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Description automatically generated**APPG on Less Survivable Cancers**

**Mini-inquiry into earlier detection and faster diagnosis**

**Roundtable on innovating faster diagnosis**

**Wednesday 2nd April, 14.00-15.30, Room N, Portcullis House**

# **Full list of attendees**

**Members**

* Paulette Hamilton, APPG Chair
* Charlie Maynard, APPG Co-Chair
* Lord Moylan, APPG Officer
* Allison Gardner, APPG Officer
* Lord Aberdare, APPG Member
* Patrick Hurley, APPG Member
* Clive Jones, APPG Member

**Speakers**

* Professor Richard Gilbertson, Li Ka-shing Chair of Oncology, Head of Department of Oncology and Director of the CRUK Cambridge Centre at the University of Cambridge
* Mr Matt Carter, trustee and Chair of Trustees at the Oxfordshire Oesophageal and Stomach Organisation
* Professor George Hanna, Head of Department of Surgery and Cancer, Department of Surgery & Cancer - Faculty of Medicine, Imperial College London - VAPOR

**Other**

* Abigail Bateman - Pancreatic Cancer UK
* Emily Waller - Pancreatic Cancer UK
* Alfie Bailey-Bearfield - Pancreatic Cancer UK
* Helen Ross - Principle Consulting
* Valentina Garcia - Principle Consulting

# **Introduction to session and overview of the Mini-Inquiry - Paulette Hamilton MP, APPG Chair**

The APPG Chair, Paulette Hamilton MP, welcomed attendees to the session on innovating faster diagnosis as part of the mini-inquiry into earlier detection and faster diagnosis for less survivable cancers (pancreatic, lung, liver, stomach, oesophageal, and brain cancer).

She recapped key points from the first session, which addressed challenges in early diagnosis, such as vague symptoms, lack of screening, difficulty accessing GP appointments, and GP hesitancy in investigating low-risk cases. Recommendations from that session included improving diagnostic pathways, enhancing screening and surveillance for high-risk groups, and leveraging AI and data for earlier detection.

This second session aimed to build on those discussions by examining innovations in diagnostic tools for less survivable cancers, focusing on key opportunities, breakthroughs, and challenges in the research landscape.

# **Summary of discussion**

The discussion focused on the challenges and opportunities in accelerating cancer diagnosis and treatment innovations within the UK. Key issues included regulatory delays, inefficiencies in research collaboration, and difficulties in integrating new technologies into the NHS. It was noted that while the UK has strong research capabilities, bureaucratic barriers often slow the adoption of promising innovations.

There was a call for regulatory reform to streamline approval processes, particularly for early diagnostic tools. The importance of creating centres of excellence and disease-specific research communities was emphasised to improve collaboration and efficiency. Expanding community-based diagnostic services, such as mobile testing units and pharmacy-based screenings, was suggested to enhance accessibility.

The role of genomics and AI in cancer care was also discussed, with concerns about unclear approval pathways delaying implementation. Attendees agreed that embedding clinical trials within NHS performance metrics and ensuring government support for research-led initiatives would be crucial to driving progress. The discussion concluded with a commitment to responding to the National Cancer Plan and advocating for more efficient pathways for innovation adoption.

# **Key challenges identified**

**Regulatory reform**

There was consensus on the need to streamline approval processes for new treatments and diagnostic technologies, particularly by reducing delays in regulatory decision-making.

**Research collaboration**

Strengthening research communities through centres of excellence and disease-specific networks was highlighted as a key priority. This would help break down silos and ensure more coordinated efforts in innovation.

**Community-based diagnostics**

Expanding access to diagnostic tools, such as mobile units and pharmacy-based testing, was proposed to improve early detection and reach underserved populations.

**Integration of clinical trials**

Embedding research and clinical trials into NHS performance metrics was suggested to improve engagement and accelerate innovation uptake.

**Genomics and AI implementation**

Greater clarity is needed in approval pathways for genomic medicine and AI technologies to ensure they are effectively used within the NHS.

# **Questions arising from the discussion**

**Regulatory reform and acceleration:**

* How can the UK streamline its regulatory processes to match the faster approval timelines seen in other countries?
* Should the UK introduce a structured system where applicants receive a definitive response within a fixed timeframe, such as three months?
* How can regulatory bodies proactively engage with innovators earlier in the process rather than waiting for applications to reach them?

**Improving research collaboration and coordination:**

* What steps can be taken to ensure research communities are effectively coordinated without becoming too isolated in disease-specific silos?
* Should funding be specifically allocated to support the establishment of disease-focused research networks?

**Enhancing clinical trial access and patient involvement:**

* Could clinical trial participation be made an NHS performance metric to encourage greater integration of research within healthcare?
* How can more incentives be created for patients and clinicians to engage with clinical trials?
* Should trials for diagnostic innovations be prioritised separately from therapeutic trials to accelerate early detection?

**Genomics and AI adoption:**

* What measures are needed to improve clinician trust and understanding of genomic medicine and AI-driven diagnostics?
* How can the NHS ensure that new genomic technologies are implemented in a timely and consistent manner?
* What changes are required to AI risk assessment and approval processes to avoid unnecessary delays?

**Addressing geographical and systemic disparities:**

* How do differences in NHS structures across the UK impact access to new treatments and technologies?
* What additional steps can be taken to ensure that patients in underserved communities have equitable access to early diagnostic tools?

**NHS England restructuring and future challenges:**

* How will the restructuring of NHS England affect the approval process for emerging medical technologies?
* What safeguards should be put in place to ensure research and innovation are not negatively impacted by these changes?
* Should a formal review be conducted to assess the impact of the restructuring on research and diagnostic approval processes?