“Nothing should stand in the way”

Enhancing the UK-EU relationship to support global collaboration in cancer research and care

March 2025

CANCER RESEARCH UK

Together we are beating cancer

Contents

Glossary

DG HERA	European Commission Directorate-General: Health Emergency Preparedness and Response Authority
DG R&I	European Commission Directorate-General for Research & Innovation
DG SANTE	European Commission Directorate-General for Health and Food Safety
DG Trade	European Commission Directorate-General for Trade
DBT	UK Department for Business and Trade
DHSC	UK Department for Health and Social Care
DSIT	UK Department for Science, Innovation and Technology
ECDC	European Centre for Disease Prevention and Control
EDPB	European Commission Directorate-General for Trade
EMA	European Medicines Agency
EUDAMED	European Database on Medical Devices
EU DPA	EU Data Protection Authorities
FCDO	UK Foreign, Commonwealth and Development Office
HM Treasury	His Majesty's Treasury (UK finance ministry)
HSC R&D	Health and Social Care Research and Development Division Northern Ireland
ICO	UK Information Commissioner's Office
MHRA	UK Medicines and Healthcare products Regulatory Agency
MoU	Memorandum of Understanding
Number 10	UK Prime Minister's Office
OLS	UK Office for Life Sciences
TCA	UK-EU Trade and Cooperation Agreement
UKHSA	UK Health Security Agency
UKRI	UK Research and Innovation

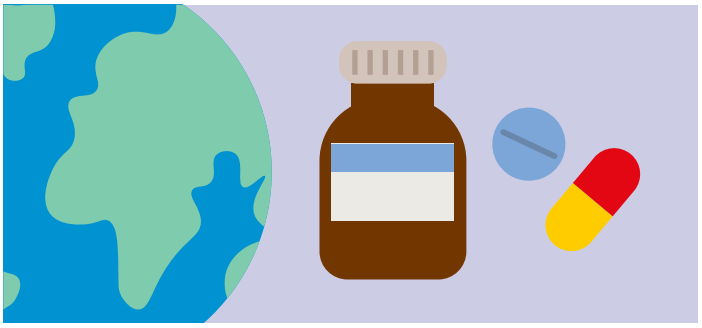
About Cancer Research UK

We’re the world’s leading cancer charity, dedicated to saving and improving lives through our research, influence and information.

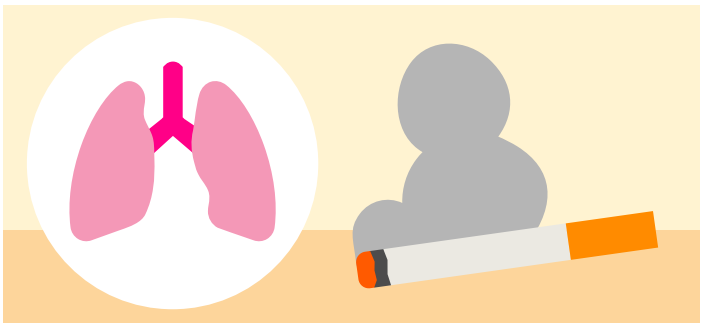
As the largest charitable funder of cancer research in the world, we've invested around £4bn (€4.8bn) on research in the past decade. We carry out research into more than 200 types of cancer, and for the past 120 years we’ve been making discoveries that have saved countless lives, benefiting millions of people around the world.

In the last 50 years, our work has helped double cancer survival in the UK.

Our research has:



played a role in more than half of the world’s essential cancer drugs [1]



helped prove the link between tobacco and cancer, preventing millions of deaths worldwide

led to the development of the HPV vaccine

shaped the development of modern radiotherapy

We partner with more than 120 organisations in the UK and around the world who share our mission of beating cancer. Our pioneering work is saving lives in the UK and on a global scale.

Cancer Research UK maintains many memberships and partnerships. In a policy context, we declare paid membership of the following:

- European Smoke Free Partnership (SFP) – board member
- Global Alliance for Tobacco Control (GATC) – founding partner
- International Cancer Control Union (UICC)
- NCD Alliance (NCDA)
- Association of European Cancer Leagues (ECL)
- European Cancer Organisation (ECO) – Community 365
- Cancer Prevention Europe (CPE)
- Federation of the European Academies of Medicines (FEAM) Forum

Executive summary

> "Nothing should stand in the way of trying to reduce the threat of cancer for everyone."
>
> Cancer Research UK online survey of people affected by cancer, 2023

No single person, nation or organisation can beat cancer alone. It demands collaboration, excellence and our support. Working across borders is essential for the UK and its partners to become healthier, wealthier and more productive.

Cancer is "the defining health issue of our time" [2]. Nearly 1 in 2 of us will get it in our lifetime [3]. By 2040, half a million people a year – friends, family, neighbours, colleagues – will be diagnosed with cancer in the UK alone. Worldwide, there will be 28 million new cases of cancer each year by 2040 [4]. We won't accept it, but to tackle it requires bold action.

The UK is a global leader in life sciences. Cancer Research UK has invested £4bn in research in the past decade [5]. But Organisation for Economic Co-operation and Development (OECD) modelling shows cancer could add £14.4bn to the UK's health spending every year until 2050 [6]. Across OECD countries, annual health expenditure is €449bn more than if there were no cancer [7].

At Cancer Research UK, we believe cancer research is at its best when backed by global collaboration. Of all research funded by Cancer Research UK published in the five years to 2023, 61% involved global collaboration [8]. Almost all (90%) childhood cancer trials led by Cancer Research UK-funded clinical trial units are international [9]. European cancer research outputs emphasise the benefits of a collaborative approach [10] [11]. Yet Brexit and uncertainty about the future UK-EU relationship have had a significant negative impact on UK-EU collaboration in recent years [12]. Three core areas of medical research are affected by the UK's exit from the EU:

> "Collaborations with European researchers, but also other international researchers, have been absolutely key."
>
> Interview participant, 2023. Hatch report (2025)

1. Access to research funding and collaboration (including data-sharing)
2. The environment for clinical trials and medicines (regulation and access)
3. The mobility of the research workforce

The EU and UK have said that they want to strengthen their unique relationship [13]. With the Trade and Cooperation Agreement review and wider conversations about long-term cooperation to support prosperity and security (including the competitiveness agenda), there is now a major opportunity to build better collaborations to unlock progress in cancer research. A vibrant life sciences sector is at the heart of the growth and health missions of both the new UK Government [14] and the new European Commission [15]. The EU's Beating Cancer Plan, which emphasises international research collaboration [16], continues to be implemented with major investment. The plan's major themes echo UK priorities as we face the same challenges in cancer, including significant inequities [17].

The UK is central to European cancer research. The exclusion of UK researchers from European cancer research activities has had, and will continue to have, negative consequences for the overall European cancer research effort [18].

79%

of researchers we surveyed said that since the UK left the EU it has been harder to begin new collaborations with EU-based scientists and researchers

The Lancet Oncology European Groundshot Commission

In 2023, a group of nearly 50 experts from across Europe (including a significant number of patient advocates) generated the most comprehensive analysis of cancer research activity in Europe, partly in response to the US Cancer Moonshot.

This commission produced a data-informed, patient-centred call to action that reimagined cancer research and its implementation across Europe with 12 recommendations. The commission provided unequivocal evidence that without the involvement of the UK – a powerhouse of cancer research – Europe would not achieve its cancer research targets, emphasising the importance of the UK to the European cancer research effort. [19]

It’s vital that the UK Government puts global research cooperation at the centre of future negotiations with the EU and other global jurisdictions, as well as ensuring domestic policy facilitates this collaboration.

Cancer Research UK has carried out in-depth analysis of the policy levers needed to improve the UK-EU relationship to support global scientific collaboration. We commissioned the **Hatch consultancy** at the University of Southampton with findings outlined in their 2025 report "Everything's harder" but "the spirit of science is still there": Understanding how the new UK-EU relationship affects global collaboration in cancer research and care. During 2023/24, Hatch undertook a rapid scoping review, focus groups and interviews. We also held many conversations and conducted several surveys with people across all four UK nations, plus we used public polling to inform our broader work for **Longer, better lives: A programme for UK Government for cancer research and care.**

We found from our work with Hatch that in relation to the new UK-EU relationship: “There is continued passion, willingness and [a sense of] importance between researchers to continue to collaborate between the UK and EU.” However, “the challenges currently being faced are having a direct negative impact on people affected by cancer” [20]. This reflects findings from previous studies [21].

Political messaging matters – in some respects almost as much as the regulatory environment. Perceptions about the UK’s attractiveness as a research destination are influenced by politicians’ actions: “Nobody wants to come [and] work somewhere they’re not welcome [22]."

> “I don’t care about geographical boundaries in Europe (or most of the rest of the world). I just care about scientists being able to work together.”
>
> Cancer Research UK online survey of people affected by cancer, 2023

We also found a potential positive impact on cancer outcomes (by preventing more cancers) if the UK Government uses greater regulatory freedom to make choices that support public health, for example in tobacco control.

There was a strong desire from cancer researchers and people affected by cancer to focus on the mutual benefits of collaboration, reduce uncertainty and make it simpler to set up new projects.

To make faster progress, strong leadership and political will is necessary. This could include a structured dialogue on science between the UK and EU within a health security framework [24]. Breaking down barriers to research will leave a legacy of life-saving cancer research and care that will benefit families in the UK and across the world.

People with cancer don't have time to wait.

> "Beating cancer is a team effort. Whether as a family, as a community or as a continent."
>
> Dr Ursula von der Leyen, President of the European Commission, 2024

> "Science is fundamentally international, and to succeed it depends on trust, collaboration and openness."
>
> Lord Patrick Vallance, UK Minister of State for Science, 2024

[23]

90%

of childhood cancer trials led by Cancer Research UK-funded clinical trial units are international

Cancer Research UK's priority actions

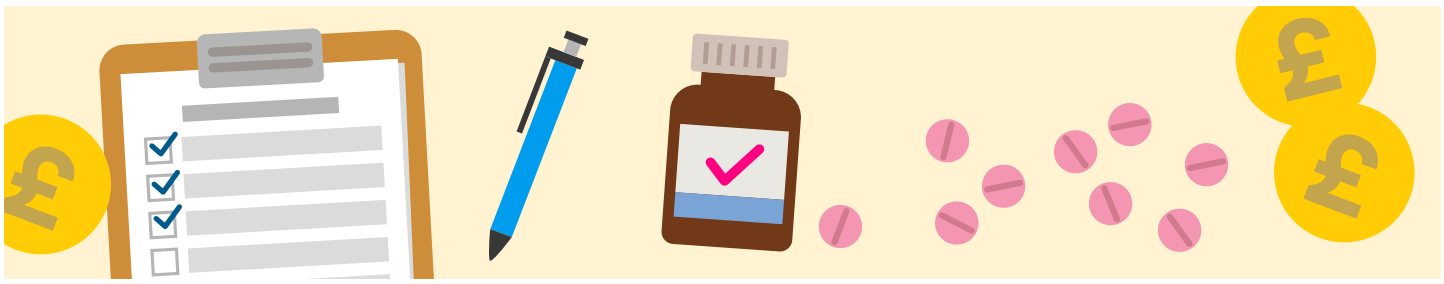
1. **Avoid duplication to expedite clinical trials:**
   The Cabinet Office and the European Commission should negotiate a UK-EU mutual recognition agreement which includes medicines manufacturing site inspections, batch release and testing (and the processes around these). (**Recommendation 8: page 39**)

2. **Support global research programmes:**
   The UK Government and European Union should ensure the UK continues to associate with Horizon Europe (and its successor – currently known as FP10) as a third country; the UK should join EU4Health and health-related workstreams of wider EU funding programmes; and join future global research programmes, with clear, positive messages about UK support for the global research environment. (**Recommendation 2: page 26**)

3. **Reduce trade friction:**
   The Department for Business and Trade, European Commission and EU Member States should support the logistics industry to meet cross-border regulatory requirements more effectively, ensuring scientists can access items needed for research in a timely manner. (**Recommendation 9: page 39**)

4. **Ensure data flows:**
   The European Commission and the UK Secretary of State for Science, Innovation and Technology should grant the UK and the EU data adequacy in their separate renewal decisions. The UK Government should ensure the UK's data protection environment doesn't put at risk a renewal in 2025 of the EU's decision in favour of UK data adequacy. (**Recommendations 4 and 5: page 29**)

Our full recommendations are set out on **pages 10** and **11**.



Key case studies: the increased cost of clinical trials

eSMART

A trial of targeted drugs and chemotherapy for children, teenagers and young adults whose cancer has come back or treatment has stopped working.

The cost to import drugs for **eSMART** – a collaboration on childhood cancer between long-established partners at Gustave Roussy in Paris and Cancer Research UK's Clinical Trials Unit (CRCTU) in Birmingham – almost quadrupled from €52,000 to €205,000 after the UK-EU Trade and Cooperation Agreement came into force in 2021.

Clinical trials with both UK and EU partners now need to duplicate testing processes: the Birmingham CRCTU spent a long time trying to arrange a second qualified person (QP) release of the drugs so new arms of the trial could open in the UK. It's caused a lot of difficulty for the CRCTU and French sponsors, and the drug companies weren't prepared to release the relevant paperwork for the second QP release to be performed.

New arms of the trial could open in the EU but not the UK, so patients across Europe have been able to access treatment as part of this trial, while patients in the UK lost out. UK patients will finally be able to join this trial in 2025, only because Cancer Research UK has paid the £92,000 cost of additional QP release.

