The missing piece of cancer care: can supportive oncology give better outcomes?

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NHS
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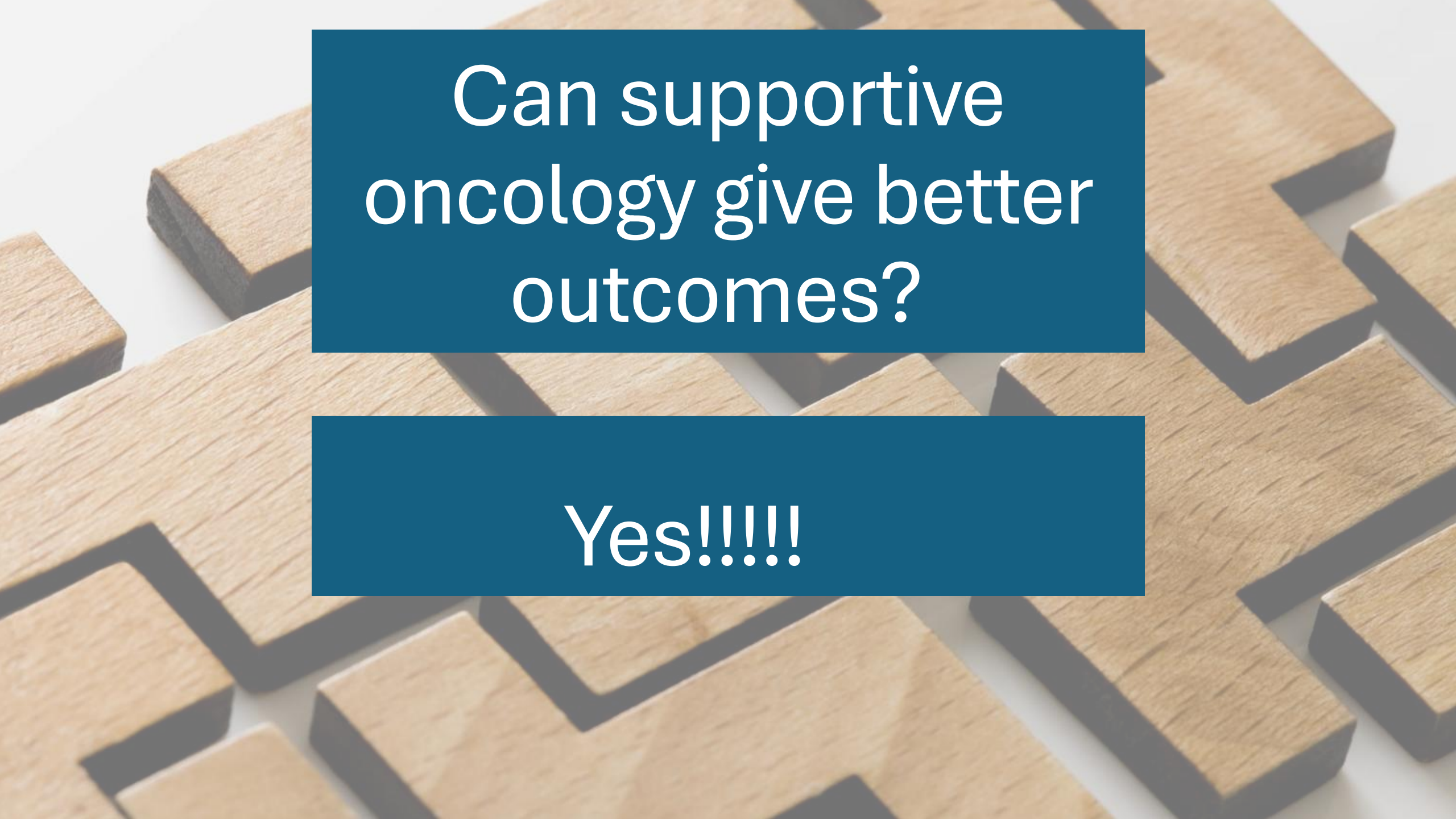
Disclosures

	Speaker Fees	Travel Expenses	Grants/Research support
Sanofi	X	X	
AstraZeneca	X	X	
Abbvie	X		
KITE Gilead	X		X
Menarini Stemline	X		
Chuggai	x	X	


Can supportive oncology give better outcomes?
Yes!!!!!

