



National
Cancer
Registry
Ireland

ANNUAL REPORT

THE NATIONAL CANCER REGISTRY

2025

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HIGHLIGHTS



Strategy

Discover our strategy for delivering trusted cancer data to support decision-making while strengthening capability for future national and European health needs.



Our Impact and Outputs

Explore our impact and outputs, and see how high-quality cancer data is driving insights, improving outcomes, and supporting patients, clinicians, and policymakers.



Cancer in Ireland

Discover the current landscape of cancer in Ireland, with insights into incidence, survival, and trends supporting better understanding and more effective planning and care.



GOVERNANCE CONTEXT FOR 2025



Throughout 2025, the Board of the National Cancer Registry Ireland (NCRI) continued to oversee the organisation's governance, strategic direction, and system of internal control in line with its statutory responsibilities and the Code of Practice for the Governance of State Bodies (2016).

During the year, the Chairperson resigned with effect from 9 December 2025. The appointment of a chairperson is a matter for the Minister for Health, and the position remained vacant at year end.

Despite these changes, the Board continued to operate effectively, supported by its committee structures. Regular meetings of the Board and the Audit & Risk Committee ensured ongoing oversight of key areas including financial management, risk, and compliance.

The Board remained focused on maintaining continuity and supporting the organisation in meeting its statutory obligations in a complex and evolving environment. Engagement with the Department of Health continued in line with established accountability arrangements.

It is anticipated that a new Chairperson and additional board members will be appointed during 2026, which will further support the continued effectiveness of the Board.

MESSAGE FROM THE DIRECTOR



Prof Deirdre Murray
Director

I am pleased to present the Annual Report of the National Cancer Registry Ireland (NCRI) for the year ended 31 December 2025. This year marked continued strong progress, as we delivered on our statutory responsibilities while strengthening our capability to meet Ireland's and Europe's future health information needs.

Delivering high quality, trusted cancer data

Providing timely, comprehensive and trusted cancer data to support patients, clinicians, researchers and policymakers remains at the heart of NCRI's mission. In 2025, targeted efforts to clear historical backlogs in pathology, radiotherapy, HIPE and death registrations stabilised reporting timelines and improved data completeness. The introduction of all cause death data and wider use of the Individual Health Identifier further enhanced our ability to capture the full cancer patient journey. We also advanced electronic data capture, through HL7 pathology messaging and improved radiotherapy data flows – key steps in modernising cancer registration processes and ensuring NCRI data remains robust, relevant and fit for purpose.

Shaping the future of health information

NCRI continued to lead nationally and internationally in health information standards. We were among the first registries worldwide to implement the 4th edition of the International Classification of Diseases for Oncology, a specialised coding system for cancer registries, reinforcing our leadership role in cancer data quality. We also

advanced our preparedness for forthcoming national and European initiatives, including the Health Information Bill and the European Health Data Space. Alongside this, we developed a new registration processing model and progressed procurement of a Secure Research Data Environment, to enable secure, efficient and privacy protective research access to NCRI data in the years ahead.

Strengthening trust, transparency and impact

Maintaining public and stakeholder trust remains central to NCRI's work. In 2025, we launched a redesigned website, enhanced data visualisation and published 11 infographics to make cancer data more accessible. We reinforced governance and security through updated data access processes, robust data protection impact assessments, and stronger cyber security controls. Our delivery of over 215 hospital level reports underline NCRI's trusted and independent role in supporting cancer service planning.

Expanding research and collaboration

NCRI's research profile continued to grow in 2025. We have a lead role in the CancerWatch Joint Action, shaping cancer data quality for European registries, contributed to multiple publications and conference presentations, published three NCRI reports, and strengthened partnerships with academic, clinical and international collaborators. These connections extend the reach and influence of NCRI data and ensure that our work continues to support high quality research, evidence based policy and improved cancer outcomes.

Building a resilient organisation

To sustain our ambitions, we invested in our people, systems and infrastructure through IT modernisation, establishing a dedicated testing team and advancing climate action governance. We were proud to achieve Great Place to Work™ accreditation for the fourth consecutive year, including recognition as one of the Best Workplaces™ for Health & Wellbeing 2025. We also completed an independent external evaluation of the Board and Audit & Risk Committee, supporting continuous improvement in governance and assurance.

Financial stewardship and governance

NCRI operated on a sound financial footing throughout 2025, supported by Exchequer funding via the Department of Health. Strong systems of internal control, risk management and audit oversight remain in place, and no material control weaknesses

were identified during the year.

I would like to acknowledge the continued oversight and support of the Board and its committees, particularly during a period of transition in Board membership.

Looking ahead

In the year ahead, NCRI will work to further enhance data quality and interoperability, prepare for new regulatory and European data frameworks, and expand secure access to health data for research. Continued investment in people, technology and governance will be essential to this progress.

Acknowledgements

As my contract with the NCRI concludes in 2026, I would like to sincerely thank our dedicated staff for their professionalism, expertise and commitment throughout my tenure, and extend my appreciation to the Board, the Department of Health, the Advisory Council, our data providers, research partners and stakeholders for their ongoing support.

Together, we have ensured that the NCRI is currently in a strong and positive position and I am confident that it will continue to improve its processes of providing high quality cancer data to inform better decisions, better care and better outcomes for people affected by cancer in Ireland.

Deirdre Murray

ABOUT THE NCRI

Overview

NCRI is the State Agency responsible for collecting and analysing Cancer data, to inform policy, patient care and planning for services in Ireland.

Background

NCRI was established in 1991, to collate cancer data on people who are resident in Ireland. It operates under a statutory instrument and is funded by the Department of Health.

Activities

NCRI's statutory commitments are set out below:



Collect

We collect, classify, record and store information on all new cancer cases in Ireland.



Analyse

We monitor and analyse trends and outcomes in different cancer types.



Publish

We publish an annual report on cancer statistics and regularly produce publications on cancer trends and projections.



Disseminate

We promote & facilitate the use of the data we collect in research & in the planning & management of cancer services.

Why is a cancer registry needed?

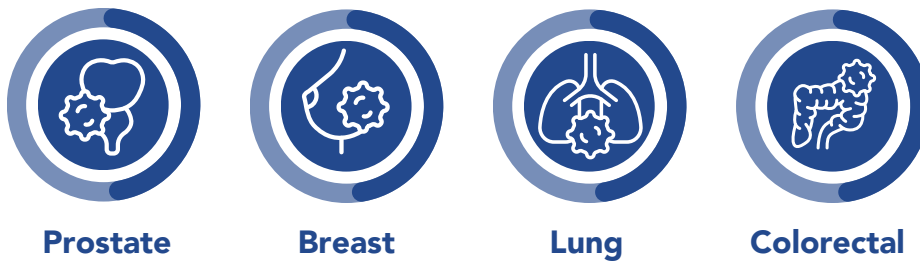
Cancer is the leading cause of death in adults in Ireland with an estimated one in two individuals expected to receive a cancer diagnosis in their lifetime. The number of cancer cases is predicted to increase nationally and globally. NCRI provides essential data for understanding and controlling cancer in Ireland. Its comprehensive cancer data provides vital statistics and insights to inform policy and research, enhance public health initiatives, and improve patient outcomes across Ireland.

Cancer in Ireland

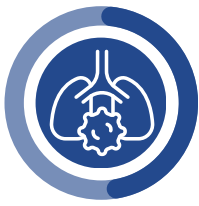
Cancer is a leading cause of illness and death in Ireland, with a growing number of people affected each year as the population increases and ages. NCRI plays a central role in understanding this burden by collecting and analysing high-quality cancer data, providing vital insights to support research, inform policy, and improve outcomes for patients nationwide.



