West Midlands cancer alliance

An update from the

West Midlands Cancer Alliance

December 2025

Our monthly newsletter is designed to keep you up to date with the latest cancer events, updates and projects happening throughout the West Midlands. Please feel free to share this newsletter within your teams. If you would like to submit an article for a future newsletter, please contact angela.gould1@nhs.net.

In this edition:

An End of Year Message from Sarah Hughes, WMCA Managing Director

Thank you to everyone across the West Midlands Cancer Alliance footprint who work so hard to provide and improve services for our patients.

Your work is most definitely not in vain. Although there are still improvements to be made we have delivered better performance across the West Midlands compared to last year.

Our Faster Diagnosis Standard is currently 78.1% which is 2.2% above national performance. Cancer survival has never been higher than now, 10% more than previous decade.

There has been a rise in earlier cancer diagnosis driven by active interventions such as lung screening and liver surveillance.

The roll out of FIT has reduced urgent cancer referrals and prioritise colonoscopy capacity. We are seeing innovation in surgery and increasing evidence on the benefits of prehabilitation and rehabilitation. We are looking forward to the publication of the National Cancer Plan in 2026 and embracing innovation and the opportunities that are made available to us.

For those working over Christmas thank you very much and we look forward to building on our work in 2026.

In the spotlight

Spotlight on community engagement

A combined Cancer Team paid a visit to the Guru Nanak Gurdwara and Sikh Cultural Centre in Stoke-on-Trent to improve cancer awareness among the Sikh community.

It comprised members of West Midlands Cancer Alliance, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), and University Hospitals of North Midlands (UHNM).

The visit formed part of wider ongoing efforts to address health inequalities, improve cancer outcomes, and increase participation in key screening programmes. Information was provided on the four cancer screening programmes (breast, bowel, lung, and cervical), alongside education on signs and symptoms of common cancers.

Attendees also benefited from personalised one-to-one discussions focusing on individual health concerns, family history and risk factors.

Preventative health messaging, including lifestyle guidance aimed at reducing cancer risk was also shared. Previous feedback from the Sikh community highlighted a preference for health engagement in familiar, culturally-appropriate

environments where people feel safe, respected, and represented. Data also suggests the community has historically lower engagement with cancer screening invitations.

WMCA was represented by Harvir Singh, Senior Programme Manager. His involvement demonstrated the value of working collaboratively with community leaders and partner organisations to promote culturally sensitive health engagement.

Evaluation feedback from attendees and community representatives will be used to inform ongoing work and support future events aimed at reducing inequalities and improving early cancer detection across Staffordshire and Stoke-on-Trent.

Harvey is pictured with Jodie Furby Cancer Improvement Manager and Cervical Screening Lead for the ICB and Gina Newman Health Improvement Practitioner for the Breast Screening service at UHNM

Latest news

Highlighting the crucial role of physiotherapists in cancer care

Celebrating Collaboration: West Midlands Cancer Alliance at the ACPOPC Conference

The West Midlands Cancer Alliance was delighted to join the recent ACPOPC conference, where our Clinical Director, Dr Lydia Fresco, showcased how partnerships are transforming cancer care.

ACPOPC—the Association of Chartered Physiotherapists in Oncology and Palliative Care—is a specialist group dedicated to advancing physiotherapy and rehabilitation for people living with and beyond cancer. They provide expert guidance, education, and resources for clinicians, influence national standards, and promote evidence-based practice to ensure patients receive the best possible support throughout treatment and recovery.

Lydia delivered a powerful presentation on the national vision for cancer services, underlining the pivotal role Cancer Alliances play in driving innovation and improving outcomes.

A key theme of her talk was the importance of exercise and rehabilitation as essential components of the cancer pathway. ACPOPC's work in promoting physiotherapy and movement-based interventions is making a real difference—helping patients regain strength, independence, and confidence during and after treatment. These efforts are not just supportive; they are life-enhancing, improving quality of life and long-term wellbeing.

