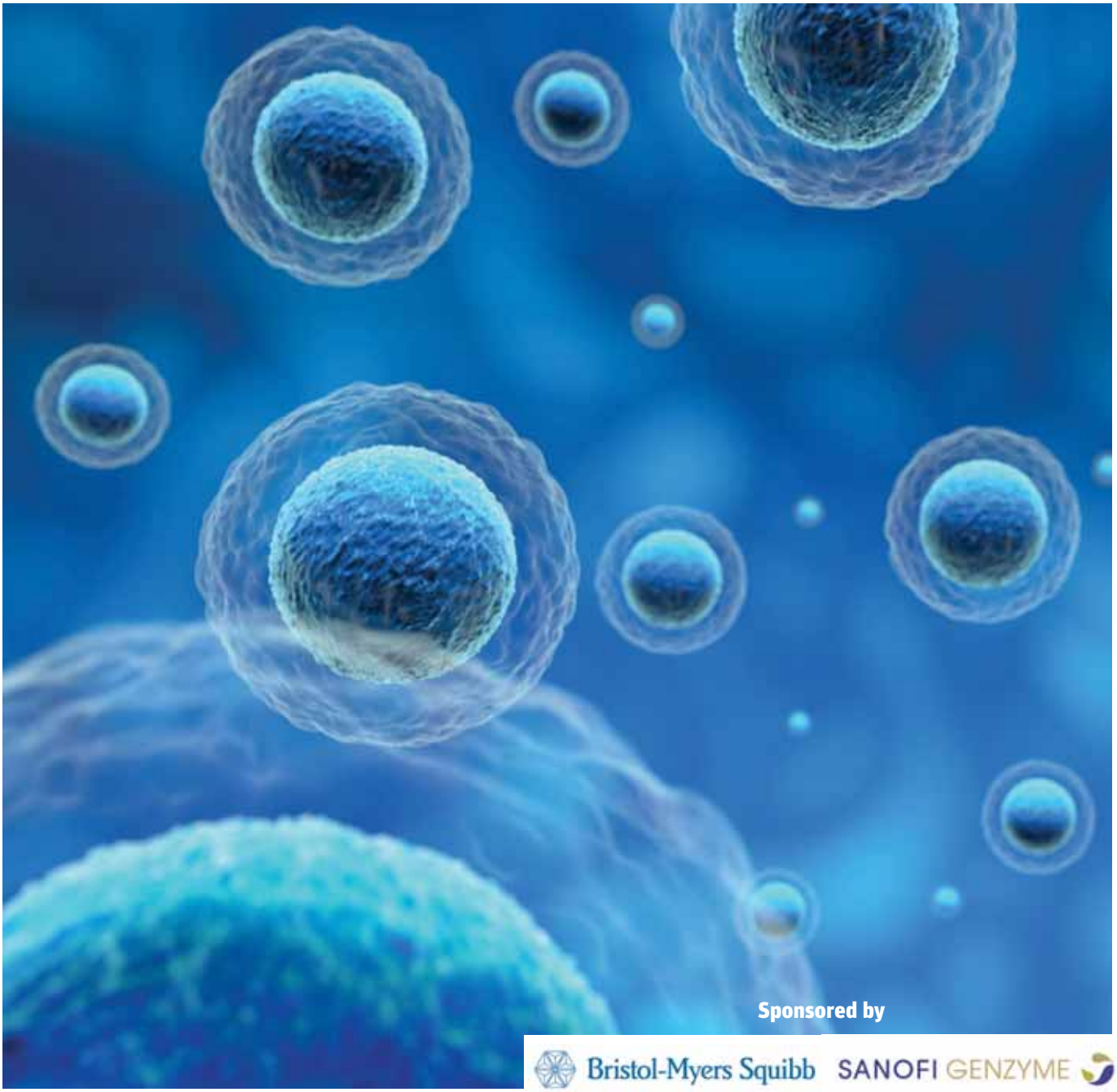
NewStatesman

A new strategy for cancer care

Cally Palmer / Nic Dakin MP / Lynda Thomas



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Cancer by the numbers

Millions of people in the UK are affected by cancer every day

2.5m

There are now 2.5m people living with cancer in the UK, up 400,000 cases from just five years ago.

