Oncology bulletin

February 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

Protocol for the PROSECCA study: a new approach for predicting radiotherapy outcome using artificial intelligence and electronic population-based healthcare data

Introduction - Within the UK there are 33 deaths every day from prostate cancer, second only to lung cancer as the most common cause of cancer death in males in the UK. Of the 55 000 new cases each year, up to 50% of these patients will receive radiotherapy either alone or after prostatectomy. Although there have been significant improvements in the accuracy of radiotherapy delivery leading to better tumour targeting and a reduction in dose to normal tissues, significant permanent genito-urinary or gastrointestinal-related side effects are all too common. With nearly 80% of patients with prostate cancer surviving for 10 years or more, minimising life-limiting radiation damage to normal tissues is vitally important. However, at present, it is not possible to identify which patients will suffer a poorer outcome after radiotherapy. The aim of this study, improving radiotherapy in PROState cancerusing EleCtronic population-based health Are data(PROSECCA), is to do this by using the existing information in a patient's digital healthcare record.

William H Nailon et al
BMJ Open16 e104408 (Open access)

Original research

First-in-human phase 1 dose-escalation study of W0180, an anti-VISTA monoclonal antibody, with and without pembrolizumab in patients with locally advanced or metastatic solid tumours

Objective W0180 is a humanised IgG1κ antagonistic monoclonal antibody against the V domain-containing immunoglobulin suppressor of T-cell activation (VISTA) designed to enhance antitumour activities by inhibiting the immunosuppressive role of VISTA in myeloid cells and T cells in solid tumours
Carlos Gomez-Roca et al
BMJ Oncology 5 e000854 (open access)

Diagnosis

Research
Testing menstrual blood for human papillomavirus during cervical cancer screening in China: cross sectional population based study
Objective - To compare the diagnostic accuracy of minipad collected menstrual blood versus clinician collected cervical samples to test for human papillomavirus (HPV) in the detection of cervical intraepithelial neoplasia grade 2/3 or worse (CIN2+/CIN3+).
Xun Tian et al
BMJ 392 (8481) e084831

General

Protocol
Effect of enhanced support for coping with side effects during medication counselling on the nocebo effect in patients with advanced lung cancer receiving initial chemotherapy: protocol for a multicentre exploratory open-label randomised controlled trial
Introduction - Chemotherapy-induced nausea and vomiting (CINV) is a common symptom in cancer, and it is one of the distressing symptoms in patients with cancer receiving chemotherapy. Information about side effects may exacerbate CINV due to the nocebo effect. This study aims to examine the efficacy of pharmacist-led enhanced support for coping with side effects during medication counselling, which includes providing information about side effects, with the goal of mitigating the nocebo effect and reducing CINV.
Ryohei Fujii et al
BMJ Open 6 e103580 (open access)

Specific Cancers

Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer
NICE Guidance TA 1127

Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy
NICE Guidance TA 1129

Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer
NICE Guidance TA 1130

Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma
NICE Guidance TA 1133

Bevacizumab (originator and biosimilars) with fluoropyrimidine-based chemotherapy for metastatic colorectal cancer
NICE Guidance TA 1136

Protocol
Shortened High-dose Palliative Radiotherapy for Lung Cancer (SHiP-Rt): protocol for a single-arm, multicentre, phase II study
Introduction - Significant advances in systemic therapy have improved survival for patients with advanced-stage non-small cell lung cancer (NSCLC). However, the present treatment strategies and dose-fractionation for high-dose palliative radiotherapy (RT) are based on trials from the 1990s, when RT planning was simple with less precise delivery. Contemporary lung RT uses 4D-CT,volumetric modulated arc radiotherapy, aided by online verification using cone beam CT, which enables greater accuracy and better target volume coverage, while reducing doses to normal organs at risk. The Shortened High-dose Palliative Radiotherapy for Lung Cancer study aims to evaluate the safety and feasibility of reducing the number of RT fractions and RT duration, using contemporary planning, verification and delivery techniques.
Raj Kumar Shrimali
BMJ Open 16 e111350 (Open access)

Editorial
Negative trial but positive lesson: reframing immunotherapy resistance from one-size-fits-all to precision strategies
(See next item for the article this item is referring to.)
Yuxin Jiang et al
BMJ Oncology 5 e001066 (Open access)

Original research
SAFFRON-301: a randomised phase III study of sitravatinib in combination with tislelizumab in patients with locally advanced or metastatic non-small cell lung cancer

Background - Many patients with non-small cell lung cancer (NSCLC) have tumours that are either refractory or develop resistance following an initial response to anti-programmed cell death protein (ligand)-1(PD-(L)1)-based treatment, resulting in limited treatment options. SAFFRON-301 evaluated whether combining the multikinase inhibitor, sitravatinib, with the anti-PD-1antibody, tislelizumab, may overcome resistance to anti-PD-(L)1 therapy
Qing Zhou et al
BMJ Oncology 5 e000890 (Open access)

Review
Deficient mismatch repair/microsatellite instability-high colorectal cancer: current treatment paradigms, limitations and future perspectives
Michael H Storandt et al
BMJ Oncology 5 e000980 (Open access)

Research
Standard chemoradiotherapy with concurrent and adjuvant camrelizumab in patients with high risk nasopharyngeal carcinoma: multicentre, randomised, open label, phase 3 trial
Objective -To assess treatment with camrelizumab (a programmed death 1 inhibitor) in addition to concurrent chemoradiotherapy and as a maintenance treatment in patients with high risk nasopharyngeal carcinoma.
Rui You et al
BMJ 392 (8482) e085863 (open access)

Survivorship

Original research
Bladder-sparing strategies for non-muscle- invasive bladder cancer after bacillus Calmette–Guérin failure: a systematic review
Objective - Non-muscle-invasive bladder cancer (NMIBC) is typically managed with transurethral resection and intravesical instillation therapy. For patients with high-risk NMIBC after failure of bacillus Calmette–Guérin(BCG) therapy, radical cystectomy and urinary diversion are the standard of care, which can be associated with a high morbidity and impaired quality of life. Developing efficacious bladder-sparing strategies is an unmet need for such patients. We conducted a systematic review of prospective interventional studies on NMIBC after BCG failure.
Takahiko Soma et al
BMJ Oncology 5 e000753 (open access)