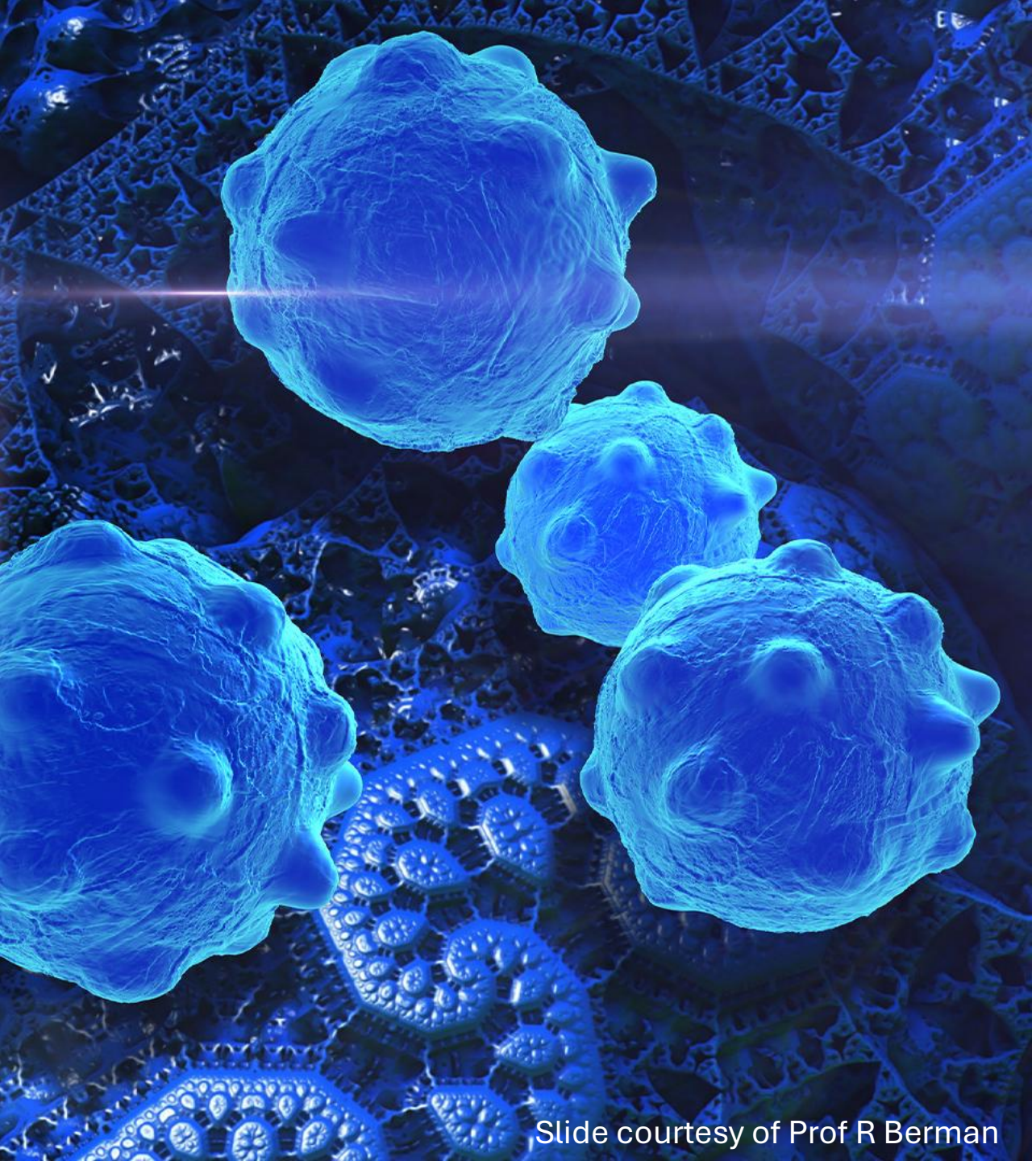
Where are we going?

1. How is the national cancer landscape changing?

2. What does supportive oncology offer?

3. What could the future hold?

1. How is the national cancer landscape changing?



It is good news about cancer treatments

- Significant advances in diagnosis, surgery, radiotherapy and new drugs have led to marked improvements in cancer survival.
- People now live nearly six times longer after their cancer diagnosis than was the case 40 years ago.

