

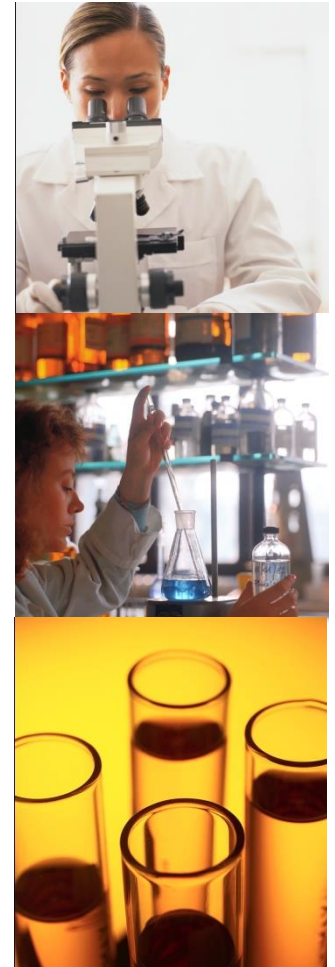
CR-UK WORK IN RARE AND COMMON CANCERS

CANCER TASKFORCE

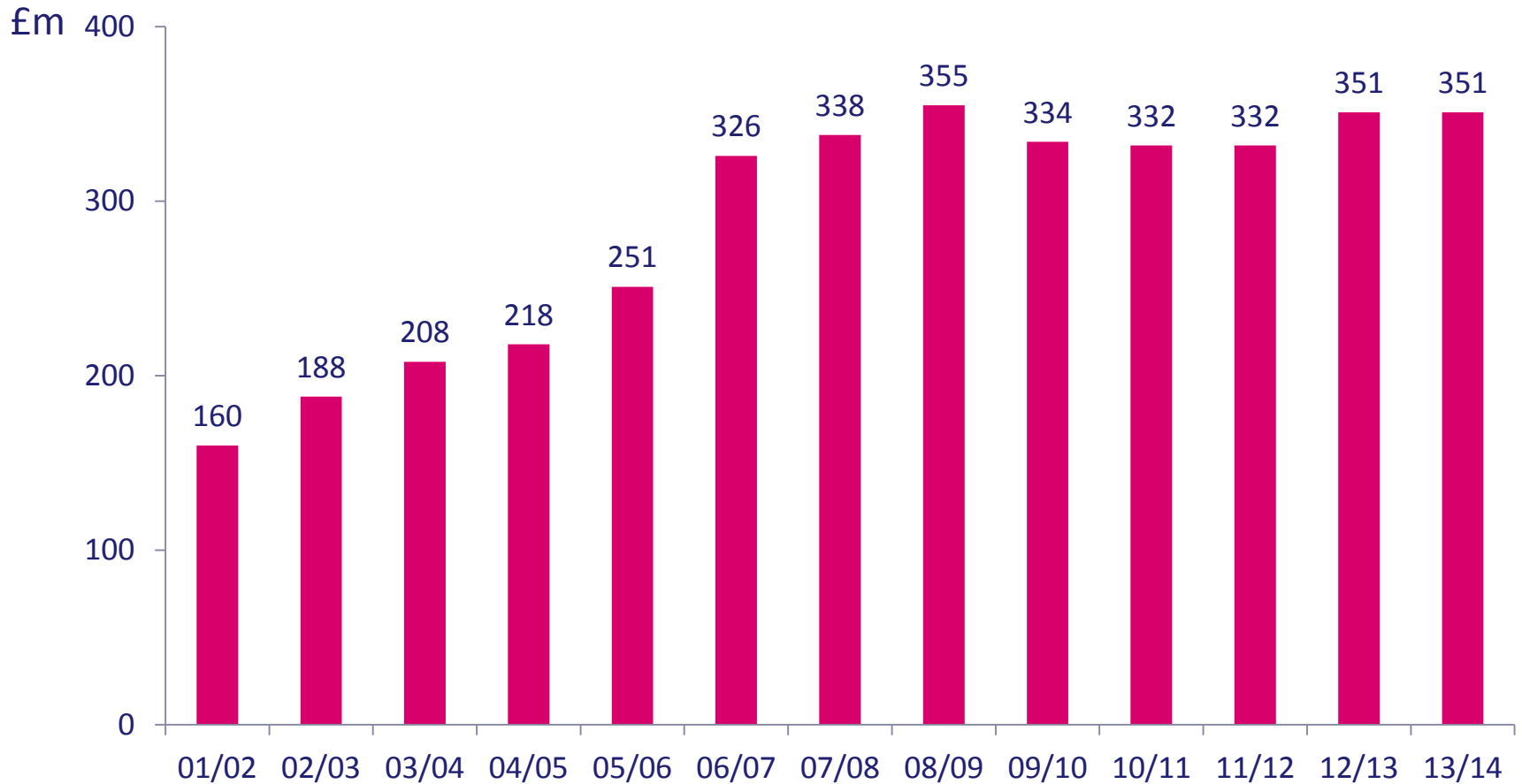
HARPAL KUMAR, JANUARY 2015

Cancer Research UK

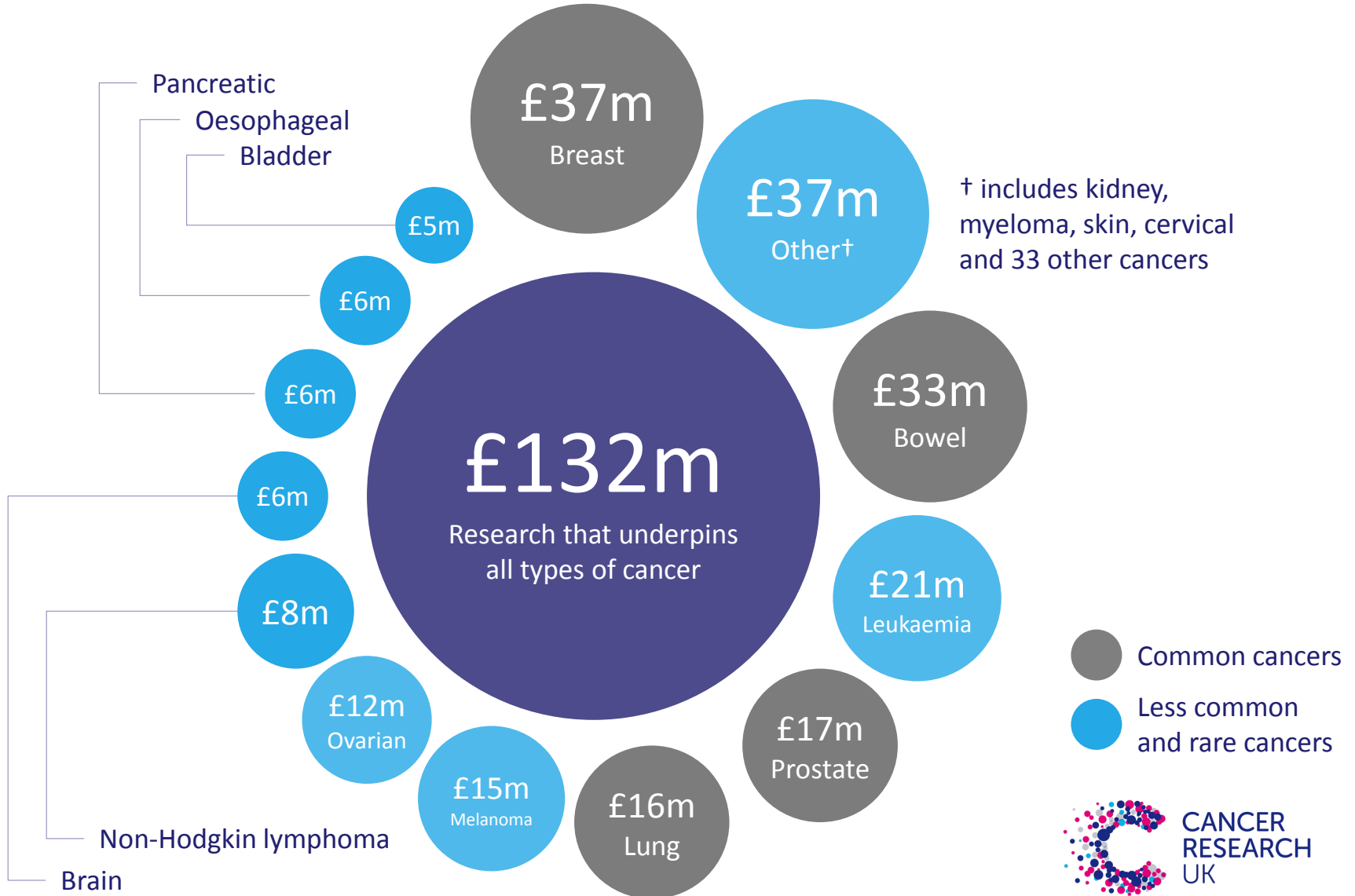
- Largest fundraising medical research charity in the world
- Largest funder of cancer research in Europe
- Spent **£351m** on research in 2013/14
- Provide information to the public and patients
- Influence government policy
- Support over **5,000** scientists, clinicians and nurses in about **40** towns and cities across the UK
- International collaborations across the global cancer research landscape



