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Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Welsh Blood Service
Gwasanaeth Gwaed Cymru



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Incorporating Q4

April 2025 to
March 2026

Research, Development &
Innovation

Integrated Performance Report

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Abbreviations.

Abbreviation	Definition
A&D	Accreditation and Designation
ARC	Advancing Radiotherapy Cymru
ARF	Advancing Radiotherapy Fund
AWS	Amazon Web Services
BBTS	British Blood Transfusion Society
BEST	Biomedical Excellence for Safer Transfusion
BEST-C	Biomedical Excellence for Safer Transfusion - Collaborative
BNT	BioNTech
BSI	British Standards Institution
C	Commercial
CAR-T	Chimeric Antigen Receptor T-cell
CC	Cancer Centre
CCC	Comprehensive Cancer Centre
CCN	Comprehensive Cancer Network
CCRP	Cardiff Cancer Research Partnership
CEO	Chief Executive Officer
CHP	Cardiff Health Partners
CI	Chief Investigator
CIP	Capital Improvement Plan
CRUK	Cancer Research United Kingdom
ctDNA	Circulating Tumor DeoxyriboNucleic Acid
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
DNA	DeoxyriboNucleic Acid
ECMC	Experimental Cancer Medicine Centres
EMB	Executive Management Board
EMRTS	Emergency Medical Retrieval and Transfer Service
ESR	Electronic Staff Record
FIC	First In Class
FIH	Fist In Human
FY	Finncial Year
GCP	Good Clinical Practice
HCRW	Health and Care Research Wales
HPV	Human PapillomaVirus
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IMPACT	IMproving PATient outcomes in stem Cell Transplantation
IMTP	Integrated Medium-Term Plan
IRS	Integrated Radiotherapy System
ISO	International Organization for Standardization
JNJ	Johnson and Johnson
k	Thousands
KI	Key Indicator
KPI	Key Performance Indicator
M	Millions

Abbreviation	Definition
mRNA	Messenger RiboNucleic Acid
MSc	Master of Science
NC	Non-commercial
NHS	National Health Service
NIHR	National Institute for Health and Care Research
NSCLC	Non Small Cell Lung Cancer
NWSSP	NHS Wales Shared Services Partnership
OD	Organisational Development
OEIC	Organisation for European Cancer Institutes
OMG	Operational Management Group
PBT	Proton Beam Therapy
PhD	Doctor of Philosophy
PI	Principal Investigator
PPI	Patient and Public Involvement
PPP	Purchasing Power Parity
PSPP	Public Sector Purchase Programme
PwC	PricewaterhouseCoopers
Q	Quarter
QR	Quick Response
R&D	Research and Development
RAG	Red, Amber, Green
RCBC	Research Capacity Building Collaboration
RCR	Royal College of Radiologists
RD&I	Research, Development, and Innovation
RIC	Regional Innovation Coordination
RT	Radiotherapy
SACT	Systemic Anti-Cancer Therapy (SACT)
SST	Site Specific Team
TAP	Trials Acceleration Programme
TILs	Tumor-infiltrating lymphocytes
TKI	Tyrosine Kinase Inhibitors
TOG	Trials Operational Group
UCL	University College London
UK	United Kingdom
UKONS	UK Oncology Nursing Society
VC	Vice-Chancellor
VCC	Velindre Cancer Centre
VCS	Velindre Cancer Service
VHCR	Velindre Healthcare Cancer Research
VPAG	Voluntary scheme for branded medicines Pricing, Access and Growth
VR	Virtual Reality
VUNHST	Velindre University NHS Trust
WBS	Welsh Blood Service
WCRC	Wales Cancer Research Centre
YTD	Year To Date

INTRODUCTION

The Trust Research, Development, and Innovation (RD&I) Integrated Performance Report summarises and provides an update of activities of the Trust's RD&I service for each quarter of the financial year.

The report reflects the RD&I strategic priorities published in the Velindre University NHS Trust's Integrated Medium-Term Plan (IMTP). These priorities support the Trust's strategic goal to be "*A beacon for research, development and innovation*" are as follows:

STRATEGIC PRIORTIES

PRIORTIY 1	The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2022-2031.
PRIORITY 2	The Trust will maximise the Research and Development ambitions of the Welsh Blood Service.
PRIORITY 3	The Trust will implement the Velindre Innovation Plan.
PRIORITY 4	The Trust will maximise collaborative opportunities locally, nationally, and internationally.

The report provides an update of activities against the Trust RD&I service's strategic priorities, alongside the supporting work of cross-cutting themes and corporate functions that support research, development, and innovation.

The reports for quarters one through three summarise the work in that quarter, culminating in an annual report at the end of the financial year.

STRATEGIC PRIORITY 1

The Trust will drive forward the implementation of its Cancer Research and Development Ambitions.

1 Velindre Cancer Research & Development Strategic Ambitions.

The team led, with the RD&I Senior Core Team, a successful R&D integrated bid that was approved by Velindre Charitable Funds in January 2026. The £7M award for 2026-29 will build on the success of the previous R&D bid (2023-2026) and will be structured to reflect a mature, financially mapped, and strategically aligned service.

A research-focused transformation plan is also being developed, aligning significant investments from the charity, HCRW and the Trust to deliver our core strategic objectives, with a particular emphasis on ensuring long-term sustainability and future expansion of the Trust's cancer research activities through additional external income generation.

2 Cardiff Cancer Research Partnership.

Update for this period:

	For the next year, key objectives include: • Delivering a growing portfolio of clinical trials (8 currently open) • Addressing operational and clinical barriers to delivering both CAR-T, TILs and related advanced therapy trials and translational research studies • Organising a programme of 10 workshops/events and bid development support services to strengthen partnerships and collaborative research opportunities. • Establishing an External Advisory Board to provide expert oversight • Developing a robust Patient and Public Involvement (PPI) function • Obtain signoff for the draft CCRP Partnership Agreement and Strategic & Operational Plans currently in development.
	The CCRP Clinical Team has created an in-patient pathway for bispecific antibody trials in solid tumours to help expand research capacity toward a diagnosis-agnostic service, including future cellular therapies. This aligns with the Advanced Therapy Wales Delivery Plan (2025–2029), particularly its focus on developing clinical delivery pathways and strengthening research capability. The pathway is currently progressing through organisational governance, with the intention of being formally integrated into routine practice.
	The CCRP launch took place on 17 September and presented an opportunity to meet the clinicians and researchers driving the partnership. There was an inspiring presentation from the CEOs of VUNHST and CVUHB and the Vice Chancellor (VC) from Cardiff University (CU) and the event was warmly received by the cancer research community.
	The CCRP website was launched (www.ccrp.org.uk) and acts as the virtual front door of the partnership. The website presents our work in a professional and compelling manner to the pharmaceutical and other life sciences companies that are looking for partners to conduct cancer research, and to attract funders of cancer research. The CCRP now also has a dedicated mailing list, reaching over 120 individuals from across the partnership, through which a regular newsletter shares key updates, upcoming events and important information.

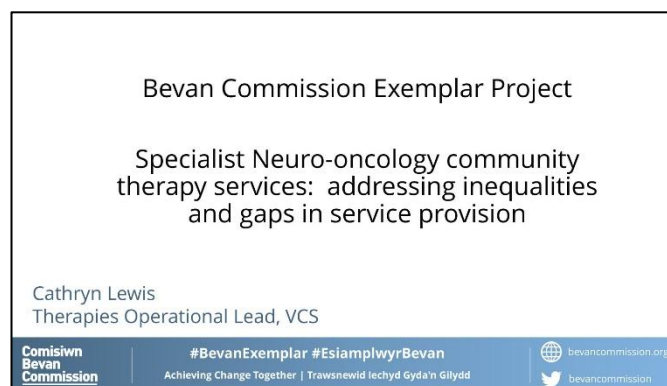
	ATTR 01 study opened which will test virus technology developed by scientists in Professor Alan Parker's lab at Cardiff University. This is a fantastic opportunity to see an invention made at Cardiff University progress into a clinical trial in Cardiff which will treat patients in Cardiff.				
	To enhance research capability across the community, we have established Themed Discovery and Translational Research workshops focused on critical areas: funding application support, advancing translational research, discovering new cancer targets and bridging computational science with cancer research.				
	CCRP Trial portfolio overview:				
	Stage	Study Name	Study Type	Funding	Cancer Type
	8 trials open to recruitment	ATTR 01	Oncolytic virus vaccine - ATMP (FIH/FIC)	Commercial	Solid tumour (multi site)
		Protocol 75276617ALE1001 (Menin / Camelot)	Phase I/II First in Human	Commercial	Haem - Leukaemia
		BNT116 (LuCa-MERIT)	mRNA cancer vaccine, First In Human	Commercial (BioNTech Pipeline)	Lung
		BNT323-03	Phase I/II	Commercial (BioNTech Pipeline)	Breast
		ABBVIE M25-059	ABBV-383 - BCMA bispecific antibody (IV), Phase I/II	Commercial	Haem - Multiple Myeloma
		Apollo AP30CP01 (APL4098 SK)	Phase 1/2	Commercial	Haem - Leukaemia
		JNJ-78278343 (KLK2-PASenger)	Phase 3 Randomized, T Cell-redirecting agent	Commercial	Solid - Prostate
		BNT113 (Ahead Merit)	Phase I/II, IV Vaccine	Commercial (BioNTech Pipeline)	Solid - Head & Neck
	1 trial active/closed to recruitment	Monumental-6	Bi-specific	Commercial	Haem - Multiple Myeloma
	2 Trials in set up	Dareon (LUNG-1)	Phase III	Commercial	Solid - Lung
CA266-00088: ROSETTA -RCC-208		Phase 1/2	Commercial	Solid - Renal	

3 Nursing & Interdisciplinary Research.

3.1 Velindre Healthcare Cancer Research (VHCR) Community Meetings.

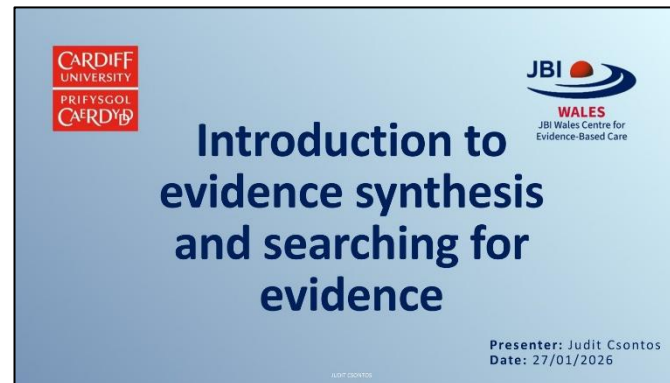
We continue to deliver a vibrant series of community meetings, providing opportunities for research development, discussion and collaboration. Attendance is facilitated by running these as hybrid events, and a short report and a recording are made available via the Oncology Academy website. The following meetings were delivered this quarter.

On 13 January 2026 Cathryn Lewis gave a fascinating presentation to the research community, with 13 community members in attendance at this hybrid event. Cathryn is Operational Lead for Therapies at Velindre Cancer Service and continues to maintain a clinical case load as an Occupational Therapist, mainly in the field of neuro-oncology. She is currently being supported by the Bevan Commission Exemplar programme to investigate and enhance how patients access specialist neuro-oncology therapy services. The project identified inequalities across different communities and gaps in service provision. Cathryn then designed and evaluated a specialist community service to support patients' complex needs, with excellent outcomes observed.



Dr Judit Csontos gave an excellent introduction to evidence synthesis and searching for evidence on 27 January 2026. Judit is a Research Associate and Co-Deputy Director of the Wales Centre For Evidence Based Care, based at Cardiff University. She is a physiotherapist with personal research interests in supportive care interventions for people with cancer, including cancer rehabilitation. Her presentation included an overview of the many different approaches to

reviewing the literature and guidance on designing and implementing a robust literature search. It was a very useful session for those wishing to understand the principles behind evidence synthesis and structuring their own evidence searches.



Fran Lewis presented on 17 February 2026 about her research into what the NHS can learn from the cultural principles adopted by Toyota. Fran has been supported by a 'First Into Research' award from RCBC Wales. Her project provided a fascinating insight into how understanding the processes, procedures and ways of working within a major successful manufacturer, including Japanese cultural influences, might inform working cultures within NHS organisations. Fran has built excellent working relationships with one of the Training & Development managers at the Toyota Lean Management Centre and has plans to further develop this research in the future.

Our final community meeting of this quarter was held on 24 March 2026. Two of our new Introduction to Research fellows, Sarah Cordeaux and Tracy Rees, talked passionately about the projects that they will be working on. Sarah will be exploring patient experiences of participation in work after a cancer diagnosis, work that it is hoped will support service development in this area. Tracy will be studying the lived experience of people receiving combined tyrosine kinase inhibitors (TKIs) and immunotherapy treatment for advanced renal cell carcinoma. They both shared their experience of developing their ideas, applying for the fellowship, and their preparatory work to date. It will be fascinating to hear about their progress over the coming months.

We have organised an exciting event for 30 April 2026 titled 'Supporting Healthcare Cancer Research' that aims to reinvigorate the community, drawing in new members and providing an opportunity to discuss and develop research ideas. The VHCR team will then follow up with individuals and teams to develop those ideas further.

3.2 Research advice clinics.

We have recently instigated advice clinics at which healthcare professionals can discuss any aspects related to research with members of the VHCR team. The clinics take place immediately following the community meetings, either face-to-face or online. Individuals can notify the team in advance about specific issues that they wish to discuss, or they can simply stay behind to have a discussion after the community meeting.

3.3 Velindre Healthcare Cancer Research Fellowships.

Tracy Rees (Nursing) started her 'Introduction to Research' fellowship on 01 March 2026 and Sarah Cordeuax (Occupational Therapy) and Jordan Morris (Pharmacy) are starting on 01 April 2026. Unfortunately, we did not receive any applications for the PhD fellowship this year, but our current PhD fellows (Ceri Stubbs and Alison Goodman, both Nursing) are progressing well. A new round of fellowships will be advertised in the summer, with the aim of starting in January 2027. We will be looking to support applicants more effectively to develop their applications, including the provision of potential research topics that are of strategic importance to the Trust.

3.4 Inclusive Prehabilitation (I-Prehab).

Members of the VHCR support team have just completed the NIHR Health Services & Delivery Research programme-funded I-Prehab project. The project's Chief Investigator is Velindre Professor of Interdisciplinary Cancer Care, Professor Shea Palmer. Velindre was a participating site for the case study component of the research, which developed an education package to help cancer care workers make prehabilitation more inclusive. The team have been busy disseminating the findings, including posters and a platform presentation at the Wales Cancer Research Conference on 23 March 2026. A series of scientific papers will be published over the coming months. The team also hosted a final launch event at the Glamorgan Building at Cardiff University on 25 March 2026 (photographs below). The training package is freely available via Cardiff University's Xerte Platform: [Inclusive Prehabilitation For People With Cancer](https://xerte.cardiff.ac.uk/play_24238#page1) [https://xerte.cardiff.ac.uk/play_24238#page1].



4 Velindre Cancer Service Research – FY2025/26, Quarter 4.

4.1 QuicDNA Max launch celebrated at the Senedd.



**QuicDNA Max Launch
Celebrated at the Senedd**



QuicDNA Max Launch Celebrated at the Senedd

On 10 March, NHS Wales colleagues, partner organisations and industry stakeholders gathered at the Senedd in Cardiff Bay to celebrate the launch of QuicDNA Max — a major initiative aimed at supporting faster, more personalised cancer treatment decisions across Wales. QuicDNA Max builds on the success of the original QuicDNA programme, which explored the use of liquid biopsy within the lung cancer diagnostic pathway. The programme demonstrated how liquid biopsy can accelerate genomic diagnosis, reduce the need for invasive procedures and improve access to targeted treatments. As a result of its success, liquid biopsy has now been commissioned into the standard care pathway for patients with advanced-stage lung cancer across Wales.

The expanded QuicDNA Max programme will now scale this approach across multiple cancer pathways, helping to support faster treatment decisions, greater equity of access and more personalised care for patients nationwide. The event was sponsored by Russell George and chaired by QuicDNA leads Dr Magda Meissner and Sian Morgan. It brought together NHS leaders, clinicians, industry partners and patient advocates, including Craig and Tracey Maxwell, to highlight the impact that innovation and collaboration can have on improving cancer outcomes across Wales.

The programme has also established tumour-specific clinical leadership across colorectal, lung, prostate cancer and cancer of unknown primary, further strengthening Wales' position as a leading centre for innovation in cancer genomics and precision medicine.

Alongside programme leaders Magdalena Meissner and Sian Morgan, the programme has now also established notable tumour specific clinical leads: Colorectal cancer – Prof Richard Adams; Cancer of unknown primary (CUP) – Dr Sonali Dasgupta; Prostate cancer – Prof John Staffurth; Lung cancer – Dr Paul Shaw

Wales is leading the way in evaluating liquid biopsy cancer genomics, and QuicDNA Max is a powerful example of how cutting-edge innovation can translate into real-world impact. Liquid biopsies offer faster genomic results, fewer invasive procedures and greater equity of access. By scaling this approach nationally, there is an opportunity to improve care for thousands of people and strengthen cancer services for the future.

4.2 Velindre Cancer Service nurses shine at UKONS Annual Conference.



Velindre Cancer Service Nurses Shine at UKONS Annual Conference

Velindre Cancer Service Nurses Shine at UKONS Annual Conference

A dedicated team of nurses from Velindre Cancer Service attended the prestigious UKONS Annual Conference in Birmingham, where this year's three-day event celebrated the theme "Celebrating the Inspirational in Cancer Nursing"—and our team truly embodied that spirit.

A standout moment was the recognition of two of our exceptional nurses in the conference awards. Emma Williams, Senior Research Manager in Clinical Trials, was nominated in the Research category, while Val Harris, Immunotherapy Toxicity Service Lead and Lecturer at the Velindre Oncology Academy, was nominated in the Chemotherapy category—and proudly took home the award.

In addition to these accolades, our nurses contributed significantly to the conference programme. Val Harris, alongside Hannah Churchill, Education, Development and Recruitment Lead Nurse, and Bethan Ingram, Head of Nursing for SACT, were invited to present their work. Hannah showcased her national project on the updated SACT Passport theory, while Val presented her innovative review of a tertiary cancer centre patient workshop aimed at reducing life-threatening adrenal crises.

Hannah Churchill said; *"We are incredibly proud of our nurses for their outstanding contributions at UKONS. Their achievements reflect the dedication, innovation, and leadership that define Velindre Cancer Service. Seeing our team recognised on a national stage is a testament to the exceptional care and expertise they bring to patients every day."*

4.3 Cardiff Health Partners – latest progress



Cardiff Health Partners - latest progress



Rachel Savery, Interim Managing Director of Cardiff Health Partners

Cardiff Health Partners - latest progress

An update from Rachel Savery, Interim Managing Director of Cardiff Health Partners;

Cardiff Health Partners is currently being established as a formal collaboration between Cardiff and Vale University Health Board, Cardiff University, and Velindre University NHS Trust. Working closely with other public sector, academia and industry partners, the collaborative aim is to accelerate responsible innovation across the region and beyond for the benefits of patients, staff, communities and citizens.

The partnership is progressing through a structured development phase to create a sustainable model for success. Our current work includes defining the strategic focus of the collaboration, finalising governance, key measures and reporting frameworks, and developing the agreements that will underpin how partners work together to achieve our ambitions and encourage collaborative growth in all of our organisations. These will be agreed by our three organisations to ensure the right approach is put in place for us all. In parallel, we are shaping our communications and engagement approach, establishing clear routes for how we will link with one another and our core programme enablers, whilst also laying the groundwork for a dedicated central team to support the work.

These activities are designed to ensure a robust, transparent, and sustainable partnership model that is here to work for us all. As key programme elements are completed and approved, further updates will be shared with you, our CHP community.

You will start to hear more about Cardiff Health Partners in the coming weeks and months and what it means for you, and how you can get more involved. Please know that as a member of our founding organisations, you are already a member of the Cardiff Health Partners community, and we are looking forward to sharing more information with you as this work progresses to help us all to achieve our shared ambitions and aspirations for genuine global impact, anchored in Cardiff.

5 Velindre Cancer Service Research – FY2025/26, Quarter 1 through 3.

5.1 Full circle as first patient in Wales gets FAKTION treatment.



Gwen Buchan, first patient in Wales to receive new treatment



Professor Rob Jones, Co-Chief Investigator FAKTION trial and Associate Medical Director for RD&I at Velindre Cancer Centre

Full Circle as First Patient in Wales Received FAKTION Treatment.

Barry resident Gwen Buchan *has become the first person in Wales to receive a new breast cancer treatment that originated from the FAKTION clinical trial at Velindre Cancer Centre a decade ago!*

Gwen said:

"I was diagnosed with breast cancer in 2008... Last April I was diagnosed with secondary breast cancer and recently my first line of treatment has stopped working... My oncologist mentioned a new treatment... I couldn't quite believe it!"

Gwen's new treatment combines hormone therapy with AKT inhibitor capivasertib and was recently approved for use on the NHS in Wales. It is designed to reduce the growth and spread of advanced breast cancer, giving patients more time and a better quality of life.

Prof Rob Jones, Chief Investigator for the original trial, said:

"It is very rewarding to see the process come full circle... This treatment will give patients time – time with their families and time to enjoy their lives."

Dr Simon Waters, Gwen's oncologist, added:

"We now have another option for our patients... I am delighted to be able to offer this treatment to Gwen."

A former Art teacher, reflecting on what the treatment means to her, Gwen said:

"I recognise that without the pioneering clinical excellence of the oncology teams at Velindre, people like me would be facing much bleaker outcomes. Because of the dedication of the clinicians their research and ongoing trials, people like me with a primary or secondary cancer diagnosis can have a future ahead of us, we can have hope. If this was me last year it wouldn't have been available. But I need it now and it is available now and can hopefully make a world of difference to my prognosis. I'm really lucky because I've got the most supportive husband, children and their partners, extended family in Scotland and Wales, wonderful friends, and I am able to express my creativity with ceramics which is a massive passion for me. What this new treatment can do for me, it can let me see my youngest son married next year, it can allow me to make the pots for his wedding and then who knows what else I might live to see. But today I am concentrating on today. It's not about dying from; it's living with cancer and living well and that's why I concentrate on every day and today is a good day!"

5.2 Velindre recruits second highest number of patients in the world for the SABRE trial.



Dr Nachi Palaniappan,
Principal Investigator



Matt Lazarus, Senior
Research Radiographer



Velindre recruits second highest number of patients in the world for SABRE trial

Fifty Velindre prostate cancer patients took part in this radiotherapy study of a spacer device aiming to reduce treatment side effects.

Prostate cancer is the most common cancer in men and curable when detected at an early stage. Radiotherapy is an effective treatment to cure but a proportion of patients receiving radiotherapy develop severe bowel side effects which include discomfort, altered bowel function and rarely bleeding and discharge.

The SABRE trial is designed to test the role of the SpaceOAR Vue system designed by Boston Scientific to reduce these long term bowel-related side effects in patients receiving radiotherapy for prostate cancer. This device is inserted in the perirectal space to increase the distance between the prostate and the rectum, thereby reducing the radiation dose delivered to the rectum during radiation therapy, aiming to reduce the possible long-term side effects in patients.

Dr Nachi Palaniappan, Principal Investigator of the study said:

"It's another example of team working, a great achievement to reach our target within the recruitment period. I would like to extend my thank you to all team members who have made this possible, in particular to the radiotherapy research team."

Matt Lazarus Senior Research Radiographer said:

"Fifteen months ago our target was to recruit 12 patients to the SABRE trial – we hit that target within a month and a half! When the study closed we had recruited a total of 50 patients, far exceeding our target and making Velindre the second highest recruiter in the world for SABRE. Our patients were very keen to be involved, recognising the possible long-term benefits to their quality of life after treatment. Another benefit to come from this research study was the opportunity to work alongside the theatre and anaesthesia teams at Velindre Cancer Centre to assist in the trial. It's a real positive to have established these relationships and experienced the work of teams from other parts of the cancer treatment pathway."

SABRE was the first commercial medical device trial delivered by the Radiotherapy Research team at Velindre.

The team at Velindre have recruited 50 patients to take part in this study over a period of 15 months since the study opened in November 2023.

The results from the SABRE trial are still a couple of years away but you can read more about the trial at:

<https://nhs.uk/healthcare-professionals/clinical-research/clinical-trials/clinical-trials-at-velindre-cancer-centre/sabre-trial>

5.3 First research trial on our new Halcyon radiotherapy machine – PARABLE trial.



Halcyon radiotherapy machine



Some of the PARABLE team

First research trial on our new Halcyon radiotherapy machine

PARABLE trial compares proton beam therapy to high-standard radiotherapy for breast cancer patients.

Standard breast radiotherapy is very effective for the vast majority of people and the benefits far outweigh the small risk of side effects. However, in a very small group of patients, less than one per cent, there is a slightly higher risk of heart problems in later life due to pre-existing cardiac risk factors and the close proximity of treated breast and lymph node regions to the heart.

Proton beam therapy uses charged particles instead of x-rays to target tumours more precisely and the PARABLE study is investigating whether proton beam therapy allows doctors to deliver the required dose of radiotherapy but minimise radiation exposure to the heart.

Our part in the trial is to deliver high-quality standard radiotherapy treatment. This has only been possible because of installation of the new Halcyon radiotherapy machine which delivers state of the art radiotherapy allowing us to target the breast and nodal areas effectively with better avoidance of nearby lung and heart.

Dr Catherine Pembroke consultant clinical oncologist specialising in breast cancer said:

“It’s important that Velindre is part of UK radiotherapy research and this has been collaborative team effort involving all of our professional groups involved in delivery of radiotherapy. We have learnt how to optimise our own radiotherapy to ensure we’re delivering the very best, modern treatment to our patient population. Standard breast radiotherapy will be the most appropriate treatment for the vast majority of our patients. For a small group of patients, we hope the PARABLE trial will help inform us how proton radiotherapy may be beneficial for long-term cardiac health. We’re very excited to be part of this trial.”

PARABLE is the first UK trial to test the benefits of proton beam therapy for certain patients with breast cancer.

Patients will be selected at random into two treatment arms. One group will receive proton beam therapy at one of two centres in England (Christie NHS Foundation and University College London). The second group will receive standard radiotherapy at around 20 NHS hospitals across the UK including Velindre.

The trial is led by researchers at The Royal Marsden NHS Foundation Trust, The University of Cambridge and The Institute of Cancer Research, London.

5.4 First UK patient recruited into the BioNTech 327-06 trial.



First UK patient recruited into the BioNTech 327-06 trial.

Velindre University NHS Trust became the first site in the UK to recruit a patient into the BNT327-06 clinical trial, representing a significant achievement for both the organisation and the wider UK cancer research community.

Sponsored by BioNTech, the BNT327-06 study is evaluating the safety, tolerability and clinical activity of BNT327 at two dose levels (1400 mg and 2000 mg) in combination with established chemotherapy regimens. Patients enrolled into the study receive carboplatin alongside either pemetrexed or paclitaxel.

BNT327 is an investigational therapy being explored as part of ongoing efforts to improve treatment options for patients with cancer. The study aims to identify an optimal dosing strategy while also increasing understanding of how BNT327 interacts with standard chemotherapy treatments.

Securing the first UK patient into this study reflects the strength of Velindre's research infrastructure, the commitment of its multidisciplinary research and clinical teams, and the organisation's ability to rapidly deliver complex early-phase and commercial clinical trials.

BioNTech-sponsored studies are recognised as strategically important within Wales, supporting wider ambitions to strengthen innovation, expand commercial research activity, and improve access to cutting-edge therapies for patients across the NHS in Wales.

Velindre's participation in BNT327-06 further reinforces its position as a leading cancer research centre, contributing to the development of new treatments and enabling patients to access promising therapies at an early stage of clinical development.

5.5 Research partnership launches to develop new cancer treatments.



Partneriaeth Ymchwil Cancer Caerdydd | **Cardiff Cancer Research Partnership**




Research Partnership Launches to Develop New Cancer Treatments: A dynamic collaboration which will increase Welsh cancer patients' access to cancer research by bringing new clinical trials to Wales has officially launched with the unveiling of the Cardiff Cancer Research Partnership (CCRP).

A formal partnership between Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University, the CCRP brings together academics and clinicians to increase multi-organisational cancer research studies and industry funded clinical trials, and offers a single, streamlined gateway to world-class expertise and facilities across haematological and solid tumour cancers - from early discovery phase through to complex and late phase clinical trials.

Speaking of the partnership, **David Donegan**, Chief Executive at Velindre University NHS Trust said:
"The Cardiff Cancer Research Partnership marks an important step forward for cancer research in Wales. By uniting our strengths across academia and clinical care, we're creating a powerful platform to accelerate innovation, attract investment, and ultimately bring more cutting-edge trials to Welsh patients. This is about turning collaboration into cures. In recent years, Velindre has led a number of internationally significant research initiatives that are making a difference to cancer patients around the world"

With strong partnerships across the cancer research community in Wales, the CCRP is ideally placed to develop the next generation of cancer treatments, taking discoveries from the laboratory to clinical trials.