23%

The number of older people (aged 65 and over) living with cancer has grown by 300,000 (or 23 per cent) in five years.

25%

Around a quarter of people in the UK face poor quality of life or disability after receiving cancer treatment.

53%

Breast, prostate, lung and bowel cancers together represented over half of all new incidences of cancer in the UK in 2015.

3x

More than three times as many older people will be living with a cancerous condition by 2040, up from 1.3m in 2010 to 4.1m.

39%

Cancers accounted for 39 per cent of all deaths from preventable causes in England and Wales in 2015.

Sources: Macmillan Cancer Fact Sheet, 2015 and Cancer Research UK

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World-class cancer services depend on world-class technologies, writes Cally Palmer, chief executive at The Royal Marsden and national cancer director at NHS England

Smarter, kinder treatments

Survival rates for cancer in England have never been higher and patients generally report a very good experience of the care they receive. This is a time of unprecedented advancement in our knowledge and understanding of the causes of cancer and ways to treat it more effectively, but there is more to do. We need to ensure treatment and care is of a uniformly high standard, and that we pick up cancer early, when there are generally more curative options available to people. Early and fast detection of cancer and optimal treatment and care are at the centre of the current national cancer strategy and will continue to be vital in the long-term plan for the NHS.

Modern cancer medicine is about precision. Transformation is happening quickly, whether in the development of new targeted drugs and immunotherapies, surgery undertaken with robotic or minimally invasive techniques and precision radiotherapy to target cancers more effectively while sparing healthy tissue. This new generation of smarter, kinder treatments for patients will enhance cure and long-term survival. The increasing stratification and targeting of both prevention and screening strategies will also help us speed up early detection of cancer or reassure patients quickly if they do not have cancer.

The NHS has a global reputation for research and innovation in the field of cancer and has been a key partner in developing some of the latest drugs and treatment technology. Translating research and innovation into routine healthcare is a vital responsibility for the NHS and we are working hard to ensure this happens faster and more uniformly across the country.

Through the five-year strategy,

THE ROYAL MARSDEN

The Royal Marsden's MR Linac Machine

The NHS has a global reputation for research

"Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020", we have set an ambitious aim for the NHS to make significant progress in reducing preventable cancers, increasing cancer survival and improving patient experience and quality of life. This is a period of sustained and very significant investment in NHS cancer services with £200m deployed over the last two years on earlier and faster diagnosis and personalised care for patients.

A further £130m has been invested in modern radiotherapy machines throughout the country, the most significant investment programme for 15 years. Cancer Alliances have been set up nationally to bring a more integrated approach to pathways for patients with GPs and cancer specialists working together to spot where they can improve the service to people in their local areas. These are at a relatively early stage of development but are piloting some transformational service models which have already improved early detection and precision treatment.

Two examples are lung health checks in Manchester and the rapid prostate cancer pathway piloted in London. The Manchester lung cancer pilot, in partnership Macmillan Cancer Support, has quadrupled early diagnosis rates, vital to improve survival. It's a relatively simple concept of providing CT scans in mobile scanning trucks in supermarket car parks, bringing early detection directly to people rather than waiting for signs and symptoms to be flagged. This is now being rolled out in other areas of the country to pick up lung cancer early and ensure we save more lives. The second example is in prostate cancer where high definition MRI scans are being used to reduce average diagnosis time to eight days and referral to treatment time to 20 days. Patients are able to have a scan, a clinical review and if necessary a biopsy all on the same day. This approach significantly increases the chance of finding life-threatening prostate cancers and provides a speedier and better experience for patients.