We have invested over £3bn in cancer research in the last ten years



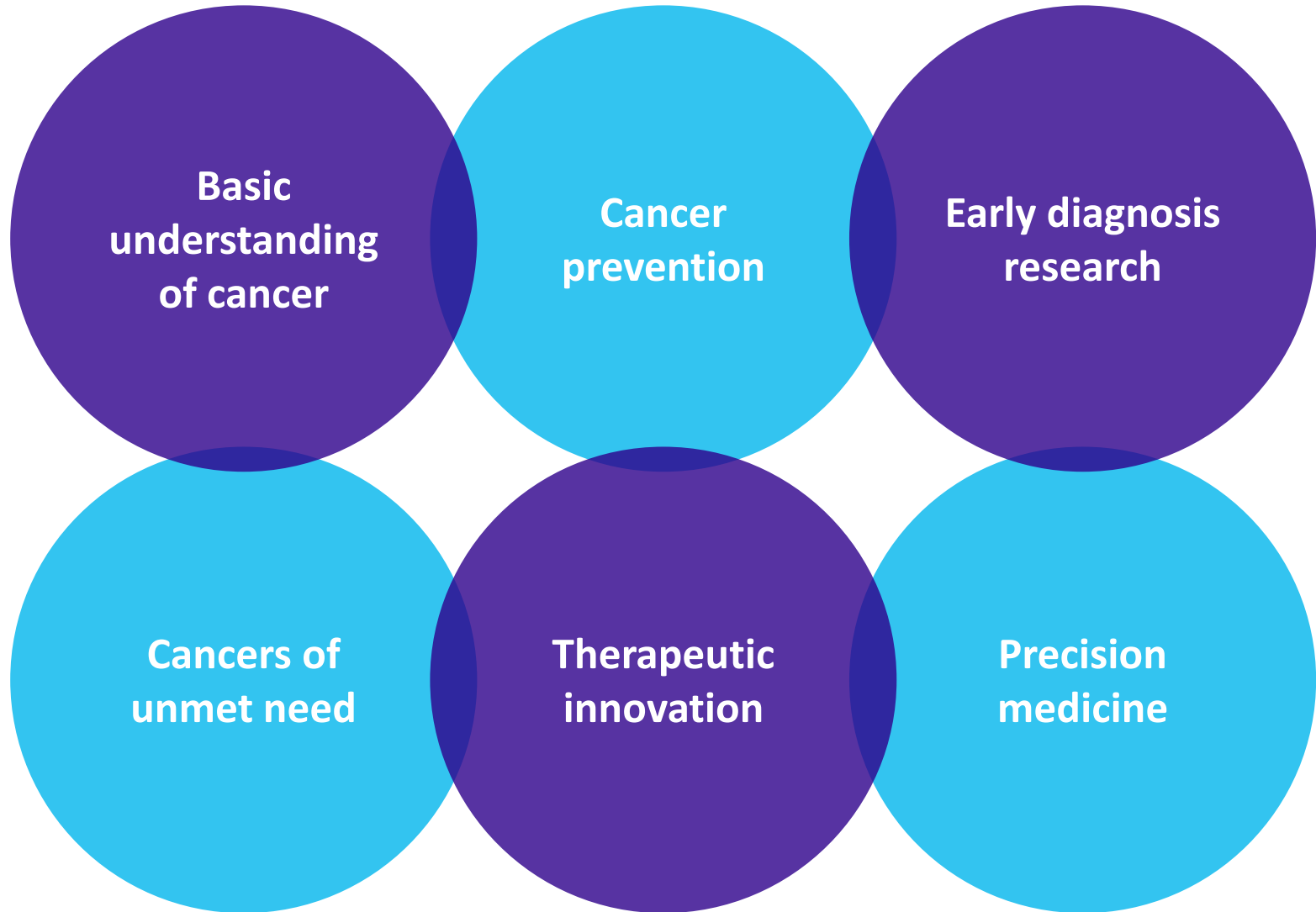
Last year we spent £116m on less common cancers – 53% of the disease specific portfolio



