded. Such meetings are complemented by the Radiotherapy Clinical Trials Advisory Service (RADCAS), which facilitates peer input year-round.

This activity is complemented by the work of the Radiotherapy Trials Quality Assurance (RTTQA) group, which continues to provide services to more than 20 ongoing clinical trials, as well as driving improvements to QA and developing novel processes as new radiotherapy techniques are introduced. CTRad has also been looking at ways to support the development of radiotherapy physics research across the community, and a think tank meeting was held in July 2011, followed by a roundtable meeting with funders in November 2011. This led to a paper summarising barriers and opportunities, which has been submitted for publication.

Amongst other activities, guidelines for preclinical and early phase clinical assessment of novel radiosensitisers have been published, and tumour site review papers generated and sent to industry contacts to stimulate discussion about access to pipeline compounds for drug-radiation combination trials. A variety of educational workshops have been organised and a full report of the methodology meeting held in 2010 published on the CTRad website.

During this third year of operation of CTRad, the NCRI Secretariat was successful in raising funds from partners for a second 3-year period of support, which will run to 2015. Contributions are continuing from Cancer Research UK, Medical Research Council and all four Health Departments. Consideration will need to be given during this period as to how the organisation of radiotherapy research can be reintegrated into other established structures.

**PET Research Network**

The NCRI PET Research Network has now completed the work supported by an initial 3 years of funding from six partners, which was shared between three centres, in Aberdeen, Brighton and London. The most enduring achievement has been the setting up of a 'core lab' at St Thomas's Hospital in London, which operates an accreditation process

for trials centres and undertakes QA for individual trials. This sets the UK above most other countries and should help to ensure that while it may only be possible to undertake a relatively small number of multicentre PET trials, the data will be of high quality. During the year, NCRI partners agreed to continue centralised funding for the core lab on a tapered basis for a further three years to 2015, after which the cost of QA will need to be recovered from trial grants.

Other outputs from the PET Research Network have included the establishment of a PET scanning methodology panel and a PET-CT expert panel, a funding flowchart to help researchers navigate cost attribution, a Delphi study to identify research priorities, and a patient DVD as well as various workshops and publications. Many of these came to fruition during the final year of funding.

### Imaging research

The Secretariat began to explore whether there is a case for work done in PET to be extended to other imaging modalities and if so, how NCRI partners can add value in this field. The Royal College of Radiologists has expressed an interest in being involved in this and the NCRI imaging research survey completed in March 2012 received substantial interest from the research community with more than 150 responses.

### Surgical research

A status review of surgical cancer research in the UK was undertaken by the NCRI Secretariat through a series of interviews with surgeons, and engagement with the Royal College of Surgeons, individual partners, the working group on Growing Recruitment to Interventional Surgical Trials (GRIST) and others. Recognising that action is already under way in the surgical community and in keeping with the austerity of the times, the report concludes that it is not necessary to have a major standalone initiative led by NCRI partners. Rather, a series of complementary smaller actions should be taken forward by a variety of organisations and individuals, some of which are already in train. The report is expected to be approved for publication by the NCRI Board in June 2012.

## Forward look for 2012/13

- CTRad will continue with its wide range of activities managed through four workstreams and will add a working group on proton beam therapy (PBT), to begin to plan for research in the two hospitals in England where funding for PBT facilities has been agreed.
- The imaging research survey will be published and NCRI partners will further discuss NCRI's role in imaging research at their meeting in October 2012.
- The review of surgical research will be published and the Secretariat will dedicate some resource to promoting actions highlighted therein.
- The first meeting of the UK and Ireland NCRN Children's Cancer and Leukaemia (CCL) Clinical Research Forum will be held in June 2012 to develop and strengthen the collaboration that is vital to successfully undertake research in all forms of children's cancers.

## 4

**Enabling tools and resources****NCRI Informatics Initiative**

From April 2010, this initiative became a joint one between NCRI and the Department of Health's Research Capability Programme (RCP). Collaboration continued with the National Cancer Intelligence Network (NCIN), as well as a variety of other organisations including the British Library, UK PubMed Central and the European Bioinformatics Institute. This merger was followed by a change of government in Westminster which led the Department of Health to review the arrangements in 2011, and to switch investment from the RCP into a new Clinical Practice Research Datalink (CPRD). As a result it was decided to end the NCRI Informatics Initiative on 31 March 2012 and to concentrate NCRI's interests and efforts in data linkage in NCIN which already collaborates with CPRD. The Informatics Coordination Unit was successfully wound down by the closure date.