The Royal Marsden, as a specialist cancer provider, is at the forefront of research and treatment to improve the diagnosis and care of people with cancer. We work closely with The Institute of Cancer Research, our academic partner, and this integrated model of bench-to-bedside innovation is crucial to take science into routine healthcare as quickly as possible. Two recent examples are the development of precision technology using a novel MR Linac machine which combines MRI scanning and radiotherapy technology, and the development of the latest drug in use worldwide for men with advanced prostate cancer. Major advances often require international research collaboration. In the case of the MR Linac, The Royal Marsden is one of seven partners in an Atlantic Consortium developing this precision radiotherapy capability. We have just treated the first patient in the UK and the third in the world with this new technology. The moonshot is to diagnose, treat and cure a patient on the same day with highly targeted and precise radiotherapy.

The second example is the development of Abiraterone for advanced prostate cancer. The compound was developed by The Institute of Cancer Research, developed and trialled by Oak Foundation Drug Development, supported by Cancer Research UK. Collaboration between academia, the NHS, charities and industry was exceptional in this case, with a relatively fast development and licensing of a new treatment. The UK has outstanding science and biotechnology, and it is our responsibility to ensure this translates into clinical benefits for patients swiftly and effectively.

In summary, cancer poses a number of challenges to the NHS as it seeks to deliver world-class cancer care throughout England. This includes the increase in cancer incidence and increasing cost of the latest treatments. The opportunity is to save many more lives through early detection, precision cancer medicine and optimal pathways for patients which fit in with modern lives and modern technology.

Why one size doesn't fit all

Lynda Thomas, chief executive at Macmillan Cancer Support, says personalised, case-by-case care, must form the core of any future cancer strategy

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On 3 October 2018, Theresa May delivered her keynote address to the Conservative Party Conference. In a notably personal speech, the Prime Minister described the agony of "losing a loved one before their time" after her goddaughter died from cancer last year. She also unveiled plans for a new cancer strategy and pledged to improve diagnosis and patient survival outcomes.

Such commitments are a welcome step in the right direction. An early diagnosis can make a radical difference to someone's survival chances, treatment options and quality of life. The ambitions set out by the Prime Minister have real potential to improve, and even save, lives. However, to truly transform cancer care for the ever-growing numbers of cancer patients we must not lose sight of what they tell us matters most to them – and for many this goes beyond what happens in hospital.

As one in two of us born after 1960 will be diagnosed with cancer at some point in our lifetime, it's worth asking what would be the first thing that came to your mind after hearing the words: you have cancer? Would it be: which treatment? Or would you picture your partner or children? What about money? Work? Death? Can you even think at all or has your mind drawn a blank? Now take a moment, and imagine, what would run through the mind of someone else being told they have cancer? Would their reaction be exactly the same as yours? I'd imagine not, as we're all different people with varied lives and circumstances.

In 2015, there was an estimated 2.5 million people living with cancer

Lynda Thomas, chief executive at Macmillan Cancer Support

across the UK. By 2030, that number is estimated to reach around four million. Added to that, people are now twice as likely to survive at least ten years after being diagnosed with cancer than they were at the start of the 1970s.

Not only are there more people living with cancer than ever before, but their needs, medical and otherwise, are increasingly complex and diverse. Many more people are managing cancer alongside other illnesses, such as diabetes or heart disease. Cancer does not discriminate; it plucks people from all walks of life and throws them into an alien situation, each with their own unique set of needs and circumstances. A busy working mum with treatable but not curable ovarian cancer will face a totally different range of challenges to an elderly man diagnosed with prostate cancer who relies on carers for support, or the student who has just been told they have a rare type of cancer that cannot be treated.

The devastating ramifications can reach into every corner of a person's life, ranging from the more obvious impact on their health to someone's ability to work, socialise – fundamentally go about their everyday lives. A cancer diagnosis can have a sizable impact on a person's mental health, leaving some feeling upset, shocked or anxious while others feel angry, guilty or alone.

So, as the cancer population continues to grow and diversify, we need to move beyond a "one size fits all" approach to cancer care. As well as adding more years to life, we need to add life to those years. A cancer care system that prioritises living well with cancer as well as living longer is the very least that cancer patients deserve. In the same way that cancer can affect every aspect of a person's life, support needs be centred on the individual and set up to address all their needs in the right way, at the right time, both in and outside of the clinical setting.

