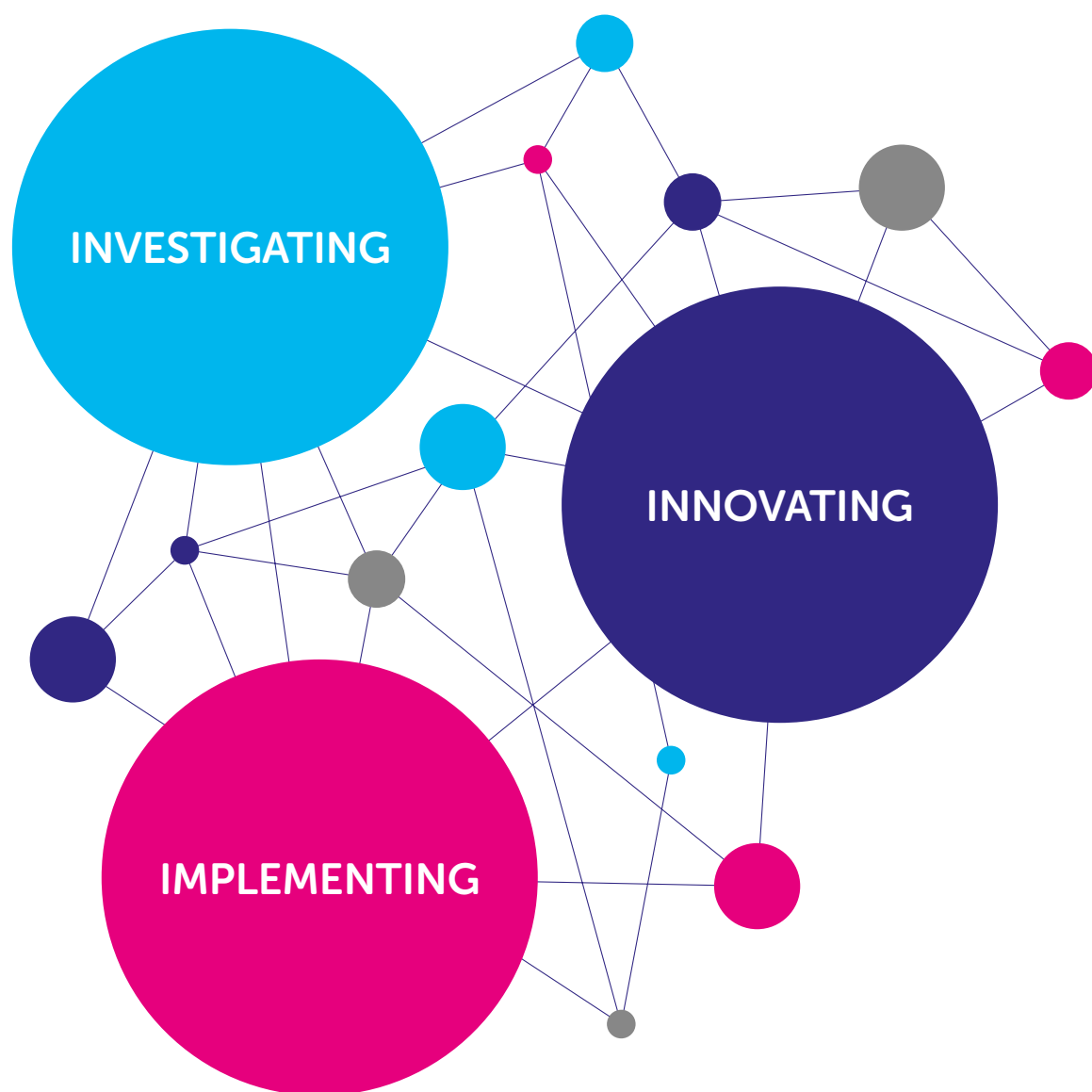


FOURTH BIENNIAL EARLY DIAGNOSIS RESEARCH CONFERENCE

23-24 FEBRUARY 2017

RADISSON BLU PORTMAN HOTEL, LONDON
CONFERENCE PROGRAMME



LET'S BEAT CANCER **SOONER**
cruk.org



CANCER
RESEARCH
UK

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A MESSAGE FROM CANCER RESEARCH UK'S CHIEF EXECUTIVE

More than 354,000 people are diagnosed with cancer in the UK each year, up 12% since the mid-1990s. But thanks to research, survival is also increasing and people are living longer after a cancer diagnosis. Cancer Research UK has taken the lead in early diagnosis research, and will be investing around £20 million a year by 2019.

Our ambition is to accelerate progress so that 3 in 4 people survive cancer by 2034, up from 2 in 4 in 2014, and 1 in 4 in the 70s. Every day, we are taking important steps to tackle the disease, including funding life-saving research, running public awareness campaigns and working with colleagues both internationally, nationally and locally to develop the collaborations and initiatives that will make a difference. There is still progress to be made, but advances to achieve our ambition are happening now thanks to a wide range of dedicated people, including our expanding early diagnosis community.

We are finding new ways to improve cancer services and to bring kinder and more effective treatments to patients sooner. We continue to work across a broad spectrum of research, policy and health professionals, as well as with the public, to ensure we keep cancer high on their agendas. We support the World Health Organization's position that cancer strategies are vital. We are monitoring and helping to support the implementation of cancer plans in England, Scotland and Wales, and calling for Northern Ireland to develop a new cancer strategy. We know that maintaining comprehensive cancer plans in each UK nation incentivises action, and dedicates resource to beating cancer sooner.

We continue to work to find new ways to reduce the number of cancers diagnosed and treated at a late stage. We want to ensure that the resources and tests needed for earlier diagnosis are widely accessible to those who need them. We translate research into practice, keeping evidence at the heart of what we do, and evaluating as we go.

The Cancer Research UK Early Diagnosis Research Conference is a unique opportunity to bring together our multidisciplinary community, ensuring we continue to **investigate, innovate and implement** research required to achieve our ambition. I am grateful to all of you for playing your part in ensuring we tackle delays in diagnosis and treatment to do the best we can for cancer patients.



SIR HARPAL S KUMAR
CEO, CANCER RESEARCH UK

WELCOME

We would like to welcome you all to London for our fourth biennial Early Diagnosis Research Conference.

Research and implementation of evidence into practice are key to securing better outcomes for patients. A strong, growing early diagnosis research community is emerging, and Cancer Research UK remains committed to supporting innovative excellence in this field, building collaborations and facilitating partnerships to increase our understanding. Our work continues to focus on seeing evidence-based best practice implemented, be that encouraging uptake of proven screening programmes, improving early symptomatic diagnosis or enhancing pathways for prompt diagnosis and treatment.