Add-Aspirin

A trial to find out if taking daily aspirin after treatment for cancer can stop or delay the cancer from coming back.

It has cost an additional £22,000 for a UK-based qualified person (QP) to certify batches of aspirin for the **Add-Aspirin** trial, a partnership between researchers in the UK, India and the Republic of Ireland. Aspirin is one of the most well-known drugs in the world and the batches have already been checked in the EU (the manufacturer is based in Germany).

The packaging is then done in Spain. Aspirin and placebo used to be sent to the UK depot, which would ship to sites in the UK and the Republic of Ireland. Now, bespoke shipping is needed from Spain to the Republic of Ireland to avoid sending items through the UK and then onto the Republic of Ireland. This new shipping arrangement costs 10 times the pre-Brexit amount. Over the course of the trial, the extra shipping costs are anticipated to be £25,000.

These extra costs of up to £50,000 (plus other substantial increased trial costs since the study was costed originally in 2013) are covered by the trial funders – Cancer Research UK and the government-funded National Institute for Health and Care Research.

These figures don't include the additional time trial-funded staff have spent since 1 January 2021 on complex tendering processes for alternative packaging, finding and contracting the extra UK-based QP, preparing all the extra documentation for every site (120 across the UK, including Northern Ireland) and answering questions about shipping to Northern Ireland. As aspirin is already so well-known and doesn't need to be temperature controlled when transported, it's likely that the extra shipping costs are at the lower end.

Our full recommendations

Broad research environment

- Pursue a UK-EU structured dialogue on science and research with an associated regular forum to set out priorities and opportunities for cooperation as part of the wider reset in UK-EU relations. (**Recommendation 1: page 26**)
- Continue to strongly support the UK's full participation in prestigious, multinational funding programmes, including Horizon Europe, with clear, positive messages about UK support for the global research environment. The UK should join successor EU research and innovation funding mechanisms after 2027 as a third country. In the short term, the UK Government should review the last government's decision and join EU4Health and health-related workstreams of wider EU research funding programmes. The UK should do all it can to play an active role in shaping conversations about research priorities. (**Recommendation 2: page 26**)
- Facilitate the UK to join and lead the development of further global research programmes that support disease prevention, patient care, sustainable health systems and innovation. The UK Government should co-fund Cancer Grand Challenges alongside Cancer Research UK, the US and French governments and other European cancer charities, and fund the UK's International Science Partnerships Fund beyond 2025. (**Recommendation 3: page 26**)
- Grant the UK and the EU data adequacy in the separate renewal decisions; ensure the UK's data protection environment doesn't put at risk a renewal in 2025 of the EU's decision in favour of UK data adequacy; support UK participation in the European Health Data Space; make explicit in the reviewed Trade and Cooperation Agreement the provisions for seamless sharing of data for medical research under a secure and interoperable framework; and establish formal cooperation mechanisms for joint investigations, data breach responses and complaint handling. (**Recommendations 4 to 7: page 29**)
- Support the logistics industry to meet cross-border regulatory requirements more effectively, to ensure scientists can access items needed for research in a timely manner. (**Recommendation 9: page 39**)
- Make changes to the UK immigration system that support science more effectively. (**Recommendations 14 and 15: page 44**)

Life sciences environment

- Negotiate a UK-EU mutual recognition agreement which includes medicines manufacturing site inspections [25], batch release and testing (and the processes around these) to ensure people with cancer have timely access to treatment without unnecessary delays. (**Recommendation 8: page 39**)
- Reduce new barriers to multinational clinical trials and understand the compromises required to set the UK and EU on a path to mutual recognition of clinical trial sponsorship and approvals. In the meantime, the UK should be involved as a stakeholder in clinical trial policy wherever appropriate. Ultimately, this means people with cancer across the whole of Europe will have earlier access to innovative treatment options. (**Recommendation 8: page 39**)
- Provide adequate and sustained funding for the MHRA via grant-in-aid to ensure:
  - UK access to proven and effective innovative treatments equal to comparative countries
  - strong relationships between national and supranational regulators (eg the EMA), which support regulatory compatibility, monitoring and horizon-scanning, and good communication with stakeholders
  - the interoperability of the UK's Integrated Research Application System with EU portals – the Clinical Trial Information System and European Database on Medical Devices (EUDAMED) for medical devices

  (**Recommendations 10 and 11: page 40**)

- Publish a national register of UK medicines shortages in line with the EU; continue UK participation in the EU's Critical Medicines Alliance and be part of conversations about shortages of medical devices (including in vitro diagnostic medical devices). (**Recommendation 13: page 40**)

Northern Ireland

- Explore the possibility of an all-Ireland agreement to support cross-border cancer research and care, building on the activities of the Ireland – Northern Ireland – US National Cancer Institute Cancer Consortium and the All-Island Cancer Research Institute (AICRI).

  Key pillars of this partnership could include:

  - incentives for industry, academia and charities to support clinical trial participation in Northern Ireland, and as part of an all-island approach

  - assessing the impact of a 'dynamic alignment' approach to UK and EU medical devices and other regulations in future, to ensure equality of access to clinical trials and treatment between Great Britain and Northern Ireland (**Recommendation 12: page 40**)

Prevention

- The Memorandum of Understanding between the European Centre for Disease Prevention and Control and the UK Health Security Agency should be expanded to cover non-communicable diseases as a step towards a Health Security Agreement. (**Recommendation 16: page 47**)

- Prioritise prevention research in EU framework programmes and future EU research and innovation funding mechanisms, and help reduce barriers to industry investment in precision prevention. (**Recommendation 17: page 47**)

- Take a Health in All Policies approach – including in international trade negotiations – to embrace every opportunity to deliver the government's ambitions for preventing ill health, with particular focus on tobacco control and reducing obesity. (**Recommendation 18: page 47**)

We’d be delighted to discuss our recommendations further. Please contact **laura.williams@cancer.org.uk** or **publicaffairs@cancer.org.uk**

The full report is available at **The UK and the EU: our work to support researchers and people affected by cancer | Cancer Research UK**

Cancer Research UK Policy Department, March 2025.

With thanks to:

those in our scientific and patient involvement communities who took part in our research; the Cancer Research UK project working group; the team at Hatch, particularly Kay Lakin, Rebecca Scott and Caroline Larsson; those who provided external review on draft versions of this report, including Professor Tamara Hervey (City University and Nuffield Trust Health Governance After Brexit group); Professor Pamela Kearns (University of Birmingham, Cancer Research UK Trustee and SIOPE – the European Society for Paediatric Oncology); Professor Mark Lawler (Queen’s University Belfast and European Cancer Organisation); Robert Smith (Association of the British Pharmaceutical Industry); Professor Claudia Allemani (London School of Hygiene and Tropical Medicine); Sam Lowe (Flint Global); Dr Denis Lacombe, Xiao Liu, Rana Kassas, Izabella Jagiello, Laura De Meulemeester and Ellen Peeters (European Organisation for the Research and Treatment of Cancer); Julie Kitcheman (European Organisation for the Research and Treatment of Cancer Liaison Office, University of Leeds).

Introduction

For the past 120 years, Cancer Research UK’s scientists have been making discoveries that have saved countless lives and benefit millions of people around the world.

As the largest charitable funder of cancer research in the world, we fund around 50% of all publicly funded UK cancer research, supporting world-leading national life sciences infrastructure and global research initiatives. We also have unique capabilities, including the world’s only charity-funded drug development facility, collaborating with industry partners around the globe.

In February 2024, 54 scientists, including three Nobel Prize Winners, wrote a **Letter to the World** stating: “Cancer is the defining health issue of our time [26]."

A Letter to the World

To those with the means and vision to bring about change.

The threat posed by crises such as climate change and the Covid-19 pandemic have required a massive global response. The threat posed by cancer is no different.

Cancer is the defining health issue of our time. Globally, 18 million people are diagnosed with cancer every year. And 10 million die from the disease.

Alarmingly, by 2040 – just 17 years from now – the number of cancer diagnoses is set to increase by over 55%. This represents an untold amount of pain and suffering to families across the world. Your help can change that.

Many cancers can be prevented, and even more could be overcome if detected early and treated effectively.

As leading representatives of the global scientific and research community we know we’re standing at a tipping point of discovery that could transform how we understand and overcome cancer.

Fuelled by advancements in AI and technology – the next decade presents a unique opportunity to beat the disease. That is why we’ve come together to ask you to help accelerate a new golden age of cancer research. [26]

The rise in cancer cases across the world is leading to increased awareness and greater prioritisation of cancer as a major global challenge. Over 35 million new cancer cases are predicted in 2050 [27], but improvements in cancer research, prevention and care are already making a huge difference to millions of families. Further progress would also reduce health, social care and 'informal' care costs, contribute to treating other health conditions, and have a positive impact on workforce productivity and quality of life [28].

The UK's scientific strengths rely on cross-border collaboration to drive health improvements, while also benefiting the economy. Every £1 invested in cancer research generated £2.80 in economic benefit for the UK in 2020/21 [29].

Our research community are clear that many of their priority relationships lie with European partners, alongside the US [30]. Leading research nations beyond Europe are increasingly important, but collaborations between UK- and EU-based scientists will continue to have a major impact on progress long into the future.

International collaboration is critical to research efforts to improve our understanding of how and why cancer develops, if we are going to improve cancer prevention and treatment outcomes. The progress we've seen in recent years has been driven by scientists and clinicians in the UK, Europe and across the globe. At Cancer Research UK, we're clear that we'll only beat cancer in partnership.

The UK's exit from the European Union (Brexit) on the 31 January 2020 led to uncertainty about the UK's existing research relationship with EU partners. This included the UK's ability to access shared funding sources, regulation of research and access to global talent.

While cancer research was disrupted throughout 2020 and 2021, some potential Brexit-related effects were hard to discern amid the substantial impact of COVID-19. Lawler et al [31] articulate the shared challenges for cancer research that were exacerbated by the pandemic. They provided a series of 12 recommendations as part of a call to action to "reimagine cancer research and its implementation across Europe". Recommendation 5 states: "European cancer research funders and the European cancer research community must mitigate the effects of Brexit and other political challenges on European cancer research." [32]

Every £1 invested in cancer research generated

£2.80

in economic benefit for the UK in 2020/21

Nearly four years on from the EU-UK Trade and Cooperation Agreement (TCA) (which came into force on 1 January 2021), Cancer Research UK has conducted work to understand the policy levers needed to ensure the new UK-EU relationship can best support global scientific collaboration.

This included commissioning the **Hatch consultancy** at the University of Southampton, who published their report in 2025: "Everything's Harder" but "the spirit of science is still there": Understanding how the new UK-EU relationship affects global collaboration in cancer research and care. During 2023/24, Hatch undertook a rapid scoping review, focus groups and interviews. In addition to ongoing policy work on the UK's research environment, Cancer Research UK conducted surveys on global collaboration in cancer research with our research community, patient involvement network and our children and young people's panel. We also undertook public polling to support our broader work on **Longer, better lives: A programme for UK Government for cancer research and care** that included questions about international research collaboration.

This paper is a call to policymakers to support cancer researchers to collaborate internationally to promote health and wealth, highlighting the new barriers and opportunities for global collaboration, particularly with our nearest neighbours across Europe. Addressing these barriers and taking these opportunities will provide a more supportive research environment for the huge global challenges posed by cancer and other diseases.

The importance of global collaboration

No single country will beat cancer alone. Evidence shows that collaborating overseas makes research more impactful, speeding up the development of groundbreaking discoveries [33].

Cross-border collaboration is also essential to research rarer cancers, including children's and young people's (CYP) cancers, as trial participants from one country alone can't generate enough data to draw meaningful conclusions.

Cancer Research UK's research funding strategy explicitly supports international research partnerships. We support multinational collaborations wherever we think they'll lead to faster progress, including our flagship **Cancer Grand Challenges** initiative (see box below).

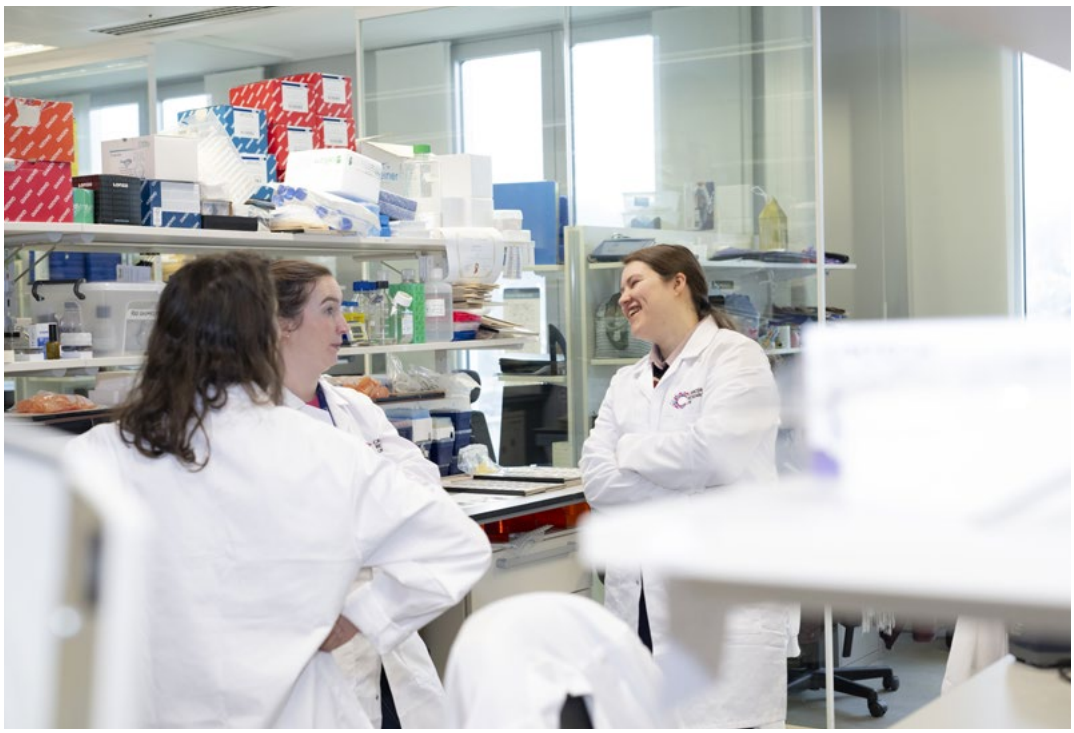
Cancer Grand Challenges seeks to tackle cancer's most difficult questions. For example, developing new treatments for CYP cancers is incredibly complex and can only be addressed by international collaboration. With our industry partner LifeArc, we're investing £28m in a pioneering international initiative, C-Further, dedicated to developing new medicines for CYP cancers.