Practically, the best way to achieve this is through effective coordination across health and care services. This can be enhanced through a Holistic Needs Assessment. Carried out during a cancer patient's journey, with the majority at or shortly after diagnosis, this assessment aims to identify, address and plan how to meet all of someone's most vital needs, be that medical, emotional, financial, physical or otherwise. To ensure care remains person-centred, the collected information should then be used to create a personal and straightforward care plan, which is reviewed as necessary according to the person's changing needs and wishes as they go through treatment, post-treatment, remission or planning for end of life. Where necessary people should have access to a professional to help them navigate the often-complex health and care system. Personalised care has to become the new normal if we are to successfully support the growing, and increasingly diverse, population of people living with cancer. According to the findings of the Cancer Patient Experience Surveys across the UK, only around a third of people with cancer currently receive a care plan.

This is a pivotal moment for cancer care in the UK with the publication of the NHS long-term plan. Great innovation and original thinking happens every day in the health service, however too often these advances are not experienced by all people living with the disease. If the health service is to successfully treat and support the increasing number of people living with cancer both now and in the future, it must embrace and build on best practice today. At Macmillan, we promise to work collaboratively in partnership with the NHS to improve and preserve the highest level of services for everyone living with cancer.

Nic Dakin MP, chair of the all-party parliamentary group on cancer, highlights the importance of early diagnosis and social support for sufferers of the disease

A holistic approach to cancer care

This year I was honoured to be elected chair of the all-party parliamentary group on cancer (APPGC) on the 20th anniversary of the group's formation. With an estimated 2.5 million people living with cancer in the UK in 2015, rising to four million by 2030, cancer is never far from the top of the public consciousness. It's no surprise therefore that the APPGC is one of the most active all-party groups in Parliament.

Earlier this year, the government announced additional investment in the NHS, backed by a new long-term plan setting out ambitions for improvements over the next ten years. This new plan has confirmed that cancer is a priority. As chair of the APPGC I've tried to start a conversation about the kinds of issues my colleagues in Parliament and the organisations I work with on the APPGC want to see addressed in the new plan and associated cancer strategy.

A number of strong themes emerged, including a need to see improvements in the way our cancer workforce is developed, addressing the holistic needs of cancer patients, a renewed focus on less survivable cancers and finally, tackling the multiple variations in cancer care.

Before touching on each, the good news is more people are surviving, or living for longer with cancer. However, not all these people are living well. Around 70 per cent of people with cancer are living with one or more other serious health conditions, often as a result of cancer and its treatment.

Many people with cancer experience physical, emotional and financial consequences for years after treatment has ended. The changing needs of cancer patients also presents a challenge for the professionals working in cancer care who

SHUTTERSTOCK/JOSE LUIS CARRASCOSA

Cancer has financial and emotional consequences

are dealing with rising caseloads, and increasingly complex needs.

The new Secretary of State for Health and Social Care, Matt Hancock, has repeatedly stated that workforce is his number one priority; a welcome step change which we hope will be backed by concrete action in the new cancer strategy. A sufficiently resourced and skilled cancer workforce is undoubtedly fundamental to the success of the NHS long-term plan.

It is essential that we see strengthened training and development for the cancer workforce to enable our nurses and doctors to meet the increasingly complex needs of cancer patients. Alongside this, we also need to see a renewed focus on career pathways to ensure we not only retain current staff but secure the workforce for the future.

I also believe that it is important to ensure that our health system is capable of supporting cancer patients beyond their acute clinical needs. We need a system that recognises the holistic needs of cancer patients who may be facing a vast range of physical, emotional or financial barriers.

Alongside the physical impacts, cancer brings with it a real risk of financial hardship due to reduced income and increased costs. Indeed, Macmillan Cancer Support has found that four out of five people with cancer are, on average, £570 a month worse off because of their diagnosis. It is right, therefore, that our benefits system operates effectively to provide an adequate level of support for people affected by cancer, and the banking and insurance sectors do more to improve the service they offer to vulnerable customers.