We have made significant advances in recent years, but there is still a way to go in order to improve cancer outcomes. Despite significant developments in the field, nearly half of patients of known stage are diagnosed with later stage disease, and almost 1 in 5 newly diagnosed cancer patients in England still receive their diagnosis via an emergency route. We need concentrated effort so that fewer patients are diagnosed with late stage disease, more have the option of potentially curative treatments and all patients have an improved experience.

Cancer Research UK continues to develop and support a variety of initiatives that will help detect, diagnose and treat cancers as swiftly as possible. We were delighted to launch the Be Clear on Cancer bowel cancer screening campaign in the North West, in partnership with the Department of Health, NHS England and Public Health England, earlier this year. This is an exciting new pilot, building on previous work, to look at the possible role that marketing activity could play in improving the uptake of bowel cancer screening in a region where uptake is generally poor. We continue to work with our partners on Be Clear on Cancer campaigns that promote the signs and symptoms of cancer too. As well as increasing the public's knowledge of screening and symptoms of cancer, we continue to develop the knowledge base on early diagnosis through the Accelerate, Co-ordinate, Evaluate (ACE) programme, evaluating and sharing good practice to inform cancer commissioning.

The broad focus of our conference programme reflects the interdisciplinary effort required to improve cancer diagnosis in the UK. During these two days, we encourage you to make the most of the networking and debating opportunities on offer, and to explore new avenues for collaboration and research funding available. We look forward to a lively, engaging and memorable event, and, as ever, we welcome your feedback.



SARA HIOM
DIRECTOR OF EARLY DIAGNOSIS
& CANCER INTELLIGENCE,
CANCER RESEARCH UK

CANCER RESEARCH UK'S STRATEGIC PRIORITIES

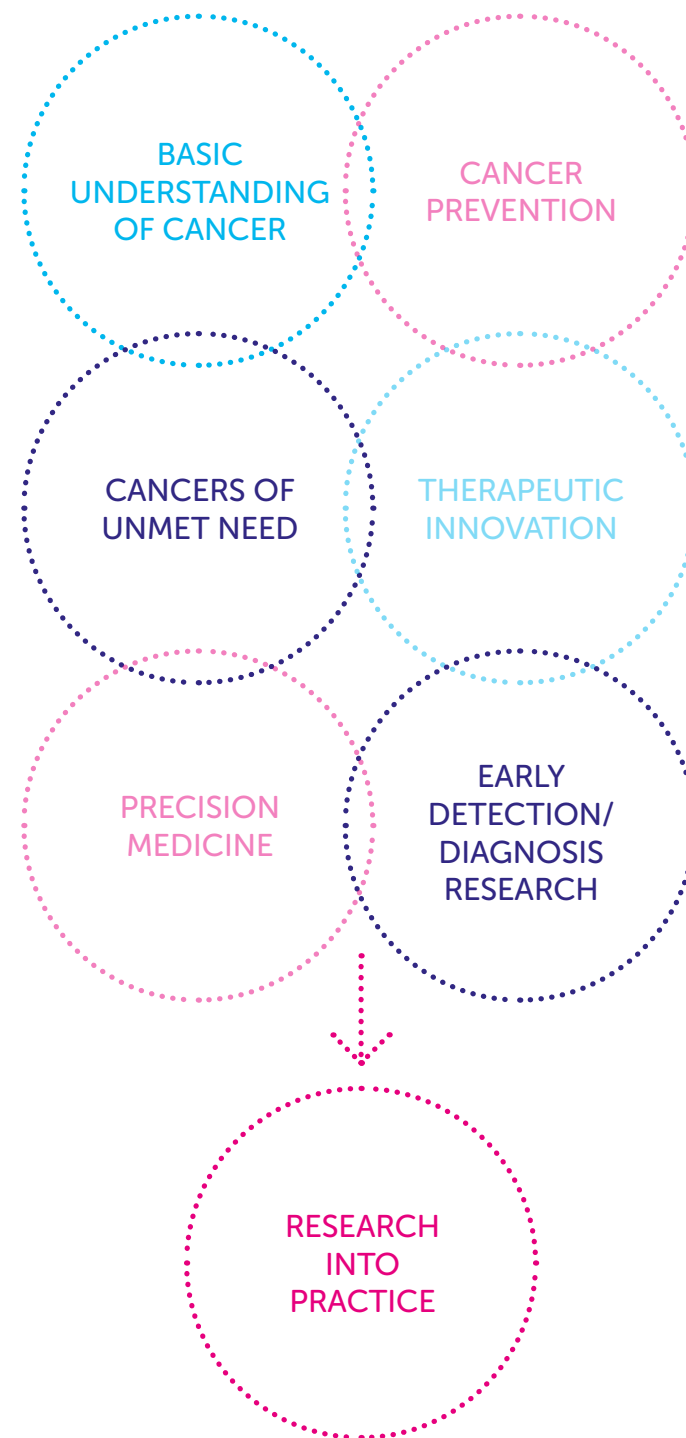
Our strategic priorities focus our efforts to build on our existing knowledge of early diagnosis and detection research. Driving improvements and innovation across areas requiring progress.

Cancer Research UK funds research across the pathway. We're advancing our understanding of the basic biology that underpins cancer, research that is paving the way for preventing, diagnosing and treating cancer more effectively.

We're focusing on cancers where survival has shown limited improvement over the last few decades – brain, lung, oesophagus and pancreas. This is a targeted approach with breadth – we're funding research from prevention to detection to treatment, and working to support the research infrastructure and community that underpins it.

Our research has already contributed to the development of the national cancer screening programmes. This work continues ensuring that more early stage cancers are accurately and swiftly detected. Another key part of the research portfolio focuses on the presentation and investigation of symptomatic cancers, work driven by a multidisciplinary field.

We're working hard to ensure that research is translated into policy and practice – driving improvements that have real benefits for patients. We continue to work in partnership and collaboration to achieve our goal.



EARLY DIAGNOSIS IS KEY TO ACHIEVING 3 IN 4 BY 2034

SURVIVAL BY STAGE AT DIAGNOSIS

LATEST STATS



= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED **EARLIER**
AT STAGE I

AROUND
8 IN 10



DIAGNOSED **LATER**
AT STAGE IV

LESS THAN
2 IN 10



LUNG



MORE THAN
9 IN 10



BOWEL



AROUND
4 IN 10



Data for people diagnosed in England in 2014

Source: Office for National Statistics/Public Health England, Cancer survival by stage at diagnosis for England (experimental statistics)

We can see from the latest lung and bowel cancer survival data, the difference that can be achieved if cancers are diagnosed early. As an organisation, Cancer Research UK has an ambition that 3 in 4 people will survive their cancer by 2034. We recognise that in order to reach this ambition, we need to see significant changes in the earlier diagnosis of cancer - with 3 in 4 cancers to be diagnosed at an early stage by 2034.

