



# The Next Ten: Accelerating Ambition in Cancer Care



**accelerating  
ambition** in cancer

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 Daiichi-Sankyo

# Acknowledgments

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Daiichi Sankyo retains editorial control for the report and its recommendations.

The patient organisations involved have not endorsed the contents of this report. ➤

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## Haran Maheson

Vice President & Head of Oncology at Daiichi Sankyo UK



**Collectively, we have made great strides over the last decade in cancer care in the UK, with rapid improvement across screening and diagnosis, access to new treatments, and improved patient outcomes.**

The UK has a strong heritage in life sciences, and it remains one of the most innovation-rich sectors. The health system is not without its challenges, but we have an opportunity to build on strong foundations towards the future, to deliver the cancer care and treatment that patients across the country deserve.

The next ten years are a critical opportunity to overcome existing barriers and go further and faster. The UK Government has set ambitious targets to drive health innovation and take advantage of our scientific strengths.

Daiichi Sankyo is proud to have brought together cancer patient groups from across the sector, to provide clear direction as to where the UK health service and wider system must set its sights.

This report sets out their aspirational, patient-led vision for the future of cancer care in the UK.

Patient groups see a future where research and development works more effectively for patients; where access to early diagnosis and cutting-edge treatments and technologies is equitable across patient demographics and cancer types; and where holistic support is available to all who need it.

While bold, these ambitions are undoubtedly achievable – but this vision will only be realised if the next ten years of UK cancer policy is underpinned by an unwavering focus on delivering for patients, listening to their voices, and building a service that truly meets their needs.

Daiichi Sankyo is ready to support the Government in its work with stakeholders across the health sector, as the UK looks to accelerate ambition in cancer care across the nation. ➤

# Dr Philippa Kaye

General Practitioner, Journalist and Broadcaster



**It is estimated that one in two of us will have cancer at some point in our lives.<sup>1</sup>**

There are approximately 1.7 million patient interactions with the NHS each day, or 600 million patient contacts a year.<sup>2</sup> The NHS is often discussed in terms of numbers and statistics: the number of GP appointments offered, the number of nurse positions vacant, or that only approximately two-thirds of women and those eligible for the cervical screening programme attend.<sup>3</sup>

There are standards and sub-standards which are monitored to improve patient care, giving us yet more statistics, such as the aim for 85% of patients to receive treatment within 62 days of an urgent referral for suspected cancer from a GP or a screening programme.<sup>4</sup>

The UK Government makes difficult decisions about the health service daily, led by the need to increase efficiency and meet rising demands. Yet, within each statistic lies a patient. Each and every one of those patients is a person, with their own histories, their own families and friends, work lives, social lives, communities and more.

In a growing health service with ever-increasing needs and demands, the size of the numbers means that we can forget the individuals.

Individuals like me. I was 39 with three young children when I was diagnosed with bowel cancer. Having cancer has changed me profoundly. Not just as a person, but also as a doctor who has seen healthcare from both sides of the consultation desk. Not everything can be fixed, but remembering the importance of treating the whole person, and not just their bowel/breast/delete as appropriate, is of enormous value.

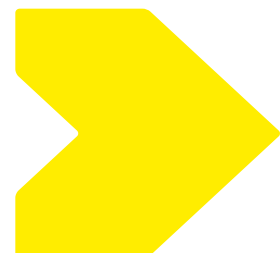
All of us are likely to be affected in some way, whether living with cancer ourselves, or supporting friends and loved ones. Changes to cancer screening programmes and advances in diagnostics allow patients with cancer to be diagnosed earlier, often at a more treatable stage, and new techniques and therapies mean that more patients are either surviving their cancer or living with their cancer for longer than ever before. This in itself can be challenging, both for patients and the wider health service.

As we look ahead to the next ten years of cancer in the UK, the Government has a responsibility to look outward and consider the needs of all. It is vital to speak to the third sector, to involve researchers, and include perhaps the most important people within this sector: the cancer patients themselves.

Daiichi Sankyo has aimed to do this throughout the development of this report, bringing together the ambitions of cancer charities and patient groups to set out not just their hopes, but also their goals and long-term vision. This report focuses on issues from earlier diagnosis to treatment and beyond, from workforce to research, with the aim of ensuring all people, in all groups, are treated equitably. It is through the patient voice that we can hear what matters to them, be that participation in trials or simply a desire for current standards to be consistently met.

