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In April 2013, Public Health England (PHE) was established to bring together the functions of a range of organisations to form an integrated public health service, supporting people to make healthier choices and providing expertise, information and intelligence. As part of this move, the National Cancer Intelligence Network (NCIN) is now operated by PHE. Whilst operated by PHE, NCIN remains the main supplier of information on cancer to the Department of Health, PHE and the NHS; working across the UK to improve cancer data, information and intelligence.

Together PHE organisations will work to build on their collective expertise to deliver world-leading information and intelligence across cancer and other disease areas. One of the first steps in this new partnership is the development of three new health intelligence networks – child and maternal health, cardiovascular disease and mental health – which are due to launch in the coming months. The NCIN, with its knowledge and expertise in the field of cancer, is playing a central role in this. Like the NCIN, these new health intelligence networks will work towards the coordinated collection, analysis and publication of comparative information on diagnosis, treatment and outcomes to better capitalise on NHS data and drive improvements in health and care in these specific health areas.

The development of these new intelligence networks will also enable a greater understanding of the relationships between cancer and other disease; the data they generate will be able to be linked to cancer registrations, as well as primary and secondary care datasets.

For more information on PHE visit https://www.gov.uk/government/organisations/public-health-england

The NCRI Cancer Research Database – 2012 analysis now available

We have recently completed the 2012 analysis of cancer research funding by our data-submitting Partner organisations. The top-line findings are revealed below.

- In 2012, NCRI Partners spent over £507 million on cancer research. This is almost double the amount spent by our Partners in 2002.
- Approximately 60% of this funding was focused on non-site specific cancers (meaning the research applies to all cancer types).
- Of research that was focused on specific cancer sites, breast cancer received the largest proportion of funding.

The complete data set, which includes annual data on cancer research funding since 2002, is available on the NCRI website: www.ncri.org.uk

NCRI Confederation of Cancer Biobanks (CCB) update: Harmonisation and accreditation of biobanks

Since its launch meeting in late 2011 the NCRI’s Biobanking Harmonisation Project team has been making progress in developing a written standard for collecting, processing, storing, transporting and providing access to human biological samples and data for research. The written standard aims to provide a mechanism by which the quality of sample collections can be demonstrated to funders and researchers, and to provide reassurance to those who donate samples.

The standard is being developed by volunteers from the biobanking community, with input from sample donors, researchers, research funders, pharmaceutical companies, pathology staff and biobanks, including non-cancer biobanks. In tandem with this, the project team are also developing an accreditation scheme for biobanks in the UK. The accreditation process, which involves an initial self-assessment followed by peer-review, will be complimentary to (and with no unnecessary duplication of) existing systems that audit elements of biobanks (e.g. Clinical Pathology Accreditation, the Human Tissue Authority or the Medicines and Healthcare products Regulatory Agency). The accreditation scheme has already been piloted in one biobank with a second pilot planned for early summer 2013.

Thanks to the hard work and professional approach of all of the project volunteers, the standard and accreditation schemes are progressing rapidly – we hope that in the next 12 months we will see the development of a robust system. Discussions have already begun with the United Kingdom Accreditation Service (UKAS) to explore the possibility of linking the biobank standard to an appropriate international (ISO) standard, thus giving international recognition of the accreditation scheme.

Regular updates on the scheme can be found on the Confederation of Cancer Biobanks website www.ncri.org.uk/ccb. A workshop is also planned at this year’s NCRI Cancer Conference
How did you get into clinical oncology?
I ‘discovered’ oncology as a house officer, in my first job after qualifying. What captured my interest was the mixture of looking after patients with cancer combined with really big and difficult underlying clinical and scientific challenges. As I’ve done more oncology I’ve realised that my strengths and interests are in the radiation oncology part. Radiotherapy is a very anatomical specialty, and some years doing surgery, and obtaining FRCS before my oncology diploma, still proves useful for radiotherapy planning every week.

What are you working on right now?
There are 3 themes running side by side. The first is our ‘VoxTox’ research Programme (www.voxtox.org) – we recently started recruitment to the clinical study component, and the computational work is progressing on schedule. The second is the RAPPER radiogenomics project (bit.ly/RAPPER), based on a long-standing collaboration especially with Catharine West in Manchester. The final theme is to contribute to support for the proton-beam therapy initiative in England, which is so important for providing world-class treatment here.

What do you enjoy most about your job?
What really makes me tick is working with like-minded colleagues who can work collaboratively and who share the principle objective of making radiotherapy better for patients. I’m blessed with this environment in CTRad (www.ncri.org.uk/ctrad/), and in both VoxTox and RAPPER research groups.

What do you consider to be the most exciting development in radiotherapy research at present?
I would say that the push to provide image-guided intensity modulated radiotherapy across the whole country is the most exciting thing. The reason for choosing this is that it delivers better outcomes for patients being treated today, compared to the older technologies. That links to my patient-centric view of our work.

What do you enjoy doing outside of work?
Well, the family takes plenty of my attention. I get into the garden when I can, and I’m never happier than when I’m digging something up or chopping something down. Sadly, I’m running out of trees though.

If you could choose one piece of art (film/play/book/music) that you love, what would it be and why?
That's difficult. I would probably choose Springtime by Claude Monet, or a stunning piece of music, Concierto de Aranjuez by Rodrigo.

The National Institute for Health Research (NIHR) launches ‘Ok to ask’ campaign

20 May 2013 was International Clinical Trials Day, commemorating the anniversary of the very first clinical trial by James Lind. The date offers an opportunity for those working in the research field to take action to raise the profile of clinical research in the NHS in England (and beyond). This year the NIHR took the opportunity to launch its ‘Ok to ask’ campaign – a new campaign to encourage patients to ask their family doctor, nurse or consultant about clinical research.