BIOGRAPHIES

SIR HARPAL S KUMAR

CEO, CANCER RESEARCH UK

Harpal Kumar gained a Masters in Chemical Engineering from the University of Cambridge and an MBA as a Baker Scholar from Harvard Business School. He has been awarded Honorary Doctorates from the University of Manchester and the University of Newcastle. He was knighted in the 2016 New Year's Honours list for services to cancer research.

After a brief period working as a research scientist with the UK Atomic Energy Authority, Harpal worked for four years in the London office of McKinsey and Co, specialising in healthcare. He then became CEO of The Papworth Trust, which focuses on pioneering rehabilitation services for people with acquired and congenital disabilities.

Harpal left Papworth in 1997 to become founding CEO of Nexan Group, a venture capital-backed medical device company, creating and marketing novel cardio-respiratory monitoring technologies to reduce premature mortality in patients with congestive heart failure.

Harpal joined Cancer Research Technology Limited (CRT, a wholly-owned subsidiary of Cancer Research UK) as Chief Executive in October 2002. In addition to his role with CRT, he became Chief Operating Officer of Cancer Research UK in July 2004, before becoming Chief Executive in April 2007.

Harpal was Chair of the Taskforce and author of Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020, published in summer 2015. He is a Trustee of The Francis Crick Institute in London. He is a member of the National Cancer Transformation Board and chairs the National Cancer Advisory Group.

SARA HIOM

DIRECTOR OF EARLY DIAGNOSIS
& CANCER INTELLIGENCE, CANCER RESEARCH UK

Sara trained and worked in biomedical research at the Medical Research Council's National Institute for Medical Research before joining Cancer Research UK in 2000. Since then she has built expertise, developed and led teams within the charity in prevention, screening, early diagnosis, evaluation and analysis, and primary care support. Now with responsibility for Cancer Research UK's early diagnosis strategy to help ensure that more people will survive their cancer, her department is focusing on health professional audiences, cancer intelligence, analysis and data.

Sara has led Cancer Research UK's involvement in the International Cancer Benchmarking Partnership, the Marmot Review of breast cancer screening and continues to champion early diagnosis, including via membership of the Cancer Taskforce, taking research to policy and practice through key innovations such as the ACE Programme (Accelerate, Coordinate, Evaluate) within the NHS.



THURSDAY 23RD FEBRUARY

KEYNOTE SPEAKERS



PROFESSOR
PATRICK BOSSUYT

Professor Patrick Bossuyt is the professor of Clinical Epidemiology in the Academic Medical Center of the University of Amsterdam, the Netherlands. Professor Bossuyt spearheaded the STARD initiative to improve reporting of diagnostic test accuracy studies and leads the Biomarker and Test Evaluation (BiTE) research programme in Amsterdam. The BiTE programme aims to appraise and develop methods for evaluating medical tests and biomarkers, and to apply these methods in clinical studies. In doing so, the programme wants to strengthen the evidence base for rational decision-making about the use of tests and testing strategies in healthcare.

Professor Bossuyt has authored and co-authored several hundred publications in peer-reviewed journals and serves on the editorial board of a number of these, including Radiology and Clinical Chemistry. He chairs the Scientific Advisory Committee of the Dutch Health Insurance Board, overseeing the national healthcare benefits package based on the principles of evidence-based healthcare.



PROFESSOR
PETER JOHNSON

Professor Peter Johnson graduated from Cambridge University and St Thomas' Medical School. He trained in oncology at St Bartholomew's Hospital, where he was an Imperial Cancer Research Fund (ICRF) Clinical Research Fellow, and completed his doctoral research on the Bcl-2 gene, its potential as a therapeutic target in lymphoma and the effects of CD40 ligation on the B-cell surface. He was subsequently a Senior Lecturer in Medical Oncology in the ICRF Cancer Medicine Research Unit in Leeds and took up the Chair of Medical Oncology in Southampton in 1998.

He leads the Southampton Cancer Research UK Centre and is responsible for bringing together a broad multidisciplinary group of basic, translational and clinical researchers, and linking the laboratory research to the extensive clinical practice in cancer treatment in the Southampton Cancer Centre. He was appointed Chief Clinician for Cancer Research UK in 2008.



MRS CELIA
INGHAM CLARK

Celia Ingham Clark is the Medical Director for Clinical Effectiveness at NHS England.

She trained in Cambridge and London and was appointed as a consultant general surgeon at the Whittington Hospital in 1996.

After early work in medical education she developed an interest in quality improvement and this took her through several medical management roles to become Medical Director of the trust from 2004-2012.

More recently she worked as national clinical director for acute surgery and enhanced recovery, and as London regional lead for revalidation and quality.

For two years from 2014 she was the NHS England Director for reducing premature mortality, and in 2016 became the Medical Director for Clinical Effectiveness. She was awarded an MBE in 2013 for services to the NHS.



TOM HASWELL

Tom Haswell's background is in engineering and he worked overseas for many years. In 1993 at an employment medical in Jeddah, Saudi Arabia, he was told he had lung cancer. He returned home to Glasgow, underwent further tests, only to be told there was no treatment which would have any effect on his lung cancer and he was given a very short life expectancy. He took part in an early phase chemotherapy clinical trial, followed by radiotherapy, which had positive effects. This led him to believe that his experiences could help other patients, researchers and clinicians, and for many years he has been involved in numerous organisations, groups and committees. Some of his consumer/patient involvements include the National Cancer Research Institute (NCRI) CTRad, Screening, Prevention and Early Diagnosis Advisory Group (SPED), Consumer Forum, Lung Clinical Studies Group, Cancer Research UK Clinical Trial Unit (Glasgow), Experimental Cancer Medicine Centres, Public Health England Lung Site Specific Clinical Reference Group, and involvement with the National Institute for Health and Care Excellence as a 'patient expert' for technology appraisals.

He is very much involved in cancer research and is co-applicant, collaborator and adviser on several clinical trials, and sits on Trial Management Groups, including the UK Lung Matrix Trial and TSCs. Tom was also a member of Cancer Research UK's National Awareness and Early Diagnosis Initiative (NAEDI) Funding Committee and Early Diagnosis Funding Application Review Committee, and is a member and trustee of the charity Independent Cancer Patients' Voice. He has also attended and been a panelist at the Precision Medicine Forum Conference and has been appointed as consumer member on NCRI's Cellular Molecular Pathology Initiative.