A renewed focus on less survivable cancers is something I've consistently campaigned for in Parliament. Despite accounting for half of common cancer deaths, the less survivable cancers still suffer from low awareness amongst the public and health practitioners. Ongoing delays in their diagnosis have a detrimental effect on survival of these rapidly-advancing diseases, which are currently difficult or impossible to treat at later stages.

Finally, I am confident that there is more we can do to tackle regional variation across early diagnosis, post-treatment support and access to clinical trials for patients. It is also vital to stress the importance of robust data in supporting our approaches, and there is huge potential in expanding the cancer dashboard and revising our approach to data collection in order to ensure better representation of rarer cancers.

It would be remiss of me not to touch on the Prime Minister's recent announcement of the government's welcome ambition to see three in four cancer patients diagnosed at an early stage within the next decade. To achieve this ambitious target, APPGC believes that the NHS must be enabled to plan cancer services effectively and ensure all patients receive the best treatment and care.

An early diagnosis can make a radical difference to someone's survival chances, treatment options and quality of life. However, to bring about transformative changes to the system, fundamental challenges in cancer care need to be addressed to ensure that the health service is equipped to meet the growing and changing needs of cancer patients. We look forward to seeing how the new ten-year plan will give detail on how we can deliver on this ambition.

In recent years the APPGC has run a conference entitled "Britain Against Cancer" where we bring together over 400 policymakers, people living with cancer, campaigners and decision-makers to discuss the current issues in cancer care. This year we are delighted that we'll be joined by Matt Hancock and the Shadow Secretary of State, Jonathan Ashworth; a welcome sign that cancer is never far from the minds of our country's highest profile politicians. I hope the event, and the APPGC, brings together passionate people from all parts of the country, who are dedicated to working together in order to build a health system that delivers for people affected by cancer.

Rising to the cancer challenge

Dr M Moodley, MD FFPM, medical director at Sanofi Genzyme UK and Ireland, takes a closer look at the UK's long-term strategy for cancer treatment

Cancer diagnoses in the UK are rising dramatically, and by 2030, an estimated four million people will have received the devastating news that they have cancer[1]. The older we get, the more likely we are to develop the genetic mutations that can lead to cancer[2]. Globally scientists are working tirelessly to find new ways to defeat cancer by unlocking innovative new approaches. Improvements in early diagnosis can enable cancer to be detected at an earlier stage, which can boost a patient's long-term survival[3].

Cancer in the UK

Cancer remains the most feared illness in the UK[4] and every day nearly 1,000 of us receive the life-changing news of a positive diagnosis[5]. Since the early 1990s, we have seen a 13 per cent increase in cancer rates, with this trend set to continue[5]. While cancer is most common in older people, people aged 24 and below have seen the largest rise in cancer rates in the last two decades[6]. For a number of patients, cancer will be fatal. Across England and Wales, only half of all cancer patients survived for more than a decade after diagnosis and more than 163,000 people died from cancer in 2016 alone[7].

A cancer diagnosis not only has a significant impact on an individual, it also has wider socio-economic consequences, affecting family support networks, the economy and the workforce. In terms of lost productivity and potential, the annual cost of cancer to the British economy is estimated to be £15.8bn, while unpaid care by family and friends alone is estimated to cost over £2.6bn[8].

A potential "game changer"

Thanks to the development of new treatments and advances in early diagnosis, more patients are living longer with cancer[9]. In particular, immuno-oncology has the potential to transform how cancer is treated, uncloaking cancer cells and boosting the body's own immune system to fight back. The potential of this approach was recognised by NHS England, who in their recent cancer strategy described immunotherapy as a "potential game changer"[10]. These advances in treatment, alongside improvements in early diagnosis, have led to clinicians and patient groups raising the possibility of cancer being managed as a long-term condition.

Being at the forefront of research into immuno-oncology, Sanofi Genzyme is committed to developing next-generation product candidates to improve the lives of those affected by cancer. Alongside our other disease areas, including rare diseases, immunology and multiple sclerosis, our work in immuno-oncology has been focused on helping to address the impact that cancer has on society as well as the NHS's ability to meet the UK's long-term cancer challenges. Building on our 20-year heritage in oncology, we are continuing to create a pipeline of future therapies in this exciting field, with more than 17 clinical compounds in development across a range of different tumour types.