> "Cancer has no borders. We need to join forces, especially on rarer cancers."
>
> Dr Denis Lacombe, CEO of the European Organisation for Research and Treatment of Cancer (EORTC), 2024

Cancer Research UK's role in global research

We're a key part of the global cancer ecosystem:

- We maintain strong research partnerships with many countries, including the US. Our flagship Cancer Grand Challenges initiative, co-founded with the US National Cancer Institute and supported by a growing network of international partners (including the Scientific Foundation of the Spanish Association Against Cancer, the Dutch Cancer Society, The Mark Foundation for Cancer Research and the French National Cancer Institute), has funded projects across 16 countries with a total investment of £315m to date.
- Our partnership with five world-leading transatlantic centres through the International Alliance for Cancer Early Detection (ACED) funds innovative research across the translational pipeline. The German Cancer Research Centre joined the alliance in 2025.



98%

of researchers surveyed said collaboration with EU-based scientists is important to them

Our findings show that the UK’s new relationship with the EU (as a former EU Member State which isn't part of the EU single market or EU customs union) has damaged the practical ability, but certainly not the desire, of the cancer research community to collaborate across borders. This is particularly the case for clinical trials and for attracting the best talent to our world-leading institutions. The impact on children’s cancer trials is especially significant because almost all (90%) paediatric trials carried out in clinical trials units we fund are international [9]. Sometimes a trial is a family’s only treatment option.

> “Our son had a rare form of leukaemia... It’s a no brainer for me that scientists need to work together. How can we progress the state of the art in cancer research, diagnosis and treatment without talking to and working with other countries? Cancer doesn’t respect borders of any kind, so why should science?”
>
> Cancer Research UK online survey of people affected by CYP cancers, 2024

> “There is huge expertise within the UK science base. The desire of researchers to collaborate internationally – and the desire of researchers to collaborate with the UK – is as strong as ever. But the environment is changing. Those changes have the potential to enhance the UK’s position as a global leader in cancer research and innovation, but much uncertainty remains.”
>
> Hatch report, University of Southampton and Cancer Research UK: "Everything's harder" but "the spirit of science is still there" (2025)

While nearly all (98%) respondents to our researchers’ survey said collaboration with EU-based scientists is important, nearly four in five (79%) said that since the UK left the EU, it has been harder to begin new collaborations with scientists and researchers based in EU countries. It’s now clear that the new UK-EU relationship doesn’t support cancer research collaboration well enough and must evolve much faster to support better cancer outcomes.

People affected by cancer agree, with 99% of those we surveyed agreeing that our researchers must be able to start and continue new projects easily with partners around the world, including those based in EU countries [34].

The KOODAC Cancer Grand Challenge

KOODAC brings together an international team of scientific experts, patient representatives and a committed industry partner, across 10 institutes.

"Our goal is to develop well-tolerated drugs that can target and eliminate cancer cells in children. The current standard of care for childhood cancer is... associated with severe side effects. These therapies are often based on drugs that were developed decades ago. We have world-class researchers working together on an interdisciplinary basis. They are bright minds in structural biology, biochemistry, paediatric oncology and medical chemistry from the US, UK, France, Austria and Germany."

Professor Martin Eilers,
KOODAC Co-team Lead, University of Würzburg, Germany

Our scientific community need to be free to work with whoever will provide the most benefit in the most straightforward way possible (ideally within compatible time zones) and right now, these collaborations tend to focus on Europe and the US. Of those surveyed in our 2025 survey of the UK cancer research workforce with YouGov [35], the most popular countries for future collaboration were:

1. US
2. Germany
3. The Netherlands
4. France
5. Italy
6. Australia
7. Spain
8. Canada
9. Sweden
10. Switzerland

Other collaborating countries mentioned were Austria, Belgium, Denmark, Greece, Hungary, Ireland and Norway.

This demonstrates that our nearest partners in the EU are a high priority for our researchers, alongside the US. This is a result of existing strong relationships (in many cases going back decades), but also the availability of funding and the practical considerations of working in similar time zones and the cost of sharing materials.

Cancer Research UK's research community reflects the global nature of science careers. Almost 80% of cancer researchers we surveyed were involved in multinational collaborations and they were vocal in their passion for their work and ability to connect with others to make progress (online Cancer Research UK researchers' survey, 2023). Interviews for the Hatch report (2025) indicate that barriers to UK-EU collaboration create barriers for projects that also include scientists in the rest of the world, as well as UK and EU partners.

The UK can cement its status as a world-leading science nation by facilitating global research collaboration. But it will take strong national leadership.

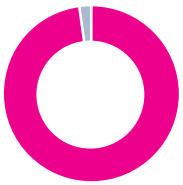
Almost

80%

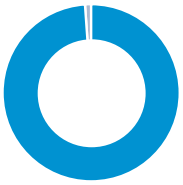
of researchers surveyed were involved in multinational collaborations and they were vocal in their passion for their work and ability to connect with others to make progress

International collaboration

We partner with a diverse network of organisations around the world [1]



98% of our research community believe collaboration with EU-based scientists is important [2]

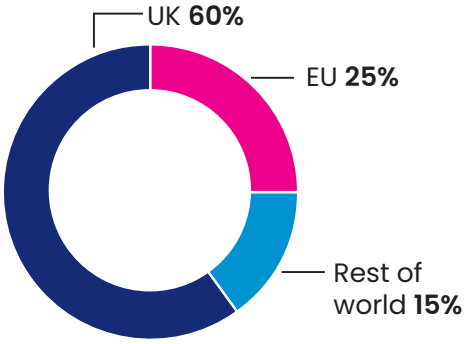


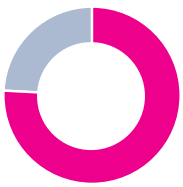
99% of people affected by cancer think it should be easy for Cancer Research UK scientists to collaborate on projects with global and EU researchers [3]

Sources:
1. cruk.org/funding-for-researchers/how-we-deliver-research/our-research-partnerships
2 Cancer Research UK online researchers' survey, 2023
3. Cancer Research UK online survey of people affected by cancer, 2023

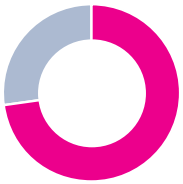
International researchers are vital to cancer research, but it's becoming harder to recruit them

Applicants to Cancer Research UK Fellowship, 2020-2023 [1]





76% of surveyed cancer researchers have faced difficulties with recruitment and retention since Brexit [2]



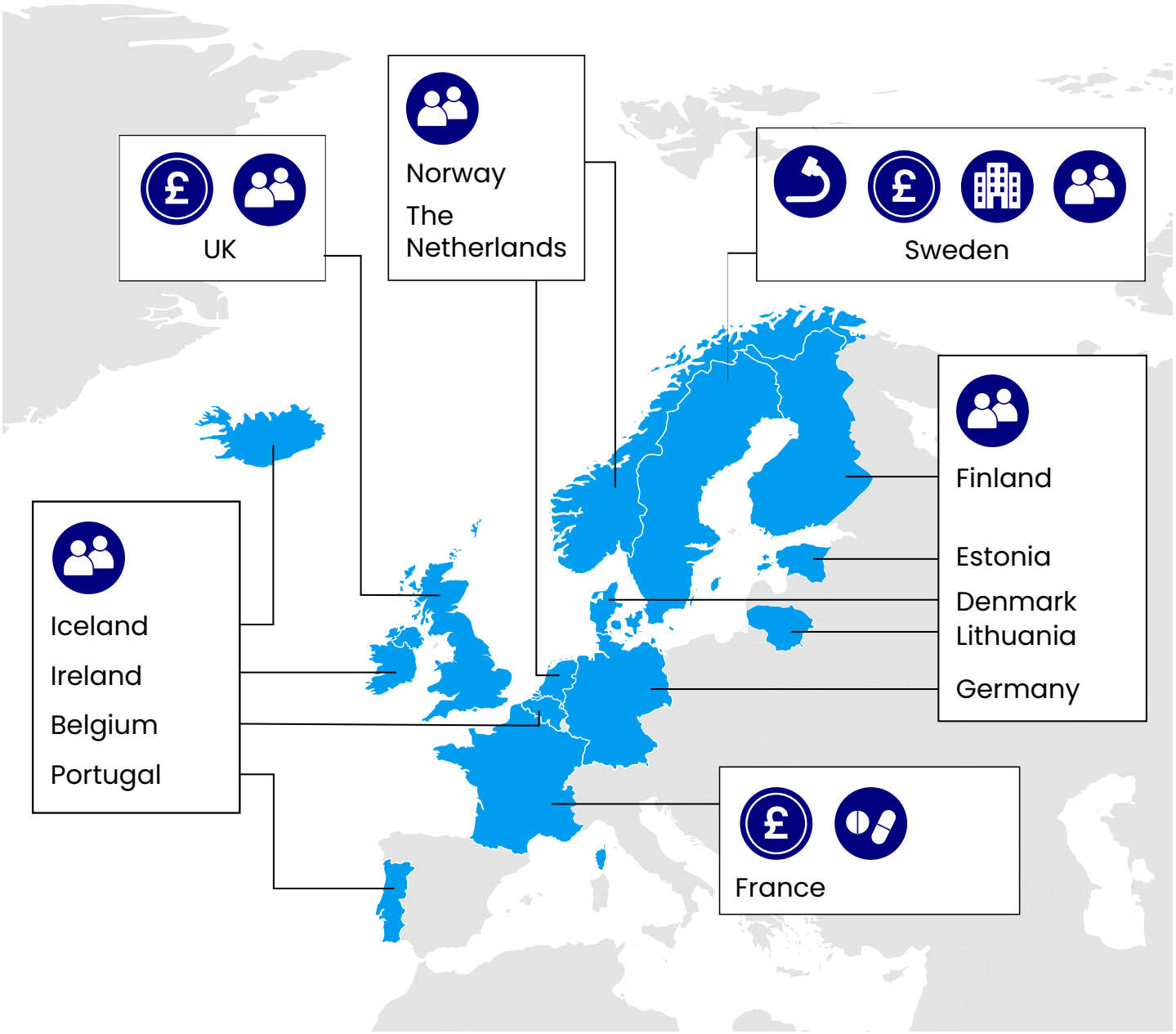
73% of the public are in favour of making it easier for researchers to come to the UK for work [3]

Sources:
1. Cancer Research UK internal data
2. Since EU-UK trade deal in force from 1 January 2021. Cancer Research UK online researcher survey, 2023
3. Cancer Research UK public opinion polling 2023

Infographics from **Longer, better lives: A manifesto for cancer research and care**

ALLTogether-1

ALLTogether-1 is a study looking at treatment for children and young adults with newly diagnosed acute lymphoblastic leukaemia. It's an example of a cross-border clinical trial across 14 European countries, funded by relevant national partners including Cancer Research UK.



Infographic created in 2024.

Cancer Research UK's Centre for Drug Development

"As new cancer treatments have become more targeted, the eligibility criteria of clinical trials have narrowed. Now, as well as needing to be in the right age group, with the right treatment history and tumour type, at the right stage, patients also need to have specific biomarkers or genetic alterations to take part in a particular study.

For paediatric and rare cancers, where patient numbers are lower, the recruitment challenge is even greater. Combined with the low incentive for the pharmaceutical industry to develop new medicines for smaller patient populations, this results in a significant unmet need. Non-profit organisations will be crucial to filling that gap. If we do not fund these trials, no one else will.

One solution is to collaborate internationally. Partnerships between organisations in different countries allow them to pool funding, resources and expertise. It also broadens the potential patient population and opens up trial sites in one country to another, accelerating trial execution and bringing new therapies to patients faster."

Lars Erwig, Director of **Cancer Research UK's Centre for Drug Development**, 2024

The centre is the world's only charity-funded drug development facility.

Access to research funding and research collaboration

Access to EU funding

The UK's new relationship with the EU has impacted UK-based researchers' ability to access EU funding and collaboration opportunities, and impacted their collaborators' and EU cancer research policy bodies' opportunities to benefit from the expertise of scientists in the UK [36]. From 2021 to 2023, UK-based researchers were unable to access Horizon Europe funding. The survey of our research community highlighted the importance of the UK's involvement with EU framework programmes, with 75% in support of association to Horizon Europe and future European funding programmes with direct access to EU funding [37]. 71% of respondents said funding from the EU (for example, from the European Research Council) is important relative to other sources of funding for their research. This is echoed by people affected by cancer, with 95% of respondents to our survey agreeing the UK must continue to participate in major EU research programmes that support scientific collaboration around the world [38].

