



Welcome to the NHS Oncology
Conference!



1st October 2024
15 Hatfields Conference Centre,
London SE1 8DJ



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SCAN ME



Chair Opening Address



Avril Chester
Chief Technology Officer
Royal Pharmaceutical Society



Keynote Presentation



David Fitzgerald

Director – Policy and Strategy, NHS Cancer Programme - NHS England



England

Update on the NHS Cancer Programme

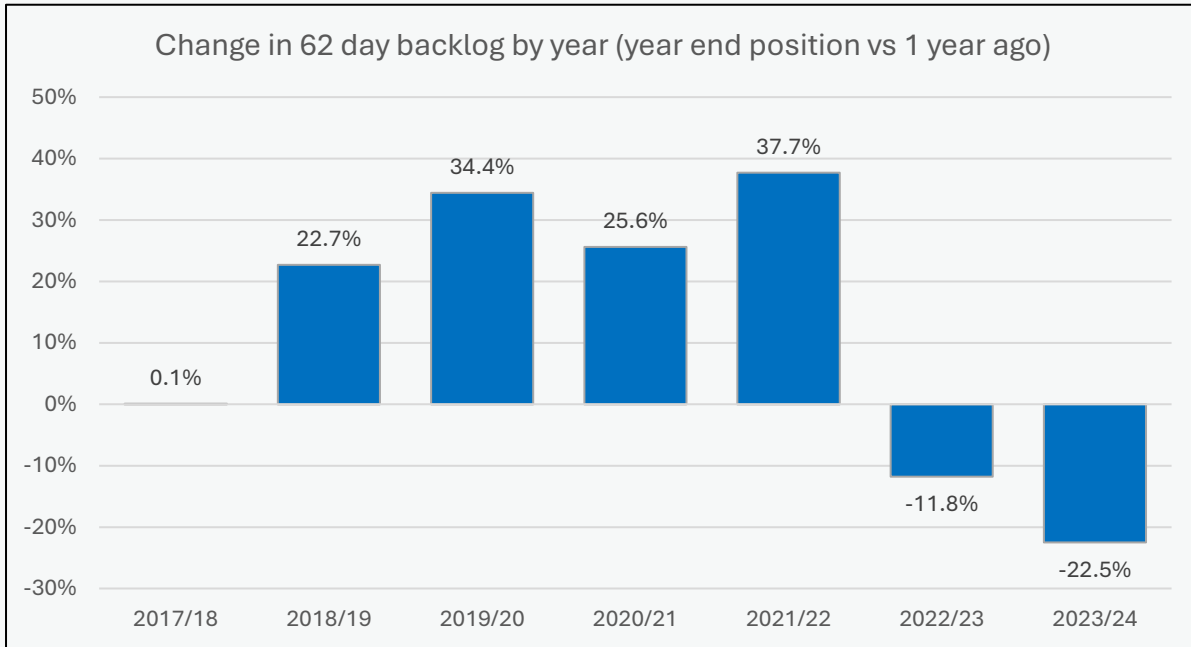
NHS Oncology Conference

1 October 2024

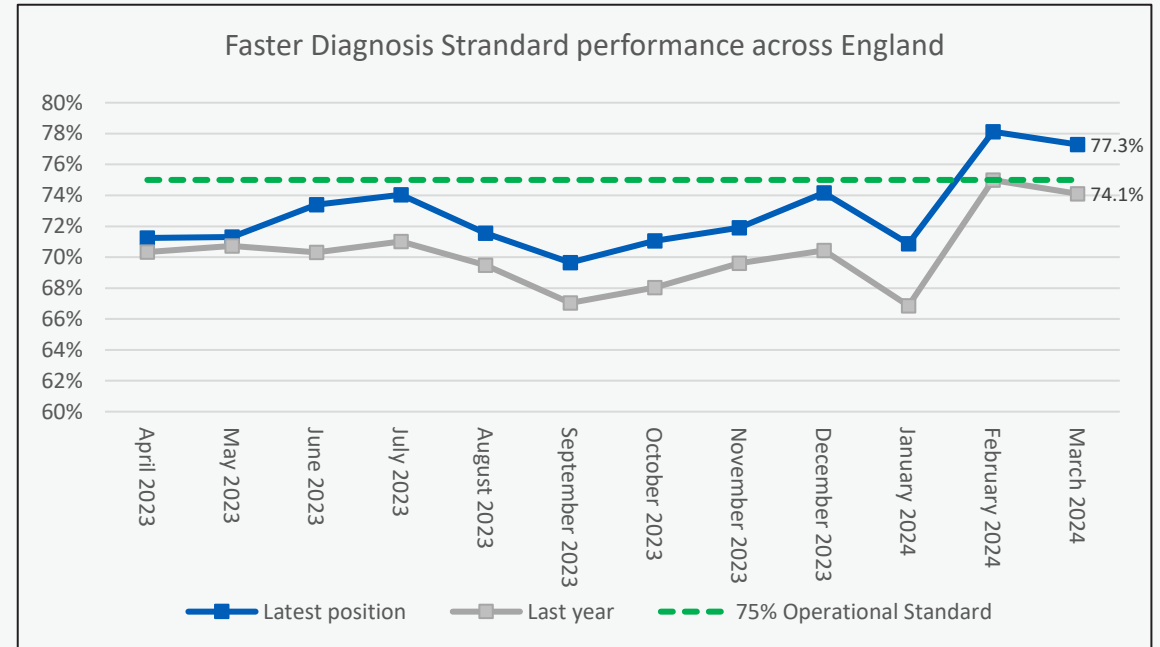
David Fitzgerald

Director, Policy and Strategy – NHS Cancer Programme

In 2023-24 we eliminated the post-pandemic 62 day backlog and achieved the Faster Diagnosis Standard for the first time

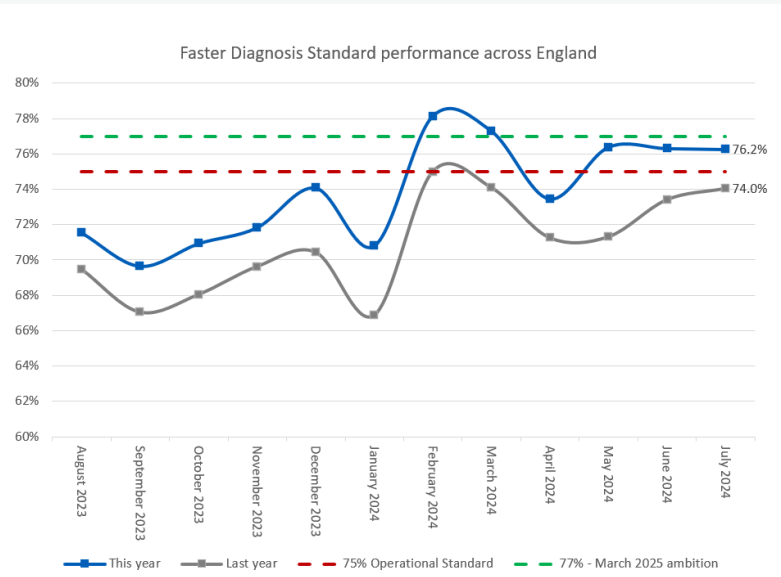


The **62 day backlog** reduced to 14,916 at the end of 2023/24, nearly 4,000 patients lower than the national ambition (18,755), with a 22.5% year on year reduction to a level lower than in 2019.



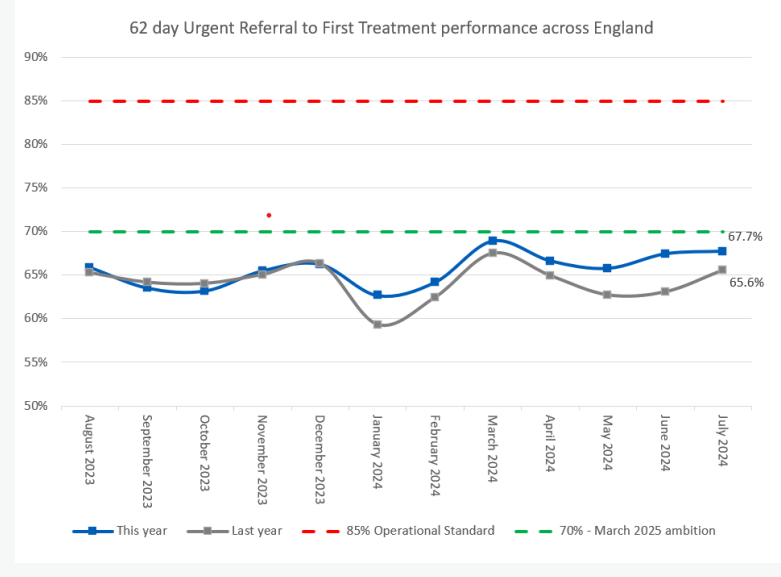
We also met the **Faster Diagnosis Standard** of 75% for the first time in February 2024, with the performance increasing to 78.1%. We ended the year at 77.3% in March 2024 meeting the ambition set out in Operational Planning to reach the standard by March 2024.

We are currently on track but sustained focus is needed to deliver on more stretching targets in 2024-25



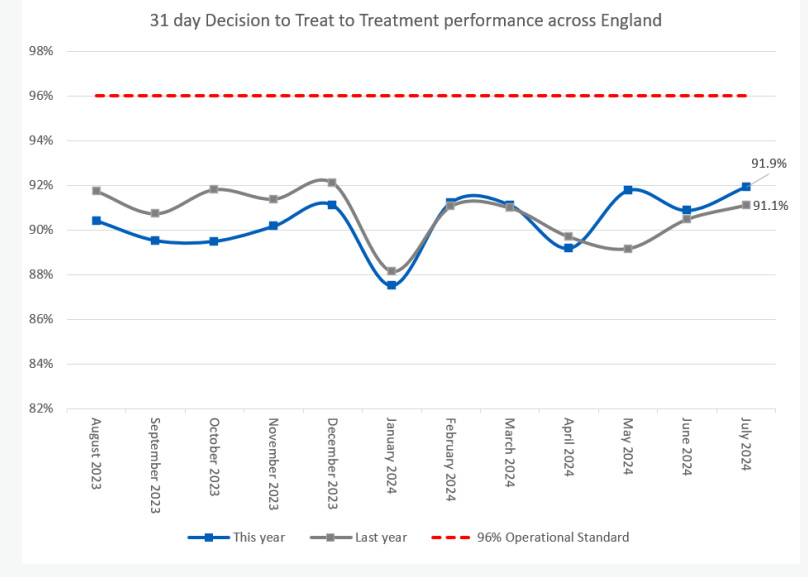
Performance against the Faster Diagnosis Standard was 76.2% in July 2024, similar to the level seen in June (76.3%).