CANCER SCREENING



CHAIR
PROFESSOR
CHRIS HARRISON

Professor Chris Harrison is NHS England's National Clinical Director for Cancer and Medical Director for Strategy at The Christie NHS Foundation Trust in Manchester. He qualified in medicine from Manchester University and, following experience in both hospital medicine and primary care, trained in epidemiology and public health. Chris held a series of director of public health posts in Lancashire before becoming Cancer Director for the North West Region in 2000, and then Medical Director of Greater Manchester Strategic Health Authority in 2002.

He was Executive Medical Director at The Christie from 2006 until 2013, when he moved to London becoming Medical Director at Imperial Healthcare NHS Trust, before returning to Manchester in March 2016. Between 2011 and 2013, Chris was seconded part time from his role at The Christie to be Clinical Director for Cancer at NHS London.



AMANDA
DIBDEN

Amanda Dibden is a statistician for the Policy Research Unit in Cancer Awareness, Screening and Early Diagnosis (PRU), which is led by Professor Stephen Duffy. She has held this position since 2011, prior to which she completed an MSc in medical statistics at the London School of Hygiene and Tropical Medicine.

Amanda's research is focused on breast cancer screening, in particular the evaluation of the benefits and harms of the national screening programme through an England-wide case-control study. Past projects include the compilation of annual performance statistics for the NHS Breast Screening Programme (NHSBSP) and the completion of a study to analyse the effect of the introduction of two-view mammography within the NHSBSP on interval cancer rates.

Amanda is also undertaking a part-time PhD at the PRU entitled 'An evaluation of population breast screening studies in the UK'. The project aims are to assess the effect of mammography screening on breast cancer mortality and to estimate over diagnosis using both case-control and cohort study designs.



ROSIE
HINCHLIFFE

Rosie Hinchliffe is a Data and Research Analyst in the Cancer Intelligence team at Cancer Research UK. She received an MA in Social Research Methods from Goldsmiths (University of London) following a BA in Ancient History and Social Anthropology from University College London.

Since joining as an analyst four years ago, Rosie has made significant contributions to Cancer Research UK's early diagnosis-focused work. This is particularly evident through her involvement in the evaluation of projects aiming to improve the uptake of bowel cancer screening, and the analysis of data from the Cancer Awareness Measure, looking at public awareness of cancer signs and symptoms and perceived barriers to presenting to primary care.



ROBERTA
MARONI

Roberta Maroni has an MSc in mathematics (Università degli Studi di Padova, Italy) and has been working as a statistician at the Policy Research Unit in Cancer Awareness, Screening and Early Diagnosis (PRU) since 2016. The PRU is led by Professor Stephen Duffy and is a collaboration between researchers from seven institutions.

Her main focuses are breast and bowel cancer screening and her most recent work includes a study assessing the benefit of second-timed appointments in breast cancer screening. Roberta has previously worked in a variety of industries, including the financial sector and publishing.

GUESTS FOR THE PANEL SESSION



DR CHRISTIAN
VON WAGNER

Dr Christian Von Wagner is a Senior Lecturer in the Department of Behavioural Science and Health at University College London. His research focuses on behavioural approaches to uptake of the colorectal cancer (CRC) screening. He was part of a multidisciplinary team of academics and health professionals in the development and evaluation of a series of nationwide interventions to reduce socioeconomic inequalities in CRC screening uptake.

He has recently set up a programme of work looking at factors determining uptake and experience of the new NHS bowel scope screening programme, for which he receives funding from the National Institute for Health Research and Cancer Research UK. This includes the development of additional reminder letters, theory-based leaflets and monitoring patient-reported experiences for the screening programme. He is actively involved in the Bowel Cancer Screening Patient Experience Group, the National Cancer Research Institute's Screening and Prevention Subgroup, and the Policy Research Unit in Cancer Awareness, Screening and Early Diagnosis.



PROFESSOR
ROBERT STEELE

Professor Bob Steele did his initial surgical and academic training in Edinburgh, Hong Kong and Aberdeen, and was appointed as Senior Lecturer in Surgery at the University of Nottingham in 1990. He was then appointed Professor of Surgical Oncology at the University of Dundee in 1996 and as Professor of Surgery and Head of the University Department of Surgery in 2003.

His main interest is colorectal cancer and he is Director of the Scottish Colorectal Cancer Screening Programme, having acted as clinical lead for the UK demonstration pilot that was used to inform the decision to introduce national screening programmes throughout the UK.

He has chaired several Quality Improvement Scotland (QIS) groups related to colorectal cancer and colorectal cancer screening, and chaired the Scottish Intercollegiate Guidelines Network (SIGN) group that developed the latest set of colorectal cancer guidelines. He is currently a member of Council of the Royal College of Surgeons of Edinburgh and the editor of The Surgeon. He also chairs the Board of Directors of the Scottish Cancer Foundation and is Immediate Past President of the Association of Coloproctology of Great Britain and Ireland (ACPGBI). Recently he was appointed as the Independent Chair of the UK National Screening Committee.



DR ANNE MACKIE

Dr Anne Mackie is the Public Health England (PHE) Director of Screening, overseeing both cancer and non-cancer screening programmes, as well as Quality Assurance (QA) services.

Anne qualified in medicine from King's College Hospital in 1985 and went into public health five years later. She has devoted her career to public health for nearly 20 years across London and the South East. Previous roles have included Medical Director of the National Specialist Commissioning Advisory Group, Director of Public Health in Kent and Director of Public Health in South West London.

Latterly, Anne was Acting Director of Public Health for the London Strategic Health Authority, before taking on the position of Director of Programmes for the UK National Screening Committee in August 2007.

PATIENT FACTORS IN TIMELY PRESENTATION & DIAGNOSIS



CHAIR
DR KATRIINA
WHITAKER

Dr Katriina Whitaker completed her undergraduate degree at the University of Bristol in 2002, and was awarded a first class BSc honours degree in psychology. She went on to work at the University of Bristol with Richard Gregory on the second edition of the Oxford Companion to the Mind, and afterwards at the University of Oxford within the sleep laboratory of Allison Harvey. In 2004, Katriina obtained a Cancer Research UK PhD studentship, 'Intrusive cognitions and anxiety in cancer patients,' supervised by Maggie Watson (Royal Marsden) and Chris Brewin (University College London, UCL), which she completed in 2008.

Katriina joined the Health Behaviour Research Centre in 2008 within the Department of Epidemiology and Public Health (UCL) to work with Jane Wardle across several different projects on cancer prevention, funded by a Cancer Research UK programme grant. In 2012, Katriina was awarded a Cancer Research UK postdoctoral research fellowship, 'Cancer symptom appraisal in everyday life: psychological and demographic influences,' to explore how people make decisions about 'alarm' symptoms that may give an early warning sign of cancer. Katriina is also interested in understanding socioeconomic differences in cancer outcomes. Katriina joined the School of Health Sciences at the University of Surrey in 2014 as Senior Lecturer and Lead in Cancer Care.



