# Oncology bulletin

## August 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
**Aligning awareness, systems and policy to increase equitable access to genomically driven cancer care**
*Abstract - Genomic testing has the potential to transform cancer care across the patient pathway. However, its benefits remain unevenly realised across populations and health systems. Precision oncology is characterised by a strong promissory discourse, with expectations of improved outcomes and cost-effectiveness, yet real-world implementation remains variable and context dependent. This review examines how patient and public awareness interacts with, and is constrained by, structural, organisational and political-economic factors that shape equitable access to genomically driven cancer care across five themes: (1) the power of patient and public advocacy; (2) learning from the patient perspective; (3) culturally responsive communication; (4) structural and personal barriers and facilitators and (5) political economy of health.*
Kelly Kohut et al
BMJ Oncology 5 (2) e000856 (open access)
10.1136/bmjonc-2025-000856

## General

EDITORIALS
**Balancing cancer innovation with sustainable care**
*Investment in innovative drugs must not come at the expense of wider cancer services*
Ajay Aggarwal et al
BMJ 394 (8495) e100421
10.1136/bmj-2026-250626

Editorial
**Rethinking global cancer guidelines**

Ishu Kataria et al
BMJ Oncology 5 (2) e001140 (open access)
10.1136/bmjonc-2026-001140

Original research
**Decentralised Oncology Trials in the UK: Evidence, Regulation and Academic Clinical Trials Units' Perspectives**
*Objectives - Decentralised clinical trials (DCTs) are increasingly promoted in UK research policy and practice; however, their benefits and implementation challenges in oncology remain unclear. We examined DCT use in oncology through a review of studies evaluating decentralised oncology trial delivery, UK regulatory and policy frameworks and a survey of UK academic Clinical Trials Units (CTUs).*
Oyeyemi Akala et al
BMJ Oncology 5 (2) e001145 (open access)
10.1136/bmjonc-2026-001145

Review
**Impact of immune checkpoint inhibitors on pregnancy: current evidence and future directions**
*Abstract - Cancer treatment has dramatically improved with the introduction of immune checkpoint inhibitors (ICIs).They are now common treatments for individuals of reproductive age, an important consideration when treating pregnant patients. Cancer in pregnancy is rare and guidelines available for ICI use during gestation are based on pre-clinical studies, single human case reports and spontaneous report databases. The immune pathways including PD-1 and PD-L1/ PD-L2 and CTLA-4 provide critical immune inhibitory checkpoints at the maternal–fetal interface. These pathways support immune tolerance during implantation and the development of the placenta. Experimental animal studies demonstrated that inhibiting these immune pathways will result in increased frequency of adverse events such as spontaneous abortions and premature births. Human placental transfer of ICIs across the placenta is minimal in early gestation and increases in later gestation, coinciding with less exposure to developing organs during organogenesis and more exposure closer to term. There are now seventeen documented cases in the literature describing pregnant patients treated with ICIs. Most neonates developed normally in infancy, while there are a few documented cases of suspected neonatal immune-mediated complications.*
Iman Salehi et al
BMJ Oncology 5 (2) e001134 (open access)
10.1136/bmjonc-2026-001134

## Specific Cancers

Technology appraisal guidance
**Acalabrutinib with bendamustine and rituximab for untreated mantle cell lymphoma**
NICE Guidance TA 1184

Technology appraisal guidance
**Acalabrutinib with venetoclax with or without obinutuzumab for untreated chronic lymphocytic leukaemia**

NICE Guidance TA 1185

Technology appraisal guidance
**Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency**
NICE Guidance TA 1189

Article
**Postmastectomy chest wall radiotherapy for breast cancer (SUPREMO): 5-year quality-of-life results from a randomised, controlled, phase 3 trial**
*Background - The SUPREMO trial reported adjuvant chest wall radiotherapy had no effect on 10-year overall survival (primary endpoint) in patients with intermediate-risk breast cancer after mastectomy. The quality of life (QOL) substudy of SUPREMO (UK patients only) examines the effects of chest wall radiotherapy in patients with intermediate-risk breast cancer 1 year, 2 years, 5 years, and 10 years after treatment. Here, we report 5-year QOL results (a secondary endpoint), including prespecified subgroup analyses.*
Galina Velikova et al
Lancet Oncology 28 (8) 959-972 (open access)
10.1016/S1470-2045(26)00122-1

Article
**Addition of irinotecan to chemoradiotherapy as preoperative treatment for locally advanced rectal cancer (ARISTOTLE): a multicentre, open-label, phase 3, randomised controlled trial**
*Background - Locally advanced rectal cancer is routinely treated with neoadjuvant radiotherapy. Concomitant systemic anticancer therapy with standard fluoropyrimidines has not generally improved outcomes. Small studies reported high pathological complete response rates and acceptable toxicity using irinotecan and fluoropyrimidine chemoradiation. We aimed to explore the effect of the addition of concomitant irinotecan to standard-of-care chemoradiotherapy in patients with locally advanced rectal cancer.*
David Sebag-Montefiore et al
Lancet Oncology 28 (8) 1004-1019 (open access)
10.1016/S1470-2045(26)00132-4

Article
**Differential impact of proton pump inhibitors and antibiotics on immunotherapy efficacy after chemoradiotherapy in locally advanced non-small-cell lung cancer: a post-hoc analysis of the PACIFIC trial**
*Summary - Baseline exposure to antibiotics and proton pump inhibitors has been associated with reduced efficacy of immune checkpoint inhibitors in patients with advanced tumours, possibly through gut microbiome disruption. Whether this outcome extends to those with earlier-stage disease remains unclear. We aimed to assess the association of baseline antibiotics and proton pump inhibitors with progression-free survival and overall survival in patients with unresectable stage III non-small-cell lung cancer (NSCLC).*
Leonardo Brunetti et al
Lancet Oncology 28 (8) 1043-1056 (open access)

10.1016/ S1470-2045(26)00191-9