> "There's a lot of very good expertise in the UK in lots of different areas of cancer research. I think that's recognised around Europe and globally and therefore people want to continue to work with the UK for those reasons, to access the expertise."
>
> Interview participant based in an EU country, 2023. Hatch report (2025)

As of 1 January 2024, the UK associated to Horizon Europe [39], the world's largest research and innovation funding programme. Association offers unparalleled opportunities, helping to foster international collaborations and make the UK an attractive destination for world-leading scientists.

Now that Horizon Europe has been unlocked, UK-based scientists are in a stronger position to win funding from future EU programmes. There remains some residual uncertainty among scientists after their experiences during 2021 to 2023, so the UK Government will need to continue to deliver clear messages to provide reassurance that multinational funding programmes are a priority (for example, **the UK position on EU's Research and Innovation Framework Programme** in September 2024) [40]. It's also important to demonstrate how the UK will participate in the necessary conversations about future global funding programmes.

Our research suggests that for some researchers it's becoming more difficult to attract other types of grant funding to the UK due to additional bureaucracy since the UK left the EU.

> "Our European academic partners... have remained engaged with us in our consortia... But we are starting to see in the grant calls... sometimes the UK is excluded or you can be included in the ground call, but the money will not go to the UK sites because of the extra costs and logistics involved."
>
> Focus group participant, 2023. Hatch report (2025)

> "Horizon Europe association is overwhelmingly in the best interests of cancer patients and scientists. We hope that this paves the way for the UK's ongoing participation in future European research programmes."
>
> Michelle Mitchell, Chief Executive, Cancer Research UK, 2023

> "I do have concerns that [science] could be used as a political football on either side again in the future, which would introduce more uncertainty."
>
> Focus group participant, 2023. Hatch report (2025)

The UK's reputation

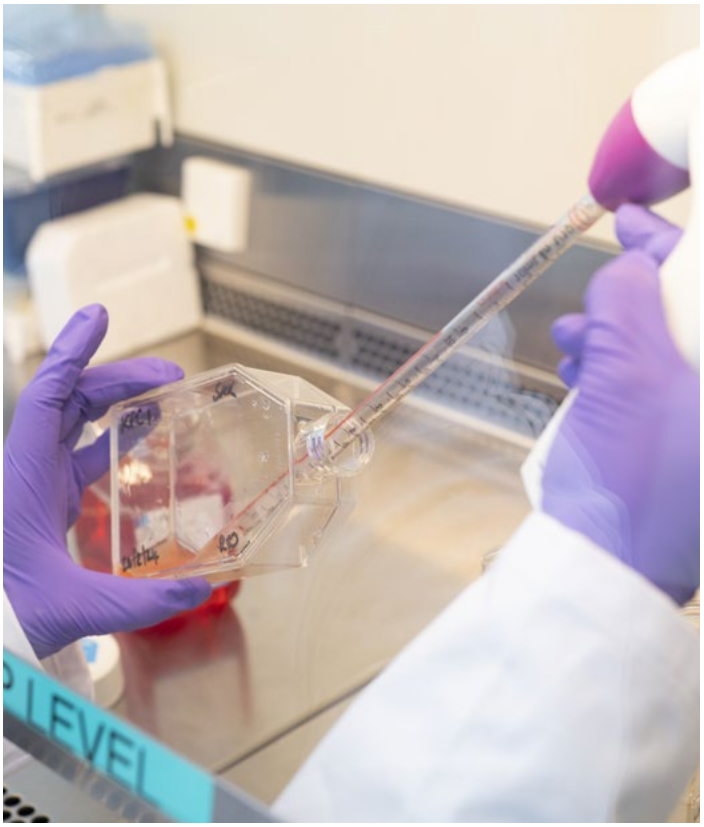
Our research community also expressed concern that the general perception of the UK-EU relationship is impacting UK researchers' involvement in future international collaborations and career moves. Politicians' messaging about the UK, including around immigration in general, has a direct impact on our ability to attract and retain talent.

> "Nobody wants to come [and] work somewhere they're not welcome."
>
> Focus group participant, 2023. Hatch report (2025)

And if international collaborators see the UK generally removing itself from EU collaboration, they are less likely to involve UK-based researchers in future projects.

> "It's important to understand that the general perception of the UK-EU relationship can be as important as the actual practicalities... That's partly why 'replacement programmes' for Horizon funding just [didn't] cut it."
>
> Cancer Research UK online researchers' survey, 2023

> "We're not part of all the new initiatives of cancer care throughout Europe and I think that's really problematic."
>
> Focus group participant, 2023. Hatch report (2025)



The EU's Beating Cancer Plan 2021–31 has €4bn funding for many flagship initiatives [41] and explicitly references the importance of international collaboration, particularly in research [42]. The plan includes projects and legislative plans the UK helped shape, such as the EU clinical trials framework and further action on tobacco control. €1.25bn of the EU's cancer plan funding supports EU4Health [43], which funds projects to strengthen health systems, improve health and health security, and support access to treatment. The UK chose not to participate, but the new UK Government should review this decision and join EU4Health and other health-related workstreams of wider EU funding programmes. This would support a number of infrastructure initiatives, particularly related to digital health and health data use in AI technology, and would form part of a wider commitment to mutual interests for health security.

International comparisons demonstrate that countries that have put in place a consistent and strategic approach to cancer planning and delivery – with a dedicated, appropriately resourced national cancer plan – have seen greater improvements in cancer survival [44] [45].

Cancer strategies support the join-up between research, innovation, health systems and public health. Denmark had similar cancer survival to England 20 years ago, but it has since surged ahead. It's vital to share lessons across borders.

The desire of our researchers to collaborate is as strong as ever, and the UK's expertise is welcomed in forums that promote progress on cancer and health more widely. For example, in health data-sharing [46], cancer screening [47] and childhood cancer [48]. The EU's Beating Cancer Plan and pharmaceutical legislation emphasise the importance of tackling CYP cancers. The European Reference Networks such as ERN PaedCan that promote best practice in care (including participation in research) for people with rare diseases [49] [50], remain open only to researchers in the EU27 and Norway, so UK-based researchers – many of whom led some of these initiatives pre-Brexit – must and do find other ways to support the European research community.

Our research found many examples of the huge commitment that our research community sustain in their efforts towards more effective cancer prevention and care. The UK's 'reset' with the EU must enable us to continue to shape a conversation in which we're a world leader, otherwise this could damage the UK's attractiveness to international talent and its status as a world leader in global life sciences and medical technology.

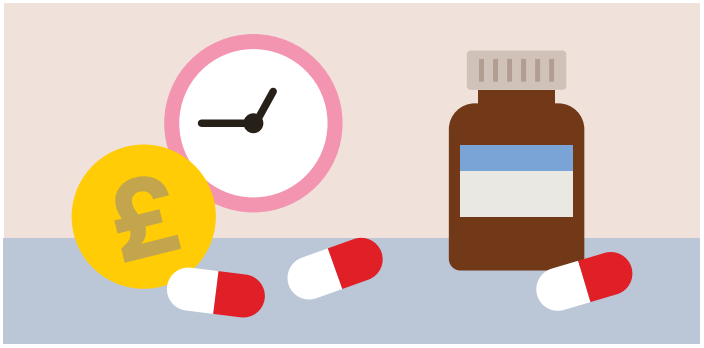
Faster progress on cancer would be an exemplar of a 'win-win' for UK-EU relations; medical research must be part of the new UK Government's 'reset' approach. We welcome the new UK Government's 'open arms approach to international science', the emphasis on UK science and technology being 'open for business' and the desire to 'harness' and 'reinvigorate' longstanding scientific relationships [51]. It's vital that the UK Government appreciates that barriers to scientific collaboration harm global progress on the prevention and treatment of cancer, and risk damaging the UK's position as a world leader in life sciences and cancer research. Action is needed to cooperate proactively with the EU Commission on science, alongside other global partners. Given the breadth and number of topics, and the extent of the potential for both economic and health benefit – with clinical trials recognised explicitly as part of the EU's competitiveness agenda [52] – it's likely that a formal dialogue with distinct work packages would support outcomes for scientific cooperation [53].

> "It's only by us working all together, and pooling our knowledge and resources, that cancer will be beaten."
>
> Cancer Research UK online survey of people affected by cancer, 2023

> "[The] UK is strong and prioritises the Life Sciences sector so that meaningful international collaborations at scale with the FP [EU Framework Programme for Research and Innovation] programme could be developed... Clear mutual benefit is to be gained from European collaborations with international partners including those in RD&I-intensive third countries such as Switzerland, newly associated countries in Horizon Europe such as the UK, Canada, New Zealand and South Korea, or emerging partners in the Global South."
>
> Heitor et al. European Commission Expert Group on the Interim Evaluation of Horizon Europe, 2024

The barriers to scientific collaboration

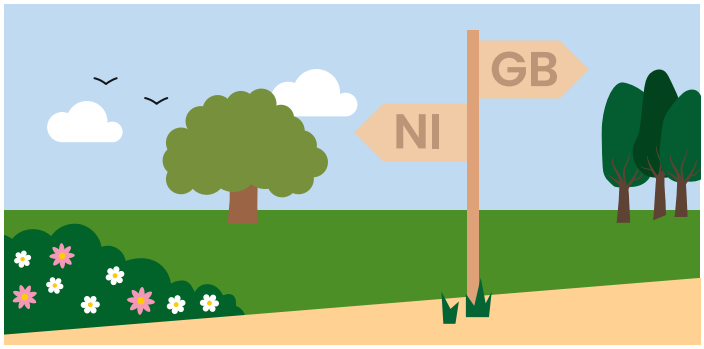
Additional red tape and duplicative processes



More expensive and slower importation of drugs for trials

Higher visa costs putting off global talent

Distinct regulatory and legal environments in the EU and the UK



Regulatory divergence between Northern Ireland and Great Britain

Reduced UK access to EU research funding programmes

Global research partnerships

Government, academia, industry and charities all have a vital role to play in facilitating global collaborations to beat cancer and tackle other global challenges. As well as providing and leveraging funding through programmes such as our flagship Cancer Grand Challenges, Cancer Research UK forges international dialogues and partnerships. For example, we represent the UK in the G7 group of leading cancer research nations [54]. We were also delighted to support the UK-US Cancer Summit following the strong remarks in the Joint Statement on the visit to the UK of the US President in 2021 on "bringing together expertise to tackle global challenges, such as cancer" [55]. In 2023, we hosted Queen Letizia of Spain for World Cancer Research Day to recognise and celebrate international cooperation with our research partners in Spain and Italy, and research leaders across Europe [56].

Cancer Research UK supports the International Cancer Benchmarking Partnership (ICBP), which captures global cancer outcomes through a partnership approach and provides data intelligence to inform cancer policy in nations throughout the world. For example, Cancer Research UK has used ICBP's evidence and international examples such as success in Denmark [57] to support the evidence base for the reinstatement of a national cancer plan for England [58] .

The UK Government's global research initiatives and programmes are essential to secure scientific cooperation between the UK and international partners. We therefore welcomed the introduction of the UK's International Science Partnership Fund in 2022 [59]. This fund supports the Cancer Research Transatlantic Development and Skills Enhancement Award, a collaboration between the UK and the National Cancer Institute in the US to support the early- to mid-career researchers who'll be future cancer leaders [60]. It's essential that the UK Government contributes funding and additional support to research partnerships that facilitate international collaboration.

Furthermore, boosting research funding within the UK attracts the global life sciences industry to invest in our world-leading activity. According to the UK Government, the life sciences industry invested £800m in the UK in 2023 [61].

> "It's crucial for the UK's economic wellbeing, as well as its health, for the UK Government to be ambitious in funding world-class cancer research."
>
> Michelle Mitchell, Chief Executive, Cancer Research UK

The International Cancer Benchmarking Partnership

Hosted by Cancer Research UK, the ICBP is a unique and innovative collaboration that brings together clinicians, policymakers, researchers and data experts across the world. It aims to measure international variation in cancer survival, incidence and mortality, as well as identify factors that might be driving these differences.

The partnership includes 21 jurisdictions across seven countries and three continents, including Australia, Canada, Denmark, Ireland, New Zealand, Norway and the UK. It produces high-quality research to help identify best international practice and generate insights needed for policy and practice change. This will help optimise cancer services and improve outcomes for people with cancer, and is currently in the preparatory stage for its third benchmark.

Recommendations

Recommendation	Responsibility
Recommendation 1: Establish a formal dialogue on science and research within the context of overall health security cooperation, setting out a path to achieve improved UK-EU health research collaboration by 2030, and giving wider consideration to supporting collaboration with the rest of the world.	DSIT – with support from the Cabinet Office, FCDO, Number 10, DHSC and OLS – and DG R&I
Recommendation 2: Continue to strongly support the UK’s full participation in prestigious, multinational funding programmes, including Horizon Europe, with clear, positive messages about UK support for the global research environment. The UK should join successor EU research and innovation funding mechanisms after 2027 as a third country. In the short term, the UK Government should review the last government’s decision and join EU4Health and health-related workstreams of wider EU research funding programmes. The UK should do all it can to play an active role in shaping conversations about research priorities.	HM Treasury, Number 10, DSIT, FCDO, Cabinet Office, OLS, DHSC, Office of the European Commission President, DG R&I, DG SANTE and Council of the EU
Recommendation 3: The UK Government should join and lead the development of further global research programmes that support disease prevention, patient care, sustainable health systems and innovation. The UK Government should co-fund Cancer Grand Challenges alongside Cancer Research UK, the US and French governments and other European cancer charities, and fund the UK’s International Science Partnerships Fund beyond 2025.	HM Treasury, DSIT, OLS, DHSC and FCDO

Sharing personal health data across borders

Sharing personal health data, with safeguards, is a vital pillar of international health research cooperation. This has been recognised by the EU in their flagship European Health Data Space (EHDS) [62], the UK Government with Data Saves Lives (2022), a health data plan for England [63], and the emergence of Health Data Research UK as the national health data science institute. Cancer Research UK has its own research data strategy to maximise the potential for multi-disciplinary approaches to unlock the power of data for research [64].