By engaging with groups like ACPOPC, the Cancer Alliance is ensuring that rehabilitation professionals are central to pathway design, creating a truly holistic approach to cancer care. This collaboration reflects our commitment to working with a wide range of stakeholders—clinicians, allied health professionals, and patient advocates—to deliver care that goes beyond treatment and focuses on living well.

Together, we are building a future where every patient has access to the support they need to thrive.

This aligns closely with the work we are leading in the West Midlands. Following the publication of the National Prehabilitation Guidance in October (Prehabilitation for People with Cancer: Clinical and Implementation Guidelines), we have established a WMCA Treatment & Care Task & Finish Group to develop our own West Midlands Prehabilitation Framework, due for release in early 2026. We are also identifying our priorities for 2026–27 to ensure prehabilitation and rehabilitation remain central to improving patient outcomes.

Anyone interested in getting involved in our WMCA prehabilitation and rehabilitation work can contact the Treatment & Care team at:

✉ rwh-tr.wmcanceralliance@nhs.net To learn more about ACPOPC and their incredible work, or to get involved, visit: https://acpopc.co.uk **Lydia is pictured at the conference**	
WMCA behind bars as HMP Stafford holds first ever Health Fayre Supporting Better Health Behind Bars: WMCA and Partners Bring Cancer Awareness to Stafford Prison The West Midlands Cancer Alliance (WMCA), together with Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), was proud to support His Majesty's Prison Stafford at its first-ever Health and Wellbeing Fayre. It was a lively and engaging event bringing essential health information directly to people in custody. HMP Stafford's gym was transformed for the day, hosting stands covering a wide range of health conditions. But the clear crowd-puller was WMCA's giant inflatable bowel, an interactive walk-through experience that educates visitors about how bowel cancer develops, symptoms to look out for, and the importance of early detection. More than 400 of the prison's 750 inmates, aged 18 to 95, registered to attend. The event supports WMCA and ICB's wider work to reduce health inequalities by improving access to information and services for groups who often face barriers to healthcare. By engaging directly with individuals in the criminal justice system, partners hope to empower people to make informed and positive health choices. The fayre was organised by Sarah Mickleburgh, Patient Engagement Lead at HMP Stafford. Sarah said: "This was the first time I have arranged a health fayre at HMP Stafford, and the event proved highly successful. The WMCA inflatable attracted significant interest, drawing attention and engagement from attendees. The primary objective was to initiate meaningful conversations and connect individuals with essential resources and support services that are available across the establishment—an outcome that was fully achieved." WMCA was represented by Kassie Styche (pictured right), Health Inequalities Manager, joined by Jodie Furby (pictured left), Cancer Improvement Manager at Staffordshire and Stoke-on-Trent ICB, who worked alongside screening teams and NHS England to promote cancer screening programmes available to inmates. Kassie said: "The inflatable bowel was a massive hit and it really got people talking. At one point an inmate said, 'I never thought I'd find myself standing in a giant bowel talking to a woman about the lump in my testicle.' He promised he would go and get the lump checked, which was a great outcome." Kassie added that the team also met a gentleman whose wife had recently died from cervical cancer and who was concerned about his 14-year-old daughter. "We gave him advice about the HPV vaccination, and he said he planned to talk to his daughter about it during his next visit. It was a meaningful conversation at a difficult time for him, and we were glad to offer support." The event brought together a range of dedicated partners, all working collaboratively to improve awareness, promote early detection, and encourage healthy decision-making. Through continued partnership and innovative outreach, WMCA remains committed to tackling health inequalities and ensuring everyone, wherever they are, has the	