**Biobanking**

This year has seen new energy injected into the coordination of biobanking following the closure of onCore UK and a reassessment of priorities. Two part-time Pathology Leads were appointed (with academic and NHS-facing perspectives) and these have given important professional credibility and impetus to the activities led by the biobanking community themselves.

The Confederation of Cancer Biobanks has been relaunched with new membership criteria, an executive group elected by the members to drive its work, and a push to recruit more members to make it more representative of the cancer biobanking community in the UK. A series of member-hosted meetings was launched and the biosample directory was re-developed.

A project has been initiated to promote the harmonisation of quality management within biobanks. This is being facilitated by the NCRI Secretariat, led by the cancer biobanking community and will have applicability beyond cancer. The aim is to devise and agree standards and best practice guidelines that will increase the availability and interoperability of samples held in all banks participating in the scheme. It is hoped that this will lead to an accreditation process in which banks complying with the standards will be awarded a 'quality mark'. During 2011/12, a steering committee and four working groups were set up and a first draft of an accreditation scheme based on peer review was prepared.

The NCRI Secretariat has also supported the Partners' work to develop a joint UK Funders' Vision for Human Tissue Resources, which was published in September 2011. This is an overarching policy framework that aims to facilitate a consistent approach to biobanking among all medical research funders and across all diseases and conditions. This vision encompasses both free-standing tissue collections (sometimes referred to as 'biobanks') and sample collection that is integral to a self-contained research project designed

to test a clear hypothesis. The funders' aim is to maximise the value of human tissue samples and resources whilst minimising duplication of effort. This will require better characterisation of tissue samples, asking for generic consent, and increased linkage to accurate clinical data. Sample collections must then be made more easily discoverable and accessible for use in high quality, ethical research.

**National Cancer Intelligence Network (NCIN)**

NCIN has continued to develop an ever more powerful National Cancer Data Repository (NCDR) using merged data from cancer registries and a variety of NHS sources. A wide range of publications, cancer information tools and data briefings are now available through the website and are actively being used by managers, commissioners and practitioners in the NHS. NCRI adds a dimension to the NHS-driven work by promoting investigator-led research using the NCDR and during the last year requests for data have grown steadily. Up to March 2012, there have been at least 26 peer-reviewed publications from research using national data and many more short papers and posters, for example at the NCIN's own national conference. A project was initiated to link NCIN data to that held by UK Biobank, on a cohort of 500,000 volunteers whose data and samples are also available for research. During the course of the year, support was raised from partners to continue the funding for this research facilitation in the form of one full-time equivalent post (delivered as two half-time posts) for a further 3 years until November 2014.

In October 2011, NCIN organised a stimulating workshop on the economics of cancer with a programme jointly led with the NCRI, the National Cancer Action Team and Professor Peter Smith of Imperial College. At present there are no plans to follow this up other than a parallel session at the 2012 NCRI Cancer Conference.

## Forward look for 2012/13

- All the biobanking activities will be reviewed by the NCRI Board in October 2012 when a steer will be needed as to how far such work should be continued on a cancer-specific basis and conversely how far there can be added value in adopting a more generic approach, in line with the Funders' Vision document, and/or aligning with other initiatives such as the brain-banking network. Whatever the outcome, further resourcing will be needed for the continuation of any of the above activities from late 2013.
- The biobanking accreditation process will be further developed and piloted in at least two banks.
- The Pathology Leads will review and report on actions following the NCRI report: 'Fostering the Role of Pathology and Research' published in 2009. Consideration will be given to whether any new impetus is needed in this area, taking account also of experience in the CR-UK Stratified Medicine Initiative.
- NCIN will continue to manage and improve research access to NCIN data and related resources. One area of focus will be to foster access to data in the devolved administrations as well as England and promote cross-border collaborations. Another will be to start developing and piloting methods to enable NCIN data to be used for clinical trial follow-up.

# 5

## Making it happen

### Working with patients and carers

Support for the Consumer Liaison Group and its secretariat, which are funded through the NCRN Coordinating Centre in Leeds, has been renewed with a strategy focussing more tightly than before on clinical trials. To complement this, the NCRI Secretariat has been encouraging networking among the patients and other lay people who have been recruited specifically to the NCRI Board and other initiatives. While previously this has happened intermittently, mostly through secretariat-led briefings, there is now a self-governing 'Consumer Hub'.