The European Parliament and European Council have now reached agreement on the EHDS, and when operational it will provide crucial opportunities for health research – including the types of research that support cancer prevention and care – and will support some of the EU's Beating Cancer Plan ambitions [65]. It aims to create a 'single market' space for data and provides for third countries to become authorised participants if they allow the EHDS access to their data on the same terms, among other requirements [66].

The UK participated in the EU Joint Action Towards the European Health Data Space (TEHDAS1) [66] and it is mutually beneficial if the UK continues to bring its expertise to the EHDS. Patients ultimately benefit from the UK's involvement in this and other collaborations. UK participation is facilitated by the European Commission's data adequacy decision for the UK on the safeguards contained in the UK's data protection regime for processing personal data.

A specific mechanism for sharing health data under the EHDS framework could be established to further build on the EU's data adequacy decision for the UK. In addition, cross-border analysis of large-scale datasets could be facilitated by explicit provisions in a reviewed TCA for seamless sharing of data for medical research under a secure and interoperable framework (eg clinical and genomic data).

For all UK-EU collaborations involving personal data, the EU and UK data adequacy decisions enable the free flow of data between environments that maintain equivalent standards. The adequacy of the UK's data protection regime is crucial for Cancer Research UK-funded clinical trials [68], particularly for rare and CYP cancer trials which have small population sizes and limited standard of care treatments. It's also crucial for international observational studies.

Precision medicine

DETERMINE is a multi-drug, precision cancer medicine (PCM) trial in the UK for adults, teenagers and children with rare cancers. The trial will share data with 18 countries across the whole European region.

"DETERMINE is an important new trial in the PCM space in the UK and provides crucial opportunity to explore the use of existing medicines in new cancer indications.

Our collaboration with European colleagues within the PRIME-ROSE consortium [within Horizon Europe] will help speed up assessment of the role of these treatments across Europe and, together with regulating agencies, provide potential to bring new life-prolonging treatment options to patients with rare cancers."

Dr Matthew Krebs, Chief Investigator, The University of Manchester and The Christie NHS Foundation Trust

The EU's data adequacy decision for the UK – which is due for renewal in 2025 – avoids the need for costly and complex alternative data transfer mechanisms, such as standard contractual clauses, to share personal data. These alternatives would increase the costs of research through added complexity and legal fees which could deter EU-based research studies from involving UK-based researchers, reducing patient access to life-saving research. The UK Government must be consistent in its messaging that it will not depart from EU data standards to an extent that would put a future EU data adequacy decision at risk.

Our research community is clear that adding extra legal barriers in addition to existing safeguards would impede progress and damage the UK's position in the global research and development landscape, without enhancing the security of patients' data.

Scientists might be forced to relocate if they can no longer complete their research in the UK due to data-sharing problems. This would be detrimental to collaborative research and ultimately patients, negatively impacting the UK Government's ambitions for the contribution of science to the UK economy.

89% of researchers we surveyed think it's important that the UK and EU continue to allow scientists to share personal data across borders with appropriate safeguards [69]. People affected by cancer agree: 96% said that in future, Cancer Research UK scientists and their research partners in other countries must be able to share personal health data – with appropriate safeguards for privacy and confidentiality – at least as easily as they do now [70].

As the UK operates independently of the European Data Protection Board (EDPB), there is also the risk of fragmented oversight, especially in cases involving cross-border data incidents or complaints. Effective collaboration between the UK Information Commissioner's Office (ICO) and EU Data Protection Authorities (DPAs) is crucial to ensure harmonised responses to compliance issues that span both jurisdictions.

Global surveillance of cancer survival

The CONCORD programme, co-funded by Cancer Research UK, has provided global surveillance of cancer survival trends for over 20 years. It now involves collaboration with over 340 cancer registries in more than 70 countries. CONCORD survival estimates are used by 40 national and international agencies, including the Organisation for Economic Co-operation and Development (OECD), European Union and World Health Organization.

"We receive pseudonymised individual cancer patient records from over 340 cancer registries worldwide, half of which are in Europe. Individual records are crucial for accurate estimation of survival probabilities. We need to obtain these data to produce the cancer survival figures that are necessary for policymakers."

Professor Claudia Allemani, Co-Principal Investigator and Professor of Global Public Health, Cancer Survival Group, London School of Hygiene and Tropical Medicine

> "I'm personally all for sharing health data if it can help other people in the future and improve care/survival rates. If we would be able to do this internationally too, then even better... We all want improved outcomes."
>
> Cancer Research UK online survey of people affected by CYP cancers, 2024

Recommendations

Recommendation	Responsibility
Recommendation 4: The UK Government and the EU should grant data protection regime adequacy to each other in their separate decisions due for review.	The European Commission (with support from the EDPB and EU Member States) and the Secretary of State for Science, Innovation and Technology (with support from the ICO and FCDO
Recommendation 5: Future UK data protection policy changes should not put the EU's adequacy decision for the UK at risk.	DSIT, ICO
Recommendation 6: The UK should participate in the EHDS and make provisions in a reviewed TCA for seamless sharing of data for medical research under a secure and interoperable framework.	DHSC (with support from DSIT, OLS and FCDO) and DG SANTE; Cabinet Office and European Commission
Recommendation 7: Establish formal cooperation mechanisms between the UK ICO and EU Data Protection Authorities for joint investigations, data breach responses and complaint handling.	ICO (with support from DSIT and the UK MHRA) and EU Data Protection Authorities

The environment for clinical trials and medicines

The UK is known globally for having "great infrastructure for research and a diverse pool of patients" [71]. But "delays, additional costs and complexity" [72] as a result of the UK's new relationship with the EU and the introduction of the UK-EU TCA have created significant challenges for the delivery of clinical trials in the UK and therefore patient access to treatment through a trial.

As a third country (ie a country that is not a member of the European Union as well as a country or territory whose citizens do not enjoy the European Union right to free movement [73]), the UK must offer more specific financial support to the mechanisms that support research than when the UK was an EU Member State. This overcomes the extra costs of collaboration that flow from being outside the EU single market. It's unfortunate that charities such as Cancer Research UK and the institutions where we fund research (hospitals and universities) must bear these costs.

We recognise that while calling for "anything that is possible in smoothing clinical trials across the two jurisdictions" [74], "it is important not to assume that it will be possible to eliminate all or even most of the frictions that Brexit has caused" [75].

- Over 40% of Cancer Research UK-supported clinical trials collaborate with countries inside the EU single market. For example, they recruit patients in participating European countries.
- 48% of Cancer Research UK-supported clinical trials collaborate globally. More than half of these trials with international sites are led from the UK. 9 in 10 Cancer Research UK-supported clinical trials that collaborate globally include patient participation in other European countries.

All individual types of CYP cancers are rare. Moreover, cancers in children and young people are different to cancers in adults. If we could successfully treat every type of adult cancer, this wouldn't mean we could successfully treat all CYP cancers, as they're biologically different. The small numbers mean that almost all (90%) childhood cancer trials led by the clinical trials units we fund are international [76]. For some of these cancer types, the only progress made to date in CYP cancers has been through international collaborative trials [77].

9 in 10

Cancer Research UK-supported clinical trials that collaborate globally include patient participation in other European countries

The Hatch report (2025) found "an especially strong global impetus in the CYP community to drive international collaboration, to match this with patient involvement and industry support, and with the processes for establishing new medicines on the market" [78].

> "Please can we make sure that cancer research is not restricted by international borders."
>
> Parent of a child who had cancer, Cancer Research UK online survey of people affected by CYP cancers, 2024

The new UK-EU relationship has added prohibitive levels of cost and complexity to clinical trial administration, so it's crucial that all the other elements of trial set-up are as efficient as possible. People with cancer and their families don't have time to wait.

The Hatch report (2025) and other sources make clear that the capacity of the UK's regulator, the MHRA, is a vital component of the UK's attractiveness as a destination for clinical trials and other types of clinical research collaboration [79]. The ability of regulatory bodies to carry out their essential functions and communicate effectively with the research community depends on sufficient funding.

Cost and administrative burden creates delays to research and for patients

UK-EU collaboration is now more expensive and involves complex administrative processes. Nearly four in five (79%) researchers we surveyed said that since the UK left the EU, it has been harder to begin new collaborations with scientists and researchers based in EU countries. When asked about important factors for research success, over half (54%) chose ease of collaboration with partners based in EU countries, second only to recruitment and retention of talent (76%).

We found that clinical research has faced the most barriers of all types of research we fund. The UK unilaterally recognises EU-based sponsors of clinical trials and accepts batch testing done in European Economic Area (EEA) countries, but this recognition hasn't been reciprocated due to the UK's position outside the EU's internal market [80]. The EU has, however, now recognised batch testing of products for the Northern Ireland market carried out in Great Britain and the EEA, demonstrating this is possible where the right political conditions exist. The lack of full mutual recognition on batch release and testing outside of the specific context of Northern Ireland creates additional costs and delays.

The VAT now payable on imported items to the UK is charged on the value of the goods in the shipment, which impacts cross-border studies with expensive drugs or devices [81]. If an importer of record in the UK is used, the extra contract is factored into the original trial set-up, paid for by the trial funders. Trials units that run a lot of international trials also pay a new annual fee for legal representation in the EU.

These costs and delays disproportionately impact trials in paediatric and other rare diseases due to their small population sizes and limited approved standard of care treatments. There is concern that the additional costs and administrative burden of opening clinical trials in the UK will deter international collaborators from including UK patients in future trials.

79%

of researchers we surveyed said that since the UK left the EU, it has been harder to begin new collaborations with EU-based scientists and researchers

> "Cancer patients are tired of waiting."
>
> Cancer Research UK online survey of people affected by cancer, 2023

> "You have active drugs for paediatric patients with relapsed refractory poor prognosis cancers who cannot get access to drugs on the trials that we've written and that's an absolute scandal."
>
> Focus group participant, 2023. Hatch report (2025)

The increased cost of clinical trials

The cost to import drugs for eSMART – a collaboration on childhood cancer between long-established partners at Gustave Roussy in Paris and Cancer Research UK's Clinical Trials Unit (CRCTU) in Birmingham – almost quadrupled from €52,000 to €205,000 after the UK-EU Trade and Cooperation Agreement came into force in 2021.

Clinical trials with both UK and EU partners now need to duplicate testing processes: the Birmingham CRCTU spent a long time trying to arrange a second qualified person (QP) release of the drugs so new arms of the trial could open in the UK. It's caused a lot of difficulty for the CRCTU and French sponsors, and the drug companies weren't prepared to release the relevant paperwork for the second QP release to be performed. New arms of the trial could open in the EU but not the UK, so patients across Europe have been able to access treatment as part of this trial, while patients in the UK lost out. UK patients will finally be able to join this trial in 2025 only because Cancer Research UK has paid the £92,000 cost of additional QP release.

Our research found that existing relationships between researchers in the UK and EU have been integral to keeping existing projects afloat, and to starting new collaborations. Cross-border research should primarily be supported by regulatory and process compatibility alongside strong communications from regulators and political institutions, rather than "love and care and dedication" [82], which is important but insufficient. The extent to which our research found 'goodwill' to be a critical factor in cross-border research collaboration is a sign that the policy environment isn't working well enough.

> "[Establishing legal representation in the EU] was a massive thing that was just done out of the love and kindness of people... if it wasn't for that, I don't know where we'd be right now. We wouldn't have our EU sites open."
>
> Interview participant, 2023.
> Hatch report (2025)

People affected by cancer we surveyed were near unanimous (97%) in agreeing that the UK and EU must take action to reduce paperwork, costs and delays so that clinical trials can operate easily across borders [83].

> "We're almost holding our breath as to how this is going to impact on more new drug trials and we're hearing... that the drug companies are saying, well, we'll collaborate with you, but not if you open it in the UK because that's just too difficult."
>
> Interview participant, 2023.
> Hatch report (2025)

Add-Aspirin

A trial to find out if taking daily aspirin after treatment for cancer can stop or delay the cancer from coming back.

It has cost an additional £22,000 for a UK-based qualified person (QP) to certify batches of aspirin for the Add-Aspirin trial, a partnership between researchers in the UK, India and the Republic of Ireland. Aspirin is one of the most well-known drugs in the world and the batches have already been checked in the EU (the manufacturer is based in Germany). The packaging is then done in Spain. Aspirin and placebo used to be sent to the UK depot, which would ship to sites in the UK and the Republic of Ireland. Now, bespoke shipping is needed from Spain to the Republic of Ireland to avoid sending items through the UK and then onto the Republic of Ireland. This new shipping arrangement costs 10 times the pre-Brexit amount. Over the course of the trial, the extra shipping costs are anticipated to be £25,000.