Improving UK survival rates

While the discovery of new approaches to treatment for cancer is positive news, there remains much to be done to ensure that UK patients enjoy world-leading survival rates. A recent study in *The Lancet* highlighted that the UK is falling behind comparative European countries across a range of

cancer outcomes[11]. Survival rates for a number of cancers including breast, colon, lung, prostate and skin are all either intermediate to, or lower than, many of our European neighbours[11].

The UK also spends less on cancer than the European average and considerably less than France and Germany[12]. Concerningly, it takes longer for patients based in the UK to access the latest scientific breakthroughs; recent research has shown that the UK suffers poorer uptake of new cancer medicines than the other four largest European economies[13].

In addition to ensuring that new treatments can be offered to patients within the NHS, it is critical that in the next decade and beyond we continue to drive improvements in early diagnosis. Patients stand the best chance of survival if their cancer is detected at the earliest possible stage, yet too many patients are diagnosed in emergency settings such as Accident and Emergency once their cancer has progressed[14]. There is a need for a seamless pathway for the patient from the moment they are diagnosed, to the services and information they are subsequently given.

In recent months we have also seen a number of NHS initiatives introduced to allow screening outside of clinical settings. The NHS chief executive, Simon Stevens, has rightfully highlighted the importance of reducing the age of screening for a number of cancers[15]. Similarly, in April this year, the Prime Minister announced £75m to recruit 40,000 men into trials to improve diagnosis and treatment of prostate cancer[16]. These are welcome developments and it is now important that this focus is replicated in the long-term plan for the NHS.

Ensuring that the approval system keeps pace with scientific innovation

To improve patient outcomes over the next ten years, it is critical that improving sustainable access to treatment and driving further advances in early diagnosis are both at the heart of the long-term plan for the NHS. To fully realise the benefits of new innovations such as immuno-oncology, it is essential that the UK's medicines approval system keeps pace with the rapid scientific advances being seen across the industry. In recent years, government and NHS England have taken steps to improve cancer drug appraisal systems, with the Cancer Drugs Fund now becoming part of the National Institute of Clinical Excellence (NICE) process. The new system means that the NICE appraisal process now starts much earlier for newly referred drugs. This is welcome news, yet more needs to be done to improve patient access to clinically effective therapies and services over the next decade.

Treatments are increasingly tailored to the specific needs of the patient, and delivered in combination and across multiple tumour types. This is a new paradigm for cancer treatment and one which current approval processes are often ill-equipped to assess. For instance, patients with rarer tumour types continue to suffer poorer access to treatment due to the requirement to present large data sets for conditions where fewer patients exist[17]. As such, we must maintain a pro-innovation approach that takes into account the changing nature of cancer treatments and enables access to breakthroughs.

Conclusion

As the NHS determines its priorities and resources as part of the long-term plan, it is essential that improving cancer outcomes is central to this process. Given the current pace in the development of new treatments such as immuno-oncology, it is exciting to think where we will be in a decade's time. However, patients will not see the full benefit of these innovations unless the UK's regulatory framework is able to adapt to the discoveries being seen across the life science industry. At Sanofi Genzyme, we are committed to working collaboratively with research groups, the NHS and government to help achieve these objectives, and ensure that patients have access to innovative, potentially life-extending therapies.

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Sustainable innovation and best practice in cancer care

Rachel Power, chief executive at the Patients Association, which chairs All.Can UK, looks at how local services have overcome barriers and adopted new ways of working

Cancer is estimated to cost the UK approximately £17bn a year, only a third of which relates to direct healthcare expenditure.[1] Both cancer incidence and survival rates are rising and the NHS is facing additional capacity pressures when budgets are tight and efficiency savings need to be made.[2,3,4] Cost is perceived as a key barrier to implementing best practice, although service changes can deliver both immediate and long-term savings.

