# LIVING STORIES OF CANCER RESEARCH













THE

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Interviews collected from the Living Stories event 2025

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## *Foreword*



**Professor Grainne O'Kane**

*Director of the University College Dublin (UCD) Cancer Trials Cluster*

Cancer research is usually described in the language of trials, protocols, and outcomes. That language matters; it's how we know a treatment works, but it can also reduce the people behind it to data points.

The Living Stories Behind Cancer Research tried something different: instead of reading about people, attendees sat with them and listened. Patients, nurses, clinicians, funders, and researchers spoke openly about what their work in cancer research actually involves, not the polished version, the real one. This book grew out of that evening.

The UCD Cancer Trials Cluster exists to connect exactly these groups. A trial doesn't run because a protocol is well written; it runs because a nurse coordinates it, a patient trusts it enough to take part, a clinician fights for a patient's place in it, a funder backs it, and a researcher stays committed to it long after the initial enthusiasm fades. Each of the five people in these pages represents one part of that chain, and each is essential.

What struck me most, both at the event and in reading these profiles, is how rarely research is described this way: as something built by people, for people, often at real personal cost. Mary, Muireann, Anne, Claire, and William didn't sign up to be case studies. They agreed to be honest, which is a harder thing to ask of anyone.

If you take one thing from this book, I'd like it to be this: the next time you hear about a cancer trial, a funding announcement, or a research breakthrough, remember there are people like these behind it. People who showed up, again and again, often without recognition.

Thank you to everyone who shared their story, and to everyone who will read it.






## *About this Project*

In November 2025, the Museum of Literature Ireland (MoLI) hosted The Living Stories of Cancer Research, an event organised by the St Vincent's UCD Cancer Centre and the UCD Cancer Trials Cluster, in collaboration with the Patient Voice in Cancer Research, PPI Ignite, and the Irish Cancer Society. The event invited attendees to sit down with people involved in cancer research. The point was not to read about their experience, but to hear it in conversation. Instead of borrowing a book, visitors *borrowed* a person: a patient, a research nurse, a consultant, a researcher, a funder.

The aim was simple to state and harder to achieve: to demystify cancer research by giving people a direct and human route into a world that can otherwise feel distant or abstract. In doing so, we hoped to build the kind of trust that only comes from being able to ask an honest question and get an honest answer.

**5**
Living books

**20**
Readers

**100**
Conversations

This book carries that same idea forward by gathering written profiles of our living books so that the conversations sparked in that room might reach further than the people who were able to be there. Told together, they trace something close to the path research itself takes: from a person's lived experience, through the people who carry a study forward day to day, to the systems and funding that make it possible at all.

Each profile began as a conversation. What appears on these pages has been shaped into narrative form and written for readability. Every profile, including any quotes attributed within it, has been reviewed and confirmed by the person it belongs to before publication.

If these stories share a thread, it is the same one that ran through the room at MoLI: that research is not something that happens to people, but something people build, argue for, and achieve together.



# Mary Staunton

Cancer Patient and Advocate

## “My thinking was clouded by treatment, so I made a decision: trust the experts completely.”

Mary Staunton has spent her long and varied career managing high-profile events and communications, first across financial services and now at University College Dublin. She is direct, quick with a laugh, and has never been shy about asking an awkward question in a room full of experts.

None of that prepared her for a leukaemia diagnosis with no family history and no warning. “It was a whoa moment,” is how she describes it. She had never been seriously ill before. The diagnosis landed while she was on a contract break, which meant two years without pay on top of everything else.

Treatment meant five months as an inpatient at St Vincent’s Hospital and two months at St James’s Hospital. Mary is fiercely independent, and letting go of that control was, by her own account, at times harder than the treatment itself. She remembers lying in bed, her siblings standing on either side of her, while a medical team discussed her case at the foot of the bed. Her thinking clouded by treatment, she made a decision: trust the experts completely. If she was told to take a tablet fourteen times a day, she took it fourteen times a day.

She is alive, she says plainly, because a researcher in Scotland worked out the link between stem cell transplants and leukaemia twenty-five years before she needed one. That stark fact reshaped her will.

She joined the Patient Voice in Cancer Research committee and found a way to put her professional skills to direct use: designing marketing materials, running websites, negotiating rates with suppliers she already knew from her events career. It is unglamorous work, but she loves it.