How does the Cardiff Cancer Research Partnership work?

For Industry;
 The CCRP acts as a single point of entry to research and clinical expertise and facilities at Cardiff and Vale University Health Board, Cardiff University and Velindre University NHS Trust.

For Clinicians and Academics;
 The CCRP can help you build links with clinical and academic researchers across South-East Wales. If you work in cancer at a partner organisation, we can help with research funding bids, access to samples, and bringing in new commercial trials.

The CCRP takes research from bench to bedside - taking discoveries from the lab and translating them into clinical trials that improve outcomes for NHS patients across Wales. By working across organisations, CCRP brings together the best of NHS and academic expertise. This collaborative approach allows us to share knowledge, pool resources, and build the capacity needed to deliver complex, high-quality clinical trials that benefit the Welsh population.

The partnership is building a future where the research workforce is front and centre: making research more accessible, supporting clinical academics, and ensuring they have the tools and infrastructure to carry out truly innovative work.

5.6 Wales commences new cancer vaccine study against head and neck cancer.




Professor Mererid Evans,
Director of Wales Cancer
Research Centre, and
Consultant Clinical Oncologist at
Velindre University NHS Trust



Wales commences new cancer vaccine study against head and neck cancer

Patients in Wales are taking part in a study of an investigational cancer vaccine aiming to treat head and neck cancers associated with Human Papillomavirus 16 (HPV-16); **BNT113-01 (AHEAD-MERIT)**

The investigational cancer vaccine uses messenger ribonucleic acid (mRNA) technology to help the immune system recognise and kill cancer cells containing proteins associated with HPV-16. In the study, the investigational mRNA cancer vaccine is given in combination with an established immunotherapy called Pembrolizumab, aimed at helping to improve the way the immune response is directed against cancer cells containing HPV.

The study is open at Velindre Cancer Centre in Cardiff, and is accessible to patients across Wales, as part of a coordinated approach to study delivery supported by Health and Care Research Wales, and the Cardiff Cancer Research Partnership. Patients can also be referred to Velindre from elsewhere in the UK through the Cancer Vaccine Launchpad (CVLP), a platform set up by the NHS England and Genomics England, to help broaden access for cancer patients to clinical studies including mRNA cancer vaccine clinical studies.

Over 700 new head and neck cancer cases are diagnosed in Wales every year, with cancers typically developing in the mouth, throat or voice box. Cancers caused by HPV tend to occur in the tonsils and the back of the tongue, and account for 20-40% of head and neck cancers overall. Despite advances in care for patients with head and neck cancer, the advanced form of the disease is difficult to treat and has high rates of recurrence, with two-year survival rates at under 50%.

The investigational cancer vaccine is designed to encode two proteins that are frequently found in head and neck cancers caused by HPV type 16, the most common type of HPV found in head and neck cancer. The vaccine is designed to direct the immune system to specifically fight the cancer.

Professor Mererid Evans, Director of Wales Cancer Research Centre, Clinical Professor at the Division of Cancer and Genetics, Cardiff University, and Consultant Clinical Oncologist specialising in the treatment of head and neck cancer at Velindre University NHS Trust said: *"HPV-associated head and neck cancers have been increasing in incidence in Wales and the rest of the developed world over the last 20 to 30 years, and we are seeing it commonly in our clinics. Patients who are diagnosed with HPV-associated head and neck cancer tend to do well overall, but unfortunately a small proportion (10-20%) do find that their cancer has spread making it difficult to treat with existing treatments."*

We are proud to support this study in order to allow head and neck cancer patients in Wales to access a treatment that could potentially improve their outcomes. We are also supporting other cancer vaccine studies by recruiting eligible patients from Wales and other parts of the UK to them. In doing so, Wales is playing its full part in the development of potential new cancer treatment options that have the potential to improve future care for people around the world."

5.7 Thoracic Oncology Trials Team shortlisted for Oncology Team of the Year.



Dr Paul Shaw, Consultant
Clinical Oncologist at Velindre
Cancer Service specialising in
lung cancer



Thoracic Oncology Trials Team Shortlisted for Oncology Team of the Year

The Thoracic Oncology Trials Team at Velindre Cancer Centre have been selected as finalists for the 'Oncology Team of the Year' Award at the Welsh Healthcare Awards 2025.

Led by **Dr Paul Shaw**, the nomination recognises the whole lung research team and highlights the remarkable collective effort that has gone into expanding and enhancing Velindre's lung research portfolio in recent years.

The award application highlighted the importance of collaboration not only within the Thoracic Oncology Trials Team, but also across departments, disciplines, and partner organisations within all of our research efforts.

Velindre Cancer Centre has transformed lung cancer care by expanding access to clinical trials that offer patients innovative, personalised treatment options. Our multidisciplinary team ensures patients across South Wales benefit from cutting-edge therapies - including immunotherapy, radiotherapy, and liquid biopsy diagnostics - delivered with compassion and precision.

Trials such as CRUK-CONCORDE (early phase drug RT trial in stage 3 NSCLC) and HITMESO (radical proton therapy in hemithoracic pleural mesothelioma) studies have improved access for patients with complex disease, while studies like TOURIST (palliative RT in NSCLC) and QuicDNA enhance palliative therapy. Patients report feeling more informed, supported, and empowered, with research participation offering hope and a sense of purpose during a difficult time.

Seamless integration of trials into care pathways, supported by future digital tools and strong partnerships, will ensure minimal disruption and maximum benefit. Our team's dedication has positioned Velindre as a trusted national referral centre, where research excellence directly translates into improved patient experience, outcomes, and quality of life.

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5.8 Radiotherapy Research and Innovation showcase.



The Radiotherapy Research and Innovation Showcase Event



Radiotherapy Research and Innovation Showcase

The Innovation department recently hosted the Radiotherapy Research and Innovation Showcase Event, celebrating the fantastic project work made possible through charitable funding.

Through the generosity of supporters and the dedication of our researchers and project teams, the event highlighted how charitable funds, including the Advancing Radiotherapy Fund, the Lucas Fund, and the Probert Fund, have:

- Supported the development of advanced radiotherapy techniques that benefit patients across South Wales.
- Strengthened the infrastructure to deliver radiotherapy research.
- Enabled vital head and neck cancer research with the potential to improve patient outcomes now and in the future.
- Introduced cutting-edge technology that is shaping the future of cancer care in Wales

Attendees heard directly from project leads and researchers, who shared the impact of their work and the difference it is making for patients and their families.

Their presentations brought to life the benefits of research, service developments, and innovation that would not have been possible without charitable support.

The Showcase also marked the soft launch of the ARC Academy, which will succeed the Advancing Radiotherapy Fund (ARF) programme.

Over the next five years, ARC Academy will drive forward innovation in radiotherapy, accelerate the adoption of new service developments, and expand access to world-class research and technology across Wales.

5.9 First patient recruited in clinical trial using cancer-targeting virus



ATTR-01 Study Principal Investigator:
Dr. Magda Meissner



Claire Laing, Senior Research Nurse Manager, CCRP

First patient recruited in clinical trial using cancer-targeting virus.

The first patient has been treated in the ATTEST first-in-human Phase 1 clinical trial evaluating TROCEPT-01 (also known as ATTR-01), a novel cancer-targeting oncolytic virus developed at Cardiff University. The study is being delivered by Velindre University NHS Trust in partnership with Cardiff and Vale University Health Board, with recruitment underway in Cardiff and plans to expand internationally.

The trial is supported locally through the Cardiff Cancer Research Partnership and represents the translation of academic discovery into early-phase clinical testing for patients with hard-to-treat solid tumours.

Professor Alan Parker, Professor of Translational Virology at Cardiff University and Chief Scientific Officer with Accession Therapeutics, said: "It's wonderful to see an invention made at Cardiff University progress into a clinical trial and for one of these sites to be in Cardiff. TROCEPT-01 has been designed to have minimal activity in healthy tissues, with maximal activity in the tumour. This potent and highly localised activity gives promise in many cancers of unmet clinical needs, and the ATTEST trial includes hard-to-treat cancers such as pancreatic, lung, bladder, head and neck, endometrial and cholangiocarcinomas."

Dr Magda Meissner, Velindre Cancer Service and a Principal Investigator of the ATTEST trial at the Cardiff site, said: "Being part of the ATTEST trial marks an exciting milestone for our team and for cancer research in Wales. This study brings together academic innovation and clinical expertise as we test the delivery of a new class of precision oncolytic therapy directly to patients. We are proud that Cardiff is involved in these first in-human trials and helping to translate years of laboratory research into potential new treatment options for people with advanced cancers."

Claire Lang, Senior Research Nurse Manager, Cardiff Cancer Research Partnership, said:

"I will be working with the patients in the Cardiff site, to administer the treatment. This is a fantastic example of 'bench to bedside' cancer research in Wales – developing research from Cardiff University laboratories into a new class of drug and delivering it to NHS patients for the first time at UHW and Velindre via this trial."

5.10 Senior Research Nurse Manager joins CRUK Women of Influence programme.



Emma Williams, Senior Research Nurse Manager, VCS.



Senior Research Nurse Manager joins CRUK Women of Influence Programme.

Emma Williams, Senior Research Nurse Manager at Velindre Cancer Service, has become the first nurse to be accepted onto the Cancer Research UK (CRUK) Women of Influence programme, which provides early career researchers with independent mentorship from senior leaders outside academia.

Emma has built her career in cancer research nursing and, since coming to Cardiff and Vale University Health Board in 2015, has led improvements across clinical trials portfolios and developed a strong nurse-led research programme. She has also secured external funding, including support from Cure Leukaemia, contributed to TAP and IMPACT accreditations, and acted as nurse Principal Investigator on multiple observational, translational, epidemiological and post-authorisation studies. This work was highly commended in the Cardiff ECMC Network's 2022 bid, with the panel noting the high quality of nursing research.

Professor Alex Tonks, Head of Haematology at Cardiff University, said:

"[Emma's] unwavering commitment to nurse-led research, consistent publication record, and ability to mentor and motivate others have created a ripple effect of excellence. As both a mentor and a passionate advocate for patients, [Emma] exemplifies the highest standards of nursing leadership and innovation."

Having joined Velindre University NHS Trust in 2025, Emma Williams said, on her acceptance to the programme:

"I am thrilled that CRUK has accepted me onto this prestigious course and recognised my research contributions as a nurse. It really does highlight the important contribution that nurses can bring to research and how we can be a patients advocate within this space. I am really looking forward to meeting my mentor and leveraging any opportunities that will continue to support and benefit the patients within Wales."

5.11 Exploring Virtual Reality to support pain management in Palliative Care.



Prof. Taubert (left), Dr Cahill, Dr Harding, and other members of the Velindre Cancer Services Palliative Care team have been involved in the observational cohort NIHR trial.

Exploring Virtual Reality to support pain management in Palliative Care.

A research study into the use of virtual reality (VR) headsets as a pain management method for patients with advanced cancer shows promise in preliminary informal results.

Dr Cahill, Dr Harding and other members of the Velindre Palliative Care team have been involved in the observational cohort NIHR trial, which will conclude in 2026 and is co-ordinated by University College London.

he benefits of being able to escape the normal hospital and ward environment were a notable discussion point for participants and there was mention that few other interventions could offer this kind of fully immersive experience in quite the same way. Participants at Velindre scored their perception of pain whilst using the VR Headset and one participant, after using the headset, even went on to buy their own as they wished to continue to use the technology at home.

One of the challenges for the palliative care team during the project was getting to grips with the technology. Once this was overcome, it helped explaining the new intervention to patients and their loved ones. Upon initial discussion with patients when recruiting to the study, some patients had never seen or experienced virtual or augmented reality. Generally, the team received feedback that those who chose to participate enjoyed the experience, with no adverse effects being reported from the Velindre site during Phase I.

The study is sponsored by University College London and funded by NIHR Central Commissioning Facility.

Professor Mark Taubert, Palliative Care Consultant and Principal Investigator for the Cardiff site, said:

"The project is currently approaching Phase III where the feedback from all UK participants in Phase I is analysed and used to adapt/refine the technology. The revised technology will then be used by a new cohort of participants to discuss the recommended frequency of use of virtual reality."

5.12 Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.



The QuicDNA Max programme is supported by a £2.5M investment.

Major investment to accelerate cancer diagnosis using liquid biopsy in Wales.

A £2.5 million investment will accelerate the rollout of liquid biopsy testing across Wales, supporting faster and more personalised cancer diagnosis and treatment. The funding includes £1.2m from Welsh Government and £1.3m from the UK Office for Life Sciences, alongside grant support from four pharmacogenomic companies, and will support the next phase of the QuicDNA programme, known as QuicDNA Max.

QuicDNA uses circulating tumour DNA (ctDNA) testing to analyse cancer DNA from a blood sample, offering a less invasive alternative to tissue biopsy. Early data indicates that this approach can significantly reduce time to treatment compared with standard diagnostic pathways. QuicDNA Max will expand testing beyond lung cancer, roll out the service across all Welsh health boards, recruit specialist staff and embed genomic testing into routine NHS care.

UK Science Minister Lord Vallance said:

“Early diagnosis is crucial for treating cancer, and can make a huge difference to outcomes for patients.

This promising work on blood tests could help get cancer patients treatments better-tailored to them, sooner, and without the need for invasive biopsies. It's a great example of how we're backing medical research that stands to make a meaningful difference to NHS patients in Wales.”

Suzanne Rankin, Chief Executive of Cardiff and Vale University Health Board and Senior Responsible Officer for the QuicDNA Programme, said:

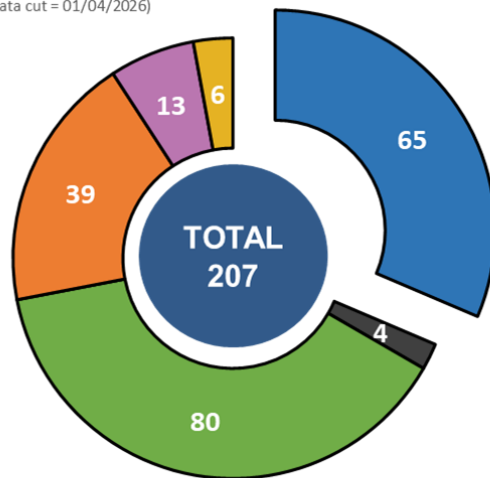
“This investment is a game-changer for cancer care in Wales. It will allow us to scale up the use of ctDNA testing beyond lung cancer, recruit the specialist workforce we need, and embed cutting-edge genomic technologies across all health boards. By doing this, we can diagnose cancers earlier, personalise treatments, and give patients across Wales access to the very best in innovative care.”

Velindre has been involved in QuicDNA since its inception. The original study was clinically led by Dr Magda Meissner, with Professor Richard Adams and Dr Paul Shaw as co-investigators, all core members of the Velindre Cancer Service.

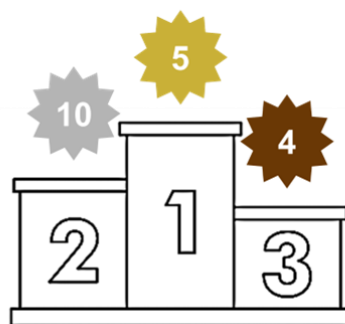
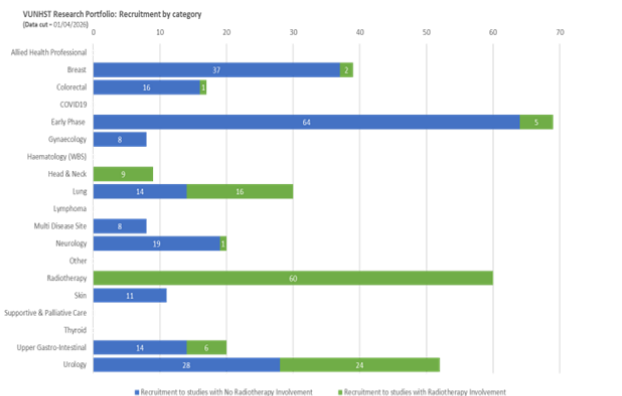
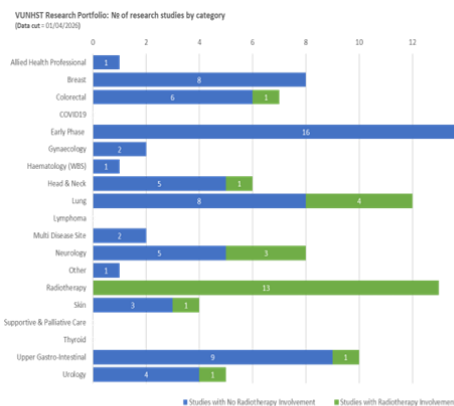
6 Velindre Research Performance Indicators.

VUNHST Research Portfolio Dashboard

VUNHST Research Portfolio: No of research studies by category
(Data cut = 01/04/2026)



Active (studies requiring participant consent)
Active (support service or data collection only studies)
Closed to recruitment, in follow up
Closed to recruitment, no follow up
In set-up
Suspended



UK study recruitment performance rankings

2025/26	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	30		9	5	9	7
No of studies opened	NC=16 C=14		NC=5 C=4	NC=4 C=1	NC=6 C=3	NC=1 C=6
2024/25	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	33		7	4	11	11
	NC=18 C=15		NC=6 C=1	NC=2 C=2	NC=4 C=7	NC=6 C=5
2023/24	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	31		7	9	7	8
	NC=17 C=14		NC=3 C=4	NC=4 C=5	NC=3 C=4	NC=7 C=1
2025/26	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	263		77	66	68	52
No of participants recruited	NC=225 C=38		NC=59 C=18	NC=55 C=11	NC=64 C=4	NC=47 C=5
2024/25	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	431		87	113	114	117
	NC=295 C=136		NC=55 C=32	NC=81 C=32	NC=74 C=40	NC=85 C=32
2023/24	CUMULATIVE		Quarter 1	Quarter 2	Quarter 3	Quarter 4
	504		116	154	107	127
	NC=402 C=102		NC=94 C=22	NC=133 C=21	NC=75 C=32	NC=100 C=27

Key: NC = Non-Commercial; C = Commercial

7 Health and Care Research Wales key indicators for Velindre University NHS Trust.

Health & Care Research Wales calculate the percentage of open studies recruiting to time and target as Red, Amber, Green (RAG).

The RAG rating is calculated as follows:

$$\text{RAG rating} = \% \text{ recruitment} - \% \text{ time elapsed}$$

$$\text{Where } \% \text{ recruitment} = \frac{\text{Total recruitment (at site)}}{\text{Site recruitment target}}$$

$$\text{and } \% \text{ time elapsed} = \frac{\text{Number of days open (at site)}}{\text{Number of days planned to be open}}$$

“RED” = % recruitment is 30% behind the % time elapsed (i.e. RAG rating = -30% or less).

“AMBER” = % recruitment is up to and including 30% behind % time elapsed (i.e. RAG rating = < -1% ≥ -29%).

“GREEN” = % recruitment is equal to or is greater than % time elapsed (i.e. RAG rating = ≥ 0%).

Health & Care Research Wales calculate the percentage of closed studies recruiting to target as Red, Green. Where, “Red” indicates the recruitment target was not met and “Green” indicates the recruitment target was met.

7.1 Open studies – recruitment to time and target (non-commercial).

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target		36% 15 studies			The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated “RED” for several years or fluctuate in RAG rating for the duration of the study. List of studies with RAG rating = “RED” • ACTOv [IRAS 1003954], target = 10; planned study end date = 01/04/28 • APPROACH [IRAS 306432], target = 11; planned study end date = 01/01/28 • DECIPHER [IRAS 1006810], target = 6; planned study end date = 30/11/25 • DyNAmIc [IRAS 1004759], target = 5; planned study end date = 01/06/26 • MOLGEN [IRAS 7086], target = 5; planned study end date = 30/04/26 • NHS CVLP [IRAS 325291], target = 1; planned study end date = 31/01/29 • PemOla [IRAS 1004744], target = 1; planned study end date = 31/07/27 • PERCEIVE [IRAS 344721], target = 10; planned study end date = 01/07/26 • PRINCE [IRAS 334993], target = 21; planned study end date = 31/10/26 • QUARTZ LUNG [IRAS 334993], target = 15; planned study end date = 1/12/27 • SCC-AFTER [IRAS 331136], target = 48; planned study end date = 31/12/28 • Tessa Jowell BRAIN MATRIX - Platform Study [IRAS 269228], target = 25; planned study end date = 01/10/26 • UK P3BEP Trial [IRAS 182633], target = 5; planned study end date = 30/11/25 • Understanding how to use immune cells to TARGET blood cancer cells [IRAS 347916], target = 5; planned study end date = 31/12/2029 • VISON [IRAS 335269], target = 50; planned study end date = 30/11/26
		5% 2 studies			
		60% 25 studies			

7.2 Open studies – recruitment to time and target (commercial)

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C4 Open: % of Open Commercial Studies Recruiting to Time & Target		64% 16 studies			The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated “RED” for several years or fluctuate in RAG rating for the duration of the study. List of studies with RAG rating = “RED” • MODI-1 [IRAS 298608], target = 3; planned study end date = 31/12/2026 • SOHO-02 [IRAS 1010003], target = 2; planned study end date = 31/05/2026 • ASPEN-09-03 [IRAS 1012669], target = 3; planned study end date = 9/12/26 • ATTR-01 [IRAS 1010660], target = 4; planned study end date = 31/03/26 • BNT323-03 [IRAS 1011776], target = 3; planned study end date = 17/7/2027 • BNT326-01 [IRAS 1011236], target = 6; planned study end date = 27/04/27 • BNT327-03 [IRAS 1011017], target = 2; planned study end date = 30/06/26 • BNT327-07 [IRAS 1010972], target = 2; planned study end date = 01/10/26 • CAMBRIA-2 [IRAS 1007986], target = 2; planned study end date = 20/3/2027 • KEYNOTE D58 [IRAS 1010027], target = 12; planned study end date = 21/2/27 • GLIOFOCUS [IRAS 1010468], target = 2; planned study end date = 01/04/26 • MCLA-158-CL02 [IRAS 1009629], target = 10; planned study end date = 9/3/26 • MCLA-158-CL03 [IRAS 1006612], target = 3; planned study end date = 1/8/26 • Real World Study Dostar Rectal Cancer CUP patients [IRAS 344563], target = 3; planned study end date = 2/2/26 • TROFUSE 11 [IRAS 1010956], target = 3; planned study end date = 20/8/2027 • TROPION-05 [IRAS 1007219], target = 3; planned study end date = 06/02/26
		4% 1 studies			
		32% 8 studies			

7.3 Closed studies – recruitment to time and target (non-commercial)

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C3 Closed: % of Closed non-commercial HCRW Portfolio Studies Recruiting to Target		58% 7 studies			List of studies with RAG rating = “RED” • ABC-12 [IRAS 1005274], target = 12; planned study end date = 31/03/26 • ADePT-DDR [IRAS 277083], target = 2; planned study end date = 05/01/26 • DOMENICA [IRAS 1006901], target = 20; planned study end date = 01/04/26 • FAIM [IRAS 284870], target = 7; planned study end date = 30/12/25. • InPACT [IRAS 168344], target = 4; planned study end date = 31/05/26. • PACE-NODES [IRAS 307888], target = 10; planned study end date = 31/03/26. • Virtual Reality Intervention for Advanced Cancer Pain [IRAS 342158], target = 15; planned study end date = 01/08/25
		42% 5 studies			

7.4 Closed studies – recruitment to time and target (commercial)

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C4 Closed: % of Closed Commercial Studies Recruiting to Target		43% 3 studies			List of studies with RAG rating = “RED” • 23-BI-1607-02 [IRAS 1010696], target = 2; planned study end date = 31/04/26 • AZD8205 [IRAS 1007820], target = 4; planned study end date = 31/03/26 • H2H ph3 in 2L NSCLC divarasib vs soto or ada [IRAS 1009611], target = 3; planned study end date = 30/09/25.
		57% 4 studies			

8 Organisation for European Cancer Institutes [OECI] designation criteria for Velindre University NHS Trust cancer research.

The Organisation for European Cancer Institutes [OECI] states their mission as:

"Our mission is to provide cancer patients equal access to a high quality of cancer care in multidisciplinary teams; to ensure that cancer research and innovation are fully integrated into patient care pathways; and to put patients at the centre of their care."

Organisation for European Cancer Institutes

Accessed at: <https://accreditation.oeci.eu/the-ad-programme/>
on 18 August 2025.

8.1 OECI Accreditation and Designation Programme.

To achieve these aims within cancer centres, the OECI Accreditation and Designation [A&D] Programme is designed to enable a complete quality system for cancer diagnosis, care, education, and research by using OECI standards and indicators and peer review.

The OECI A&D Programme is the only cancer accreditation programme globally which evaluates comprehensive cancer care and translational research in a seamless process. Many quality assessment programmes are part of regulatory measures imposed by an external authority.

In contrast, the OECI A&D Programme is a supportive voluntary measure for cancer centres.

The OECI A&D Programme has been developed over more than 15 years by a wide range of experts from European cancer centres, professional societies and patient organisations, building upon the most impactful quality standards worldwide. Peer review is performed by experts in cancer care and research from OECI cancer centres, and site visits are chaired by a director of an OECI cancer centre.

8.2 OECI Designation Types.

OECI distinguishes three types of designation. They all require a high degree of multi-disciplinarity and high-quality cancer care.

The three types are:

- OECI Cancer Centre [CC]
- OECI Comprehensive Cancer Centre [CCC]
- OECI Comprehensive Cancer Network [CCN]

All OECI accredited cancer centres are required to have:

- An identifiable organisational entity with a clear governance.
- A direct provision of an extensive variety range of high-quality cancer diagnostics and care tailored to the individual patient's needs.
- A culture of learning and improving the professional and organisational quality of care.

In addition, OECI Comprehensive Cancer Centres are required to demonstrate:

1. High level of infrastructure, expertise and innovation in cancer research, especially in translational and clinical research, but also in many cases including basic science.
2. Either strong University and Research Institute links, or a University partnership as part of the Comprehensive Cancer Centre.
3. Extensive international networking.

8.3 OECI Designation Criteria.

The OECI designation criteria relating to research capacity and capabilities are used to decide the designation of the cancer centre.

The OECI designation criteria are as follows:

	Criteria OECI Cancer Centre	Criteria OECI Comprehensive Cancer Centre
General Criteria		
Presence of surgical oncology, radiotherapy and medical oncology; research and education	Qualitative/quantitative assessment through accreditation	Qualitative/quantitative assessment through accreditation
Annual budget for cancer care (1.1.5)*	> 25 million Euro	> 50 million Euro
Annual budget for cancer research (1.1.5)*		> 8 million Euro
Number of cancer care inpatient beds plus the number of beds/chairs in the ambulatory day unit (2.2.1)	> 100	> 150
Number of FTE physicians dedicated to cancer (2.3.1)	> 30	> 50
Number of patients newly treated in the cancer centre/institute in the index year (2.1.1.2)	> 1500	> 2500
Extra Research Criteria		
Number of peer-reviewed scientific publications (8.4.2)	> 35	> 125
Number of scientific publications with an impact factor (IF) over 10 (8.4.2)		> 17
Number of scientific publications with an impact factor (IF) between 5 and 10 (8.4.2)		> 50
Number of studies active - currently open for patient accrual (8.5.1 - Subtotal for Designation (A))	> 20	> 75
Do the above studies include Phase I trials?		Yes
The total number of patients recruited to prospective interventional clinical trials in the index year as a percentage of patients newly treated in the cancer centre/institute**		> 10%

Preliminary designation: OECI Cancer Centre / OECI Comprehensive Cancer Centre

To be designated as an OECI CCC the Centre/Institute needs to fulfil all the General Criteria and 4 out of 6 Research Criteria (at least 2 for publications and 2 for trials).

The numbers in bold should normally be fulfilled. Taking the extra research criteria in the round, centres/institutes with a low percentage of patient accrual to clinical trials are unlikely to be designated as an OECI Comprehensive Cancer Centre.

- * Purchasing power parity measure (PPP) will be used to calculate the budget for cancer care and research (1.1.5).
- ** The Definition should be changed into:
The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.
Patients included in clinical quality or registry studies are excluded from the Designation percentage. Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies (see question 8.5.1.4), provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees

Source: Organisation of European Cancer Institutes. (2019) Accreditation and Designation User Manual V. 3.2. Accessed at: https://www.oeci.eu/Attachments/OECI_AD_MANUAL_3_2_2022.pdf on 18 Aug 2025.¹

¹ The Organisation of European Cancer Institutes, Accreditation and Designation User Manual 4.0 is currently in its final stages of design. <https://accreditation.oeci.eu/the-ad-programme/#ad-manual>

8.4 OEI Clinical Research Activity indicators.

The following section is a place holder for capturing the OEI Clinical Research Activity indicators.