At the end of last year, I hosted a workshop for Daiichi Sankyo, bringing together cancer patient groups and charities to discuss the sector's ambitions for the next decade. This was a humbling experience, sharing not just my own experiences but feeling the passion and fervour in the room from all the charities and organisations involved, with one common aim – to make things better for people experiencing cancer. At its heart, it sounds simple. The reality, of course, is much harder.

As a cancer patient and survivor myself, as well as a doctor I know that we are far more than the statistics and numbers in reports. We are individuals with unique needs that continue for far longer than the end of treatment. Let's take this opportunity as we set the plan for the NHS over the next decade, to listen to those with lived experience who tell us what truly matters to them, and help shape the future of cancer care in the UK. ➤



# Executive summary

Over the last decade, cancer outcomes in the UK have improved significantly.<sup>5</sup> Innovative and personalised therapies have helped extend survival rates and outcomes,<sup>6</sup> while breakthroughs in screening and genomic medicine have enabled more cancers to be identified at earlier, more treatable stages.<sup>7</sup>

These achievements provide a strong foundation to build on as we look to the next ten years as an opportunity to further accelerate progress and transform outcomes for patients across the country.

Yet these opportunities come at a time of profound challenge for the UK health service. Persistent front-line pressures, significant elective care backlogs and the lasting impact of the COVID-19 pandemic continue to affect the delivery of cancer care. These challenges are further compounded by extreme fiscal scrutiny and a growing demand for greater efficiency across the NHS.

Despite these pressures, the last ten years have shown what is possible when innovation, policy and patient needs align. With the challenges currently facing the NHS, it can be easy to overlook the amount of progress made to date, and how quickly it has occurred. Developments such as the expansion of the Cancer Drugs Fund, the rollout of the NHS Genomic Medicine Service and progress in Artificial Intelligence (AI) and screening technologies demonstrate the UK's ability to push the boundaries of cancer care. With the right ambition and policy environment, the next decade offers the potential for transformation: a chance to move beyond today's barriers to deliver a modern, world-class cancer service that meets the needs of every patient.


## The next ten years present a vital opportunity to accelerate ambitions in cancer care.

The UK Government has signalled a commitment to reforming the health service and supporting systems, so they are fit for the future, backed up by long-term, forward-thinking strategies in the shape of the 10-Year Health Plan, and a National Cancer Plan. However, it is also essential that the voices of the cancer patient and research community are truly reflected as the Government sets the direction for the future of cancer care.

While health policy is devolved, many of the challenges and ambitions outlined in this report are shared across the four nations. Where policy initiatives are specific to England, we have sought to clarify this, while recognising that patient groups from across the UK have contributed to this collective vision.

This report brings together the ambitions of cancer patient groups and charities to set out a vision for what could be achieved over the next ten years. With a health service currently focused on addressing immediate system pressures such as backlogs, workforce shortages and fiscal constraints, there is a need for an ambitious, forward-looking vision of the cancer services the UK wants to build for the future.





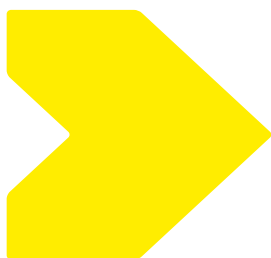
At Daiichi Sankyo, our long-standing company purpose is “to contribute to the enrichment of quality of life of people around the world.” Key to enacting this purpose is through listening to the voices of the patient communities we serve. Reflecting our roots as a Japanese company, we believe in building Kizuna - the enduring bonds between people, close relationships forged through mutual trust and support.

To distil the vision of the patient group community, Daiichi Sankyo engaged directly with the cancer patient groups and research charities from across the UK, ensuring that the report is built on a foundation that reflects the priorities and ambitions of those caring and advocating for people living with cancer and beyond.

Throughout 2024-25, we conducted a series of interviews with leading cancer patient groups and charities representing a wide range of cancer types. These discussions explored challenges, opportunities and ambitions that could shape cancer treatment and support over the next ten years. This interview series culminated in an interactive workshop, bringing the sector together to stress-test our findings and develop a collective set of ambitions, reflecting the aspirations of the sector. This included what should be prioritised from a policy perspective over the short, medium and long term. Throughout this report we will discuss key themes identified through our work, focusing on the areas where the patient group community believes the greatest progress can be made: strengthening research and development, improving early diagnosis, and ensuring equitable access to innovative treatments.

The UK has long been a leader in healthcare and science. Many of the challenges facing patients are recent and reversible. Current pressures and financial constraints have not allowed the space for an ambitious forward-thinking policy in cancer care. However, the wealth of innovation over the past decade presents a clear opportunity to accelerate progress, set out a positive vision for the future, and demonstrate what a modern, world-class cancer service can achieve.