Most Common Cancers *xNMSC



Top Causes of Cancer Deaths



Lung



Breast

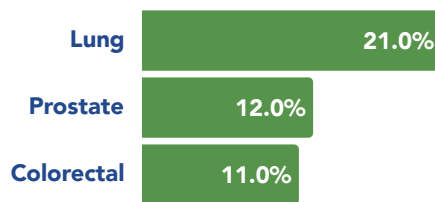


Colorectal

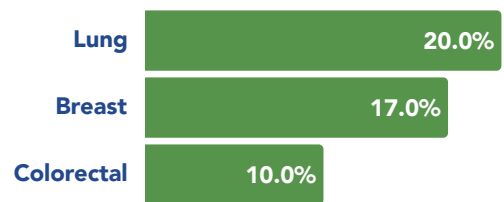


Prostate

Men



Women



As the Irish population continues to grow and age, annual diagnoses of invasive cancer are projected to increase by between 50% and 100% over the period from 2015 to 2045. In this context, NCRI's role becomes ever more critical. By providing robust, comprehensive data and analysis, it enables the health system to anticipate demand, plan services effectively, and deliver evidence-based improvements in cancer care, ultimately supporting better outcomes for patients across Ireland.

The National Cancer Registry Board

The Board is a statutory body established in 1991 under the Order as an agency of the Department of Health and Children (as it was at the time). The Board has a full membership of seven who are appointed by the Minister for Health. The Board members as at 31 December 2025 were:



Ms Mary Bourke
Board Member



Ms Ellen Farrell
Board Member



Ms Cathy Enright
Board Member



Mr Niall Murphy
Board Member



Dr. Paul Kavanagh
Board Member

During the year, Dr Robert O'Connor concluded his service as Chairperson, having served on the Board since April 2019, including as Chair from October 2024. Prof Mark Lawler's term expired in July 2025. The Board records its appreciation for both Robert's and Mark's contribution to NCRI.

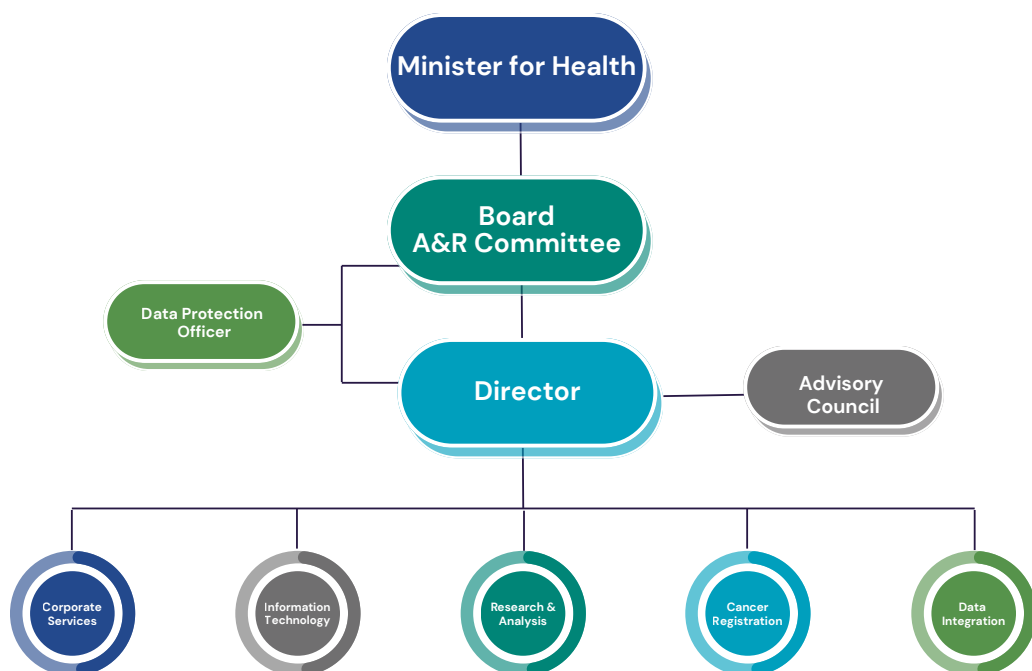
Our people

NCRI's dedicated, award-winning team is the cornerstone of its mission to improve cancer outcomes through comprehensive data collection and analysis. Comprising skilled professionals from diverse backgrounds, NCRI's staff exemplifies a commitment to quality, collaboration, and trust. Their expertise and passion drive NCRI's initiatives, enabling the organisation to provide valuable insights that support cancer research and public health initiatives. NCRI takes pride in nurturing a supportive work environment that empowers people to grow and excel in their roles. The Senior Management Team leads a dedicated team of full-time and part-time staff based throughout Ireland, with a strong presence at the Cork headquarters alongside a nationally distributed workforce.



NCRI Team October 2025

Organisational Chart



Audit and Risk Committee

The Audit and Risk Committee is a formal subcommittee of the Board, tasked with a critical responsibility in safeguarding the integrity, transparency, and accountability of the organisation's operations. This committee plays a crucial role in overseeing the financial reporting process, ensuring that all financial statements are accurate, reliable, and in compliance with established accounting standards. Additionally, the committee assesses the effectiveness of internal controls, identifying any weaknesses that could expose the organisation to financial or operational risks. It also ensures compliance with relevant laws and regulations, thereby protecting NCRI from potential legal and regulatory challenges. Furthermore, the committee evaluates the various risks associated with NCRI's activities, including financial, operational, and reputational risks, and develops strategies to mitigate these risks effectively. By fulfilling these responsibilities, the Audit and Risk Committee not only enhances the organisation's overall governance framework but also instils confidence among stakeholders regarding the soundness of NCRI's operations and its commitment to ethical practices.


Advisory Council

The Advisory Council serves as an important consultative body for NCRI, providing expert guidance to enhance its initiatives and operations. It is composed of a wide range of stakeholders, including healthcare professionals, researchers, and patient representatives. By leveraging the collective expertise of its members, the council helps to strengthen the impact of NCRI in producing excellent data insight for better cancer outcomes. This collaborative approach strengthens the impact of NCRI's initiatives and ensures that the data insights generated are relevant and actionable. The Advisory Council's feedback and commitment to fostering innovation and collaboration is essential in navigating the complexities of cancer control, making it an important asset to the organisation.

VISION, MISSION & VALUES


NCRI's vision, mission and core values are crucial to the way it functions. They communicate NCRI's purpose, provide insight into what it hopes to achieve and reflect its core principles and ethics.

Vision and Mission



Our vision


Excellent data insight for better cancer outcomes.



Our mission


To collect, analyse and disseminate comprehensive information to improve cancer outcomes.

Core Values




Respect

We treat everyone with dignity, empathy and courtesy.




Trust

We act with integrity and honour our commitments.




Enthusiasm

We are passionate about and take great pride in our work.




Collaboration

We foster open communication, actively listen to others and work cooperatively with colleagues and stakeholders.



Confidentiality

We safeguard sensitive and personal information in line with best practice.



Quality

We are committed to continuous improvement to deliver accurate, informative and timely cancer data.

STRATEGY

Overview

NCRI's strategy focuses on delivering high quality, trusted cancer data to support patients, clinicians, researchers and policymakers, while strengthening the organisation's capability to meet future national and European health information needs.

In 2025, NCRI continued to deliver against its multi year Corporate Strategy, balancing the operational demands of national cancer registration with increasing engagement at all island and European level. The year saw significant progress in data quality, digital capability, research collaboration and organisational resilience, while maintaining a strong focus on governance, compliance and staff wellbeing

Strategic Objectives

The 2024-2026 strategy establishes five strategic objectives which are detailed below.

1



Capture a comprehensive picture of the patient data journey.

2



Be the independent, expert and trusted source of cancer data trends.

3



Enhance research capabilities and develop vibrant and collaborative research networks in Ireland and internationally.

4



Be at the forefront of informing health information regulation and in the deployment of digital health initiatives.