The Trust Research Service has begun collecting the data required for OEI Clinical Research Activity Indicators from the beginning of FY2026/27

8.4.1 Research output: Peer reviewed publications.

The following information will present publication data from the **calendar year 2026**, for the Velindre Cancer Service. This information will be compiled by the Velindre University NHS Trust's Library Service.

YEAR	2026
Indicator	Total (in the year specified)
Number of international peer-reviewed publications (in the year specified) with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total Number of international peer-reviewed publications per year (in the year specified) for Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor 5-10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor 5-10 from Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor >10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor >10 from Velindre Cancer Services, Velindre University NHS Trust.	
Impact factor cumulative	

8.4.2 Clinical Research Activity.

8.4.2.1 Clinical Trials.

Indicator		FY2026/27 Q1	FY2026/27 Q2	FY2026/27 Q3	FY2026/27 Q4	FY2026/27 Cumulative Total
Activity						
	Total number of accruing multi-centre trials with international participation at Velindre University NHS Trust.					
	Total number of multi-centre trials with Principal Investigator (co-ordinating) from Velindre University NHS Trust.					
	Number of new investigator-initiated multi-centre trials started in the year with PI co-ordination from Velindre University NHS Trust.					
	Number of accruing prospective studies sponsored by industry.					
	Number of accruing prospective studies academically initiated.					
	Total number of trials in follow up (closed to recruitment).					
Number of Accruing Studies						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					

Indicator		FY2026/27 Q1	FY2026/27 Q2	FY2026/27 Q3	FY2026/27 Q4	FY2026/27 Cumulative Total
Number of patients included in the year						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					
	Percentage of newly-treated patients included in prospective interventional clinical trials in index year (A) / Cancer patients newly treated in the index year.					

Definitions	
Accrual into prospective interventional clinical trials.	The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm. Patients included in clinical quality or registry studies are excluded from the Designation percentage. Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies, provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees.
Percentage of patients included into clinical trials.	Number of included patients as defined above as a percentage of number of newly treated cancer patients in the index year.

Definitions	
Cancer patients newly treated in the index year.	The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre/institute in the index year for a particular cancer, regardless of the date and place of the initial diagnosis. Treated means that the patient has gone through cancer directed treatment, regardless of type. Newly treated means the patient has never been treated before in the cancer centre/institute for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre/institute should not be counted. The number of patients is counted, not the number of visits.

8.4.2.2 Clinical Trials Unit.

YEAR	FY2026/27
Indicator	Total (in the year specified)
Total FTE [Full Time Equivalent] of study nurses.	
Total FTE [Full Time Equivalent] of study co-ordinators.	
Total FTE [Full Time Equivalent] of bioinformaticians and statisticians.	
Other (please specify in notes) Please specify FTE [Full Time Equivalent].	

STRATEGIC PRIORITY 2

The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.

9 Welsh Blood Service Research.

9.1 Quarter 4 News Story: Early Career Scientist Achievements at British Blood Transfusion Society Conference.

 Mission 2 Advancing Blood Components.	 Mission 7 Enhance the impact of RD&I and celebrate success.
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Two Welsh Blood Service colleagues, **Alexa Magno Pearce**, a Specialist Biomedical Scientist from Red Cell Immunohematology and **Ellie Delahay**, an Associate Practitioner from the Component Development Research Lab, were honoured to accept the Margaret Kenwright Award and present at the British Blood Transfusion Society (BBTS) Conference in October 2025.



Figure 1 Ellie (left) and Alexa (right) receiving their awards from Professor David Roberts, President of the British Blood Transfusion Society

The award is a respected honour in transfusion medicine, given to promising early-career scientists and clinicians. Winners are expected to present in the dedicate category at the conference.



Alexa findings were from a study exploring how storing platelets in the cold affects their function. Normally, platelets are stored at room temperature, but storing the platelets in a cold environment could make them last longer and be safer for emergency use like treating patients after serious accidents. Alexa results indicated that platelets stored in the cold had positive effects on their function. Learning more about how storage conditions affect platelet quality improves how trauma patients are transfused as effective usage of cold-stored platelets could save more lives.

In collaboration with Cardiff Metropolitan University, Ellie presented how extracellular vesicles, tiny particles released from red blood cells might affect an enzyme that helps produce dopamine in the brain. This could potentially influence conditions like Parkinson's disease, highlighting new findings that blood is more closely connection to brain health than previously realised.

Ellie's strong scientific background and curiosity helps to drive innovation within WBS, with a clear focus on improving patient care. For receiving the award Ellie stated: **"Winning the Margaret Kenwright Award was a huge honour. As a young, aspiring research scientist, opportunities for early recognition can feel limited, so this achievement was incredibly meaningful. It not only enabled me to attend my first professional conference but also gave me the chance to present my MSc research on the potential effects of red blood cell-derived extracellular vesicles in synucleinopathies- a project that was pivotal in solidifying my ambition to pursue a research career."**



Gaining recognition for my work at such an early stage has driven me to seek further opportunities, including securing my first grant to fund a pilot study for my upcoming fellowship application. Winning this award also opened valuable networking opportunities, allowing me to join the BBTS Early-Career Professionals Committee. In this role, I collaborate with other young scientists across the UK to help shape the support the society provides to its members. Overall, winning this award has been a powerful motivator, reinforcing my confidence and commitment to research and inspiring me to continue building connections and contributing to the scientific community".

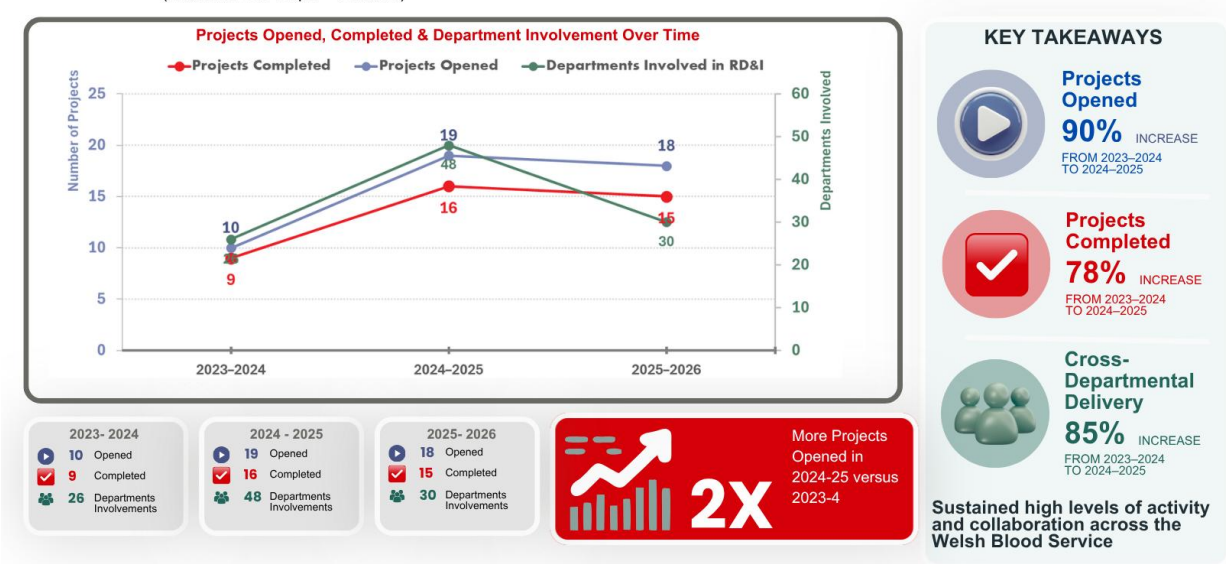
9.2 Welsh Blood Service RD&I Activity.

We are now approximately 18 months into delivery of the Welsh Blood Service Research, Development and Innovation Strategy. This provides an important opportunity to reflect on the scale, direction and impact of activity over the past three years.

RD&I activity has nearly doubled since 2023 to 2024, with sustained high levels of both project initiation and completion. This growth has been accompanied by a notable increase in cross-departmental involvement, demonstrating both rising organisational demand for RD&I and an associated increase in delivery complexity.

This trend reflects a maturing RD&I function, with broader engagement across WBS and a strengthening ability to support a diverse and expanding portfolio.

Five-year trend of project activity and cross-departmental involvement
(Financial Year: 1 April – 31 March)



This growth not only reflects increased demand but is translating into tangible service improvements, supporting more efficient and evidence-led delivery across WBS.

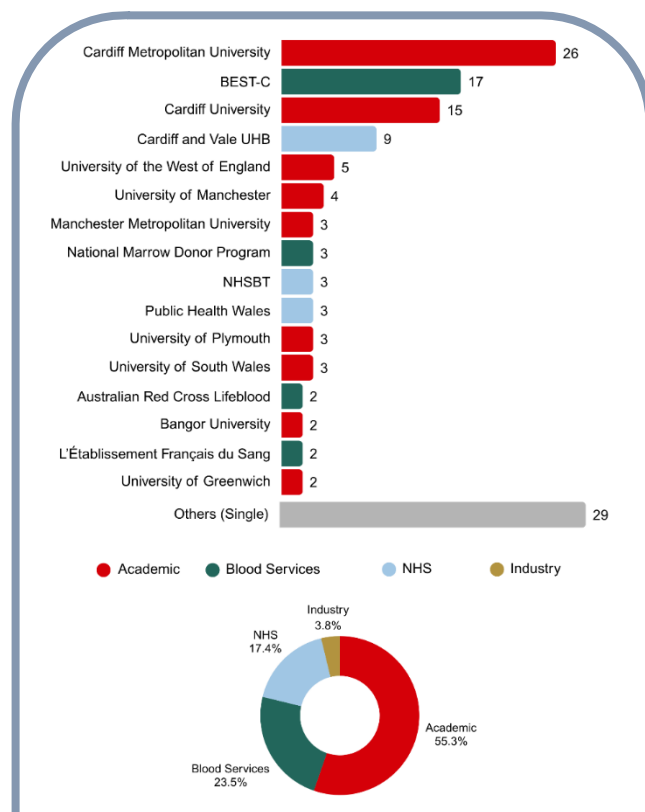
9.3 Collaborations.

Our collaborative network continues to expand, with strong partnerships across national and international organisations. The most frequent collaborators over the past year are outlined below:



Collaborations through the BEST Collaborative account for approximately 15% of all partnerships, reinforcing WBS's strong international footprint, particularly across North America and Australia.

Alongside patient benefit, RD&I activity continues to support improvements in donor safety, experience and retention.



International Partners	Region
National Marrow Donor Program	USA
Australian Red Cross Lifeblood	Australian
L'Établissement Français du Sang	France
University of Minnesota	USA
American Red Cross Biomedical Services	USA
Baylor University Medical Center	USA
Belgian Red Cross Flanders	Belgium
Canadian Blood Services	Canadian
Children's National Hospital, USA	USA
Sanquin	Netherlands
Vitalant	USA

This collaborative footprint reflects WBS's growing international standing and influence within the transfusion community.

9.4 Annual Highlights.

Over the past 12 months, WBS RD&I has delivered a number of significant achievements. Several of these have been featured as news stories on the Welsh Blood Service website. Full articles are available via the Research section:

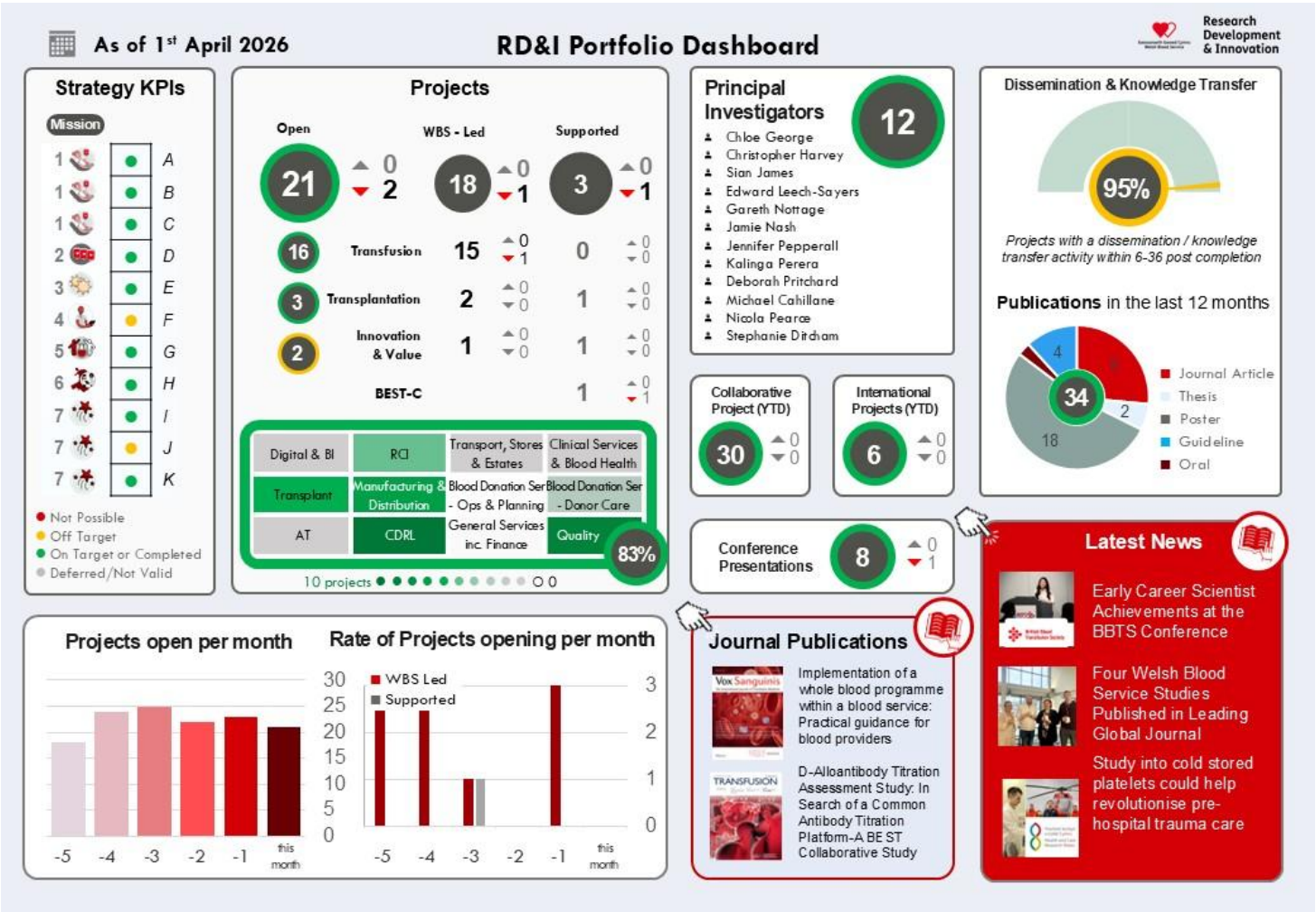
<https://welsh-blood.org.uk/research-development-and-innovation-2/>

Key highlights include:

	Four Welsh Blood Service studies published in a leading international journal, marking a significant milestone in publication output
	Progress in cold-stored platelet manufacture and transport, with potential to transform pre-hospital trauma care
	Award of a prestigious fellowship to a WBS funded Academic Researcher
	Continued contribution to the BEST Collaborative, strengthening international RD&I links
	Securing funding for the first clinical trial led by the Welsh Blood Service

Collectively, these activities contribute to improved patient outcomes through safer transfusion practice, earlier intervention opportunities, and a strengthened clinical evidence base.

10 Welsh Blood Service Research Performance Indicators.



10.1 Open projects portfolio.

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
Assessment of Oxidative Potential and Damage in Red Blood Cells	229	Transfusion	Edward Leech Sayers	WBS RD&I
Ensuring sustainability of Transfusion Training: Reinforcing the All-Wales Senior Student Assistantship Programme to ensuring improved Patient Safety	228	Transfusion	Stephanie Ditcham	WBS RD&I
Service Support of Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales The 2025 – 2026 Season	224	Innovation and Value	Sian James	Service Support of others
Introduction of NHSBT enzyme-treated red cell panels to Red Cell Immunohematology (RCI)	222	Transfusion	Gareth Nottage	WBS RD&I
Development of Endothelialised Microfluidics for the Assessment of Platelet Products	221	Transfusion	Edward Leech Sayers	WBS RD&I
Investigation of Platelet Activation Receptors by Immunofluorescence Microscopy (BSc Project)	220	Transfusion	Edward Leech Sayers	WBS RD&I
Platelet derived extracellular vesicles as a novel haemostatic component – Pilot Study	219	Transfusion	Jamie Nash	WBS RD&I
Pilot Evaluation of a Strategy to Improve On-Shelf Availability of HPA-1a/5b Negative Platelets in Wales through Genotyping of Registered Stem Cell Donors	216	Innovation and Value	Kalinga Perera	WBS RD&I
Citrate vs Plasma Tube Comparison with External Partner Testing	214	Transfusion	Edward Leech Sayers	WBS RD&I
Service Support of BiVISTA Study at Cardiff and Vale UHB	213	Transplant	Jennifer Pepperall	Service Support of others
Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates	211	Transfusion	Chloe George	WBS RD&I
Regulatory Cells as a Biomarker in Kidney Transplant Recipients	207	Transplant	Deborah Pritchard	WBS RD&I

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
A study of T-cell Antigen RecoGnition and function in blood cancer and stEm cell Transplant patients to inform future therapeutic development (TARGET)	206	Transplant	Christopher Harvey	NHS Research
Impact of cold temperature storage on bacterial growth in cold stored platelets.	205	Transfusion	Nicola Pearce	WBS RD&I
Development of an effective cryopreservation for long-term preservation of rare red cells.	200	Transfusion	Chloe George	WBS RD&I
Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units	199	Transfusion	Chloe George	WBS RD&I
Human Platelet Lysate Scientific	195	Transfusion	Michael Cahillane	WBS RD&I
Phase 0 Evaluation of non-DEHP Red Cell Storage Packs	194	Transfusion	Chloe George	WBS RD&I
Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage	192	Transfusion	Chloe George	WBS RD&I
Understanding and Investigating White Particulate Matter (WPM)	175	Transfusion	Michael Cahillane	WBS RD&I

10.2 The support of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative.

Project Name	WBS Project ID	Mission Link
BEST-C 189 HARP Study: HLA Antibodies with Refractory Patients	215	Transfusion

10.3 Key Performance Indicators of the Welsh Blood Service RD&I Strategy.

These metrics reflect the implementation of the new RD&I strategy. These KPIs are integrated into the organisation's reporting framework for planning and performance.

✓	KPI On track
⚠	KPI requires attention

		A	M	J	J	A	S	O	N	D	J	F	M
Mission 1 – Improving Patient and Donor Care													
Number of WBS Led RD&I Projects	Sustain at least 10 open	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Number of researchers	Sustain at least 10 annually	✓	✓	⚠	⚠	⚠	⚠	⚠	✓	✓	✓	✓	✓
Percentage of WBS Departments involved in RD&I Projects	Ensure at least 80% of departments participate in RD&I activities previous year to date	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mission 2 – Advancing Blood Components													
Number of Transfusion Research Projects Initiated	Sustain at least 4 open	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mission 3 – Leading Transplant Research in Wales													
Number of Transplant Research Projects Initiated	Sustain at least 2 open	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Mission 4 - Use Innovation and Value Based Healthcare to Improve our Services and Performance													
Number of innovation Projects Successfully Implemented	Implement at least 5 new projects in the previous year to date	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠
Mission 5 – Use Collaboration to Sustain our RD&I													
Number of Collaborative Partnerships in RD&I	At least 8 projects per year that involve external party / collaborator (projects either ongoing or successfully completed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mission 6 – Serve the People of Wales by supporting international initiatives													
Number of international projects participated in	Participate in at least 5 international projects each year	⚠	⚠	⚠	⚠	✓	✓	✓	✓	✓	✓	✓	✓

Mission 7 – Enhance the Impact of RD&I and Celebrate Success													
Number of research papers published	Publish at least 10 papers	✓	⚠	⚠	⚠	✓	✓	✓	✓	✓	✓	✓	✓
The PI must describe a suitable dissemination / knowledge transfer activity	100% WBS Led projects must demonstrate how they achieved some type of dissemination activity	⚠	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	⚠
Number of presentations at conferences (the WBS PMF KPI)	Present at 5 Conferences per year	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

10.4 WBS RD&I Key Performance Indicator [KPI] Narrative.

Number of Innovation Projects Successfully Implemented

Progress is being made in implementing the newly defined Innovation and Value Workstream. As a result, the number of active innovation projects has maintained in the quarter with two. This is expected to grow as the workstream becomes fully established but the target for the new financial year has decreased to two.

The PI must describe a suitable dissemination / knowledge transfer activity

At the end of Q4 this KPI fell into amber as not all WBS-led projects were 100% meeting target of knowledge transfer.

STRATEGIC PRIORITY 3

The Trust will implement the Velindre Innovation Plan.

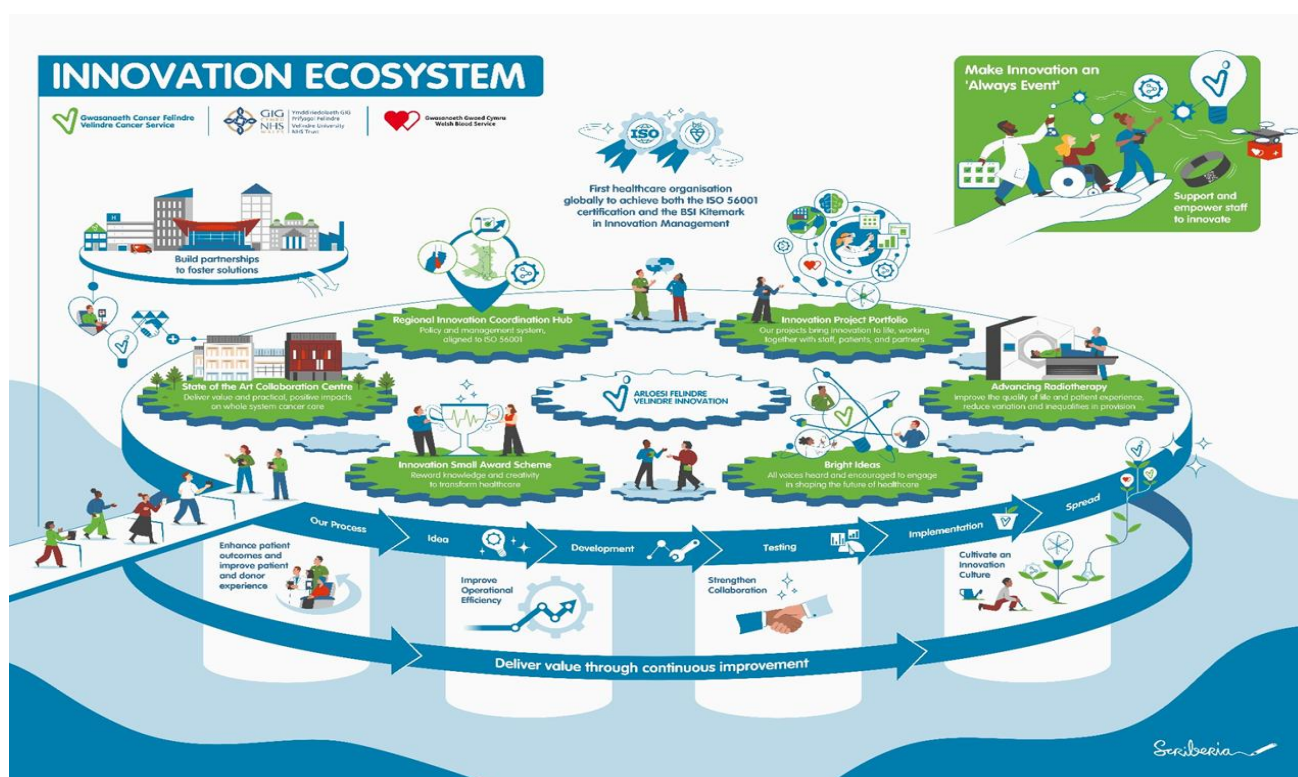
11 Velindre Innovation Service.

11.1 Introduction.

During the 2025/26 period, Velindre University NHS Trust continued to strengthen and embed innovation as a core organisational capability, aligned to Welsh Government priorities, *A Healthier Wales*, and the Trust strategy *Destination 2033*. Activity focused on building sustainable innovation infrastructure, strengthening system collaboration, and developing innovation capability across the Trust, supported through funding from the Innovation, Technology & Partnerships Programme in Welsh Government, and grant funding from the Velindre Charity and ARC funding from the Moondance foundation and Velindre Charity collaborative project.

To support Welsh Government and NHS Wales priorities, Velindre has developed an innovation ecosystem (see illustration below) that sets out the pathway from opportunity capture (including staff ideas and partner proposals) through prioritisation and governance to funding, delivery, evaluation and adoption (including spread and scale where appropriate). It also summarises the enabling foundations, including leadership sponsorship, workforce capability building, partnerships across NHS Wales, academia, industry and the third sector, and the Innovation Management System that provides a consistent, auditable way of working.

Velindre Innovation Ecosystem



A significant milestone was achieved in March 2026 with the successful attainment of ISO 56001 Innovation Management System certification and the BSI Innovation Management Kitemark, making Velindre the first healthcare organisation globally to achieve both. This provided independent external validation of the Trust's systematic, auditable approach to innovation management and formally concluded the ISO implementation programme.

11.2 Strategic Objectives and Implementation Themes.

The Trust's innovation approach in 2025/26 continued to operate against the established strategic objectives and implementation themes, providing continuity and consistency with the Innovation Plan and Innovation Management System.

Strategic objectives remained focused on:

1. **Enhancing patient outcomes and experience** through the adoption and scaling of innovative treatments, technologies and care pathways.
2. **Improving operational efficiency** by supporting innovation that reduces waste, duplication and unwarranted variation, and improves service delivery.
3. **Strengthening collaboration** with NHS Wales partners, academia, industry and the third sector to maximise system learning and shared benefit.
4. **Embedding a culture of innovation**, enabling staff at all levels to contribute ideas and participate in innovation activity.

These objectives continued to be supported through core implementation themes, including the development of a collaborative innovation ecosystem, clear governance and assurance, workforce engagement and capability building, leadership and role modelling, data-informed decision-making, and a focus on inclusion and accessibility in innovation participation.

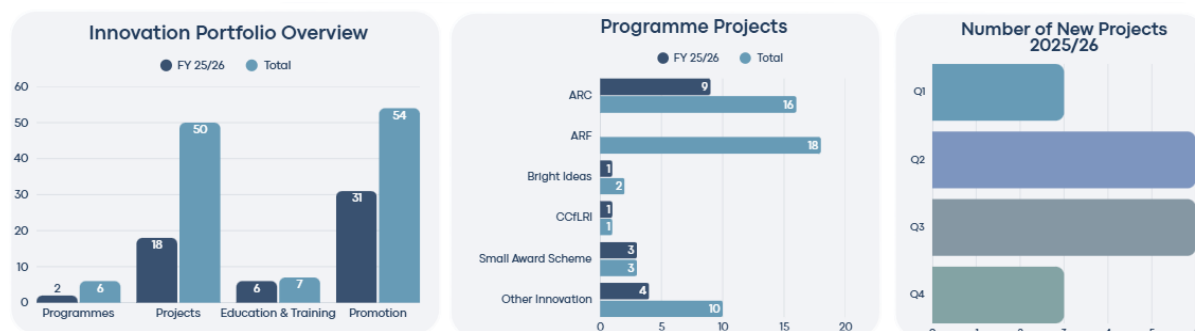
11.3 Innovation Portfolio Overview.

Throughout 2025/26, the Innovation Service delivered and progressed a portfolio of innovation programmes and initiatives across cancer and blood services, including Advancing Radiotherapy Cymru (ARC), the Advanced Radiotherapy Fund (ARF), the Regional Innovation Coordination (RIC) Hub, Bright Ideas, the Innovation Small Award Scheme, and the continued development of the Collaborative Centre.

Portfolio delivery was supported through strengthened governance and structured idea capture, alongside routine monitoring and reporting to maintain visibility of progress, risks and delivery across the innovation system.

Alongside programme delivery, 2025/26 included continued focus on funding sustainability and future planning, including exploration of charitable funding routes, proposals linked to Collaborative Centre resourcing, and broader diversification of funding approaches to support longer-term innovation capability.

Innovation Portfolio Programmes (2025/26)



11.4 Innovation Programme Overview.

The following sections provide a brief summary of each programme, including purpose, key activity during 2025/26 and indicative progress and impact.