These extra costs of up to £50,000 (plus other substantial increased trial costs since the study was costed originally in 2013) are covered by the trial funders – Cancer Research UK and the government-funded National Institute for Health and Care Research. These figures don't include the additional time trial-funded staff have spent since 1 January 2021 on complex tendering processes for alternative packaging, finding and contracting the extra UK-based QP, preparing all the extra documentation for every site (120 across the UK, including Northern Ireland) and answering questions about shipping to Northern Ireland. As aspirin is already so well-known and doesn't need to be temperature controlled when transported, it's likely that the extra shipping costs are at the lower end.

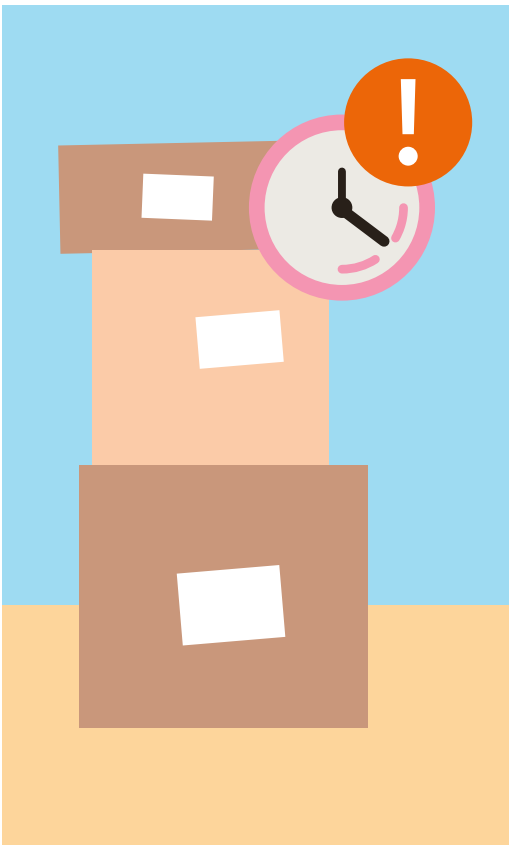
Transporting goods across the UK-EU border

Delays in transporting items for research both to and from the EU were reported by researchers across disciplines in laboratories, offices and hospitals. Logistics providers seem to have common problems in evidencing regulatory compliance when a medicine, medical device or substance of human origin crosses the EU-UK border. For example, our researchers reported drugs being held at customs for long time periods, and in some cases, samples being destroyed due to lengthy delays. It’s particularly challenging for the transportation of frozen samples.

To mitigate the risk of these samples being lost or destroyed, researchers are using more expensive transportation companies. This stalls progress and in the case of clinical trials, the delays can have an immediate impact on patient care. In the longer term, these additional costs will mean it costs more to do the same amount of research. Therefore, unless there are increases to research budgets, it will lead to a reduction in the research that can take place in the UK. The reliance on fundraising charities to fund medical research in the UK compared to other countries means it’s more difficult to increase research budgets to reflect increasing costs [84].

Delays to clinical trials and other medical research risk damaging the UK’s position as a global leader in life sciences. Interviews with our research community highlighted how delays with trials make the UK less attractive to industry, affecting the UK’s ability to attract partners. It’s a complex picture, but it’s concerning that the UK Government’s life sciences competitiveness indicators for 2024 show a further drop in the estimated value of inward life sciences foreign direct investment in 2023 [85].

> “We have specific examples of trials [where] patient treatment has been delayed because we haven’t been able to ship samples out to get analysed or we’ve got samples backed up in the lab and freezers filling up because we can’t send them. We’ve also had trials delayed that were supposed to open and couldn’t because we couldn’t get everything we needed shipped over to us.”
>
> Interview participant, 2023. Hatch report (2025)



Regulatory cooperation supports health and wealth

No single country can do all medical research or test all disease prevention measures in isolation. The UK, EU and individual EU Member States should give regard to cross-border collaboration when regulating to preserve the speed of research activity within their own jurisdictions.

Greater areas of mutual recognition around clinical trials processes will support collaboration most effectively. In the meantime, it’s vital that the UK’s new clinical trials regime remains as aligned as possible with the EU Clinical Trial Regulation and other elements of the EU’s research environment (especially other regulations affecting clinical trials in the EU such as GDPR, Medical Devices Regulation, In-Vitro Diagnostics Regulation and EURATOM directives).

This also includes systems for recording clinical trial information, ideally with full UK access to the EU Clinical Trials Information System (CTIS). The UK's Integrated Research Application System (IRAS) should be interoperable with EU portals – the CTIS and EUDAMED for medical devices. This would better facilitate the exchange of MHRA-Health Research Authority assessments and decisions in the areas of medicines and medical devices with EU partners.

We welcome the creation of the Working Group on Medicinal Products established under the TCA between the EU and the UK. This group will exchange information on trends in the evolution of the EU and UK regulatory frameworks for medicinal products [86]. At the time of writing, this group has only met once in four years. Therefore, we urge a much more proactive approach, including on greater regulatory cooperation and knowledge-exchange.

There is also potential to support each other on global challenges beyond the TCA, such as medicines shortages, and we welcome the UK's involvement with the Critical Medicines Alliance. The global problem of medicines shortages and pressure on supply chains is particularly challenging for clinical trials because of the need to ensure consistency of product throughout a trial (in standard care, it's possible to substitute between brands and generics where necessary). The Hatch report includes a concerning example of participants being withdrawn from a study due to an inability to guarantee which drug they would receive.

It should be easier to find out how to access a drug in the UK that's available in the EU, to support conversations between research operations leaders and suppliers. The MHRA should provide information similar to the European Medicines Agency's (EMA) 'public information on medicine shortages' webpage [87] and be part of conversations about shortages of medical devices (including in vitro diagnostic medical devices) in the European region [88]. Changes to medical device regulations has increased the risk of device shortages.

We support stronger cooperation between regulatory authorities, including between the MHRA and the EMA to resolve the complexities created by the new regulatory environment [89]. It would be useful to explore options to formalise obligations on regulators to support clinical trial collaboration, or whether the MHRA might be able to go further unilaterally to recognise the decisions and processes of trusted partners (for example, shorter approval procedures for studies that have already been assessed and approved through a coordinated evaluation in the EU). They could also consider simplifying the requirements towards pragmatic trials performed by non-commercial/academic sponsors and align them with EU efforts. Mutual recognition of clinical trial approvals between the UK and EU would simplify the process for conducting joint trials by aligning standards for ethics approval, informed consent and patient recruitment processes to avoid duplication of effort.

The existing frameworks and uncertainties that lead to delay are likely to persist without political action on regulation and the involvement of the UK as a stakeholder and major contributor to the EU's research landscape, along with clearer directions and more detailed guidelines from the regulatory authorities who need sufficient funding.

In terms of standard of care, we look forward to seeing the outcomes for patients from the MHRA's new International Recognition Procedure for medicines licensing from 2024. This enables people with cancer to benefit more quickly from new medicines by using decisions made by trusted partners in Australia, Canada, the EU/EEA, Japan, Switzerland, Singapore and the US [90].

> "Knowledge has to be spread wherever it is possible and cooperation has be fostered and supported because science and health belongs to all of us. These areas should be left out of politics."
>
> Professor Carmelo Rizzari, Past President of the European Society for Paediatric Oncology, 2022

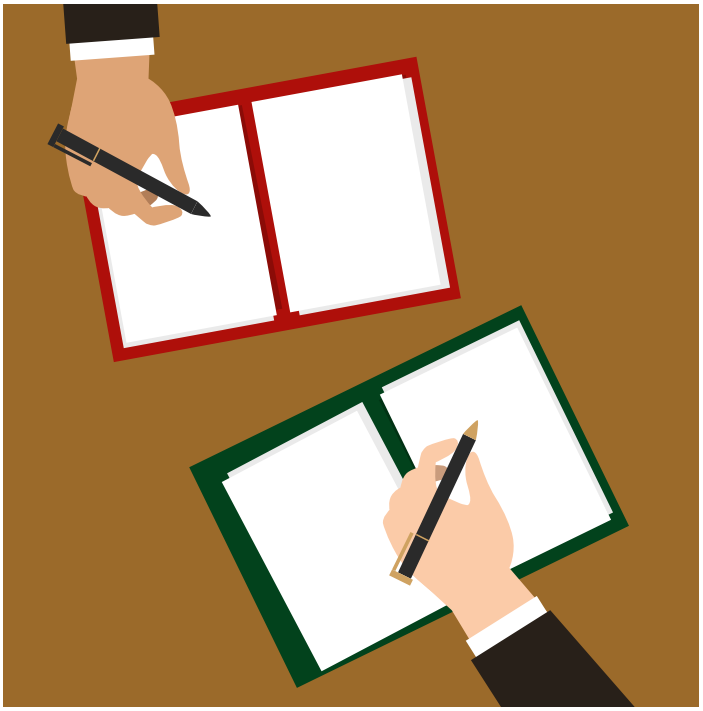
Northern Ireland

The Good Friday Agreement [91] recognised that cancer is a shared challenge. One year after its signing, a Memorandum of Understanding (MoU) was signed between the Republic of Ireland, Northern Ireland and the US Cancer Institute in relation to cancer research and cancer care [92]. This precipitated a partnership that has been truly transformational over the last 25 years, leading to greater and more impactful collaboration between the jurisdictions, as judged by both the quantity and quality of the research outputs, coupled with the provision of cancer clinical trial infrastructure that has led to 40,000 patients being involved in cancer clinical trials, saving thousands of lives [93] [94].

As an example of the impact of the consortium, by 2013 breast cancer in Northern Ireland had the best outcomes in the UK. Such was the impact of the consortium that it was presented as an exemplar of the health dividend of peace at the Science Summit of the United States General Assembly in New York in September 2023.

Building on the consortium, the All-Island Cancer Research Institute (AICRI) has brought together 10 universities on the island of Ireland to work together in developing a framework for cancer research and to deliver successful research programmes. Currently, AICRI has three major research programmes in precision oncology, digital health and liquid biopsies/ diagnostics. These are funded through the North South Research Programme and the Shared Island Fund and provide significant opportunities for Northern Ireland cancer researchers. Research Ireland, the main research funder in the Republic of Ireland has indicated its desire to launch a co-centre in precision medicine, involving joint funding from Research Ireland, UKRI and the Department of Health in Northern Ireland – providing the opportunity to develop a tripartite programme of scale in precision oncology involving the Republic of Ireland, Northern Ireland and UK cancer researchers.

But Northern Ireland now has among the worst cancer outcomes in the UK for a number of cancer sites, linked to the fact that the Cancer Strategy for Northern Ireland has not yet been substantially implemented. Additional Brexit impacts on people in Northern Ireland are still being understood, but the Hatch report (2025) shows that participation in cancer research is part of the picture [95]. People with cancer in Northern Ireland must have the same access to treatments, including via trials, as people elsewhere in the UK. However, there is additional complexity and uncertainty in the context of conducting clinical trials in Northern Ireland. Given the presence of Cancer Trials Ireland, the potential for cross-border trials involving researchers in Northern Ireland and the Republic of Ireland, and potentially US partners, is clear.



Under the 2020 Northern Ireland Protocol (now called the Windsor Framework), Northern Ireland remained aligned with EU standards and law on products. Changes were made in 2022, where temporary EU regulation around batch testing attempted to ease the movement of medicines to Northern Ireland. In April 2023, the Windsor Framework sought to further realign Northern Ireland with Great Britain concerning medicines, reducing checks and paperwork [96]. But the complexity of the regulatory arrangements – and perceptions which remain – has made it particularly difficult to run trials in Northern Ireland. We continue to hear concerns that trial sponsors might be encouraged to look for participants elsewhere due to additional administration for a small number of patients, particularly in the case of rarer cancers.

Although the Windsor Framework helped to resolve access to medicines, it did not address the use of medical devices and in vitro diagnostics in trials in Northern Ireland.

Medical devices and in vitro diagnostic usage in trials remain under the new EU Medical Devices Regulation, which doesn't apply to Great Britain. The UK has since updated its own regulations (applying to England, Scotland and Wales) which are similar to the EU regulations, aiming to improve patient safety, increase transparency and promote innovation [97] – but it's an ongoing process. Of course, this kind of dynamic alignment doesn't guarantee access to the EU's internal market for a third country.

It will be vital to ensure that inequalities in access to all kinds of clinical trials and standard care – including innovative medical devices and diagnostics, or significant differences in safety standards – don't emerge between Northern Ireland and the rest of the UK, or between the EU and the UK as a result of regulatory divergence.

Pre-Brexit, patients from the Republic of Ireland were able to access clinical trials in Northern Ireland more easily, for example, where a person lived closer to Belfast than Dublin. It's now more complex for patients in the Republic of Ireland to travel to Northern Ireland for treatment. Standard cancer care for patients from the Republic of Ireland is possible at Altnagelvin Hospital, funded in part by the Irish Government [98].

But without an agreement on cross-border care, there's little opportunity for patients from Northern Ireland to travel to the Republic of Ireland, and it's an added challenge for recruiting the minimum number of patients to open new trials in Northern Ireland. This compounds the pre-existing gap between clinical trial participation in Northern Ireland and the rest of the UK [99].

Nevertheless, one positive sign is the health of all-Ireland cancer research activity, as indicated above, through the Ireland – Northern Ireland – US National Cancer institute Cancer Consortium and the All-Island Cancer Research Institute, including the aspiration to deliver a portfolio of all-island clinical trials [100].