This continues to provide reassurance we remain on track to achieve the 77% year end ambition, with the current 75% Operational Standard met in five out of the last six months.



Performance for the 62 day Urgent Referral to First Treatment combined standard was 67.7% in July 2024, an increase from 67.4% in June 2024.

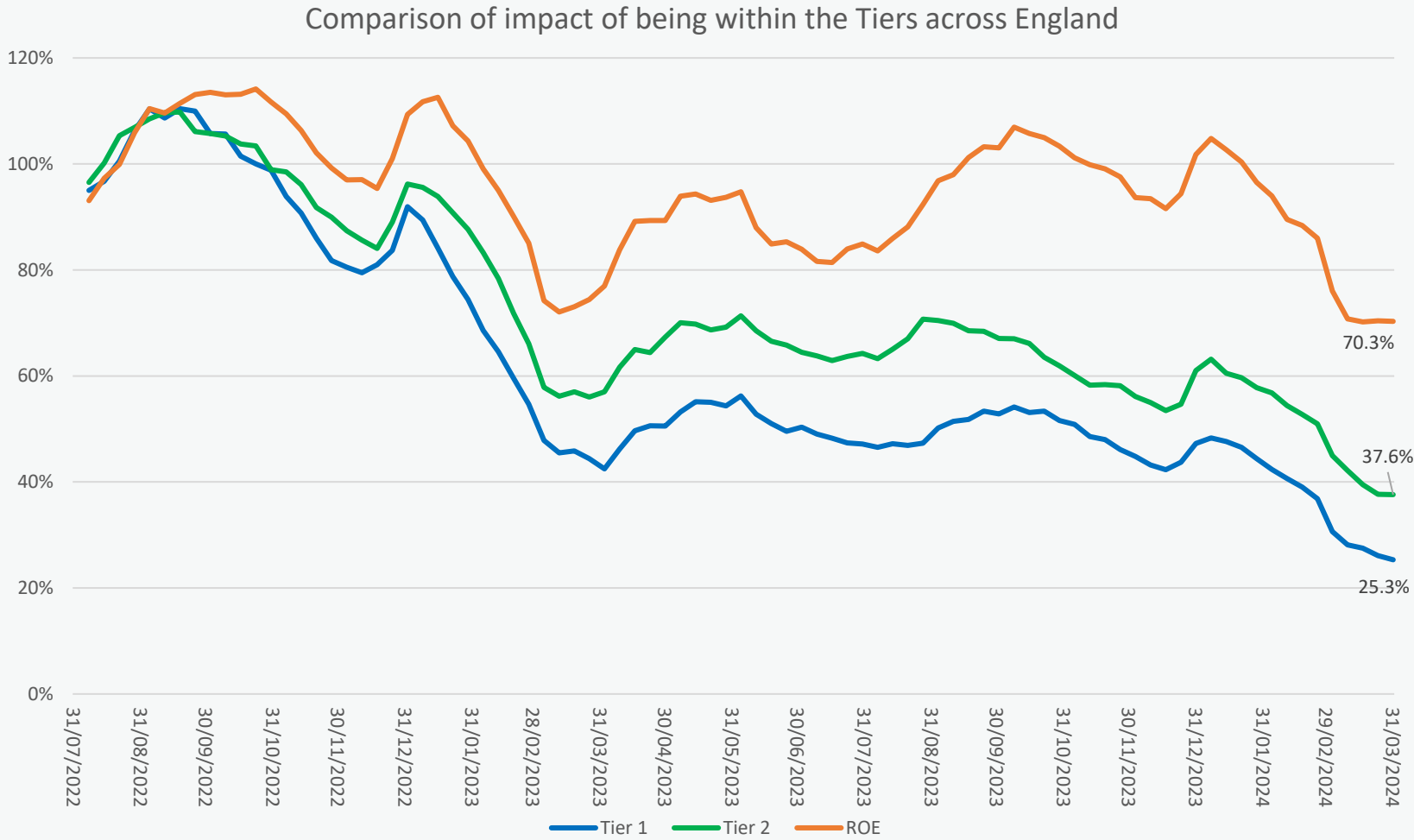
Despite this month's improvement, given the relative positions, it is likely that it will remain challenging to meet the year-end ambition. As well as improving the diagnostic part of the pathway covered by the Faster Diagnosis Standard, this will also require focus on both staging diagnostics, along with the treatment phase.



Performance against the 31 day Decision to Treat to Treatment Standard was 91.9% in July 2024, a 1.4%pts improvement from June.

Year on year improvement was 0.8% pts. Notably for the last 3 months we have seen year on year improvements, counter to the trend seen in recent years when we have seen a gradual decline in performance.

Tiering is having the biggest impact in terms of improving performance



Tiering had been a key factor in reducing the 62 day backlog, with Trusts in Tier 1 seeing an additional 45% decrease in the backlog compared to those not in Tiering

This year, for cancer, tiering is based on a Trust's **Faster Diagnosis Standard** and **62 day Urgent Referral to First Treatment performance** reflecting the priorities in System Planning Guidance.

There are currently 17 Trusts in Tier 1, and 13 in Tier 2 for cancer who receive enhanced scrutiny and support

NHS-wide action to target pathways is also having a positive impact

The rollout of pathway improvement initiatives are supported by Cancer Alliances across the country. Prioritised pathways collectively account for **77%** of patients breaching the Faster Diagnosis Standard.

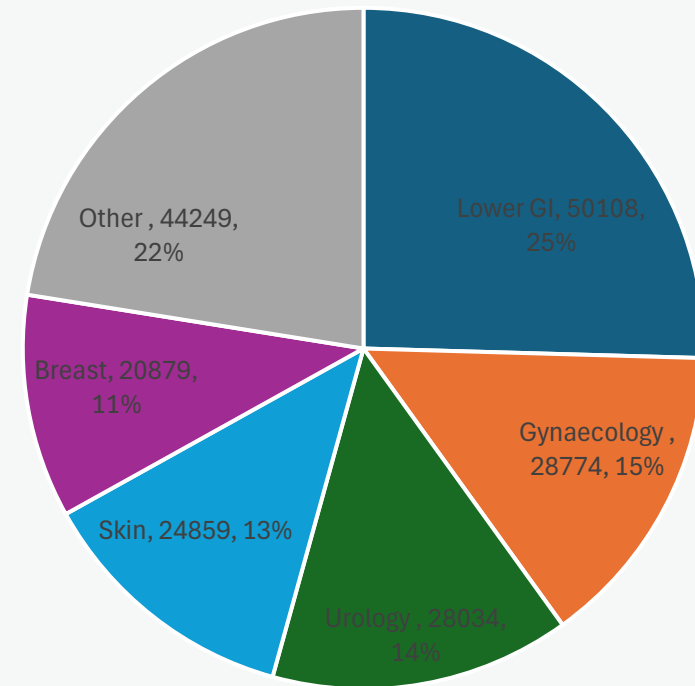
We are focussed on completing rollout of the following initiatives:

- Introducing FIT into the symptomatic **Lower GI pathway**: The proportion of LGI USC referrals accompanied by a FIT increased from 61.1% in August 2023 to 71.4% in July 2024
- Introducing Tele-dermatology to increase productivity and improve **skin pathway performance**: 86% of providers now have at least a teledermatology pilot in place for USC referrals. Most CAs have seen increases in telerderm uptake between 2023/24 and 2024/25
- Building clinical consensus behind the Best Practice Timed Pathway for **prostate cancer**, using an MRI-first strategy to reduce biopsy and move necessary biopsies from theatre into **clinic**

And expanding focus to new pathways in 2024/25

- Introduction of **breast pain** clinics, to divert a cohort of very low risk patients to more appropriate services and support
- Development of alternative HRT symptom pathways for **gynaecology**, to ensure only patients at high risk of cancer are entered onto the suspected cancer pathway

Faster Diagnosis Standard - Breakdown of patients exceeding the standard - April to June 2024



Six new clinical audits were published in September, which aim to increase consistency in access to treatment

Existing cancer clinical audits:

- Lung
- Prostate
- Oesophagogastric (OG)
- Bowel

New cancer clinical audits:

- Kidney
- Non Hodgkin's Lymphoma
- Ovarian
- Pancreatic
- Primary breast cancer
- Metastatic breast cancer

GIRFT reports funded by the Cancer Programme

- Lung cancer
- Head and Neck Cancer (expected 2024)

- Improving consistency in cancer treatment is a key strategic priority for the NHS Cancer Programme
- The clinical audits help us understand patterns of care and where greater consistency is needed.
- Cancer Alliances are central to delivering progress against audit recommendations.
- Clinical engagement with audit data and recommendations has helped to drive:
 - Improvement in surgery rates in lung cancer
 - Reduced variation in the treatment of locally advanced prostate cancer
 - Improved surgical practice in OG cancer



As operational performance has improved, patients have continued to rate their experience of care positively



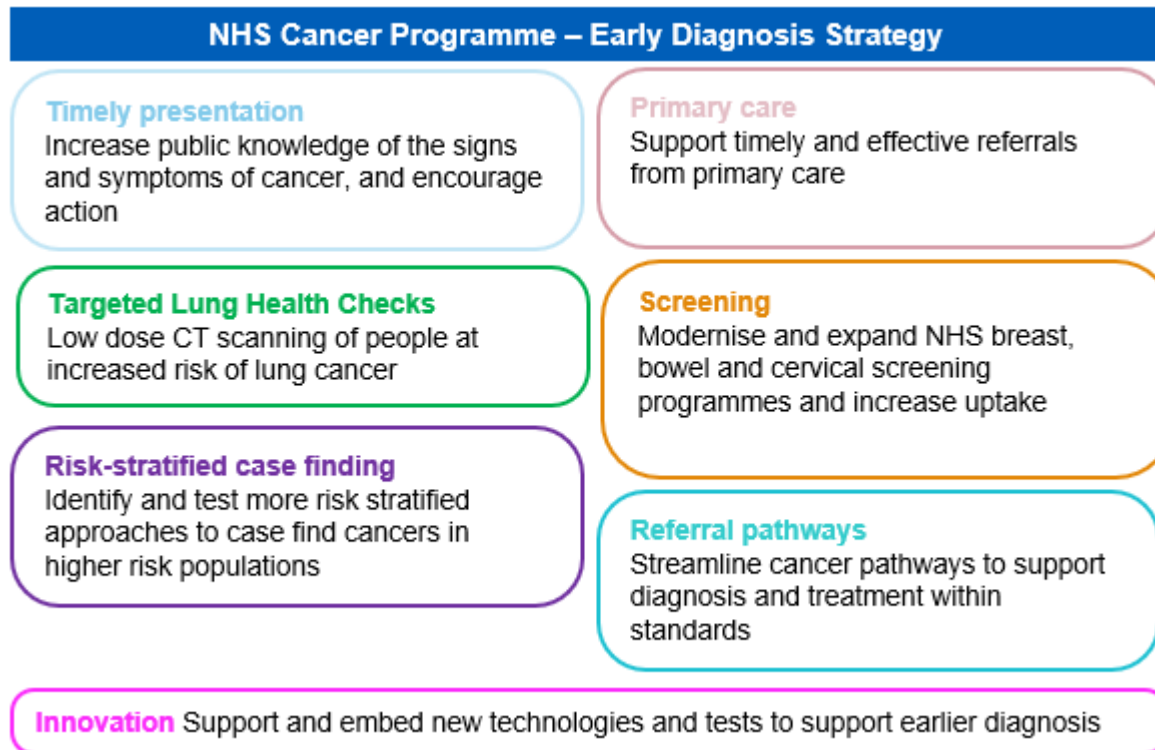
NHS staff continue to deliver a high level of service to cancer patients and their families:

- In the 2023 Cancer Patient Experience Survey, published in July 2024, over 60,000 cancer patients on average rated their overall experience of care at 8.89 out of 10.
- In the 2022 Under 16s Cancer Experience Survey, published in November 2023, parents/carers on average rated their child's experience of care at 8.99 out of 10.

We are working with Alliances, patient groups and cancer charities to further improve patient experience. This includes:

- Embedding Personalised Stratified Follow-Up (PSFU)
- Working with cancer charities and providers to improve the psycho-social support available to cancer patients

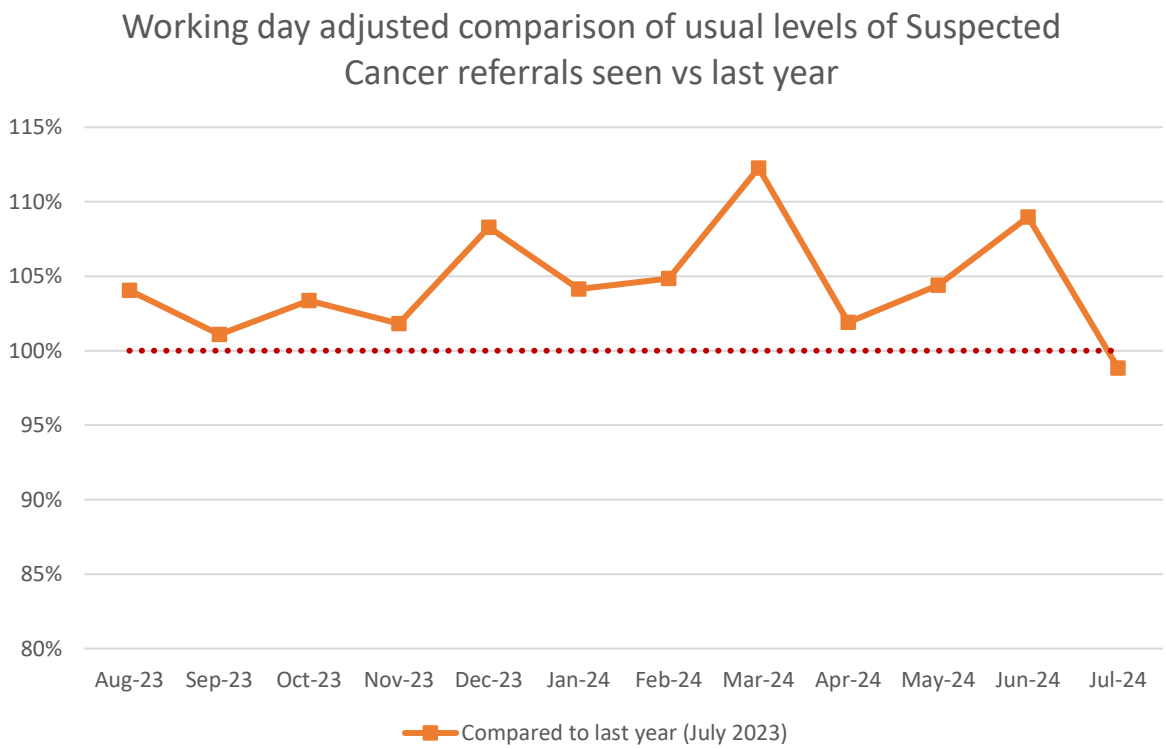
We are implementing the most ambitious and wide-ranging early diagnosis strategy anywhere in the world



- Delivering improvements in early diagnosis requires action in several areas
- Our strategy is reflective of a broad consensus amongst charities, clinicians and academics
- Historically, there has been a 8-9% point gap in early diagnosis between the most and least deprived areas. We are ensuring a focus on disadvantage within each strand of our early diagnosis strategy
- Research and innovation to identify the developments of the future is essential
- National programmes are vital but aren't enough on their own. Systems and alliances have a crucial role.



Record investment in public advertising campaigns is contributing to all time highs in awareness and intention and record levels of referrals



- Surveys with the target audience show intention to contact the GP with signs of cancer reached 72% in July 2024, up from 58% in March 2022.
- We have continued to invest in our Help Us Help You campaigns, including:
 - Further phases of our “overcoming barriers” campaign and body awareness activity
 - Symptoms-based campaigns focusing on a persistent cough
 - Regional (London) bowel screening campaign
 - Increased partnership activity including with supermarkets using packaging and product labels



We are empowering primary care teams and creating new ways into the system through community pharmacy



Empowering GP surgeries

- Giving GPs direct access to CT, MRI and ultrasound diagnostics
- Further incentivising use of FIT and expanding use of tele-dermatology
- Funding primary care education platform Gateway-C



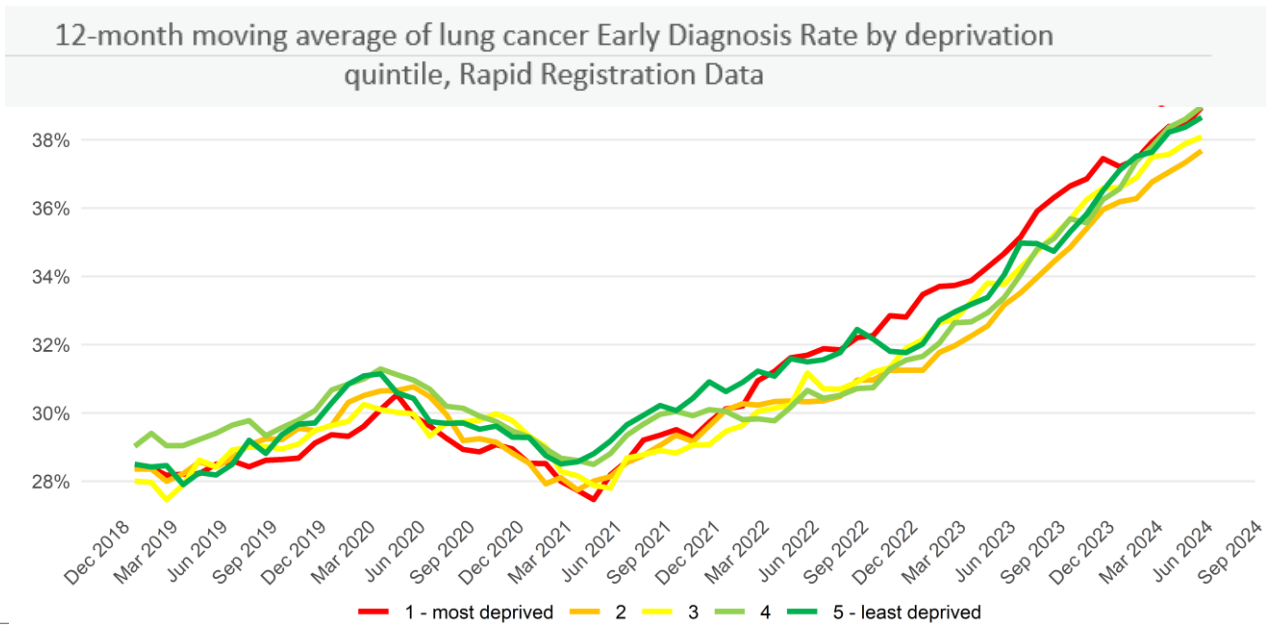
A greater role for community pharmacies

- Around 50,000 patient-facing staff across 10,000 pharmacies completed *Let's Communicate Cancer* training on spotting symptoms
- Pilot underway enabling pharmacists to refer people directly onto urgent suspected cancer pathways, with the first patients diagnosed through this route.

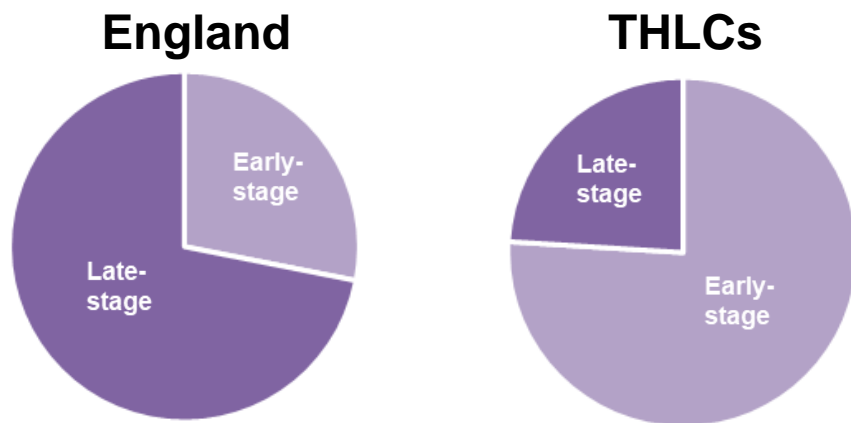


Targeted Lung Health Checks are transforming the early diagnosis of lung cancer, especially for the most disadvantaged

- More than 1.4 million people have been invited for a lung cancer check, as part of the biggest programme to improve early lung cancer diagnosis in health service history.
- Live in all Cancer Alliances and issuing up to 70,000 invitations a month
- More than 4,000 cancers diagnosed - 77% of staged cancers at stage 1/2 (vs ~30% historically).
- Most progress has been made in the most disadvantaged communities



Stage of lung cancer diagnosed



We are implementing targeted interventions for other cancer types too

EUROPAC

We are working with Pancreatic Cancer UK, the European Registry of Familial Pancreatic Cancer and Hereditary Pancreatitis (EUROPAC) and Cancer Alliances to improve access to surveillance for those with inherited high risk of pancreatic cancer (approx. 1 in 10 pancreatic cancers). Since starting this work 634 additional people have been referred to EUROPAC with the support of Cancer Alliances. We are also working to launch a case finding pilot for pancreatic cancer, targeting people aged 60+ with new onset diabetes and weight loss.

