

Cancer Alliances London Research Fellowship Programme – Call for Projects

For 2019-20, the three Cancer Alliances across London have come together once again to announce another round of 12 month research fellowships. With continued support from the BRCs at RM/ICR and Imperial, we are now **calling for potential supervisors for project titles and a short brief describing the project.**

The appointment process will be in two stages:

- a) An invitation to potential supervisors to submit brief proposals, which will form the basis of a shortlist selected by an appropriate panel.
- b) An advertisement based on this shortlist for potential fellows to submit joint applications for the proposed project alongside supervisor with whom he/she wishes to work.

These research fellowships are aimed to support pre-doctoral individuals interested in healthcare improvement, including clinicians, nurses, allied health professionals (AHP) and clinical research practitioners who wish to obtain further research experience. Funding is available on a full time 12 month basis, but we would also consider part time fellowships over a longer period. Research projects that might lead to the completion of a higher degree are encouraged.

Cancer Alliances & research

Since April 2017, Cancer Alliances have been set up across England, to drive the change needed to achieve the Cancer Taskforce's vision. This includes supporting the delivery of improvements in cancer outcomes, promoting best practice pathways to reduce variation in outcomes and experience across cancer pathways, and facilitate collaborative working.

Across the three Cancer Alliances, research and innovation, where possible, has been embedded into new models of care. There is now an opportunity to deliver patient - based and clinically relevant research, directly linked to new models of care initiated by Cancer Alliances in London. We wish to place particular emphasis on the collaborative nature of our programme, whereby individuals based in 2 or 3 of the London Alliances will work together in a pan-London approach.

Our pan London research strategy focusses on two main strands:

- 1) Early diagnosis and detection;
- 2) Living with and beyond cancer;

In additions, we encourage the inclusion of two cross cutting themes:

- 3) Cancer in Older People; and
- 4) Applications of big data

1. Early Diagnosis

Early diagnosis/detection is a priority area for the Cancer Alliances and its research strategy.

The top five tumour types diagnosed via A&E in London are: lung, colorectal, prostate, oesophago-gastric and pancreas, and cumulatively account for more than 50% of all cancer diagnoses via emergency presentations. Our research strategy will follow two major themes to improve survival: (a) to increase the impact of existing methodology by improving risk stratification; and (b) to examine the utility of new techniques, e.g. circulating biomarkers and imaging, along with improved understanding of risk factors and population behavioural change. Future programmes are therefore likely to include the assessment of methods to enrich populations for screening, with incorporation of personalised screening approaches.

2. Living with and Beyond Cancer

The number of patients surviving cancer treatment continues to increase and this provides new challenges for the delivery of care for patients' carers and families. This includes supportive care and rehabilitation which aims to minimise consequences of treatment and improve quality of life. The Cancer Taskforce Strategy recommends research into better understanding of the prevalence and incidence of multiple co-morbidities and their effects on outcomes and quality of life. In addition, the need to understand long term side effects and/or late effects of cancer and/or treatment has been identified as a research priority. Evidence to support models of stratified follow up, including risk-stratification and supported self-management is needed. Research is also needed to improve the coordination and planning of end-of-life and palliative care services for patients with cancer. This includes early case planning that is personalised to patients' needs and preferences.

3. Cancer in Older People

A priority area in the diagnosis and treatment of cancer is the elderly population. There is a growing body of evidence that older people diagnosed with cancer in the UK have poorer outcomes than in other countries and it is conceivable that older patients may be receiving substandard care due to age-related bias. There are age-related variations along the cancer patient pathway, which ultimately affect survival, and research has shown that more emphasis should be placed on a patient's physiological age, rather than their chronological age. Age may co-exist with other geographic, ethnic, cultural and economic factors which may affect outcome. There is a gap in the evidence base for patient choice in the understanding of quality versus quantity of life with cancer treatment options.

4. Big Data

Predictive analysis of large healthcare datasets is a relatively new cross cutting work stream. It can encompass data mining of large databases, through to the application of artificial intelligence or machine learning. It aims to address healthcare inequalities and variations in outcome, or enable measurements of real time cost effectiveness. There is a priority to link up primary care with secondary care datasets in order to understand the complex challenges of early diagnosis. A pan-London approach (and beyond) could permit contrasts to be drawn in outcomes and variations by socioeconomic, demographic and genetic factors, but would also provide scalable and replicable models of care to take forward across the country.

Closing date for research proposals, using attached template, is 22nd February 2019. Please send completed proposals to RMPartners.Research@nhs.net with details of how your project will utilise expertise and/or patient populations across London. Shortlisted projects will be notified and advertised for potential fellows who would then be encouraged to contact supervisors of their choice. Individuals who have already completed a PhD will not be eligible. It is anticipated that interviews will take place in early June 2019. Projects should commence no later than September 2019.

Please circulate this email to interested colleagues. For any queries please contact RM Partners Senior R&D Manager, Dr Gillian Rosenberg: gillian.rosenberg@nhs.net