> "Brexit presented significant challenges to clinical trial delivery here in Northern Ireland due to the introduction of complicated and costly drug importation logistics. These were off-putting to several trial sponsors and at one stage there was a real risk that certain future trials wouldn't be placed at sites here in Northern Ireland. But, with political action, the situation has much improved and although we continue to monitor the clinical trial drug supply chain carefully, the problems of the past are now mostly resolved.
>
> We do, however, continue to face challenges brought about by Northern Ireland falling under the EU Regulations for Medical Devices and In Vitro Diagnostics. Transcending two regulatory jurisdictions has led to much confusion for sponsors, who are unsure of the steps required to include sites in Northern Ireland when, for example, a companion diagnostic is being used as part of the trial.
>
> With the very welcome support of the Medicines and Healthcare products Regulatory Agency, progress is being made and guidance on this complex area is now available [101]. The positive from all this is that the rest of Great Britain will need to follow similar steps once new Medical Device Regulations are implemented in the rest of the UK – so Northern Ireland is actually leading the way on this new regulatory pathway."
>
> Dr Melanie Morris, Cancer Clinical Trials Operational Director, Northern Ireland, 2025

A second positive development is the recent analysis of the oncology and digital health industry landscape on the island of Ireland and its economic potential [102], highlighted by the then special economic envoy of the US President to Northern Ireland [103].

Reinforcing the evolving landscape of all-island cancer research activity, one response to our researchers' survey told us that there has been an increase in all-Ireland funding streams. An agreement on cross-border care could therefore support a package of measures, including a sustainable research funding model, designed to improve cancer outcomes across the island of Ireland.

> “We have shown that the quality of research increases significantly with cross-border collaboration between Ireland and Northern Ireland, coupled with the evidence (from us and others) linking quality research to better care and improved outcomes for patients. Therefore, cancer research is not an add-on; it’s a critical part of how we deliver cancer care in the 21st century. We must deliver the best possible research that will lead to the best possible care for patients, which will help to address the cancer inequalities we still see across Europe. Cancer doesn’t respect borders, so why should we? ”
>
> Professor Mark Lawler,
> Queen’s University Belfast,
> All-Island Cancer Research Institute

Communicating changes in the regulatory environment

Our researchers' survey found that researchers felt they didn’t have the right information to support the practical and regulatory challenges they’ve faced since Brexit.

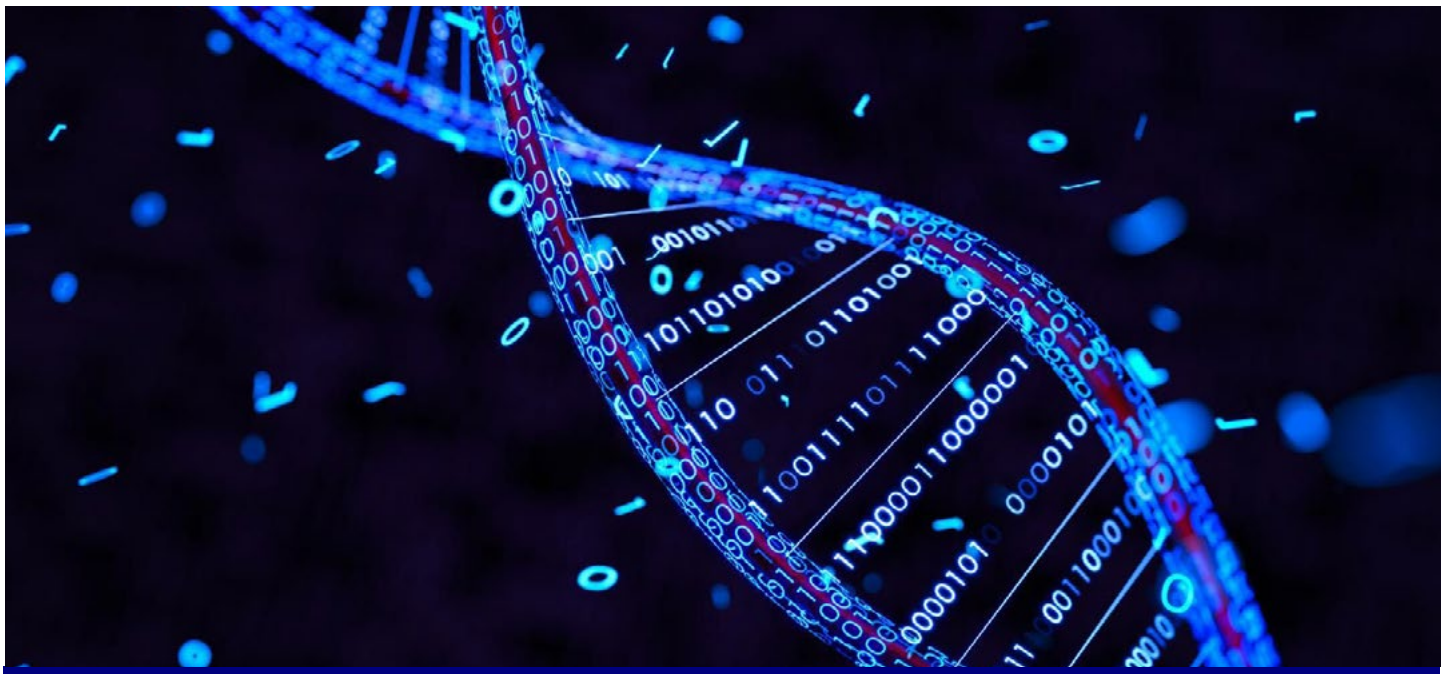
There were many changes to the regulatory environment and there is a nervousness about how to understand future changes and perceptions of the UK in general. Further information and communication on how to support cross-border research is needed, including sharing case studies and success stories, for example, on the use of a QP for clinical trials and moving research items used in labs such as live cells, frozen cells and genetically modified organisms. Good communication is particularly important as regulatory requirements change in both the EU and the UK, such as the new EU regulation on substances of human origin adopted in 2024 and to be implemented fully in 2028.

Recommendations

The UK, EU and individual EU Member States should give regard to cross-border collaboration when regulating to preserve the speed of research activity within their own jurisdictions.

Recommendation	Responsibility
Recommendation 8: When reviewing implementation of the UK-EU TCA, the UK Government and EU Commission should do the following: • Prioritise reducing new frictions that undermine research collaboration. For example, by agreeing: - mutual recognition on medicines manufacturing site inspections (recognising that medicines inspections for Good Manufacturing Practice are already mutually recognised under the TCA), batch release and testing - the concessions that would be needed from the UK to set the UK and EU on the path towards mutual recognition of clinical trial sponsorship and approvals – the processes to comply with all relevant regulations should be recognised fully, not just the headline activities • Outline priority actions for the UK-EU Medicinal Products Working Group. These should include the following: - Identifying the 'landing zone' between areas in which the UK and EU can innovate separately, while prioritising compatibility between clinical trials, medical devices, and in vitro diagnostics/companion diagnostics regulatory frameworks and processes. This should involve full UK access to the EU CTIS. - Ensuring that UK stakeholders can access the new EMA service/regulatory helpdesk to support multinational clinical trials by non-commercial sponsors and the EU multi-stakeholder platform on clinical trials [104]. - Considering how to support pan-European collaborations with researchers in other G20 countries, including those nations signed up to the G7 Cancer Initiative [105].	The Cabinet Office (with support from FCDO, Number 10, DHSC, DSIT and OLS), the EMA, the UK-EU Medicinal Products Working Group, DG SANTE, DG HERA, DG R&I and DG Trade
Recommendation 9: HMRC, DSIT and DHSC should work with the EU and logistics firms to radically improve the journey of items used in medical research, considering exemptions and/or cost reductions (especially for non-commercial funders) if and where appropriate. The logistics industry needs more support to meet cross-border regulatory requirements.	DBT (with support from DSIT, OLS and DHSC), DG Trade and EU Member States

Recommendation	Responsibility
Recommendation 10: The UK Government should provide adequate and sustained funding for the MHRA via grant-in-aid to ensure: - UK access to proven and effective innovative treatments equal to comparative countries - strong relationships between national and supranational regulators (eg the EMA), which support regulatory compatibility, monitoring and horizon-scanning, and good communications with stakeholders including the research community - the interoperability of the UK's IRAS with EU portals – the CTIS and EUDAMED for medical devices	HM Treasury, DHSC, MHRA, EMA
Recommendation 11: The EMA and MHRA should consider opportunities afforded by a reviewed TCA – for example, a bilateral agreement as the EMA has with other third countries [106] – for mutual support with cross-border research collaboration.	EMA, MHRA
Recommendation 12: The UK Government, Irish Government and EU should explore the possibility of an all-Ireland agreement to support cross-border cancer research and care, building on the activities of the Ireland – Northern Ireland – US National Cancer Institute Cancer Consortium and the AICRI. Key pillars of this partnership could include: - incentives for industry, academia and charities to support clinical trial participation in Northern Ireland, and as part of an all-island approach - Cabinet Office, the EU-UK Specialised Committee on the Implementation of the Windsor Framework, DSIT, DHSC, DG SANTE, EMA and MHRA assessing the impact of a 'dynamic alignment' approach to UK and EU medical devices and other regulations in future, to ensure equality of access to clinical trials and treatment between Great Britain and Northern Ireland	UKRI, HSC R&D Division Northern Ireland, Research Ireland, DG R&I and other partners; Cabinet Office, the EU-UK Specialised Committee on the Implementation of the Windsor Framework, DSIT, DHSC, DG SANTE, EMA and MHRA
Recommendation 13: The UK nations' governments and the MHRA should publish a national register of medicines shortages (in line with the EMA and EU Member States) to ensure transparency and knowledge-exchange on the global problem of medicines shortages and pressure on medicines supply chains. They should also be part of conversations about medical devices shortages (including in vitro diagnostic medical devices) in the European region.	MHRA, DHSC, NHS England, Scottish Directorate of Health and Social Care, NHS Scotland, Welsh Department for Health and Social Care, NHS Wales, Northern Ireland Department of Health, Northern Ireland Health and Social Care Trusts, EMA and DG HERA



Team Mutographs Cancer Grand Challenges

Cancer Grand Challenges aims to bring together the best minds around the world to solve the biggest questions in cancer research. In the 'Unusual mutation patterns' challenge, team Mutographs brings epidemiologists together with cancer biologists and genomics experts.

Together, they’re developing novel animal models and machine learning approaches, and connecting patient samples and clinical data from 26 countries, to understand why the incidence of certain cancer types varies so dramatically around the world. The team found exposure to a carcinogen thought to occur locally in Romania was much more widespread than previously thought, spreading to Serbia, meaning potentially millions of people in the region had been exposed.

Understanding if the biological links they found actually cause cancer will be a critical focus of future work. The team will follow up on how widespread the exposure is geographically: does it extend into Hungary, Greece, Ukraine? From a public health perspective, it will be important to determine if exposure is still occurring and what exactly is the source.

By identifying a rich landscape of exposures accounting for geographical variance in one rare cancer, the team has demonstrated the power of the Mutographs approach. But they’ve also changed the way we think about cancer along the way.

Mobility of the research workforce

Our research found that recruitment and retention of talent was the most important factor for successful research – mentioned by 76% of researchers when asked their top three factors. The consequences of Brexit, higher visa costs, COVID-19 and the cost-of-living crisis have negatively impacted international recruitment and mobility over the past five years [107].

95% of people affected by cancer agreed it is vital the UK remains an attractive place for cancer researchers and their families to come to work [108]. Our polling also shows public support, with 73% of the public agreeing the UK Government should make it easier for medical researchers and scientists to come to the UK [109].

Challenges to the mobility of the workforce have been identified across the career pathway, but we've found they have the greatest impact on early-career and lower-paid roles due to the associated visa costs [110]. The Hatch report (2025) highlights the frustrations of the research community about the decline in the number of EU applications and appointments since 1 January 2021 [111].

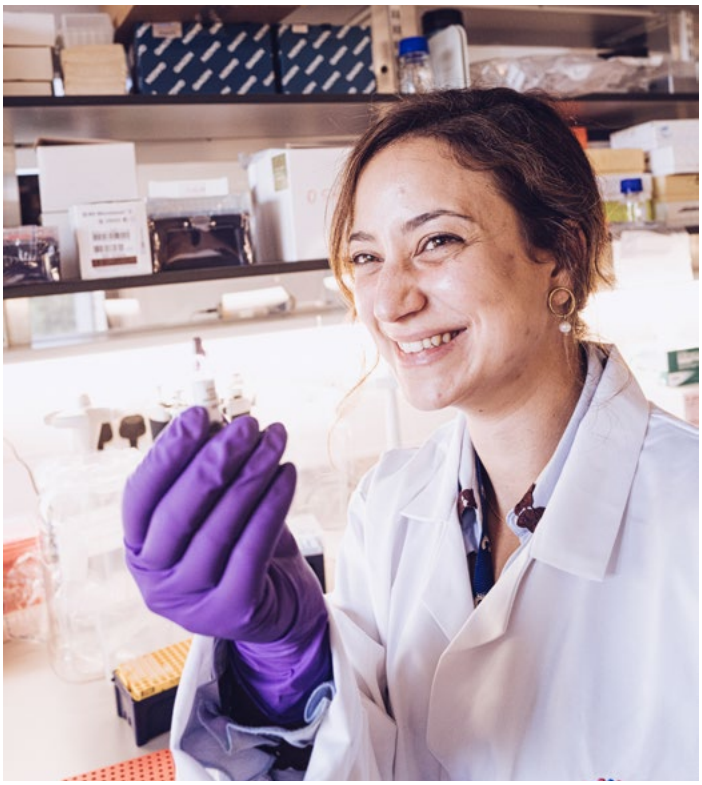
Key factors were identified as contributing to the decline in the number of EU applicants and appointments. These include changes to UK immigration policy and visa requirements following the end of free movement, Immigration Health Surcharge (IHS) costs, requirements for international fees for EU PhD researchers, uncertainties around the UK being the best place for career development and negative perceptions of UK culture post-Brexit. The research concluded that UK immigration policies called into question the ability of the UK to attract EU researchers.