5



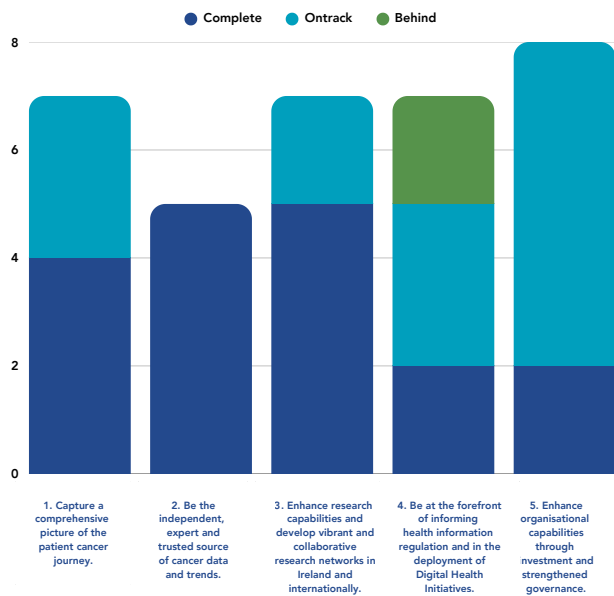
Enhance organisational capabilities through investment and strengthened governance.

Progress in 2025

During 2025, NCRI made strong progress across its strategic pillars. Comprehensive data collection was strengthened through significant progress in tackling historical backlogs, increased electronic data capture, and enhanced use of individual health identifiers. The organisation reinforced its role as a trusted source of cancer data through robust governance, improved cyber security, transparent data access processes and the launch of a redesigned public website.

NCRI expanded its research and collaboration footprint nationally, all island and internationally, most notably through leadership roles in the CancerWatch Joint Action and continued delivery of the All Island Cancer Atlas. Investment in systems, standards and workforce capability - including ICD O 4 implementation, testing functions, and staff development - ensured NCRI remains well positioned to respond to future health information challenges.

	<p>1. Capture a comprehensive picture of the patient cancer journey.</p> <p>(7 actions)</p>	<p>2. Be the independent, expert and trusted source of cancer data and trends.</p> <p>(5 actions)</p>	<p>3. Enhance research capabilities and develop vibrant and collaborative research networks in Ireland and internationally</p> <p>(7 actions)</p>	<p>4. Be at the forefront of informing health information regulation and in the deployment of Digital Health Initiatives.</p> <p>(7 actions)</p>	<p>5. Enhance organisational capabilities through investment and strengthened governance</p> <p>(8 actions)</p>
Complete	4	5	5	2	2
On Track	3	0	2	3	6
Behind	0	0	0	2	0



Positioning for the Future

Looking ahead, NCRI will continue to build on the foundations laid in 2025 by preparing for the European Health Data Space, advancing secure data access for research, and further enhancing interoperability and data quality. Ongoing investment in people, digital infrastructure and governance will support NCRI’s ability to deliver high impact cancer intelligence and remain a trusted, authoritative voice in national and European cancer data.

OUR IMPACT

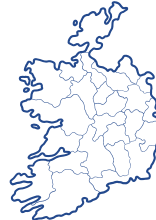
The difference NCRI made



59,763

tumours registered

Comprehensive national coverage of cancer incidence



107

locations from which we collect data

Capturing cancer data across hospitals and services nationwide



28

parliamentary questions informed

Evidence underpinning policy and national debate

40

electronic data sources

Powering efficient, scalable cancer registration



4th

edition of the ICD-O implemented

Reinforcing our leadership role in cancer data quality

21,152

death certs fully matched

Improving identification of cancer-related deaths



2

major workplace awards received

Recognised for a positive, healthy workplace

2

website award shortlistings

Recognised for website revamp



86

media articles quoting NCRI data

Supporting public understanding through trusted evidence.

126

data quality issues resolved

Strengthening confidence in national cancer statistics



OUR OUTPUTS

What NCRI delivered during the year



215
hospital reports
delivered

Enabled hospital-level service planning and supporting improved patient outcomes

176

data enquiries
answered

Providing timely, evidence-based insights to inform researchers, clinicians and stakeholders



25 peer reviewed
publications

Advancing national and international cancer evidence and enhancing NCRI's reputation as a leading contributor to global cancer research.

24

press releases & news
articles published

Ensuring accurate, evidence-led reporting of cancer trends and insights.



11
infographics
published

Making complex data accessible and understandable, supporting informed discussion

185

social media
posts shared

Extending the reach and visibility of NCRI data, increasing public awareness and engagement



20
events, workshops &
presentations delivered

Supporting knowledge sharing, collaboration and professional engagement, increasing the impact of NCRI data.

14

staff newsletters
issued

Keeping staff informed and engaged.



1
new NCRI website
launched

Improved public and stakeholder access to cancer data, strengthening transparency, usability and engagement with NCRI insights.

10

research grants
submitted

Supporting future cancer research programmes, helping to expand national research capacity and innovation



Turning Data into Impact

In 2025, NCRI continued to transform high-quality cancer data into meaningful outcomes that support better policy, improved services, and enhanced public understanding. Through its work, NCRI delivered value across five key outcome areas:

1. Shaping the future of health information

NCRI data directly supported the planning and delivery of cancer services across Ireland.

- Enabled hospital-level service optimisation through 215 tailored reports
- Supported more targeted resource allocation and service planning
- Provided evidence to anticipate future demand based on demographic trends

Outcome:

- ➔ More responsive, evidence-based cancer services aligned with patient needs

2. Stronger Evidence for Policy and Decision-Making

NCRI insights informed national policy, public debate, and system planning.

- Provided robust evidence for parliamentary questions and policy discussions
- Delivered timely responses to 176 data enquiries from stakeholders
- Contributed authoritative data to media and public discourse

Outcome:

- ➔ Better-informed decisions at national and system level

3. Enhanced Research and International Influence

NCRI strengthened its contribution to cancer research in Ireland and globally.

- Produced 25 peer-reviewed publications and supported research grant activity
- Expanded collaboration across academic, clinical, and international networks
- Played a leadership role in major European initiatives (e.g. CancerWatch)

Outcome:

- ➔ Increased research impact and strengthened Ireland's role in global cancer evidence

4. Shaping the future of health information

NCRI improved public access to cancer information and understanding.

- Launched a new website to enhance accessibility and usability of data
- Published 11 infographics simplifying complex cancer statistics
- Extended reach through digital platforms and media engagement

Outcome:

- ➔ Increased public awareness, trust, and engagement with cancer data

5. A Stronger, Future-Ready Health Information System

NCRI invested in systems and capabilities to meet future national and European needs.

- Advanced digital data capture and interoperability
- Strengthened data governance, security and access frameworks
- Progressed development of a Secure Research Data Environment

Outcome:

- ➔ A more resilient, secure and future-ready cancer data infrastructure

Overall Impact

Across these areas, NCRI's work in 2025:

- Strengthened **the evidence base for cancer control in Ireland**
- Enabled **more effective planning and delivery of services**
- Enhanced **research capacity and international collaboration**
- Improved **public understanding and trust in cancer data**

Result:

- ➔ Better decisions, better services, and better outcomes for people affected by cancer in Ireland

Peer Reviewed Articles in 2025

Peer-reviewed publications (NCRI staff as authors)