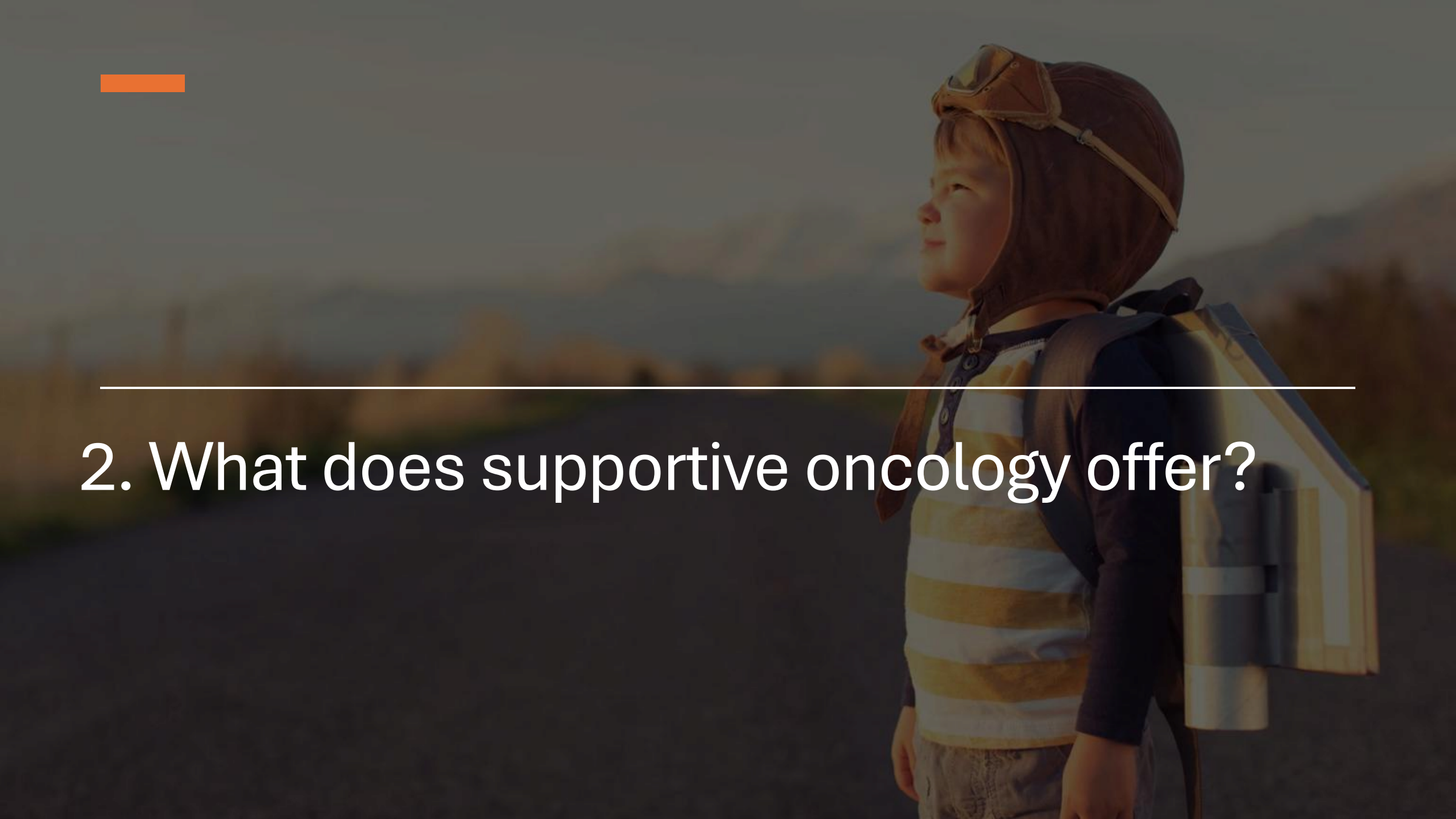
- *Source: Macmillan*

How are we going to look after all these people?

- More people are living longer including with incurable (but treatable) disease
- There are growing numbers of cancer survivors
- Increasing numbers of patients with significant co-morbidities and frailty are being treated for cancer
- Quality of life issues (related to disease and treatments) exist across the whole cancer continuum
- Rising costs of treatment and care
- Limited workforce

Who are best placed to meet these symptoms?

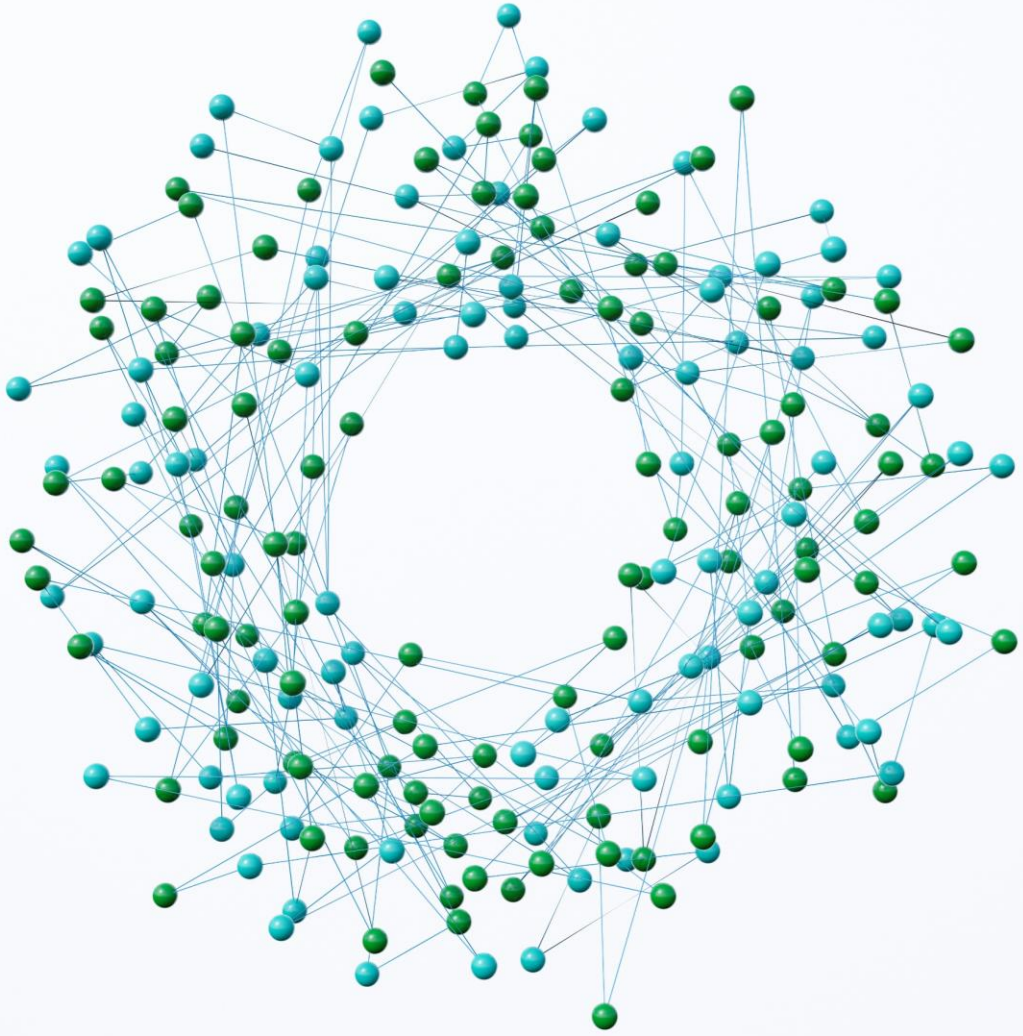
- Oncology teams?
- Primary Care teams?
- Palliative Care teams?
- Medical teams?
- Surgical teams?
- Pain teams?