DR ANJAN DHAR

Dr Anjan Dhar is Reader in Medicine (Durham University) and Consultant Gastroenterologist at Darlington Memorial and Bishop Auckland Hospitals in County Durham. He trained in gastroenterology in India at the Postgraduate Institute of Medical Education and Research, Chandigarh, and the All India Institute of Medical Sciences, New Delhi, before coming to the UK as a Commonwealth Research Fellow to work with Professor Derek Jewell at Oxford University. His gastroenterology training in the UK was at the University of Oxford and University College London, and he was appointed as a consultant in Durham in 2003.

He is a National Institute of Health Research Clinician Investigator and is involved in several national and international clinical trials in County Durham. He is a faculty member of the School of Medicine and Pharmacy at Durham University and a founding member of the Northern Region Endoscopy Group (NREG). In 2012, he was elected as Fellow of the American Gastroenterology Association (AGA). He is a recipient of the British Society of Gastroenterology Endoscopy Advanced Endoscopy travelling fellowship to Charleston (2008) and Tokyo (2010).



DR RACHEL
DOMMETT

Dr Rachel Dommett is a Consultant in Haematology/Oncology at Bristol Royal Hospital for Children and Lead Clinician for the Teenage and Young Adult (TYA) Cancer Service in the South West of England. She is a full-time NHS consultant and her areas of clinical practice include leukaemia and long-term follow up of survivors of childhood and TYA cancer. She has been working in the field of early diagnosis since 2010.

As part of her National Institute for Health Research Clinical Lecturer post in the University of Bristol, she led a large population-based case-control study using the Clinical Practice Research Datalink (formerly GPRD) to investigate the predictive value of symptoms of cancer in children and TYA presenting to primary care. Over the last two years she has led the 'Too young to get cancer?' project, the only project in the NHS England/Cancer Research UK/Macmillan ACE (Accelerate, Coordinate, Evaluate) programme to address the needs of young people in achieving a timely cancer diagnosis.



DR CRISTINA RENZI

Dr Cristina Renzi is a public health physician and epidemiologist with a specific research interest in the evaluation of diagnostic pathways and factors influencing timely cancer diagnosis. Her ongoing work at the University College London Health Behaviour Research Centre and at the London School of Hygiene and Tropical Medicine focuses in particular on evaluating opportunities for reducing emergency cancer diagnoses in order to improve the quality of care and cancer outcomes.

Her research has also contributed to a better understanding of factors influencing timely cancer diagnosis, highlighting the importance of ongoing vigilance by both patients and doctors after an 'all-clear' diagnosis.

UTILISING LOCAL DATA TO INFORM POLICY



DR TANIMOLA MARTINS

Dr Tani Martins is a Post-doctoral Research Fellow at the Institute of Health Research, University of Exeter Medical School, where he works as part of the DISCO (Diagnosis of Symptomatic Cancer Optimally) Team. Tani's workstream aims to identify and quantify areas in the pathways to diagnosis of cancer where ethnic inequalities exist, with the intention of generating appropriate interventions to address such inequalities.

Prior to joining the medical school in early 2011, where he also completed his PhD, Tani worked within the School of Medicine, University of Nottingham, and for Bright Ideas Nottingham, a community-based organisation that seeks to improve access to health services through cultural brokerage and community engagement. Before this, he completed his BSc in medical rehabilitation at the Obafemi Awolowo University, Nigeria, and a Master of Public Health degree at the University of Nottingham.



CHAIR PROFESSOR AILEEN KEEL

Professor Aileen Keel is seconded from the Scottish Government to the Usher Institute of Population Health Sciences and Informatics at the University of Edinburgh to lead the Innovative Health Care Delivery Programme. Aileen joined the Scottish Office (as was) as a Senior Medical Officer in the Department of Health in 1992.

She was Deputy Chief Medical Officer in Scottish Government health and social care directorates from 1999 to 2014. Between April 2014 and May 2015 she was acting Chief Medical Officer. She is Chair of the Scottish Cancer Task Force, Co-chair of COMQI (Clinical Outcomes and Measures for Quality Improvement), and honorary consultant in haematology at Edinburgh Royal Infirmary and has an Honorary Chair at the University of Edinburgh.



MATTHEW BARCLAY

Matthew Barclay is a statistician at the Cambridge Centre for Health Services Research in the Primary Care Unit, University of Cambridge. He mostly spends his time using routine healthcare data to provide insight into patient outcomes at various points on the cancer care pathway, be that at diagnosis, after treatment, or longer-term. This drives interests in related fields of applied statistics, such as methods of accounting for missing or misclassified data items, multi-level modelling, and tricks for working with large datasets. He is particularly interested in the challenges of accurately measuring variation in organisational performance.

Matthew studied mathematics at Durham and statistics at Sheffield, and previously worked as an analyst for the National Cancer Intelligence Network.

GUESTS FOR THE PANEL SESSION



PATRICK
MULLER

Patrick Muller is a medical statistician in the Cancer Research UK-funded Cancer Policy Programme, which conducts policy-focused research as part of the Cancer Survival Group at the London School of Hygiene and Tropical Medicine (LSHTM). He is interested in using statistical methods to interpret and explain geographic variation in cancer outcomes, and how local cancer statistics can best be used to improve services and reduce inequalities. He has an MSc in medical statistics from the LSHTM and a BSc in mathematics from King's College London. Prior to having joined the Cancer Policy Programme, Patrick worked as a data analyst at Amnesty International and The Economist.



LUCY YOUNG

Lucy Young is a senior cancer analyst in the partnership between Public Health England's National Cancer Registration and Analysis Service and NHS London's Transforming Cancer Services Team (NCRAS-TCST). She leads on analytical projects with a particular focus on the delivery of cancer intelligence to NHS stakeholders in London. Current projects include investigations of the diagnostic pathway for prostate cancer, the pre-diagnostic imaging pathway for lung cancer, and the prevalence of secondary primary cancers in London.

Prior to joining the NCRAS-TCST partnership, Lucy worked for GlobalData as a senior epidemiologist. Her role included analysing epidemiological trends, risk factors and the effects of the pharmaceutical market on a wide range of diseases, including a number of cancers. Lucy graduated from King's College London with an MSc in public health and a BSc in biomedical science.



DR ANTHONY BRZEZICKI

Dr Anthony Brzezicki has been a GP at the Queenhill Medical Practice in Croydon since 1983. His special interests are in prescribing and cancer. He was part of the first wave of the Prescribing Collaborative and chaired the third wave for England.

