



Oncology bulletin

June 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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Cancer Treatments

Review

Beyond auto-segmentation: the case for planning and dosimetry AI in head and neck radiation oncology

This narrative review synthesises the current landscape of AI applications in head and neck radiotherapy planning and highlights the limitations of a segmentation-dominated paradigm. We review the evolution of planning AI from knowledge-based statistical models to deep learning-based dose prediction and emerging reasoning-driven frameworks. We also aim to discuss how these approaches may function as complementary components of a broader planning intelligence ecosystem. In addition to potential patient-level benefits, we examine the system-level implications of planning and dosimetry AI. Finally, we outline key considerations for the safe evaluation and deployment of planning AI. Together, this review positions planning and dosimetry AI as an enabling infrastructure for predictive, adaptive and equitable head and neck radiotherapy.

Abdulla Elkhadrawy

BMJ Oncology 5 e001115 (open access)

10.1136/bmjonc-2026-001115

Diagnosis

Original research

When to stop digging: a systematic review on the impact of false positives in multicancer early detection and associated diagnostic workup when used in asymptomatic population screening

Introduction - Multicancer early detection (MCED) tests aim to detect multiple types of cancer in their early asymptomatic stages when treatment outcomes are



more favourable. Concerns have been raised regarding how these tests could be integrated into standard care and existing diagnostic pathways particularly regarding false positive results. This systematic review (PROSPERO registration: CRD420251060729) investigates the false positive rate (FPR) of MCEd technologies when applied to the asymptomatic general population and the extent of diagnostic follow-up. Secondary outcomes included the impact of these tests on patients and healthcare systems.

Nimue Lilith Romeikat et al

BMJ Oncology Connections 3 e000103 (open access)

10.1136/bmjconc-2025-000103

Opinion

Prostate cancer: The UK National Screening Committee is right to recommend against population screening

Margaret McCartney

BMJ 393 (8490) e425752

10.1136/bmj-2026-425752

Specific Cancers

Technology appraisal guidance

Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after 2 or more lines of systemic treatment

NICE Guidance TA 1159

Technology appraisal guidance

Durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma

NICE Guidance TA 1160

Technology appraisal guidance

Tisotumab vedotin for treating recurrent or metastatic cervical cancer that has progressed on or after systemic treatment

NICE Guidance TA 1164

Technology appraisal guidance

Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer

NICE Guidance TA 1165

Technology appraisal guidance



Serplulimab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer

NICE Guidance TA 1167

Technology appraisal guidance

Mirvetuximab soravtansine for treating folate receptor-alpha-positive platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer

NICE Guidance TA 1169

Technology appraisal guidance

Daratumumab with bortezomib, lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable

NICE Guidance TA 1170

Quality standard

Breast cancer

NICE Guidance QS 12

Clinical guideline

Advanced breast cancer: diagnosis and treatment

NICE Guidance CQ 81

Review

Treatment of oligometastatic lung cancers: new data, new drivers, new approaches

Abstract - the oligometastatic paradigm has expanded the use of stereotactic ablative radiotherapy (SABR) and local consolidative therapy (LCT) in metastatic non-small cell lung cancer (NSCLC), but accumulating evidence suggests that 'oligometastatic NSCLC' is not a single clinical entity. As systemic therapy has advanced—particularly third-generation EGFR tyrosine kinase inhibitors (TKIs) and immune checkpoint inhibitors—both the intent and the incremental value of local therapy have diverged by molecular subtype, metastatic tempo and treatment setting. In EGFR-mutated disease, multiple prospective studies now support LCT as a strategy to extend durable benefit from TKIs by ablating limited sites of disease, with contemporary randomised data emerging in the osimertinib era and ongoing trials addressing optimal timing and completeness of consolidation.

Niall O'Dwyer et al

BMJ Oncology 5 e001052 (open access)

10.1136/bmjonc-2025-001052



Review

Unveiling the variations in penile cancer care: identifying knowledge gaps and research priorities

Penile cancer (PeCa) is a rare malignancy with substantial global variation in clinical presentation, staging practices and treatment approaches. This scoping review synthesises current evidence across key domains of PeCa management, including tumour classification, human papillomavirus (HPV) integration, organ preservation, nodal staging, systemic therapy and survivorship care. Despite recent updates in the American Joint Committee on Cancer staging system, limitations persist, particularly the absence of biologically relevant factors such as HPV status. While HPV-associated tumours may exhibit different responses to radiotherapy and systemic treatments, routine HPV testing and serotyping are not yet standardised in clinical practice

Gagan Prakash et al

BMJ Oncology 5 e000928 (open access)

10.1136/bmjonc-2025-000928

News

Ovarian cancer: What is the new drug approved for the NHS in England?

A new drug to treat resistant ovarian cancer, and the first to be approved in over two decades, has been approved for patients in the NHS in England.

