

Director's statement

This is the fifteenth year of operation of the National Cancer Registry, and the eighteenth year since the National Cancer Registry Board was established, in 1991. The Registry is now established as the principal source of information on cancer incidence, treatment and survival for the population of Ireland.

The initial impetus for the establishment of the Registry was to provide descriptive statistics on cancer in Ireland, and in particular on geographical trends. While we continue to produce annual statistical reports, we also provide a wide range of information and report to the Department of Health and Children and the HSE to inform the planning and evaluation of the cancer services. We have also developed an interest and expertise, and a comprehensive research programme, in many other areas of cancer surveillance—for instance health services research, patterns of care, health economics, cancer survivorship, health geography. This report describes some of our many areas of activity.

The fundamental values for a cancer registry are quality, consistency and completeness of information. We maintain our high standards in this area through a comprehensive quality assurance programme, but, more importantly, through the quality of our staff. I would like to recognize the incomparable contribution the dedicated staff of the Registry have made to the maintenance of our high standards and continuing development, both through the quality of their work and their willingness to innovate.

In the near future, we expect to become part of the Health Service Executive, as part of the National Cancer Control Programme. This will undoubtedly bring many changes for the Registry, and we welcome the opportunity to put our data and expertise more directly at the service of the cancer programme. At the same time, we hope to preserve our identity, and particularly our role as a national population-based registry for Ireland, regardless of where patients receive their cancer care.

Building strong international links has always been a priority for us. We work closely with colleagues in Northern Ireland and Britain, with many European registries within the European Network of Cancer Registries and with the SEER and CDC cancer registry programs in the US, through the NCI/All-Ireland Consortium. Recently, Ireland's accession to membership of the International Agency for Research on Cancer has also given us an important role in the world's leading cancer research agency; we are also playing a dealing role in the EURO COURSE collaboration to develop a Europe-wide cancer statistics network.



Harry Comber

Establishment

The National Cancer Registry Board was established by Statutory Order 19 of 1991, “*The National Cancer Registry Board (Establishment) Order*” under the Health (Corporate Bodies) Act, 1961. The Board discharges all its statutory responsibilities through the National Cancer Registry. The Order was amended twice; in 1996 by S.I. NO. 293/1996 (*The National Cancer Registry Board (Establishment) Order, 1991 (Amendment) Order*) and in 2009 by the Health (Miscellaneous Provisions) Act 2009.

The Minister for Health and Children, Mary Harney, T.D. on 15th October 2008 announced that the National Cancer Registry would be integrated into the Health Service Executive in 2010. This was confirmed by the Minister for Finance in his 2009 Budget speech.

The National Cancer Registry Board

This annual financial report and accounts apply to the period of office of the of previous National Cancer Registry Board (2007-2009), the members of which were:

Dr. Elizabeth Keane (Chair)

Dr. Tom Crotty

Dr. Patricia Fitzpatrick

Dr. Anna Gavin

Dr. Mary Hynes

Professor Ivan Perry

Mr. Gordon Watson

Dr. Tony Holohan

Dr. Joe Moran

Dr David Fennelly.

The current Board was appointed on July 1st, 2009 by the Minister for Health and Children, for a maximum period of two years. The Board members are:

Mr Tony O’Brien (Chair)

Dr Donal Hollywood

Dr Deirdre Murray

Dr Anna Gavin

Dr Patricia Fitzpatrick

Mr John McCormack

Dr John Devlin.

Statutory functions

The statutory functions of the National Cancer Registry Board, as set out in Statutory Order 19 of 1991 are:

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

Aims

The aim of the National Cancer Registry is to collect high quality information on cancer and to promote the use of this information in reducing cancer incidence and improving survival.

Activities

The Registry's activities fall into two main categories—data collection and reporting.