He worked in the Breast Unit at Croydon Health Services NHS Trust for 10 years, and has been a Macmillan GP, primary care lead for South West London and worked in the common cancer group developing the Case for Change for Cancer in London, the Model of Care and sat on the London Cancer Board. He is now a GP member of the Transforming Cancer Team for London, chairing the Early Diagnosis workstream for London.

He has also been a GP member of the London Cancer Alliance Clinical Board and a Non-Executive Director of the London Cancer Board. Anthony is also Co-Chair of the London Cancer Commissioning Board, and Clinical Lead for the Healthy London Partnership cancer programme.



DR GARY ABEL

Gary Abel is a statistician who works as a senior lecturer at the University of Exeter Medical School. Prior to joining the medical school last year he worked in the Cambridge Centre for Health Services Research, University of Cambridge.

As a methodologist, he has an interest in the use of routinely collected data, particularly looking for evidence of variation between both individuals and organisations. His work on early diagnosis of cancer has considered aspects such as variation in timeliness of GP referrals and stage at diagnosis, as well as other markers of diagnostic activity.

FRIDAY 24TH FEBRUARY

KEYNOTE SPEAKERS



PROFESSOR
WILLIE HAMILTON

Professor Willie Hamilton is Professor of Primary Care Diagnostics at the University of Exeter. He became a professional researcher rather later than most, having concentrated on clinical general practice until the 1990s.

His early research years spanned several disease areas in the field of diagnostics. The major part of his work is in cancer diagnostics in the symptomatic patient – the one sitting in the GP's consulting room. He has a vast array of contrived acronyms funding his work, with the CAPER (Cancer Prediction in Exeter) unit working on metastatic cancer, the DISCOVERY (Diagnosis of Symptomatic Cancer Optimally) unit working on several cancers, including bladder, pancreas and colorectal, and the Department of Health-funded Policy Research Unit supporting studies on female cancers, ethnic inequalities in cancer diagnosis, thrombocytosis, and colorectal cancer in younger patients.

He was clinical lead on the National Institute for Health and Care Excellence (NICE) guidance on suspected cancer, NG12, published in 2015. This governs around £1bn of annual NHS spending. One of his textbooks, Cancer Diagnosis in Primary Care, won a rather minor British Medical Association award.



DR FIONA WALTER

Dr Fiona Walter is a GP, National Institute for Health Research (NIHR) Clinician Scientist, and Principal Researcher in Primary Care Cancer Research at the Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge. She leads their cancer group, delivering world-class research focusing on the cancer pathway, from prevention, screening, early detection and diagnostics to post-treatment care.

Fiona is currently Chair of the National Cancer Research Institute's Primary Care Clinical Studies Group's Early Diagnosis sub-group, with a UK-wide strategic remit to develop and maintain a comprehensive national portfolio of clinical trials and other studies, including international trials and studies in health service research. She also leads the International Cancer Benchmarking Partnership's Primary Care Clinical Committee, and is a steering group member of the Cambridge Cancer Centre's Early Detection programme.

She does at least one day of clinical GP work a week, and she visits Australia regularly as she has honorary academic roles at two Australian universities, Melbourne and the University of Western Australia, and contributes to their research programmes to improve cancer outcomes.



CHAIR
PROFESSOR
JON EMERY

Professor Jon Emery is the Herman Professor of Primary Care Cancer Research at the University of Melbourne, a new Chair developed within the Victorian Comprehensive Cancer Centre.

He is an National Health and Medical Research Council (NHMRC) Practitioner Fellow, Director of the Cancer Australia Primary Care Collaborative Cancer Clinical Trials Group (PC4), and a Visiting Research Fellow at the Department of Public Health and Primary Care, University of Cambridge. He was previously Head of the School of Primary, Aboriginal and Rural Health Care at the University of Western Australia.

He studied medicine at Cambridge and Oxford, and obtained his DPhil at Oxford on computer decision support to assess cancer risk in general practice.

His research focuses on the role of primary care across the cancer continuum, including prevention, early diagnosis and survivorship. He leads a parallel programme of cancer research between Melbourne and Cambridge on cancer screening, risk assessment and early diagnosis. He sits on several national and international advisory committees related to cancer screening and diagnosis, and cancer research.



PROFESSOR
NIEK DE WIT

Professor Niek de Wit is Professor in Primary Care and Head of Department at the Julius Centre of Health Sciences and Primary Care of the University Medical Centre in Utrecht, the Netherlands. He has been working in rural general practice in the Netherlands for more than 20 years, and combined this with an academic position. Since 2009 has been Medical Director of the Julius health centres in Leidsche Rijn, and coordinates the development and implementation of healthcare innovations in academic primary care practice.

In the past year he has been working at the interface of clinical primary care practice and academic research, and initiated research on innovative programmes such as prevention of cardiovascular disease, elderly care, early diagnosis of cancer and the use of point-of-care tests in clinical practice. He is (co-) author of more than 150 peer-reviewed scientific publications and 30 chapters in textbooks.

In 2012 he was appointed to the quality of care advisory board of the Ministry of Health.



DR YORYOS
LYRATZOPOULOS

Dr Yoryos Lyratzopoulos is Reader in Cancer Epidemiology at University College London (UCL) and Cancer Research UK Advanced Clinician Scientist Fellow. He is also affiliated part-time to the University of Cambridge and Public Health England's National Cancer Registration and Analysis Service, as Senior Cancer Epidemiologist. His research focuses on the predictors and outcomes of diagnostic timeliness in cancer patients, and cancer patient experience. He was previously a National Institute for Health Research Post-Doctoral Fellow (2012–2014) and has worked for the English NHS and the National Institute for Health and Care Excellence as a hospital doctor and public health physician. He has published about 130 peer-reviewed papers, two thirds of which as first/last author. Yoryos holds the Cancer Research UK Future Leaders Prize in Cancer Research (2016), which recognises individuals who have demonstrated the potential to achieve world-leading status by producing research of international importance within their first 10 post-doctoral years.

DR ANNE MACKIE
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RICHARD STEPHENS

Richard Stephens is a survivor of two cancers and a heart emergency. He has participated in four clinical trials and several psycho-social and quality of life studies.

"My cancers weren't diagnosed early in terms of their progression," he says. "but they were diagnosed early enough to be treated successfully. We cannot separate the importance of early diagnosis from the importance of having effective treatments once the diagnosis is made."

Richard chairs the National Cancer Research Institute's (NCRI) Consumer Forum and is the NCRI Consumer Lead. He serves on strategic groups for the NCRI, Public Health England - National Cancer Registration and Analysis Service, Medical Research Council Clinical Trials Unit, Genomics England, Department of Health, NHS England and others. He was the patient representative on the Independent Cancer Taskforce that produced the 2015, Achieving World-Class Cancer Outcomes: A Strategy for England.