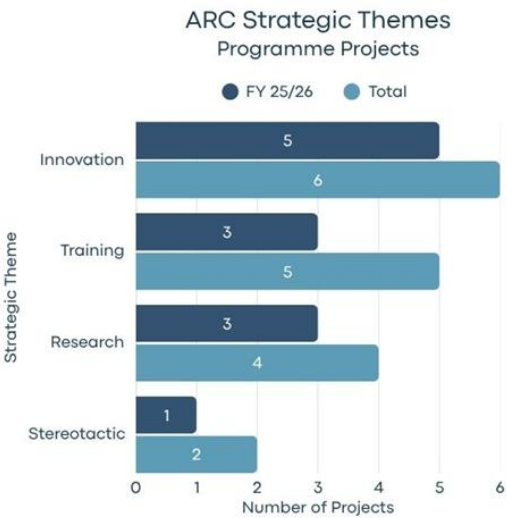
11.4.1 Advancing Radiotherapy Cymru (ARC).

Launched in 2023, the programme formally became part of the innovation portfolio programmes in 2024 with oversight and secretariat absorbed into the Innovation Office remit. Advancing Radiotherapy Cymru (ARC) continued as an all-Wales innovation programme during 2025/26, providing a structured mechanism to progress radiotherapy-focused innovation aligned to national clinical priorities, workforce development and service sustainability.

During the year, ARC activity focused on:

- Pipeline development and portfolio growth, with additional projects progressing through application, assessment and delivery stages.
- Collaborative working across NHS Wales radiotherapy services, supporting shared learning, consistency and reduction of unwarranted variation.
- Translation of research and innovation into service delivery, including projects aligned to treatment optimisation, precision radiotherapy and digital enablement.

The ARC Academy approved and funded 8 new projects in 2025/26, while the programme continued to deliver strong progress across its strategic themes. Several projects have now transitioned into routine practice, improving treatment precision, safety, and access to advanced radiotherapy. Clinical trial activity has also been sustained through periods of technological change this year, ensuring continued patient access to research. At the same time, workforce and education initiatives are increasing capacity, supporting role development, and strengthening the pipeline of skilled staff.



Overall, the ARC programme remains strategically aligned and financially stable, with strong progress continuing across clinical innovation, workforce development, education and research. ARC is continuing to embed innovation into practice, delivering measurable benefits for patients and building a more resilient, future-ready radiotherapy service across Wales.

11.4.2 Advanced Radiotherapy Fund.

Established in 2015, the Advanced Radiotherapy Fund (ARF) programme has provided £5 million to support the implementation of stereotactic radiotherapy treatment and workforce development. ARF continued to demonstrate ongoing value in 2025/26, reflecting the sustained impact of historic investment in advanced radiotherapy capability, stereotactic techniques and workforce development.

Activity during the year focused on:

- Maintaining and evidencing benefits from previous ARF-funded projects.
- Supporting knowledge transfer, dissemination and recognition of outcomes achieved through ARF investment.
- Ensuring learning from ARF projects informs future innovation programme design and prioritisation.

Recognition received during the year reinforced the longer-term contribution of ARF to innovation-enabled service improvement and clinical capability. The Trust's Radiotherapy Physics team won the MediWales Innovation Awards Technology and Digital Impact Award for EdgeVcc, an automated treatment planning solution that streamlines workflows and supports faster, more efficient care.

11.4.3 Bright Ideas.

Bright Ideas is an innovative platform enabling staff to contribute ideas aligned with the Trust's strategic objectives. Bright Ideas remained a core mechanism for staff-led innovation and idea capture, aligned to the Trust's Innovation Management System.

Following the launch of the second Bright Ideas challenge in Quarter 2, activity during 2025/26 focused on:

- Providing clear, accessible routes for staff to submit and develop ideas aligned to organisational priorities.
- Supporting early-stage idea assessment, feedback and progression through structured governance.
- Embedding Bright Ideas within a wider innovation culture, reinforcing staff empowerment and participation.

The programme supported increased innovation awareness, staff engagement and readiness to contribute, particularly when innovation pathways and expectations were clearly communicated.

11.4.4 Innovation Small Award Scheme.

The Innovation Small Award Scheme was launched in 2025 and has supported practical, locally-led innovation during 2025/26, with funded projects commencing delivery in Quarter 3.

The scheme enabled:

- Testing and development of small-scale, service-relevant innovations with clear operational or patient benefit.
- Cross-disciplinary and partner collaboration, including digital and pathway-focused activity.
- Early-stage innovation learning, supporting staff confidence, capability and progression to more mature innovation routes where appropriate.

The following examples are provided to illustrate the type of practical outputs delivered through the Innovation Small Award Scheme during 2025/26, and to demonstrate the value of targeted early-stage investment. During 2025/26, supported projects included:

1. **E-Sign (Pharmacy)** – Phase 1 implementation of an electronic document signing solution to streamline internal administrative processes, reduce reliance on paper, support remote working and improve audit readiness (initially prioritising Purchase Orders).
2. **QR-Code Cymru Wristband Project** – evaluation of QR-code wristbands in palliative and supportive care to improve access to key patient information and support more joined-up care.
3. **Cold Stored Platelets** – development of a communications deliverable to strengthen a collaborative clinical research funding bid led by the Welsh Blood Service, with partners including EMRTS Cymru and the Ministry of Defence.

These examples show how relatively small, time-limited funding has supported delivery of practical outputs within the year and helped projects build early evidence and readiness for the next stage (including scale or formal adoption where benefits are demonstrated). This directly supports *A Healthier Wales* ambitions by helping teams test and improve services in a proportionate way, making better use of digital where it adds value, and building the evidence and learning required to support more consistent practice and wider adoption where appropriate.

11.4.5 Regional Innovation Coordination (RIC) Hub.

The Regional Innovation Coordination (RIC) Hub funding continued to play a central enabling role within the Innovation Service during 2025/26, supporting the coordination, governance and maturation of the Trust's innovation system.

RIC funding enabled:

1. Dedicated innovation capacity and programme management, supporting delivery across the full innovation portfolio.
2. Development and embedding of innovation infrastructure, including governance arrangements, portfolio oversight, reporting and risk management.
3. Education, engagement and capability-building activity, enabling staff participation in innovation through structured routes.
4. Partnership development and system collaboration, supporting activity across NHS Wales, academia, industry and the third sector.

The RIC Hub was a key enabler of the Trust's successful implementation of the ISO 56001 Innovation Management System, including internal audit activity, external certification and ongoing continuous improvement. Through this enabling role, the RIC Fund supported both direct programme delivery and the sustainability of innovation capability beyond the funding period.

Collaborative Centre (Development Phase).

During 2025/26, development of the Collaborative Centre progressed as a strategic, enabling programme supporting the Trust's longer-term innovation infrastructure.

Key activity included:

- An AWS-facilitated design workshop, supporting clarification of the Centre's purpose, scope and operating model.
- Validation of assumptions relating to collaboration, leadership development and system learning, including exploration of a Collaboration / Leadership Lab concept.
- Early planning to ensure alignment with the New Velindre Cancer Centre, wider workforce development and innovation ecosystem objectives.
- Certification to ISO 56001 strengthens collaboration opportunities by giving partners a common framework and language for co design, portfolio prioritisation and benefit realisation, supporting

clearer roles, expectations and accountability as Collaborative Centre activity and wider system partnerships continue to mature.

Whilst remaining in development, this work has strengthened partnership readiness, shared understanding and future delivery capability.

11.4.6 Innovation Project Portfolio / Other Innovation.

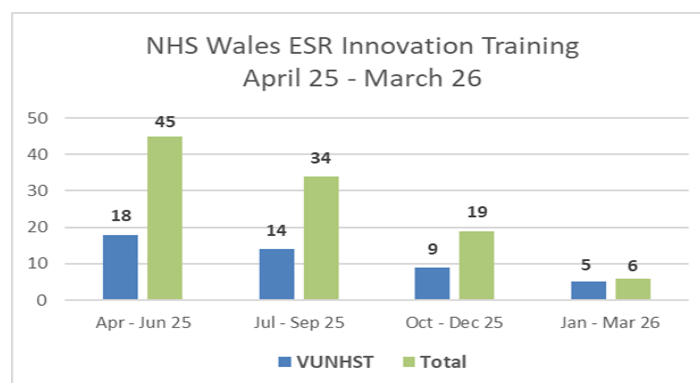
During 2025/26, innovation delivery was supported by a combination of programme outputs and enabling activity that strengthened governance, capability and engagement across the Trust. Key highlights included:

- **ISO 56001 Innovation Management System implementation and certification:** completion of implementation and assurance milestones, including the development of the audit schedule, delivery of internal audits, and successful completion of Stage 1 and Stage 2 external certification audits during Q3–Q4, culminating in certification and Kitemark achievement in March 2026. Achieving ISO 56001 and the BSI Innovation Management Kitemark provides independent external validation of the Trust's innovation maturity and establishes a shared, auditable way of working that improves consistency, governance and decision-making across services. It also strengthens collaboration by giving partners a common framework and language for co-design, portfolio prioritisation and benefit realisation, supporting clearer roles, expectations and accountability as Collaborative Centre activity and wider system partnerships continue to mature.
- **Targeted staff engagement and awareness:** targeted engagement activity delivered in Q4, including an Innovation Awareness stand reaching 141 staff across two engagement days, with feedback indicating increased awareness and willingness to submit ideas when routes are clear.
- **Embedding innovation within workforce processes:** continued work with Workforce and OD to embed innovation within organisational development processes, supporting longer-term innovation culture and capability building.
- **Collaborative project delivery:** multiple collaborative projects progressed across the Collaborative Centre, ARC, Innovation Small Awards Scheme, Project Dragon's Heart and Bevan Commission exemplar activity, demonstrating breadth of partnership-enabled innovation activity.
- **Monitoring and evaluation arrangements:** ongoing monitoring was supported through internal and external assurance mechanisms, including internal audit activity against the innovation management system and formal external audit through certification, alongside routine portfolio review and risk management activity.

11.5 Education and Training.

Innovation education, engagement and capability building formed a core strand of delivery during 2025/26. This included:

- **NHS Wales ESR Innovation Training module rollout:** total completions reported as 105, including 47 completions from Velindre University NHS Trust.

NHS Wales ESR Innovation Training: Completions (2025/26)

Source: ESR reporting extract (2025/26)

- **Croeso induction:** innovation content embedded within Croeso induction, supporting early awareness and understanding, with 130 Trust staff receiving innovation induction since October 2025.
- **Welsh Government 'Amplify' innovation management training:** participation across Q3 and Q4, supporting capability building and alignment with national approaches.
- **Continuous improvement of the training offer:** ongoing refinement and planning for further phases of innovation training as part of continuous improvement activity within the innovation management system.

11.6 Communications, Publications, and Recognition.

Communications and promotion activity during 2025/26 increased awareness of innovation across the Trust and with external stakeholders, including training and funding promotion, engagement campaigns, showcases and recognition.

- **ISO 56001 and BSI Innovation Management Kitemark:** promotion of Velindre's achievement (March 2026), reinforcing independent external validation of the Trust's innovation maturity (Q4).
- **Staff engagement and awareness:** Innovation Awareness stand in the Velindre Cancer Centre (Q4), National Innovation Day communications and Wear Red Day activity (Q4).
- **Training promotion:** ongoing promotion of the NHS Wales ESR Innovation Training module (Q1 & Q2) and follow-up communications to encourage completion.
- **Funding and opportunity calls:** ARC calls for applications and promotion of radiotherapy research and innovation funding opportunities (Q1 & Q2); promotion of the NHS Clinical Entrepreneur Programme (Q3).
- **Showcase and events:** participation in MediWales Connects NHS Collaboration Conference (Q1) and project/showcase communications including Project Nexus workshop and research & innovation showcase activity (Q2).
- **Project and partnership highlights:** communications on Dragon's Heart (Q3 & Q4), QR Code Wristband Project (Q4), NHS Hack Day #30 (Q4) and other portfolio updates.
- **Fundraising and community activity:** charity-linked communications including Victory over Cancer walk and Mile a Day activity (Q1 & Q2), supporting visibility and engagement.

Publications during the year included: MediWales Connects conference programme (Q1); Radiotherapy Research and Innovation Showcase Event brochure (Q2); Innovation Newsletter - Winter Edition (first edition, distributed via the Trust intranet) (Q3); and The Climate Chronicles Issue 002 (January 2026), highlighting the E-Sign project funded by the Innovation Small Award Scheme (Q4).

External dissemination and recognition included content published in MediWales *LifeStories* (three stories submitted during Q1) and recognition through the MediWales Innovation Awards (Q3), where the Trust's Radiotherapy Physics team won the Technology and Digital Impact Award for EdgeVcc, an automated treatment planning solution that streamlines planning workflows and supports faster, more efficient care.

11.7 Conclusion.

Overall, 2025/26 represented a year of consolidation and maturation of innovation at Velindre, with major infrastructure and assurance milestones achieved and a strengthened foundation for sustained innovation delivery.

Achievement of ISO 56001 certification and the BSI Innovation Management Kitemark, alongside continued delivery across core programmes (ARC, ARF, RIC, Bright Ideas, Innovation Small Awards and Collaborative Centre development), demonstrates a systematic approach to innovation management, capability building and partnership working across the Trust.

The Trust is well-positioned to continue embedding and maturing innovation governance, scaling effective initiatives, and strengthening measurement of outcomes and impact in future reporting periods.

STRATEGIC PRIORITY 4

The Trust will maximise collaborative opportunities locally, nationally, and internationally.

12 Velindre University NHS Trust Sponsored Research Performance Indicators.

The Trust sponsors research studies taking on the responsibility for the initiation, management, and financing (or arranging the financing) of those research studies.

12.1 VUNHST sponsored studies metrics.

The following information shows the performance indicators for the Trust's sponsored studies

	FY2024/25			
	Q1	Q2	Q3	Q4
Number of New Projects Sponsored	0	1	2	0
Number of Studies Opened	1	0	1	0
Scope of Studies Opened	National	N/A	National	N/A
Number of Sites Opened	1	0	2	0
Number of Publications	0	0	1	0
Number of Abstracts	0	0	0	1
Number of Articles	1	0	0	0
Recruitment	1	2	7	5

12.2 VUNHST sponsored research.

The Research & Development team has been providing support to NHS Wales Shared Services Partnership, primarily within ophthalmology, in relation to research activity and data-sharing requests. This has included facilitating governance review and supporting the appropriate sharing of data for collaborative projects involving Cardiff University researchers.

To date, this work has included two sponsored research projects involving mandatory questionnaires exploring how ophthalmologists address smoking cessation and depression within their patient populations.

The team has also been invited to contribute to the development of the Centre for Vision Services at Cardiff University, where there is interest in establishing future collaborative research activity involving NWSSP. Initial discussions have taken place to consider the scope of the collaboration and to outline the governance, contractual and data-sharing requirements necessary to support appropriate participation in future research projects.

12.3 VUNHST sponsored studies publications.

The following information shows the publications, articles, and posters generated by the Trust's sponsored studies:

Conference / Journal / Website	Submitted by	Outcome	Title
PATHOS			
Health and Care Research Wales	Heiberg, C.	Web page article	International Clinical Trials Day 2025: Welsh teams leading advances in health and care research https://healthandcareresearchwales.org/about/news/international-clinical-trials-day-2025 May 2025.
British Journal of Cancer	Evans, M. Hurt, C. Rhys, R. Mahajan, A. McQueen, A. Dixon, J. Robinson, M. Robinson, N. Hunter, K. Christian, A. Jones, A. Queiroz, A. Huang, S. H. O'Sullivan, B. Canham, J. Heiberg, C. Jones, T.	Published	Correlation between imaging-detected and pathological extranodal extension in a randomised trial in Human Papillomavirus-positive oropharyngeal cancer. https://doi.org/10.1038/s41416-025-03291-z 27 November 2025
BAHNO - British Association of Head and Neck Oncologists	Hooper, C	Abstract	What are Speech and Language Therapists' (SLT) Perceptions of the impact of their involvement in research on their clinical practice? May 2026.

CROSS-CUTTING THEMES

13 Cross-cutting themes: progress.

Cross-cutting themes across Strategic Priorities 1 to 4														
		FY2025/26				FY2026/27				FY2027/28				
Cross cutting theme	Objective & Expected benefit	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Progress / Comments
Research workforce development / training	Continue to develop and implement an RD&Trials training programme to that aligns to the forthcoming implementation in April 2026, of the: - The Medicines for Human Use (Clinical Trials) Regulations 2024. - ICH Good Clinical Practice E6(R3) guidelines. ensuring that all sponsored and hosted clinical trials are conducted to the highest standards of patient safety, data integrity, and regulatory readiness. This should draw on as appropriate: (1) Trust-developed internal training. (2) Health and Care Research Wales training. (3) Training from specialist non-commercial and commercial providers Expected benefit: Increased capability and confidence across Trust staff to develop, set up, deliver and manage clinical trials/research studies.				x									Existing research training arrangements continued to be reviewed and enhanced during FY2025/26 to support alignment with the forthcoming UK Medicines for Human Use (Clinical Trials) Regulations 2024 and ICH GCP E6(R3). Activity has included mapping current training provision against emerging regulatory expectations and identifying opportunities to strengthen role-specific training, oversight and consistency across research delivery settings. Review work has incorporated consideration of internal training provision alongside external programmes available through Health and Care Research Wales and specialist commercial and non-commercial providers. Benchmarking activity, including engagement with The Clatterbridge Cancer Centre, has also informed ongoing refinement of the Trust's approach to clinical research training and workforce development. Enhancement activity is expected to continue on a phased basis as the new regulatory framework becomes embedded across the clinical research environment.
Investment in Research Delivery & Governance team infrastructure development	Strengthen staffing capacity and capability within the Research Delivery & Governance teams to support delivery of complex and high-volume clinical trial portfolios.													During FY2025/26, work continued to review and strengthen existing research delivery and governance arrangements to ensure alignment with increasing portfolio complexity, commercial research growth and evolving

RD&I - Integrated Performance Report

	ensuring timely set-up, delivery, and regulatory compliance. Expected benefit: Improved study initiation timelines, sustained recruitment performance, and enhanced regulatory readiness.													regulatory expectations. Activity has included workforce and capability review, consideration of future skills requirements and ongoing evaluation of operational interfaces across research delivery and governance functions. Development work has remained aligned to wider organisational workforce and financial planning processes to support sustainable service development. Benchmarking discussions, including engagement with The Clatterbridge Cancer Centre, have also informed consideration of future operating arrangements and workforce models. Further refinement activity is expected to continue alongside wider organisational planning and service development workstreams.
Digital infrastructure development and enablement	Develop and implement digital systems to streamline research management, documentation, and reporting, including phased roll-out of Florence eBinders and integration with existing Trust systems. Expected benefit: Improved efficiency, accuracy, and accessibility of research records, supporting compliance and reducing administrative burden.													Work during FY2025/26 has focused on progressing the planned implementation of FLORENCE eBinders as part of the wider enhancement and modernisation of research documentation and oversight arrangements across the Trust. Activity has included workflow review, consideration of folder structure requirements, and engagement with operational departments including Pharmacy, Radiotherapy and Digital Services. Review activity has also focused on ensuring alignment of digital systems and documentation processes with the expectations associated with the UK Clinical Trials Regulations 2024 and ICH GCP E6(R3), particularly in relation to oversight, documentation management and digital enablement. Implementation and enhancement activity will continue on a phased basis to support safe, sustainable and proportionate adoption across the organisation.

RD&I - Integrated Performance Report

[illegible]

14 Research, Development, and Innovation Finances.

14.1 Introduction

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of March 2026 (Month 12 2025/26). The dashboard included within Appendix 1 provides an overview of the position.

14.2 Financial Performance to March 2026

The reported financial position for RD&I at the end of March 2026 shows an overspend of £232k, an increase of £147k from February. The high-level position by category is shown below, with a more detailed breakdown by Directorate shown in Appendix 2.

Key Financial Target 1: To remain within monthly budget expectations.

Subjective	Annual Budget (£'000)	Cumulative Position M12		
		Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,403	4,403	4,611	208
Non Pay	857	857	1,507	650
Income	(4,565)	(4,565)	(5,192)	(627)
Grand Total	694	694	926	232

Key Variances:

- Pay – As the Division is operating close to full establishment, vacancy control savings are not being achieved in full. This is an important consideration as £30k of the £110k total saving for vacancy control in 2025/26 is recurrent and will pose a risk next financial year. Primary overspends relate to Admin and Clerical staff.
- Non-Pay – The £650k overspend on non-pay is primarily driven by non-budgeted expenditure. This includes £95k for external consultancy (PwC), £20k in legal fees relating to BSI Kitemark certification, and £101k of building contract costs associated with the vaccine room refurbishment. Additional pressures include £49k for the Florence e-binder system for R&D, £70k relating to Cardiff University VPAG posts which were not budgeted for, £10k for laboratory equipment, £13k for training and conferences, and £214k relating to contractual clinical services for trials.
- Income - The division's greatest area of risk continues to be income, with a challenging target of £4.6m set for 2025/26, including an additional £150k savings target from increased commercial trials income. The year-to-date income overachievement of £627k is a positive outcome, up from £154k in February largely due to the inclusion of the 25/26 VPAG monies, not previously budgeted for. The overachievement against income budgets helped to provide mitigation for gross overspends against pay and non-pay.

The trajectory of income received in year compared to historical trends is set out with Finance Appendix 1. The year-to-date position is shown below:

Income Analysis by category:

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Sum of Amount £'s	Annual	YTD	YTD	YTD
Subjective	Budget	Budget	Actual	Var
	£'000	£'000	£'000	£'000
Welsh Govt. Other Income	1,164	1,164	2,014	(850)
R & D Income / Grants	320	320	200	120
Commercial Trials Income	1,378	1,378	1,341	37
Charity Income	1,399	1,399	1,376	23
Other Income	304	304	261	43
Grand Total	4,565	4,565	5,192	(627)

Key Finance Target 2: To pay at least 95% of invoices within 30 days

	Current Month	Year to Date	Forecast Outturn
% Compliance	82%	86%	>95%

The PSPP compliance target is to pay 95% of invoices within 30 days. Performance in the current month has declined marginally compared to the prior month. PSPP compliance will remain a key area of focus to ensure performance is restored and maintained at the 95% target.

14.3 Delivery of savings

The table set out in Finance Appendix 1 demonstrates how the 2025/26 savings are planned to be delivered.

While the year-to-date position for establishment control is challenging, mitigation through commercial income overachievement has ensured that the Division has been able to deliver the in year savings target during the year. The current nature of some schemes continues to be an area of concern, particularly establishment vacancy control. Commercial income generation is also recurrent in nature and so any potential overachievement cannot be assumed to be available as mitigation in future years.

Where there is a risk of deviation from planned full delivery, the Division is expected to identify appropriate mitigation measures while implementing remedial action. Failure to manage appropriately may have consequences, not only for the Divisional position but also for the position reported to Trust Board.

It should be noted that the 2025/26 approach to mitigation is not a recurrent solution, as future years' commercial income has been earmarked for other purposes. A 3% planning assumption for 2026/27 savings has been confirmed meaning that RD&I have been allocated a target of £287k (£150k of which is recurrent). This is in addition to the recurrent items which are yet to be achieved. The Division as a whole will be responsible for determining how these will be achieved, with a clear plan provided to Finance. To date, no such plan has been submitted, which is time sensitive as budgets need to be finalised ahead of the new financial year.

14.4 Conclusion

Divisional budget holders are required to carefully monitor expenditure and savings against these budgets which are based on intended spend and savings profiles. In addition, there is a requirement to provide realistic forecasts for annual outturn expenditure and savings on at least a monthly basis. It is particularly important that emerging overspends or underspends and slippage against savings plans are identified and clear actions, timescales and lead identified in order to bring overspends back

within budget and shortfall on savings targets replaced with alternative savings. Any such overspends or underspends or savings shortfall and associated actions should be declared as soon as they become known, so they can be managed within the context of the overall Trusts budget.

Whilst it is extremely important that robust oversight and control over all costs is maintained, it is particularly important that the underlying pressures and opportunities are fully understood. This will allow an assessment to be made as to the extent to which these will continue into future years.

The following highlights the risks that have impacted both in the current year and potentially on next financial year unless remedial action is taken:

- Undelivered recurrent savings in respect of vacancy control. £30k (27%) of the £110k vacancy control saving for 2025/26 is recurrent, therefore, permanent mitigation must be identified in addition to 2026/27 savings.
- The level of commercial income opportunities will not be available for mitigation in future years as commercial income has been earmarked for other purposes

14.5 Finance Appendix 1 – Research, Development, & Innovation FY2025/26.

Appendix 1 - Research, Development & Innovation 2025-26

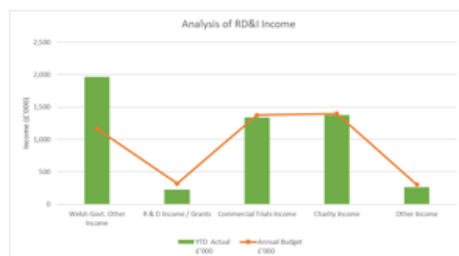
Month 12 – March

The following tables, charts and figures give an indication of the financial performance of the Division.

Subjective	Cumulative Position M12			
	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,403	4,403	4,611	208
Non Pay	857	857	1,507	650
Income	(4,565)	(4,565)	(5,192)	(627)
Grand Total	694	694	926	232

Income Summary

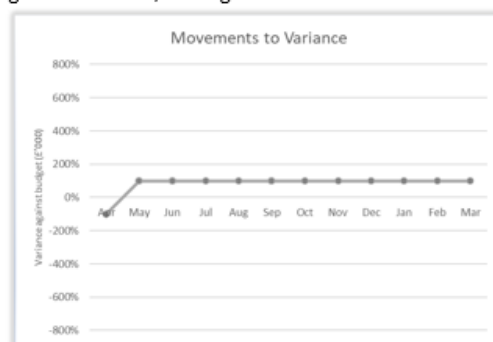
Sum of Amount £'s	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Subjective				
Welsh Govt. Other Income	1,164	1,164	2,014	(850)
R & D Income / Grants	320	320	300	120
Commercial Trials Income	1,378	1,378	1,341	37
Charity Income	1,399	1,399	1,376	23
Other Income	304	304	261	43
Grand Total	4,565	4,565	5,192	(627)



Recurring Budget Risks & Opportunities:

- Assessment made of temporary funding support via Charity, VPAG and Faktion – ensure that transparency across all areas to aid and support financial sustainability
- Consider options to further explore commercial and other income in line with IMTP strategy
- Growing RD&I function in sustainable way is reliant on commercial trials income growth and appropriate exit strategy around those posts that are funded via the charity
- Patient recruitment

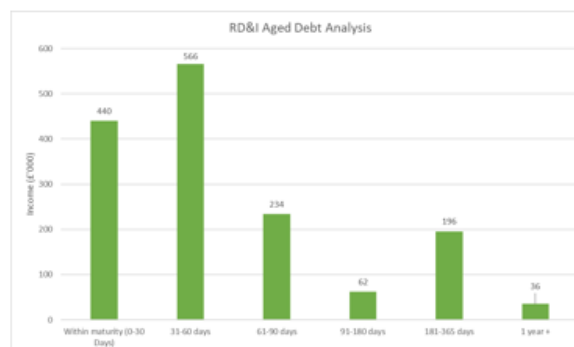
The figures and charts below highlight the performance against the 2025/26 targets.



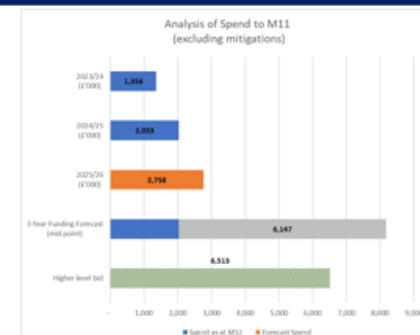
Payment of Invoices: to pay at least 95% of invoices within 30 days.

	Current Month	Year to Date	Forecast Outturn
% Compliance	82%	86%	>95%

Aged Debtors



Integrated Bid



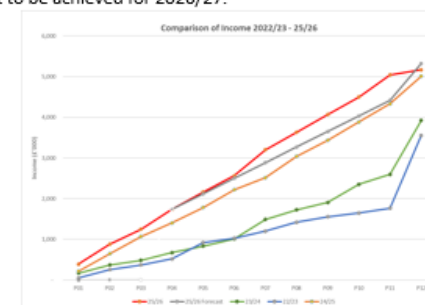
The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

RD&I Saving Theme - Recurrent	Category	IMTP Target (£'000)	Savings Realised (£'000)	Variance (£'000)	Variation (%)
Commercial Income	Income	250	250	0	100%
Establishment Control	Pay	80	0	80	0%
Sub Total		250	250	0	



IMTP Considerations:

- Establishment control savings are under delivered
- Overall CIP target delivered in full due to the overachievement of commercial income, which is mitigating the impact.
- Smart action plans to be developed to support the additional 3% CIP target to be achieved for 2026/27.