These patient-led priorities and ambitions must help shape the new agenda, ensuring that the next ten years of cancer diagnosis, treatment and care is driven by a commitment to improving outcomes for all, with patient needs at the centre. ▶



# The last ten – a decade of innovation to build on

## ► 2015

- A dedicated cancer plan for England, Achieving World Class Cancer Outcomes: A strategy for cancer 2015–2020, introduces Cancer Alliances. The plan focuses systems on early diagnosis and secures new investment for radiotherapy.<sup>8</sup>
- The NHS opens its first centres to treat 750 patients with stereotactic ablative radiotherapy (SABR) through its Commissioning through Evaluation initiative.<sup>9</sup>

## ► 2016

- The Cancer Drugs Fund, initially established in 2011, is reformed in England to increase its lifespan, prioritising faster patient access to medicines, improving cost-effectiveness and providing a fast-track route to funding for the most promising drugs.<sup>10</sup>
- The first cancer drug is made available for patients based on genetic testing results.<sup>11</sup>

## ◀ 2021

- HPV vaccine is found to cut rates of cervical cancer among UK women in their 20s by 90%.<sup>19</sup>

## ◀ 2020

- The NHS expands use of SABR during the COVID-19 pandemic, cutting the number of visits vulnerable cancer patients need to make to hospital.<sup>18</sup>

## ► 2022

- The Accelerated Capability Environment delivers a proof of concept for AI diagnostics in a single NHS Trust, enabling successful lesion detection by AI in over 75% of patients.<sup>20</sup>

## ► 2023

- Five-year survival rate for lung cancer more than double compared to 2005.<sup>21</sup>
- NICE approves new immunotherapy through the Cancer Drugs Fund for incurable cervical cancer, marking the first new life-extending NHS treatment for patients in 14 years.<sup>22</sup>



## ► 2018

- The first CAR-T therapy is approved for use on the NHS, following NICE's recommendation for their entry into the NHS Cancer Drugs Fund, marking the first instance of this class of immunotherapies to be routinely available in Europe.<sup>12</sup>
- The first NHS centre providing high energy proton beam therapy opens in the UK.<sup>13</sup>
- The UK's 100,000 Genomes Project sequences its 100,000th genome, linking participants' genetics to their health records and medical conditions, while costing a fraction of the Human Genome Project (HGP).<sup>14,15</sup>
- The NHS Genomic Medicine Service is rolled out across England, helping to embed genome sequencing into routine hospital care.<sup>16</sup>

## ◀ 2019

- The NHS Long Term Plan for England is published, lowering the age for bowel cancer screening, introducing new forms of cervical cancer screening and extending lung health checks. The Plan sets the goal of diagnosing 75% of cancers at an early stage.<sup>17</sup>



## ► 2024

- The Government commits to publishing a National Cancer Plan, following a recommendation by the Health and Social Care Committee.<sup>23</sup>
- Early diagnosis rates increase in England for the first time in a decade, supported by the Targeted Lung Health Check programme which diagnosed over 3,600 lung cancers.<sup>24</sup>
- The Cancer Drugs Fund has enabled 100,000 cancer patients to benefit from early access to over 100 of the most innovative treatments, in over 250 indications.<sup>25</sup>
- NHS England launches the Cancer Vaccine Launch Pad, giving thousands of patients fast-tracked access to trials of therapeutic cancer vaccines.<sup>26</sup>
- Research on over 13,000 participants from the 100,000 Genomes Project identifies genes influencing prognosis and outcomes for cancer patients.<sup>27</sup>

## ► 2025

- An AI breast cancer screening trial begins across the UK, testing five different AI platforms across 30 sites, and recruiting nearly 700,000 women to take part.<sup>28</sup>
- The Government's 10-Year Health Plan is published, making promising commitments across cancer genomics, personalised medicines and earlier diagnosis.<sup>29</sup>
- The Rare Cancers Bill is introduced in Parliament, with the aim to incentivise research and investment into the treatment of rare types of cancer.<sup>30</sup>

# Research and development

Driving improvements in health outcomes for people living with cancer in the UK relies on a robust research and development infrastructure. Central to this is ensuring that patients are informed about the benefits of clinical trials and that these opportunities are readily accessible to them.

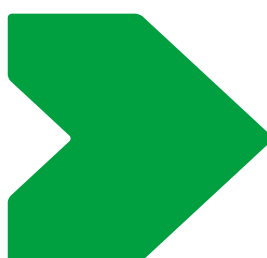
Clinical trials are designed to assess the safety and effectiveness of treatments; however, they are also vital to allow patients to access promising treatment options earlier.<sup>31</sup> Trials also play a crucial role in establishing best practice around wellbeing support for people with cancer, as well as in developing other treatment and management approaches such as behavioural changes.