She also mentors PhD students competing for the Professor Patrick G. Johnston Award, coaching them to swap jargon for plain English. She has now backed two winners, and mentions it with a grin rather than false modesty. Watching researchers in their mid-twenties, often with no personal connection to cancer, throw themselves into the work is, she says, one of the most hopeful parts of her week.

Mary does not do quiet gratitude. She is a self-described squeaky wheel, and while she is glad breast, prostate, and ovarian cancer research have come on so far, she keeps asking the question nobody wants to hear: what about leukaemia? She pushes for the cancers that get less attention and less funding.

Her interest in research is not abstract. She still talks about a researcher at the University of Galway building a device that would let patients test their blood levels at home, and she thinks about it in practical terms: three hospital trips a week with an oxygen tank are stressful when you're dealing with illness, and research that spares someone that trip matters as much as research that extends a life. Today she is as likely to be found lobbying for funding as coaching a nervous PhD student through their first public talk. Either way, she is making sure the patient’s voice is actually in the room.




# Muireann McDonnell

Clinical Research Nurse

*Our Lady's Hospice & Care Services*

## “I think people assume research nurses don't see many patients. But some of my most useful moments have been sitting in a family's kitchen over a cup of tea. That's where I see that research is really making a difference.”

Muireann McDonnell never planned to become a research nurse. Her career started on a children’s cardiac ward, working twelve-hour shifts where every decision mattered immediately: monitors, urgent interventions, tiny patients whose lives depended on getting things right in the moment.

A summer research project at UCD during her third year of training showed her a different way to help people: not through the next shift, but through evidence built carefully over time. The idea stayed with her quietly for years, until a former professor got in touch about a clinical research nurse post paired with a funded master’s degree. “What could I lose?” she remembers thinking. She could always go back to the ward. So she took the leap.

A research nurse’s job looks nothing like a ward nurse’s, she explains. Ward nurses treat the patient in front of them, right now. Research nurses run the studies meant to improve care for the next patient, and the one after that. They check that trials are run safely and fairly, protect participants, and act as translators between scientists and the people taking part.

The change in her own working life was immediate: no more night shifts, a Monday-to-Friday week, work planned in weeks rather than minutes. But “office work” undersells it. One morning she might be in the hospital recruiting patients with an information leaflet and a phone number; the next, she could be driving across Dublin to sit at someone’s kitchen table.

Her main project is the EU Navigate study, which tests whether older cancer patients and their carers cope better when given a trained “navigator” to help them through an overwhelming health system.

People assume research nurses barely see patients. Muireann’s week says otherwise. She delivers study information, trains volunteer navigators, and sits over tea helping people fill in health questionnaires. Those visits, she says, are the good days, the ones that remind her research is not only numbers on a spreadsheet.

One visit has stayed with her: the final check-in with a woman who had been paired with a navigator. The woman could walk to the shops again, meet friends, even talk to her medical team about booking a holiday, small things she had not managed in months. For Muireann, that was proof the work does more than generate data; done properly, it changes what someone’s week actually looks like.

She learned to hold rigour and empathy together on the ward, and she uses both now: every protocol exists to protect participants as much as the science, and she keeps that balance even when colleagues do not fully understand what a research nurse’s job involves.

*Muireann McDonnell has worked as a research nurse on several projects, including EU Navigate. Formerly with Our Lady's Hospice & Care Services, she is now working in her dream job in London as a teenage and young adult cancer research nurse at University College London Hospitals.*



# DR ANNE FORTUNE

Consultant Haematologist
*Mater Misericordiae University Hospital*

# “A cure isn’t the whole job. If someone still has to give up two hours a day just to get treated, we haven’t finished.”

Anne Fortune grew up around a laboratory. Her mother was a medical laboratory scientist, and while other children knew playgrounds, she was comfortable around blood samples and lab benches before she had chosen a career at all.

That familiarity turned into a vocation during her college years in Galway, where haematology rotations pulled her in. After qualifying as a doctor, she moved to Dublin to work in the transplant unit at St James’s Hospital, drawn to a specialty that combined diagnostics, everyday blood disorders, and the high-stakes end of cancer and transplant medicine.

She continued training through the late 1990s, when chronic myeloid leukaemia went from an incurable disease requiring a toxic bone marrow transplant to a condition managed with a daily tablet, almost overnight, as the first tyrosine kinase inhibitors came into use. Some of her patients can now stop treatment altogether. That shift shaped how she thinks about her job: survival is the baseline, not the finish line. She measures a treatment by what it costs a patient to get through it, and works to bring that cost down.