1. Grimes DR, Brennan A, Walsh C. A method of estimating cervical cancers prevented by the introduction of national screening in Ireland. *Eur J Public Health*. 2025 Dec 19:ckaf225. doi: 10.1093/eurpub/ckaf225. Online ahead of print. PMID: 41416470
2. Langtry A, Rabadan R, Alonso L, Filip I, Sabroso-Lasa S, Moreno-Oya A et al. Deciphering the role of complement system genes in pancreatic cancer susceptibility and prognosis. *Nat Commun*. 2025 Nov 28;16(1):10769. doi: 10.1038/s41467-025-65811-y.
3. Botta L, Capocaccia R, Bernasconi A, Rossi S, Galceran J, Maso LD, Lepage C, Molinié F, Bouvier AM, Marcos-Gragera R, Vener C, Guevara M, Murray D, Ragusa R, Gatta G, Jooste V, Wg TE. The impact of cancer survivors' extra risk of non-cancer mortality on net survival estimation. *Am J Epidemiol*. 2025 Aug 19:kwaf148. doi: 10.1093/aje/kwaf148. Online ahead of print.
4. O'Driscoll J, Tierney PA, McDevitt J, Brennan A, Redaniel MT, Zhang M, Bennett K, Murray D, Mullooly M. Examining the impact of the COVID-19 pandemic on invasive breast cancer incidence in Ireland: A population-based study. *Cancer Epidemiol*. 2025 Aug;97:102864. doi: 10.1016/j.canep.2025.102864. Epub 2025 Jul 7. PMID: 40628190
5. Ssenyonga N, Stiller CA, Marcos-Gragera R, Kuehni CE, Saint-Jacques N, Bulliard JL, Redaniel MT, Nakata K, Schwartz S, De P, Ragusa R, Troussard X, Curado MP, Girardi F, Maynadié M, Valkov M, Guilloteau A, Lima C, Coleman MP, Allemani C; CONCORD Working Group. Conditional survival of children, adolescents and young adults (0-24 years) diagnosed with leukaemia during 2000-2014 world-wide: (CONCORD-3). *Eur J Cancer*. 2025 May 23;225:115445. doi: 10.1016/j.ejca.2025.115445. Online ahead of print. PMID: 40578047
6. Zhang M, Tierney P, Brennan A, Murray D, Mullooly M, Bennett K. Modelling the impact of the COVID-19 pandemic on cancer stage migration and excess mortality in Ireland. *Prev Med Rep*. 2025 Mar 1;52:103020. doi: 10.1016/j.pmedr.2025.103020

Peer-reviewed publications (NCRI a collaborator/NCRI staff on working group)

1. Crocetti E, Bennett D, Jooste V, Rossi S, Maso LD, Marcos-Gragera R, Smits S, Zagar T, Troussard X, Mayer-da-Silva A, Daubisse-Marliac L, Lourenço A, Katalinic A, Sanchez MJ, Vener C, Mousavi M, Ziliani V, Gatta G; EUROCARE-6 Working Group (appendix p 11). Skin melanoma survival is improving in Europe but regional differences persist: Results of the EUROCARE-6 study. *Eur J Cancer*. 2025 Dec 9;231:116061. doi: 10.1016/j.ejca.2025.116061. Epub 2025 Oct 19. PMID: 41172568

2. Claudia Allemani, Pamela Minicozzi, Bozena Morawski, Carlos A Lima, Damien Bennett, Donsuk Pongnikorn, Dafina Petrova, Kaire Innos, Fabio Girardi, Yaima Galán Alvarez, Robin Schaffar, Luigino Dal Maso, Florence Molinié, Mikhail Valkov, Karen Phillips, Sabine Siesling, Annemarie Schultz, Laetitia Daubisse-Marliac, Rafael Marcos-Gragera, Veronica Di Carlo, VENUSCANCER Working Group*. Global variation in patterns of care and time to initial treatment for breast, cervical, and ovarian cancer from 2015 to 2018 (VENUSCANCER): a secondary analysis of individual records for 275792 women from 103 population-based cancer registries in 39 countries and territories. *The Lancet*. 20205 Oct doi: 10.1016/S0140-6736(25)01383-2

3. Trama A, Rossi S, Bennet D, Stiller C, Paapsi K, Troussard X, Giudici F, Karim-Kos HE, Cerza F, Trallero J, Ragusa R, Blum M, Mayer-da-Silva A, Peters F, Didonè F, Botta L; EUROCARE-6 Working Group. Corrigendum to "Comparative analysis of 5-year relative survival in adolescents and young adults with cancer relative to both children and adults in Europe (EUROCARE-6): Results from a population-based study" [*Eur. J. Cancer* 2025 Aug 26;226:115535. PMID: 40743655]. *Eur J Cancer*. 2025 Sep 12;229:115767. doi: 10.1016/j.ejca.2025.115767. Online ahead of print. PMID: 40945300

4. McCabe M, Rossi S, Cerza F, Massimino M, Gianni F, Spycher BD, Marcos-Gragera R, Bennett D, Lasalvia P, Didonè F, El Karoui NJ, Ragusa R, Mayer-da-Silva A, Mousavi SM, Trama A; EUROCARE-6 WG. Survival of European adolescents and young adults diagnosed with central nervous system tumours and comparison with younger and older age groups: EUROCARE-6 results. *Eur J Cancer*. 2025 Sep 9;227:115661. doi: 10.1016/j.ejca.2025.115661. Epub 2025 Jul 28. PMID: 40782412

5. Gatta G, Luttmann S, Trama A, Rossi S, Galceran J, Innos K, Guevara M, Licitra L, Bennet D, Redondo-Sánchez D, Capocaccia R; EUROCARE WG. Epithelial head and neck cancer survival in Europe: Geographical variation, time trends and long term survival. *Eur J Cancer*. 2025 Aug 19;229:115692. doi: 10.1016/j.ejca.2025.115692.

6. Hoogendijk R, Capocaccia R, van der Lugt J, Kranendonk MEG, Hoving EW, Wesseling P, Visser O, van Vuurden DG, Gatta G, Karim-Kos HE; EUROCARE working group. Long-term survival and cure fraction estimates for paediatric central nervous system tumours in 31 European countries (EUROCARE-6): a population-based study. *Lancet Oncol*. 2025 Aug;26(8):1091-1099. doi: 10.1016/S1470-2045(25)00297-9. PMID: 40744027

7. Shah SC, Diaz MAH, Zhu X, Bottiglieri T, Yu C, Anderson LA, Coleman HG, Shrubsole MJ; FINBAR study group. Plasma Metabolites of One-Carbon Metabolism Are Associated With Esophageal Adenocarcinoma in a Population-Based Study. *Clin Transl Gastroenterol*. 2025 Jun 26. doi: 10.14309/ctg.0000000000000879. Online ahead of print. PMID: 40569319

8. Trama A, Rossi S, Bennet D, Stiller C, Paapsi K, Troussard X, Giudici F, Karim-Kos HE, Cerza F, Trallero J, Ragusa R, Blum M, Mayer-da-Silva A, Peters F, Didonè F, Botta L; EUROCARE-6 Working Group. Comparative analysis of 5-year relative survival in adolescents and young adults with cancer relative to both children and adults in Europe (EUROCARE-6): Results from a population-based study. *Eur J Cancer*. 2025 Jun 11;226:115535. doi: 10.1016/j.ejca.2025.115535. Online ahead of print. PMID: 40743655

9. Bernasconi A, Toss A, Zattarin E, Mousavi SM, Blum M, Kuehni CE, Katalinic A, Trallero J, Rapiti E, Maso LD, Botta L, Rossi S, Peccatori F, Trama A; EUROCARE-6 Working Group. Prognosis of Breast Cancer in European female adolescents and young adults (AYAs): EUROCARE-6 retrospective cohort results. *Breast*. 2025 May 2;82:104472. doi: 10.1016/j.breast.2025.104472. Online ahead of print. PMID: 40435903

10. Botta L, Capocaccia R, Vener C, Bernasconi A, Trama A, Didoné F, Demuru E, De Angelis R, Rossi S, Mousavi SM, Peters F, Bennet D, Mayer-da-Silva A, Jooste V; EUROCARE-6 WG. Estimating cure and risk of death from other causes of adolescent and young adult cancer patients in Europe. *Eur J Cancer*. 2025 Jun 3;222:115443. doi: 10.1016/j.ejca.2025.115443. Epub 2025 Apr 19. PMID: 40319677

11. Gatta G, Calleja-Agius J, Sandrucci S, Azzopardi M, Capocaccia R; EUROCARE WG; Wales; Hackl M; Belgium; Bulgaria; Croatia; Cyprus; Czechia; Denmark; Estonia; Finland; France; Germany; Iceland; Ireland; Italy; Latvia; Lithuania; Malta; Norway; Poland; Portugal; Slovakia; Slovenia; Spain; Switzerland; Netherlands; UK-England; UK-Northern Ireland; UK-Scotland; UK-Wales. Incidence and survival of rare female genital tract cancers in Europe: The EUROCARE-6 study. *Eur J Surg Oncol*. 2025 Mar 25:109996. doi: 10.1016/j.ejso.2025.109996. Online ahead of print. PMID: 40180806

12. Indini A, Didoné F, Massi D, Puig S, Casadevall JR, Bennett D, et al. Corrigendum to "Incidence and prognosis of cutaneous melanoma in European adolescents and young adults (AYAs): EUROCARE-6 retrospective cohort results" [*Eur J Cancer* 213 (2024):115079]. *European Journal of Cancer*. 2025 Mar;218:115295.