2. What does supportive oncology offer?

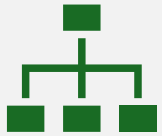
What is supportive oncology?

‘a multidisciplinary group of health professionals involved in the **prevention** and **management** of the adverse effects of **cancer and its treatment**, across the **whole spectrum** of the disease’



Supportive Oncology in the UK

Increasingly a model worked to by teams in cancer centres



Huge variances in services, models and resource allocation

Some palliative teams rebranded

The Christie MDT

- Weekly supportive oncology MDT for discussion all complex cases (including cancer survivors)
- If patient has issues relating to prior pelvic radiotherapy membership includes:
  - Gynae oncologist
  - Gynae ACP
  - Dietetics
  - Psycho-oncologist
  - GP
- All patients complete ePROMS at each appointment

4. What could the future hold?

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Multinational Association of Supportive Care in Cancer
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Clinical Oncology xxx (xxxx) xxx

Contents lists available at ScienceDirec

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Editorial

The Rise of Supportive Oncology: A Revolution in Ca

R. Berman *, B.J.A. Laird †‡, O. Minton §, D. Monnery ||, A. Ahamed *
J. Droney **, J. Vidrine ††, C. Leach ‡‡, F. Scotté §§, M.B. Lustberg ||||, J
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††† Marie Curie Palliative Care Resear

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Delivery Models and Health Economics of Supportive Care Services in England: A Multicentre Analysis

D. Monnery • K. Tredgett • D. Hooper • ... E. Stewart • J. Droney • O. Minton • Show all authors

Published: March 10, 2023 • DOI: https://doi.org/10.1016/j.clon.2023.03.002 • Check for updates

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Highlights

Highlights

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› Am Soc Clin Oncol Educ Book. 2021 Mar:41:1-11. doi: 10.1200/EDBK_320041.

Supportive Care: Low Cost, High Value

Razvan Andrei Popescu [1], Fausto Roila [2], Jann Arends [3], Giulio Metro [2], Maryam Lustberg [4]

Affiliations + expand

PMID: 33830830 DOI: 10.1200/EDBK_320041

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Review › Br J Hosp Med (Lond). 2024 Mar 2;85(3):1-8. doi: 10.12968/hmed.2023.0416. Epub 2024 Mar 27.

Enhanced supportive care

Daniel Monnery [1], Joanne Droney [2]

Affiliations + expand

PMID: 38557099 DOI: 10.12968/hmed.2023.0416

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Resource

- The challenge of doing ‘more’ when already under-resourced.
- Growing body of evidence of the cost effectiveness of proactive PSC input:
  - ESC service in North of England cancer centre saved ~£2.5million in a year[1]
  - Supportive oncology service in south of England demonstrated cost effectiveness of 1:4 [2]
- Evidence of survival benefit of PSC involvement in cancer[3]

1. Monnery et al, *BMJ Palliative and Supp care*, 2022. 2. Stewart et al, *BMJ Palliative & Supp care*, 2023.
3. Temel J et al. *NEJM*, 2010.