NCRI and NCRN have been working throughout the year on a public-facing report on the Impact of Patient, Carer and Public Involvement in Cancer Research, which provides a number of case studies and describes how patient and public involvement is organised. It is intended to celebrate achievement and inspire new people to come forward and participate and will be published in the autumn of 2012.

The NCRN Patient and Public Involvement (PPI) team have taken a lead in developing flexible models of working with Industry (notably AstraZeneca and GlaxoSmithKline) ensuring PPI perspectives inform development of studies.

### International collaboration

NCRI has continued to participate in the International Cancer Research Partnership (ICRP) with cancer research funders from the USA, Canada and increasingly other countries from Europe. The annual meeting in 2011 was hosted by Susan G Komen for the Cure in Dallas, Texas.

The EU TRANSCAN project, which is coordinated by colleagues in Italy, has begun to develop momentum. The UK will not participate in transnational calls for proposals, but is leading a work package to assist other countries to develop and analyse their cancer research portfolios using the Common Scientific Outline (CSO). Planning is well in hand for a workshop to provide training in CSO coding in the summer of 2012.

As mentioned in Section 3, the International Rare Cancers Initiative which is led by NCRN in the UK has continued to develop apace.

Individual initiatives continue to have their own international links and the NCRI Cancer Conference again attracted high quality speakers from around the world.

### Cancer Research Database

The total size of the NCRI portfolio topped £500m for the second time in 2011, but with no increase in real terms. Unsurprisingly, investment has effectively levelled off over the period since 2008, but encouragingly has not fallen away in cash terms. NCRI continues to publish aggregate data on the website, enabling members of the community to undertake their own analyses

based on coding with the CSO. Work has begun on an analysis of trends in the dataset, which now covers a full 10 years.

### Evaluation of NCRI initiatives

At their meeting in March 2012, a number of partners shared information on their own evaluation activities and debated how far it should be part of NCRI's role to evaluate the impact of cancer research. While in the past it was thought that it might be unduly labour-intensive and duplicatory of partner activity, it was now recognised that NCRI does need to have evidence that partnership working genuinely adds value, and that this can be achieved through proportionate effort, for example in preparing summaries of new evidence which should be taken up by policy-makers and/or practitioners. For the first time the new NCRI Strategic Plan includes a section on impact and a commitment to be more proactive in this area.

### NCRI Cancer Conference

The 2011 Conference was again successful scientifically though less so financially for a variety of reasons which were discussed and understood by the NCRI Board. Plans were made to avoid a recurrence in 2012 and a more detailed re-think of the financing of the Conference also planned. In preparing for the 2012 event, a new alliance has been developed with the Royal College of Radiologists, which if successful is a model that could be replicated with other organisations.

### NCRI Governance and Secretariat

In the context of developing the new Strategic Plan, some changes were made to the NCRI's governance structures. It was agreed that:

- there was no longer a need for a standing Board Sub-Group on Clinical and Translational Studies; meetings will be arranged as and when individual topics require, and with the attendee list tailored to the topic
- Board meetings will be more sharply focussed by including on the agenda only those items which need a decision relating to strategy, budgets, approving publications etc.
- From 2012 there will be two full Partners' meetings a year to provide more opportunity for debate among the full partnership. The meetings will accommodate some of the more discursive agenda items which previously appeared on Board agendas.

The Secretariat has had a fairly settled year during 2011/12 following the office move in December 2010 and the arrival of two staff members from onCore UK soon after.

## Forward look for 2012/13

- NCRI will publish an analysis from the 10 years of data in the Cancer Research Database in late 2012 or early 2013.
- International analyses will also be completed by the International Cancer Research Partnership and by TRANSCAN.
- As an initial project on the impact of an initiative, the NCRI Secretariat will work with the leaders of the two Supportive and Palliative Care Collaboratives (now disbanded) to capture the important nuggets of information and disseminate them in an appropriate form to policy-makers, commissioners and practitioners.
- As a result of staff turnover it will be possible to strengthen the senior management input to the NCRI Cancer Conference so that there can be greater focus on developing the event and reviewing how it is financed from first principles.
- The Director will further review the Secretariat structure and staffing and the mechanism by which partners reimburse costs with a view to ensuring the handover of a robustly functioning going concern to a successor in November 2013.