The UK life sciences sector is built on strong foundations and has shown it can be a world leader in research and development. The UK is home to four of the top ten global universities for life sciences and medicine and showed global leadership through the development and rollout of vaccines during the COVID-19 pandemic.<sup>32,33</sup> The patient group community sees an even greater opportunity ahead; they envision a future where clinical research is an integral part of routine cancer care, ensuring that every patient who could benefit from participation in a trial is identified and supported through the process.

The patient groups we interviewed highlighted a strong desire for a health service where trial participation is seamlessly embedded within the patient pathway. They want an environment where healthcare professionals proactively discuss clinical research with eligible patients, ensuring that trial opportunities are not left to chance. A more dynamic approach to trial recruitment, where the NHS systematically identifies potential candidates and actively connects them with appropriate trials, is a core ambition of the cancer community. This could expand access to innovative therapies and drive forward research, bringing more cutting-edge treatments to patients faster.

Under this future ambition, participation in clinical trials would be equitable and inclusive, with diverse representation across ethnic, geographic, and socioeconomic backgrounds, as well as across age ranges. At present, trial participants too often do not reflect the full range of patient experiences, limiting the broader applicability of results. Patient groups expressed optimism that, over the next decade, better use of population health data and local outreach initiatives could help address underrepresentation in trials, particularly for ethnic minority patients and those in more deprived areas, to ensure that research delivers for all parts of society.

Several systemic barriers prevent these ambitions from being realised. Despite the UK's strong research environment, access to clinical trials has worsened in recent years. Between 2017 and 2021, the number of Phase III cancer clinical trials initiated per year fell by 48%.<sup>34</sup> Over this period, clinical trials have been recruiting fewer people and delivering innovative treatments at a slower rate, limiting patient access to clinical research and innovative medicines.<sup>35</sup> Cancer Research UK's 2023 Manifesto for Cancer Research and Care found that only 43% of cancer patients in England have had research opportunities discussed with them.<sup>36</sup> This issue is particularly acute for patients with rare and less common cancers, for whom clinical trials can sometimes be the only, or best, treatment option.<sup>37</sup> Cancer52's State of the Nation survey found that 82% of patients from this group were not offered an opportunity to participate in a clinical trial – over two-thirds of patients said the main barrier was not knowing about any trials.<sup>37</sup>



This lack of patient awareness is a critical issue. As was noted in our interview series with patient organisations:

**“Most patients just aren’t aware of clinical trials. They aren’t informed by their clinician because it’s not a standard conversation that they’re having, particularly in smaller district general hospitals. They just stumble across our website and end up seeking support through there.” ▶**

Patient organisations expressed a desire for discussions around clinical trial options to be fully integrated across the cancer care pathway where clinically indicated, and for greater accountability regarding who is responsible for delivering these conversations.

From a policy perspective, the UK Government is already working across all four nations to address some of these barriers and drive towards an ambitious research landscape. Lord O’Shaughnessy’s independent review into the UK commercial clinical trials landscape acknowledged these challenges, outlining a series of recommendations to re-establish global leadership and put UK patients back at the forefront of clinical trials.<sup>38</sup> The Government is now supporting these efforts by committing to a £400 million funding programme to support clinical trials and increase opportunities for patients to access clinical research,<sup>39</sup> as well as their recent Health Plan commitment to delivering 10,000 cancer vaccines to patients in clinical trials over the coming five years.<sup>29</sup>

The patient groups we spoke to set out an ambition for the future to ensure clinical trials are truly reflective of population demographics. The lack of diversity in clinical trials is a critical challenge in the current environment, with many trial populations not adequately representing the full spectrum of cancer patients.<sup>40,41</sup> Over the next decade, new ways of conducting clinical trials can support the evolving landscape of cancer medicines and provide an opportunity to make trials more inclusive and accessible. New approaches such as basket trials, which group patients with different cancer types who share the same mutation or biomarker, offer hope for more targeted treatment strategies; however, they remain underutilised.<sup>42</sup>

Patient groups stressed that, to truly accelerate ambition in cancer care, recruitment for clinical research must be carried out with inclusivity in mind. For example, for metastatic disease, the efficacy of current trial databases can be impeded by inaccurate use of search terms, making it challenging for patients and clinicians to find trials relevant to their condition.