Highlights

Highlights

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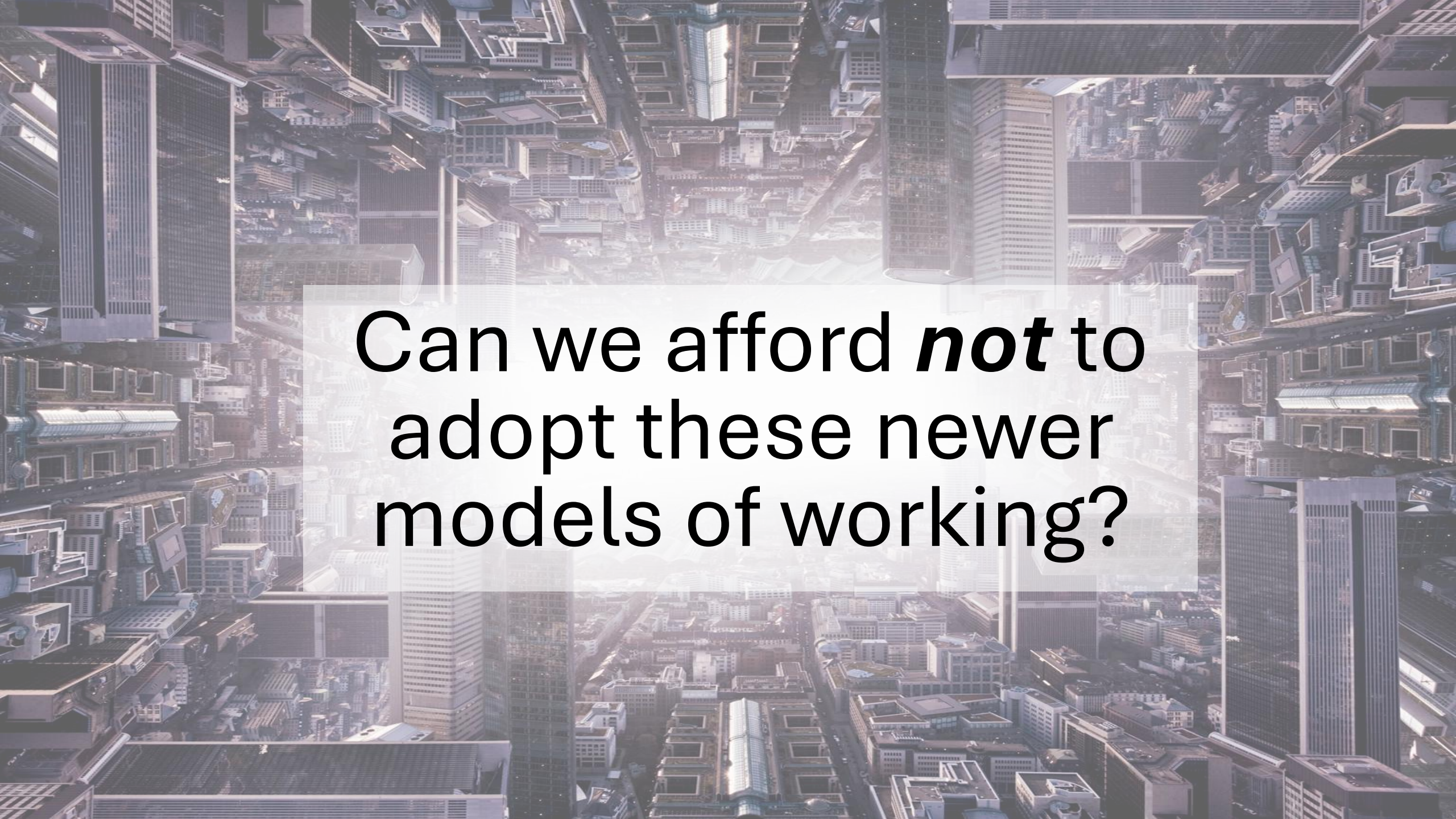
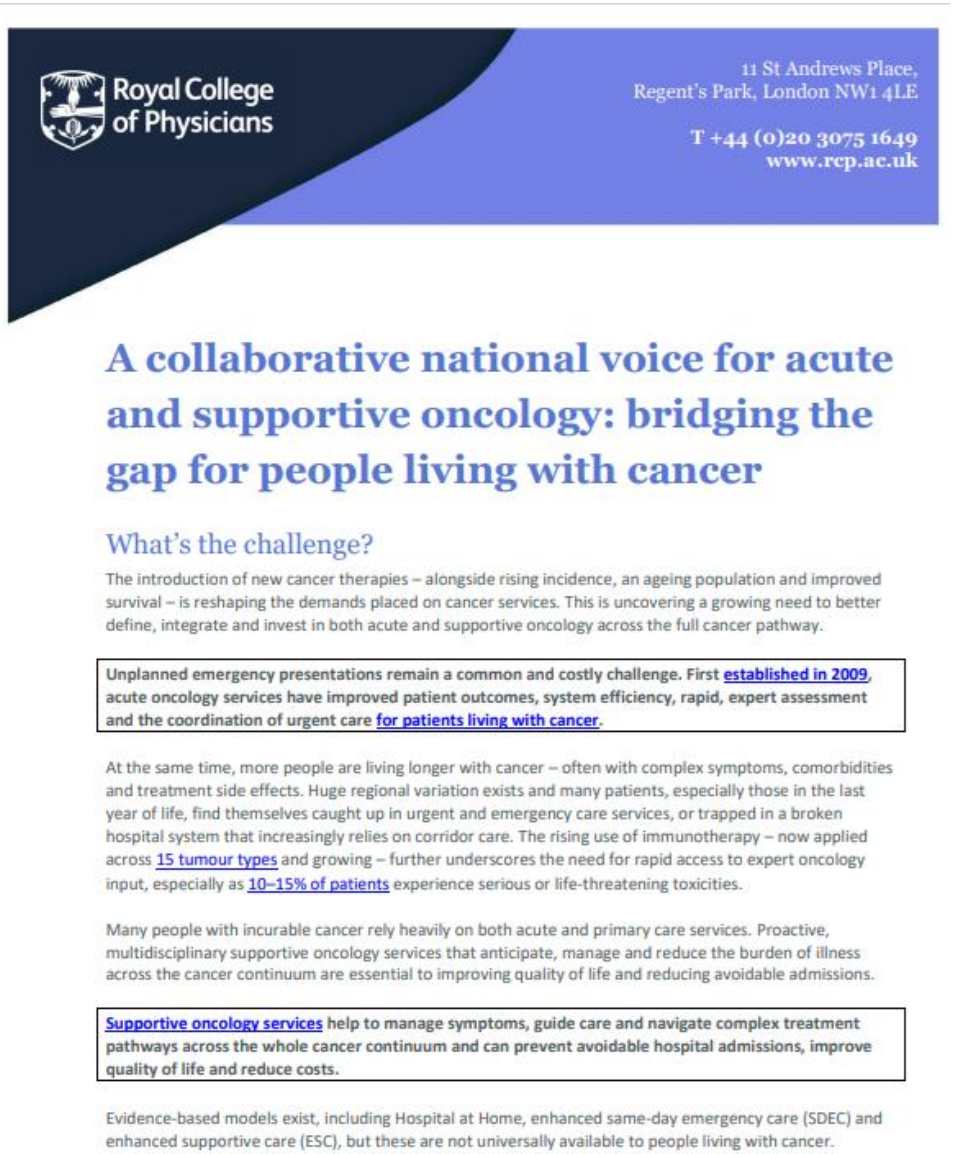
In total, £1,676,044 was spent delivering supportive care across eight centres

Reductions in secondary care usage saved a total of **£8,490,581**.