Data collection

The Registry acquires data in a two-stage process—case finding and case completion. Case finding takes place close to the date of diagnosis. It is largely an active process; Registry staff take responsibility for identifying cases. We identify cases mainly through pathology reports (about 85%), HIPE (10%), other hospital sources (2%) or a death certificate (3%). The case is registered by the tumour registration officer with the information available from the source. This information is shared with the main data processing centre in Cork, from where it is copied out to all the other tumour registration officers. At this stage, the case is considered to be “open”—that is, the data is incomplete. We would usually have information on the site of the cancer, the date of diagnosis, the age and sex of the patient and the hospital of diagnosis. Some information on stage and surgical treatment might also be available from the pathology report, but full stage and treatment data would rarely be available at this point. The quality of the information at initial registration is heavily dependent on the level of detail in the pathology report, which varies widely between, and even within, hospitals. At present, there is no widely used standard pathology reporting template for cancer in Ireland.

To augment this active registration, we have been developing electronic sources of data, mainly pathology and radiotherapy, so that hospitals can automatically inform the Registry of new cases. Progress with this has been slow and frustrating, due to the absence of national health service software standards and the low priority placed by some hospitals and their IT departments on providing us with data. The electronic

data, as received, is generally less complete than that in paper format, further reducing its usefulness.

Up to a year following initial case registration (depending on the current state of registration at the hospital), the tumour registration officer retrieves the case notes and adds fuller information on demography, cancer characteristics and treatments. Further treatment episodes are added as they come to our attention, the intention being to capture all treatments given as part of the primary course of treatment. Tumour registration officers in other hospitals may also add treatment and pathology information to the case. Once this information is considered by the tumour registration officer to be complete, the case is flagged as “closed” (although it can be updated at any time in the future) and checked at the main data processing centre. Queries are sent to the tumour registration officer if necessary, and the case is matched with ED information and death certificate information.

Table 1. Number of registrations by year on 31st December 2008.

Year of incidence	all cases	% of expected cases	open cases	closed cases	% of cases closed
2002	24287	99%	49	24238	100%
2003	25317	100%	54	25263	100%
2004	26710	102%	69	26641	100%
2005	26636	99%	115	26521	100%
2006	27909	101%	2694	25215	90%
2007	29205	103%	11443	17762	61%
2008	21187	73%	14608	6579	31%

At the end of 2008, registration for all years up to 2007 was complete, and 73% complete for 2008. Treatment data was estimated to be 91% complete for 2007 and 61% complete for 2008.

Table 2. Number of treatments registered, by year of cancer incidence on 31st December 2008

year	number of treatments
2000	48849
2001	50599
2002	53802
2003	55331
2004	57911
2005	58229
2006	58876
2007	52987
2008	29030

Reporting

The registry provides access to data through routine reports, targeted reports, a data query service and data downloads; we provide additional information through our research programme.

Routine reports

Patterns of care and survival of cancer patients in Ireland 1994 to 2004

This was one of a regular series which give a comprehensive description of cancer treatment, staging and survival. The most recent is based on cancer diagnoses in 1994 to 2004 inclusive.

Targeted reports

Cancer projections to 2005-2035

This report describes projected trends for the commoner cancers up to 2035.

Data query service

The registry provides information in response to a large number of queries, from members of the public, Dáil questions, researchers and from health service staff. We aim to respond to all but the most complex questions with a working week. Approximately 27 formal queries a month are answered, in addition to many informal telephone enquiries.

Online statistics and data downloads

Pre-calculated case numbers and rates by cancer type, year and geographic area are available through an interactive interface on our website. A subset of the registry dataset is also available for download from the website. This has been modified to exclude all information which is potentially identifiable, and is updated at least annually.

Research programme

Our current research programme covers a wide range of topic in cancer aetiology, diagnosis, screening, treatment and outcome. We have a particular interest in survivorship and economic aspects of cancer.

Current projects include:

Prostate Cancer and PSA

A collaborative project with the International Agency for Research on Cancer and the Northern Ireland Cancer Registry is examining the links between PSA screening, prostatic biopsy and prostate cancer incidence rates.