Patient groups felt that a key route to addressing the barriers to more representative trial participation would be improving the accessibility of research databases, so that patients can better use them to identify trials which might be relevant.

They also highlighted the need for more inclusive clinical trial designs that reflect the realities of patients with metastatic cancer, some of whom are excluded from trial participation due to their health or ability to travel.<sup>43</sup> More inclusive trial design must also address challenges related to age, as teenagers and young people often face age-specific barriers to trial participation.<sup>44</sup> Patient groups displayed a future ambition for better-designed trials to expand access for these patients and generate more representative data.

Focusing on these areas for improvement offers a clear path forward. The UK holds the potential to establish itself as a leader in patient-centric clinical research, creating a system that actively identifies, engages, and supports trial participants.



Unlocking the full potential of NHS data could play a transformative role in the early detection of cancer and improving access to research. With its unique, population-scale health data, the NHS is well placed to identify individuals at increased risk of cancer earlier and support their participation in targeted screening, clinical trials and research opportunities.<sup>45</sup> Recent investment in data-driven cancer detection programmes signals a growing recognition of this potential, particularly in using AI and real-world data to spot warning signs sooner and widen participation in research to more diverse patient groups.<sup>45</sup> Patient groups also felt that specific action must be taken to address data gaps present around rare and less survivable cancers, to ensure equity in health research across cancer types.

A transformed system would see the NHS and research institutions working collaboratively to ensure that every person living with cancer is considered for trial participation. Healthcare professionals would be given the time, training, and resources to discuss research opportunities as a standard part of care, rather than when all standard treatment options have been exhausted. Dedicated clinical trial navigators or digital platforms could help match patients to appropriate studies, ensuring no one misses out due to a lack of awareness.

Expanding access to trials would not only benefit individual patients but also drive forward cancer research at a national level. By embedding innovation into routine care and ensuring that every patient can participate in trials, the UK could lead the way in advancing treatments and improving survival rates across all cancer types, including rare and less common cancers. The ambition is clear: a system where clinical trials are no longer an exclusive opportunity but a core component of cancer care, ensuring that innovation reaches all those who could benefit from it.

The next decade in cancer research and development can be defined by progress if it is accompanied by sustained investment, policy reform, and a commitment to embedding research within the NHS. The patient group community has a shared ambition to break down the barriers to trial participation and ensure equitable access to research opportunities. ▶

### Short term ambitions (1-4 years)

- ▶ Patients are given the opportunity to participate in available clinical trials as part of their treatment plan, through conversations led by healthcare professionals throughout the care pathway.
- ▶ Clinical trial populations are diverse and inclusive, with targeted recruitment for underrepresented groups.

### Longer term ambitions (5-10 years)

- ▶ The UK's clinical research infrastructure is fully integrated into standard clinical practice.
- ▶ The NHS fully harnesses its data infrastructure to proactively identify and reach patients who could benefit from taking part in cancer research, ensuring equitable access to trials and accelerating progress in early detection and treatment.



# Early diagnosis

Early diagnosis can make a fundamental difference to survival rates and available treatment options for people living with cancer. While cancer survival rates have generally followed an upward trend, early diagnosis remains a key challenge.<sup>46</sup>

However, patient groups believe that with the right infrastructure, innovation, and strategic focus, the UK could lead the world in early detection, ensuring that all cancers are caught at the earliest possible stage.

For the patient groups we engaged with, the central ambition for the next ten years is to create a system where every patient benefits from cutting-edge diagnostic technology, so fewer cancer diagnoses are made at later and more advanced stages. Patient groups shared a vision where whole genomic sequencing is an integral part of the diagnostic and ongoing cancer journey, with genetic and biomarker testing fully embedded into routine care, and data-driven approaches regularly used to identify at-risk patients before symptoms develop. The sector envisages a future where screening programmes go beyond the most common cancers and provide equitable early diagnosis for rarer forms of the disease. This future is within reach, and recent advances in genomics, AI, and diagnostic imaging provide the foundation to achieve it.