14.6 Finance Appendix 2 – Finance Performance by Directorate.

Row Labels	Sum of Annual Budget	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance
RAA1-R&D Office	(£25,535)	(£25,535)	£91,397	£116,933
Income	(£3,801,815)	(£3,801,815)	(£4,371,292)	(£569,476)
Non Pay	£452,224	£452,224	£1,029,441	£577,216
Pay	£3,324,055	£3,324,055	£3,433,248	£109,193
RAAS-Strategic IB	£542,240	£542,240	£701,259	£159,019
Income	(£550,626)	(£550,626)	(£574,300)	(£23,674)
Non Pay	£302,165	£302,165	£415,958	£113,793
Pay	£790,701	£790,701	£859,600	£68,899
RINV-Innovations	£177,684	£177,684	£133,410	(£44,274)
Income	(£212,870)	(£212,870)	(£246,326)	(£33,456)
Non Pay	£102,443	£102,443	£61,413	(£41,030)
Pay	£288,111	£288,111	£318,324	£30,213
Grand Total	£694,389	£694,389	£926,067	£231,678

Appendix A: Summary of RD&I Risk Profile.

The following table summarises the risks for Research & Development. Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level. The escalation of a risk, based on the risk score once the controls / action plans have been applied, is as follows:

Risk Score	Escalation group
15 or above	Executive Management Board (EMB) and RD&I Sub-Committee. These risks are the responsibility of the EMB and RD&I Sub-Committee to ensure effective management and resolution. Risks are further escalated to Trust Board, if the RD&I Sub-Committee determines the risk to require Trust Board involvement or is a Trust-wide issue and so out of scope of the Research & Development Service.
8 to 14	Review action at Research, Development, and Innovation Operational Management Group and close within 6 months.
4 to 7	Review action at Research, Development, and Innovation Operational Management Group and close within 12 months.
1 to 3	If agreed no further action, risk can be closed and re-assessed if there is a recurrence of the risk.

The Risk Rating Matrix is as follows:

RISK RATING MATRIX - IMPACT X LIKELIHOOD					
RISK MATRIX	LIKELIHOOD(*)				
CONSEQUENCE(**)	1- Rare	2- Unlikely	3 - Possible	4 - Probable	5 - Expected
1 -Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 -Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

To note, risk scores are calculated by multiplying the impact (first number in brackets) of the risk by the likelihood of the risk (second number in brackets).

A1. Current risk register (Open Risks) – From 01 April 2025.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
RESEARCH AND DEVELOPMENT (R&D)											
RISKS in the domain											
1	ID: 2200 01 May 2011	Velindre Cancer Services: Radiotherapy Services	Performance and Service Sustainability	Risk Owner: Tony Millin, Director of Medical Physics and Clinical Engineering Risk Lead: Helen Payne, Radiotherapy Services Manager	The RADIOTHERAPY SERVICE risk (Risk ID 2200) was made visible in Datix to the Research Service in March 2024. The risk has been assessed for impact on the Research Service's ability to continue service delivery: - Capacity to meet the Trust's existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment. - Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment. The controls / action plans put in place to address the Research Service's aspects of this risk, and their progress are described in the "Controls / Action Plan & Progress" column. The RADIOTHERAPY SERVICE risk has an inherent risk score of 16 and has previously been escalated to the Trust Executive Management Board. The RADIOTHERAPY risk is owned by that service and is described below for reference: RADIOTHERAPY CAPACITY There is a risk to whole of Radiotherapy Performance and Service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand. The lack of sufficient capacity within the Radiotherapy service has had the following consequences:- Compliance risk - An inability to maintain waiting times compliance. - Creation of waiting lists. - Inability to meet RCR clinical guidelines. Patient safety risk - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. Reputational risk - Limited service developments with a corresponding delay or inability to meet IMTP objectives. - Restricted ability to participate in clinical trials or research projects. - Issues with recruitment and retention of staff.	12 (3 x 4)	8 (2 x 4)	6 (2 x 3) Expected date: 01 Nov 2027	◀▶	15 May 2026. - The Research Service is in regular communication with the Radiotherapy Service to discuss their capacity in managing existing clinical trials with radiotherapy treatment and meet Trust contractual requirements. This is achieved through a number of mechanisms: - Trust R&D Office representation on the Radiotherapy Trials Portfolio Group, which assess and discuss the impact of Radiotherapy Service changes on the delivery of existing clinical trials, allowing prioritisation discussions to take place. - Regular meetings between the Head of R&D, Research Delivery Manager, and Superintendent Radiographer – R&D. Through these mechanisms, the existing clinical trials with radiotherapy have been assessed and the Trust is able to meet its contractual requirements. - The Research Service's Head of R&D and Research Delivery Manager are part of the established Radiotherapy Trials Solutions Group chaired by Dr Paul Shaw (Consultant Clinical Oncologist) that has made recommendations to improve the situation. Work is underway to implement and monitor these recommendations made by the group, to ensure that the Trust is able to set-up and deliver new clinical trials with radiotherapy treatment within the capacity constraints alongside the existing portfolio of trials; and aligned with the Radiotherapy's service re-design as part of the Integrated Radiotherapy Solutions (IRS). The above actions will allow the Trust to continue to deliver its current contracted portfolio of trials with radiotherapy treatment and offer patients opportunities to take part new trials aligned with the IRS development. The Radiotherapy Service's IRS programme of work will see the implementation of a treatment and planning system supplied from a single vendor. Any changes resulting from the work that could affect the Trust's ability to deliver trials with radiotherapy treatment is considered through ongoing discussions with the Research Service and Clinical Teams.	The Datix output relating to this risk indicates that the risk direction of travel remains stable / no movement, with the Date that the Target Risk Rating was expected to be achieved = 01 Nov 2027. The next formal service review date is 16 Nov 2026. The RADIOTHERAPY SERVICE has added further mitigation to the risk. A SBAR has been submitted to the VCS Operational Management Board (OMB) to increase capacity at V@NHRU. RESEARCH SERVICE: During Quarter 3 and Quarter 4, the Radiotherapy Trials Solutions Group continued to meet to support optimisation of radiotherapy capacity and scheduling for research studies alongside wider service pressures and IRS implementation activity. Existing radiotherapy trials continued to be reviewed against available operational capacity, with contractual trial treatment requirements continuing to be delivered within agreed parameters. New trial proposals involving radiotherapy continue to undergo assessment through the Radiotherapy Trials Portfolio Group to ensure alignment with available capacity, operational priorities and IRS-related service developments prior to confirmation of support through the Research Service's Confirmation of Capacity and Capability processes. As wider RADIOTHERAPY SERVICE transformation and IRS implementation activity continues, review and refinement of associated research delivery arrangements will continue as part of ongoing operational oversight during FY2026/27.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
RESEARCH AND DEVELOPMENT (R&D)											
RISKS in the domain											
2	ID: 3252 01 May 2011	Velindre Cancer Services	Research and Development	Risk Owner: Christopher Cotterill-Jones, Research Delivery Manager Risk Lead: Christopher Cotterill-Jones, Research Delivery Manager	Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies.	20 (4 x 5)	8 (2 x 4)	4 (2 x 2) Expected date: 31 Oct 2026	◀▶	15 May 2026 The Trust's Research Service continues to work with CVUHB Joint Research Office on resolving the issue. Exploration of support to the services within CVUHB continues to examine possible funding sources to support the appointment of additional posts. Additionally, CVUHB JRO staff shall be invited to join VUNHST Research Service Trials Operational Group to discuss the research study support requirements and status of those provided by CVUHB. - Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC). - Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. - Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. - VUNHST R&D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up. - VUNHST exploring support service agreements with other organisations.	The Datix output relating to this risk indicates that the risk direction of travel remains stable / no movement, with the Date that the Target Risk Rating was expected to be achieved = 31 Oct 2026. The next formal service review date is 31 Oct 2026. During Quarter 3 and Quarter 4, the Research Service continued to monitor biopsy-dependent studies closely throughout feasibility and study set-up processes. Studies requiring mandatory radiological biopsies continued to be identified early, with alternative local pathways and mitigation options considered where feasible. Engagement with Cardiff & Vale University Health Board RADIOLOGY services and the JOINT RESEARCH OFFICE has continued to support forward planning, operational visibility and exploration of longer-term sustainable arrangements. Internal escalation and review processes relating to biopsy-dependent studies have also remained embedded within the RESEARCH SERVICE's Confirmation of Capacity and Capability arrangements. Given the interdependency on wider cross-organisational operational capacity and service planning, collaborative review and service development discussions will continue during FY2026/27.

A2. Risks closed since last report.

No.	ID & Date	Directorate	Risk Domain	Risk Owner	Description of Risk	Inherent Rating	Current Rating	Target Rating and Expected date	Rating change since last reporting period	Actions & Due Date	Progress since last report period
	RESEARCH AND DEVELOPMENT (R&D)										
	RISKS in the domain										

During Quarter 4, there have been no Research and Development risks were closed since 01 April 2025. All risks remain under active monitoring through the Research, Development, and Innovation governance structure.

Appendix B: Velindre Cancer Service.

The following appendix lists **publications from 2025**, from the Velindre Cancer Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2025**, there has been a total of 153 publications – 94 articles and 59 conference abstracts.

Cancer Site Specific

B1. Breast

Articles

K. Aboud, M. Meissner and R. Jones (2025). "Capivasertib/Fulvestrant in patients with HR+, HER2-low or HER2-negative locally advanced or metastatic breast cancer." Therapeutic advances in medical oncology **17**: 17588359251358947. **Impact Factor = 4.2**

J. E. Abraham, L. O. O'Connor, L. Grybowicz, K. P. Alba, A. Dayimu, N. Demiris, C. Harvey, L. M. Drewett, R. Lucey, A. Fulton, A. N. Roberts, J. R. Worley, M. A. Chhabra, W. Qian, J. Brown, R. Hardy, A.-L. Vallier, S. Chan, M. E. U. Cidon, E. Sherwin, A. Chakrabarti, C. Sadler, J. Barnes, M. Persic, S. Smith, S. Raj, **A. Borley**, J. P. Braybrooke, E. Staples, L. C. Scott, C. A. Palmer, M. Moody, M. J. Churn, D. Pilger, G. Zagnoli-Vieira, P. W. G. Wijnhoven, M. B. Mukesh, R. R. Roylance, P. C. Schouten, N. C. Levitt, K. McAdam, A. C. Armstrong, E. R. Copson, E. McMurtry, S. Galbraith, M. Tischkowitz, E. Provenzano, M. J. O'Connor and H. M. Earl (2025). "Neoadjuvant PARP inhibitor scheduling in BRCA1 and BRCA2 related breast cancer: PARTNER, a randomized phase II/III trial." Nature communications **16**(1): 4269. **Impact Factor = 15.7**

J. A. Dunn, P. Donnelly, N. Elbeltagi, A. Marshall, A. Hopkins, A. M. Thompson, R. Audisio, S. E. Pinder, D. A. Cameron, S. Hartup, L. Turner, A. Young, H. Higgins, E. K. Watson, S. Gasson, **P. J. Barrett-Lee**, C. Hulme, B. Shinkins, P. S. Hall and A. Evans (2025). "Annual versus less frequent mammographic surveillance in people with breast cancer aged 50 years and older in the UK (Mammo-50): a multicentre, randomised, phase 3, non-inferiority trial." Lancet (London, England) **405**(10476): 396–407. **Impact Factor = 88.5**

S. Harding and A. Borley (2025). "Switching to a Fixed-dose Combined Pertuzumab and Trastuzumab With Recombinant Human Hyaluronidase Subcutaneous Injection to Treat Human Epidermal Growth Factor Receptor 2-positive Breast Cancer in Real-world UK Clinical Practice." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103671. **Impact Factor = 3.0**

V. Gaury, Z. Vaquette, V. Aubert, C. Barcenas, L. J. Jones, D. Jacobs, J. Guillon, A. Filiot, B. van der Vegt, E. Hocquet, C. Maisin, **L. K. Spary**, M. Bateson, A. L. Martin, D. Drubay, S. Everhard, L. Guillou, M. Sefta, I. Garberis, F. Andre, A. V. Salomon, S. Krishnamurthy and M. Lacroix-Triki (2025). "Clinical Validation of RlapsRisk BC in an international multi-cohorts setting." medRxiv. **No Impact Factor – preprint server**

J. V. Waterhouse, A. Holdich, F. Mina, M. Obeid, K. Joshi, S. Barrett, L. Rajakumar, G. McCormick, S. Seymour, P. Koliou, R. Sylva, O. Ayodele, A. Gautam, J. Smith, J. McKeon, T. Strawson-Smith, R. Douglas, **A. Borley**, A. Konstantis and S. McGrath (2025). "Safety and Efficacy of Atezolizumab in Combination With nab-Paclitaxel in Patients With PD-L1 Positive Metastatic or Locally Advanced Triple-Negative Breast Cancer: A UK-Wide Cancer Centre Experience." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103968. **Impact Factor = 3.0**

B2. Colorectal

Articles

F. Aroldi, E. Elez, T. Andre, G. Perkins, H. Prenen, V. Popovici, P. Gallagher, J. Houlden, L. Collins, C. Roberts, C. Rolfo, F. Di Nicolantonio, M. Grayson, R. Boyd, K. Bettens, J. Delfavero, V. Coyle, M. Lawler, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, T. S. Maughan, J. Tabernero, **R. Adams**, R. Jones, B. T. Hennessy, A. Bardelli, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A Phase Ia/b study of MEK1/2 inhibitor binimetinib with MET inhibitor crizotinib in patients with RAS mutant advanced colorectal cancer (MErCuRIC)." *BMC cancer* **25**(1): 658. **Impact Factor = 3.4**

A. Audisio, C. Gallio, V. Velenik, H. Meillat, E. Ruiz-Garcia, M. C. Riesco, J. S. Alecha, G. Rasschaert, C. Carvalho, V. Randrian, I. Kirac, J. Hernando, M. Artac, J. M. O'Connor, I. Waldhorn, P. M. Braam, A. Shamseddine, R. Moretto, C. De la Pinta, F. De Felice, A. Dulskas, D. Paez Lopez-Bravo, A. Vanden Bulcke, F. Bock, A. Deleporte, M. Van Den Eynde, K. P. Geboes, M. Loi, M. Messina, C. Houlze-Laroye, A. Puccini, A. Pastorino, D. Papamichael, M. Fiore, D. Sur, M. Eid, C. Antoun, M. Salati, I. Garajova, M. Jakubauskas, J. Tomasek, C. M. Sousa Pinto, J. Schwingel, F. Morano, **R. A. Adams**, A. Dermine, A. Chau, M. A. Javed, M. Ghidini, F. Fiorica, P. Montenegro, A. Petrillo, G. Spolverato, N. Mulet Margalef, M. Diaz, C. Baratelli, F. Puleo, A. Karampeazis, F. Sert, Q. Gilliaux, A. De Stefano, G. Liberale, L. Moretti, P. Martinive, V. Deltuvaite Thomas, V. Staggs, E. D. Saad, J.-L. Van Laethem and F. Sclafani (2025). "Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer." *JAMA oncology* **11**(9): 1045–1054. **Impact Factor = 20.1**

J.-B. Bachet, A. de Gramont, M. Raeisi, M. Rakez, R. M. Goldberg, N. C. Tebbutt, E. Van Cutsem, D. G. Haller, J. R. Hecht, R. J. Mayer, S. M. Lichtman, A. B. Benson, A. F. Sobrero, J. Tabernero, **R. Adams**, J. R. Zalcborg, A. Grothey, T. Yoshino, T. Andre, Q. Shi and B. Chibaudel (2025). "Characteristics of Patients and Prognostic Factors Across Treatment Lines in Metastatic Colorectal Cancer: An Analysis From the Aide et Recherche en Cancerologie Digestive Database." *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* **43**(18): 2094–2106. **Impact Factor = 41.9**

G. Bregni, **R. Adams**, R. Bale, M. A. Bali, I. Bargellini, L. Blomqvist, G. Brown, C. Cremolini, P. Demetter, T. Denecke, A. Dohan, C. Dopazo, E. Elez, S. Evrard, R. Feakins, M. Guckenberger, M. G. Guren, M. Hawkins, A. Hoorens, E. Huguet, M. Intven, T. Koessler, W. G. Kunz, F. Lordick, V. Lucidi, A. H. Mahnken, H. Malik, P. Martinive, M. Mauer, A. M. Romero, I. Nagtegaal, F. Orsi, W. J. Oyen, O. Pellerin, M. Rengo, J. Ricke, A. Ricoeur, A. Riddell, M. Ronot, M. Scorsetti, J. Seligmann, C. Sempoux, K. Sheahan, S. Stattner, M. Svrcek, J. Taieb, N. West, L. Wyrwicz, C. J. Zech, M. Moehler and F. Sclafani (2025). "EORTC consensus recommendations on the optimal management of colorectal cancer liver metastases." *Cancer treatment reviews* **136**: 102926. **Impact Factor = 10.5**

R. Frood, A. Gilbert, D. Gilbert, N. L. Abbott, S. D. Richman, V. Goh, S. Rao, J. Webster, A. Smith, J. Copeland, S. P. Ruddock, L. Berkman, R. Muirhead, A. G. Renehan, M. Harrison, **R. Adams**, M. Hawkins, S. Brown and D. Sebag-Montefiore (2025). "Personalising anal cancer radiotherapy dose (PLATO): protocol for a multicentre integrated platform trial." *BMJ open* **15**(11): e109655. **Impact Factor = 2.3**

H.-J. Lenz, T. Liu, E. Y. Chen, Z. Horvath, I. Bondarenko, I. Danielewicz, M. Ghidini, P. Garcia-Alfonso, **R. Jones**, M. Aapro, Y. Zhang, J. Wang, W. Wang, J. Adeleye, A. Beelen and J. Hubbard (2025). "Trilaciclib prior to FOLFOXIRI/bevacizumab for patients with untreated metastatic colorectal cancer: phase 3 PRESERVE 1 trial." *JNCI cancer spectrum* **9**(1). **Impact Factor = 4.1**

A. Macnair, **R. Adams**, A. Appelt, M. Beavon, K. Drinkwater, C. R. Hanna, S. M. O'Cathail and R. Muirhead (2025). "Neoadjuvant Treatment of Rectal Cancer: A Repeat UK-wide Survey After Implementation of National Intensity Modulated Radiotherapy Guidance." Clinical oncology (Royal College of Radiologists (Great Britain)) **41**: 103835. **Impact Factor = 3.0**

Conference Abstracts

A. Macnair, **R. Adams**, A. Appelt, M. Beavon, K. Drinkwater, C. R. Hanna, S. M. O'Cathail and R. Muirhead (2025). "Neoadjuvant treatment of rectal cancer: A UK-wide audit after implementation of national IMRT guidance." Radiotherapy and Oncology **206**(Supplement 1): S1173–S1175.

R. K. McMahon, S. M. O'Cathail, C. Hanna, J. Graham, M. Saunders, N. MacLeod, R. Muirhead, L. Samuel, **R. Adams**, L. Devlin, L. Wells, C. Arthur, C. Kelly, L. Lewsley, L. Paterson, N. Walker, L. Hillson, A. K. McCulloch, C. Y. Kong and C. S. Roxburgh (2025). "Patient experience assessment with serial sampling for research in rectal cancer radiotherapy trials: use of the Decision Regret Scale." Radiotherapy and Oncology **206**(Supplement 1): S1178–S1179.

L. S. Nixon, M. Carucci, A. Casbard, L. Raisanen, C. Porter, P. J. Markham, M. G. Guren, V. Goh, **T. Rackley**, S. Bosompen, N. L. Abbott, M. Drury, M. Hall, M. Harrison and **R. Adams** (2025). "Phase 1b/II trial of pembrolizumab plus standard radiotherapy with chemotherapy in Squamous Cell Carcinoma of anus (CORINTH): Cohorts safety data." Radiotherapy and Oncology **206**(Supplement 1): S1168–S1169.

C. S. Roxburgh, C. R. Hanna, M. P. Saunders, C. Arthur, L. M. Samuel, L. Wells, R. Muirhead, N. J. MacLeod, J. S. Graham, L. Devlin, J. Edwards, L. V. Hillson, R. K. McMahon, A. K. McCulloch, L. Paterson, C. Kelly, L. A. Lewsley, N. Walker, **R. Adams** and S. M. O'Cathail (2025). "PRIME-RT: Durvalumab with extended neoadjuvant regimens in locally advanced rectal cancer (LARC): a randomised phase II trial." Radiotherapy and Oncology **206**(Supplement 1): S1163–S1164.

P. Roy, R. A. Adams, E. Spezi and C. Piazzese (2025). "Deep Radiomic Analyses of Genomics and Oncologic Scans (DRAGONS)." Radiotherapy and Oncology **206**(Supplement 1): S3804–S3805.
D. Sebag-Montefiore, L. Samuel, S. Gollins, R. Glynne-Jones, R. Harte, N. West, P. Quirke, A. S. Myint, S. Bach, S. Falk, **P. Parsons**, A. Dhadda, V. Misra, G. Brown, M. Harrison, L. White, M. Duggan, R. Begum, E. Chang, R. Musleh, A. Lopes and **R. Adams** (2025). "ARISTOTLE: Mature results of a phase 3 trial evaluating the addition of irinotecan to capecitabine chemoradiation in locally advanced rectal cancer." Radiotherapy and Oncology **206**(Supplement 1): S1192–S1194.

B3. Gynaecology

Articles

F. Cherifi, I. Ray-Coquard, M. J. Rubio, X. Paoletti, D. Lorusso, C. H. Choi, K. Hasegawa, D. S. P. Tan, **E. Hudson**, A. Davis, G. Tognon, S. Lheureux, M. A. Vardar Key, J. E. Kurtz, J. Alexandre and F. Joly (2025). "DOMENICA: dostarlimab versus chemotherapy alone in first-line MMR-deficient advanced endometrial cancer patients." Future oncology (London, England) **21**(13): 1613–1623. **Impact Factor = 2.6**

K. Harano, R. Fossati, B. Pardo, F. Galli, **E. Hudson**, Y. Antill, C. Lee, M. Rabaglio, F. Heitz, V. Kolovetsiou-Kreiner, C.-H. Lai, E. Biagioli, L. Manso, S. Nishio, K. Allan, Y. C. Lee, S. Uggeri, A. Redondo, S. Nakagawa, E. Au, J. Lombard, A. Gadducci, K. Takehara, E. E. Baldini, I. Palaia, C. Casanova, A. Ardizzoia, A. Bologna, M.-P. Barretina-Ginesta and N. Colombo (2025). "Phase III double-blind randomized placebo controlled trial of atezolizumab in combination with carboplatin and paclitaxel

in women with advanced/recurrent endometrial carcinoma: the Asian cohort of the AtTend/ENGOT-EN7 trial." Journal of gynecologic oncology **36**(4): e117. **Impact Factor = 3.7**

J. McGrane, L. Eastlake, D. Hadjiyiannakis, S. Lalondrelle, R. Bowen, S. Trent, M. Obeid, **E. Hudson**, R. Agarwal, S. Gandhi, T. Young, R. Kristeleit, R. Mohammed, M. Rowe, S. Dubey, J. Forrest, L. Seneviratne, M. Hussain and G. J. Melendez-Torres (2025). "Real World Multi-centre UK Review of Nivolumab Monotherapy in Metastatic Endometrial Cancer With Mismatch Repair Deficiency During COVID-19." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103899. **Impact Factor = 3.0**

J. C. McMullan, C. Smith, R. Jones, C. Butterworth, C. Davies, H. Long, J. Pottle, C. Jarrom, R. Peever, R. Jones, P. Gupta, **L. Hanna**, **E. Hudson** and S. Jones (2025). "All Wales Ovarian Cancer Prehabilitation Project (AWOCP)." BMJ open quality **14**(Suppl 1). **Impact Factor = 1.6**

Conference Abstracts

S. Banerjee, S. P. Hasson, R. Bowen, J. E. Ang, J. McGrane, A. Walther, I. Vazquez, A. George, J. Millar, **E. Hudson**, C. Green, R. Miller, R. Agarwal, S. Williams, D. Jackson, S. Moon, L. Tookman, M. Quigley, M. Ncube, E. King, R. Brooks, S. Connolly and A. Tran (2025). "MONITOR-UK 6-month preliminary analysis: Multi-centre observational study of maintenance niraparib in ovarian cancer (OC)." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 12.

V. Gibson, **L. Hanna**, **E. Hudson**, **L. Harris** and **G. Jones** (2025). "A review of squamous cell vulval carcinoma treated with radical intent radiotherapy at Velindre Cancer Centre, Cardiff 2017-2021." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 41.

S. P. Hasson, R. Bowen, J. E. Ang, J. McGrane, A. Walther, I. Vazquez, J. Millar, **E. Hudson**, C. Green, R. Miller, R. Agarwal, S. Williams, D. P. Jackson, S. Moon, E. King, M. Ncube, R. Brooks, S. Connolly, A. Tran and S. Banerjee (2025). "87P Health-related quality of life (HRQoL) with maintenance niraparib: 6-month preliminary results from the MONITOR-UK trial." ESMO Open **10**(Supplement 5): 105216.

M. Lewis, A. Boyde, G. Rowlands, S. Morgan, R. White, S. Palmer-Smith, **E. Hudson**, **A. Cheung** and **L. Hanna** (2025). "Molecular classification of endometrial cancer in a non-surgical cancer centre." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 63 – 64.

M. Lewis, A. Boyde, G. Rowlands, S. Morgan, R. White, S. Palmer-Smith, A. Murray, A. Newman, **E. Hudson**, **A. Cheung**, **K. Parker**, M. D. Phan and **L. Hanna** (2025). "Mismatch repair (MMR) proteins and their utility in assessing mismatch repair deficient endometrial cancers in a non-surgical cancer centre." BJOG: An International Journal of Obstetrics and Gynaecology **132**(Supplement 7): 63.

B4. Head & Neck

Articles

M. Buttner, G. Sykiotis, A. Al-Ibraheem, M. Pinto, I. Iakovou, A. A. Osthus, E. Hammerlid, L. D. Locati, E. M. Gamper, J. I. Arraras, S. J. Jordan, N. Kiyota, D. Engesser, K. Taylor, R. Canotilho, G. Ioannidis, O. Husson, R. R. Gama, G. Fanetti, **L. Moss**, J. Inhestern, G. Andry, H. Rimmele and S. Singer (2025). "Quality of life in thyroid cancer survivors with and without permanent hypoparathyroidism." Hormones (Athens, Greece) **24**(3): 851–860. **Impact Factor = 2.5**

M. Evans, P. Bonomo, **P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, K. Jensen, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Delineation of the post-operative primary tumour and nodal clinical target volumes in oral cavity squamous cell carcinoma: European Society for Radiotherapy and Oncology (ESTRO) clinical guidelines." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **212**: 111135. **Impact Factor = 5.3**

M. Evans, P. Bonomo, **P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Post-operative radiotherapy for oral cavity squamous cell carcinoma: Review of the data guiding the selection and the delineation of post-operative target volumes." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **207**: 110880. **Impact Factor = 5.3**

A. S. Ho, S. H. Huang, B. O'Sullivan, M. Luu, **M. Evans**, R. L. Ferris, J. S. Lewis, Jr., R. R. Seethala, S. S. Yom, H. Mehanna, B. F. Branstetter, N. F. Saba, S. G. Patel, W. M. Lydiatt and Z. S. Zumsteg (2025). "Derivation and validation of the AJCC9V pathological stage classification for HPV-positive oropharyngeal carcinoma: a multicentre registry analysis." The Lancet. Oncology **26**(8): 1113–1122. **Impact Factor = 35.9**

U. Mallick, K. Newbold, M. Beasley, K. Garcez, J. Wadsley, S. J. Johnson, T. Stephenson, M. Gaze, A. Goodman, S. Jefferies, S. Sivabalasingham, N. Slevin, D. P. Wilkinson, E. Macias-Fernandez, D. Power, T. Roques, L. Speed, C. Nutting, G. Mochloulis, G. Gerrard, C. Candish, S. Morgan, D. Tripathi, P. Truran, C. Arthur, A. Wiczorek, K. Madhavan, **J. Maclean**, D. Boote, D. Kim, A. Pascoe, G. Pitiyage, S. Forsyth, E. Ambrose, E. Chang, K. Farnell and A. Hackshaw (2025). "Thyroidectomy with or without postoperative radioiodine for patients with low-risk differentiated thyroid cancer in the UK (IoN): a randomised, multicentre, non-inferiority trial." Lancet (London, England) **406**(10498): 52–62. **Impact Factor = 88.5**

R. Shaw, R. Knight, A. Basoglu, M. Bajwa, J. Perry, A. Kanatas, S. Fedele, V. Killen, R. Tangney, C. Butterworth, J. McCaul, J. Dhanda, V. Patel, **M. Evans** and R. Jackson (2025). "RAPTOR: Randomised Controlled Trial of PENTOCLO (pentoxifylline-tocopherol-clodronate) in Mandibular Osteoradionecrosis-study protocol for an open-label phase II randomised controlled superiority trial." Trials **26**(1): 254. **Impact Factor = 2.0**

V. Gregoire, L. Tagliaferri and **M. Evans** (2025). "In Regard to Margalit et al." Practical radiation oncology **15**(2): 205–208. **Impact Factor = 3.5**

A. L. Peters, W.-Y. Poon, **S. Walters**, Z. Iyizoba-Ebozue, C. Hannon, S. Kingdon, K. Yogalingam, L. Kennedy, J. Peck, K. Cavanagh, R. Fernandes, Y. Wang, S. Thomas, M. Rowe, K. Grellier, K. MacTier, M. Baxter, S. A. Growcott, A. Muse, R. Kitson, O. Gbenebichie, K. Laws, J. Hardman, M. Denholm, K. Purshouse, R. Prestwich, C. Wilson, D. J. Noble and C. Paterson (2025). "Involved Neck Only Versus Mucosal Radiation Therapy for Head and Neck Squamous Cell Cancer of Unknown Primary (HNSCCUP): A National Retrospective Multicenter Cohort Study." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

Conference Abstracts

D. Thomson, J. Price, M. Tyler, M. J. Beasley, J. Lester, C. M. Nutting, **N. Palaniappan**, R. J. Prestwich, R. Shanmugasundaram, A. Thompson, H. Bulbeck, J. A. Langendijk, M. Lowe, J. Tyler, K. Chiu, J. Christian, C. Cruickshank, D. Gardiner, C. M. L. West and E. Hall (2025). "Primary results for the phase

III trial of Toxicity Reduction using Proton Beam Therapy for Oropharyngeal Cancer (TORPEdO; CRUK/18/010)." International Journal of Radiation Oncology Biology Physics **123**(4): 1195 – 1196.