Can we afford ***not*** to adopt these newer models of working?

RCP, July 2025

‘Proactive, multidisciplinary supportive oncology services that **anticipate, manage and reduce the burden of illness across the cancer continuum** are essential to improving quality of life and reducing **avoidable admissions’**



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A collaborative national voice for acute and supportive oncology: bridging the gap for people living with cancer

What's the challenge?

The introduction of new cancer therapies – alongside rising incidence, an ageing population and improved survival – is reshaping the demands placed on cancer services. This is uncovering a growing need to better define, integrate and invest in both acute and supportive oncology across the full cancer pathway.

Unplanned emergency presentations remain a common and costly challenge. First established in 2009, acute oncology services have improved patient outcomes, system efficiency, rapid, expert assessment and the coordination of urgent care for patients living with cancer.

At the same time, more people are living longer with cancer – often with complex symptoms, comorbidities and treatment side effects. Huge regional variation exists and many patients, especially those in the last year of life, find themselves caught up in urgent and emergency care services, or trapped in a broken hospital system that increasingly relies on corridor care. The rising use of immunotherapy – now applied across 15 tumour types and growing – further underscores the need for rapid access to expert oncology input, especially as 10–15% of patients experience serious or life-threatening toxicities.

Many people with incurable cancer rely heavily on both acute and primary care services. Proactive, multidisciplinary supportive oncology services that anticipate, manage and reduce the burden of illness across the cancer continuum are essential to improving quality of life and reducing avoidable admissions.

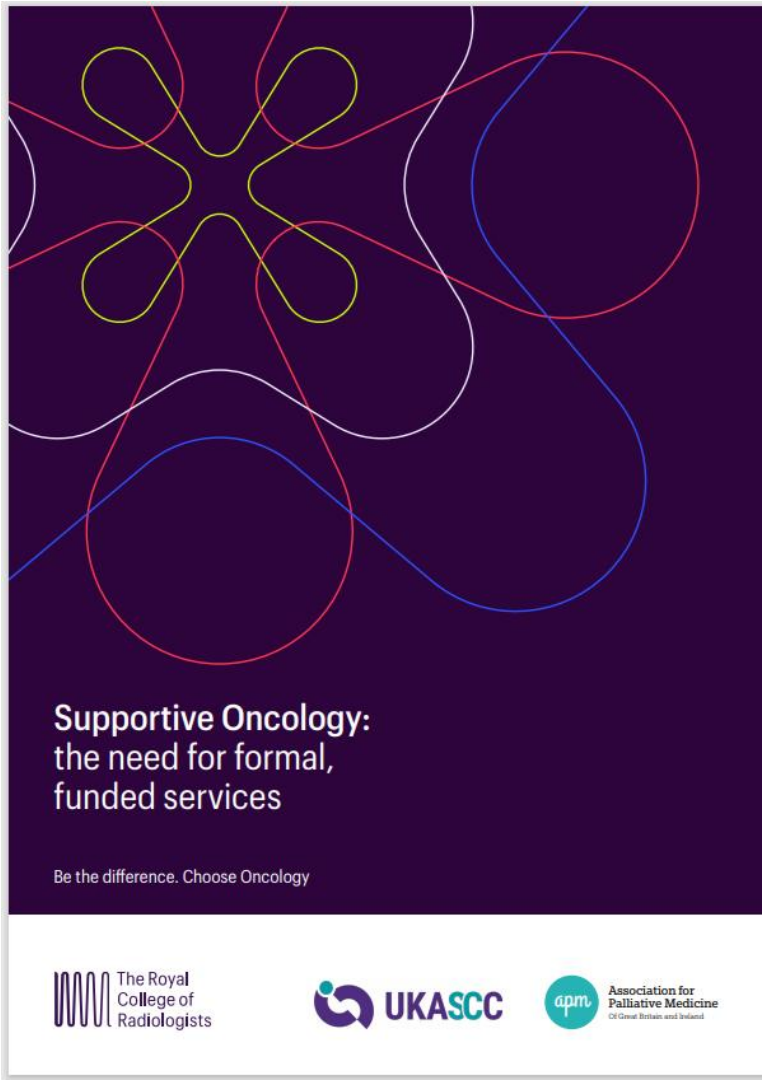
Supportive oncology services help to manage symptoms, guide care and navigate complex treatment pathways across the whole cancer continuum and can prevent avoidable hospital admissions, improve quality of life and reduce costs.

Evidence-based models exist, including Hospital at Home, enhanced same-day emergency care (SDEC) and enhanced supportive care (ESC), but these are not universally available to people living with cancer.