**“In genomics, the UK could genuinely be seen as world leaders. There’s some really exciting stuff going on in the Welsh Genomics Centre which could be game-changing for diagnostics and precision medicine in cancer over the next decade” ▶**


Patient groups have an ambition to see a diagnostic system that detects cancer at its earliest molecular signs, enabling intervention before the disease progresses. Capacity for genomic testing is increasing rapidly and the cost burden on the NHS of whole genomic sequencing continues to fall as technology advances.<sup>47</sup> Advances in AI and machine learning could further transform diagnostic services; AI diagnostic software has already been found to support the reduction in waiting lists and locate cancer cells 2.5 times quicker than doctors alone.<sup>48,49</sup>

While the technological groundwork is being laid, some systemic barriers are preventing innovations from reaching their full potential. One of the biggest challenges that patient groups highlighted is the uneven access to diagnostic tools across the country. While some hospitals have access to the latest genomic and biomarker tests, others lag behind, meaning patients in certain areas receive a lower standard of diagnostic care.<sup>50</sup> Currently, screening programmes remain focused on a limited number of cancers, leaving those with rarer conditions without the same early detection opportunities.<sup>51</sup>

The Government is committed to reducing the number of lives lost to cancer through initiatives such as wider lung cancer screening, expansion of genomic testing for inherited causes of cancer and improving access to multi-cancer early detection tests.

Yet, transformation in this area also requires increased workforce capacity which, if achieved, could give rise to a new era of cancer diagnostics in the UK. While genomic and biomarker testing has the potential to personalise treatment, the testing infrastructure – including workforce numbers, skills and lab space – is still very much in its infancy in the UK and requires development to meet rising demand.<sup>52</sup> However, our engagement with the cancer patient group community has identified this as a key area of optimism for cancer treatment and care over the next decade if properly supported.





Patient groups also highlighted the importance of access to effective, reliable information around red flags for cancer, and for cancer recurrences. Patient groups regularly develop and share these resources and have shared examples where this information is already effectively integrated into care pathways across the nation. But access to these resources must be more consistent across the health service, so it is not a postcode lottery regarding awareness of early signs and symptoms.

Data integration also represented a significant avenue for future opportunity among the patient groups we spoke to. Currently, healthcare data is fragmented across primary and secondary care settings, meaning that the full patient picture is often not visible to clinicians, resulting in delays, missed opportunities for early intervention, and an inability to track at-risk patients effectively.<sup>53</sup> If data-sharing frameworks were improved, AI-driven systems could proactively identify patients who should be prioritised for further screening, drastically improving early diagnosis rates.<sup>54,55</sup>

The Government must see addressing these barriers as not just necessary, but achievable too. Over the next decade, patient groups want to see a service where genomic and biomarker testing is available to all eligible patients, regardless of where they live, and integrated into routine clinical practice; these tools could make cancer detection faster, more precise, and more equitable.<sup>55,56</sup>

Looking ahead, the next decade could be defined by a fundamental shift in how cancer is diagnosed. By addressing the barriers of workforce capacity and data integration, the UK could create a healthcare service where early diagnosis is not just a possibility but a likelihood. Patient groups we spoke to have a clear ambition for a healthcare system that identifies cancer before symptoms appear to ensure that every patient, regardless of cancer type or background, has access to the best possible diagnostic care. ➤

### Short term ambitions (1-4 years)

- Access to genetic and biomarker testing is expanded, with genetic laboratory hubs well-resourced to deliver testing as part of routine care pathways, ensuring eligible patients can benefit from earlier detection and precision medicine approaches.
- Diagnostic pathways for rare and less common cancers are strengthened, ensuring that patients are not disadvantaged by a system prioritising early detection in more common cancers.
- Diagnostic pathways are equally accessible through the multiple routes for referral into the health system, including GP direct access, NSS pathways and urgent suspected cancer routes.
- Government targets for faster referral and rapid diagnosis are consistently met across all regions, reducing delays and ensuring timely access to care for all patients.

### Longer term ambitions (5-10 years)

- A data-driven system is in place to identify and address disparities in early diagnosis, enabling targeted interventions in areas and populations where inequities persist, with the aim of ensuring all patients have the best possible chance of early detection regardless of cancer type or background.
- Genetic and biomarker testing is fully integrated into routine cancer diagnosis, supported by full implementation of the new Health Data Research Service, to ensure robust data infrastructure is in place to enable these tests to inform both personalised treatment and opportunities for clinical trial participation.

# Ongoing treatment

Over the past decade, the landscape of innovative cancer treatments and therapies has evolved rapidly, through advances in precision medicine and immunotherapy treatments offering new hope to patients and improvements to care outcomes.<sup>57</sup> These breakthroughs have led to improved one-year and five-year survival rates.<sup>58</sup>

This shift represents a broader trend towards personalised medicines, where treatments are increasingly selected based on biological characteristics of each patient's cancer, linking up with innovations in genomic and biomarker testing.<sup>6</sup> Cancer treatment in the UK is now more varied and complex, requiring a more adaptable healthcare service to support access to advanced therapies.