Community Liver Health Checks

We are working with the Hep C Elimination team to offer liver fibroscans in the community to those at increased risk of developing hepatocellular carcinoma. We have delivered over 66,000 scans and referred 4,700 people into liver surveillance as a result of this programme. We have also invested £20m in liver surveillance from 22/23 – 24/25 and are running a primary care case finding pilot which has already tested over 9,000 people identified via primary care records as at high risk of cirrhosis.

Genetic testing for BRCA and Lynch Syndrome

National BRCA Jewish testing programme fully launched in January 2024 with strong engagement from the community. As part of the soft launch, 4,063 saliva tests were delivered and 112 BRCA carriers found. Improved Lynch testing rates from 58-66% in 2021 to 94-95% in 2024 for endometrial and colorectal cancer patients.

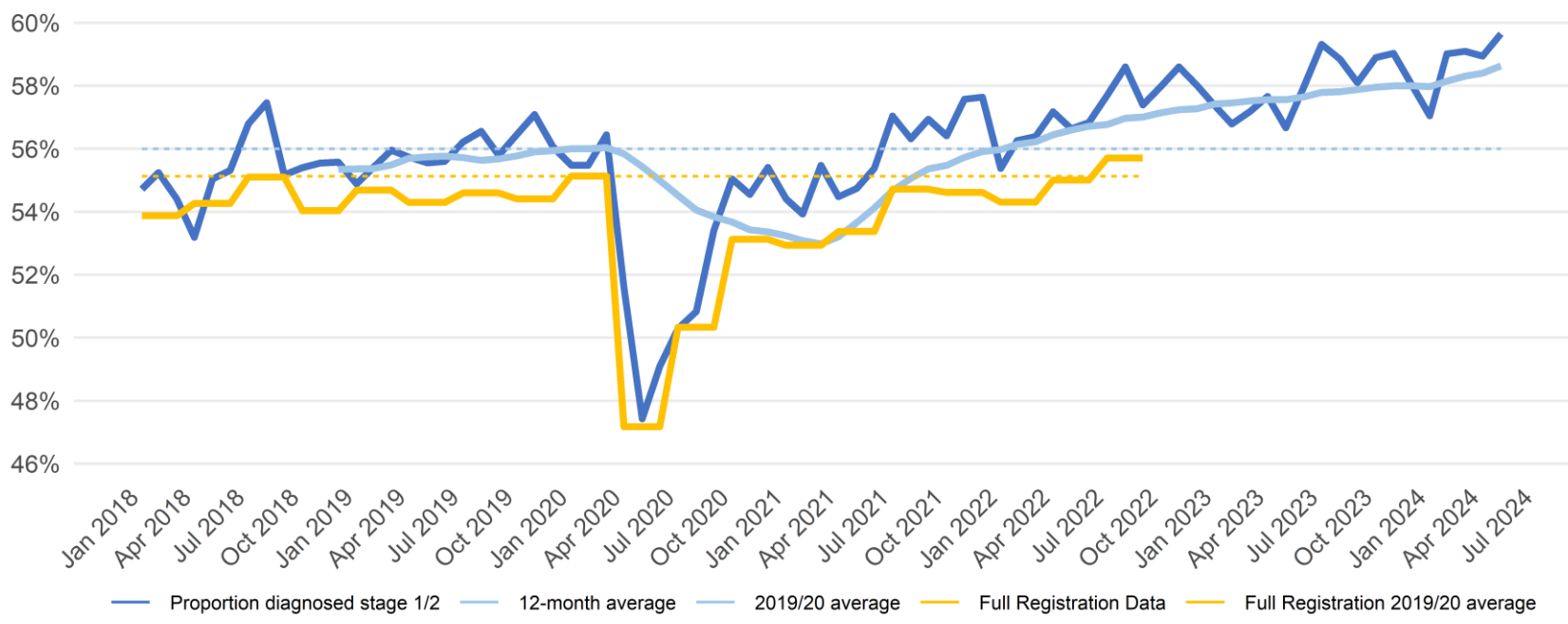
Our Innovation Open Calls are accelerating innovations into frontline clinical settings



- Fourteen projects have been run across two open calls.
- Outcomes of the third innovation call due in the Autumn
- Innovations include:
 - **Endoscope-i** – a smartphone adapter that can turn a normal iPhone into diagnostic equipment for head and neck cancers
 - **BRCA-DIRECT** – an alternative pathway that streamlines genetic testing for breast cancer. The model swaps blood sampling for at-home saliva sampling as the primary DNA source.
 - **Whole Body MRI** – a whole-body MRI scan for Inherited Cancer Early Diagnosis, used as a screening tool for adults with Li Fraumeni Syndrome.

There is a long way to go, but we have seen the first sustained rise in early diagnosis in a decade

All-cancer Early Diagnosis Rate
Rapid Cancer Registration Data and Full Registration Data



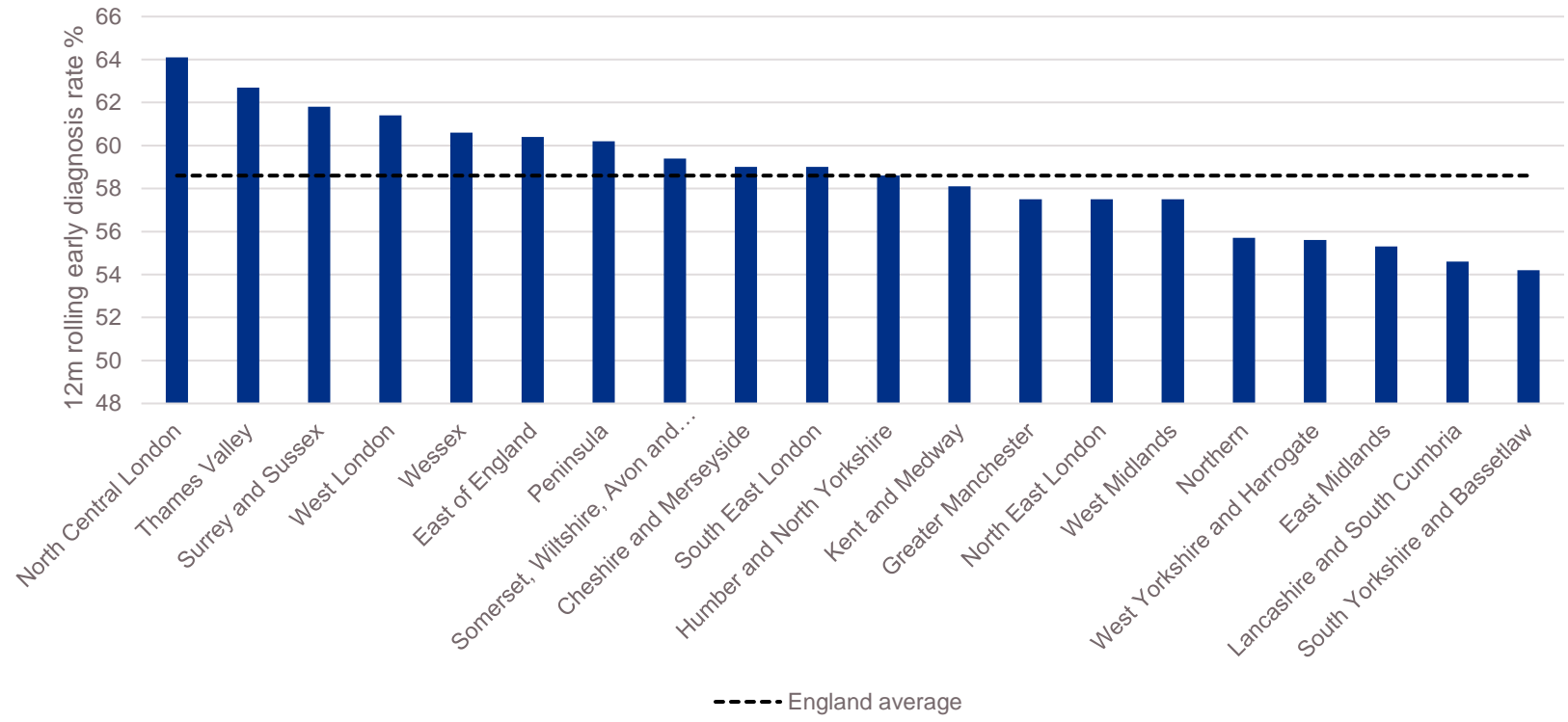
Following a drop in 2020, the proportion of patients diagnosed at an early stage has recovered and now exceeds pre-pandemic levels

The most recent 12-month average puts the early-stage proportion at 2.6% points higher than the pre-pandemic level: 58.6% (Jun-23 to May-24) compared to 56.0% (Mar-19 to Feb-20).