opportunity to access the knowledge and support needed to make healthier choices.	
Lung cancer screening rolls on to Shropshire and Telford Shropshire and Telford & Wrekin is the latest part of the West Midlands to go live with a Lung Cancer Screening Service. It is the sixth service in the region to become operational. The Shropshire and Telford & Wrekin service will be phased over 4 years, starting in areas with the highest levels of smoking and lung cancer prevalence and deprivation. Lung cancer screening is aimed at early detection – it can often detect problems before a patient has any symptoms and usually leads to successful treatment. Harvir Singh, Senior Programme Manager for Early Diagnosis at the West Midlands Cancer Alliance said: "The rollout of lung screening is already making a real difference in diagnosing cancers earlier. Over the past year alone, 355 cancers have been detected through the programme, with 77% diagnosed at an early stage (stages 1 and 2). This earlier detection gives patients the best possible chance of receiving curative treatment and ultimately saves lives." Despite the large drop in smoking and the banning of smoking in public indoor spaces, around 43,000 people a year are still diagnosed with lung cancer, including some who have never smoked. Other areas of West Midlands that have a screening service are Staffordshire and Stoke-on-Trent; Birmingham and Solihull; Coventry and Warwickshire; Sandwell and Dudley.	
WMCA takes huge step in supporting the ACCEND framework West Midlands Cancer Alliance (WMCA) now has 100 ePortfolios registered – a huge step forward in supporting the implementation of the ACCEND framework across our region. Plus, our ePortfolio platform now includes a brand-new profile function – making it easier than ever to showcase your skills, track progress, and connect your learning journey to the ACCEND framework. Sign up and join your colleagues today via the Greater Manchester Cancer Academy ePortfolio. Thank you to everyone who has registered and is helping us build a stronger, more connected cancer workforce. You can join up on the Greater Manchester Cancer Academy website.	Greater Manchester Cancer Academy
Cancer Research UK update on NSC recommendation on prostate cancer screening The UK NSC has completed a robust, independent, and expert-led review of the best and most recent evidence for prostate cancer screening. They have considered different scenarios and based on the evidence are **recommending a screening programme for men aged 45-61 with pathogenic variants in BRCA 1 and 2 once every two years**. There is no immediate action required from health systems as this recommendation is not yet final. The UK NSC is consulting on this first before a final recommendation is made for the NHS and Ministers to consider next year. Cancer Research UK will carefully review this recommendation and submit a formal response to the consultation as part of this process. Read more detail about the UK NSC's recommendation, the evidence considered and possible implications in our	

recent news article: First steps towards a targeted prostate cancer screening programme. We know that some asymptomatic men are receiving PSA tests, either because they've asked their GP for it, or because they've received it privately. The most important thing is that that men are given information on the harms and benefits of PSA testing, so that they can then make an informed choice on having the test. You can find more guidance on this on our PSA webpage. **See also Primary Care Update below**	
Wolverhampton partnership tackles screening misconceptions Healthcare partners In Wolverhampton have recently launched a primary care cancer screening toolkit which is available online. The toolkit is designed to support primary care professionals to navigate cancer screening programmes and to engage patients more effectively. It aims to help address common misconceptions about screening and to encourage people who do not attend to take part, with the overall goal of improving uptake for bowel, breast and cervical cancer screening. The toolkit was produced through collaboration between Public Health Wolverhampton, One Wolverhampton ICB and primary care professionals. The toolkit is available here: Cancer Screening Guide for Primary Care	
Brazilian collaboration tackles bone regeneration and bone cancer A new international research group has been created to advance the use of biomaterials for bone regeneration and bone cancer. Biomedical Technologies for Regenerative Orthopaedics (BioTROCS) is a new joint research group that brings together the Royal Orthopaedic Hospital, Aston University and the Brazilian Aeronautics Institute of Technology (ITA). The group aims to advance research in the development, characterization, and pre-clinical and clinical evaluation of novel biomaterials for bone regeneration and bone cancer applications. ITA, Aston University and the Royal Orthopaedic Hospital have been collaborating for several years to explore the use of gallium in treating bone cancer patients. The formalisation of this alliance will make it easier for the three organisations to secure funding to further this ground-breaking research. Dr Lucas Souza, Dubrowsky Regenerative Medicine Laboratory Manager at the Royal Orthopaedic Hospital, said: "It's our understanding that collaboration is the core principle for groundbreaking research and that solving real-world problems requires a multidisciplinary approach. Professor Richard Martin, Aston University, said: "Aston University and the Royal Orthopaedic Hospital has successfully collaborated for five years in this area of research and the formation of an international research group will help drive forward the use of biomaterials for bone regeneration and bone cancer. "This area of research has huge potential, for example in September 2024 our tests found that bioactive glasses doped with gallium have a 99 percent success rate of eliminating cancerous cells and can even regenerate diseased bones. My team at Aston University is looking forward to hosting the new PhD researcher who will help further advance our research."	Aeronautics Institute of Technology (ITA)
Reasonable Adjustment Digital Flag	