Health economics of cancer in Ireland

A Health Technology Assessment of colorectal cancer screening has been completed for the Health Information and Quality Authority (HIQA) and has been published by HIQA.

Financial implications of a cancer diagnosis for patients

This project, in collaboration with the Irish Cancer Society, examines the financial impact on individual and their families of a diagnosis of cancer

Exploring reasons for low treatment rates in older women with cancer (Treat project)

Following on the publication, with the Women's Health Council, of a report on cancer in women, we have begun a collaborative project to investigate why rates of treatment for cancer are lower in older women.

FINBAR

Data collection for this all-Ireland study of the causes of cancer of the oesophagus has now finished, but data analysis is continuing.

Cervical cancer screening/HPV

We are studying the attitudes of Ireland women to HPV testing as part of screening for cervical cancer.

Pancreatic cancer case-control study (PanCAM)

Data collection and analysis has begun for a study of the causes of pancreatic cancer.

Peer-reviewed publications in 2008/2009

1. Factors prompting PSA-testing of asymptomatic men in a country with no guidelines: a national survey of general practitioners. Drummond FJ, Carsin AE, Sharp L, Comber H. *BMC Fam Pract.* 2009 Jan 12;10(1):3.
2. The Association Between Alcohol and Reflux Esophagitis, Barrett's Esophagus, and Esophageal Adenocarcinoma. Anderson LA, Cantwell MM, Watson RG, Johnston BT, Murphy SJ, Ferguson HR, McGuigan J, Comber H, Reynolds JV, Murray LJ. *Gastroenterology.* 2008 Dec 3
3. Major inter-laboratory variations in PSA testing practices: results from national surveys in Ireland in 2006 and 2007. Drummond FJ, Sharp L, Comber H. *Ir J Med Sci.* 2008 Dec;177(4):317-23.
4. Glycemic index, carbohydrate and fiber intakes and risk of reflux esophagitis, Barrett's esophagus, and esophageal adenocarcinoma. Mulholland HG, Cantwell MM, Anderson LA, Johnston BT, Watson RG, Murphy SJ, Ferguson HR, McGuigan J, Reynolds JV, Comber H, Murray LJ. *Cancer Causes Control.* 2008 Oct 7;
5. Inequity in colorectal cancer treatment and outcomes: a population-based study. Carsin AE, Sharp L, Cronin-Fenton DP, C illeachair AO, Comber H. *Br J Cancer.* 2008 Jul 22;99(2):266-74.
6. Rising incidence of renal cell carcinoma in Ireland. Falebita OA, Mancini S, Kiely E, Comber H. *Int Urol Nephrol.* 2008 Jun 20;
7. Oesophageal cancer: caregiver mental health and strain. Donnelly M, Anderson LA, Johnston BT, Watson RG, Murphy SJ, Comber H, McGuigan J, Reynolds JV, Murray LJ. *Psychooncology.* 2008 May 12

Staff

The permanent staff complement on 31st December 2008 was 29.2 FTE (ceiling 29.6), with an additional 11.0 temporary FTE funded from the Registry budget. 6.5 FTE researchers were funded from external sources (Health Research Board or Irish Cancer Society). Staffing of the Registry on 31/12/2008 was as follows:

group	Grade	FTE			number			Total FTE	Total number
		externally funded	permanent	temporary	externally funded	permanent	temporary		
Administrative	Director (PO Higher)		1.0			1		1.0	1
	IV			1.0			1	1.0	1
	V		1.0			1		1.0	1
	VI		1.0			1		1.0	1
Total			3.0	1.0		3	1	4.0	4
Data quality	CNM2		0.6			1		0.6	1
	IV		1.9	3.0		2	3	4.9	5
	VI			2.0			2	2.0	2
	VII		1.0			1		1.0	1
Total			3.5	5.0		4	5	8.5	9
ICT	V		0.6	2.0		1	2	2.6	3
	VII		1.0			2		1.0	2
	VIII		0.8			1		0.8	1
Total			2.4	2.0		4	2	4.4	6
Research	Senior Lecturer		2.0			2		2.0	2
	III	1.0			1			1.0	1
	IV	1.0		1.0	1		1	2.0	2
	V	3.5		1.0	4		1	4.5	5
	VI	1.0	1.0		1	1		2.0	2
Total		6.5	3.0	2.0	7	3	2	11.5	12
Registration	Senior Staff Nurse		4.7			6		4.7	6
	Staff Nurse		6.6	1.0		7	1	7.6	8
	SSN Dual Qualified		6.0			7		6.0	7
Total			17.3	1.0		20	1	18.3	21
All staff		6.5	29.2	11.0	7	34	11	46.7	52

Accounts for the year ended 31 December 2008

An extract from the annual audited accounts of the National Cancer Registry Board for 2008 is given below. A full copy of the audited accounts is also available on our website at www.ncri.ie/annualaccounts

Board Members	Dr Elizabeth Keane (Chairperson)
2005-2008	Dr Tom Crotty Dr David Fennelly Dr Patricia Fitzpatrick Dr Anna Gavin Dr Tony Holohan Dr Mary Hynes Dr Joseph Moran Professor Ivan Perry Mr Gordon Watson
Director	Dr Harry Comber
Business Address	Building 6800, Cork Airport Business Park Kinsale Road Cork.
Auditor	Comptroller and Auditor General, Dublin Castle, Dublin 2.
Bankers	Allied Irish Banks plc, 66 South Mall, Cork.

Statement of Board Members' Responsibilities

The members of the Board are required by the National Cancer Registry Board (Establishment) Order 1991, to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Board and of its Income and Expenditure for that period. In preparing those financial statements the Board is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- comply with applicable Accounting Standards, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is appropriate to presume that the Board will not continue in operation.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the National Cancer Registry Board and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the National Cancer Registry Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board



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Board Member



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Board Member

National Cancer Registry Board

Statement on Internal Financial Control for the year ended 31 December 2008

Responsibilities

On behalf of the Board of the National Cancer Registry, I acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

The system can 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 would be detected in a timely period.

Key Control Procedures

The key control procedures put in place designed to provide effective financial control are:

- A clearly defined management structure with proper segregation of duties throughout the organisation.
- A procedures document setting out instructions for all areas of financial activity for 2008 was compiled. This outlined the procedures for the administration of salaries, invoices and expense claims as well as procedures for procurement and for the disposal of assets. The payroll and some invoice processing functions were carried out by University College Cork in 2008. There were regular reconciliations carried out between National Cancer Registry Board records and those maintained by University College Cork.
- An overall annual budget for the National Cancer Registry was agreed which incorporated separate budgets for IT and Training all of which were reviewed during the year.
- Regular reviews by the Audit Committee of periodic and annual financial reports.
- The findings of the Audit Committee are presented to the National Cancer Registry Board.

The Audit Committee has reviewed the effectiveness of the systems of internal control on behalf of the National Cancer Registry. The National Cancer Registry Board formally reviewed the systems of control for 2008 at the board meeting held on the 22nd May 2009.

Signed on behalf of the Board of the National Cancer Registry

Elizabeth Keane

Dr Elizabeth Keane
Chairperson

Date: 29 June 09.

National Cancer Registry Board

Report of the Comptroller and Auditor General for presentation to the Houses of the Oireachtas

I have audited the financial statements of the National Cancer Registry Board for the year ended 31 December 2008 under Section 5 of the Comptroller and Auditor General (Amendment) Act 1993.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Statement of Accounting Policies, the Income and Expenditure Account, the Balance Sheet and the related notes.