## A

## Appendix A

## NCRI Secretariat outturn 2011/12

ITEM	2011/12 Budget (£k)	Actual 2011/12 Outturn (£k)
Staff salaries and oncosts	420	416
Service agreement with Cancer Research UK	82	82
Office consumables	8	6
Travel and subsistence for Secretariat staff (including Chair of Board)	8	10
Meetings budget	20	26
Public relations	20	19
Design and print	12	6
Software and minor equipment	1	0
Training	8	7
Consultancy	5	1
IT, including website and desktop support	20	18
International Cancer Research Partners	20	19
Database maintenance	6	2
Patient & Public Involvement	24	24
<b>Total expenditure</b>	<b>654</b>	<b>636</b>
<b>Less carried forward funds</b>	<b>(47)</b>	<b>(47)</b>
<b>Net expenditure</b>	<b>607</b>	<b>589</b>
Conference contribution	195	155
Shortfall on conference contribution taken from reserves		40
<b>TOTAL</b>	<b>802</b>	<b>784</b>

A surplus of £18k has been carried forward to 2012/13

# B

## Appendix B

### Clinical Studies Groups (CSGs) Secretariat outturn 2011/12

ITEM	2011/12 Budget (£)	Outturn (£)	Variance (£)
Staffing costs inc pension and NI contributions	215,064	200,224	+14,840
Training and development	1,677	1,547	+130
Non IT equipment maintenance	2,793	0	+2,793
Consumables stationery and printing and depreciation	14,748	12,276	+2,472
Membership and subscriptions	328	87	+241
Building, project management and IT service charges	76,810	85,040	- 8,230
CSG meeting costs, travel and subsistence (including Secretariat)	183,447	173,742	+9,705
Other	0	528	-528
<b>TOTAL</b>	<b>494,867</b>	<b>473,444</b>	<b>+21,423</b>

# C

## Appendix C

### Conferences, meetings and visits

During the course of the year, Secretariat staff have participated in the following:

- CECo Final Conference (April)
  - COMPASS Annual Scientific Meeting (April)
  - UK Radiation Oncology Conference, Manchester (April)
  - The Cicely Saunders Annual Lecture, London (May)
  - ECMC Annual Network Meeting (May)
  - Sarcoma CSG strategy day, London (May)
  - Molecular Imaging workshop at RCR (May)
  - Cancer Clinical Trials Units Annual Meeting (June)
  - Research Volunteers workshop (June)
  - NCIN and UK Association of Cancer Registries Conference (June)
  - DH Workshop on targeted medicine: delivering high quality genetic testing for cancer in the NHS (June)
  - Meeting with the National Clinical Director for Dementia and Research Director of the Alzheimer's Society to discuss models for partnership working in research (July)
  - Visit from Dr Helen Moore of the US National Cancer Institute (July)
  - Radiotherapy consumer day at the Christie Hospital, Manchester (August)
  - Various meetings with members of the Cancer 52 Group.
  - RCR Clinical Oncology Annual Meeting: Improving outcomes in radiotherapy – the promise of new technology (September)
  - ECMC Leads meeting (October)
  - The Prostate Cancer Charity National Research Conference, London (October)
  - National Radiotherapy Advisory Group annual meeting: Improving Cancer Outcomes: The Role of Radiotherapy (November)
  - Bio-industry Association Conference showcasing UK Translational Research (November)
  - CECo / British Psychosocial Oncology Society workshop: Writing for publication and grant applications, Manchester (January).
  - Visit from Dr Teruhiko Yoshida, Deputy Director, Japan National Cancer Research Institute and Dr Toshio Ogawa of Nara University to discuss the NCRI model for partnership, cancer research database and the International Cancer Research Partnership (ICRP) (March)
  - EU meeting on coordination of cancer research in Europe (organised in Berlin by the European Programme for Action Against Cancer – EPAAC)
  - Marie Curie Cancer Care Research Conference (March)
- Recurrent meetings:
- Growing Recruitment to Interventional Surgical Trials (GRIST) working group
  - ABPI Cancer Working Group
  - NCRN Portfolio Balance and Delivery Working Group, Leeds
  - NCRN Operational Steering Group
- In addition, all partners were offered the opportunity of a visit or meeting in the context of developing the new strategic plan and 15 partners took up the opportunity.