Our ambition



Our strategic priorities



Three areas of focus in cancers of unmet need

1

Increase our research spend in **lung, pancreatic, oesophageal and brain** tumours

2

Support research into **rare cancers**

3

Increase our support for **childhood and youth cancers**

Cancers of
unmet need

IRCI is a key vehicle through which we will continue to support clinical research into rare cancers

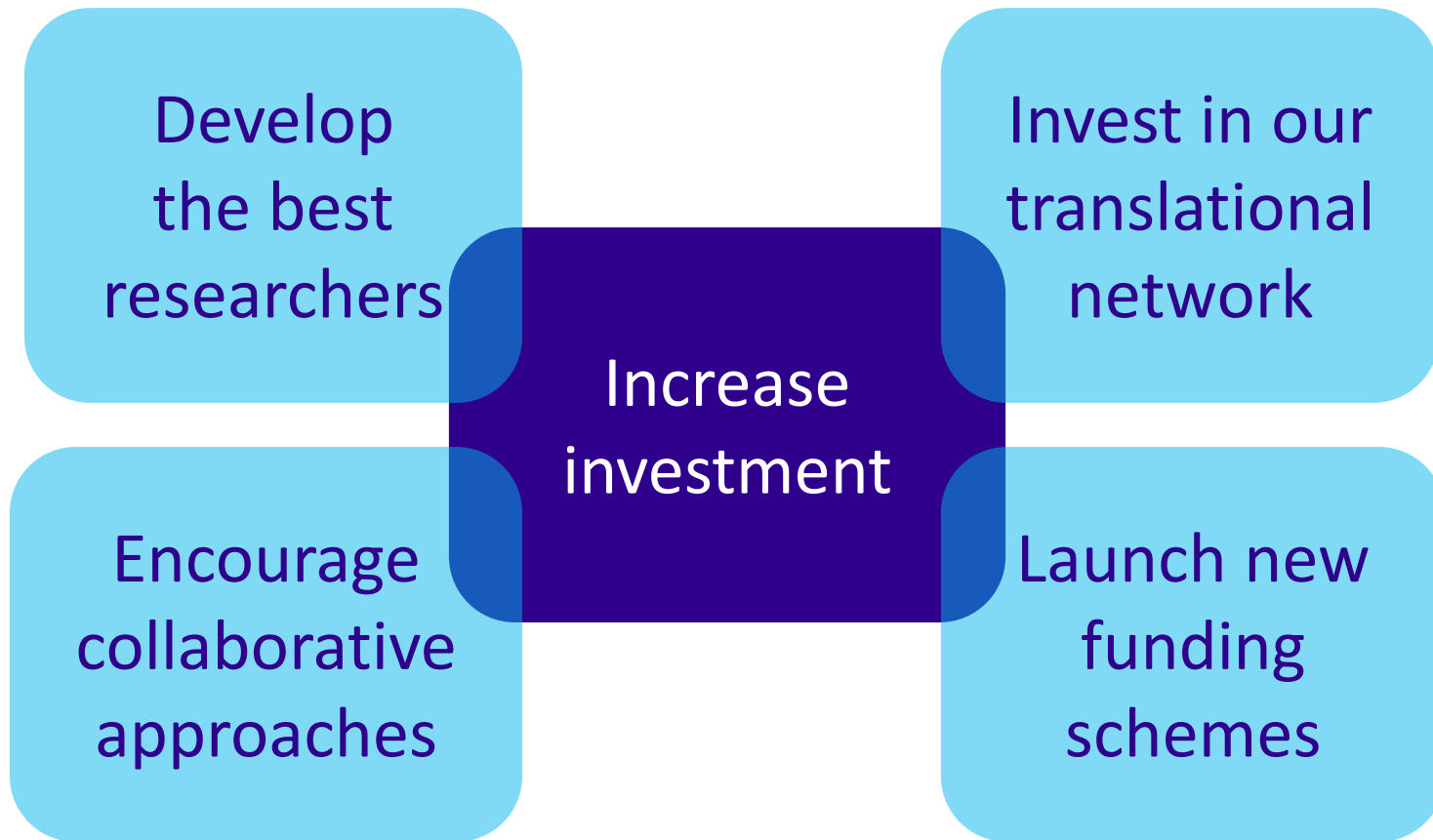


- **Partnership** established in 2011
- Objective to **facilitate development of international clinical trials for patients with rare¹ cancers** in order to boost the progress of new treatments for these patients
- **9 active groups:** Rare melanoma, small bowel adenocarcinoma, relapsed anal cancer, thymoma, gynaecological sarcoma, salivary gland cancer, penile cancer, desmoplastic small round cell tumour, rare brain cancer
- **12 trials** currently in various stages of development/set up, **3 actively recruiting**



Our strategic priorities: The “how”

To help deliver our strategic priorities, we will:





**Independent
Cancer Taskforce**

Independent Cancer Taskforce

- Announced by NHS England on 11th January
- Will develop a new five-year strategy for cancer services that will improve survival rates and save thousands of lives
- Will work across the entire health system
- Will assess the opportunity for improved cancer care by March 2015 and produce a new five-year cancer strategy by the summer