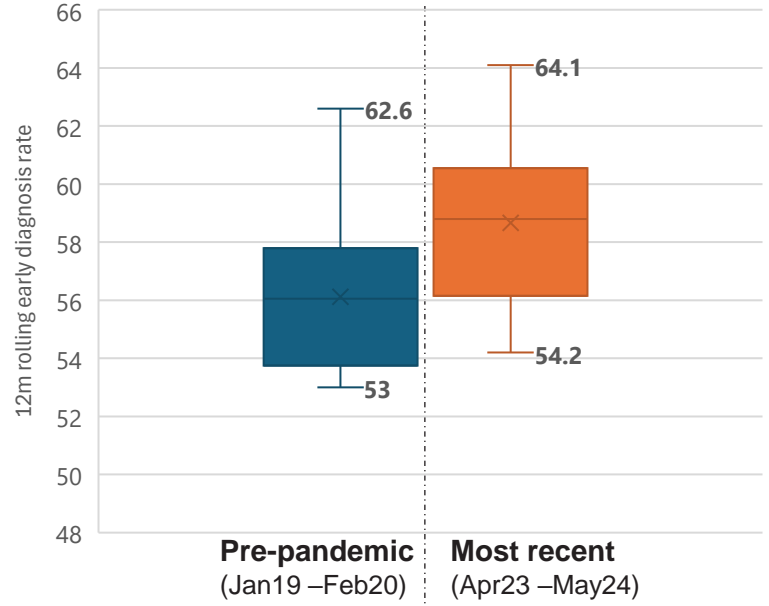
This corresponds to around 6,700 additional early diagnoses per annum currently

Early diagnosis varies by Cancer Alliance. All Alliances have improved compared to pre-pandemic levels, though variation has increased slightly

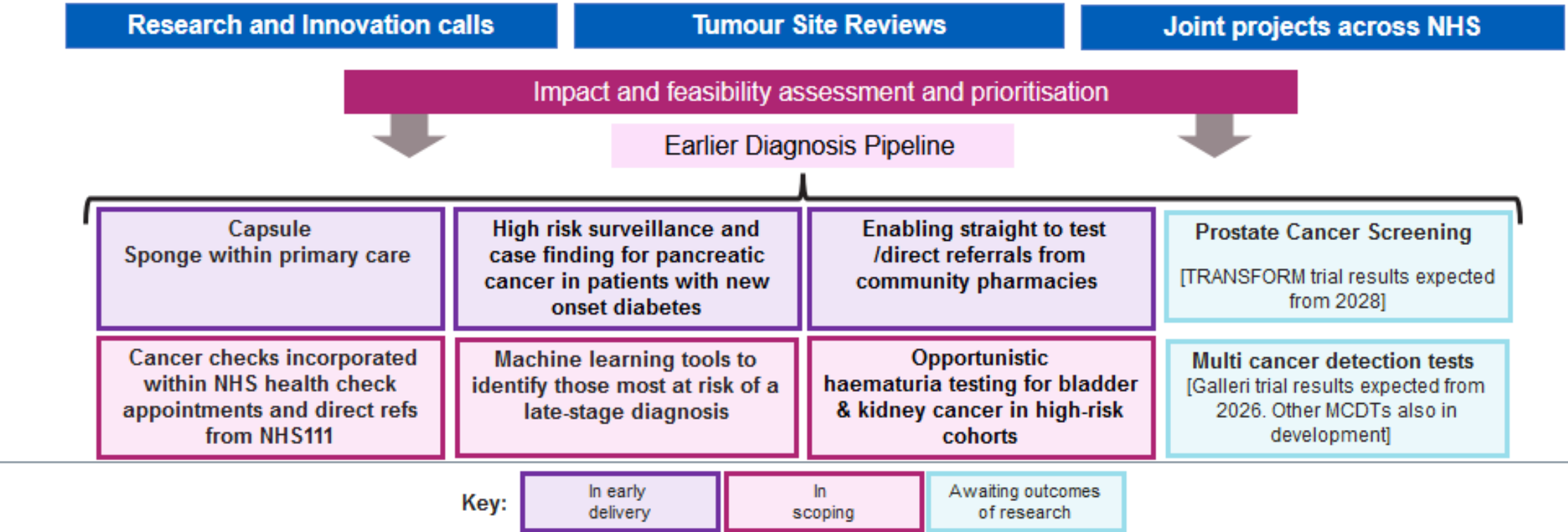
All-cancer 12m rolling early diagnosis rate (as of May24) - RCRD



Variation in ED at Cancer Alliance level - RCRD



As some of our first programmes move into mainstream commissioning, we are continuing to scope new interventions and assess their potential impact



Thank You



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england.nhs.uk



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The Challenges Faced in Cancer Care Panel Discussion



Professor Tom Crosby
Professor Clinical
Oncology and National
Cancer Clinical Director for
Wales - Velindre
University Trust and Wales
Cancer Network



Prof Jayant Vaidya
Professor of Surgery
and Oncology
University College
London



Dr Clare Stephens
Co Clinical Director
North Central London
Cancer Alliance



Joanna Fairhurst
Senior Programme
Manager for Treatment
& Care West Midlands
Cancer Alliance



Case Study





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SCAN ME





Keynote Presentation



Dr Bea Bakshi
CEO and Co-Founder
C the Signs



Dr Seema Dadhania
Consultant Clinical Oncologist
& Honorary Clinical Senior
Lecturer - Imperial College
London



Creating a future where every patient survives cancer

Dr Bea Bakshi

General Practitioner, Co-Founder & CEO
C the Signs

Dr Seema Dadhania

Consultant Clinical Oncologist and Honorary
Clinical Senior Lecturer at Imperial College London



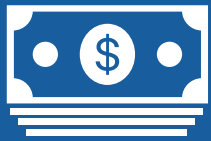


Cancer in the UK



390,000

Patients diagnosed with cancer annually in the UK



£14bn+

Annual cancer expenditure

LATE-STAGE DETECTION IMPLICATIONS:

Patients diagnosed at the late stages:
50%

5-year patient survival rate in late stages:
<30%

Death rates in non-screenable cancers:
75%

OPPORTUNITIES IN CANCER DETECTION

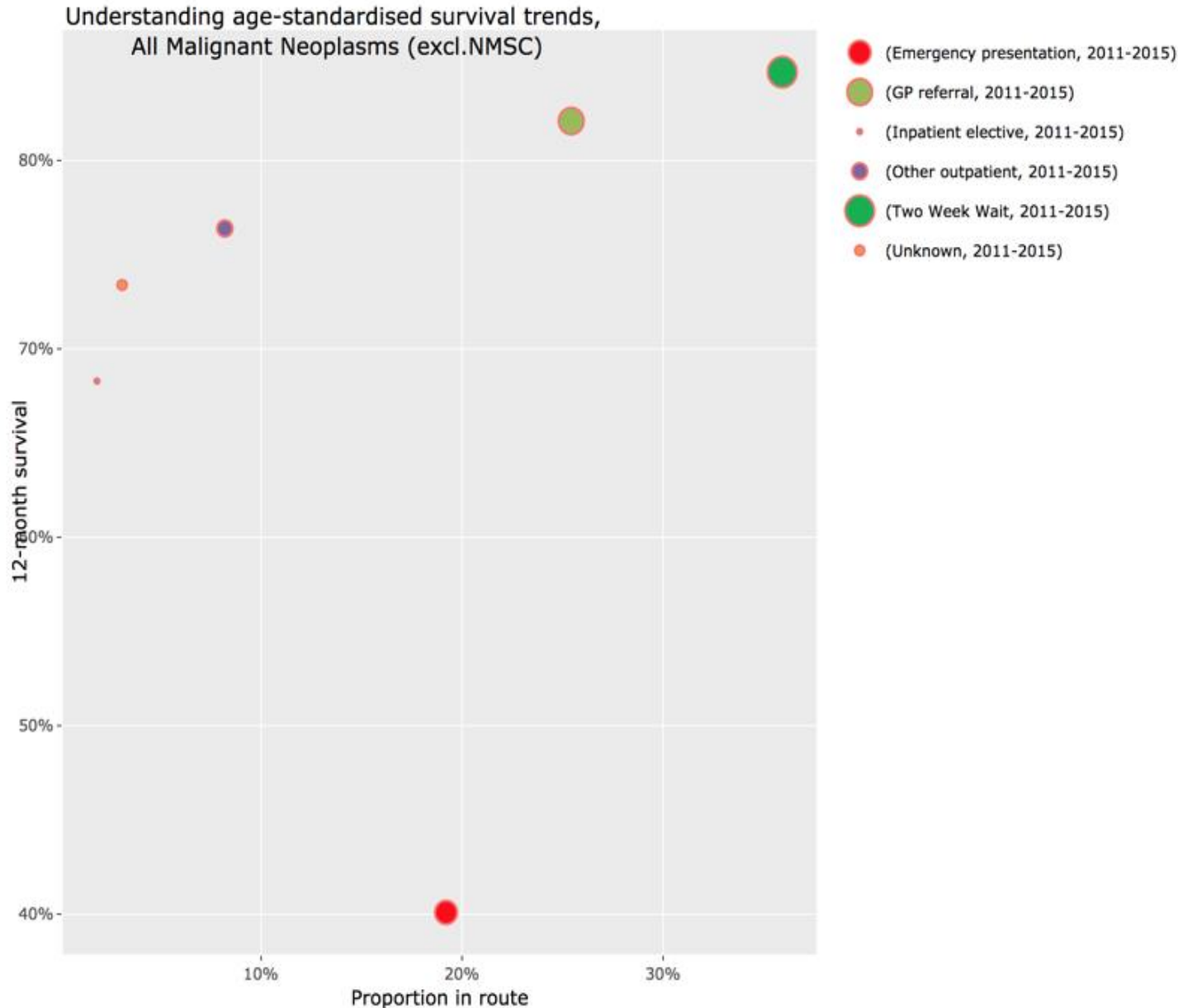
Cancers diagnosed after a symptomatic presentation:
95%

10-year patient survival rates when diagnosed early:
>80%

Cost savings achieved through early detection of cancer:
£1bn



One year survival by route to diagnosis



20% diagnosed in A&E

two-thirds saw their GP in the preceding 12 months with accelerating symptoms. <40% of patients survive to 1 year.

Increasing the Cancer Detection Rate in Primary Care

has been shown to lead to stage shift and improved survival rates.

Challenges in primary care

GPs detect only 8 new cases of cancer per year and have a 54% sensitivity for cancer.



C the Signs cancer platform



Demographics

Clinical Signs

Symptoms

Exam findings

C the Signs

A cancer platform that analyses clinical to identify patients at risk of cancer, determine the cancer type, and navigate them to the best pathway.