13. Trama A, Geerdes EE, Demuru E, De Angelis R, Karim-Kos HE, Troussard X, Bennett D, Marcos-Gragera R, Kuehni CE, Liu H, Bernasconi A, Vener C, Guevara M, Zwaan CM, Mayer-da-Silva A, Paapsi K, Ragusa R, Smith OP; EUROCARE-6 Working Group. Survival of European children, adolescents and young adults diagnosed with haematological malignancies in the period 2000-2013: Results from EUROCARE-6, a population-based study. *Eur J Cancer*. 2025 Jun 3;222:115336. doi: 10.1016/j.ejca.2025.115336. Epub 2025 Mar 1. PMID: 40334304

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ACHIEVEMENTS



Comprehensive data collection

- Significant progress made in tackling historical backlogs across pathology, radiotherapy, HIPE and death registrations, stabilising reporting timelines.
- Strengthened electronic data capture through HL7 pathology messaging and improved radiotherapy data flows.
- Introduced all cause death data, improving completeness of cancer mortality identification.
- Enhanced longitudinal tracking through expanded use of the Individual Health Identifier (IHI).



Impact: more complete, timely and accurate capture of the full cancer patient journey.



Shaping the future of health information

- Successfully implemented ICD O 4, positioning NCRI among the first adopters globally.
- Advanced preparedness for the European Health Data Space and Health Information Bill.
- Developed a new registration processing model.
- Progressed procurement of a Secure Research Data Environment to support future data access needs.
- Built organisational understanding of emerging technologies, including AI in health and data management.#



Impact: *NCRI positioned at the forefront of evolving health and cancer data standards.*

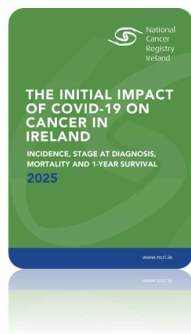


Enhancing research and increasing national and global collaboration

- Took on a leadership role in CancerWatch Joint Action, shaping European cancer data quality work, leading and co leading various project work packages.
- Published and contributed to 26 peer reviewed papers and conference presentations.
- Expanded research partnerships with national and international institutions across academia and healthcare.
- Launched 3 NCRI reports.
- Supported grant success, postgraduate research, internships and student placements.



Impact: greater research reach and influence through strong collaboration and leadership.



CancerWatch



Strengthening NCRI's organisation for the future

- Completed an independent external evaluation of the Board and Audit & Risk Committee.
- Achieved Great Place to Work™ accreditation for the fourth consecutive year, including Best Workplaces™ for Health & Wellbeing 2025.
- Established a dedicated Testing Team, improving system quality and release confidence.
- Invested in staff, infrastructure and sustainability through office refurbishment, IT modernisation and Climate Action governance.



Impact: a resilient, well governed organisation equipped to deliver into the future.



CORPORATE STATEMENT

1. Performance Delivery and Oversight

In accordance with the Code of Practice for the Governance of State Bodies (2016) (the “Code of Practice”), NCRI has in place Oversight and Performance Delivery Agreements with the Department of Health. These agreements clearly define the respective roles and responsibilities of the Department and NCRI and set out arrangements for governance, funding and administration. No derogations or exceptions from the Code of Practice were agreed during 2025.

In line with the requirements of the Code of Practice, NCRI undertook an assessment of its principal organisational risks during the year, including the identification of appropriate mitigation strategies and controls.

2. Expenditure

NCRI fully complied with the requirements of the Public Spending Code during 2025.

3. Equality, Diversity & Inclusion

Equality, Diversity and Inclusion (ED&I) remained a key organisational priority in 2025, reflected across our culture, behaviours and practices. Key initiatives during the year included the delivery of Diversity and Inclusion training, the publication of NCRI’s first Gender Pay Gap Report, and the achievement of Great Place to Work® and Best Workplaces for Health and Wellbeing certifications.

As at 31 December 2025, the Board comprised five members, with a gender balance of 60% female and 40% male, meeting the Government target for a minimum of 40% representation of each gender on State boards. The organisation continues to implement policies and practices that promote equality of opportunity and support a respectful and inclusive working environment.

4. Public Sector Equality & Human Rights

In accordance with Section 42 of the Irish Human Rights and Equality Commission Act 2014, NCRI continues to have regard to the need to:

- Eliminate discrimination

- Promote equality of opportunity and treatment
- Protect the human rights of staff and service users

This commitment is embedded within the organisation's strategic objective to enhance organisational capability through strengthened governance and investment.

5. Energy Consumption and Climate Action

NCRI continues to support national climate objectives, including those set out in the Climate Action Plan, through monitoring and managing energy usage and embedding sustainability considerations in its operations.

Electricity remains the sole energy source across NCRI operations, powering heating, air conditioning, lighting, and office systems. NCRI's Green Team continues to monitor consumption levels and implement measures to support energy efficiency and environmental sustainability

In 2025, NCRI energy usage was 54.5 MWh (2024 – 56 MWh), all electrical.

6. Gender Pay Gap Reporting

Gender Pay Gap reporting was completed in accordance with the Gender Pay Gap Information Act 2021.

7. Official Languages Act 2003 (as amended)

The NCRI continues to fulfil its obligations under the Official Languages Act 2003 (as amended) and remains committed to ensuring compliance with relevant legislative requirements.



National
Cancer
Registry
Ireland

National Cancer Registry Ireland

Financial Statements

For the Year Ended 31st December 2025

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Information

Business Address

Building 6800, Cork Airport Business Park,
Kinsale Road, Cork, T12 CDF7

Bankers

Allied Irish Banks plc, 66 South Mall, Cork, T12 Y822

Auditor

Comptroller and Auditor General, 3A Mayor Street Upper, Dublin, D01 PF72

Solicitors

RDJ LLP, 85 S Mall, Centre, Cork, T12 TP8D

Governance Statement and Board Members' Report

1. Governance

The Board of the National Cancer Registry was established under the National Cancer Registry Board Establishment (Order) 1991. The functions of the Board are set out in section 4 of this Act. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the National Cancer Registry are the responsibility of the Director and the senior management team. The Director and the senior management team must follow the broad strategic direction set by the Board and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Director acts as a direct liaison between the Board and management of the National Cancer Registry.

2. Board Responsibilities

The work and responsibilities of the Board are set out in the Governance Framework, which also contain the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 21 of the National Cancer Registry Board Establishment (Order) 1991 requires the Board of the National Cancer Registry to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it. In preparing these financial statements, the Board of the National Cancer Registry is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 21 of the National Cancer Registry Board Establishment (Order) 1991. The maintenance and integrity of the corporate and financial information on the National Cancer Registry's website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. Evaluation of the Registry's performance by reference to the annual plan and budget is carried out on an ongoing basis.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Except for the non-compliance with the requirements of FRS102 in relation to retirement benefit entitlements, the Board considers that the financial statements of the National Cancer Registry give a true and fair view of the financial performance and the financial position of the National Cancer Registry as at 31 December 2025.

3. Board Structure

The Board comprises a chairperson and six ordinary members, all appointed by the Minister for Health in accordance with the National Cancer Registry Board Establishment Order (1991). Members are appointed for fixed terms, with the relevant appointment and expiry dates outlined in the table below.