Respective Responsibilities of the Board and the Comptroller and Auditor General

The National Cancer Registry Board is responsible for preparing the financial statements in accordance with the National Cancer Registry Board (Establishment) Order 1991 and for ensuring the regularity of transactions. The Board prepares the financial statements in accordance with Generally Accepted Accounting Practice in Ireland as modified by the directions of the Minister for Health and Children in relation to accounting for superannuation costs. The accounting responsibilities of the Members of the Board are set out in the Statement of Board Members' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report my opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland. I also report whether in my opinion proper books of account have been kept. In addition, I state whether the financial statements are in agreement with the books of account.

I report any material instance where moneys have not been applied for the purposes intended or where the transactions do not conform to the authorities governing them.

I also report if I have not obtained all the information and explanations necessary for the purposes of my audit.

I review whether the Statement on Internal Financial Control reflects the Board's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements. I am not required to consider whether the Statement on Internal Financial Control covers all financial risks and controls, or to form an opinion on the effectiveness of the risk and control procedures.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures and regularity of the financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other

irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In compliance with the directions of the Minister for Health and Children, the Board recognises the costs of superannuation entitlements only as they become payable. This basis of accounting does not comply with Financial Reporting Standard 17 which requires such costs to be recognised in the year the entitlements are earned.

Except for the non-recognition of the Board's superannuation costs and liabilities in accordance with Financial Reporting Standard 17, the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the Board's affairs at 31 December 2008 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Board. The financial statements are in agreement with the books of account.



Gerard Smyth
For and on behalf of the
Comptroller and Auditor General
2 July 2009

AN BORD UM AN gCLÁRLANN NÁISIÚNTA AILSE

Tuarascáil an Ard-Reachtair Cuntas agus Ciste le cur i láthair Thithe an Oireachtais

Tá ráitis airgeadais an Bhoird urn an gClárlann Náisiúnta Ailse don bhliain dar críoch 31 Nollaig 2008 iniúchta agam faoi Alt 5 d'Acht an Ard-Reachtair Cuntas agus Ciste (Leasú) 1993.

Tá na ráitis airgeadais, a ullmhaíodh faoi na beartais chuntasaíochta ama leagan amach sna ráitis, comhdhéanta den Ráiteas ar Bheartais Chuntasaíochta, an Cuntas Ioncaim agus Caiteachais, an Clár Comhardaithe agus na nótaí gaolmhara.

Freagrachtaí an Bhoird agus an Ard-Reachtair Cuntas agus Ciste faoi seach

Tá an Bord urn an gClárlann Náisiúnta Ailse freagrach as na ráitis airgeadais a ullmhú de réir an Ordaithe um an mBord urn an gClár Náisiúnta Ailse (Bunú) 1991, agus as rialtacht na n-idirbheart a chinntiú. Ullmhaíonn an Bord na ráitis airgeadais de réir Cleachtais Chuntasaíochta a nGlactar Leis go Coitianta in Éirinn arna mionathrú ag na teoracha ón Aire Slainte agus Leanaí maidir le cuntas a choimeád faoi chostais aoisliúntais. Tá freagrachtaí cuntasaíochta Chomhaltaí an Bhoird leagtha amach sa Ráiteas um Fhreagrachtaí Bhaill an Bhoird.

Is é m'fhreagrachta ná na ráitis airgeadais a iniuchadh de réir cheanglas ábhartha dlí agus rialucháin agus Caighdeán Idirnáisiúnta maidir le hIniúchoireacht (Ríocht Aontaithe agus Éire).

Tuairiscím mo thuairim maidir le cibé an dtugann na ráitis airgeadais léargas fíorcheart, de réir Cleachtais Chuntasaíochta a nGlactar Leis go Coitianta in Éirinn. Tuairiscím freisin cibé, dar liom, an raibh leabhair chuntais chúil coinnithe. Lena chois sin, deirim cibé an dtagann na ráitis airgeadais leis na leabhair chuntais.

Tuairiscím ar aon chás ábhartha nár feidhmíodh suimeanna airgid chun na gcríoch a bhí beartaithe nó sa chás nach leanann na hidirbhearta do na húdaraí a rialaíonn iad.