Family history

Genetics

Medication history

Past test results



PATIENTS



Primary Care



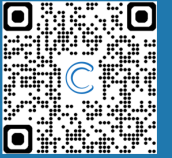
Population

Lifestyle

Risk factors

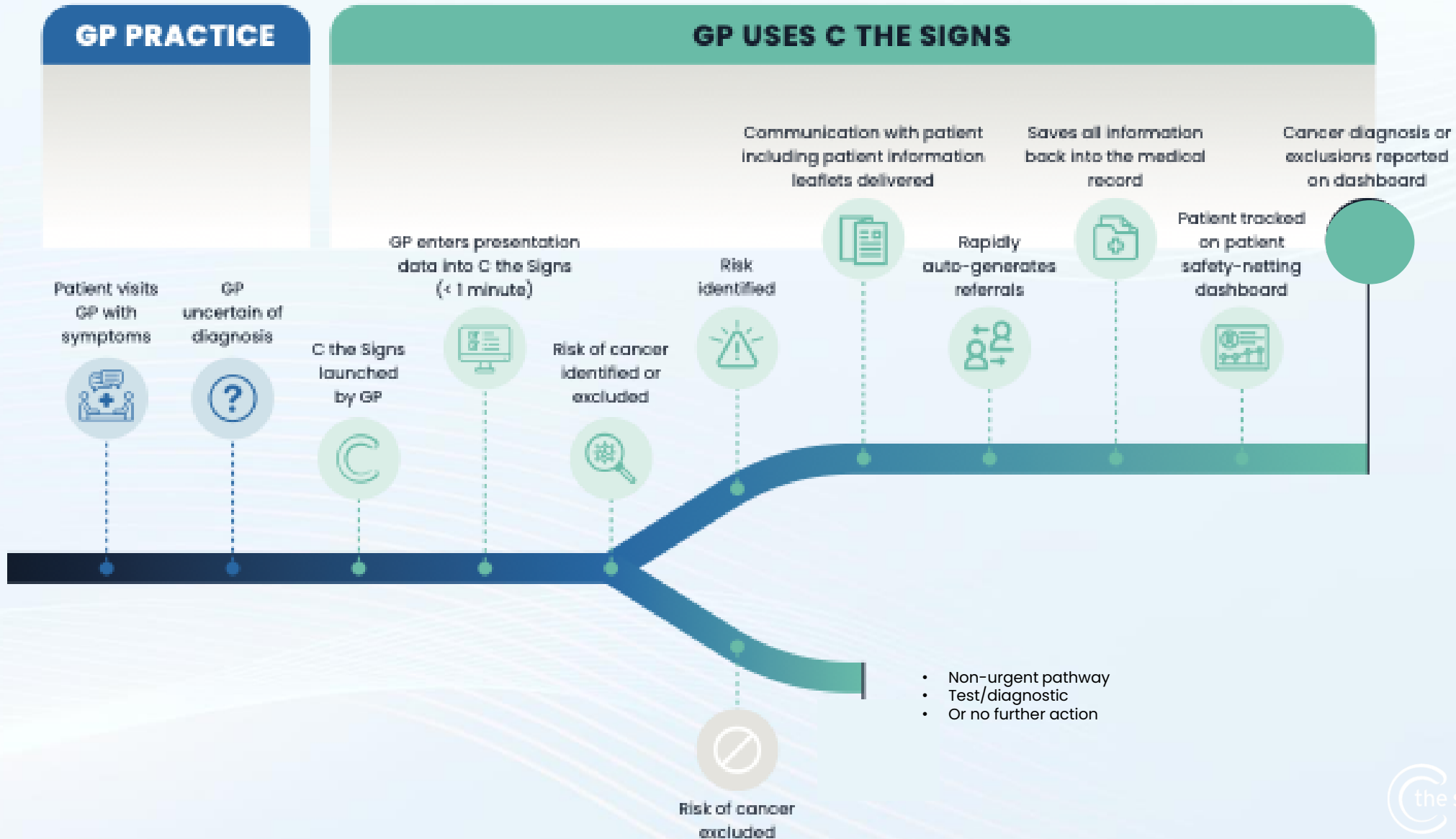


What are example data points used in the Model for analysis?



Demographics	Risk factors	Symptoms	Clinical signs	Investigation results
<ul style="list-style-type: none">● Age● Sex	<ul style="list-style-type: none">● Smoking status● Family history of X cancer● History of alcohol excess	<ul style="list-style-type: none">● Bloating● Fatigue● Back pain	<ul style="list-style-type: none">● Finger clubbing● Cranial nerve palsy● Abdominal mass	<ul style="list-style-type: none">● Hyperglycaemia● Iron deficiency anaemia● Ovarian cyst

The patient pathway with C the Signs



Supporting the end-to-end patient journey



Patient Assessment

Real-time decision support

Identify cancer risk and tumour type

Supports Vague & non-specific presentations

Over 50+ types of cancers

Access to USC, diagnostics & non-urgent pathways

Patient Navigation

Real-time, notifications for accurate patient referrals

Accelerate diagnosis and treatment

Eliminate inappropriate referrals

Customisable criteria to optimise conversion rates

Cloud-based technology with real-time updates

Patient Safety

Automated tracking of all patients on USC and diagnostic pathways

Automated tracking of test results, and pre-population of abnormal results for further actioning

Support with timed pathways for alerts and flags

Removed human to human handovers and errors

Patient Diagnosis

Tracking of all newly diagnosed cancer patients

Real-time notifications for cancer care reviews

Data analytics to support with PCN DES, QOF and IIF targets

Real-time Dashboard for ICB's, Cancer Alliances and Practices

Data reports for cancer detection rate, conversion rate, pathway utilisation and real-time improvements.





Adoption in the NHS

1,400 GP practices, radiology departments and trusts using the platform in partnership with ICBs and Cancer Alliances



NHS
Somerset
Integrated Care Board

NHS
Suffolk and North East Essex
Integrated Care Board (ICB)

NHS
Norfolk and Waveney
Integrated Care Board

East of England Cancer Alliance

NHS
Somerset
NHS Foundation Trust

North West London Integrated Care System

NHS
South Yorkshire and Bassetlaw
Integrated Care System

NHS
Dorset

NHS
South Liverpool

NHS
Bury

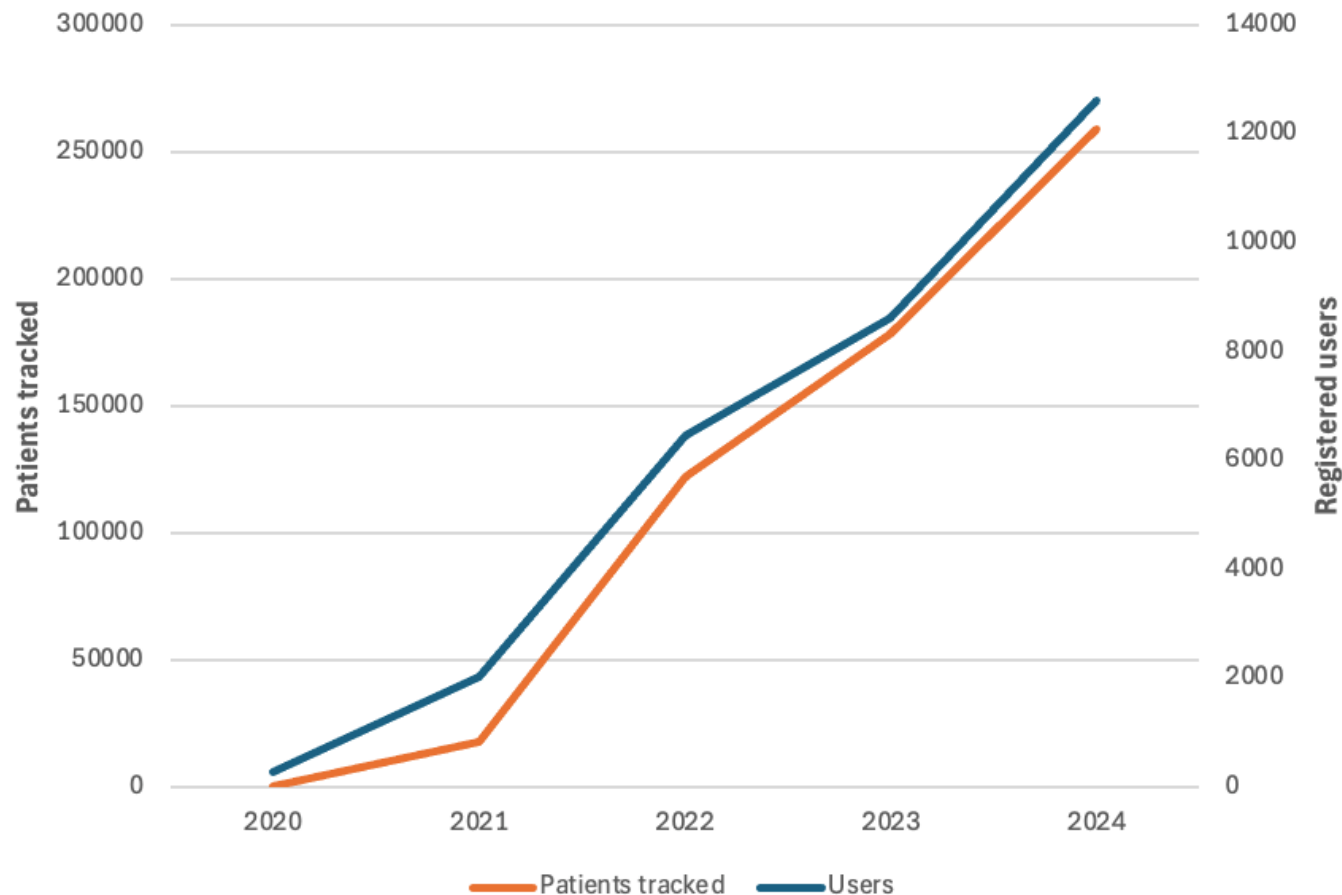
DMS
Defence Medical Services

NHS
Hull University
Teaching Hospitals
NHS Trust

Bradford District and Craven Health and Care Partnership

ACTasONE

Relationship between primary care utilisation & patient assessments



Primary care engagement and utilisation is directly proportional with patient assessments and referrals.

Testimonials

“Excellent tool for helping to identify correct referral pathways and the dashboard is excellent for safety netting referrals.”

Dr Sabah Ahmad GP, Brunel Medical Centre, North West

“Don’t know how I worked

without it. When the ‘gut feeling’ hits and I know something is wrong, this app often helps guide to the most appropriate investigations or referrals. Its has been essential in preventing over investigating and ensuring appropriate management of patients.”

Advanced Nurse Practitioner, Doncaster

“Superb resource, all in one place, clear and helpful. Practice dashboard and safety netting are excellent features.”

Dr Daniel Dietch, GP, Lonsdale Medical Centre, North West London, Brent

“Very positive experience.

Helpful to both clinicians and patients. For example, the advice on differential diagnosis is very good. The patient finds the information useful.”

Dr Cyril Evbuomwan, GP, Church End Medical Centre, Brent

“A very young patient with tenesmus who we may not have referred had a rectal carcinoma”

GP, NW London

“On adding to C-the-Signs, the **suggestion came up to add a Ca-125** - this was done, raised and the patient was diagnosed **with a gynaecological cancer** after assessment.”

GP, Newham PCN

“Invaluable, diagnosed Ca pancreas in a female 70yr old pt presenting with diarrhoea as C the Signs suggested CT pancreas.”

GP, Newham PCN



Real-World evidence NHS Implementations



Using an artificial intelligence platform to enhance cancer detection rates in primary care

Study : Observational cohort study (May 2021 - March 2022).