He sits on two of Cancer Research UK's funding committees, and has been working with the charity in various roles since 2003. Richard was one of the founders of the AllTrials campaign and is a leading member of the useMYdata movement. He is the joint Editor-in-Chief of BioMed Central's Journal of Research Involvement and Engagement, and has had a consultancy role with Astra-Zeneca.

These activities follow on from careers in journalism, education and local government.

OPTIMISING CLINICAL PRACTICE & SYSTEMS



CHAIR
DR JODIE MOFFAT

Jodie Moffat is Head of Early Diagnosis in the Policy and Information Directorate at Cancer Research UK. Since joining Cancer Research UK in March 2008, Jodie has spent most of her time working on early diagnosis evidence and strategy, including a year seconded to the Department of Health coordinating the evaluation of the early Be Clear on Cancer awareness campaigns.

Prior to that, Jodie undertook a PhD in earlier diagnosis of lung cancer, and also spent three years working in the NHS as a therapy radiographer.

DR GARY ABEL
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JEREMY BROWN

Jeremy Brown is a Junior Epidemiologist in the Cancer Screening and Prevention Research Group within the Department of Surgery and Cancer at Imperial College London. After graduating from the University of Oxford, he completed an MSc at the London School of Hygiene and Tropical Medicine.

Prior to his current position at Imperial College, he worked briefly in the Early Diagnosis team at Cancer Research UK, and in the Research and Innovation Directorate at Parkinson's UK. He currently works with Professor Wendy Atkins and Dr Amanda Cross on research relating to colorectal cancer screening, surveillance and diagnosis.

INTERNATIONAL PERSPECTIVES



TANIA SEALE

Tania Seale has worked in healthcare since the early 80s, having originally trained as a nurse. She specialised in haematology and oncology following training, and went on to work at a senior nursing level and establish new haem-oncology units within district general hospitals, before moving into healthcare research. Tania initially worked in palliative care research before becoming a research facilitator for a large number of haematology trials in North West Wales. Following this, Tania supported a number of newly developing research themes as the research networks formed in Wales, becoming Team Leader for five themed areas.

Tania left to begin her PhD with Professor Richard Neal and the North Wales Centre for Primary Care Research in 2013. Her strengths in multi-centre research have enabled the pan-centre study, 'Diagnostic Journeys in Myeloma', to successfully run across Wales, with engagement and recruitment from all haematology multidisciplinary teams. Tania hopes to continue in the early diagnosis field on the completion of her scholarship.



DR ANDREW MILLAR

Dr Andrew Millar is a Consultant Gastroenterologist and Hepatologist at the North Middlesex University Hospital and Lead Clinician for the Upper GI Cancer and Viral Hepatitis Services. He is an Honorary Consultant at the Royal Free Hospital and Associate Professor of Medicine at St George's University School of Medicine at Grenada in the West Indies.

Andrew led the development of the use of Multidisciplinary Diagnostic Centres (MDC) while in post as the London Cancer Hepato-biliary and Pancreatic Pathway Director and has since been appointed as Clinical Lead for Multidisciplinary Diagnostic Centres for the University College London Hospital Cancer Collaborative. The MDC project aims to improve access for patients with cancer symptoms that are either vague-but-concerning, or those that need very urgent attention, across North, Central and East London. Andrew is passionate about the importance of an accurate history in cancer diagnosis and emphasises the importance of considering the pattern of alarm symptoms as well as single symptom descriptors. He is working on IT solutions that allow patients to self-report cancer symptoms.



PROFESSOR
PETER VEDSTED

Professor Peter Vedsted is a Professor of Primary Care at the Research Unit for General Practice, and Professor of Innovative Patient Pathways at Silkeborg Diagnostic Centre, Aarhus University, Denmark.

He is the director of a Danish research group focusing on cancer diagnosis by embracing the pathway from symptom to treatment of cancer. The group has impacted healthcare delivery as well as quality of care by developing continuous medical education, patient pathways and access to investigations.

CHAIR
PROFESSOR JON EMERY
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PROFESSOR
SUE ZIEBLAND

Professor Sue Ziebland's background is in medical sociology, with increasing focus on qualitative research approaches. Sue has worked as a researcher in the academic, NHS and voluntary sectors and has published widely. She has been involved in the DIPEX (now Healthtalk) project from its inception in 1999 and has spent time getting their projects through a national research ethics committee. She works closely with colleagues in the research group, on the steering group and DIPEX charity.

Health Experiences Research Group (HERG) specialise in qualitative methods of understanding health experiences and using it for experience-based health information, clinical education and service improvements. Sue's research interests include how the internet is changing healthcare. Her international work includes a comparative narrative interview study of help-seeking and health system response in Sweden, Denmark and England.

CANCER DATA TO ACHIEVE NEW INSIGHTS IN CANCER CONTROL



DR HENRY JENSEN

Dr Henry Jensen is a postdoctoral researcher at the Research Centre for Cancer Diagnosis in Primary Care (CaP) at Aarhus University in Denmark. He received his MSc in health sciences from Aarhus University in 2006. In the early years of his academic career, he focused on quality improvement of cervical cancer screening in general practice and a GP information platform for the Danish national breast cancer screening programme, which was introduced in 2009. Henry gained a PhD from Aarhus University in 2015 entitled 'Implementation of cancer patient pathways and the association with more timely diagnosis and earlier detection of cancer among incident cancer patients in primary care'. This work investigated how the time to diagnosis and tumour stage at diagnosis has changed across the time of the implementation of urgent referrals to standardised cancer pathways that exist today in Denmark.

Henry has continued to explore how cancer patient pathways affect the patients in terms of survival, mortality and the patients' perception of the provided healthcare. He has become increasingly interested in seeking epidemiological explanations for delayed cancer diagnosis and identifying potential links between variations in referral routes and the prognosis of patients.



CHAIR
DR JEM RASHBASS

Dr Jem Rashbass studied medicine at University College London and trained in diagnostic pathology, becoming a clinical academic dividing his time between clinical work and the creation of the Clinical and Biomedical Computing Unit at Cambridge University.

In 2003 he became head of the Eastern Cancer Registry and Information Centre, a post he held in conjunction with the leadership of the East of England Cancer Screening Quality Assurance Service. In 2011 he was appointed National Director for Cancer Registry Modernisation and in April 2013 he became National Director for Disease Registration at Public Health England.

Previously Jem spent six years as a Non-executive Director and Vice Chairman of the NHS Information Authority, and has acted as a special adviser to the Health Select Committee of the House of Commons.



NICOLA BARNSTAPLE

Nicola Barnstaple began her career in academic research working jointly with Glasgow Caledonian University and the University of Edinburgh on emphysema and chronic obstructive pulmonary disorder before moving to BIOPTA – a biotechnology start-up company in Glasgow. This was followed by four years at Breast Cancer Care Scotland as a service manager.