In the UK, All.Can exists to support the NHS in improving patient care with a focus on efficiency. We believe that this is a critical time to take stock of how cancer care can be improved and how services can learn from each other to deliver best practice to their patients. Best practice must also be considered if care is to be standardised across the country. One vehicle that will be used to drive improvements in cancer care is the Cancer Alliances, which were established in 2016 to co-ordinate the delivery of services and disseminate best practice.

For many Trusts, justifying service redesign and the reallocation of budgets requires a "business case" to be made to budget holders. Cancer Alliances can therefore play a role in encouraging units to work with charities and other organisations, such as NHS Improvement, to develop a proposal and introduce best practice at a local level. Working with an independent organisation can not only alleviate staff and budget pressures but also provide a safe space for patients to talk about their concerns.

Case study: fast-tracked surgery

University Hospitals Birmingham NHS Foundation Trust in partnership with Pancreatic Cancer UK have shown how the set-up cost of service redesign can be recouped. The team established a fast-track surgery pathway for eligible pancreatic cancer patients, shortening surgery waiting times to 16 days instead of two months, increased the rate of individuals having potentially curative surgery by 20 per cent and also resulted in savings of £99,200 in one year (almost the entire set-up cost for the project).[5]

Diana Jupp, CEO of Pancreatic Cancer UK, said: "Surgery is the one potential cure for pancreatic cancer, but too many patients are denied the chance of an operation because they are simply not treated fast enough. We need to be more ambitious and ensure that everyone is treated within 20 days of diagnosis."

Barriers to adoption

Local NHS services – including Cancer Alliances and Trusts – could be faced with a number of systemic challenges that might limit their ability to implement and disseminate best practice; limited staff capacity being key. Given the current pressures that are being exerted on the NHS, financial feasibility is another key barrier and

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Rachel Power

will likely remain so until the health service is on a more sustainable footing. However, none of these challenges are unsurmountable and All.Can UK has identified a number of local case studies that have used best practice to improve patient outcomes and their use of resources.

At All.Can UK, we believe that Cancer Alliances offer an opportunity to bring services together. We need to make the most of this and find new ways of providing the best care to patients. It is hoped that this example, as well as the others included in All.Can UK's report, can show how service redesign can benefit patients and the NHS. The report can be found on the All.Can website (www.all-can.org).

All.Can has also recently commissioned a survey to explore patients' experiences of cancer care and will be launching the UK findings at the Britain Against Cancer 2018 Conference.

Bristol-Myers Squibb developed and funded *Pathway to Sustainable Innovation: Best Practice in Cancer Care*, the report on which this article's findings are based.

About All.Can

All.Can involves patients, clinicians, academic and industry experts and policymakers to help define better solutions for sustainable cancer care and improve patient outcomes in the future. The international All.Can initiative is made possible with financial support from Bristol-Myers Squibb (main sponsor), Amgen, MSD and Johnson & Johnson (sponsors) and Varian (contributor), with additional non-financial support from Intacare and GoingsOn.

All.Can UK works in partnership with the Patients Association and is funded by Bristol-Myers Squibb UK.

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STATISTICS

Cancer in the UK

50%

of people in the UK can now expect to receive a cancer diagnosis.[6]

More than

160,000

people die from cancer in the UK each year.[7]

Cancer costs the UK around

£17bn

a year, only a third of which relates to direct healthcare expenditure.[1]

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What happens next in the fight against cancer?

Voices from across the cancer community set out what they believe are the priorities for improving cancer care and outcomes

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Emma Greenwood,
director of policy and public affairs at Cancer Research UK

The government has set out an ambition to see three in four cancer patients diagnosed at an early stage within the next decade. Plans for delivering this include lowering the bowel cancer screening age from 60 to 50, investing in the latest scanners, building more rapid diagnostic centres and expanding lung screening units. If these changes are successful, they could transform cancer outcomes for people across the country.

But none of this will be possible without more staff in the NHS to make it happen. Overhauling screening programmes will increase the number of diagnostic tests further, requiring more staff to conduct them and interpret the results. More complex diagnostic centres are vital, but they need people to work in them.