Participants: 35 practices (covering ~420,000 people) in the East of England used C the Signs; non-participating practices acted as controls.

Goal: Determine if C the Signs had a statistical impact on cancer detection rates (CDR).

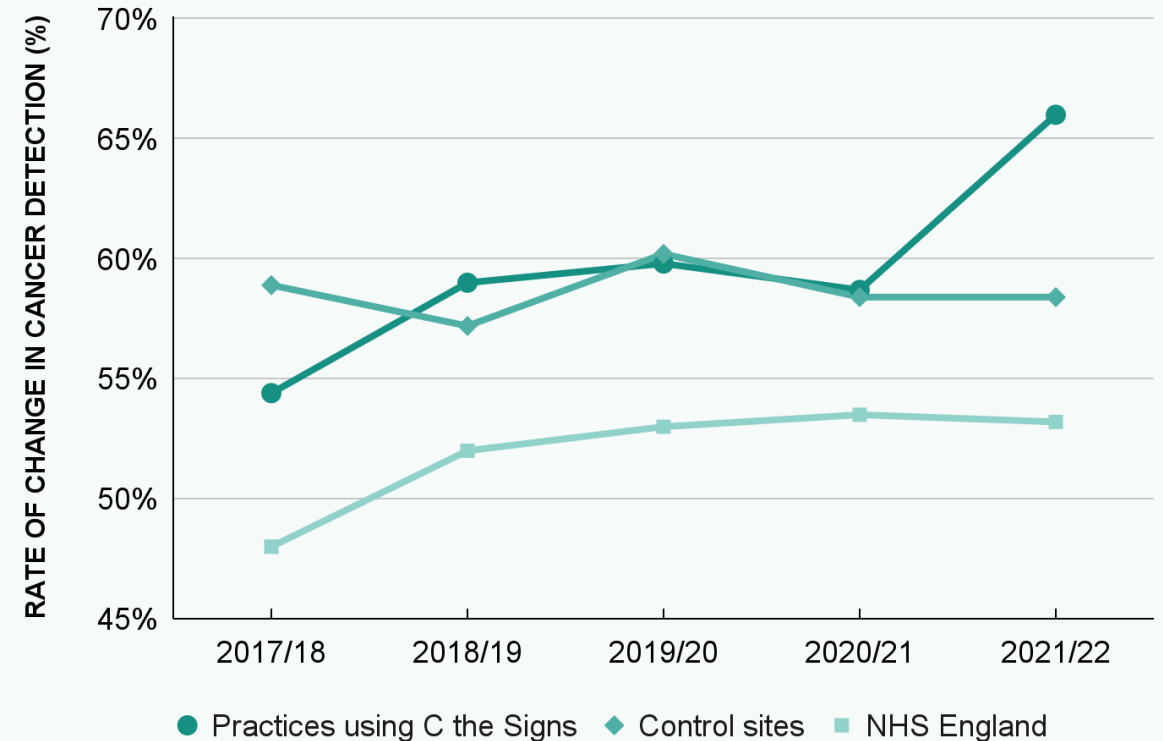
Access: Both groups had the same access to referral and diagnostic pathways.

Results: Practices using C the Signs: CDR increased from 58.7% (2020-21) to 66.0% (2021-22). Significant rate of increase: 12.3% ($p < 0.05$).

Results: Practices not using C the Signs: CDR remained stable at 58.4% for both years.

No variance observed in referral rates: with trial sites having a lower rate of increase in referral rates (23%) compared to the control site practices (27%) and NHS England (28%).

Impact on cancer detection rates (2018-2022)



Accuracy of an AI prediction platform in predicting tumour origin: A real-world study.



Study : Observational study (January 2021 - October 2022)

Participants: All patients risk-assessed using C the Signs; no pre-selection criteria.

Follow-up: Patients monitored for 6 months post-assessment to check for cancer diagnoses.

Analysis: Focused on patients identified as at risk by C the Signs & diagnosed with cancer to assess cancer origin accuracy.

Study Population: 122,193 patients from 878 GP practices risk-assessed.

Results: 7,673 patients were diagnosed with cancer, aged 0 to 94 years. 7,622 patients were correctly identified at risk by C the Signs, 99.3% sensitivity. C the Signs accurately predicted cancer origin in 93.9% of patients.

C the Signs demonstrated a 99% sensitivity for cancer (compared to 54% sensitivity by GPs)

122,193

Patients risk assessed
by the C the Signs system in a real-world setting across 878 GP practices

7,673

Diagnosed with cancer, between the ages of 0-94

7,622

Patients identified by C the Signs, getting it right first time, preventing duplicate referrals

The role of clinical decision support systems in reducing cancer diagnosis disparities from patients with socio-economic deprivation



Aim: Assess whether CDSSs can improve cancer detection in primary care in areas of high socio-economic deprivation.

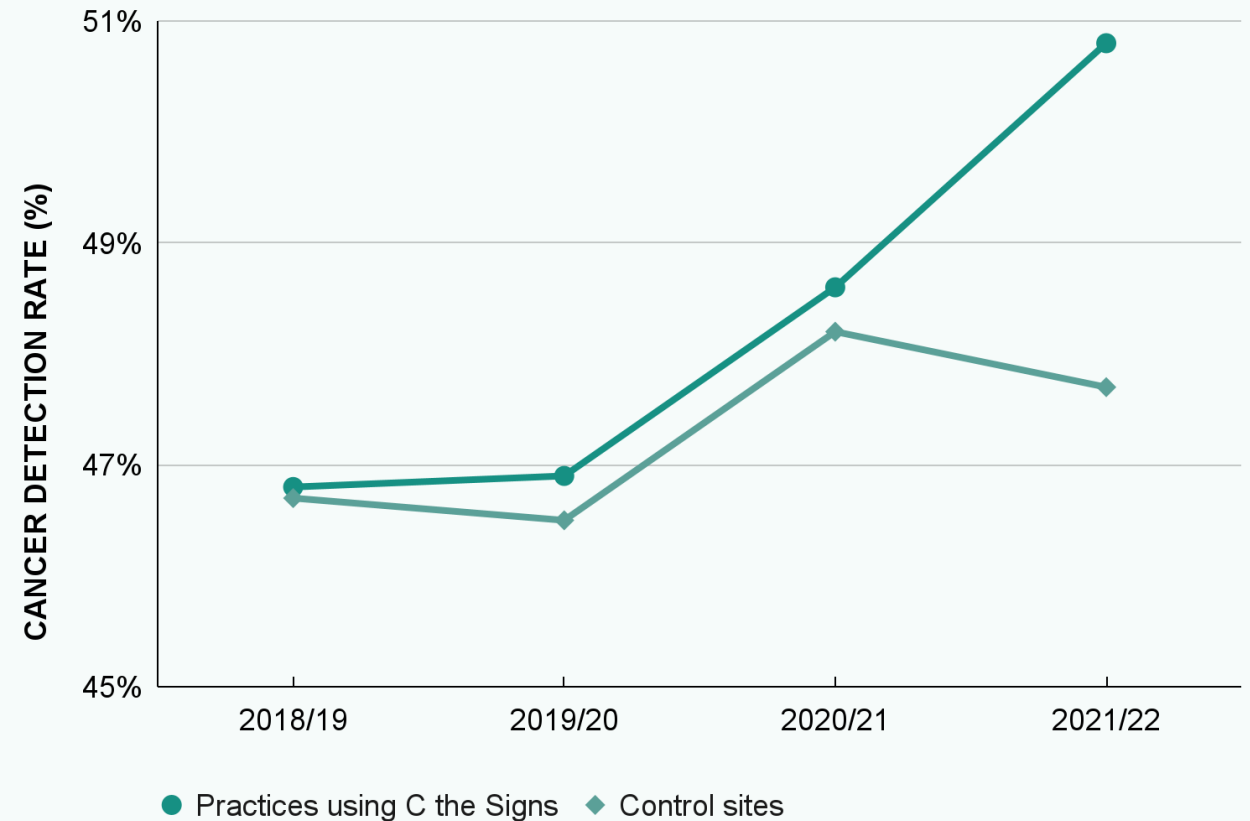
Method:

Retrospective observational study in South Yorkshire, a highly deprived area (top quartile, Index of Multiple Deprivation 2019). 106 practices using CDSS (June 2021 - March 2022); 78 non-using practices served as controls.

Results:

Practices using CDSS: Cancer detection rates increased from 48.6% to 50.8% ($p < 0.05$).
Practices not using CDSS: Cancer detection rates decreased from 48.2% (2020-21) to 47.7% (2021-22).

Cancer detection rates in primary care (2018-2022)



The role of clinical decision support systems in reducing cancer diagnosis disparities from patients with socio-economic deprivation



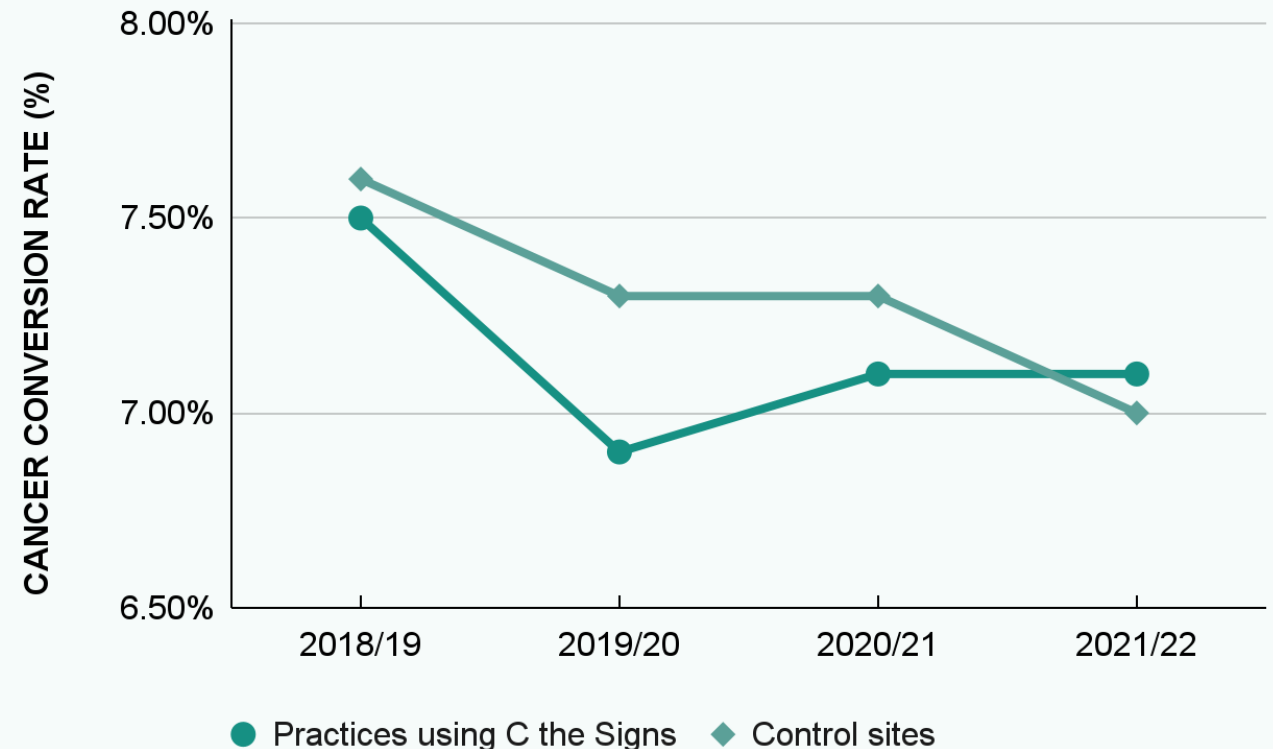
Additional Results: Practices not using C the Signs:

- Conversion rates fell from 7.3% to 7.0%.
- More urgent suspected cancer referrals were needed per cancer diagnosis due to the decline in cancer detection rates.