P. Oyibo, K. W. Kim, S. Hargreaves, **P. Wheeler**, **O. Woodley**, **T. Rackley**, **M. Evans** and **E. Spezi** (2025). "3D Deep Lab-based Automated GTV Segmentation in Head and Neck Cancer Using PET/CT Imaging." Radiotherapy and Oncology **206**(Supplement 1): S2536–S2538.

B5. Lung

Articles

K. Franks, D. Smith, **P. Shaw**, G. L. Banna, M. Cominos, T. Talbot, B. T. Blak, L. Lindqvist-Brown and M. Ahmed (2025). "CODAK: Real-World Clinical Outcomes of Patients With Unresectable, Stage III Non-Small Cell Lung Cancer Treated With Durvalumab After Chemoradiotherapy in the United Kingdom." Clinical oncology (Royal College of Radiologists (Great Britain)) **48**: 103949. **Impact Factor = 3.0**

I. Gomez-Randulfe, F. Monaca, O. Cantale, M. L. Reale, L. Mrak, L. Zullo, S. S. Diaz, M. Z. Bueno, M. A. Mariduena Moreno, C. Davis, **S. Cox**, D. Lee, R. Shah, T. Geldart, J. Baena, J. C. Benitez, M. A. Rosario Garcia Campelo, J. Remon, D. Planchard, D. Galetta, M. Tiseo, D. Cortinavis, G. Metro, E. Bria, F. Passiglia, S. Novello and R. Califano (2025). "Real-world outcomes of second-line carboplatin plus pemetrexed after first-line osimertinib in EGFR-mutant advanced NSCLC: An international multicentre cohort study." Lung cancer (Amsterdam, Netherlands) **209**: 108797. **Impact Factor = 4.4**

G. Middleton, H. L. Robbins, P. Fletcher, J. Savage, M. Mehmi, Y. Summers, A. Greystoke, N. Steele, S. Popat, P. Jain, J. Spicer, J. Cave, **P. Shaw**, D. Gilligan, D. Power, D. Fennell, M. Bajracharya, D. J. McBride, U. Maheswari, A. M. Frankell, C. Swanton, A. D. Beggs and L. Billingham (2025). "A phase II trial of mTORC1/2 inhibition in STK11 deficient non small cell lung cancer." NPJ precision oncology **9**(1): 67. **Impact Factor = 8.0**

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F. Williams, S. Gwynne, J. Helbrow, **G. Lewis**, O. Nicholas, G. Radhakrishna, C. Harrison, B. Thomas, T. Adedoyin, N. Hava, M. Rashid, A. Sahin and M. Hawkins (2025). "Findings of the PROTIEUS trial pre-accrual quality assurance contouring assessment - the importance of the benchmark case." Radiotherapy and Oncology **206**(Supplement 1): S1842–S1844.

B10. Unknown Primary

Conference Abstracts

V. Joseph, **G. Joseph** and **S. Dasgupta** (2025). "Playing Sherlock: The Radiologist's Role in Carcinoma of Unknown Primary - A Story from South-East Wales." Cancer Imaging **25**(Supplement 1).

B11. Urology

Articles

S. Cooper, S. Nicholson, J. Crook, N. Watkin, C. Pettaway, **J. Barber**, A. Mitra, **O. Woodley**, **A. Millin**, E. Hall, A. Pathmanathan, S. Penegar, S. Burnett, P. Spiess, E. Miles, K. Hoffman, H. Yang and A. C. Tree (2025). "Standardization of Radiation Therapy to Inguinal and Pelvic Lymph Nodes in Locally Advanced Cancer of the Penis, as Defined by the International Penile Advanced Cancer Trial (InPACT)." International journal of radiation oncology, biology, physics **123**(1): 171–182. **Impact Factor = 6.5**

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy**, **J. C. Tapia**, P. Nay, A. Vinceneux, F. Lefort, S. Nannini, A. M. D. C. Randis, N. Naoun, B. Escudier, D. Borchellini, G. de Velasco, P. Barthelemy, M. Gross-Goupil, S. Negrier, S. Oudard, **R. D. Frazer**, L. Albiges and R. Flippot (2025). "Activity of lenvatinib-based therapy in previously treated patients with metastatic renal cell carcinoma: A European multicenter

study (LENVA-LAT)." European journal of cancer (Oxford, England : 1990) **220**: 115389. **Impact Factor = 7.1**

S. Gillessen, L. Murphy, N. D. James, A. Sachdeva, O. El-Taji, H. Abdel-Aty, A. I. Adler, C. Amos, G. Attard, M. Varughese, J. Gale, S. Brown, N. Srihari, A. J. Birtle, M. Brown, K. Chan, S. Chowdhury, W. Cross, D. P. Dearnaley, O. Din, P. Dutey-Magni, D. C. Gilbert, C. Gilson, S. Gray, E. Grist, U. Hofmann, A. M. Hudson, Y. Jain, G. Jeyasangar, R. Jones, M. Kayani, R. E. Langley, Z. Malik, **M. D. Mason**, D. Matheson, C. McAlpine, A. Macnair, R. Millman, C. Murphy, M. Padden-Modi, O. Parikh, C. Parker, H. Rush, M. Russell, R. Srinivasan, S. Sundar, **J. S. Tanguay**, F. Turco, P. Williams, M. R. Sydes, M. K. B. Parmar, L. C. Brown and N. W. Clarke (2025). "Metformin for patients with metastatic prostate cancer starting androgen deprivation therapy: a randomised phase 3 trial of the STAMPEDE platform protocol." The Lancet. Oncology **26**(8): 1018–1030. **Impact Factor = 35.9**

G. Leone, Y. N. S. Wong, R. J. Jones, P. Sankey, D. H. Josephs, S. J. Crabb, **L. Harris**, A. Zarkar, A. Protheroe, N. Vasudev, M. Rashid, A. Lopes, A. Tasnim, L. Ensell, J. Hartley, A. Jayaram, B. Kularatne, M. Kayani, C. C. Pritchard, E. Q. Konnick, A. Freeman, A. Haider, J. Linares, G. Attard, S. A. Quezada, C. Swanton, T. Marafioti and M. D. Linch (2025). "Nivolumab and Ipilimumab for Metastatic Castration-Resistant Prostate Cancer With an Immunogenic Signature: The Multicenter, Two-Cohort, Phase II NEPTUNES Study." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(28): 3070–3080. **Impact Factor = 41.9**

P. Patel, S. Dreibe, G. Attard, A. Cole, P. Diez, J. Frew, J. Guevara, D. Levine, F. McDonald, V. Mullassery, J. Murray, C. Parker, **N. Palaniappan**, A. Pathmanathan, A. Reid, Y.-E. Suh, I. Syndikus, A. Tirona, A. Tran, N. Tunariu, N. J. van As, J. Wylie and A. C. Tree (2025). "Stereotactic Body Radiation Therapy for Oligoprogressive Disease in Androgen-Suppressed Prostate Cancer: Primary Endpoint Analysis of the TRAP Trial." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

M. Randhawa, G. Buchanan, I. M. Stratton, G. Race, A. Challapalli, D. Bottomley, J. Logue, S. Sundar, A. Robinson, D. B. McLaren, R. Stevenson, J. M. O'Sullivan, **L. Sweeney**, J. McGrane, X. Jiang, D. Mazhar, V. Khoo, N. McPhail and R. J. Jones (2025). "UK real-world data of radium-223 dichloride in metastatic prostate cancer." Nuclear Medicine Communications **46**(12): 1155–1162. **Impact Factor = 1.3**

J. Staffurth, S. Mukherjee, P. Fielding, E. Renninson and J. I. Rees (2025). "Real-World Experience of 18F-PSMA-1007 Positron Emission Tomography-Computed Tomography Scanning for Initial Staging of High-Risk Nonmetastatic Prostate Cancer: Scan Results and Treatment Decisions." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103900. **Impact Factor = 3.0**

J. N. Staffurth, **S. Sivell**, E. Baddeley, S. Ahmedzai, H. J. Andreyev, S. Campbell, D. J. J. Farnell, C. Ferguson, J. Green, A. Muls, R. O'Shea, S. Pickett, L. Smith, S. Taylor and A. Nelson (2025). "The impact of specialised gastroenterology services for pelvic radiation disease (PRD): Results from the prospective multi-centre EAGLE study." PloS one **20**(1): e0303356. **Impact Factor = 2.6**

J. C. Tapia, J. Gavira, D. Matthews, M. Santoni, M. Young, L. Blondel, R. Flippot, **R. D. Frazer**, G. Anguera and P. Maroto (2025). "Disparities in Clinical and Coverage Benefit of Drugs for Genitourinary Cancers: Cross-National Analysis in the USA, Canada, France, United Kingdom, Spain, Italy and Portugal." SSRN. **No Impact Factor – preprint server.**

Conference Abstracts

A. Bahl, A. Challapalli, B. Venugopal, M. Afshar, C. Alifrangis, A. Thomson, A. Tran, A. Hudson, C. Kent, **J. Barber**, H. C. Dearden, R. Pearson, V. Kumar, R. Wade, A. Bravo, E. Foulstone and P. White (2025). "EPIC-A: Phase II trial of cemiplimab plus standard of care chemotherapy followed by maintenance cemiplimab in locally advanced or metastatic penile carcinoma." Journal of Clinical Oncology **43**(Supplement 5).

A. Challapalli, A. Bahl, B. Venugopal, M. Afshar, C. Alifrangis, A. Thomson, A. Tran, A. Hudson, C. Kent, **J. Barber**, H. C. Dearden, R. Pearson, V. Kumar, R. Wade, A. Bravo, P. White and E. Foulstone (2025). "EPIC-B: Phase II trial of cemiplimab as first-line treatment in advanced penile carcinoma." Journal of Clinical Oncology **43**(Supplement 5).

S. J. Crabb, J. Martin, M. Lawrence, M. Danh, S. J. Bibby, D. Dunkley, U. Ali, O. Dewane, H. Markham, A. Knight, C. Lee Chaw, J. Chan, T. Powles, **J. Barber**, C. Alifrangis, M. D. Linch, R. A. Huddart, A. J. Birtle, R. J. Jones and G. O. Griffiths (2025). "AURORA: A single arm, multicentre, phase II clinical trial of atezolizumab immunotherapy for advanced squamous cell carcinoma of the bladder and urinary tract." Journal of Clinical Oncology **43**(16 Supplement).

B. Crosby, R. D. Frazer, J. McGrane, A. Challapalli, N. Charnley, X. Y. Jiang, J. Malik, A. Sharma, J. Liu, D. Parslow, T. Geldart, C. L. Dyke, M. H. Tuthill, G. J. Melendez-Torres, W. Mohamed, N. Moon, C. Forde, E. Jones, V. Ford and A. Bahl (2025). "First line treatment of pancreatic metastases in metastatic renal cell carcinoma: Insights from the UK Renal Oncology Collaborative (UK ROC)-Tyrosine kinase inhibitors time to shine?" Journal of Clinical Oncology **43**(Supplement 5).

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy, J. C. Tapia**, P. Nay, A. Vinceneux, S. Nannini, A. Randis, D. Borchellini, G. De Velasco, P. Barthelémy, S. Negrier, S. Oudard, **R. D. Frazer**, R. Flippot and L. Albiges (2025). "Lenvatinib's efficacy in heavily pre-treated metastatic renal cell carcinoma: Insights from a European multicenter study." Journal of Clinical Oncology **43**(Supplement 5).

N. D. James, H. Rush, M. G. Nankivell, J. Sehjal, S. A. Mangar, N. McPhail, S. Brown, **J. S. Tanguay**, J. Gale, W. Mohamed, S. Crabb, O. Khan, J. Russell, W. Cross, C. Murphy, J. Deighan, N. W. Clarke, M. K. B. Parmar, D. C. Gilbert and R. Langley (2025). "Transdermal oestradiol (tE2) patches as androgen deprivation therapy (ADT): Efficacy and safety of combining with androgen receptor pathway inhibitors (ARPIs) in metastatic (M1) prostate cancer? Randomised comparison from the STAMPEDE trial platform." Journal of Clinical Oncology **43**(Supplement 5).

E. McCarthy, A. Chadwick, J. J. Soto-Castillo, L. M. Pickering, **R. D. Frazer**, M. Pillai, T. Waddell, D. Lindsay, **A. Agarwal, D. Matthews**, M. Khalid, S. A. Grumett, E. Adamson, J. McGrane, H. Clare Dearden, N. Vasudev and N. Charnley (2025). "A multi-centre review of the use of adjuvant pembrolizumab for renal cell carcinoma." Journal of Clinical Oncology **43**(Supplement 5).

P. Rescigno, A. Ghose, N. Brown, L. James, S. Haywood, **R. Frazer**, A. Vijay, M. Stares, M. Cheung, I. Mahajan, N. Moon, R. Abrol, O. Fiala, V. Chauhan, Y. S. Y. Soe, A. Zargham and S. E. Rebuzzi (2025). "Meet-URO score update in metastatic renal cell carcinoma receiving first-line immune-combinations." Oncologist **30**(Supplement 1): S15 – S16.

S. Floyd, **P. Wheeler**, D. Tan, C. Beswick, A. McKay, R. Lewis, H. Singh and **M. Williams** (2025). "Surface guided radiotherapy: rotational setup accuracy for prostate cancer patients." Radiotherapy and Oncology **206**(Supplement 1): S4123–S4124.

Other

B12. Chemotherapy/Immunotherapy

Articles

J. Andreyev, **R. Adams**, J. Bornschein, M. Chapman, D. Chuter, S. Darnborough, A. Davies, F. Dignan, C. Donnellan, D. Fernandes, R. Flavel, G. Giebner, A. Gilbert, F. Huddy, M. S. S. Khan, P. Leonard, S. Mehta, O. Minton, C. Norton, L. Payton, G. McGuire, D. M. Pritchard, C. Taylor, S. Vyoral, A. Wilson and L. Wedlake (2025). "British Society of Gastroenterology practice guidance on the management of acute and chronic gastrointestinal symptoms and complications as a result of treatment for cancer." *Gut* **74**(7): 1040–1067. **Impact Factor = 25.8**

P. Gallagher, C. Rolfo, E. Elez, J. Taieb, J. Houlden, L. Collins, C. Roberts, T. Andre, M. Lawler, F. Di Nicolantonio, M. Grayson, R. Boyd, V. Popovici, A. Bardelli, R. Carson, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, B. T. Hennessy, T. S. Maughan, J. Tabernero, **R. Adams**, **R. Jones**, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A phase Ia study of the MEK1/2 inhibitor PD-0325901 with the c-MET inhibitor crizotinib in patients with advanced solid cancers." *BJC reports* **3**(1): 17. **Impact Factor = Currently no impact factor data available**

A. Olsson-Brown, A. Jain, **R. Frazer**, D. Farrugia, J. Carser, J. Houghton, R. D. Lewis, S. D'Mello and G. Emanuel (2025). "Clinical Management and Outcomes of Immune-Related Adverse Events During Treatment with Immune Checkpoint Inhibitor Therapies in Melanoma and Renal Cell Carcinoma: A UK Real-World Evidence Study." *Oncology and therapy* **13**(3): 649–665. **Impact Factor = 3.2**

C. A. Rees, **A. Butler**, **S. Muthukrishnan** and **R. D. Frazer** (2025). "Steroid refractory immune-related acute disseminated encephalomyelitis (ADEM) successfully treated with 2nd and 3rd line immunosuppressive therapy." *BMJ case reports* **18**(6). **Impact Factor = 0.5**

J. Hayes, S. D. Williams, P. Gimson and **M. Taubert** (2025). "How the BNF has grown in size and weight over decades." *BMJ* **391**: r2574. **Impact Factor = 42.7**

B. Schroeder, P. Prasad, O. Gbadegesin, **S. Gupta**, **R. Frazer**, S. Heaney, H. Franks, C. Blair, M. Stuttard, C. Barlow, H. Cook, H. Winter, P. d'Arienzo, J. Symington, Y. Radif, S. Rampes, P. Nathan, K. Young, H. Shaw, A. Carr and M. Willis (2025). "Specialist Neurology Involvement and Impact in Immune Checkpoint Inhibitor-Related Neurotoxicity: Experience in a Unified Healthcare System." *Cancers* **17**(24). **Impact Factor = 4.4**

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A. Samson, E. Calvo, T. Hernandez, **M. Meissner**, V. Moreno, E. Parkes, P. Spiliopoulou, P. Donaldson, J. DeCesare, D. Krige and H. Pandha (2025). "A PHASE 1 study of ATTR-01, a novel oncolytic adenovirus targeting alphavbeta6 integrin, which expresses an anti-PD-L1 antibody in tumors following iv delivery in patients with selected epithelial cancers." *Journal for ImmunoTherapy of Cancer* **13**(Supplement 2): A656.

B13. Palliative Care

Articles

M. Coffey, F. Lugg-Widger, B. Hannigan, V. Velikova and **A. Byrne** (2025). "Severe mental illness and last year of life: Identifying service use from a National Health Service digital dashboard in Wales, UK." Journal of mental health (Abingdon, England) **34**(5): 549–555. **Impact Factor = 3.2**

M. Mann, **C. Cahill**, **S. Sivell**, R. Hackett, **E. Harding** and **M. Taubert** (2025). "Future care planning." BMJ supportive & palliative care **15**(5): 614–617. **Impact Factor = 1.8**

M. Taubert, T. Goltsos and S. A. Murray (2025). "Science of forecasting: new methods to predict death." BMJ supportive & palliative care. **Impact Factor = 1.8**

M. Taubert, R. Hackett and S. Tavabie (2025). "Artificial intelligence and large language models in palliative medicine clinical practice and education." BMJ Supportive and Palliative Care **15**(1): 61 – 64. **Impact Factor = 1.8**

C. Cahill, **E. Harding**, **A. Crabtree**, **S. Sivell** and **N. J. Pease** (2025). "QR-code wristbands for critical information: palliative oncology feasibility study." BMJ supportive & palliative care **16**(1): 74–75. **Impact Factor = 1.8**

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M. Mann, **M. Taubert**, **S. Sivell**, R. Hackett and **E. Harding** (2025). "What does future care planning look like within end-of-life care? A scoping review of the literature." BMJ Supportive and Palliative Care **15**(Supplement 1): A20.

A. C. Nwosu, J. Norris, **M. Taubert**, A. Tibbles, F. Nickpour and S. Stanley (2025). "Outcomes from the digital legacy, design and technology network." BMJ Supportive and Palliative Care **15**(Supplement 2): A12.

A. Crabtree, J. Davies, K. Hilson and S. Seaman (2025). "Escape the holistic hospice: gamification of medical education." BMJ Supportive and Palliative Care **15**(Supplement 4): A6.

N. White, L. Leaston, **C. Cahill**, O. Lavery, C. Spurling, S. Combes, **M. Taubert**, A. Nwosu, S. Yardley, V. Vickerstaff and O. Minton (2025). "Developing a vr intervention that will help people living with advanced cancer to manage pain." BMJ Supportive and Palliative Care **15**(Supplement 4): A80.

B14. Radiotherapy & Proton Therapy

Articles

S. Allan, **N. Courtier** and **L. Mundy** (2025). "The impact of working patterns on therapeutic radiographers' experience of work-life balance: A qualitative study at a cancer treatment centre in Wales." Radiography (London, England : 1995) **31**(3): 102951. **Impact Factor = 2.8**

A. Buckle, C. Heeney, M. Jones, V. Ganesan, R. Valentine, **P. Wheeler**, J. Earley, G. Grogan and M. Sparks (2025). "A multi-institution performance assessment of a double-layer MLC." Journal of applied clinical medical physics **26**(11): e70261. **Impact Factor = 2.2**

E. Moreno-Olmedo, K. Owczarczyk, E. Chadwick, P. Dickinson, A. Duffton, B. Jones, J. S. Good, F. McDonald, L. J. Murray, **T. Rackley**, M. Robinson, J. Sinclair, T. Strawson-Smith, A. Tree, Y. M. Tsang, A. Zarkar, C. Dean, P. Diez, M. Williams, N. Andratschke and R. Muirhead (2025). "Pelvic stereotactic ablative body radiotherapy (SABR) reirradiation: UK SABR consortium guidance for use in routine clinical care." Technical innovations & patient support in radiation oncology **35**: 100326. **Impact Factor = 2.8**

N. Courtier, E. Chivers, E. Pope and **L. Mundy** (2025). "Lessons learned from the experiences of newly qualified therapeutic radiography students who transitioned to work during the Covid-19 pandemic." Radiography **31**(1): 313-319. **Impact Factor = 2.8**

G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler**, M. J. Daniels and J. Saez (2025). "Inter-System and Inter-Layer Dlg Variations in Halcyon/Ethos Mlcs: Implications for Dosimetric Matching and User-Adjustable TPS Models." Medical Physics **52**(10): 716–717. **Impact Factor = 3.2**

A. Duman, X. Sun, **J. R. Powell** and **E. Spezi** (2025). "A Novel Swarm Intelligence-Driven Feature Selection for Interpretable Machine Learning in GBM Overall Survival Analysis." medRxiv. **No Impact Factor = preprint server**

J. Oliver, H. Reed, L. Capitani, A. Poon-King, **A. Young**, S. Milutinovic, M. Kuczynski, O. Nicholas, **T. Rackley**, **C. Pembroke**, A. Godkin and A. M. Gallimore (2025). "Stereotactic ablative radiotherapy-driven immunosuppression is associated with poorer progression-free survival in cancer patients." Cancer immunology, immunotherapy : CII **75**(1): 3. **Impact Factor = 5.1**

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G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler** and J. Saez (2025). "Evaluation of the Improvements of a New Leaf Model (Enhanced Leaf Model) for the Halcyon." Medical Physics **52**(10): 307.

S. Rowlands, **R. Adams**, J. Helbrow, D. Thomas and S. Gwynne (2025). "Addressing national barriers for UK clinical oncology trainees in radiotherapy research." Radiotherapy and Oncology **206**(Supplement 1): S2180–S2181.

G. Soper, H. McCracken, **T. Rackley**, D. Tan, C. Beswick, H. Payne, C. Davies and **P. Parsons** (2025). "Reducing radiotherapy waiting times: Streamlining pathways facilitated by ARIA Care Paths." Radiotherapy and Oncology **206**(Supplement 1): S2382–S2384.

O. Toumanidou, E. Dyke and S. Fletcher (2025). "Analysis of independent dose calculation and measurement systems for patient specific quality assurance." Radiotherapy and Oncology **206**(Supplement 1): S3641–S3643.

B15. Miscellaneous

Articles

S. Harding, **A. Cleves** and A. Guirguis (2026). "A comparison between the delivery of genomic and pharmacogenomic education and training for pharmacy undergraduates between the UK and other international countries: A narrative review." Currents in pharmacy teaching & learning **18**(1): 102481. **Impact Factor = 1.4**

A. Lillis, **H. Williams**, E. Marshall, M. Jones, S. Henderson and O. Minton (2025). "No right time, no right place' - conversations in acute cancer care - results of a Macmillan focus group." Future healthcare journal **12**(2): 100246. **Impact Factor = Currently no impact factor data available**

C. Chong-Nguyen, B. Yilmaz, **B. Coles**, H. Sokol, A. MacPherson, M. Siepe, D. Reineke, S. Mosbahi, D. Tomii, M. Nakase, S. Atighetchi, C. Ferro, C. Wingert, C. Grani, T. Pilgrim, S. Windecker, H. Blasco, C. Dupuy, P. Emond, Y. Banz, T. Losmanova, Y. Doring and G. C. M. Siontis (2025). "A scoping review evaluating the current state of gut microbiota and its metabolites in valvular heart disease physiopathology." European journal of clinical investigation **55**(6): e14381. **Impact Factor = 3.6**

I. R. Eda, R. Ramachandran, **V. M. Joseph**, S. Marreddy and A. Mounika (2025). "Imaging the Future: Diagnosing Treatable Neurometabolic Disorders in Children." Cureus **17**(8): e90124. **Impact Factor = 1.3**

F. Gomes, N. Farrington, J. Pearce, D. Swinson, J. Welford, A. Greystoke, M. Baxter, A. G. Brown-Kerr, L. Wyld, J. Morgan, N. M. L. Battisti, A. Barrell, D. Cobben, A. Cree, M. Johnston, K. Colquhoun, I. Phillips, J. Smith, S. Stapley, L. Lyons, K. Balachandran, H. Brown, R. Bryce, R. Dacie, R. Parks, M. Denholm, D. Harari, T. Rigden, D. Sommer, **K. Williams**, K. Worby and K.-L. Cheung (2025). "The care of older patients with cancer across the United Kingdom in 2024: A narrative review by the International Society of Geriatric Oncology UK Country Group." Journal of geriatric oncology **16**(1): 102133. **Impact Factor = 2.7**

D. Jarrom (2025). "Early health technology assessment: Current and future perspectives from a health technology assessment agency." International Journal of Technology Assessment in Health Care **41**(1): e68. **Impact Factor = 3.1**

L. Johnson, S. Khattab, J. Strawbridge, C. Cadogan, D. Stewart, A. M. De Frein, J. Eustace-Cook, M. A. Lowrey, A. M. Brady, **S. Harding**, J. O'Connell and C. Ryan (2025). "Pharmacist prescribing in cancer services: A scoping review." Research in social & administrative pharmacy : RSAP **21**(12): 951–974. **Impact Factor = 2.8**

P. M. Kazaj, **B. Coles**, I. Shiri, G. Baj, C. Grani, A. Nikolakopoulou and G. C. M. Siontis (2025). "Extent of evidence synthesis in biomedical research: a MeSH-driven analysis of neglected and well-explored areas." Systematic reviews **14**(1): 35. **Impact Factor = 3.9**

E. Mantzourani, H. Ahmed, J. Bethel, S. Turner, A. Akbari, A. Evans, **M. Prettyjohns**, G. John, R. Gunnarsson and R. Cannings-John (2025). "Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study." The Journal of antimicrobial chemotherapy **80**(1): 227–237. **Impact Factor = 3.6**

H. Mehmood, M. Alowami, T. S. Hlaing, **K. N. Zaya**, Y. Uraiby, A. M. Alam, A. Adala, O. Ikram, S. F. Ali, M. Farhan, E. Zulfiqar, M. Ahmed, R. Ahmed and A. Naeem (2025). "Once-Weekly Insulin Efsitora Alfa Versus Once Daily Insulin in Patients With Type 2 Diabetes: A Systematic Review and Meta-Analysis." Endocrinology, diabetes & metabolism **8**(6): e70126. **Impact Factor = 2.6**

E. Papadopoulos, R. Brick, A. Sirois, B. Beauplet, K. C. Wood, H. Furness, C. Barrett, A. Ward, J. Murphy, M. Pattwell, E. C. Navarrete, **K. Williams** and K. Haase (2025). "Perspectives on prehabilitation for older adults with cancer: A report from the International Society of Geriatric Oncology (SIOG) rehabilitation group." Journal of geriatric oncology **16**(3): 102224. **Impact Factor = 2.7**

R. Phillips, B. Basu, Z. Butt, M. Belouèche, N. Cook, S. J. Crabb, A. Greystoke, D. Hargrave, **R. Jones**, M. Y. Kureeman, J. Lopez, C. McKeeve, **M. Meissner**, B. O'Carrigan, E. E. Parkes, M. Ronghe, P. Roxburgh, D. Sarker, K. I. Savage, **P. H. S. Shaw**, S. Symeonides, D. A. Tweddle, A. Vedi, H. S. Walter, J. Zabkiewicz, G. W. Middleton and A. D. Beggs (2025). "Experimental Cancer Medicine Centre (ECMC) network proposal for a consensus gene panel for pan-cancer sequencing: a Delphi methodology." British Journal of Cancer. **Impact Factor = 6.8**

A.-S. Strauss, **A. Cleves** and P. Dahm (2025). "Re: Elio Mazzone, Alice Thomson, David C. Chen, et al. The Role of Prostate-specific Membrane Antigen Positron Emission Tomography for Assessment of Local Recurrence and Distant Metastases in Patients with Biochemical Recurrence of Prostate Cancer After Definitive Treatment: A Systematic Review and Meta-analysis. Eur Urol 2025;88:129-41." European urology. **Impact Factor = 25.2**

H. Williams, E. Marshall, A. Lillis, C. O'Doherty, R. Christmas and O. Minton (2025). "The role of the acute oncology service in a comprehensive cancer management pathway." Journal of cancer policy **44**: 100583. **Impact Factor = 2.0**

N. M. Youssef, M. S. Hussein, T. S. Hlaing, **K. N. Zaya**, M. K. Wai, M. S. Shurbahji, A. E. Nour, N. Breika, M. Harb, R. M. A. Suliman, S. Bala, E. S. S. Awadalla, M. B. E. Abdou, A. A. A. Muhammad, S. H. A. Al-Wardi, M. A. G. Hani and A. Omar (2025). "Correlation Between Age, the Development of Seizures, the National Institutes of Health Stroke Scale, the Modified Rankin Scale, and Discharge Status in Patients With Acute Hemorrhagic Stroke." Cureus **17**(10): e95052. **Impact Factor = 1.3**

C. Dello Russo, I. Frater, R. Kuruvilla, S. Lip, H. O'Neill, K. Burke, V. Chaplin, A. S. F. Doney, S. Elyas, N. Greaves, **S. Harding**, D. Hargroves, J. Hayward, D. A. Hughes, T. A. T. Hughes, S. Kondapally, P. Mok, A. Peace, I. Rafi, S. Ray, V. Stinton, L. Venetucci and M. Pirmohamed (2025). "CYP2C19 genotype testing for clopidogrel: A guideline developed by the UK Centre of Excellence in Regulatory Science and Innovation in Pharmacogenomics (CERSI-PGx)." British journal of clinical pharmacology. **Impact Factor = 3.0**

Conference Abstracts

I. Pickering (2025). "Investigating 99mTc Extravasation Frequency and Tissue Dose to Evaluate the Risk of Radiopharmaceutical Administrations." Nuclear Medicine Communications **46**(5): 484 – 485.