Name	Role	First Appointment	Reappointment	Resignation	Tenure Ends
Dr Robert O'Connor	Chairperson	12/04/2019 (BM) 18/10/2024 (Chair)	15/02/2025	09/12/2025	N/A
Prof Mark Lawler	Board Member	15/07/2021	N/A	N/A	14/07/2025
Ms Mary Bourke	Board Member	15/07/2021	15/07/2025	N/A	14/07/2029
Ms Ellen Farrell	Board Member	04/05/2022	N/A	N/A	03/05/2026
Mr Niall Murphy	Board Member	16/01/2023	N/A	N/A	15/01/2027
Ms Cathy Enright	Board Member	11/01/2024	N/A	N/A	10/01/2028
Dr Paul Kavanagh	Board Member	08/07/2025	N/A	N/A	07/07/2029

Key Personnel Changes

During the year, the Chairperson of the Board resigned. In accordance with the National Cancer Registry Board Establishment Order (1991), the appointment of a new Chairperson by the Minister for Health was pending as of 31 December 2025.

The tenure of Prof Mark Lawler also concluded during the year, in line with the expiry of his appointment term on 14 July 2025. This position remained vacant at year-end pending the Ministerial appointment of a replacement.

There remained two unfilled Board vacancies at year-end.

Audit & Risk Committee

The Board has established an Audit and Risk Committee ("ARC") to support it in fulfilling its oversight responsibilities relating to:

- risk management
- internal control systems
- governance
- audit and assurance activities

The ARC operates independently of the Registry's financial management, ensuring that internal controls and audit processes are actively and objectively monitored. The ARC provides a written report to the Board following each meeting and presents an annual opinion on the adequacy and effectiveness of internal controls.

ARC Membership during 2025:

- Ms Ellen Farrell (Chairperson)
- Ms Mary Bourke
- Mr Niall Murphy
- Mr Cormac McSweeney (external member)
- Mr Colm Lardner (external member)

The ARC met four times during 2025.

4. Board and Committee Attendance (2025)

A schedule of attendance at Board and ARC meetings during 2025 is provided below.

No Board fees were paid to members during the year.

Name	Board	ARC
No of Meetings	4*	4
Dr Robert O'Connor	4/4	N/A
Prof Mark Lawler	1/4	N/A
Ms Ellen Farrell	4/4	4/4
Ms Mary Bourke	4/4	4/4
Mr Niall Murphy	2/4	4/4
Ms Cathy Enright	3/4	N/A
Dr Paul Kavanagh	1/4	N/A

The Board meeting held on 15/07/2025 (*) was not quorate; therefore, items requiring formal approval were subsequently circulated to members by email for express ratification.

5. Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that the National Cancer Registry has complied with the requirements of the Code of Practice for the Governance of State Bodies (2016). The following disclosures are required by the Code:

5.1 Employee Short-Term Benefits Breakdown

Employees' short-term benefits in excess of €60,000 are detailed in note 4 to the financial statements.

5.2 Consultancy Costs

Consultancy costs as detailed in note 13 of the financial statements include the cost of external advice to management and excludes outsourced 'business-as-usual' functions.

5.3 Legal Costs and Settlements

There was €0 in 2025 (€0 in 2024) in expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the National Cancer Registry which is disclosed in Consultancy Costs above.

5.4 Hospitality Expenditure

Expenditure of €1,313 was incurred on Board and Staff hospitality in 2025 (€1,908 in 2024).

5.5 Travel and Subsistence Expenditure

The Income & Expenditure and Retained Revenue Reserves Statement include the following Travel and subsistence expenditure:

	Domestic	International	Total
Employees	€32,291	€22,269	€54,560
Board	€853	€0	€853
	€33,144	€22,269	€55,413

6. Statement of Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code.

The National Cancer Registry Board was in full compliance with the Code of Practice for the Governance of State Bodies for 2025.

On behalf of the Board



Paul Kavanagh
Board Member

Date: 23/04/2026



Ellen Farrell
Board Member

Date: 23/04/2026

Statement on Internal Control for the year ended 31st December 2025

1. Scope of Responsibility

On behalf of the National Cancer Registry Ireland (NCRI), I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies 2016.

2. Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable, and not absolute, assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure, National Development Plan Delivery and Reform has been in place in the NCRI for the year ended 31 December 2025 and up to the date of approval of the financial statements.

3. Capacity to Handle Risk

The NCRI has an Audit and Risk Committee (ARC) comprising three Board members and two external members, with financial and audit expertise. The Committee met four times in 2025. The ARC reviewed internal audit reports, risk register updates, financial reports, and the effectiveness of the internal control environment.

The National Cancer Registry has an established outsourced internal audit function which is adequately resourced and conducts a programme of work agreed with the ARC.

A risk management policy and procedure have been approved by the Board, which sets out NCRI's risk appetite, the risk management processes in place, and the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within the NCRI's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

4. Risk and Control Framework

NCRI has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks. A risk register is in place which identifies the key risks facing the NCRI and these have been identified, evaluated, and graded according to their significance. Key organisational risks relate to data protection, ICT security, operational continuity, and staffing capacity. The risks are regularly reviewed, as appropriate, by various levels within the organisation including management, the ARC, and the Board. These assessments are used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,

- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets.

Throughout 2025, in line with government policy, most of NCRI's staff operated to a blended working model of working from both home and office. NCRI has established systems and controls that facilitate dispersed and remote working. NCRI has implemented security measures, including encrypted remote access, multi-factor authentication, and ongoing monitoring of potential cyber threats.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action, to management and to the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- Processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

5. Procurement

I confirm that NCRI has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2025 the NCRI complied with those procedures.

6. Review of effectiveness

I confirm that NCRI has procedures to monitor the effectiveness of its risk management and control procedures. NCRI's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the ARC which oversees their work and senior management within NCRI who are responsible for the development and maintenance of the internal control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2025. This was considered by the Board on 23 April 2026.

7. Internal control issues

No weaknesses in internal control were identified in relation to 2025 that require disclosure in the financial statements.

Signed on behalf of the Board of the National Cancer Registry



Paul Kavanagh
Board Member

Date: 23/04/2026



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

National Cancer Registry Board

Qualified opinion on the financial statements

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2025 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of financial position
- the statement of cash flows, and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the National Cancer Registry Board at 31 December 2025 and of its income and expenditure for 2025 in accordance with FRS 102.

Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the National Cancer Registry Board accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the National Cancer Registry Board's financial statements for 2025 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the National Cancer Registry Board and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The National Cancer Registry Board has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Board members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

Mary Henry
For and on behalf of the
Comptroller and Auditor General

30 April 2026



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Responsibilities of Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of annual financial statements in the form prescribed under section 21 of the National Cancer Registry Board (Establishment) Order 1991
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of the National Cancer Registry Board and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the National Cancer Registry Board's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the National Cancer Registry Board to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

**Statement of Income and Expenditure and Retained Revenue Reserves
For the year ended 31st December 2025**

	Notes	2025 €	2024 €
Income			
Department of Health	2	5,269,073	4,434,839
Retirement Benefit Contributions		101,680	91,177
Other Income	3	152,185	145,076
Total Income		<u>5,522,938</u>	<u>4,671,092</u>
Expenditure			
Staff Costs	4	4,316,575	3,777,060
Administration Expenses	5	1,068,447	978,623
Travel and Subsistence		55,528	20,202
Total Expenditure		<u>5,440,550</u>	<u>4,775,885</u>
Surplus for the year before appropriations		82,388	(104,793)
Transfer (to)/from capital account	9	<u>(79,073)</u>	<u>21,091</u>
Surplus for the year after appropriations		3,315	(83,702)
Balance brought forward at 1st January		<u>186,594</u>	<u>270,296</u>
Balance carried forward at 31st December		<u><u>189,909</u></u>	<u><u>186,594</u></u>

The Statement of Income and Expenditure Retained Revenue Reserves include all gains and losses recognised in the year.