Latterly Nicola held a joint post between NHS Greater Glasgow and Clyde, and Glasgow City Council, leading on their staff health strategy. Nicola is currently on a Service Level Agreement from NHS Greater Glasgow and Clyde to the Scottish Government, where she leads on the Detect Cancer Early Programme and cancer waiting times performance in Scotland.

SPOTLIGHT ON LUNG CANCER



DR LAURA WOODS

Dr Laura Woods completed her undergraduate degree in human sciences at Oxford University in 1999. After a year as a Political Research Assistant she completed her Master's degree in medical demography at the London School of Hygiene and Tropical Medicine in 2001. She worked for a year with the Centre for Longitudinal Studies at the Institute of Education, London, before joining Professor Michel Coleman's Cancer Survival Group in September 2002 as a Research Assistant. Subsequently, she was awarded a three-year MRC doctoral studentship and completed her PhD in September 2006.

Laura's research has consisted of both epidemiological and demographic aspects of cancer survival analyses since 2001, with a particular focus on breast cancer and inequalities. Laura is now funded by a personal postdoctoral fellowship awarded by Cancer Research UK, which seeks to examine the determinants of low survival among women with breast cancer in England in comparison with Australia, and in poorer women in comparison with richer women in the UK. She has also been the Primary Investigator on a Cancer Research UK-funded grant examining the role of screening in relation to survival differentials in the UK.



DR CHIARA DI GIROLAMO

Dr Chiara Di Girolamo obtained her degree in medicine and surgery in 2008 and a specialisation in hygiene and preventive medicine in 2014 from the University of Bologna (Italy). After completing a Master's degree in epidemiology at the London School of Hygiene and Tropical Medicine (LSHTM) in 2015, she joined the Cancer Survival Group (LSHTM) as a Research Fellow. She works within the Cancer Policy Programme, a Cancer Research UK-funded team that investigates how cancer outcomes vary nationally and in comparison with Nordic countries.

Her research has focused on the analysis of variation in stage at diagnosis between clinical commissioning groups in England and the profile of patients with missing stage information in the English cancer registration data. She is currently involved in projects that examine the impact on cancer survival of waiting times in England and the role of stage and treatment in international differences in colorectal cancer survival.



CHAIR
DR MAT CALLISTER

Dr Matthew Callister is a Respiratory Physician at St James's University Hospital, Leeds. He trained in Oxford, London and Yorkshire and was appointed to his current post in 2008.

His research interest is the symptom driven early detection of lung cancer, and the investigation and management of pulmonary nodules.



DR KATE BRAIN

Dr Kate Brain is a registered Health Psychologist and Reader based in the Division of Population Medicine, Cardiff University School of Medicine. Kate leads a programme of research on screening, prevention and early diagnosis and is academic lead for Wales in the International Cancer Benchmarking Partnership cancer awareness research.

Her research interests include understanding the determinants of late symptom presentation and non-uptake of cancer screening, psychosocial outcomes of cancer screening in higher risk groups (including genetically defined groups), and developing and evaluating complex interventions designed to improve outcomes at each stage of the cancer pathway. Her current main research focus involves developing and testing behavioural interventions to encourage cancer awareness and help-seeking among people living in socio-economically deprived communities.



CLARE PEARSON

Clare Pearson is the Senior Cancer Information Analyst for the ACE (Accelerate, Coordinate, Evaluate) programme, working as part of the Cancer Research UK – Public Health England partnership.

After working in university administration for 12 years, Clare completed a BSc in physiology and MSc in epidemiology at Imperial College in October 2012. She subsequently worked as a Research Assistant in Epidemiology at Imperial College and at the Cicely Saunders Institute at King's College London prior to starting working with the ACE partnership in August 2016. Clare is based at Public Health England working as part of the National Cancer Registration and Analysis Service (NCRAS) team and is working on projects related to the ACE programme. The primary focus of her work is using national datasets (cancer registrations, diagnostic imaging and others) to investigate and explore variation of pre-diagnostic scenarios for lung and colorectal cancer patients. She is interested in improving the understanding of pre-diagnostic pathways to enable earlier diagnosis and improve outcomes for cancer patients.



DR LUCY BRINDLE

Dr Lucy Brindle is an Associate Professor in early diagnosis research at the University of Southampton. Lucy's Research Councils UK fellowship developed a patient-completed symptoms, risks and co-morbidities questionnaire (IPCARD) for use in prospective studies to obtain predictive values of symptoms for lung cancer. IPCARD is now being used in a number of primary and secondary care studies to identify symptoms that predict lung cancer. The IPCARD studies, designed to address current gaps in the symptom epidemiology evidence base, will provide accurate predictive values for patient-elicited symptoms.

Lucy's research interests also include the use of health communication research to optimise communication within consultations. Her previous research has developed complex interventions to change clinician-patient communication about consequences of cancer diagnosis and treatment options, with implications for patient outcomes. Her current programme of 'improving earlier diagnosis research' is integrating symptom epidemiology with medical sociology and health services research to elucidate patients' help-seeking behaviour, better understand the relationship between socio-economic status and pathways to diagnosis, and develop complex interventions to tackle late cancer diagnosis.



DR EDWARD GAYNOR

Dr Edward Gaynor has worked in Liverpool for the last 30 years as a GP. His practice is in the city centre and specialises in providing care to homeless patients. He is a GP trainer.

He has been a governing body member for the Liverpool Clinical Commissioning Group (CCG) from 2012 to 2014, and since 2012 has been the cancer lead for NHS Liverpool CCG.



PROFESSOR
DAVID BALDWIN

Professor David Baldwin works as a consultant respiratory physician sub-specialising in lung cancer and mesothelioma and interventional procedures. He is Honorary Professor in the School of Medicine at the University of Nottingham. He is Chair of the Clinical Expert Group for Lung Cancer, NHS England, and Lead for the East Midlands Expert Clinical Advisory Group on Lung Cancer and Mesothelioma. He is Chair of the Screening Prevention and Early Diagnosis Group for the National Cancer Research Institute (NIHR). He has obtained research grants from a variety of charities and NIHR. His primary research interests are in CT screening and lung cancer epidemiology. He is lead respiratory physician on the UK CT lung cancer screening trial. He has published over 160 papers, including three influential guidelines. He has held the positions of Honorary Secretary of the British Thoracic Society, Clinical Lead on the National Institute for Health and Care Excellence Lung Cancer Guideline Development Group and Chair of the Quality Standards Group on Lung Cancer. He works with Public Health England as a member of the Lung Cancer Site Specific Reference Group.

DR ANNE MACKIE
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NOTES