The Reasonable Adjustment Digital Flag is a national record which indicates that reasonable adjustments are required for an individual and optionally includes details of their significant impairments, key adjustments that should be considered, and underlying conditions. NHS England has built the Reasonable Adjustment Digital Flag in the NHS Spine to enable health and care professionals to record, share and view details.

In September 2023, a Reasonable Adjustment Digital Flag Information Standard was published (under section 250 of the Health and Social Care Act 2012) that details what all NHS and social care organisations in England are required to do about the flag. https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dapb4019-reasonable-adjustment-digital-flag/

Support/Resources

The Reasonable Adjustment Digital Flag Futures Platform will provide you with the most up-to-date RADF information. Flagging Reasonable Adjustments - everything I need to know - Futures

Access the Reasonable Adjustment Digital Flag E-learning and encourage your staff members to complete it –

https://learninghub.nhs.uk/Resource/48879/Item

A copy of the Reasonable Adjustment Digital Flag action checklist: what you need to do to achieve compliance can be found here - https://www.england.nhs.uk/long-read/the-reasonable-adjustment-digital-flag-action-checklist-what-you-need-to-do-to-achieve-compliance/

Primary Care Update

Primary Care Cancer Focus – Dr Jim McMorran

With the UK National Screening Committee emphasising the link between BRCA1 and BRCA2 with risk of prostate cancer - here is a summary that I have made with respect to the evidence of a link with the two BRCA genes.
Germline mutation of the BRCA2 tumour suppressor gene substantially increases the lifetime risk of developing prostate cancer (PCa)

- in BRCA2-mutation carriers, localized PCa rapidly progresses to metastatic castrate-resistant prostate cancer (mCRPC) with 5-year cancer-specific survival rates of from 50-60% (1,2)
- BRCA2-mutant tumours also exhibit an increased frequency of intraductal carcinoma (IDC), a pathology that predicts adverse outcome in both familial and sporadic PCa (3,4)

Prostate tumours arising in men with an inactivating BRCA2 germline mutation (BRCA2-mutant PCa) are uniquely aggressive, associated with younger age of onset, have higher rates of lymph node and distant metastasis, and increased mortality relative to sporadic, non-BRCA2-mutant disease (2,4,5)

The molecular origins of the clinical aggressiveness of BRCA2-mutant PCa are unknown.

Screening using PSA in patients with BRCA2 (5):

- demonstrated that after 3 yr of prostate-specific antigen (PSA) testing, detected more serious prostate cancers in men with BRCA2 mutations than in those without these mutations.
- study also showed BRCA2 carriers were diagnosed at a younger age (61 vs 64yr; p = 0.04) and were more likely to have clinically significant disease than BRCA2 noncarriers (77% vs 40%; p = 0.01)
- cancer incidence rate per 1000 person years was higher in BRCA2 carriers than in noncarriers (19.4 vs 12.0; p = 0.03)
- no differences in age or tumour characteristics were detected between BRCA1 carriers and BRCA1 noncarriers

study authors recommended that male BRCA2 carriers are offered systematic PSA screening

Notes:

- BRCA1 versus BRCA2 and prostate cancer risk

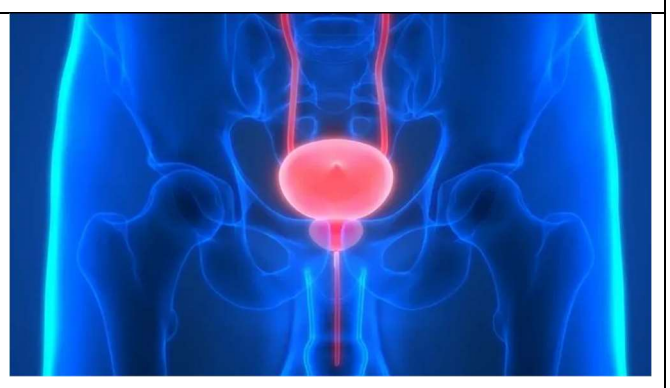
Nyberg et al found that carriers of BRCA2 mutations have a high risk of developing prostate cancer, particularly more aggressive prostate cancer
BRCA2 carriers had an SIR (standardised incidence ratio) of 4.45 (95% confidence interval [CI] 2.99-6.61) and absolute prostate cancer risk of 27% (95% CI 17-41%) and 60% (95% CI 43-78%) by ages 75 and 85 yr, respectively
BRCA1 carriers had a prostate cancer SIR of 2.35; absolute risk of prostate cancer was 21% by age 75 yr and 29% by age 85 yr
Li et al showed that BRCA2 variants were associated with increased risk of prostate cancer; but BRCA1 variants were not.

Reference:

1. Castro, E. et al. Effect of BRCA mutations on metastatic relapse and causespecific survival after radical treatment for localised prostate cancer. Eur. Urol. 2015; 68:186-193.
2. Castro, E. et al. Germline BRCA mutations are associated with higher risk of nodal involvement, distant metastasis, and poor survival outcomes in prostate cancer. J. Clin. Oncol. 2013; 31: 1748-1757.
3. Risbridger, G. P. et al. Patient-derived xenografts reveal that intraductal carcinoma of the prostate is a prominent pathology in BRCA2 mutation carriers with prostate cancer and correlates with poor prognosis. Eur. Urol. 2015; 67: 496-503
4. Liede, A., Karlan, B. Y. & Narod, S. A. Cancer risks for male carriers of germline mutations in BRCA1 or BRCA2: a review of the literature. J. Clin. Oncol. 2004; 22: 735-742
5. Page EC et al. Interim Results from the IMPACT Study: Evidence for Prostate-specific Antigen Screening in BRCA2 Mutation Carriers. European Journal of Urology (in Press - September 19th 2019)
6. Cheng HH, Shevach JW, Castro E, et al. BRCA1, BRCA2, and Associated Cancer Risks and Management for Male Patients: A Review. JAMA Oncol. Published online July 25, 2024.
7. Nyberg T et al. Prostate Cancer Risks for Male BRCA1 and BRCA2 Mutation Carriers: A Prospective Cohort Study. Eur Urol. 2020 Jan;77(1):24-35.
8. Li S et al. Cancer Risks Associated With BRCA1 and BRCA2 Pathogenic Variants. J Clin Oncol. 2022 May 10;40(14):1529-1541.

What's happening?

Early bird registration for the 8th Bladder Cancer Translational Research Meeting is now open!



Join the University of Birmingham Bladder Cancer Research Centre and the Kings College London & Guys Hospital Transforming cancer Outcomes through Research (TOUR) team at the Edgbaston Park Hotel & Conference Centre on Friday 27th March 2026 for a fully interactive bladder cancer clinical research meeting led by an international expert panel of clinicians and scientists in the UK.

The forum is designed to bridge the gap between science and clinical practice and will cover the spectrum of bladder cancer research in oncology, urology, nursing, epidemiology, immuno and molecular biology.

Further details including the registration link, programme and abstract submission details are available via: https://bit.ly/BCa0326Programme

Please note: Early bird registration rates are available until 31st January 2026, so please register early for this event.

West Midlands Cancer Alliance Haematology Webinar: Understanding Lymphoma

Wednesday 21st January 2026, 1pm - 2pm

Primary care often plays a crucial role in the early recognition of lymphoma. This webinar will provide a clear overview of the fundamentals of lymphoma, including types, key clinical features, and practical guidance on when to suspect and refer. This webinar is directed at clinical staff in Primary Care, but is open to everyone working in Primary Care

Key learning objectives of the session will include:

- Recognise early signs of lymphoma in primary care presentations.
- Differentiate major lymphoma subtypes and understand their clinical relevance.
- Know when to refer and support patients through the diagnostic pathway.