RCR, Aug 2025

‘The NHS should prioritise integrating Supportive Oncology services into cancer departments, **to improve patient experience and outcomes** and to alleviate pressure on cancer services’

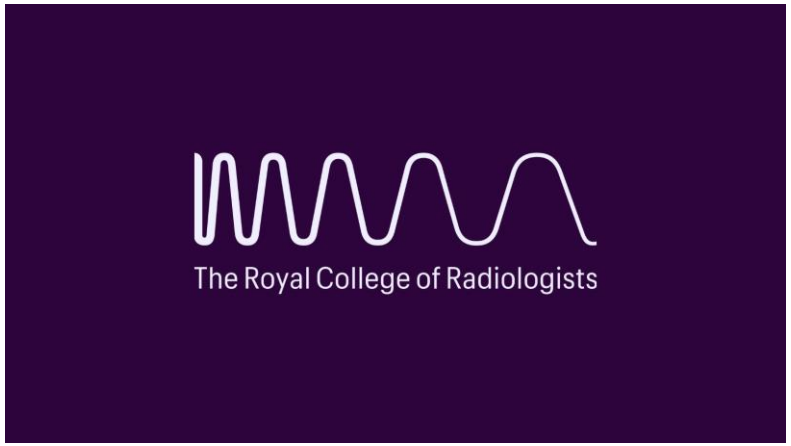
‘managing the physical and psychological **impact of cancer** and its treatment and applies **to all stages** of cancer – from initial diagnosis, those living with cancer, those cured but still experiencing the effects of treatment’



Launch of the UKASCC/RCR **Clinical Fellowship Programme in Supportive Oncology**

"The aim of the supportive oncology fellowship is to train interested clinicians in the broad range of skills needed to provide day-to-day care across the whole spectrum of the disease, with critical elements from the main associated allied non-oncology specialties."

Supportive oncology fellowship national working group, 2025



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NHS FIT FOR THE FUTURE

The National Cancer Plan for England: delivering world class cancer care

Published February 2026

summary that will, as services develop, help adjust what they receive from neighbourhood health services on an ongoing basis. It will also offer patients the peace of mind of a rapid route back to hospital if they need it. Patients will co-produce the summary with their clinical team, so it reflects their own understanding of their condition and needs, and links back to their personal cancer plan.

> "When treatment is finished you fall off a cliff edge. This is the time when support is crucial. I'm a proactive individual who sought out support, challenged the treatments I was offered and quoted the excellent research out there back to whoever would listen but I still felt incredibly let down."
>
> Call for evidence respondent

Action 4. For patients with more extensive needs during or after treatment, we will expand and improve supportive oncology.

Some patients will have more extensive needs and will require more support to live well. For those patients, we will deliver an enhanced level of care during and after treatment – known as supportive oncology. This will include enhanced rehabilitation, psychological support, and preventative interventions – such as physical activity and smoking cessation. Additionally, it will include acute oncology – support for severe and sometimes sudden symptoms, that means people can get rapid access to the right care in their home or community where appropriate. We will work with the Royal College of Physicians and the Royal College of Radiologists to develop clear and consistent standards for supportive oncology.[47] We have asked them to submit joint recommendations later this year.

Case study: The Christie Supportive Oncology Service

The Christie supportive oncology service includes integrated provision of psychological support, pain and symptom management, medication optimisation, occupational therapy, end-of-life care, dietary advice, endocrinology, cardio-oncology and a senior adult oncology team (for people with high levels of frailty). It is all designed to work in a patient-centred way, while supporting oncology and surgical teams to optimise cancer treatment. Patients can benefit from daily drop-in clinics, giving rapid access to the multi-disciplinary team to help de-escalate difficult symptoms, which might otherwise have been dealt with by an Emergency Department. A study of similar Enhanced Supportive Care services showed that 4,594 people with incurable cancer across 8 cancer centres had median quality of life scores improvements compared to baseline. Significant reductions in hospital use delivered a 5:1 return on investment. Importantly, feedback on the experience of Supportive Oncology care is highly positive: "The cancer treatment helped, but it was the wider support that [The Christie service] gave and continue to give that had the most impact on my quality of life. The team saw me as a whole person, not just as someone with cancer". Helen Hyndman MBE

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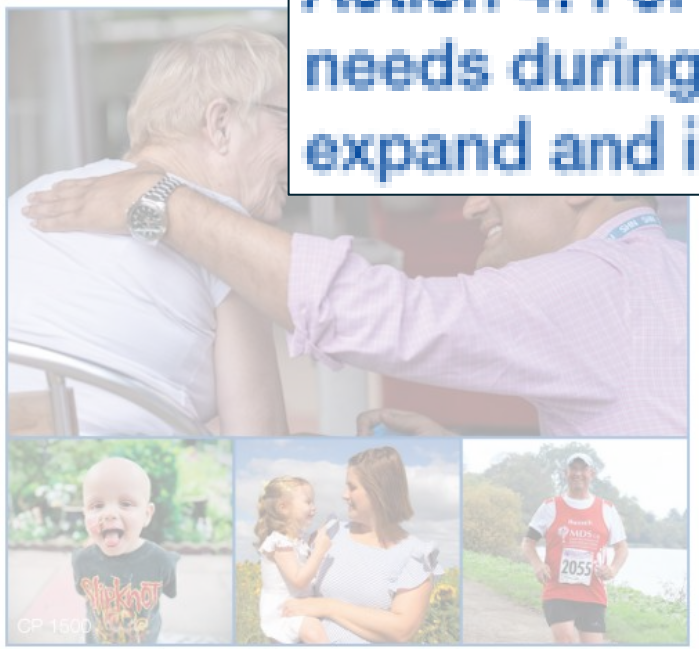

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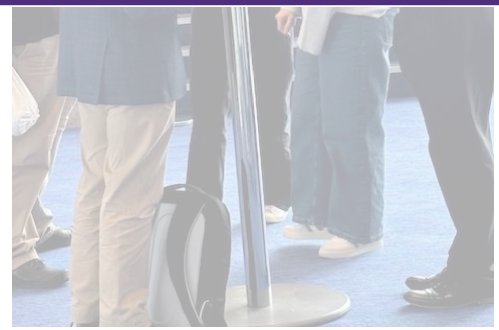

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Supportive Oncology Summit

UKASCC

16th October 2026

Overview:

From Cancer Plan to Clinical Practice: Shaping the Future of Supportive Oncology.