Looking ahead, our engagement with the patient group community brought forward clear ambitions for cancer treatment over the next ten years. Many of the reflections of the sector focused on ensuring equitable access to treatment and support, regardless of tumour type, geography, age or socioeconomic background.

Importantly, advocacy voices in the community stressed that treatment must go beyond access to medicines, increasing the focus on holistic, person-centred care to support improvements to quality of life and long-term wellbeing. As cancer survival rates continue to improve, the UK has a growing opportunity to focus on living with and beyond cancer. Patient groups have an ambition for a more hopeful and holistic vision for cancer care. This shift will require greater emphasis on psychosocial and wellbeing support as a core part of treatment, not an optional extra delivered solely by charities or the third sector. Patient groups we spoke to stressed that emotional and wellbeing roles are often overlooked in workforce planning. To ensure patients can live well with cancer, psychosocial support must be embedded into care pathways and clinical practice.

Patient groups also spoke of a desire to see an expanded use of personalised medicines to ensure that the most effective treatments are matched to each patient, while ensuring that people living with harder to treat cancers are not left behind. However, achieving these ambitions requires overcoming existing barriers. Despite the promise of precision medicine, access to new and innovative treatments remains uneven.<sup>59</sup> The Government's 10-Year Health Plan commitment to providing universal access to genomic analysis for all patients with cancer, to guide precision treatment is a welcome step, but while innovations in treatment are advancing rapidly, the infrastructure to support their delivery is not keeping pace.<sup>60</sup> Challenges in drug approval processes and capacity constraints within the NHS mean that many patients do not receive the latest therapies when they need them most.<sup>61</sup>

Among these groups, people living with metastatic cancers face particularly acute challenges. Patient organisations voiced concern about the lack of specific support for metastatic care pathways, including limited access to appropriate treatments and inadequate integration of newer innovations into routine care, as well as limited data collection on the number of people who are living with metastatic disease.

As the opportunities of innovative medicines become clearer, some patient groups are increasing their attention in the area:

**“We haven't historically focused on access to medicines. However, we now have an innovation team and an innovation impact investment portfolio focussing on early diagnosis and access to treatment.” ➤**



Regulatory hurdles continue to slow the uptake of new medicines in the UK.<sup>62</sup> The Cancer Drugs Fund, which has now benefitted over 100,000 patients, has facilitated early access for some patients.<sup>25</sup> However, patient groups identified that, in rarer and some metastatic cancers, fewer treatment options are available, and approval pathways remain lengthy and complex.

Some patient groups expressed concerns that, while the NHS must address immediate operational pressures, a lack of long-term strategic vision could mean that innovative treatment approaches struggle to gain traction.

**“More broadly, the NHS likely has other priorities to solve before implementing these types of innovations. Overall, there is pessimism that personalised care will not take-off.” ➤**

Despite these challenges, the future of cancer treatment in the UK is full of potential. If these barriers are addressed, the next decade could see transformative change in how cancer care is delivered. With a more agile regulatory system, patients in the NHS could receive the latest treatments much sooner, allowing the UK to remain at the forefront of global oncology innovation.

A key area of opportunity lies in the intersection between regulation and reimbursement. While the UK has a strong track record in scientific innovation, the systems responsible for adopting new treatments often lag behind.<sup>63</sup> Improving these processes could accelerate access to cutting-edge treatments and make the UK a more attractive destination for clinical trials – something that was recognised by patient groups we spoke to. When more clinical trials are launched in the UK, patients benefit from earlier access to emerging treatments. Conversely, if reimbursement systems are slow or uncertain, trial sponsors are less likely to invest in UK-based studies, limiting the pipeline of new therapies for NHS patients and creating implications for the availability of comparator medicines for future trials.<sup>64</sup>

A flexible regulatory framework could also allow for real-world testing and faster rollout of personalised treatments.<sup>65</sup> Currently, UK reimbursement models and regulatory systems are not fully aligned with the needs of precision medicine, limiting the ability of health services to adopt genomic innovations and integrate them into routine care.<sup>52</sup> However, there are clear opportunities for progress. Initiatives like the Cancer Drugs Fund have already demonstrated the value of providing early access to promising treatments while collecting data to assess long-term effectiveness. As data infrastructure continues to improve, including through better use of real-world evidence and patient-reported outcome measures, mechanisms like the Cancer Drugs Fund could be even more impactful. A more agile and evidence-responsive reimbursement system, informed by real patient outcomes, could support faster adoption of innovative treatments and reduce the time it takes for innovations to become the new standard of care.

