



12 May 2022, Double Tree Tower Bridge, London

<https://cancerforum.hsj.co.uk/>

DRAFT AGENDA	
<b>08.00 – 09.00</b>	<b>Registration &amp; refreshments</b>
<b>08.30 – 09.15</b>	<b>Breakfast Briefing (optional)</b>
<b>09.30 – 09.40</b>	<b>Opening remarks from the chair</b>
<b>09.40 – 10.10</b>	<b>Keynote &amp; Policy Update: NHS Long Term Plan and the Health &amp; Care Bill – what are the implications for cancer?</b> <ul style="list-style-type: none"> <li>• Update on the Galleri trial</li> <li>• What does the Health &amp; Care Bill mean for cancer care and treatment pathways?</li> <li>• How integrated care, as a strategy, overcomes the fragmentations in care for people with complex needs</li> <li>• 62 day cancer waiting target and the two week wait – why do we keep missing these key metrics? If it's not due to Covid, how do we explain it?</li> <li>• How is the roll out of rapid diagnostic centres progressing?</li> <li>• Further funding streams for the cancer drugs fund</li> </ul>
<b>10.10 – 10.50</b>	<b>Panel: Rising to the challenge of a post pandemic recovery</b> <ul style="list-style-type: none"> <li>• Adopting a 'whole system' thinking encompassing new treatments for better outcomes, reduce toxicity, and simplifying administration</li> <li>• What has the Covid pandemic taught us about collaboration? How do we embed this in practice?</li> </ul>

	<ul style="list-style-type: none"> <li>• Leveraging advances in telemedicine and remote consultations</li> <li>• Artificial intelligence and wearables for remote patient monitoring to deliver patient convenience and service efficiencies</li> <li>• Expanding drive through services and self-administered treatments at home</li> <li>• How more tolerable treatments (oral and subcutaneous delivery) can increase throughput, ease capacity issues, and improve the patient experience</li> </ul> <p><i>Moderator:</i> <i>Panellists:</i></p>
<b>10.50 – 11.20</b>	<b>Morning break for refreshments &amp; networking</b>
<b>11.20 – 12.20</b>	<p><b>Interactive Discussion Groups</b></p> <p><i>Interactive roundtable discussions, each 25 mins duration, so attendees can choose 2 of the following topics:</i></p> <ol style="list-style-type: none"> <li>1. Innovative payment models for rare cancers</li> <li>2. Digital technologies to accelerate diagnosis rates and improve system efficiency</li> <li>3. NICE drop in ad Q&amp;A – priorities and strategies for cancer treatments</li> <li>4. Optimising prostate cancer treatment</li> <li>5. What can we learn from the successful roll out of the HPV vaccine?</li> <li>6. AI technologies to revolutionise cancer care</li> </ol>
<b>12.20 – 12.25</b>	<b>Transition</b>
<b>12.25 – 13.05</b>	<p><b>Panel: Tackling inequality in cancer care and treatment</b></p> <ul style="list-style-type: none"> <li>• What is the patient experience? And the relationship between patient and care giver?</li> <li>• Equality of voice, and the input from frequently ignored communities/patient groups</li> <li>• Improving access to services, and the ability to self-manage</li> <li>• How do we allocate resources optimally to address these inequalities in care and treatment?</li> </ul> <p><i>Moderator:</i> <i>Panellists:</i></p>
<b>13.05 – 14.05</b>	<b>Lunch</b>
<b>14.05 – 14.45</b>	<p><b>Panel: Making community diagnostics work</b></p> <ul style="list-style-type: none"> <li>• Building multi-disciplinary teams and nurse-led services</li> <li>• Supporting the separation of acute and elective diagnostics, providing capacity away from the hospital setting</li> <li>• Managing the community diagnostics workforce effectively</li> <li>• Leveraging digital technologies to optimise efficiency and administration</li> </ul>

	<p><i>Moderator:</i> <i>Panellists:</i></p>	
14.45 – 15.20	<p><b>Panel: How Cancer Alliances are improving care, services and outcomes</b></p> <ul style="list-style-type: none"> <li>Stakeholders, governance, accountability, and transparency</li> <li>Benefits of local and 'place-based' planning for cancer care and diagnostics</li> <li>How Cancer Alliances are set in the context of Sustainability &amp; Transformation Partnerships (STPs) and their five-year plans</li> <li>Impact of Cancer Alliances on reducing inequality of care</li> </ul> <p><i>Moderator:</i> <i>Panellists:</i></p>	
15.20 – 15.50	<p><b>Afternoon break for refreshments &amp; networks</b></p>	
15.50 – 16.20	<p><b>How Cheshire &amp; Merseyside Radiology Imaging Network (CAMRIN) is developing Rapid Diagnostics Services (RDS)</b></p> <ul style="list-style-type: none"> <li>Reviewing cancer imaging across the network</li> <li>Optimising pathways and protocols</li> <li>Integrating education and training where required</li> <li>What results are we seeing so far?</li> </ul>	<p><b>Advances in lung cancer care and treatment: Stereotactic ablative radiotherapy (SABR)</b></p> <ul style="list-style-type: none"> <li>Service configuration and service access</li> <li>Examining outcomes and the patient experience</li> </ul>
16.25 – 16.30	<p><b>Transition</b></p>	
16.30 – 17.00	<p><b>Optimising breast cancer screening services</b></p> <ul style="list-style-type: none"> <li>Communication with local populations and communities</li> <li>Making screening more accessible</li> </ul>	<p><b>Developments and breakthroughs in cancer gene therapy</b></p> <ul style="list-style-type: none"> <li>Why should we focus on gene therapy?</li> <li>Experimental treatments to target resistant cancers</li> <li>Developing gene therapies to target pancreatic, prostate and ovarian cancers</li> <li>Identifying predictive biomarkers for virus activity</li> <li>Host immune responses</li> <li>Pathways for gene therapy treatments</li> </ul>
17.00 – 17.05	<p><b>Transition</b></p>	
17.05 – 17.45	<p><b>Closing Panel: Building the cancer workforce, for now and the future</b></p> <ul style="list-style-type: none"> <li>What does Health Education England say about the cancer workforce plan?</li> </ul>	

	<ul style="list-style-type: none"> <li>• Opportunities for retraining and upskilling your staff</li> <li>• Creating new routes into the cancer workforce e.g. level 6 in diagnostic radiography</li> <li>• Increasing capacity through international recruitment</li> <li>• Exploring approaches to improve staff retention</li> <li>• How might the work done by the National Breast Imaging Academy be replicated in other areas?</li> </ul> <p><i>Moderator:</i></p> <p><i>Panellists:</i></p>
<p><b>17.45 – 17.50</b></p>	<p><b>Closing remarks from the chair</b></p>