Click here to register- Click here to register

Upcoming events

Upcoming Expert Advisory Group (EAG) meetings

Expert Advisory Groups (EAGs) provide specialist advice and guidance to the WMCA board on the standards of cancer care for patient, reflecting 'Improving Outcomes Guidance' recommendations, current best practice and opportunities for development.

Please see the below details of upcoming EAG meetings:

Monday January 12	**SACT EAG**
Wednesday January 14	**Primary Care EAG**

Please note that these meetings are for EAG Members only. For more information about joining these meetings, please email:
rwh-tr.wmcanceralliance@nhs.net.

*Please note that dates are correct at time of publication

Development opportunities and additional learning

Check out our Cancer Academy

Our Cancer Academy is a centralised platform designed to support lifelong learning for our current, and future, cancer workforce. Courses and extensive resources are aimed at enhancing your knowledge and helping you stay skilled and up to date in all thing's cancer care.

Details of all the upcoming training below can be found here.

Principles of Cancer Care Programme (PCCP): January-March 2026

The Principles of Cancer Care Programme (PCCP) is a fully funded national 4-day course delivered on Teams by Cheshire & Merseyside Cancer Alliance. (please use the link above for more details)

Improving Physical Activity in Cancer at low cost- 14th January 2026

The Living With and Beyond Cancer team are holding a share and learn webinar on Improving Physical Activity in Cancer on 14th January 2026, 2.00 – 3.30pm. Join us to learn more about charities' physical activity offers for people affected by cancer, and staff training/education on physical activity. (please use the link above for more details)

Genomics for Primary Care Practitioners, 22nd January

Are you a primary care practitioner looking to learn more about applying genomic medicine in your practice? Then secure your place today.

There are 25 places available at this study day which has been specifically designed for GPs, Primary care senior nurses and AHPs.

Free Cancer Care Review Training in Primary Care- 26th Jan & 2nd Feb 2026

The Coventry and Warwickshire ICB System Cancer Team would like to invite General Practice Nurses who will be undertaking Cancer Care Reviews (CCRs) to attend a 2 day training session- please note that this training is open to staff from all West Midlands ICB systems.

Genetic Influences in Colorectal Cancer: Improving Patient Outcomes- 24th February

Oncology National Networking Forums present this training to all NHS professionals working across colorectal cancer pathways.

Learn about the latest research around the correlation between genetics and the microbiome and identify how you can improve diagnosis and the referral pathways.

Vacancies

WMCA Expert Advisory Group (EAG) recruitment:

The West Midlands Cancer Alliance are currently recruiting to vacancies for a number of Expert Advisory Groups (EAG's).

See the full list of vacancies here.

We are looking for candidates based on the following criteria:

- Ability to deliver national and regional work programme obligations.
- Demonstrable collaborative working with West Midlands Cancer Alliance.
- Experience with service change at scale.
- Credibility as a Cancer specialist in the West Midlands region.
- Regular attendance at EAGs or member of a Task and Finish group.
- Must be a current member of the West Midlands EAG group.

Candidates are asked to send their expressions of interest forms via email with accompanying CVs, stating why you would like to apply for this post, what you can bring to the post and your relevant experience for the role of Chair / Deputy Chair for the EAG to the following email**:** angela.gould1@nhs.net.

Become a patient advocate

If you have any patients who may be interested in becoming a patient advocate or would like to find out further information, please contact the WMCA on rwh-tr.wmcapmo@nhs.net.

External newsletters

Please find a list of external newsletters you may be interested in accessing:

- Read the latest East Midlands Cancer Alliance (EMCA) newsletter here
- Read the West Midlands Imaging Network's weekly round up here
- Read the Central and South Genomics newsletter here
- Request to join the Midlands Outpatient Transformation Programme workspace here
- Sign up to the West Midlands Radiotherapy Network's quarterly newsletter here
- Sign up to Cancer Research UK's Health Systems email updates here.