Expanding access to precision medicine has the potential to improve survival rates and quality of life for people living with cancer.<sup>66</sup> Patient groups highlighted the potential of a move towards a model where treatments are approved by biomarkers, as opposed to by cancer type, to ensure that more patients can benefit. The Government could also lead the way in ensuring that access to innovative treatments is equitable. By investing in capacity-building initiatives, particularly in under-resourced areas, the UK can ensure that patients from all backgrounds benefit from new cancer innovations.

The next ten years could redefine cancer treatment in the UK. This will require the right policies and investment alongside close collaboration between Government, the patient group community, and wider industry partners. The patient groups we spoke to outline a bold and achievable vision. As the Government continues to develop its strategic vision for the future of cancer care, they must transform this vision into reality, ensuring that every cancer patient benefits from the best treatments science has to offer. ➤

## Short term ambitions (1-4 years)

- ▶ Holistic, personalised support, including access to mental health and wellbeing services, are offered to patients as a standard part of treatment plans.
- ▶ Every cancer patient has access to basic psychosocial and emotional support throughout their treatment journey, with NHS teams supported to routinely signpost and refer patients to appropriate services, including patient organisations such as disease-specific charities.
- ▶ Local health systems are appropriately equipped and incentivised to deliver access to emotional and psychosocial support services.
- ▶ Patients live in a healthcare system where regulatory and reimbursement barriers do not limit access to the most effective treatment options available.

## Longer term ambitions (5-10 years)

- ▶ All people living with cancer, regardless of their cancer type, location, or background, can access innovative treatments at the same rate.
- ▶ Psychosocial and wellbeing support is embedded as a core component of cancer care across the NHS, delivered by trained professionals and available from diagnosis through to long-term follow-up in both primary and secondary care.



## Conclusion

Over the past decade, significant advancements in cancer care have improved survival rates, expanded treatment options, and laid foundations for a more innovative and patient-centred approach to oncology.

The UK's world-leading life sciences sector has contributed to breakthroughs in genomic medicine, diagnostics, and targeted therapies, demonstrating that progress is possible in the face of wider external pressures. It is important to remember that the health sector in the UK will undoubtedly transform over the next decade with developments in AI and technology. It is imperative that cancer care is at the forefront of that transition.

To accelerate ambition over the next decade, it is crucial to have a clear vision for how to develop a health service and wider system that can capitalise on scientific innovations and appropriately respond to the needs of patients. The patient group community has been clear on how they see this vision: progress will require a system that prioritises early diagnosis, supports equitable access to innovative treatments, and delivers truly patient-centred care. This includes a greater focus on care and treatment for people living with metastatic, chronic or incurable cancers, ensuring they are not excluded from advances in innovation or trial participation. While the structure and delivery of cancer services vary across the four nations, many of the ambitions outlined in this report are shared UK-wide.

To achieve this, the Government must ensure that the UK remains a global leader in life sciences innovation. This means creating the right commercial and regulatory environment to support research, development, and clinical trials. It also means embedding the latest innovations, such as genomic testing and precision medicine, into routine NHS care, ensuring that every patient has access to the best possible treatment.

Alongside this, policymakers must address structural challenges that continue to hold back progress. This includes tackling disparities in access to early diagnosis, ensuring that data is utilised effectively to identify patients, and improving workforce planning to equip healthcare professionals with the skills needed to deliver modern cancer care.

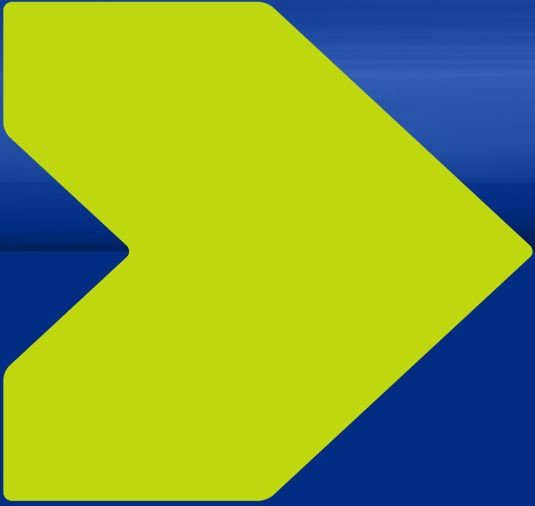
The UK has the potential to set a new standard for cancer diagnosis, treatment and care over the next decade. The Government has a role to listen and cater to the needs of the wider cancer patient group community by delivering a future that supports innovation, strengthens the life sciences sector and puts patients first. ▶



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