# D

## Appendix D

### Risk management

#### 1. Introduction

The Secretariat assesses the high level risks to NCRI as an organisation in April each year, and identifies mitigation action required. This process only includes risks over which the Secretariat has some influence or control. The research networks and initiatives have responsibility for managing their own risks.

The Secretariat continues to monitor these risks throughout the year. Any which are, at any time, identified as having a high probability will be regarded as business critical and will be reported to the Board without delay, together with a proposed mitigation plan.

The NCRI risk assessments for April 2011 and 2012 are summarised below, together with actual and planned mitigation actions. The main issue has been the shortfall in the conference budget for 2011 which was not foreseen when risks were assessed in April 2011. This has been discussed in detail with the Board and mitigation actions taken to avoid a recurrence.

#### 2. Ongoing risks

	Risk	Assessment in 2010	Planned mitigation in 2011	Mitigation action achieved in 2011/12	Assessment in 2012	Planned Mitigation in 2012/13
1.	The Partners decide that NCRI no longer adds value.	Probability  LOW  Impact  HIGH	As well as continuing to deliver on current projects, preparation of, and agreement on, a new strategic plan will be a major output in the coming year.	Partners readily agreed to a new 5-year plan up to 2017 which has been published	Probability  LOW  Impact  HIGH	Pilot new more flexible approach to assessing progress and priorities in June 2012
3.	The NCRI Cancer Conference fails to meet its targets, with consequent damage to reputation.	Probability  MEDIUM  Impact  HIGH	Staff team hopefully now more stable. Discussion will be held with ABPI and others over sponsorship issues. Further opportunities for cost savings will be explored. There will be stronger marketing of the conference to potential delegates.	Financial targets for the 2011 event were not met due to a number of factors, including unexpected loss of partner income and some additional costs. Reserves were raided although the account did remain in credit.	Probability  MEDIUM  Impact  HIGH	2012 has been treated as an 'austerity year' and inessential costs excluded from the budget. Staff turnover has provided the opportunity to bring in additional capacity and new skills which will enable a review of the financing, and enhance the marketing of the event to both sponsors and delegates.

# D

## Appendix D

### 2. Ongoing risks (continued)

	Risk	Assessment in 2010	Planned mitigation in 2010	Mitigation action achieved in 2010/11	Assessment in 2011	Planned Mitigation in 2011/12
4.	Actions are agreed by the Board, but funders decline, or are unable, to provide funds to take them forward.	<p>Probability</p>  <p>MEDIUM</p> <p>Impact</p>  <p>HIGH</p>	<p>The Secretariat itself and some ongoing initiatives do need continuation of cash resources. Wherever possible, alternative methods of joint working and coordination will be sought.</p>	<p>By setting sights at a realistic level further funding has been achieved for CTRad, PET and NCIN as well as continued support at the existing level for the Secretariat.</p>	<p>Probability</p>  <p>MEDIUM</p> <p>Impact</p>  <p>HIGH</p>	<p>The focus has now switched mainly to consideration of actions which can be supported through existing resource rather than needing new money, although the coordination of biobanking will need to be refinanced if it is to continue. The case for this will need meticulous preparation</p>
5.	NCRI fails to capture data from partners for the Cancer Research Database leading to a gap which cannot be filled retrospectively	<p>Probability</p>  <p>LOW</p> <p>Impact</p>  <p>HIGH</p> <p>Risk reduced in 2011 after backlog was cleared</p>	<p>NCRI staffing for this work is currently stable. To ensure that partners remain persuaded of its value, we will undertake more in-depth analysis of trends over time.</p>	<p>Data for 2010 successfully collected and presented at partners' meeting in March 2012</p>	<p>Probability</p>  <p>LOW</p> <p>Impact</p>  <p>HIGH</p>	<p>Data collection for 2011 in hand and 10-year trend analysis being undertaken. International analyses also to be published. The interest so generated should help to maintain motivation among partners to supply their data</p>

### 3. Closed risks

Risk Number 2 - that NCRI loses its identity as part of a wider UK Clinical Research Collaboration - was closed in 2009.