She takes that seriously in the clinic. A two-hour daily commute for treatment is, to a patient, just as real a problem as a lab result, and she has built her career around narrowing that gap for people outside Dublin. In Cavan, she was hired to provide lab support and ended up building a haematology service that did not exist before: specialist nurses, dedicated colleagues, a working clinic. Patients who once travelled to Dublin for every appointment can now be treated closer to home.

She has carried the same instinct to the Mater Misericordiae University Hospital, where she helped set up the hospital’s haematology trials service inside the Cancer Trials Research Unit. Anne believes in a “hub-and-spoke” model, where patients can access cutting-edge trials in major cities while receiving the bulk of their care in their local communities.

None of it is done alone. Anne credits her team of consultants, specialist nurses, and trial coordinators for carrying the weight of a job that deals daily in devastating news. A shared dark sense of humour helps, as does a sister who is also a doctor and willing to take a debrief call after a hard day.

Ask Anne what she wants her legacy to be, and it is not a paper or a trial result. It is the Cavan clinic still running, still treating people twenty minutes from home instead of two hours away, proof that a service built from nothing can outlast the person who built it.

*Anne is currently a Consultant Haematologist at the Mater Hospital and Clinical Lead of the Mater’s Cancer Trials Research Unit.*



# DR CLAIRE KILTY

Head of Research

*The Irish Cancer Society*

# “A study that doesn’t work is still a result. It tells the next researcher exactly where not to look.”

Claire Kilty started out in a lab, not an office. She earned a PhD in genetics from Trinity College Dublin and spent much of her early career on eye research, developing treatments for inherited blindness. It was rewarding work, but a move into research management at UCD changed her direction. She found she liked the breadth of managing grants more than the narrowness of one research question, and that took her to the Irish Cancer Society in 2018.

In her current role, Claire leads the team responsible for providing cancer research funding to the community across Ireland. While many assume her job is strictly about organising funding, much of her work happens behind the scenes. A significant portion of her day is dedicated to communicating complex science to the public and combating cancer misinformation. Her team acts as a vital, “hidden” resource, answering daily enquiries from people who are worried about health news and need a trusted, evidence-based perspective.

Claire views the Irish research community as a “little family” and focuses on building capacity through personal mentorship and career development, ensuring that researchers are supported as people, not just as academics.

The bigger shift in how she works came from unlearning what she calls the “academic voice”. She spent eight years in eye research without ever meeting a single patient affected by the disease she was studying, because patient involvement in research simply was not standard practice in Ireland at the time. Cancer research changed that for her. She has since built a panel of forty patient partners who sit alongside international scientists and have an equal vote on which projects get funded.

That structure has already changed outcomes. In 2019, Claire’s team ran a workshop where cancer survivors talked openly about the “unmet needs” that follow treatment, particularly the medical menopause that chemotherapy can trigger. The conversation led directly to a survivorship research pilot, which in turn led to new supports in Dublin, Galway, and Cork that had not existed before. She also makes the case that when a study produces a disappointing result, it still counts as progress: ruling something out is how the next study gets closer to an answer.

What she wants people to take from her work is simple: the breakthroughs happening in Irish labs are genuinely world-class, and they are being driven by people worth knowing about, not abstractions in a funding report.

*Claire Kilty is Head of Research at the Irish Cancer Society, where she leads the team funding cancer research across the country.*




# Professor William Gallagher

Professor of Cancer Biology

*University College Dublin*

## “Cancer isn’t one disease waiting on one cure. It’s two hundred different problems, and the patient in front of you doesn’t have time for us to treat it like a puzzle.”

William Gallagher’s path into cancer research started with an attraction to precision. As a biochemistry and genetics student at UCD in the early 1990s, he was drawn to genetics for its apparent exactness, not unlike the science-fiction visions of engineered life that were popular at the time. It would take years, and a good many hospital corridors, before that fascination with control gave way to something more relational.

The turning point came between his third and fourth undergraduate years, on a summer scholarship in a cancer research laboratory at St Vincent’s Hospital. Molecular biology was still young, and William was among the first researchers to apply the newly developed polymerase chain reaction technique to breast cancer specimens. Seeing a laboratory method translate directly into a clinical question set the direction for the rest of his career; he went on to complete a PhD in cancer research in Scotland.

