



# Oncology bulletin

## April 2026

**The aim of this current awareness bulletin is to provide a digest of recent guidelines, reports, research and best practice on Oncology**

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### Diagnosis

NICE guideline  
**Suspected cancer: recognition and referral**  
NICE Guidance NG 12

#### *Original research*

**Incident anaemia as a marker of cancer and all-cause mortality: evidence from 380 114 adults in the population-based Stockholm Early Detection of Cancer Study (STEADY-CAN) cohort**

*Objective - Anaemia is common in healthcare and may indicate undiagnosed cancer. Despite this, evidence regarding risk estimates informing clinical decision-making remains limited, particularly regarding haemoglobin dynamics and the role of mean corpuscular volume (MCV). We aimed to quantify the 18-month risks of incident cancer (IC) and all-cause mortality (ACM) following incident anaemia (IA), and to examine how MCV modifies these risks*

Elinor Nemlander et al

BMJ Oncology 5 e001038 (open access)

10.1136/bmjonc-2025-001038

### General

Editorial (see next item for the article)

**Beyond the label: patient-reported outcomes and post-approval communication in oncology**

*Cancer clinical trials form the foundation for the approval and use of new anticancer therapies. Alongside traditional endpoints such as survival and tumour*



*response, patient-reported outcomes (PROs) are now a cornerstone of oncology trials and are increasingly expected by regulators. 1 By capturing symptoms and functional health directly from patients, PROs provide essential information for patient-focused drug development and shared decision-making.*

Jens Lehmann

BMJ Oncology 5 e001082 (open access)

10.1136/bmjonc-2026-001082

Original research

**Communicating clinical trial information about cancer drug products to patients and healthcare professionals: review of patient-reported outcome messaging**

*Objectives - Patient-reported outcomes (PROs) are essential for understanding how cancer treatments affect individuals' symptoms, daily functioning and quality of life. This study examined how PRO data from pivotal clinical trials in breast cancer (BC), gastrointestinal (GI) cancers and non-small cell lung cancer (NSCLC) are reflected in regulatory drug labels and public-facing communications such as American Society of Clinical Oncology daily news. The goal was to identify gaps in the communication of these data, particularly in formats accessible to non-technical audiences and to highlight opportunities for improvement.*

Saeid Shahraz et al

BMJ Oncology 5 e000942 (open access)

10.1136/bmjonc-2025-000942

Original research

**Analgesic efficacy in women and men with cancer pain, treated with strong opioids: are there differences?**

*Objectives - To evaluate sex differences in baseline clinical characteristics, analgesic response, safety profiles and treatment variations among cancer patients initiating WHO step III opioid therapy.*

Oscar Corli et al

BMJ Oncology 5 e001024 (open access)

0.1136/bmjonc-2025-001024

Original research

**Temporal trends in behavioural risk factors for cancers with rising incidence in younger adults: an analysis of population-based data in England**

*Objective - To assess whether changes in behavioural risk factors could explain rising cancer incidence in younger adults in England, and to evaluate the extent to which established and suspected risk factors contribute to these trends*

Montserrat Garcia-Closas et al

BMJ Oncology 5 e000966 (open access)

10.1136/bmjonc-2025-000966

**Specific Cancers**



Quality standard  
**Ovarian cancer**  
NICE Guidance QS 18

Clinical guideline  
**Ovarian cancer: recognition and initial management**  
NICE Guidance CG 122

Technology appraisal guidance  
**Pembrolizumab for neoadjuvant and adjuvant treatment of resectable locally advanced head and neck squamous cell carcinoma**  
NICE Guidance TA 1145

Technology appraisal guidance  
**Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more kinase inhibitors**  
NICE Guidance TA 1146

Technology appraisal guidance  
**Vorasidenib for treating astrocytoma or oligodendroglioma with IDH1 or IDH2 mutations after surgery in people 12 years and over**  
NICE Guidance TA 1147

Technology appraisal guidance  
**Belantamab mafodotin with bortezomib and dexamethasone for previously treated multiple myeloma**  
NICE Guidance TA 1149

Editorial (see next item for the article)  
**CXCR4 in colorectal cancer: from prognostic marker to immunotherapy guide?**  
*Colorectal cancer (CRC) remains a major global health burden, and despite advances in systemic therapy, outcomes for metastatic disease remain poor. A central challenge in CRC immuno-oncology is the limited applicability of immune checkpoint blockade (ICB): only a small subset of patients—those with mismatch repair deficiency (dMMR)—derive substantial benefit, leaving the majority of*



*patients with microsatellite stable (MSS) disease without effective immunotherapeutic options. This unmet need has driven intensive efforts to identify additional biomarkers that can better stratify patients and guide immunotherapy strategies.*

Chao-Yang Chen et al

BMJ Oncology 5 e001129 (open access)

10.1136/bmjonc-2026-001129

Original research

**CXCR4 mRNA overexpression: an indicator of poor survival and predictor of response to immune checkpoint inhibitors in patients with metastatic colorectal cancer**

*Objective - Expression of CXC-chemokine receptor 4 (CXCR4) is associated with poor prognosis in colorectal cancer (CRC), metastasis and immune cell infiltration. Currently, only patients with metastatic CRC with mismatch repair deficient (dMMR) tumours (<10%) are eligible for immune checkpoint blockade (ICB).*

Sepideh Gholami et al

BMJ Oncology 5 001003 (open access)

10.1136/bmjonc-2025-001003

Original research

**Testicular cancer incidence and associations with prior epididymo-orchitis or urinary tract infections: a national cohort study in Sweden, 1964–2018**

*Objective - To examine the extent to which epididymo-orchitis or urinary tract infections (UTI) may precede testicular cancer (TC) in Sweden*

Filip Jansåker et al

BMJ Oncology 5 e001078 (open access)

10.1136/bmjonc-2026-001078

## Survivorship

Original research

**Estimating the impact of cancer diagnosis on life expectancy by stage at diagnosis: population-based estimates for a range of cancer sites in England**

*Objective - Unlike survival measures, life expectancy readily illustrates the burden of cancer on society and the average impact on individuals diagnosed with cancer. Cancer stage at diagnosis is a key prognostic factor and hence it is important to obtain stage-specific life expectancy estimates. However, completeness of recording for cancer stage at diagnosis is often historically poor in cancer registries. Therefore, it can be challenging to obtain the long-term stage-specific survival estimates required for estimating stage-specific life expectancy. We provide the first stage-specific life expectancy estimates using whole population data in England.*

Rachael Stannard et al

BMJ Oncology 5 e000999 (open access)

10.1136/bmjonc-2025-000999.



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