Appendix C: Welsh Blood Service.

The following appendix lists **publications from 2025**, from the Welsh Blood Service. This listing has been compiled by Velindre University NHS Trust's Library Service and WBS Research, Development & Innovation.

During **2025**, there has been a total of 44 publications – 20 articles, 4 guidelines, 20 conference abstracts.

Articles

D. Pym, A. Paul, A.J. Davies, J.O. Williams, **C. Saunders**, **C.E. George** and P.E. James (2025). "Micro-Rheology and Co-Stream Microfluidics Reveal Critical Contributions of Platelet Concentrate Components to Blood Platelet Integrity in Storage." *BioNanoScience* 16: 25. **Impact Factor = 3.2**

F. A. Aldarweesh, R. Abdallah, I. P. Alvarez, J. Andrews, T. M. Chlebeck, J. Clower, A. Costelloe, D. Figueroa, **C. George**, M. Evans, S. Ilstrup, E. B. Klapper, A. Mueller, H. Peterson, T. Rees, J. Seo, A. N. Takang and C. S. Cohn (2025). "D-Alloantibody Titration Assessment Study: In Search of a Common Antibody Titration Platform-A BEST Collaborative Study." *Transfusion*. **Impact Factor = 2.0**

T. Bailey-Schmidt, **C. V. Saunders**, **C. E. George**, T. G. Scorer, L. M. R. McCallum and T. E. Madgett (2025). "Exploring tricine as a novel red cell cryopreservative: Lessons and future directions." *Vox sanguinis* 120(11): 1113–1122. **Impact Factor = 1.6**

T. Dexter, S. Lozano, A. Leather, M. Slatter, **K. Perera**, J. Griffin, K. El-Ghariani, F. Dignan, A. Bloor and C. Anthias on behalf of the UK Unrelated Donor Registries and BSBMTCT (2025). "UK consensus statement on the use of plerixafor in healthy stem cell donors." *British Journal of Haematology* 206(3): 992–995. **Impact Factor = 5.1**

M. Cahillane, **N. Pearce**, **C. Saunders**, **N. Polidano**, **S. O'Brien**, **L. Paletto**, T. Scorer and **C. George** (2025). "Three buffy coat platelet concentrates: Use of data modelling to make more with less." *Vox sanguinis* 120(11): 1123–1131. **Impact Factor = 1.6**

E. Crosby, T. Exner and M. Dangol (2025). "Detecting Heparin Contamination in Prolonged APTT with a Heparin-Resistant Solution." *Clinical and applied thrombosis/hemostasis: official journal of the International Academy of Clinical and Applied Thrombosis/Hemostasis* 31: 10760296251394365. **Impact Factor = 2.0**

N. M. Dunbar, R. M. Kaufman, K. S. Bary, G. R. M. Bellairs, C. S. Cohn, F. Delettre, **S. Ditcham**, G. C. Duarte, A. Ellison, R. Fachini, **C. E. George**, C. Humbrecht, V. Louw, S. Meier, S. Morley, M. Mwase, N. Robitaille, K. Rushford, T. Sato, R. Schafer, J. Staves, M. Takanashi, P. Tiberghien, S. Wendel, E. M. Wood, A. Ziman and M. F. Murphy (2025). "ABO-mismatched platelet and plasma transfusion practices and the potential for transfusion-related alpha-gal syndrome: The Biomedical Excellence for Safer Transfusion Collaborative Study." *Transfusion* 65(9): 1621–1629. **Impact Factor = 2.0**

M. Elliott, **K.-M. Price**, R. M. Hewitt, N. Knowles, S. Ganesh, J. Baillie and L. Jones (2025). "A mixed methods study exploring barriers and facilitators to secondary-care nurses discussing smoking cessation with patients: phase 1 of the Think Quit Study." *BMC Nursing* 24(1): 1020. **Impact Factor = 3.9**

M. X. Fu, A. Elsharkawy, B. Healy, C. Jackson, D. Bradshaw, E. Watkins, I. Ushiro-Lumb, J. Griffiths, J. Neuberger, K. Maguire, M. Desai, N. McDougall, N. Priddee, S. T. Barclay, **S. Blackmore**, P. Simmonds,

W. L. Irving and H. Harvala (2025). "Occult hepatitis B virus infection: risk for a blood supply, but how about individuals' health?" EClinicalMedicine **81**: 103095. **Impact Factor = 10.0**

S. Goatson, J. Nash, C. Saunders, N. Pearce, E. J. Sayers, D. Rawlinson, C. Hingston, T. Scorer and **C. E. George** (2025). "Impact of a rapid blood warmer on the quality and function of cold-stored platelets." Vox Sanguinis **120**(11): 1143–1152. **Impact Factor = 1.6**

L. Jones, M. Elliott, **K.-M. Price**, J. Baillie and R. Hewitt (2025). "Challenges of recruiting nurses as participants in research studies: insights from a smoking cessation study." Nurse researcher. **Impact Factor = 1.3**

L. Lieberman, C. M. Walsh, R. Barty, J. Callum, M. T. S. Yan, H. VanderMeulen, N. Robitaille, K. F. Kee Fung, E. Ng, H. Hume, J. Barrett, R. Berman, M. Colpitts, E. Dowe, B. de Vrijer, S. Ellis, P. N. Fam, K. Grabowska, B. Grundland, J. Harrold, F. Khurshid, **E. Massey**, C. McAuley, N. Naik, N. Okun, C. Osepchook, M. Pai, M. Parsons, V. Price, D. Rujuis, G. Ryan, M. Shuman, D. Somerset, J. Stewardson, C. Taillefer, S. Tehseen, J. Thorne, E. Vlachodimitropoulou, H. White, A. Wilson and G. Clarke (2025). "Guidance for Prenatal, Postnatal and Neonatal Immunohematology Testing in Canada: Consensus Recommendations from a Modified Delphi Process." Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC **47**(9): 103088. **Impact Factor = 2.2**

S. Lewis, N. Kirkpatrick, A. Nawrocki, L. Reyland, B. Jones, R. Laundry, A. McNeil, V. K. Crew, T. Stutt, D. Clinton, A. Anbazhagan, **C. Harris**, I. Skidmore, T. Bullock and M. Hazell (2025). "Alloanti-Hy in antenatal patients: A multi-case review." Transfusion medicine (Oxford, England) **35**(2): 197–202. **Impact Factor = 1.4**

D. C. Marks, M. Cloutier, F. Cognasse, **C. George**, T. Jimenez-Marco, L. Johnson, S. Marschner, M. Stolla, T. Klei and P. van der Meer (2025). "Platelet components with persistent aggregates are more activated, which do not change following pre-transfusion filtration: The BEST collaborative study." Transfusion **65**(12): 2367–2378. **Impact Factor = 2.0**

J. Nash, D. Pym, A. Davies, **C. Saunders, C. George**, J. O. Williams, O. Y. Grinberg and P. E. James (2025). "Enhanced oxygen availability and preserved aggregative function in platelet concentrates stored at reduced platelet concentration." Transfusion **65**(3): 575–587. **Impact Factor = 2.0**

J. Nash, C. Saunders, N. Pearce, M. Cahillane, E. J. Sayers, V. Stokes, D. Rawlinson, C. Hingston, T. Scorer, D. Lockey and **C. George** (2025). "Comparative analysis of cold-stored platelets using Golden Hour transport boxes: Function and quality." Transfusion **65 Suppl 1**: S265–S275. **Impact Factor = 2.0**

D. Pym, O. Grinberg, A. J. Davies, J. O. Williams, **C. Saunders, C. E. George** and P. E. James (2025). "Enhanced O2 availability in platelet concentrates stored for neonatal transfusion is independent of agitation: Evidence from direct oximetry and Fickian diffusion modelling." Vox Sanguinis **120**(12): 1232–1241. **Impact Factor = 1.6**

C. Reilly-Stitt, I. Jennings, S. Kitchen, **M. Cahillane, C. Saunders, C. George**, T. Scorer and I. D. Walker (2025). "Cold Stored Platelets: A Solution for Platelet Aggregation External Quality Assessment/Proficiency Testing." International journal of laboratory hematology **47**(3): 529–535. **Impact Factor = 2.3**

N. Robitaille, L. Lieberman, G. Clarke, J. Barrett, B. De Vrijer, H. A. Hume, **E. Massey**, N. Okun, C. Taillefer, D. Somerset, E. Vlachodimitropoulou and K. Fung-Kee-Fung (2025). "National Consensus

Statements for the Prevention of Maternal Rhesus D Alloimmunization and Management of Alloimmunized Pregnancies: A Modified Delphi Process." Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC **47**(10): 103113. **Impact Factor = 2.2**

J. Wolf, I. Blais-Normandin, A. Bathla, H. Keshavarz, S. T. Chou, A. Z. Al-Riyami, C. D. Josephson, **E. Massey**, H. A. Hume, J. Pendergrast, G. Denomme, R. M. Grubovic Rastvorceva, S. Trompeter and S. J. Stanworth (2025). "Red cell specifications for blood group matching in patients with haemoglobinopathies: An updated systematic review and clinical practice guideline from the International Collaboration for Transfusion Medicine Guidelines." British Journal of Haematology **206**(1): 94–108. **Impact Factor = 3.8**

Guidelines

D. Domanovic, M. Turner, C. Jungbauer, B. Rodrigues, J. Nystedt, P. Rozman, M. Debattista, T. Wang, E. K. Kristoffersen, **K. Perera**, U. Svajger, L. Hook, M. Jacques, A. P. Sousa, M. Hansen, P. O'Leary and P. Tiberghien (2025). "ATMPs prepared under hospital exemption: European Blood Alliance position paper." HemaSphere **9**(9): e70215. **Impact Factor = 14.6**

J.B. Muller, C. Casey, C. Corry, **J. Curry**, **H. Dodampegamage**, P. Fiddes, L. Gaum, S. Hart, R. Holliday, J. Hughes, R. Hutchinson, S. Jimmy, C. McNally, K. Maguire, N. Mashigo, S. Narayan, A. Sadiq, C. Sinclair and M.-A. Waters (2026). "Management of accidental arterial puncture. Version 1.0." *Donor Haemovigilance, Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC)*. Available at: *Transfusion Guidelines*. (**JPAC not a Scientific Journal**)

M. F. Murphy, D. Carson, A. Davies, **S. Ditcham**, G. Donald, R. Graham, L. Hutchinson, P. Kerr, D. McKeown, J. Moppett, S. Narayan, P. Polzella, E. Poppitt, M. Rowley, T. Shackleton, J. Staves and J. Neuberger (2025). "Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent and shared decision-making for blood transfusion." British Journal of Haematology **207**(6): 2314–2321. **Impact Factor = 3.8**

F. Regan, K. Veale, F. Robinson, J. Brennand, **E. Massey**, H. Qureshi, K. Finning, T. Watts, C. Lees, E. Southgate and S. Robinson (2025). "Guideline for the investigation and management of red cell antibodies in pregnancy: A British Society for Haematology guideline." Transfusion medicine (Oxford, England) **35**(1): 3–23. **Impact Factor = 1.4**

Conference Presentations

A. De'Ath and D. Pritchard (2025). Fifty Years of UK NEQAS for Histocompatibility and Immunogenetics. (P31). 35th Annual Conference of the British Society for Histocompatibility and Immunogenetics 4 – 5 September 2025, Edinburgh, UK. International Journal of Immunogenetics. 2025;52(S1): S1–S18.

A. De'Ath and D. Pritchard (2025). The Evolution and Accuracy of HLA Typing: The Perspective of an External Proficiency Testing Provider. (P189). 38th Annual Conference of the European Federation for Immunogenetics 14 – 17 May 2025, Prague, Czech Republic HLA 2025; 105 (S1)

A. De'Ath and D. Pritchard (2025). UK NEQAS for H&I Schemes to Support Platelet Investigations—An Analysis of Errors in HPA Genotyping and HPA Antibody Detection/Specification Over the Past 5 Years (2019–2023). (P185). 38th Annual Conference of the European Federation for Immunogenetics 14 – 17 May 2025, Prague, Czech Republic HLA 2025; 105 (S1)

A. De'Ath, G. Clarke and D. Pritchard (2025). Reporting of Complement-Fixing Antibodies in the UK NEQAS for H&I Antibody Specification Scheme in 2024–2025. (P21). 35th Annual Conference of the British Society for Histocompatibility and Immunogenetics 4 – 5 September 2025, Edinburgh, UK. International Journal of Immunogenetics. 2025;52(S1): S1–S18.

A. Jones and D. Reed (2025). Comparison of the Tosoh G8 and G11 HPLC analysers for screening of donor samples for haemoglobin S (HbS). (P033). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

A. Magno, J. Nash, E. Delahay, C. Saunders, and C. E. George (2025). Impact of cold storage on platelet receptor expression and aggregation: focus on GPVI, PAR1, and PAC1. (SI12). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

C. E. George, T. Scorer, J. White, V. Stokes, D. Lockey, D. Rawlinson, and C. Hingston (2025). Defining the unmet need for cold stored platelets in the pre-hospital environment. Abstracts and Posters (P027). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

C. Saunders, K. Towell, J. Nash, N. Pearce, M. Cahillane, E. Leech-Sayers, T. Sullivan, and C. E. George (2025). Evaluation of red cell concentrates from non-DEHP top and top collection packs: the Welsh experience. (P312). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

D. Pym, A. J. Davies, J. O. Williams, **C. Saunders, C. E. George**, and P. E. James (2025). Co-stream microfluidics for rheological characterisation of platelet concentrates. (PA13-L05). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

E. Davies, J. Gregory, and E. Massey (2025). Improving national blood stocks and increasing capacity in hospital oncology clinics by developing an All-Wales Genetic Haemochromatosis support service. (2025), (P004). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

E. Delahay, J. Megahey, C. Kelly, and A. Davies (2025). Red blood cell extracellular vesicles impact on dopaminergic cell line response: implications for synucleinopathies. (SI13). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

E. Delahay, M. Cahillane, J. Nash, C. Saunders, and C. E. George (2025). Expanding research capacity and efficiency: the introduction of an associate practitioner in research laboratory settings. (P089). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

J. Nash, C. Saunders, N. Pearce, M. Cahillane, E. J. Sayers, T. Scorer, and **C. E. George** (2025). Thrombin generation in conventional and cold stored platelet concentrates: unveiling the true drivers beyond platelets. (P328). 35th Regional Congress of the International Society of Blood Transfusion Milan, Italy, 31 May – 4 June 2025. Vox Sanguinis, 120;8-537.

L Williams, E Burrows, M Richardson, M Burton, S Griffin, D Pritchard. (2025) The challenge of renal transplantation in the presence of anti-CD36 antibodies. (P482). 22nd Congress of the European Society for Organ Transplantation 29 June - 2 July 2025, London, UK. Transplant International Abstract Book

M. Amaral. (2025) Developing a National Data Dashboard for Anaemia Screening and Management in Major Surgery. Poster presented at: NATA (Network for the Advancement of Patient Blood Management, Haemostasis and Thrombosis) Annual Congress; 1 April 2025, Bilbao, Spain.

M. Cahillane, C. Saunders, N. Pearce, and C. E. George (2025). Three buffy coat platelet concentrates: a realistic paradigm shift towards transforming platelet production for a more sustainable blood supply chain? (P022). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

N. Ivey, I Thakur, S Ditcham (2025). Integrating Transfusion Safety into Foundation Training: An Educational Initiative for Wales. Poster presented at: Health Education and Improvement Wales (HEIW); 23 September 2025, Cardiff, Wales.

N. Ivey, I. Thakur, S. Ditcham, and J. Gregory (2025). From inquiry to action: embedding transfusion safety education into Wales' foundation programme. (P057). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

S Davies (2025). Back to basics: thank you emails. Poster presented at: European Conference on Donor Health and Management (ECDHM), 12 September 2025, Wijk aan Zee, Netherlands.

S. Robinson, J. Zielska-Mikita, and S. Pearce (2025). Project ELSA—To replace the use of dry ice in transportation of frozen blood components and products. (P020). XLII Annual Scientific Meeting of the British Blood Transfusion Society 14 – 16 October 2025, Harrogate, UK. Transfusion Medicine, 35: 3-66.

Appendix D: Velindre University NHS Trust and Additional Affiliated Research Active Staff.

The following appendix lists **publications from 2025**, from Velindre and Additional Affiliated Research Active Staff – articles only. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2025**, there has been a total of 101 publications – 101 articles.

Cancer Site Specific

D1. Breast

Articles

K. Aboud, M. Meissner and R. Jones (2025). "Capivasertib/Fulvestrant in patients with HR+, HER2-low or HER2-negative locally advanced or metastatic breast cancer." Therapeutic advances in medical oncology **17**: 17588359251358947. **Impact Factor = 4.2**

J. E. Abraham, L. O. O'Connor, L. Grybowicz, K. P. Alba, A. Dayimu, N. Demiris, C. Harvey, L. M. Drewett, R. Lucey, A. Fulton, A. N. Roberts, J. R. Worley, M. A. Chhabra, W. Qian, J. Brown, R. Hardy, A.-L. Vallier, S. Chan, M. E. U. Cidon, E. Sherwin, A. Chakrabarti, C. Sadler, J. Barnes, M. Persic, S. Smith, S. Raj, **A. Borley**, J. P. Braybrooke, E. Staples, L. C. Scott, C. A. Palmer, M. Moody, M. J. Churn, D. Pilger, G. Zagnoli-Vieira, P. W. G. Wijnhoven, M. B. Mukesh, R. R. Roylance, P. C. Schouten, N. C. Levitt, K. McAdam, A. C. Armstrong, E. R. Copson, E. McMurtry, S. Galbraith, M. Tischkowitz, E. Provenzano, M. J. O'Connor and H. M. Earl (2025). "Neoadjuvant PARP inhibitor scheduling in BRCA1 and BRCA2 related breast cancer: PARTNER, a randomized phase II/III trial." Nature communications **16**(1): 4269. **Impact Factor = 15.7**

J. A. Dunn, P. Donnelly, N. Elbeltagi, A. Marshall, A. Hopkins, A. M. Thompson, R. Audisio, S. E. Pinder, D. A. Cameron, S. Hartup, L. Turner, A. Young, H. Higgins, E. K. Watson, S. Gasson, **P. J. Barrett-Lee**, C. Hulme, B. Shinkins, P. S. Hall and A. Evans (2025). "Annual versus less frequent mammographic surveillance in people with breast cancer aged 50 years and older in the UK (Mammo-50): a multicentre, randomised, phase 3, non-inferiority trial." Lancet (London, England) **405**(10476): 396–407. **Impact Factor = 88.5**

S. Harding and A. Borley (2025). "Switching to a Fixed-dose Combined Pertuzumab and Trastuzumab With Recombinant Human Hyaluronidase Subcutaneous Injection to Treat Human Epidermal Growth Factor Receptor 2-positive Breast Cancer in Real-world UK Clinical Practice." Clinical oncology (Royal College of Radiologists (Great Britain)) **37**: 103671. **Impact Factor = 3.0**

V. Gaury, Z. Vaquette, V. Aubert, C. Barcenas, L. J. Jones, D. Jacobs, J. Guillon, A. Filiot, B. van der Vegt, E. Hocquet, C. Maisin, **L. K. Spary**, M. Bateson, A. L. Martin, D. Drubay, S. Everhard, L. Guillou, M. Sefta, I. Garberis, F. Andre, A. V. Salomon, S. Krishnamurthy and M. Lacroix-Triki (2025). "Clinical Validation of RlapsRisk BC in an international multi-cohorts setting." medRxiv. **No impact factor – preprint server**

J. V. Waterhouse, A. Holdich, F. Mina, M. Obeid, K. Joshi, S. Barrett, L. Rajakumar, G. McCormick, S. Seymour, P. Koliou, R. Sylva, O. Ayodele, A. Gautam, J. Smith, J. McKeon, T. Strawson-Smith, R. Douglas, **A. Borley**, A. Konstantis and S. McGrath (2025). "Safety and Efficacy of Atezolizumab in Combination With nab-Paclitaxel in Patients With PD-L1 Positive Metastatic or Locally Advanced Triple-Negative Breast Cancer: A UK-Wide Cancer Centre Experience." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103968. **Impact Factor = 3.0**

D2. Colorectal

Articles

F. Aroldi, E. Elez, T. Andre, G. Perkins, H. Prenen, V. Popovici, P. Gallagher, J. Houlden, L. Collins, C. Roberts, C. Rolfo, F. Di Nicolantonio, M. Grayson, R. Boyd, K. Bettens, J. Delfavero, V. Coyle, M. Lawler, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, T. S. Maughan, J. Tabernero, **R. Adams, R. Jones**, B. T. Hennessy, A. Bardelli, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A Phase Ia/b study of MEK1/2 inhibitor binimetinib with MET inhibitor crizotinib in patients with RAS mutant advanced colorectal cancer (MErCuRIC)." *BMC cancer* **25**(1): 658. **Impact Factor = 3.4**

A. Audisio, C. Gallio, V. Velenik, H. Meillat, E. Ruiz-Garcia, M. C. Riesco, J. S. Alecha, G. Rasschaert, C. Carvalho, V. Randrian, I. Kirac, J. Hernando, M. Artac, J. M. O'Connor, I. Waldhorn, P. M. Braam, A. Shamseddine, R. Moretto, C. De la Pinta, F. De Felice, A. Dulskas, D. Paez Lopez-Bravo, A. Vanden Bulcke, F. Bock, A. Deleporte, M. Van Den Eynde, K. P. Geboes, M. Loi, M. Messina, C. Houlze-Laroye, A. Puccini, A. Pastorino, D. Papamichael, M. Fiore, D. Sur, M. Eid, C. Antoun, M. Salati, I. Garajova, M. Jakubauskas, J. Tomasek, C. M. Sousa Pinto, J. Schwingel, F. Morano, **R. A. Adams**, A. Dermine, A. Chau, M. A. Javed, M. Ghidini, F. Fiorica, P. Montenegro, A. Petrillo, G. Spolverato, N. Mulet Margalef, M. Diaz, C. Baratelli, F. Puleo, A. Karampeazis, F. Sert, Q. Gilliaux, A. De Stefano, G. Liberale, L. Moretti, P. Martinive, V. Deltuvaite Thomas, V. Staggs, E. D. Saad, J.-L. Van Laethem and F. Sclafani (2025). "Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer." *JAMA oncology* **11**(9): 1045–1054. **Impact Factor = 20.1**

J.-B. Bachet, A. de Gramont, M. Raeisi, M. Rakez, R. M. Goldberg, N. C. Tebbutt, E. Van Cutsem, D. G. Haller, J. R. Hecht, R. J. Mayer, S. M. Lichtman, A. B. Benson, A. F. Sobrero, J. Tabernero, **R. Adams**, J. R. Zalcborg, A. Grothey, T. Yoshino, T. Andre, Q. Shi and B. Chibaudel (2025). "Characteristics of Patients and Prognostic Factors Across Treatment Lines in Metastatic Colorectal Cancer: An Analysis From the Aide et Recherche en Cancerologie Digestive Database." *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* **43**(18): 2094–2106. **Impact Factor = 41.9**

G. Bregni, **R. Adams**, R. Bale, M. A. Bali, I. Bargellini, L. Blomqvist, G. Brown, C. Cremolini, P. Demetter, T. Denecke, A. Dohan, C. Dopazo, E. Elez, S. Evrard, R. Feakins, M. Guckenberger, M. G. Guren, M. Hawkins, A. Hoorens, E. Huguet, M. Intven, T. Koessler, W. G. Kunz, F. Lordick, V. Lucidi, A. H. Mahnken, H. Malik, P. Martinive, M. Mauer, A. M. Romero, I. Nagtegaal, F. Orsi, W. J. Oyen, O. Pellerin, M. Rengo, J. Riche, A. Ricoeur, A. Riddell, M. Ronot, M. Scorsetti, J. Seligmann, C. Sempoux, K. Sheahan, S. Stattner, M. Svrcek, J. Taieb, N. West, L. Wyrwicz, C. J. Zech, M. Moehler and F. Sclafani (2025). "EORTC consensus recommendations on the optimal management of colorectal cancer liver metastases." *Cancer treatment reviews* **136**: 102926. **Impact Factor = 10.5**

R. Frood, A. Gilbert, D. Gilbert, N. L. Abbott, S. D. Richman, V. Goh, S. Rao, J. Webster, A. Smith, J. Copeland, S. P. Ruddock, L. Berkman, R. Muirhead, A. G. Renehan, M. Harrison, **R. Adams**, M. Hawkins, S. Brown and D. Sebag-Montefiore (2025). "Personalising anal cancer radiotherapy dose (PLATO): protocol for a multicentre integrated platform trial." *BMJ open* **15**(11): e109655. **Impact Factor = 2.3**

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D3. Gynecology

Articles

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D4. Head & Neck

Articles

M. Buttner, G. Sykiotis, A. Al-Ibraheem, M. Pinto, I. Iakovou, A. A. Osthus, E. Hammerlid, L. D. Locati, E. M. Gamper, J. I. Arraras, S. J. Jordan, N. Kiyota, D. Engesser, K. Taylor, R. Canotilho, G. Ioannidis, O. Husson, R. R. Gama, G. Fanetti, **L. Moss**, J. Inhestern, G. Andry, H. Rimmele and S. Singer (2025). "Quality of life in thyroid cancer survivors with and without permanent hypoparathyroidism." Hormones (Athens, Greece) **24**(3): 851–860. **Impact Factor = 2.5**

M. Evans, P. Bonomo, **P. C. Chan**, M. L. K. Chua, J. G. Eriksen, K. Hunter, K. Jensen, T. M. Jones, S. G. Laskar, R. Maroldi, B. O'Sullivan, C. Paterson, L. Tagliaferri, S. Tribius, S. S. Yom and V. Gregoire (2025). "Delineation of the post-operative primary tumour and nodal clinical target volumes in oral cavity squamous cell carcinoma: European Society for Radiotherapy and Oncology (ESTRO) clinical guidelines." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **212**: 111135. **Impact Factor = 5.3**

