**APPG on Less Survivable Cancers**

**Mini-inquiry into earlier detection and faster diagnosis**

**Roundtable on the challenges facing earlier detection of the less survivable cancers**

**Monday 17th March, 16.00-17.30, Room M, Portcullis House**

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# **Full list of attendees**

**Members**

* Paulette Hamilton MP, APPG Chair
* Katrina Murray MP, APPG Member
* Patrick Hurley MP, APPG Member
* Joani Reid MP, APPG Member
* Clive Jones MP, APPG Member

**Speakers**

* Professor Darina Kohoutova, Consultant Gastroenterologist, The Royal Marsden
* Professor Steve Ryder, Consultant Hepatologist, The Park Hospital and Nottingham Digestive Diseases Centre
* Bryony Thomas Pancreatic Cancer UK supporter with lived experience
* Dr Anthony Cunliffe, National Lead Medical Adviser, Macmillan Cancer Support
* Sir Harpal Kumar, President of International Business & BioPharma, GRAIL
* Professor Willie Hamilton CBE, Professor of primary care diagnostics, Exeter University.
* Dan Cariad, Deputy Director, National Cancer Programme
* Dr Paul Brennan, Professor of Clinical and Experimental Neurosurgery at the University of Edinburgh, Honorary Consultant Neurosurgeon

**Other**

* Abigail Bateman - Pancreatic Cancer UK
* Emily Waller - Pancreatic Cancer UK
* Peter De Rosa - Pancreatic Cancer UK
* Jhora Dasgupta - Pancreatic Cancer UK
* Helen Ross - Principle Consulting
* Valentina Garcia - Principle Consulting

# **Introduction to the session and overview of the mini inquiry**

**By Paulette Hamilton MP, APPG Chair**

Paulette Hamilton MP (the Chair) welcomed attendees to the first roundtable of the inquiry into earlier detection and faster diagnosis. The purpose of this session was to explore the key challenges in diagnosing less survivable cancers at an early stage and to identify potential solutions to improve survival rates.

The Chair provided background on the APPG, which is a newly established group with around 20 members across Parliament, committed to improving outcomes for individuals affected by less survivable cancers, including brain, liver, lung, pancreas, oesophagus, and stomach cancers. The decision to focus the first inquiry on early detection and faster diagnosis was driven by the fact that these cancers are disproportionately diagnosed at later stages, significantly contributing to poor survival rates. With the upcoming national cancer plan, the APPG aims to develop practical recommendations for the Government to address this issue.

The Chair highlighted that while progress has been made in screening and early detection for some cancers, similar advancements have not been seen for less survivable cancers, partly due to their vague and non-specific symptoms. Currently, only 28% of cases are diagnosed at stage 1 or 2, compared to an all-cancer average of 54%. Given this disparity, the inquiry seeks to identify actionable strategies to improve and accelerate diagnosis.

The Chair outlined the agenda for the session, which began with a discussion on the current landscape for early detection, followed by key themes such as access and referrals in primary care, symptom awareness, communication, and the role of screening and targeted surveillance in high-risk groups. The findings from this inquiry will be compiled into a report, to be published in the summer, with the aim of influencing the national cancer plan and ensuring that less survivable cancers are prioritised.

# **Summary of discussion**

The discussion highlighted the ongoing challenges in diagnosing less survivable cancers early, particularly those that often present with vague or late-stage symptoms. While overall cancer survival rates have improved, progress in detecting less survivable cancers remains slow. Many early symptoms are non-specific, making it difficult for GPs to prioritise investigations without dedicated screening programmes. There are concerns that GPs may hesitate to investigate low-risk symptoms due to workload pressures, limited resources, or fear of over-testing.

Two key patient groups were identified as priorities for further investigation when low-risk symptoms appear:

1. Patients who rarely visit their GP, as long gaps between visits can delay diagnoses.
2. Patients with persistent symptoms who repeatedly consult their GP but do not receive adequate follow-ups.

Research indicates that while symptom awareness in the UK is comparable to other countries, patients often delay visiting their GP because they do not want to waste their doctor’s time. In contrast, GPs in other countries tend to refer patients for tests sooner, resulting in earlier diagnoses. Limited access to GP appointments also contributes to late-stage diagnoses, with some patients only receiving a diagnosis after presenting at A&E.

The role of AI and data analysis in early detection was discussed. AI could help identify patterns in symptom data, but concerns remain about data-sharing restrictions and the slow adoption of new technologies. Expanding multi-cancer testing, as it becomes more available, was suggested as a more effective approach than separate screening programmes for each type of cancer.

A key focus was the need for policy changes to improve diagnostic pathways, encourage earlier GP referrals, and integrate AI and data tools more effectively. Specific suggestions included:

**Improved early detection strategies**

* Shift in focus to not only identify obvious cancer symptoms but also to recognise and act on low-risk symptoms much sooner. Particularly in cases of patients who have not visited their GP in many years, or those who repeatedly visit their GP with ongoing symptoms.
* Encourage the use of multi-cancer screening to detect cancers simultaneously, improving early diagnosis for cancers with vague or non-specific symptoms.
* Focus on improving diagnostic pathways, ensuring that patients receive the necessary tests more quickly.

**Training and education for GPs**

* Provide better education and training for GPs to improve recognition of low-risk symptoms, promote earlier investigations, and remove barriers to early diagnosis.
* Ensure consistent care by promoting better continuity of care, particularly for patients with persistent symptoms.
* Communication skills were identified as essential during the discussion, GPs should have access to training on communication skills.

**Data sharing and technological integration**

* Remove barriers to data-sharing within the NHS to allow better integration of patient data in the diagnostic process.
* Use technology, AI, and data analytics to track symptom patterns across primary care, identifying at-risk individuals earlier.
* Explore how AI and data analysis can target high-risk groups more effectively, integrating family history and symptom data to improve diagnosis.

**Public health and patient awareness**

* Launch public health campaigns to encourage people to seek medical advice for persistent symptoms, reduce the stigma around talking about cancer symptoms, and encourage donation of health data for research.

**Maximise current resources**

* Ensure that existing diagnostic tools are used more effectively and not overlooked, particularly in primary care settings.

**Enhancing referral systems and access to tests**

* Streamline referral systems to ensure that patients who require urgent tests are able to access them quickly, avoiding delays.
* Promote better access to tests like ultrasounds, CT scans, and blood tests, which should be available in primary care settings to reduce delays in diagnosis.

**Legislative changes**

* Implement legislative changes to improve access to patient data for research and diagnosis, ensuring that necessary data-sharing policies are in place.
* Address regulatory barriers to the adoption of new technologies, particularly AI tools, which are often delayed due to extensive approval processes.

# **Further questions arising from the discussion**

**Early detection challenges**

* How can low-risk symptoms be identified and acted upon more effectively?
* How can GPs balance investigating vague symptoms without overwhelming healthcare resources?
* What are the best ways to ensure patients with repeated symptoms are prioritised for further investigation?

**Barriers to diagnosis**

* What strategies can encourage patients to seek medical advice without fear of wasting their GP’s time?
* How can doctors be better trained to recognise symptom patterns in rare cancers?

**Screening and testing**

* How can diagnostic pathways be optimised to ensure faster access to tests for those who need them most?

**Use of technology and data**

* How can AI and data analysis help in early cancer detection while maintaining accuracy?
* What policy changes are needed to improve access to patient data for diagnostic research?

**Patient communication and education**

* How can doctors improve communication with patients to ensure symptoms are properly recognised?