Tuairiscím freisin mura bhfuil an fhaisnéis agus na mínithe ar fad faighte agam agus atá riachtanach chun críocha m'iniúchta.

Scrudaim an Ráiteas maidir le Rialú Inmheánach Airgeadais le féachaint an léirítear ann gur chomhlíon an Bord an Cód Cleachtais maidir le Rialachas Cornhlachtaí Stáit agus tuairiscím ar aon chás ábhartha nach ndéanann sé amhlaidh, nó más rud é go bhfuil an ráiteas míthreorach nó nach dtagann sé le faisnéis eile atá ar eolas agam de bharr na ráitis airgeadais a bheith iniúchta agam. Ní cheanglaítear orm a bhreithniú cibé an gclúdaíonn an Ráiteas maidir le Rialú Inmheánach Airgeadais gach priacal agus rialú airgeadais, ná teacht ar thuairim maidir le héifeachtacht na nósanna imeachta maidir le priacail agus rialú.

An Bunús atá le mo Thuairim ar na Ráitis

I mbun m'fheidhme mar Ard-Reachtair Cuntas agus Ciste, rinne mé m'iniúchadh ar na ráitis airgeadais de réir Caighdeán Idirnáisiúnta maidir le hIniúchoireacht (Ríocht Aontaithe agus Éire) arna n-eisiúint ag an mBord um Chleachtais Iniúchoireachta agus trí thagairt a dhéanamh do na nithe ar leith is gá a chur san áireamh i ndáil le cursaí bainisteoireachta agus oibriúcháin a ghabhann le comhlachtaí Stáit. Déantar scrudú mar chuid den iniúchadh, ar bhonn tástála, ar fhianaise a bhaineann le suimeanna agus rialtacht na n-idirbheart airgeadais a chuirtear san áireamh sna ráitis airgeadais, agus leis na hidirbhearta a fhoilsítear iontu. Chomh maith leis sin, cuimsíonn an t-iniúchadh measúnacht ar na meastacháin agus ar na breitheanna suntasacha a rinneadh agus na ráitis airgeadais á n-ullmhú, agus measúnacht le féachaint an n-oireann na beartais chuntasaíochta don bhail atá ar chursaí an Bhoird, ar feidhmíodh na beartais sin ar bhealach leanúnach agus ar foilsíodh iad ar bhealach sásúil.

Phleanáil mé agus rinne mé m'iniúchadh sa chaoi is go bhfaighinn an fhaisnéis agus na mínithe ar fad a mheas mé a bheith riachtanach ionas go mbeadh leordhóthain fianaise agam a d'fhágfadh cinnteacht reasúnach ann go bhfuil na ráitis airgeadais saor ó mhíríteas ábhartba, cibé acu calaois nó neamhrialtacht eile nó earráid is cúis leis sin. I dteacht ar mo thuairim, rinne mé meastóireacht ar a shásúla is a cuireadh faisnéis i láthair sna ráitis airgeadais san iomlán freisin.

Tuairim

I gcomhlíonadh na treoracha ón Aire Slainte agus Leanaí, ní thugann an Bord na costais i leith teidlíochtaí aoisliúntais ar aird ach amháin de réir mar a thagann siad chun a bheith iníochta. Ní dhéanann an bonn cuntasáíochta seo de reir Caighdeáin Tuairiscithe Airgeadais 17 a éilíonn go dtugtar costais den chineál seo ar aird sa bhliain ina dtuilltear na teidlíochtaí.

Seachas an teip chun costais agus dliteanais aoisliúntais an Bhoird a thabhairt ar aird de réir Caighdeáin Tuairiscithe Airgeadais 17, tugann na ráitis airgeadais léargas fíorcheart, de réir Cleachtais Chuntasáíochta a nGlactar Leis go Coitianta in Éirinn, ar riocht ghnóthaí an Bhoird ag 31 Nollaig 2008 agus ar a ioncam agus ar a chaiteachas don bhliain dar críoch sin.