The Statement of Cash Flows on page 14 and notes on pages 15 - 24 form part of these financial statements.

On behalf of the Board:



Paul Kavanagh
Board Member

Date: 23/04/2026



Ellen Farrell
Board Member

Date: 23/04/2026

**Statement of Financial Position
As at 31st December 2025**

	Notes	2025 €	2024 €
Property Plant & Equipment	6	<u>268,119</u>	<u>189,280</u>
Current Assets			
Receivables and Prepayments	7	226,530	282,883
Cash and Cash Equivalents		<u>790,630</u>	<u>270,262</u>
		<u>1,017,160</u>	<u>553,145</u>
Current Liabilities			
Revenue & Payroll Deductions		121,520	102,860
Other Payables		168,186	73,913
Accruals		203,761	173,286
Grants received in advance	8	<u>333,784</u>	<u>16,492</u>
		<u>827,251</u>	<u>366,551</u>
Net Current Assets		<u>189,909</u>	<u>186,594</u>
Total Net Assets		<u>458,028</u>	<u>375,874</u>
Representing:			
Capital Account		268,119	189,280
Retained Revenue Reserves		<u>189,909</u>	<u>186,594</u>
		<u>458,028</u>	<u>375,874</u>

The Statement of Cash Flows on page 14 and notes on pages 15 - 24 form part of these financial statements.

On behalf of the Board:



Paul Kavanagh
Board Member

Date: 23/04/2026



Ellen Farrell
Board Member

Date: 23/04/2026

Statement of Cash Flows
For the year ended 31st December 2025

	2025	2024
	€	€
	<hr/>	<hr/>
Net Cash Flows from Operating Activities		
Excess Income Over Expenditure	3,315	(83,702)
Depreciation and Impairment of Fixed Assets	180,772	141,929
Transfer from / (to) Capital Account	79,073	(21,091)
(Increase) / Decrease in Receivables	56,353	(115,250)
Increase / (Decrease) in payables	460,700	98,503
Net Cash flow from Operating Activities	<hr/> 780,213	<hr/> 20,389
 Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(259,845)	(120,839)
Net Cash Flows from Financing Activities	-	-
	<hr/> (259,845)	<hr/> (120,839)
 Net Increase / (Decrease) in Cash and Cash Equivalents	 520,368	 (100,450)
 Cash and cash equivalents at 1 January 2025	 <hr/> 270,262	 <hr/> 370,712
 Cash and cash equivalents at 31 December 2025	 <hr/> 790,630	 <hr/> 270,262

Notes to the Financial Statements For the year ended 31st December 2025

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the National Cancer Registry Board are set out below. They have all been applied consistently throughout the year and for the preceding year.

a) General Information

The National Cancer Registry Board (the Registry) was established by the Minister for Health in 1991 under S.I No 19/1991 – The National Cancer Registry Board (Establishment) Order, 1991. The Registry was set up to record information on all cancer cases occurring in Ireland and has been collecting such data since 1994. Its functions were laid down in legislation in 1991, with an amendment in 1996 and are as follows:

- To identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland.
- To collect, classify, record and store information in relation to each newly diagnosed individual cancer patient and in relation to each tumour which occurs.
- To promote and facilitate the use of the data thus collected in approved research projects and in the planning and management of services.
- To publish an annual report based on the activities of the Registry.
- To furnish advice, information, and assistance in relation to any aspect of such service to the Minister.

NCR is a Public Benefit Entity (PBE).

b) Statement of Compliance

The financial statements of NCR for the year ended 31 December 2025 have been prepared in accordance with Financial Reporting Standard (FRS) 102 (the financial reporting standard applicable in the UK and Ireland) as promulgated by Chartered Accountants Ireland and modified by the directions of the Minister in relation to superannuation. In compliance with the directions of the Minister, the Board accounts for the costs of superannuation entitlements only as they become payable. [See Accounting Policy (i)].

This basis of accounting does not comply with Financial Reporting Standard 102 which requires such costs to be recognised in the year the entitlements are earned.

c) Basis of Preparation

The financial statements are prepared under the accruals method of accounting and under the historical cost convention in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform, in accordance with Section 21 of National Cancer Registry (Establishment) Order 1991.

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to NCR's financial statements.

d) Revenue

Oireachtas Grants

Revenue Grants are recognised on a cash receipts basis. Capital grants are transferred to a Capital Account and amortised over the same period as the related fixed assets are depreciated.

e) Research Grants

Research grants are recognised in the period in which the corresponding expenditure is incurred and are accounted for as Other Income.

f) Property, Plant & Equipment

Property, plant, and equipment is stated at cost less accumulated depreciation, adjusted for any provision for impairment. Assets acquired receive a full 12 month's depreciation charge in the year of acquisition. Depreciation is provided on all property, plant, and equipment, other than freehold land and artwork, at rates estimated to write off the cost less the estimated residual value of each asset on a straight-line basis over their estimated useful lives, as follows:

- (i) Fixtures and Fittings: 20% per annum
- (ii) Office Equipment: 20% per annum
- (iii) Computer Hardware: 25% per annum
- (iv) Computer Software: 33% per annum

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

g) Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease.

h) Employee Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the Other Payables figure in the Statement of Financial Position.

i) Retirement Benefits

By direction of the Minister no provision has been made in respect of accrued benefits payable in future years under the Nominated Health Agencies Superannuation Scheme and its Spouses and Children Scheme (NHASS) and the Single Public Sector Pension Scheme (SPSPS).

Contributions from employees who are members of the NHASS are credited to the Statement of Income and Expenditure and Retained Revenue Reserves when received. Retirement Benefit payments are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when payable.

All new entrants to the public service with effect from 1 January 2013 are members of the SPSPS, where all employees' pension deductions are paid over to the Department of Public Expenditure, National Development Plan Delivery and Reform. Pension payments under the scheme are charged to the statement of income and expenditure and retained revenue reserves when paid.

j) Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

k) Capital Accounting

In accordance with the accounting standards prescribed by the Minister, expenditure on fixed asset additions is charged to the Revenue Income and Expenditure Account or the Capital Income and Expenditure Account, depending on whether the asset is financed by capital or revenue funding. Computer/ICT Equipment over €2,000 and other Equipment over €7,000 which are funded from Revenue will also be treated as a fixed asset.

l) Depreciation and Residual Values

The Directors have reviewed the asset lives and associated residual values of all fixed asset classes, and the useful economic life and residual values of fixtures and fittings and have concluded that asset lives and residual values are appropriate

2. Department of Health	2025	2024
	€	€
Revenue Grant	5,114,000	4,314,000
Capital Grant (Note 9)	155,073	120,839
	<u>5,269,073</u>	<u>4,434,839</u>

3. Other Income	2025	2024
	€	€
Research Grants		
Covid Effects	-	34,368
HRB (Efp)	29,254	-
Cancerwatch	13,328	-
OriON	2,219	3,015
Aspire	68,761	36,066
Non-Research Grant		
National Screening Service (NSS)	36,843	71,627
	<u>150,405</u>	<u>145,076</u>
Sundry Income	1,780	-
	<u>152,185</u>	<u>145,076</u>

See Note 8 for the related movements and balances.

4. Staff Costs	2025	2024
The average numbers of employees during the year were:		
	Number	Number
Director	1	1
Research & Analysis, Administration & IT	29	28
Cancer Data Registrar	28	23
	<u>58</u>	<u>52</u>
Whole time equivalent numbers at 31st December	<u>55.74</u>	<u>50.21</u>

4. Staff Costs (cont/d)	2025	2024
	€	€
Aggregate Employee Benefits		
Staff Short-term benefits	3,467,494	3,038,877
Termination benefits	-	-
Employer's contribution to social welfare	363,322	314,827
Retirement Benefit costs	485,758	423,356
	<u>4,316,574</u>	<u>3,777,060</u>
Staff Short-term benefits		
Basic Pay	4,316,574	3,777,060
Overtime	-	-
Allowances	-	-
Total	<u>4,316,574</u>	<u>3,777,060</u>

Further information on key management personnel is included in note 12. Employee Single Public Service Pension Scheme contributions paid over to the Department of Public Expenditure, National Development Plan Delivery and Reform in 2025 were €75,953 (2024 €59,397)

Note: For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee but exclude employer's PRSI.