Conclusion: Early evidence suggests that CDSS platforms like C the Signs can help reduce disparities in cancer outcomes in socio-economically deprived communities by identifying patients early in primary care.

Importantly, this does not increase the burden on healthcare resources.

Cancer conversion rates in primary care (2018-2022)



Improving the Faster Diagnostic Standard for colorectal cancer in the NHS: The impact of C the Signs



Aim: Assess the impact of C the Signs on the Faster Diagnosis Standard (FDS) within the colorectal urgent suspected cancer (USC) pathway at Somerset NHS Foundation Trust.

Methods: Retrospective analysis using data from the Somerset Cancer Registry. Focused on colorectal USC referrals in practices within Somerset ICB with access to C the Signs (starting from October 2021). FDS measured as the percentage of cases diagnosed within the recommended time frame.

An independent t-test was used to assess changes in FDS before and after the intervention.

Results:

- **Before C the Signs:** 1,282 patients underwent colorectal USC referral. 46.4% achieved the Faster Diagnosis Standard (FDS).
- **After C the Signs Implementation:** 1,415 patients underwent USC referral. FDS achievement significantly improved to 69.5% ($p < 0.001$).

Reason for Improvement: Better triage in primary care. Enhanced risk assessment features and improved cancer referral forms and pathways.

FDS performance increased from 46.4% to 69.5% ($p < 0.001$) following implementation of C the Signs



C the Signs: real-world evidence and research

20%

Increase in Faster
Diagnosis Standard
performance

8-12%

Increase in rate of
cancer detection

25,000

Cancers
detection

50+

Pan-cancer
detection

350,000

patients' risk assessed

99%

Sensitivity
for cancer

99%

Negative
predictive value

94%

Accuracy in
predicting tumor
origin

Finding rare & harder to detect cancers across 50+ cancers



6,557 Skin



Basal Cell Carcinoma	48.9%
Squamous Cell Carcinoma	25.0%
Melanoma	18.3%
Unspecified	7.7%

1,502 Upper GI



Esophageal Cancer	32.5%
Pancreatic Cancer	27.6%
Stomach Cancer	13.3%
Liver Cancer	11.1%
Unspecified	5.5%
Small Intestine Cancer	3.9%
Biliary tract Cancer	3.2%
Gallbladder Cancer	3.0%

1,212 Gynecological



Endometrial	55.8%
Ovarian Cancer	26.2%
Cervical Cancer	8.1%
Vulva Cancer	6.2%
Unspecified	2.6%
Vagina Cancer	1.2%

179 Cancer of unknown primary



Cancer of unknown primary	100%
---------------------------	------

6,218 Urological



Prostate Cancer	73.5%
Bladder Cancer	16.5%
Kidney Cancer	7.0%
Testicular Cancer	1.9%
Unspecified	0.7%
Penile Cancer	0.4%

1,468 Chest



Lung Cancer	91.6%
Mesothelioma	8.4%

760 Head and Neck



Thyroid Cancer	22.6%
Ear, Nose or Throat Cancer	14.7%
Tongue Cancer	13.7%
Unspecified	12.8%
Tonsil Cancer	9.6%
Laryngeal Cancer	9.1%
Oral Cancer	7.0%
Salivary Gland Cancer	2.4%
Throat Cancer	2.1%
Nasopharyngeal Cancer	1.7%
Neck Cancer	1.7%
Pharyngeal Cancer	1.7%
Lip Cancer	0.8%
Sinonasal Cancer	0.8%

177 Sarcoma



Sarcoma	49.7%
Tissue Sarcoma	41.2%
Bone Cancer	9.0%

3,355 Breast



Breast Cancer	100%
---------------	------

1,502 Hematological



Lymphoma	30.0%
Leukemia	20.7%
Myeloma	19.3%
Non-Hodgkins Lymphoma	10.5%
Hodgkins Lymphoma	8.2%
Unspecified	6.7%
Myeloproliferative Disorder	4.7%

2,152 Lower GI



Colorectal Cancer	91.6%
Anal Cancer	8.4%

82 Brain and CNS



Brain Cancer	89.0%
Occular Cancer	11.0%

33 Neuroendocrine



Carcinoid Tumour	100%
------------------	------

2 Pediatrics



Wilms Tumour	100%
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What's next?

Direct access patient pathways



Cancer Case Finding

Automated identification of at risk patients



Patient Self-Assessment

Patient triage based on criteria to the correct pathway



Hospital Dashboard

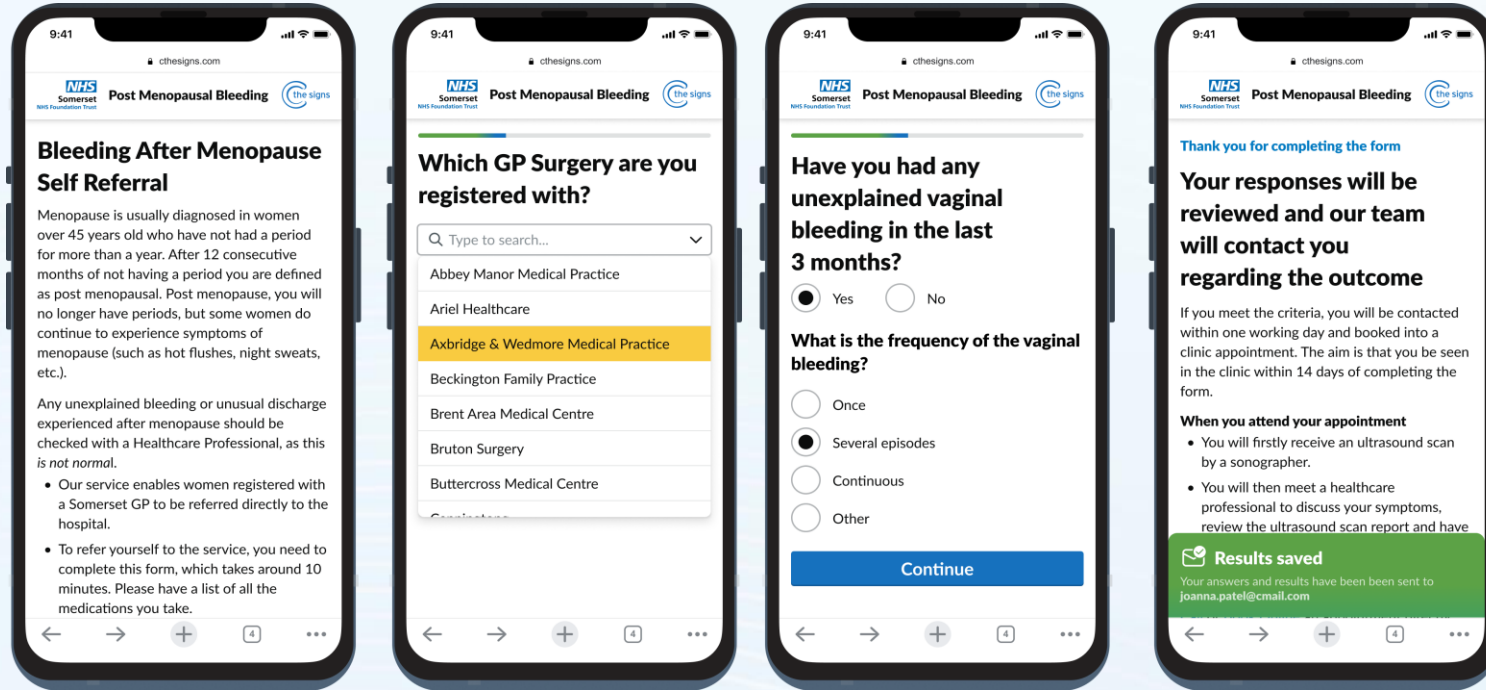
Eligible patients tracked on to to hospital Dashboard



Cancer Analytics

Real-time data on utilisation, conversion rates and outcomes

Post menopausal bleeding pathway: Somerset Foundation Trust



We will be launching pathways for colorectal, lung, breast, and pancreatic cancer.

Baseline performance:

- 60 days from initial GP contact to seeing a specialist in secondary care.
- 48 days to receive a primary cancer diagnosis.

Since service launch:

- A median of 5 days from completing the self-referral form to being seen by a specialist.
- 22 days to a receive a cancer diagnosis.

Pathway access:

- Patients validated through their GP practice.
- Average patient age: 60
- Support provided via telephone helpline.
- Full triage, ensuring 100% of patients referred were clinically appropriate.
- Strong primary care support

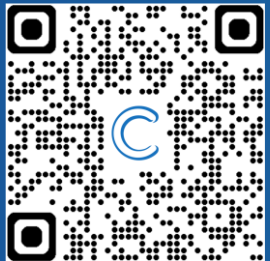
Thank you, Questions?

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Refreshments & Networking



Chair Opening Address



Avril Chester
Chief Technology Officer
Royal Pharmaceutical Society



Case Study

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CANCER GENETICS



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Case Study



Dr Atreyee Saha
Director of Laboratory and
Technologies - Datar Cancer
Genetics UK



Fireside Chat



Dr Gerald Lip
Clinical Director, North East of
Scotland Breast Screening Service -
NHS Grampian



Lunch & Networking



Roundtable



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