Is é mo thuairim go raibh leabhair chuntais chúí coinnithe ag an mBord. Tá na ráitis airgeadais ag teacht leis na leabhair chuntais.

Gerard Smyth

**Le haghaidh agus thar ceann an Ard-Reachtair Cuntas agus Ciste
2 Iúil 2009**

Statement of Accounting Policies for the year ended 31 December 2008

Accounting convention

The financial statements have been prepared under the historical cost convention and comply with the Accounting Standards issued by the Minister for Health and Children.

Tangible fixed assets and depreciation

Fixed Assets are stated at cost less depreciation.

Depreciation is provided at rates calculated to write off the cost or valuation less residual value of each asset over its expected useful life, as follows:

Fixtures and Fittings	20% Straight Line
Office Equipment	20% Straight Line
Computer Hardware	25% Straight Line
Computer Software	33% Straight Line

Certain computer hardware and software is written off in the year of acquisition. Grants Revenue grants from the Department of Health & Children are the amounts received for the year. Grants used for capital purposes are deferred and amortised over the same period as the related fixed assets are depreciated. Pensions By direction of the Minister for Health and Children 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.

Contributions from employees who are members of the scheme are credited to the Income and Expenditure account when received. Pension payments are charged to the Income and Expenditure account when paid.

Research Grants

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

Income and Expenditure Account for the year ended 31 December 2008

	2008	2007
	€	€
Income		
Department of Health & Children Grants	2,987,346	2,101,195
Superannuation contributions	153,327	147,318
Statistical Income	225	0
Other Income	<u>445,397</u>	<u>325,390</u>
Total Income	3,586,295	2,573,903
Expenditure		
Staff costs	2,430,983	2,170,974
Administration costs	914,013	358,669
Travel and subsistence	<u>83,915</u>	<u>69,485</u>
Total Expenditure	3,428,911	2,599,128
	_____	_____
Surplus/(Deficit) for year	157,384	(25,225)
Balance Brought Forward 1 st January	63,340	88,565
Balance Carried Forward 31 st December	<u>220,724</u>	<u>63,340</u>

All gains and losses for the year have been recognised in arriving at the Surplus of Income over Expenditure.

On behalf of the Board:

Rubybeth Keane
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Board Member

Date: *29 June 2009*
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[Signature]
.....
Board Member

Date: *24 June 2009*
.....

**National
Balance
as at 31st December 2008**

Cancer

**Registry
Sheet**

	2008	2007	
Fixed Assets		298,637	71,279
Current Assets			
Debtors and Prepayments	117,535	82,308	
Cash at bank and in hand	<u>1,338,297</u>	<u>914,318</u>	
	<u>1,455,832</u>	<u>996,626</u>	
Current Liabilities			
Amounts due to U.C.C	186,035	161,902	
Other creditors	249,656	66,507	
Accruals	64,872	33,367	
Grants received in advance	<u>734,545</u>	<u>671,510</u>	
	1,235,108	<u>933,286</u>	
Net Current Assets		220,724	63,340
Total Assets Less Current Liabilities		<u>519,361</u>	<u>134,619</u>
Financed by :			
Capital Grants		298,637	71,279
Income and Expenditure Account		<u>220,724</u>	<u>63,340</u>
		<u>519,361</u>	<u>134,619</u>

Rubybeth Keane
.....
Board Member

Date: *29 June 2009*
.....

J. Kelly
.....
Board Member

Date: *24 June 2009*
.....

Going Concern

In October 2008, the Minister for Finance announced that the National Cancer Registry Board would merge into the Health Service Executive, at a date, and on terms, which have not yet been finally determined. In the mean time, the Board does not consider that any material adjustment to the financial statements is needed to take account of this decision and, therefore, the financial statements continue to be prepared on a going concern basis.

Approval of Financial Statements

The Board approved the financial statements on *22nd May 2009.*
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