



# Oncology bulletin

## May 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

Review

#### **Foundation models in computational pathology: methods, applications and clinical implications**

*ABSTRACT - The digitisation of histopathology has accelerated the application of artificial intelligence (AI) to cancer diagnosis and precision oncology; however, most deployed AI systems remain narrowly task-specific and difficult to translate across diverse clinical environments. Pathology foundation AI models are emerging as a unifying paradigm, enabling the learning of generalisable representations*

*of tissue morphology through large-scale pre-training and supporting a broad range of downstream tasks. In this narrative review, we examine the development, methodological foundations and current landscape of pathology foundation models in oncological pathology. We outline the evolution and principal trends in the field, classify the major model types and modalities and evaluate their capabilities and advantages in comparison with conventional pathology AI systems. We also examine the transition from foundation models to agentic AI systems and its implications for integrated, workflow-aware pathology practice. In addition, we review relevant regulatory and governance frameworks, with particular attention to requirements for validation, accountability, transparency and oversight.*

Rasoul Sali et al

BMJ Oncology 5 e001102 (open access)

10.1136/bmjonc-2026-001102

Original research

#### **Inequalities in cancer diagnostic outcomes for patients with a learning**



### **disability: a retrospective cohort study in England**

*Objectives - The cancer diagnostic process may be more complicated for patients with a learning disability ('intellectual disability' outside of the UK) than for other patients. We aimed to investigate whether patients with a learning disability were more likely to experience disadvantage in cancer diagnostic pathways and outcomes.*

Bianca Wiering et al

BMJ Oncology 5 e001104 (open access)

10.1136/bmjonc-2026-001104

Editorial

### **Beyond a two-tier model: equitable molecular diagnostics for all**

*The integration of molecular, genomic and epigenetic biomarkers into oncological diagnostics represents a paradigm shift in precision medicine, fundamentally transforming tumour classification and management. However, global adoption of molecular biomarkers remains profoundly asymmetric. Populations in low- and middle-income countries (LMICs) experience substantial deficits in access to even foundational diagnostic services.*

Jabed Iqbal et al

BMJ Oncology 5 e001113 (open access)

10.1136/bmjonc-2026-001113

## **General**

Editorial

### **Lost in translation: why genomic breakthroughs are not reaching patients**

*Abstract - Despite revolutionary advances in genomic technologies, a persistent disconnect exists between research discoveries and clinical implementation. This translational gap stems from misaligned incentive and funding structures: researchers prioritise publications over clinical uptake, with funding ending at proof-of-concept; clinicians face time constraints and integration challenges; regulators struggle with rapidly evolving technologies and genomics-specific complexities including variant classification and data governance. We propose that dedicated translational medicine centres are essential to bridge this divide. These centres require multidisciplinary teams spanning clinician-scientists, regulatory affairs specialists, health economists, biostatisticians and bioinformaticians, providing end-to-end support from feasibility assessment through to regulatory approval. Success requires government investment, explicit health equity assessments and measuring achievement through clinical uptake rather than traditional academic metrics.*

Andrew Calcino et al

BMJ Oncology 5 e001107 (open access)

10.1136/bmjonc-2026-001107

## **Specific Cancers**



Technology appraisal guidance  
**Encorafenib with binimetinib for treating BRAF V600E mutation-positive advanced non-small-cell lung cancer**  
NICE Guidance TA 1150

Technology appraisal guidance  
**Zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment**  
NICE Guidance TA 1153

Technology appraisal guidance  
**Osimertinib for treating EGFR mutation-positive unresectable locally advanced non-small-cell lung cancer after platinum-based chemoradiotherapy**  
NICE Guidance TA 1156

Technology appraisal guidance  
**Amivantamab with carboplatin and pemetrexed for untreated EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer**  
**Technology appraisal guidance**  
NICE Guidance TA 1158

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**  
Adrian Murray Brunt et al  
Lancet Oncology Hypofractionated breast radiotherapy (open access)  
10.1016/S1470-2045(26)00076-8

Original research  
**Utilisation patterns of systemic anticancer therapy (SACT) in patients with advanced non-small cell lung cancer (NSCLC) in England**  
*Objective - National guidelines recommend that people with advanced stage non-small cell lung cancer (NSCLC) and good performance status (PS 0–1) are offered systematic anticancer therapy (SACT). This study investigated patterns of SACT use among patients with advanced NSCLC within England.*  
Lauren Kari Dixon et al  
BMJ Oncology 5 e000957 (open access)  
10.1136/bmjonc-2025-000957



## Survivorship

Article

**On-treatment serum prostate-specific antigen and overall survival in prostate cancer (STAMPEDE platform protocol): a post-hoc analysis of data from five phase 3 trials**

Mahaz Kayani et al

Lancet Oncology 27 (5) 625-636 (open access)

10.1016/S1470-2045(26)00066-5