In a recent consumer poll, less than 21% of patients and the public said that they would feel confident asking their doctor about research opportunities. That’s why the NIHR is promoting the fact that it’s Ok to ask about clinical research.

The aim of the campaign is to encourage patients to speak to their medical advisers about whether research is right for them. The campaign is aimed at patients, medical professionals and the public, and is asking them to spread the word that it’s Ok to ask about clinical research. The NIHR would like patients to log what they asked about research along with any other comments, via facebook, twitter, email or phone (see www.crncc.nihr.ac.uk/oktoask for details). By measuring the responses to the campaign, the NIHR will be able to let clinicians know that patients are interested in research. It will also help them to see where the response to patients who want to take part in research could be improved.
The NCRI Cancer Conference is the leading cancer research meeting in the UK, combining basic, clinical and translational research from around the world. Don't miss this opportunity to meet, share, and learn from the experiences of other cancer research experts with a full programme and dedicated networking opportunities.

Choose from over 50 sessions and 150 speakers in symposia, parallel sessions, workshops, poster discussion sessions and the Clinical Trials Showcase. There will also be sessions organised by the Royal College of Radiologists on breast cancer, and a ‘Dragon’s Den’ session for researchers, organised by the Consumer Liaison Group.

Visit our website to view the full programme and register to attend: conference.ncri.org.uk

Hear keynote speakers

• Lynda Chin, University of Texas MD Anderson Cancer Center, USA
• Lisa M Coussens, Oregon Health & Science University, Portland, USA
• Richard Marais, Paterson Institute for Cancer Research, Manchester, UK
• R Sean Morrison, Hertzberg Palliative Care Institute, National Palliative Care Research Center, and Mount Sinai Medical Center, New York, USA
• Neal Rosen, Memorial Sloan-Kettering Cancer Center, New York, USA
• Peter Sasiemi, Wolfson Institute of Preventive Medicine, Queen Mary, University London, UK
• Frances Shepherd, University of Toronto and Princess Margaret Hospital, Canada
• Charles Swanton, Cancer Research UK London Research Institute and University College London Cancer Institute, UK
• Stephen C West, Cancer Research UK London Research Institute, UK

“If you want to understand cancer, and you want to help people with cancer, then this is the place to go... You will have the opportunity to talk with anybody from anywhere. It doesn’t matter what level they’re at, we’re all equal.”

Professor Gerard Evan, Head of Department of Biochemistry, University of Cambridge, UK and Chair of the 2013 NCRI Cancer Conference Scientific Committee

Important dates

- Early bird registration closes: 31 July
- Late breaking abstract submission: 1–26 August
- Online registration closes: 27 September
Workshop on Data Standardisation and Integration

17 July 2013
Dalhousie Building, University of Dundee

This workshop will examine the challenges of linking data to biosamples collected for research including:

- Data collection within the NHS and how relevant clinical data can be made available
- Data infrastructure for national biobank projects
- Managing data when it comes back from researchers
- Connecting biobank data with informatics platforms for translational research

Speakers include:

- Monica Jones, Enterprise Architect and Informatics Lead, Cancer Research UK
- Philip Quinlan, IT Lead, Breast Cancer Campaign Tissue Bank
- Rachel Mager, Global Head of Biobanks, AstraZeneca
- Marion Flood, IT Lead, NHS GGC Safe Haven
- Balwir Matharoo-Ball, Operations Manager, Nottingham Health Science Biobank

Registration fee: £25

For more information and to register visit
www.ncri.org.uk/ccb/upcomingevents.html
The National Awareness and Early Diagnosis Initiative (NAEDI) – third call for research proposals

NAEDI aims, through a variety of means, to promote earlier diagnosis of cancer and increase access to optimal treatment; thereby improving survival rates and reducing cancer mortality. Under the auspices of the NCRI, a consortium of funders (Cancer Research UK; Department of Health [England]; Economic and Social Research Council; Health & Social Care R&D Division, Public Health Agency, Northern Ireland; National Institute for Social Care and Health Research, Wales; Scottish Government) have come together to develop a third UK call for research proposals in awareness and early diagnosis of cancer.

NAEDI’s third call for research will accept high quality, researcher-driven project grant applications on any topic within the field of early cancer diagnosis, across the whole of the NAEDI Pathway, including the following key areas where the evidence is currently lacking.

• Investigating reasons for late presentation (to primary care or A&E) and low uptake of screening.
• Developing effective interventions to prompt change, at both individual and systemic levels, to reduce late presentation and low uptake of screening.
• Investigating reasons for delays occurring within primary care and onward referral.
• The significance of symptoms across different cancer types.
• Making use of available data.

The deadline for full applications is 13 September 2013.
For more information about the remit and target areas of the current funding call, go to www.cruk.org/naedi-research-call
For further details please contact Dr Anne Helme, 020 3469 5442 or naedir01@cancer.org.uk

NCRI Clinical Studies Groups

CSG Chair and member rotations
• Three CSG Chair positions are due for rotation: Lung, Children’s Cancer and Leukaemia, and Upper GI. Interviews have been scheduled for July 2013. Candidates will be selected in due course.
• The next round of membership rotations will be in summer 2013. Relevant CSG members will be contacted in due course.

Annual Trials Meetings (open meetings)
• Leukaemia CSG: 24 June 2013, Royal College of Physicians, London.
• Gynaecological Oncology CSG: 12 December 2013, Royal College of Physicians, London.

For further information about becoming a CSG member, or the annual trials meetings visit www.ncri.org.uk or contact ncricsg@ncri.org.uk