## E

## Appendix E

**NCRI Partners**

Association of the British Pharmaceutical Industry.....	<a href="#">view website</a>
Association for International Cancer Research.....	<a href="#">view website</a>
Biotechnology and Biological Sciences Research Council.....	<a href="#">view website</a>
Breakthrough Breast Cancer.....	<a href="#">view website</a>
Breast Cancer Campaign.....	<a href="#">view website</a>
Cancer Research UK.....	<a href="#">view website</a>
Children with Cancer UK.....	<a href="#">view website</a>
Department of Health.....	<a href="#">view website</a>
Economic and Social Research Council.....	<a href="#">view website</a>
Leukaemia and Lymphoma Research Fund.....	<a href="#">view website</a>
Ludwig Institute for Cancer Research.....	<a href="#">view website</a>
Macmillan Cancer Support.....	<a href="#">view website</a>
Marie Curie Cancer Care.....	<a href="#">view website</a>
Medical Research Council.....	<a href="#">view website</a>
Northern Ireland Health & Social Care, R & D Office (HSC R&D).....	<a href="#">view website</a>
Prostate Cancer UK.....	<a href="#">view website</a>
Roy Castle Lung Cancer Foundation.....	<a href="#">view website</a>
Scottish Government Health Directorates, Chief Scientist Office (CSO).....	<a href="#">view website</a>
Tenovus Your Cancer Charity.....	<a href="#">view website</a>
Welsh Government, National Institute for Social Care & Health Research (NISCHR).....	<a href="#">view website</a>
The Wellcome Trust.....	<a href="#">view website</a>
Yorkshire Cancer Research.....	<a href="#">view website</a>

## F

## Appendix F

## Glossary of terms and acronyms

<b>ABPI</b>	Association of the British Pharmaceutical Industry
<b>CCB</b>	Confederation of Cancer Biobanks
<b>CECo</b>	Cancer Experiences Collaboratives. One of the SuPaC collaboratives (Universities of Southampton, Liverpool, Lancaster, Manchester and Nottingham)
<b>CPRD</b>	Clinical Practice Research Datalink
<b>COMPASS</b>	COMPLex interventions: Assessment, trialS and implementation of Services. One of the SuPaC collaboratives (Universities of Edinburgh, Leeds and Kings College London)
<b>CSG</b>	Clinical Studies Groups
<b>CSO</b>	Common Scientific Outline
<b>CTRad</b>	The NCRI Clinical and Translational Radiotherapy Research Working Group
<b>Delphi study</b>	An iterative process to collect and distill the anonymous judgments of experts using a series of data collection and analysis techniques interspersed with feedback
<b>DH</b>	Department of Health
<b>ECMCs</b>	Experimental Cancer Medicine Centres
<b>EORTC</b>	European Organisation for Research and Treatment of Cancer
<b>GRIST</b>	Growing Recruitment to Interventional Surgical Trials
<b>HTA</b>	Health Technology Assessment
<b>ICRP</b>	International Cancer Research Partnership
<b>MRC</b>	Medical Research Council
<b>NAEDI</b>	National Awareness and Early Diagnosis Initiative
<b>NCDR</b>	National Cancer Data Repository
<b>NCIN</b>	National Cancer Intelligence Network
<b>NCRI</b>	National Cancer Research Institute
<b>NCRN</b>	National Cancer Research Network
<b>NIHR</b>	National Institute for Health Research
<b>NPRI</b>	National Prevention Research Initiative
<b>PBT</b>	proton beam therapy
<b>PET</b>	Positron Emission Tomography
<b>PHE</b>	Public Health England
<b>PPI</b>	public and patient involvement
<b>QA</b>	quality assurance
<b>RADCAS</b>	Radiotherapy Clinical Trials Advisory Service
<b>RTTQA</b>	Radiotherapy Trials Quality Assurance
<b>R&amp;D</b>	research and development
<b>RCP</b>	Research Capability Programme
<b>RCR</b>	The Royal College of Radiologists
<b>spiral CT</b>	Type of CT scan (or CAT scan as it is sometimes called -stands for Computerised (Axial) Tomography)
<b>SuPaC</b>	Supportive and Palliative Care
<b>TRANSCAN</b>	European Research Area Network (ERA-NET) on Translational Cancer Research
<b>UKeolcRIG</b>	UK end of life care Research Interest Group

**National Cancer Research Institute  
Angel Building  
407 St John Street  
London EC1V 4AD  
UK**

tel: +44 (0)20 3469 8460  
fax: +44 (0)20 3014 7658  
email: [info@ncri.org.uk](mailto:info@ncri.org.uk)  
web: [www.ncri.org.uk](http://www.ncri.org.uk)