> "The challenge and the difficulty have been in recruitment... recruiting PhDs and postdocs. It has been an absolute nightmare."
>
> Focus group participant, 2023. Hatch report (2025)

95%

of people affected by cancer agreed it is vital the UK remains an attractive place for cancer researchers and their families to come to work

Before Brexit, EU researchers didn't have to obtain or pay for visas to work in the UK, so the EU was a large talent pool for UK research. The UK's upfront immigration costs now vastly exceed other leading research nations, so the UK is struggling to compete. EU countries can more easily attract talent from the EU due to free movement, and from non-EU countries due to their relatively low visa costs. Non-EU countries are also attractive to global research talent due to lower comparative immigration costs than the UK.



We analysed the impact of changes to the UK’s immigration system on our core-funded research institutes. Cost barriers were cited by Cancer Research UK’s institutes as the main challenge to attracting and recruiting international talent. Our institutes spent over £470,000 on visas in 2022/23, prior to increases. To recruit the same number of international researchers now costs nearly £690,000, a 44% increase. This is the equivalent cost of training 17 new Cancer Research UK PhD students every year [112].

The world-leading Francis Crick Institute alone (of which Cancer Research UK is a core-funder, alongside Wellcome and the Medical Research Council) will now spend upwards of half a million pounds a year on visas for cancer scientists. A postdoctoral researcher at the Cancer Research UK Manchester or Scotland institutes would now spend 10% of their total income for a three-year position on immigration costs to bring three family members. The increasing immigration costs are taking money away from research and researchers can’t afford them, which is limiting access to international talent.

It's now

44%

more expensive to recruit international researchers due to the UK Government's increases to immigration costs

One participant in the Hatch research, whose institute supports individuals with their visa costs, highlighted that this money comes from Cancer Research UK supporter fundraising. And when researchers cover it themselves, it puts the researchers off coming to the UK. They called for costs to be reduced and spread over a period of time to make it easier for researchers to cover the costs themselves [113].

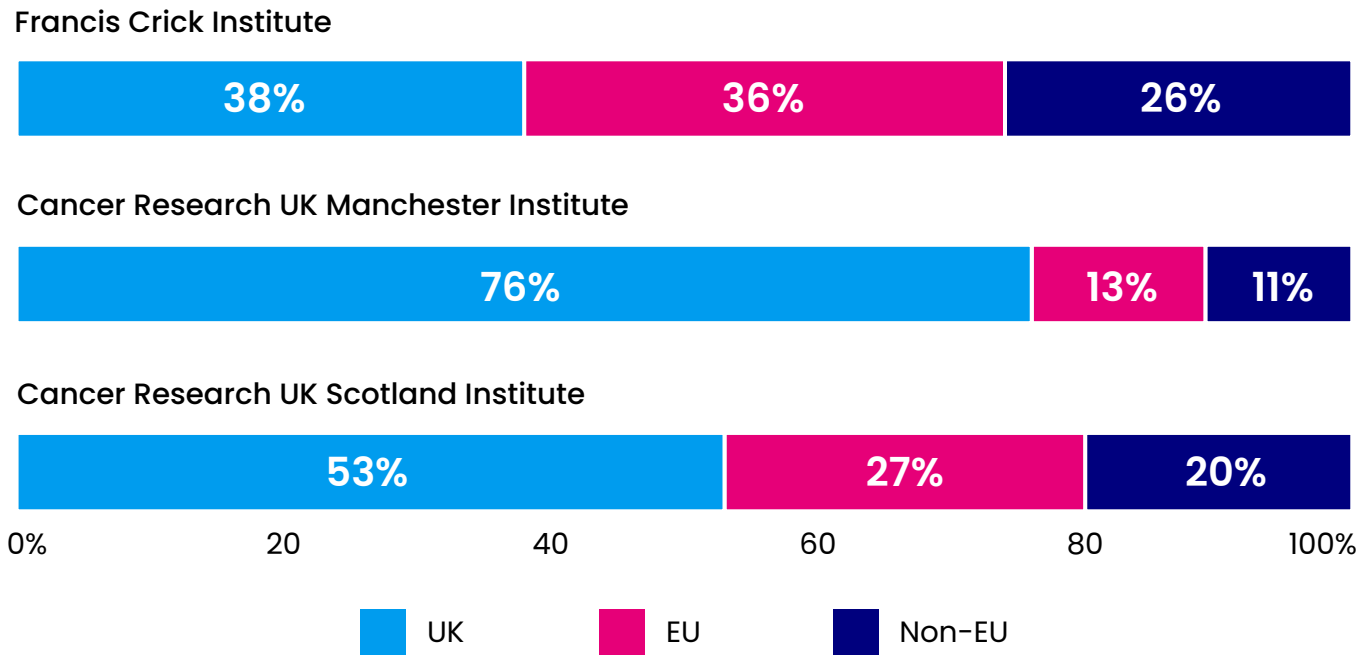
Relating to shorter term mobility, another participant in the Hatch research described how their research institute discourages hosting master's students from programmes outside the UK. This is due to the high costs for a short time period: “So we are saying no to master's students that come from the European Union... imagine that's the PhD student from a collaboration in Germany that wants to come here for a few months to learn a technique or something” [114]. Short research exchanges benefit researchers by providing opportunities to learn new skills and establish cross-border networks, and also benefit the host institution. The current situation impacts current and future research collaborations and career advancement.

It’s likely that a UK-EU agreement on youth mobility would create the support and flexibility our research community needs to recruit and retain the best early career scientists, and to support those EU-based researchers who want to learn from the best in the UK during a short period before returning to the EU.

The figure below shows the staff nationality breakdown at Cancer Research UK institutes. This analysis found that international talent is vital at our institutes, which is reflected in high proportions of international research staff, particularly in early-career roles. 62% of the scientific staff at the Francis Crick Institute in London (Europe’s largest biomedical research institute) and 70% of postdoctoral researchers at our Scotland Institute are from outside the UK.

We explore cost and other barriers in navigating the immigration system further in **Impact of UK immigration system changes on cancer research**, published in July 2024 [115].

Cancer Research UK institutes staff nationality breakdown



Recommendations

Recommendation	Responsibility
Recommendation 14: By the end of the next UK parliament, the Home Office should reduce overall and upfront immigration costs for researchers and their families, so these costs are competitive with comparable leading research nations.	Home Office
Recommendation 15: To support recommendation 14, the Home Office should work with DSIT to initiate a review of the impact of the immigration system on the recruitment of international talent.	Home Office, DSIT, OLS

Dr Ania Piskorz
Cancer Research UK Cambridge Centre

Ania collaborates across the University of Cambridge, with biotech companies and with international partners, including in Canada and The Netherlands. She's one of the co-founders of the Genomics Community UK – a network that facilitates communication (sharing knowledge and expertise) between academic Genomics Core Labs across UK. She says:

"I knew early on that I wanted to go and do a postdoc outside of Poland. I think that's quite natural that the majority of people who do a PhD know that they will need to go and do a postdoc somewhere else. I thought the USA was too far, so the UK, especially Cambridge, was the obvious choice at that time.

"I came [to the Cancer Research UK Cambridge Institute] in 2010 as a research assistant straight after my PhD. I absolutely loved the institute – the whole culture, the research, the core facilities. Very quickly after that, I was promoted to a postdoc position and then a senior postdoc position. In 2022, I got a new position as head of genomics, where I run the core genomics facility."

When asked about career highlights, she says: "There are many instances over the years of experiments and methods development to understand the complexity of the cancer genome using samples from local and international clinical studies and trials.

"However, for me personally, achieving the position of head of genomics was obviously a major highlight. I also felt that, having spent 12 years at the institute and Cancer Research UK having put lots of effort and resources into training me, now was my chance to pay it back. It was a natural next step to share everything I'd learned."

Behind the Lab Coat: Dr Ania Piskorz, Head of Genomics, Cancer Research UK Cambridge Institute

Prevention

Preventing disease – including prevention research and knowledge-sharing on policy action to support the determinants of health – is a significant mutual interest to reduce cancer inequity and inequality. Prevention features in all UK nations' cancer plans and the EU's Beating Cancer Plan. Prevention research is supported by EU framework programmes Horizon Europe and EU4Health, and consortia such as Cancer Prevention Europe [116] (supported by the World Health Organization's International Agency for Research on Cancer) of which Cancer Research UK is a member.

Improving disease prevention is crucial to the future sustainability of health systems and ultimately to supporting health and wealth. For example, the OECD has found that if international policy targets on tobacco were achieved, OECD countries could prevent 56,000 premature deaths every year and save their health systems an annual total of €13.3bn in cancer costs [117].

Around 4 in 10 cancer cases in the UK could be prevented through reduction in known modifiable risk factors such as tobacco and obesity (2015) [118]. If the UK Government were to successfully reduce the prevalence of smoking, overweight and obesity, and alcohol consumption above recommended levels by 2030, around 29,000 cancer cases would be prevented by 2040 in England alone, compared with current projections. This could save around £720m in health and informal care costs for cancer and lead to around £773m more in productivity gain [119].

Around

4 in 10

cancer cases could be prevented in the UK

Increasing the translation of fundamental biological insights also has the potential to significantly increase the proportion of cancers considered preventable and to develop much more precise preventive interventions [120]. EU and UK research programmes must continue to support prevention – and help reduce barriers to industry investment – as part of the growing prevention research community that includes Cancer Research UK, the US National Cancer Institute, American Cancer Society, German Cancer Research Centre, Dutch Cancer Society and other leading funders. Successful global research collaboration will underpin the future sustainability of health systems across the world.

The principle of cooperation between the EU and the UK to support prevention and control for health security is already established: the EU-UK TCA provides for health cooperation on infectious diseases; the MoU was signed in 2021 between the European Centre for Disease Prevention and Control (ECDC) and the UK Health Security Agency (UKHSA) [121]. As the MoU covers vaccine-preventable diseases and blood-borne viruses, it already relates to some cancers [122]. The MoU should be widened to include non-communicable diseases including all cancers, to acknowledge and plan for the shared threat they pose to health security and health system sustainability. This step towards a health security agreement – or other kind of “deeper and more permanent cooperation with the EU’s health security institutions and processes” outside the single market [123] – would support the UK’s strategies for major diseases, European activity at the World Health Organization, as well as the EU’s Beating Cancer Plan 2021–31 and the European Commission’s 2024–29 mandate more broadly.

It’s vital that the UK Government and partners in the UK public health community monitor EU and wider international progress on public health and continue to share knowledge. In areas where the EU chooses to regulate faster than the UK, for example air pollution, the UK must not fall behind. Northern Ireland has a particularly useful vantage point and role in knowledge-exchange if new public health measures are introduced in the EU, including the Republic of Ireland, ahead of the UK. Likewise, if the UK regulates in advance of the EU to protect public health, those involved in all-Ireland projects are well-placed to observe and share the impact on the determinants of health.

The Hatch report suggests that public health opportunities have arisen from the UK’s EU exit [124]. The UK nations’ governments now have more freedom to regulate to protect UK citizens’ health due to potentially simpler and quicker legislative processes [125]. For example, the Tobacco and Vapes Bill, with the legislative consent of all four UK nations, would make the UK the first country in the world to create a ‘smokefree generation’. However, the Irish Government has suggested it would not be possible for an EU country to follow to the same extent in the existing EU regulatory environment [126].

Finally, there is a wider question about whether there might be opportunities within the UK’s future foreign and security policy framework to put a positive economic case for a ‘health in all policies’ approach. For example, in international trade agreements. This would not only provide essential protection of UK consumers’ existing rights but lead the way in showcasing population health as fundamental to UK prosperity [127]. The UK’s leadership would be welcomed by the international public health community, particularly if the UK Government invests more heavily in prevention research.

Recommendations

Recommendation	Responsibility
Recommendation 16: The MoU between the ECDC and the UKHSA should be expanded to cover non-communicable diseases such as cancer, with the future aim of a health security agreement.	ECDC and the UKHSA
Recommendation 17: EU framework programmes and future EU research and innovation funding mechanisms should prioritise precision prevention research, taking a strategic approach in collaboration with other major funders, and help to reduce barriers to industry investment.	UKRI and DG R&I
Recommendation 18: The UK Government should show global leadership to prevent thousands more cancer cases by: - driving a generational shift in cancer prevention in the UK through swift implementation of legislation on tobacco age of sale - increasing funding for primary prevention research and new methods of cancer prevention, and tackling the particularly high costs of prevention trials - working with the UK's public health community to place health at the heart of foreign and security policy	Cabinet Office, FCDO, DBT, DSIT, DHSC

Cancer Research UK Policy Department (March 2025)

If you'd like to discuss our recommendations, please contact us at **publicaffairs@cancer.org.uk**

References

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Appendices

Appendix 1

Cancer Research UK online researchers’ survey June–August 2023

Appendix 2

Cancer Research UK Patient Involvement Network online survey 2023