Mirvetuximab soravtansine (marketed as Elahere)

Gareth Iacobucci

BMJ 393 (8490) e803029

10.1136/bmj-2026-803029

Review

Screen-and-treat: a sustainable solution for cervical cancer elimination in low and middle income countries

Abstract - Cervical cancer is a largely preventable disease, yet over 90% of its global mortality occurs in low and middle income countries (LMICs), reflecting profound inequities in access to screening and treatment. Traditional multivisit cervical cancer prevention models have been inadequate in these settings, largely due to high rates of loss to follow-up and insufficient health system infrastructure. In response, the WHO recommends the screen-and-treat (SAT) approach, which offers treatment based on a positive screening result, without requiring histological confirmation, preferably within a single visit.

Laura Cardoso et al

BMJ Oncology 5 e000827 (open access)

10.1136/bmjonc-2025-000827

Article



Aglatimagene besadenovec (CAN-2409) with radiotherapy for patients with localised prostate cancer: a phase 3, multicentre, randomised, double-blind, placebo-controlled trial

About 30% of men with localised prostate cancer undergoing radiotherapy with curative intent have disease recurrence associated with progression-related symptoms and substantial toxicity of salvage therapies. Previous studies with aglatimagene besadenovec (CAN-2409, hereafter referred to as aglatimagene) showed synergy with radiation and immune-mediated cytotoxicity in patients with prostate cancer. We aimed to assess whether addition of aglatimagene plus prodrug (valacyclovir) to standard-of-care external beam radiation therapy (EBRT) could improve disease-free survival in this population.

Theodore L DeWeese et al

Lancet Oncology 27 (6) 673-685 (open access)

10.1016/S1470-2045(26)00071-9

Article

Hypofractionated breast radiotherapy for 1 week versus 3 weeks (FAST-Forward): 10-year efficacy and late normal tissue effects from a multicentre, open-label, non-inferiority, phase 3, randomised controlled trial and 5-year efficacy results from a randomised axillary substudy

FAST-Forward aimed to identify a 1-week adjuvant radiotherapy schedule for early-stage breast cancer that was as safe and efficacious as the standard 3-week schedule of 40 Gy in 15 fractions over 3 weeks. Primary analysis showed non-inferiority of 5-year ipsilateral breast recurrence for 26 Gy and 27 Gy in five fractions over 1 week, with 26 Gy also having similar results to 40 Gy for normal tissue effects. Here, we report 10-year outcomes of the FASTForward trial and 5-year efficacy outcomes of a substudy assessing the approach in patients requiring axillary treatment.

Adrian Murray Brunt

Lancet Oncology 27 (6) 686-698 (open access)

10.1016/S1470-2045(26)00076-8

Original research

Cost-effectiveness of neoadjuvant and adjuvant novel cancer therapies in stage II–III non-small cell lung cancer in Sri Lanka

Objectives - Newer cancer treatments, such as small molecule tyrosine kinase inhibitors and monoclonal antibodies that restore anti-tumour immunity, lead to improved survival when delivered as adjuvant or neoadjuvant treatments with surgery or chemoradiotherapy for early and locally advanced non-small cell lung cancer (NSCLC). However, these novel drugs are costly, posing a funding challenge for most health systems. A Markov modelling-based cost-utility analysis was conducted to determine its cost-effectiveness in Sri Lanka from a health system perspective.

Nuradh Joseph et al

BMJ Oncology 5 e001046 (open access)

10.1136/bmjonc-2025-001046



Review

Beyond stage and HPV status: the evolving landscape and future of multidisciplinary deintensification in human papillomavirus-related oropharyngeal cancer

Abstract - The rising incidence of oropharyngeal cancer (OPC), primarily driven by human papillomavirus (HPV), presents a significant public health challenge. Given the markedly better prognosis associated with HPV-positive OPC, there is a compelling need to balance oncologic efficacy and reduce treatment morbidity. Although early de-escalation trials did not change standards, selective, biomarker-informed strategies show promise. This review synthesises evidence across transoral robotic surgery (TORS), reductions in RT dose and elective volumes, systemic therapy modification and the integration of circulating HPV DNA, immune profiling and functional imaging to guide truly personalised de-escalation.

Ultimately, successful

deintensification will require integration of biomarkers, multidisciplinary collaboration and patient-centred decision-making, moving beyond stage and HPV status alone.

Nauman H Malik et al

BMJ Oncology 5 e000758 (open access)

10.1136/bmjonc-2025-000758

Survivorship

Original research

Bayesian networks as prognostic models in oncology: a systematic review and recommendations for clinical practice

Objectives - In the last decades, artificial intelligence has made tremendous steps in supporting decision-making in healthcare. Bayesian networks (BNs) have emerged as powerful tools for probabilistic modelling and offer important advantages compared with regression-based models. This systematic review identifies the available literature on BNs for prognostication in oncology, evaluates their performance and discusses how BNs can overcome limitations of traditional prediction models

Casper Reijnen et al

BMJ Oncology 5 e001040 (open access)

10.1136/bmjonc-2025-001040