Director's Remuneration (all short-term excl. Employers PRSI)

	2025	2024
	€	€
Current Post Holder (started on 9/6/2021)	<u>153,409</u>	<u>146,913</u>

Directors Expenses

Current Post Holder	<u>9,415</u>	<u>10,403</u>
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Following an open recruitment process, the current Director assumed responsibility for the role in June 2021, under a secondment arrangement with the HSE for a period of five years. NCRI reimburse the HSE for the Director's Gross Pay and Employers PRSI costs. The current post holder did not receive any Performance Related Reward in 2025.

Board Members Remuneration and Expenses

Board members do not receive fees. Travel and Subsistence Costs of €853 were incurred by Board members for attendance at Board meetings in 2025. Costs of €663 were incurred in 2024

4. Staff Costs (cont/d)

No. of Employee's Breakdown by salary band at end December

	<u>2025</u>	<u>2024</u>
Less than €60,000	23	24
€60,001 - €70,000	23	19
€70,001 - €80,000	8	6
€80,001 - €90,000	0	1
€90,001 - €100,000	2	2
€100,001 - €110,000	1	1
€110,001 - €120,000	0	0
€120,001 - €130,000	0	0
€130,001 - €140,000	0	0
€140,001 - €150,000	0	1
€150,001 - €160,000	1	0
Total	<u>58</u>	<u>54</u>

5. Administration Expenses

	<u>2025</u>	<u>2024</u>
	€	€
Office Consumables	3,972	5,956
Courier and delivery charges	725	793
Books and periodicals	57	1,131
C&AG Audit fee	15,900	14,300
Other Audit fees	18,743	18,450
Recruitment	13,133	53,622
Training & Conference fees (ROI)	46,264	16,035
Training & Conference fees (Outside ROI)	28,005	18,642
Rent & service charges	208,717	193,994
Insurance	18,711	16,037
Building repairs & maintenance	6,736	1,156
Light and heat	27,723	18,975
Licences, Subscriptions & Support	222,175	274,637
Printing, postage and stationery	1,551	2,411
Telephone and internet	46,542	48,479
Legal and professional fees	147,301	78,450
Bank Charges	1,117	1,333
Sundry expenses	17,193	21,212
Cancer Benchmarking Project	30,170	30,988
Information Technology Consumables	32,940	20,091
Depreciation on computer equipment	180,772	141,931
Total Administration Expenses	<u>1,068,447</u>	<u>978,623</u>

6. Property, Plant and Equipment

	Computer Equipment €	Fixtures & Fittings €	Office Equipment €	Total €
Cost				
At 1st January 2025	1,737,514	277,151	10,943	2,025,608
Additions	155,073	104,772	-	259,845
Disposals	(27,838)	(64,995)	-	(92,833)
At 31st December 2025	1,864,749	316,928	10,943	2,192,620
Depreciation				
At 1st January 2025	1,548,234	277,151	10,943	1,836,328
Charge for the year	159,817	20,955	-	180,772
On Disposals	(27,604)	(64,995)	-	(92,599)
At 31st December 2025	1,680,447	233,111	10,943	1,924,501
Net Book Values				
At 31st December 2025	184,302	83,817	-	268,119
At 31st December 2024	189,280	-	-	189,280

Computer Equipment includes Computer Software with a net book value of €111,987 as at 31st Dec 2025 and €69,889 at 31st Dec 2024.

7. Receivables and Prepayments

	2025 €	2024 €
Receivables - Other	1,637	22,768
Prepayments	224,893	260,115
	226,530	282,883

8. Grants received in Advance / (Arrears)

	Opening at 1st January	Income Received	T/f to I&E A/C	Closing at 31st December
	€	€	€	€
Project Donor				
RCSI /ICS (Covid Effects)	(18,806)	18,806	0	0
OriON	10,216	0	(2,220)	7,996
NSS	10,343	26,500	(36,843)	0
Aspire	14,739	54,021	(68,760)	0
CancerWatch	0	368,370	(13,328)	355,042
HRB	0	0	(29,254)	(29,254)
Total	16,492	467,697	(150,405)	333,784

Grant Donors are:

Health Research Board (HRB)
National Screening Service (NSS)
EU Joint Action - OriON
EU Joint Action - CancerWatch

Irish Cancer Society (ICS)
National Screening Service (NSS)
Royal College of Surgeons in Ireland (RCSI)

9. Capital Account

	2025	2024
	€	€
Balance at 1 January	189,280	210,371
Movements on Capital Account		
Transfer to / (from) I&E account		
Expenditure from Capital Grant	155,073	120,839
Expenditure from Revenue Grant	104,772	-
Amount of amortisation in line with asset depreciation for the period	(180,772)	(141,930)
	79,073	(21,091)
NBV of Disposals		
Accumulated depreciation on disposals	92,599	44,114
Disposals in the period	(92,833)	44,114
	(234)	-
Balance at 31 December	268,119	189,280

10. Operating Lease Rentals

	2025	2024
	€	€
Lease Rentals Charged to Income and Expenditure	139,708	138,282
The Board has the following commitments under operating leases which expire:		
Within one year	139,708	139,540
Within two to five years	596,032	582,959
After five years	304,216	455,819

The Board carries out its business from a premises at Cork Airport Business Park; a new lease was entered into on 5th March 2018 which commenced on 1st December 2017 for a period of 10 years. In consideration of agreeing to extend the lease for an additional five years to 30th November 2032 NCRI became entitled to a rent-free period of six months commencing on 1 April 2024.

11. Additional Superannuation Contribution/Pension Related Deduction

In accordance with the Financial Emergency Measures in the Public Interest Act 2009, a pension related deduction for public servants became effective from 1 March 2009. This was replaced on 1st January 2019 by the Additional Superannuation Contribution (ASC). The deduction when collected is remitted monthly by the National Cancer Registry to the Department of Health. The total of the monthly payments remitted to the Department for the period for ASC from January to December 2025 was €90,269. The comparative amount for 2024 was €76,357.

12. Related Party Transactions

Key Management Personnel Compensation

Key Management Personnel comprise the Board, Director, and the Senior Management Team. The total short term remuneration benefits for 2025 were €767,155 (incl. Employers PRSI). The comparative figure for 2024 was €645,978 (incl. Employers PRSI). No remuneration is payable to the Board.

The NCR adopts procedures in accordance with the guidelines issued by the Department of Public Expenditure, National Development Plan Delivery and Reform covering the personal interests of board members. In the normal course of business, the NCR may approve grants or enter contractual arrangements with entities in which NCR board members are employed or are otherwise interested. In cases of potential conflict of interest, Board members do not receive board documentation or otherwise participate in or attend discussions regarding these transactions. A register of disclosures is maintained. No related party transactions were incurred in 2025.

13. External Consultants and Advisor Fees

Included in Legal and Professional fees (note 5), the following expenditure was incurred on external consultants.

	2025	2024
	€	€
Procurement	652	2,664
ICT Professional Services & Consultancy	106,518	-
Governance	11,070	-
Legal Advice	9,348	3,009
	<u>127,589</u>	<u>5,673</u>

14. Capital Commitments.

There are no capital commitments.

15. Events after the Reporting Date

Going concern - The National Cancer Registry Board considers that, as the entity provides a public service that is funded by moneys provided by the Exchequer, via its parent department the Department of Health, it is appropriate to prepare these financial statements on a going concern basis.

16. Approval of Financial Statements

The Board approved the financial statements on 23 April 2026.