

## Cancer52

### Overview of parliamentary questions tabled, March 2015

#### John Baron

- 1. To ask the Secretary of State for Health, if he will ensure that the forthcoming cancer strategy will include specific actions to improve early diagnosis in those with rare and less common cancers.*
- 2. To ask the Secretary of State for Health, what recent analysis his Department has commissioned of the specific needs of people with rare and less common cancers.*

#### **Jane Ellison, The Parliamentary Under-Secretary of State for Health, 23rd March 2015:**

A new cancer strategy is being developed by an independent Cancer Taskforce, chaired by Harpal Kumar, chief executive of Cancer Research UK, and will address the whole cancer pathway. Clara Mackay, chief executive of Cancer 52, which represents charities for people affected by rare and less common cancers, is a member of the Cancer Taskforce, and wide stakeholder engagement is taking place to develop the strategy.

To promote awareness and early diagnosis of rarer cancers, Public Health England (PHE) has run national Be Clear on Cancer campaigns for bladder and kidney cancers and oesophageal and stomach cancers, as well as a regional pilot for ovarian cancer. The Department will continue to work with PHE, NHS England and other stakeholders to keep these campaigns under review and see what might be done to increase awareness of other less common cancers.

- 3. To ask the Secretary of State for Health, what steps his Department is taking to increase levels of research into rare and less common cancers.*

#### **George Freeman, Parliamentary Under-Secretary of State for Life Sciences, 23rd March 2015:**

Overall investment in cancer research by the Department's National Institute for Health Research (NIHR) has increased from £102 million in 2009/10 to £130 million in 2013/14.

The usual practice of the Department's NIHR is not to ring-fence funds for expenditure on particular topics: research proposals in all areas compete for the funding available. The NIHR welcomes funding applications for research into any aspect of human health, including rare and less common cancers. These applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. In all disease areas, the amount of NIHR funding depends on the volume and quality of scientific activity.

#### Nic Dakin

- 1. To ask the Secretary of State for Health, what plans he has to ensure that there is adequate future funding of drugs for people with rare and less common cancers.*
- 2. To ask the Secretary of State for Health, what his plans are for future funding of drugs for those with rare and less common cancers.*

#### **George Freeman, Parliamentary Under-Secretary of State for Life Sciences, 23rd March 2015:**

Better access to the very latest clinically effective medicines for rarer cancers is a priority, which is why we announced a £160 million boost to the Cancer Drugs Fund at the end of August 2014.

On 12 January 2015, NHS England announced that it plans to increase the level of investment for drugs in the Fund from £280 million in 2014-15 to an expected £340 million in 2015-16.

Since October 2010, the Fund has helped over 60,000 people with cancer to get life-extending drugs that would not otherwise have been available to them.

Under its terms of reference, published on 11 March 2015, the innovative medicines and medical technology review will consider the long term landscape for innovation adoption and how the Cancer Drugs Fund might fit into an integrated specialist commissioning system over the longer term.

**George Freeman, Parliamentary Under-Secretary of State for Life Sciences, 12<sup>th</sup> March 2015:**

*3. To ask the Secretary of State for Health, what steps he is taking to ensure that rare and less common cancers are represented as part of the 100,000 Genomes Project.*

The cancers selected for inclusion in the 100,000 Genomes Project are breast, colon, ovarian, prostate and lung cancer. Genomics England will also be recruiting patients with chronic lymphocytic leukaemia in collaboration with existing clinical trials. The Genomics England Science Committee chose these cancers on the basis that they are common and affect a very large number of people in the United Kingdom. The Protocol document for the Project outlines in detail the basis on which the specific cancers and the rare diseases were selected and this will soon be available on Genomics England's website. Genomics England will be adding other cancers in the future.