A high-energy, interactive day bringing together clinicians, leaders, and commissioners to translate national policy into practical, deliverable supportive oncology, bridging strategy to research and real-world implementation and improving outcomes across the cancer pathway.

Participants will:

- Gain an overview of supportive oncology in the context of the Cancer Plan and NHS 10-Year Plan
- Work across disciplines to identify clinical and research priorities and solutions for implementation
- Explore key themes: Prevention, Analogue → Digital, and Community

Audience:

This day is designed for all members of the multidisciplinary team, with relevance for those involved in service leadership and development, education, commissioning and planning of cancer services and delivering supportive oncology services across setting

Cost:

Standard rate £150 per delegate

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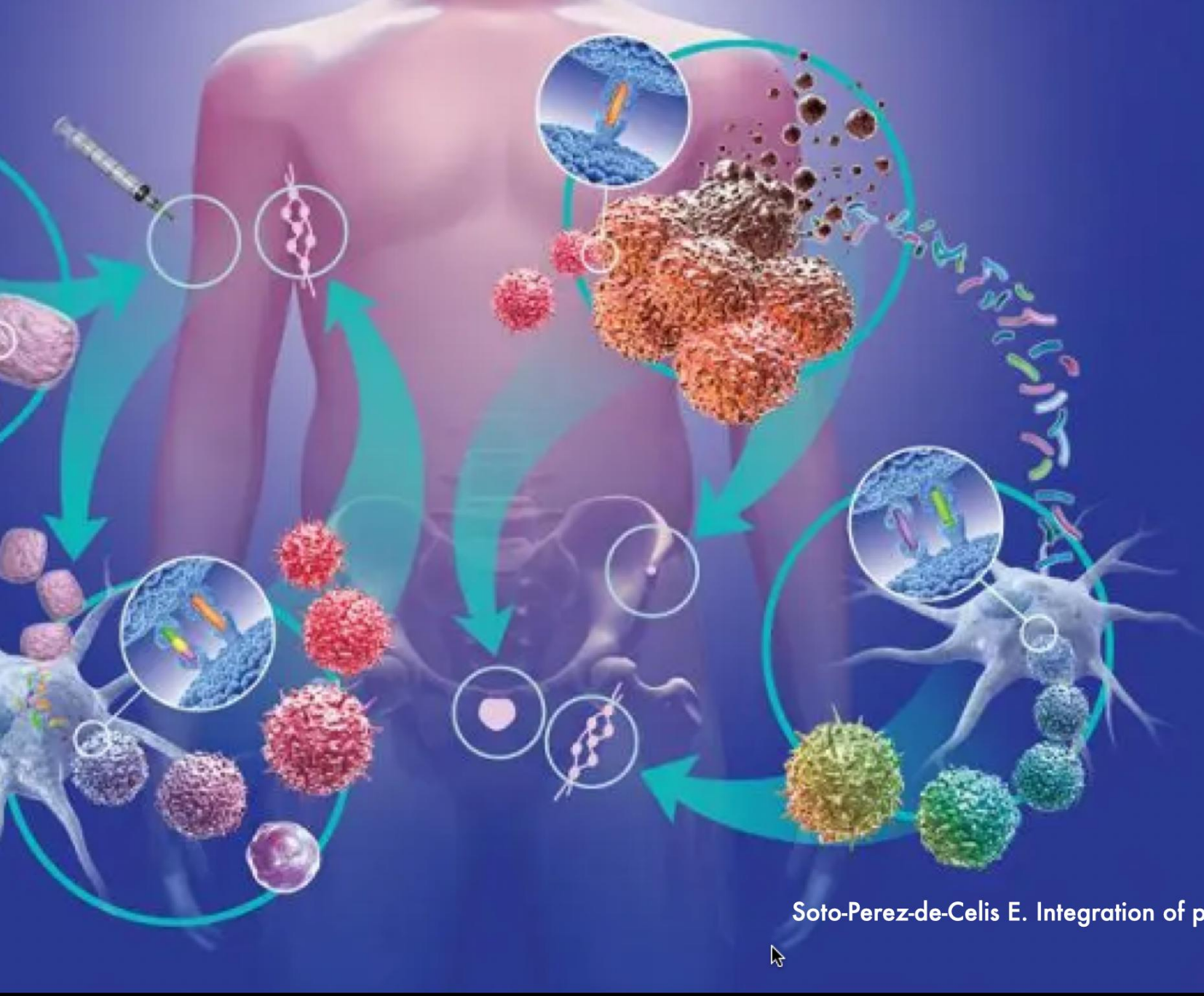

"One cannot help but imagine what would happen if the benefits shown by early supportive care came instead from an innovative (and likely costly) drug-antibody conjugate, perhaps called paliatuzumab-supportecan, would it also take decades for it to become the standard of care?"

Soto-Perez-de-Celis E. Integration of palliative care into Oncology: location, location, location? JCO Oncol Practice 2023

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Thank you

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I pledge to use the term
Pelvic Radiation Disease when speaking
to patients and in clinical communications,
alongside clinical terms.

Naming Pelvic Radiation Disease in conversations and correspondence raises awareness of the condition and empowers people to

find support and feel less isolated

feel validated

understand what they're facing