The NHS is already short-staffed – one in ten posts is vacant and, as cancer incidence rises, thousands more NHS staff will be needed in the future. By 2035 there will be over 500,000 cancer cases in the UK every year, that's one new case every minute. Plugging these gaps, and planning for the right number of specialist cancer staff for the future, will be crucial to achieving early diagnosis for all.

Anna Jewell,
chair of the Less Survivable Cancers Taskforce and director of operations at Pancreatic Cancer UK

A diagnosis of cancer isn't something that any patient ever wants to receive. It can be, and most often is, utterly life changing, even for those with the best possible outlook.

The devastation and distress one can feel following a diagnosis is even more

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profound for those who learn that, due to a decades long legacy of neglect and underfunding for their particular disease, their chance of surviving five years from diagnosis is significantly lower compared to other cancer patients with whom they sit side by side in the hospital waiting room.

The Less Survivable Cancers Taskforce is a coalition of charities with a common goal – to improve the survivability of the six diseases we represent. Lung, liver, brain, oesophageal, pancreatic, and stomach cancers have a combined collective five-year survival rate of just 14 per cent. We want to see NHS England pledge to increase this to 20 per cent by 2029 in their forthcoming ten-year plan.

This goal could be achieved through measures such as improving screening, reducing diagnostic delays, streamlined care pathways, improved access to the best treatment, and investing more in research. This will not be an easy journey to undertake, but for each of the 70,000 people diagnosed with one of these cancers in England every year, it will mean the world.

Robert Music,
chief executive at Jo's Cervical Cancer Trust

We know that one day we can eliminate cervical cancer and must work as hard as we can to reach that day as soon as possible. We are fortunate to have fantastic vaccination and screening programmes in the UK which can prevent cervical cancer from ever happening, yet with uptake falling we cannot afford to be complacent as we will only see greater numbers diagnosed and lives lost which could have been saved.

Investing in innovation is essential, as is adopting new technologies. We should look to countries such as Australia who are ahead of us and already seeing the success of implementing the more effective primary HPV testing in cervical screening, the offer of self-sampling and a gender-neutral HPV vaccine. We must not get left behind.

For the 49,000 women currently living with and beyond cervical cancer in the UK, the focus must be ensuring they are able to thrive not just survive. The consequences of treatment can be life-long and devastating and it is essential woman have access to the support and treatment they need.

Jane Lyons,
chief executive at Cancer52

Over the summer of 2018, Cancer52 reached out to member charities, key stakeholders and people with rare and less common cancers. We wanted to gain their insight into how to improve outcomes for the 140,000 people diagnosed with a rare and less common cancer in England each year.

In total 55 charities, 671 patients and 14 key stakeholders responded to our requests for workshops, survey completion, and one-to-one interviews. We now know that much of what is needed for rare and less common cancers is the same as for all cancers: identify what is working, or has potential, and invest further in those programmes, particularly where it leads to speedier diagnosis, better patient care and easier and earlier access to treatment.

However, people with rare and less common cancers can face specific difficulties because of the nature of their conditions. Long the poor relation, these cancers must now be prioritised at a national and local level through ring-fenced funding, dedicated leadership and investment in coordination.

When we are trialling new initiatives, we must start with the rare and less common cancers, rather than leaving them till later. Targets which exist or are developed for all cancers must mean just that – "all" cancers – not just those for which data already exists.

Joanne Myatt,
breast cancer care campaigner and patient representative

I was diagnosed with incurable secondary breast cancer aged 40. Following my diagnosis, support was non-existent. There were no specialist or secondary breast care nurses. I was told by a GP on a Friday evening, and sent home with a lack of knowledge and lack of a plan.

I no longer had support from the nurses at the breast care unit either, as their focus was on primary breast cancer. Following my primary diagnosis I had someone to contact for support whenever I needed, but when diagnosed with secondary breast cancer there was nothing.

Following a change of hospital, I now have support from my specialist breast care nurse. I believe that every person needs to have access to a specialist nurse from the point of diagnosis, and given the opportunity to speak to someone with secondary breast cancer. I cannot emphasis enough how both of these things have helped to support me emotionally as well as physically.

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