Areas of focus for the Taskforce

1

Better prevention

2

Swifter diagnosis

3

Better treatment, care and aftercare

Innovation in services in future

Taskforce membership

Harpal Kumar, Chair

Shafi Ahmed, Royal College of Surgeons

Jane Allberry, Department of Health

Maureen Baker, Royal College of GPs

Juliet Bouverie, Macmillan Cancer Support

Adrian Crellin, Radiotherapy Clinical
Reference Group

Sean Duffy, NHS England

Kevin Hardy, St Helens and Knowsley
Teaching Hospitals NHS Trust

Liz Hughes, Health Education England

John Newton, Public Health England

Clara Mackay, Cancer 52

Cally Palmer, Royal Marsden

Mike Richards, Care Quality Commission

Richard Stephens, Patient Representative

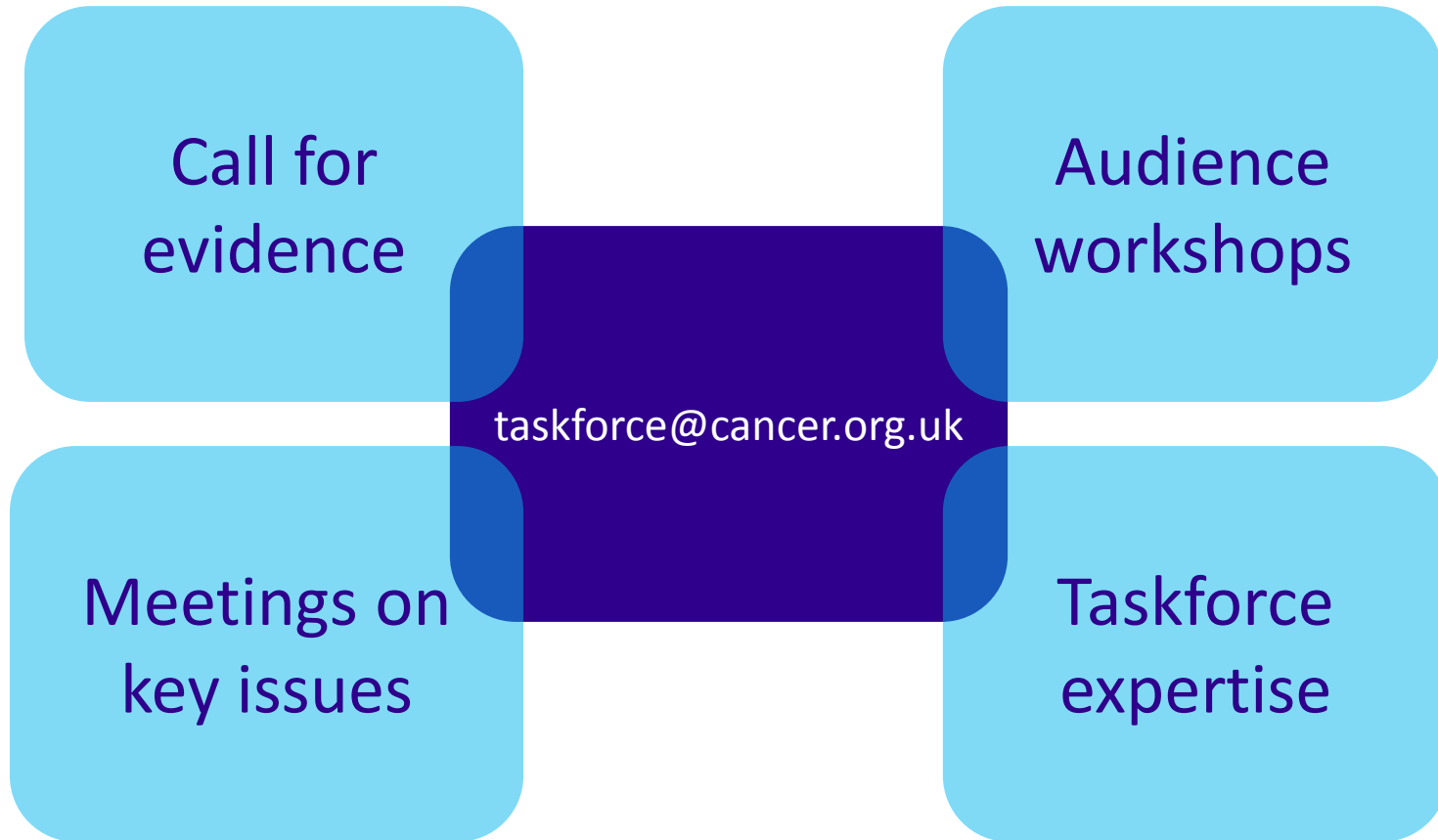
Sarah Woolnough, Cancer Research UK

CCG representative TBC

Local Government representative TBC

Opportunities to engage

To inform the development of the strategy:

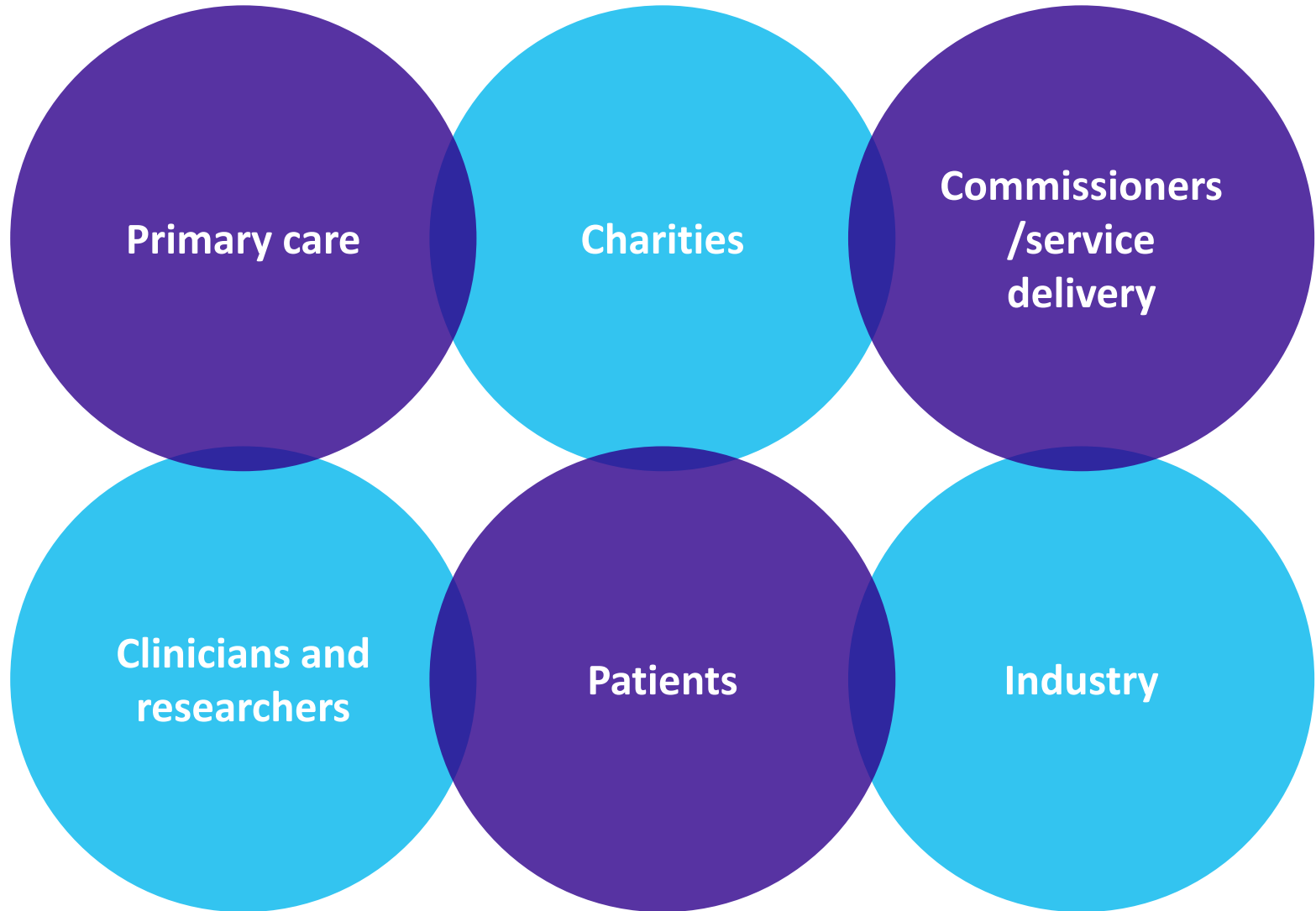


Call for evidence

- The three commitments that you would like to see in a new cancer strategy that would significantly improve cancer services for patients/the health of the public, referencing any relevant evidence and costing information
- Examples of good practice in cancer services that you would like to see replicated across the country
- The biggest barrier to improving cancer services

DEADLINE FOR SUBMISSIONS IS FRIDAY 27TH FEBRUARY

Workshops





ANY QUESTIONS?