Early on, a grant reviewer told him bluntly that he would never achieve anything in cancer research. He did not take the advice. If anything, it hardened his conviction that progress in this field depends on people willing to question the prevailing wisdom rather than defer to it. He now gives early-career researchers the opposite advice: challenge the dogma, take the intellectual risk.

William is quick to correct a common misconception: cancer is not one disease with one cure waiting to be found, but more than two hundred distinct diseases, each demanding its own approach. Progress has been wildly uneven. Blood cancers have advanced dramatically, while many solid tumours long considered untreatable are only now yielding results, mostly thanks to tools that did not exist a decade ago. Some of the field’s most important discoveries, like the Nobel-winning work on the cell cycle, came out of yeast genetics, about as far from a hospital ward as research gets. Today the same pattern continues: mathematicians are reshaping how microRNAs are understood, and AI tools such as AlphaFold are changing how drugs get designed in the first place.

The other major shift in his career has been about who gets a say. William is openly critical of what he calls the old “patriarchal” model of medicine, where patients were kept outside the room while decisions were made about them. He argues that patients bring something the lab cannot generate on its own: urgency, and an ethical anchor for research that can otherwise drift into the abstract.

*William Gallagher is a Professor of Cancer Biology and Scientific Director of the St Vincent’s UCD Cancer Centre, where his work continues to link laboratory science with the patients it is meant to serve.*

HOW TO GET INVOLVED

# Be Part of the Next Story

The five people in this book were patients, nurses, clinicians, funders, and researchers who said yes when asked to share what cancer research looks like from the inside. Their stories only exist because someone chose to speak, and someone chose to listen.

**There are two ways you can carry that forward.**

## 1 Have your say in how research is done

Public and Patient Involvement (PPI) means people affected by cancer help shape research so that it is relevant and useful to the patients it is for.

Involvement is a form of partnership, whereby research is done *with* or *by* patients, rather than *to* or *about* them. Instead of being passive participants who simply provide data, people use their lived experience to actively shape, guide, and collaborate on the research process from start to finish.

More and more, researchers and healthcare professionals are involving patients in research. You can offer your lived experience to make that research more relevant and effective.

There are two main routes through which you can have your say in how research is done: through the St Vincent's UCD Cancer Centre and through the Patient Voice in Cancer Research. You can read about them on the next page.

## St Vincent's UCD Cancer Centre

CRPO@ucd.ie

The St Vincent's UCD Cancer Centre is a collaborative endeavour uniting cutting-edge expertise in highly specialised cancer care and comprehensive cancer research. This joint initiative, involving St Vincent's University Hospital, St Vincent's Private Hospital, and University College Dublin, is dedicated to setting new standards in cancer treatment and research.

The Cancer Centre partners with its patients to ensure clinical care and research are always improving and are informed by people who have lived experience.

If you have experienced cancer care at the centre, and would like to contribute your experience, please email CRPO@ucd.ie or visit the website by scanning the QR code.

## The PatientVoice In Cancer Research

patientvoice@ucd.ie

The Patient Voice in Cancer Research (PVCR) is an initiative to actively engage cancer patients, cancer researchers and other interested parties in discussions and decision-making processes, which positively impact on cancer research and outcomes for patients.

PVCR runs a number of events and workshops throughout the year, online and at venues around Ireland. These events and workshops are free and open to all.

To find out more, scan the QR code to visit the PVCR website, or email them at patientvoice@ucd.ie.

## 2 Support the work behind these stories

None of this happens without funding, and funding depends on people who believe it matters. A donation helps sustain the trials, the training, and the people who make research like this possible.

St Vincent's UCD Cancer Centre

Donate to support the work of the St Vincent's UCD Cancer Centre.

Scan to donate today or on a recurring basis.

UCD DUBLIN FOUNDATION

Charity Number: RCN 20036461

THE MATER HOSPITAL

Donate to support the work of the Mater Hospital.

Scan to donate today and add "Cancer Trials Research Unit" in the comment section.

Phone (01) 830 3482 or
email at contact@materfoundation.ie

THE Mater Hospital FOUNDATION

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# Their Stories Are Just the Beginning

UCD CANCER TRIALS CLUSTER

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UCD DUBLIN

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