

APPG Work Programme 2017-18

Personalised medicine for lung cancer (AGM)

Lung cancer is an area of serious unmet clinical need, with just 5% of patients surviving for 10 years or more. But new technologies could challenge these statistics by providing more tailored diagnosis, treatment and care. Can non-invasive diagnostics and biopsy methods combined with a new generation of targeted therapies make a big difference?

Following the Annual General Meeting proceedings, this meeting will set out the needs of lung cancer patients, highlight selected new opportunities for more personalised medicine and care for lung cancer, and examine any barriers to progress towards better patient experience and outcomes.

Personalised medicine for common disease

This Group will consider the prospects for personalised medicine outside the most advanced areas of clinical application (rare diseases and cancer) by examining selected major common diseases, starting with cardiovascular disease.

We will examine new uses of science and technology that may offer significantly better and more personalised care (for example, genetic testing; implantable biosensors; apps and other supportive technologies; regenerative medicine).

Cardiovascular disease

According to the British Heart Foundation, cardiovascular (heart and circulatory) disease accounts for just over a quarter of all deaths in the country. It affects around seven million people in the UK and represents a serious burden for the NHS – one that is likely to increase as the population ages.

In consultation with experts and stakeholders in this field, we will assess not only the potential for but also current barriers to cardiovascular disease patient benefit from the application of science for more personalised and sustainable prevention and care. How far can personalised medicine help patients and the NHS cope with cardiovascular disease?

Diabetes

Public Health England data for 2016 showed that 3.8 million people in the UK suffer from diabetes, and 90% of these have the more common form, Type 2 diabetes – which already costs the NHS £8.8 billion per year, and this figure continues to rise as prevalence increases in the population.

Building on findings from the cardiovascular disease work, the Group will next consider the prospects for personalised medicine in diabetes, a similarly significant burden for the NHS but with differing needs with respect to prevention and management, as well as unmet need in terms of patient experience and clinical outcomes.

Outputs

We will report on our findings from these disease areas, along with consideration of any common themes or issues that may arise (such as access to diagnostics; clinician education; data sharing; or patient-centred management). These findings will inform the next steps in the Group's work programme. We will also interact closely with other Groups on issues of mutual interest, as appropriate, retaining the capacity to respond swiftly to other relevant developments in personalised medicine.

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Secretariat

PHG Foundation
2 Worts Causeway
Cambridge
CB1 8RN

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