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A. L. Peters, W.-Y. Poon, **S. Walters**, Z. Iyizoba-Ebozue, C. Hannon, S. Kingdon, K. Yogalingam, L. Kennedy, J. Peck, K. Cavanagh, R. Fernandes, Y. Wang, S. Thomas, M. Rowe, K. Grellier, K. MacTier, M. Baxter, S. A. Growcott, A. Muse, R. Kitson, O. Gbenebichie, K. Laws, J. Hardman, M. Denholm, K. Purshouse, R. Prestwich, C. Wilson, D. J. Noble and C. Paterson (2025). "Involved Neck Only Versus Mucosal Radiation Therapy for Head and Neck Squamous Cell Cancer of Unknown Primary (HNSCCUP): A National Retrospective Multicenter Cohort Study." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

D5. Lung

Articles

K. Franks, D. Smith, **P. Shaw**, G. L. Banna, M. Cominos, T. Talbot, B. T. Blak, L. Lindqvist-Brown and M. Ahmed (2025). "CODAK: Real-World Clinical Outcomes of Patients With Unresectable, Stage III Non-Small Cell Lung Cancer Treated With Durvalumab After Chemoradiotherapy in the United Kingdom." Clinical oncology (Royal College of Radiologists (Great Britain)) **48**: 103949. **Impact Factor = 3.0**

I. Gomez-Randulfe, F. Monaca, O. Cantale, M. L. Reale, L. Mrak, L. Zullo, S. S. Diaz, M. Z. Bueno, M. A. Mariduena Moreno, C. Davis, **S. Cox**, D. Lee, R. Shah, T. Geldart, J. Baena, J. C. Benitez, M. A. Rosario Garcia Campelo, J. Remon, D. Planchard, D. Galetta, M. Tiseo, D. Cortinovis, G. Metro, E. Bria, F. Passiglia, S. Novello and R. Califano (2025). "Real-world outcomes of second-line carboplatin plus pemetrexed after first-line osimertinib in EGFR-mutant advanced NSCLC: An international multicentre cohort study." Lung cancer (Amsterdam, Netherlands) **209**: 108797. **Impact Factor = 4.4**

G. Middleton, H. L. Robbins, P. Fletcher, J. Savage, M. Mehmi, Y. Summers, A. Greystoke, N. Steele, S. Popat, P. Jain, J. Spicer, J. Cave, **P. Shaw**, D. Gilligan, D. Power, D. Fennell, M. Bajracharya, D. J. McBride, U. Maheswari, A. M. Frankell, C. Swanton, A. D. Beggs and L. Billingham (2025). "A phase II trial of mTORC1/2 inhibition in STK11 deficient non small cell lung cancer." NPJ precision oncology **9**(1): 67. **Impact Factor = 8.0**

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D6. Melanoma

Articles

None

D7. Neuro

Articles

F. Slevin, E. M. Hudson, F. W. Boele, **J. R. Powell**, S. Nutch, M. Borland, S. Brown, A. Bruce, H. Bulbeck, N. G. Burnet, Y. C. Chang, R. Colaco, S. Currie, D. Egleston, N. Fersht, M. Klein, J. Lilley, M. Lowe, E. Miles, R. D. Murray, D. J. O'Hara, M. Norris, C. Parbutt, A. Smith, C. Smith, G. A. Whitfield, S. Short and L. Murray (2025). "APPROACH: Analysis of Proton versus Photon Radiotherapy in Oligodendroglioma and Assessment of Cognitive Health - study protocol paper for a phase III multicentre, open-label randomised controlled trial." BMJ open **15**(2): e097810. **Impact Factor = 2.3**

D8. Sarcoma & Lymphoma

Articles

A. Santarsieri, E. Mitchell, M. H. Pham, R. Sanghvi, J. Jablonski, H. Lee-Six, K. Sturgess, P. Brice, T. F. Menne, W. Osborne, T. Creasey, K. M. Ardeshtna, J. Baxter, S. Behan, K. Bhuller, S. Booth, N. D. Chavda, G. P. Collins, D. J. Culligan, K. Cwynarski, A. Davies, **A. Downing**, D. Dutton, M. Furtado, **E. Gallop-Evans**, A. Hodson, D. Hopkins, H. Hsu, S. Iyengar, S. G. Jones, M. Karanth, K. M. Linton, O. C. Lomas, N. Martinez-Calle, A. Mathur, P. McKay, S. K. Nagumantry, E. H. Phillips, N. Phillips, J. F. Rudge, N. K. Shah, G. Stafford, A. Sternberg, **R. Trickey**, B. J. Uttenthal, N. Wetherall, X.-Y. Zhang, A. K. McMillan, N. Coleman, M. R. Stratton, E. Laurenti, P. Borchmann, S. Borchmann, P. J. Campbell, R. Rahbari and G. A. Follows (2025). "The genomic and clinical consequences of replacing procarbazine with dacarbazine in escalated BEACOPP for Hodgkin lymphoma: a retrospective, observational study." The Lancet. Oncology **26**(1): 98–109. **Impact Factor = 35.9**

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D9. Upper Gastro-Intestinal

Articles

B. Beernaert, R. L. Jady-Clark, P. Shah, E. Ramon-Gil, N. M. Lawson, Z. D. Brodtman, S. Tagore, F. Stihler, A. S. Carter, S. Clarke, T. Liu, W. Zhu, E. Erdal, A. Easton, L. Campo, M. Browne, S. Ash, N. Waddell, **T. Crosby**, S. R. Lord, D. A. Mann, I. Melero, C. E. de Andrea, A. E. Tijhuis, F. Foijer, E. M. Hammond, K. C. Akdemir, J. Leslie, B. Izar and E. E. Parkes (2025). "Chromosomal instability shapes the tumor microenvironment of esophageal adenocarcinoma via a cGAS-chemokine-myeloid axis." [bioRxiv : the preprint server for biology](#). **Impact Factor = Pre Print server no impact factor.**

A. Case, F. Williams, S. Prosser, H. Hutchings, **T. Crosby**, **R. Adams**, G. Jenkins and S. Gwynne (2025). "Reconsidering the Role of Radiotherapy for Inoperable Gastric Cancer: A Systematic Review of Gastric Radiotherapy Given With Definitive and Palliative Intent." [Clinical oncology \(Royal College of Radiologists \(Great Britain\)\)](#) **37**: 103693. **Impact Factor = 3.0**

H. A. Clements, M. E. Booth, C. W. Bleaney, S. R. Markar, M. A. Hawkins, E. C. Smyth, C. J. Peters and **T. D. L. Crosby** (2025). "United Kingdom and Ireland Oesophagogastric Cancer Group Cancer Update 2024." [Clinical oncology \(Royal College of Radiologists \(Great Britain\)\)](#) **45**: 103889. **Impact Factor = 3.0**

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B. T. Crosby, L. Munglani, K. Wright, K. Charles, W. Evans, M. Mathias, S. Davies, B. Abdalla, J. Turner, **T. Crosby**, N. Trudgill and H. Haboubi (2025). "Impact of introducing transnasal endoscopy on expanding diagnostic endoscopy services." [BMJ open quality](#) **14**(1). **Impact Factor = 1.6**

K. Datta, **A. Byrne** and D. Holland-Hart (2025). "Factors Affecting Treatment Resilience in Patients With Oesophago-gastric Cancers Undergoing Palliative Chemotherapy: A Rapid Review." [Clinical oncology \(Royal College of Radiologists \(Great Britain\)\)](#): 103963. **Impact Factor = 3.0**

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I. Bagwan, S. Oakes, S. R. Preston, A. Sharrocks, Y. Ang, S. J. Hayes, J. R. O'Neill, V. Sujendran, A. Hindmarsh, P. Safranek, N. Carroll, C. Crichton, J. Davies, A. Blasco, A. Grantham, S. Killcoyne, A. M. Redmond, S. Jammula, G. Devonshire, M. Eldridge, A. G. Lynch, S. Tavare, E. C. Smyth, M. Tripathi, S. Malhotra, A. Miremadi, M. O'Donovan, S. Abbas, A. Katz-Summercorn, X. Li, A. Northrop, S. MacRae, E. Fidziukiewicz, C. Hughes, B. Nutzinger, N. Grehan, P. A. W. Edwards, R. C. Fitzgerald, M. Secrier, Z. S. Walters, M. J. J. Rose-Zerilli and T. J. Underwood (2025). "Cancer-associated fibroblasts are associated with neo-adjuvant treatment response in oesophageal adenocarcinoma." British Journal of Cancer **133**(5): 633 – 647. **Impact Factor = 6.8**

C. W. Bleaney, K. Aitken, **T. D. L. Crosby**, G. Radhakrishna, R. Roy, K. Spencer and C. M. Jones (2025). "Radiotherapy for Oesophageal Cancer in the United Kingdom: Patterns of Practice and Quality Indicators." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103978. **Impact Factor = 3.0**

K. Datta, **A. Byrne** and D. Holland-Hart (2025). "Factors Affecting Treatment Resilience in Patients With Oesophago-gastric Cancers Undergoing Palliative Chemotherapy: A Rapid Review." Clinical oncology (Royal College of Radiologists (Great Britain)): 103963. **Impact Factor = 3.0**

J. Helbrow, M. E. Booth, B. Vadhvana, **R. Adams, K. G. Foley**, C. J. Peters, R. D. Petty and S. Gwynne (2025). "Quality Assurance in Multi-Modality Oesophago-Gastric Cancer Clinical Trials: Past, Present and Future Perspectives." Clinical oncology (Royal College of Radiologists (Great Britain)) **49**: 103971. **Impact Factor = 3.0**

D10. Unknown Primary

Articles

None

D11. Urology

Articles

S. Cooper, S. Nicholson, J. Crook, N. Watkin, C. Pettaway, **J. Barber**, A. Mitra, **O. Woodley, A. Millin**, E. Hall, A. Pathmanathan, S. Penegar, S. Burnett, P. Spiess, E. Miles, K. Hoffman, H. Yang and A. C. Tree (2025). "Standardization of Radiation Therapy to Inguinal and Pelvic Lymph Nodes in Locally Advanced Cancer of the Penis, as Defined by the International Penile Advanced Cancer Trial (InPACT)." International journal of radiation oncology, biology, physics **123**(1): 171–182. **Impact Factor = 6.5**

J. Gavira, E. Auclin, M. Rey-Cardenas, **P. Roy, J. C. Tapia**, P. Nay, A. Vinceneux, F. Lefort, S. Nannini, A. M. D. C. Randis, N. Naoun, B. Escudier, D. Borchellini, G. de Velasco, P. Barthelemy, M. Gross-Goupil, S. Negrier, S. Oudard, **R. D. Frazer**, L. Albiges and R. Flippot (2025). "Activity of lenvatinib-based therapy in previously treated patients with metastatic renal cell carcinoma: A European multicenter study (LENVA-LAT)." European journal of cancer (Oxford, England : 1990) **220**: 115389. **Impact Factor = 7.1**

S. Gillissen, L. Murphy, N. D. James, A. Sachdeva, O. El-Taji, H. Abdel-Aty, A. I. Adler, C. Amos, G. Attard, M. Varughese, J. Gale, S. Brown, N. Srihari, A. J. Birtle, M. Brown, K. Chan, S. Chowdhury, W. Cross, D. P. Dearnaley, O. Din, P. Dutey-Magni, D. C. Gilbert, C. Gilson, S. Gray, E. Grist, U. Hofmann, A. M. Hudson, Y. Jain, G. Jeyasangar, R. Jones, M. Kayani, R. E. Langley, Z. Malik, **M. D. Mason**, D. Matheson, C. McAlpine, A. Macnair, R. Millman, C. Murphy, M. Padden-Modi, O. Parikh, C. Parker, H. Rush, M. Russell, R. Srinivasan, S. Sundar, **J. S. Tanguay**, F. Turco, P. Williams, M. R. Sydes, M. K. B.

Parmar, L. C. Brown and N. W. Clarke (2025). "Metformin for patients with metastatic prostate cancer starting androgen deprivation therapy: a randomised phase 3 trial of the STAMPEDE platform protocol." The Lancet. Oncology **26**(8): 1018–1030. **Impact Factor = 35.9**

G. Leone, Y. N. S. Wong, R. J. Jones, P. Sankey, D. H. Josephs, S. J. Crabb, **L. Harris**, A. Zarkar, A. Protheroe, N. Vasudev, M. Rashid, A. Lopes, A. Tasnim, L. Ensell, J. Hartley, A. Jayaram, B. Kularatne, M. Kayani, C. C. Pritchard, E. Q. Konnick, A. Freeman, A. Haider, J. Linares, G. Attard, S. A. Quezada, C. Swanton, T. Marafioti and M. D. Linch (2025). "Nivolumab and Ipilimumab for Metastatic Castration-Resistant Prostate Cancer With an Immunogenic Signature: The Multicenter, Two-Cohort, Phase II NEPTUNES Study." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **43**(28): 3070–3080. **Impact Factor = 41.9**

P. Patel, S. Dreibe, G. Attard, A. Cole, P. Diez, J. Frew, J. Guevara, D. Levine, F. McDonald, V. Mullassery, J. Murray, C. Parker, **N. Palaniappan**, A. Pathmanathan, A. Reid, Y.-E. Suh, I. Syndikus, A. Tirona, A. Tran, N. Tunariu, N. J. van As, J. Wylie and A. C. Tree (2025). "Stereotactic Body Radiation Therapy for Oligoprogressive Disease in Androgen-Suppressed Prostate Cancer: Primary Endpoint Analysis of the TRAP Trial." International journal of radiation oncology, biology, physics. **Impact Factor = 6.5**

M. Randhawa, G. Buchanan, I. M. Stratton, G. Race, A. Challapalli, D. Bottomley, J. Logue, S. Sundar, A. Robinson, D. B. McLaren, R. Stevenson, J. M. O'Sullivan, **L. Sweeney**, J. McGrane, X. Jiang, D. Mazhar, V. Khoo, N. McPhail and R. J. Jones (2025). "UK real-world data of radium-223 dichloride in metastatic prostate cancer." Nuclear Medicine Communications **46**(12): 1155–1162. **Impact Factor = 1.3**

J. Staffurth, S. Mukherjee, P. Fielding, E. Renninson and J. I. Rees (2025). "Real-World Experience of 18F-PSMA-1007 Positron Emission Tomography-Computed Tomography Scanning for Initial Staging of High-Risk Nonmetastatic Prostate Cancer: Scan Results and Treatment Decisions." Clinical oncology (Royal College of Radiologists (Great Britain)) **45**: 103900. **Impact Factor = 3.0**

J. N. Staffurth, **S. Sivell**, E. Baddeley, S. Ahmedzai, H. J. Andreyev, S. Campbell, D. J. J. Farnell, C. Ferguson, J. Green, A. Muls, R. O'Shea, S. Pickett, L. Smith, S. Taylor and A. Nelson (2025). "The impact of specialised gastroenterology services for pelvic radiation disease (PRD): Results from the prospective multi-centre EAGLE study." PloS one **20**(1): e0303356. **Impact Factor = 2.6**

J. C. Tapia, J. Gavira, D. Matthews, M. Santoni, M. Young, L. Blondel, R. Flippot, **R. D. Frazer**, G. Anguera and P. Maroto (2025). "Disparities in Clinical and Coverage Benefit of Drugs for Genitourinary Cancers: Cross-National Analysis in the USA, Canada, France, United Kingdom, Spain, Italy and Portugal." SSRN. **No impact factor – preprint server.**

Other

D12. Chemotherapy/Immunotherapy

Articles

J. Andreyev, **R. Adams**, J. Bornschein, M. Chapman, D. Chuter, S. Darnborough, A. Davies, F. Dignan, C. Donnellan, D. Fernandes, R. Flavel, G. Giebner, A. Gilbert, F. Huddy, M. S. S. Khan, P. Leonard, S. Mehta, O. Minton, C. Norton, L. Payton, G. McGuire, D. M. Pritchard, C. Taylor, S. Vyoral, A. Wilson and L. Wedlake (2025). "British Society of Gastroenterology practice guidance on the management of acute and chronic gastrointestinal symptoms and complications as a result of treatment for cancer." Gut **74**(7): 1040–1067. **Impact Factor = 25.8**

P. Gallagher, C. Rolfo, E. Elez, J. Taieb, J. Houlden, L. Collins, C. Roberts, T. Andre, M. Lawler, F. Di Nicolantonio, M. Grayson, R. Boyd, V. Popovici, A. Bardelli, R. Carson, H. Khawaja, P. Laurent-Puig, M. Salto-Tellez, B. T. Hennessy, T. S. Maughan, J. Tabernero, **R. Adams, R. Jones**, M. Peeters, M. R. Middleton, R. H. Wilson and S. Van Schaeybroeck (2025). "A phase Ia study of the MEK1/2 inhibitor PD-0325901 with the c-MET inhibitor crizotinib in patients with advanced solid cancers." BJC reports **3**(1): 17. **Impact Factor = Currently no impact factor data available**

A. Olsson-Brown, A. Jain, **R. Frazer**, D. Farrugia, J. Carser, J. Houghton, R. D. Lewis, S. D'Mello and G. Emanuel (2025). "Clinical Management and Outcomes of Immune-Related Adverse Events During Treatment with Immune Checkpoint Inhibitor Therapies in Melanoma and Renal Cell Carcinoma: A UK Real-World Evidence Study." Oncology and therapy **13**(3): 649–665. **Impact Factor = 3.2**

C. A. Rees, A. Butler, S. Muthukrishnan and R. D. Frazer (2025). "Steroid refractory immune-related acute disseminated encephalomyelitis (ADEM) successfully treated with 2nd and 3rd line immunosuppressive therapy." BMJ case reports **18**(6). **Impact Factor = 0.5**

J. Hayes, S. D. Williams, P. Gimson and **M. Taubert** (2025). "How the BNF has grown in size and weight over decades." BMJ **391**: r2574. **Impact Factor = 42.7**

B. Schroeder, P. Prasad, O. Gbadegesin, **S. Gupta, R. Frazer**, S. Heaney, H. Franks, C. Blair, M. Stuttard, C. Barlow, H. Cook, H. Winter, P. d'Arienzo, J. Symington, Y. Radif, S. Rampes, P. Nathan, K. Young, H. Shaw, A. Carr and M. Willis (2025). "Specialist Neurology Involvement and Impact in Immune Checkpoint Inhibitor-Related Neurotoxicity: Experience in a Unified Healthcare System." Cancers **17**(24). **Impact Factor = 4.4**

D13. Palliative Care

Articles

M. Coffey, F. Lugg-Widger, B. Hannigan, V. Velikova and **A. Byrne** (2025). "Severe mental illness and last year of life: Identifying service use from a National Health Service digital dashboard in Wales, UK." Journal of mental health (Abingdon, England) **34**(5): 549–555. **Impact Factor = 3.2**

M. Mann, **C. Cahill, S. Sivell**, R. Hackett, **E. Harding and M. Taubert** (2025). "Future care planning." BMJ supportive & palliative care **15**(5): 614–617. **Impact Factor = 1.8**

M. Taubert, T. Goltsos and S. A. Murray (2025). "Science of forecasting: new methods to predict death." BMJ supportive & palliative care. **Impact Factor = 1.8**

M. Taubert, R. Hackett and S. Tavabie (2025). "Artificial intelligence and large language models in palliative medicine clinical practice and education." BMJ Supportive and Palliative Care **15**(1): 61 – 64. **Impact Factor = 1.8**

C. Cahill, E. Harding, A. Crabtree, S. Sivell and N. J. Pease (2025). "QR-code wristbands for critical information: palliative oncology feasibility study." BMJ supportive & palliative care **16**(1): 74–75. **Impact Factor = 1.8**

D14. Radiotherapy & Proton Therapy

Articles

S. Allan, **N. Courtier** and **L. Mundy** (2025). "The impact of working patterns on therapeutic radiographers' experience of work-life balance: A qualitative study at a cancer treatment centre in Wales." Radiography (London, England : 1995) **31**(3): 102951. **Impact Factor = 2.8**

A. Buckle, C. Heeney, M. Jones, V. Ganesan, R. Valentine, **P. Wheeler**, J. Earley, G. Grogan and M. Sparks (2025). "A multi-institution performance assessment of a double-layer MLC." Journal of applied clinical medical physics **26**(11): e70261. **Impact Factor = 2.2**

E. Moreno-Olmedo, K. Owczarczyk, E. Chadwick, P. Dickinson, A. Duffton, B. Jones, J. S. Good, F. McDonald, L. J. Murray, **T. Rackley**, M. Robinson, J. Sinclair, T. Strawson-Smith, A. Tree, Y. M. Tsang, A. Zarkar, C. Dean, P. Diez, M. Williams, N. Andratschke and R. Muirhead (2025). "Pelvic stereotactic ablative body radiotherapy (SABR) reirradiation: UK SABR consortium guidance for use in routine clinical care." Technical innovations & patient support in radiation oncology **35**: 100326. **Impact Factor = 2.8**

N. Courtier, E. Chivers, E. Pope and **L. Mundy** (2025). "Lessons learned from the experiences of newly qualified therapeutic radiography students who transitioned to work during the Covid-19 pandemic." Radiography **31**(1): 313-319. **Impact Factor = 2.8**

G. P. Beyer, C. Hartley, E. Barber, **P. Wheeler**, M. J. Daniels and J. Saez (2025). "Inter-System and Inter-Layer Dlg Variations in Halcyon/Ethos Mlcs: Implications for Dosimetric Matching and User-Adjustable TPS Models." Medical Physics **52**(10): 716–717. **Impact Factor = 3.2**

A. Duman, X. Sun, **J. R. Powell** and **E. Spezi** (2025). "A Novel Swarm Intelligence-Driven Feature Selection for Interpretable Machine Learning in GBM Overall Survival Analysis." medRxiv. **No impact factor – preprint server**

J. Oliver, H. Reed, L. Capitani, A. Poon-King, **A. Young**, S. Milutinovic, M. Kuczynski, O. Nicholas, **T. Rackley**, **C. Pembroke**, A. Godkin and A. M. Gallimore (2025). "Stereotactic ablative radiotherapy-driven immunosuppression is associated with poorer progression-free survival in cancer patients." Cancer immunology, immunotherapy : CII **75**(1): 3. **Impact Factor = 5.1**

D15. Miscellaneous

Articles

S. Harding, **A. Cleves** and A. Guirguis (2026). "A comparison between the delivery of genomic and pharmacogenomic education and training for pharmacy undergraduates between the UK and other international countries: A narrative review." Currents in pharmacy teaching & learning **18**(1): 102481. **Impact Factor = 1.4**

A. Lillis, **H. Williams**, E. Marshall, M. Jones, S. Henderson and O. Minton (2025). "'No right time, no right place' - conversations in acute cancer care - results of a Macmillan focus group." Future healthcare journal **12**(2): 100246. **Impact Factor = Currently no impact factor data available**

C. Chong-Nguyen, B. Yilmaz, **B. Coles**, H. Sokol, A. MacPherson, M. Siepe, D. Reineke, S. Mosbahi, D. Tomii, M. Nakase, S. Atighetchi, C. Ferro, C. Wingert, C. Grani, T. Pilgrim, S. Windecker, H. Blasco, C. Dupuy, P. Emond, Y. Banz, T. Losmanova, Y. Doring and G. C. M. Siontis (2025). "A scoping review evaluating the current state of gut microbiota and its metabolites in valvular heart disease physiopathology." European journal of clinical investigation **55**(6): e14381. **Impact Factor = 3.6**

I. R. Eda, R. Ramachandran, **V. M. Joseph**, S. Marreddy and A. Mounika (2025). "Imaging the Future: Diagnosing Treatable Neurometabolic Disorders in Children." Cureus **17**(8): e90124. **Impact Factor = 1.3**

F. Gomes, N. Farrington, J. Pearce, D. Swinson, J. Welford, A. Greystoke, M. Baxter, A. G. Brown-Kerr, L. Wyld, J. Morgan, N. M. L. Battisti, A. Barrell, D. Cobben, A. Cree, M. Johnston, K. Colquhoun, I. Phillips, J. Smith, S. Stapley, L. Lyons, K. Balachandran, H. Brown, R. Bryce, R. Dacie, R. Parks, M. Denholm, D. Harari, T. Rigden, D. Sommer, **K. Williams**, K. Worby and K.-L. Cheung (2025). "The care of older patients with cancer across the United Kingdom in 2024: A narrative review by the International Society of Geriatric Oncology UK Country Group." Journal of geriatric oncology **16**(1): 102133. **Impact Factor = 2.7**

D. Jarrom (2025). "Early health technology assessment: Current and future perspectives from a health technology assessment agency." International Journal of Technology Assessment in Health Care **41**(1): e68. **Impact Factor = 3.1**

L. Johnson, S. Khattab, J. Strawbridge, C. Cadogan, D. Stewart, A. M. De Frein, J. Eustace-Cook, M. A. Lowrey, A. M. Brady, **S. Harding**, J. O'Connell and C. Ryan (2025). "Pharmacist prescribing in cancer services: A scoping review." Research in social & administrative pharmacy : RSAP **21**(12): 951–974. **Impact Factor = 2.8**

P. M. Kazaj, **B. Coles**, I. Shiri, G. Baj, C. Grani, A. Nikolakopoulou and G. C. M. Siontis (2025). "Extent of evidence synthesis in biomedical research: a MeSH-driven analysis of neglected and well-explored areas." Systematic reviews **14**(1): 35. **Impact Factor = 3.9**

E. Mantzourani, H. Ahmed, J. Bethel, S. Turner, A. Akbari, A. Evans, **M. Prettyjohns**, G. John, R. Gunnarsson and R. Cannings-John (2025). "Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study." The Journal of antimicrobial chemotherapy **80**(1): 227–237. **Impact Factor = 3.6**

H. Mehmood, M. Alowami, T. S. Hlaing, **K. N. Zaya**, Y. Uraiby, A. M. Alam, A. Adala, O. Ikram, S. F. Ali, M. Farhan, E. Zulfiqar, M. Ahmed, R. Ahmed and A. Naeem (2025). "Once-Weekly Insulin Efsitora Alfa Versus Once Daily Insulin in Patients With Type 2 Diabetes: A Systematic Review and Meta-Analysis." Endocrinology, diabetes & metabolism **8**(6): e70126. **Impact Factor = 2.6**

E. Papadopoulos, R. Brick, A. Sirois, B. Beauplet, K. C. Wood, H. Furness, C. Barrett, A. Ward, J. Murphy, M. Pattwell, E. C. Navarrete, **K. Williams** and K. Haase (2025). "Perspectives on prehabilitation for older adults with cancer: A report from the International Society of Geriatric Oncology (SIOG) rehabilitation group." Journal of geriatric oncology **16**(3): 102224. **Impact Factor = 2.7**

R. Phillips, B. Basu, Z. Butt, M. Belouèche, N. Cook, S. J. Crabb, A. Greystoke, D. Hargrave, **R. Jones**, M. Y. Kureeman, J. Lopez, C. McKeeve, **M. Meissner**, B. O'Carrigan, E. E. Parkes, M. Ronghe, P. Roxburgh, D. Sarker, K. I. Savage, **P. H. S. Shaw**, S. Symeonides, D. A. Tweddle, A. Vedi, H. S. Walter, J. Zabkiewicz, G. W. Middleton and A. D. Beggs (2025). "Experimental Cancer Medicine Centre (ECMC) network proposal for a consensus gene panel for pan-cancer sequencing: a Delphi methodology." British Journal of Cancer. **Impact Factor = 6.8**

A.-S. Strauss, **A. Cleves** and P. Dahm (2025). "Re: Elio Mazzone, Alice Thomson, David C. Chen, et al. The Role of Prostate-specific Membrane Antigen Positron Emission Tomography for Assessment of Local Recurrence and Distant Metastases in Patients with Biochemical Recurrence of Prostate Cancer

After Definitive Treatment: A Systematic Review and Meta-analysis. Eur Urol 2025;88:129-41." European urology. **Impact Factor = 25.2**

H. Williams, E. Marshall, A. Lillis, C. O'Doherty, R. Christmas and O. Minton (2025). "The role of the acute oncology service in a comprehensive cancer management pathway." Journal of cancer policy **44**: 100583. **Impact Factor = 2.0**

N. M. Youssef, M. S. Hussein, T. S. Hlaing, **K. N. Zaya**, M. K. Wai, M. S. Shurbahji, A. E. Nour, N. Breika, M. Harb, R. M. A. Suliman, S. Bala, E. S. S. Awadalla, M. B. E. Abdou, A. A. A. Muhammad, S. H. A. Al-Wardi, M. A. G. Hani and A. Omar (2025). "Correlation Between Age, the Development of Seizures, the National Institutes of Health Stroke Scale, the Modified Rankin Scale, and Discharge Status in Patients With Acute Hemorrhagic Stroke." Cureus **17**(10): e95052. **Impact Factor = 1.3**

C. Dello Russo, I. Frater, R. Kuruvilla, S. Lip, H. O'Neill, K. Burke, V. Chaplin, A. S. F. Doney, S. Elyas, N. Greaves, **S. Harding**, D. Hargroves, J. Hayward, D. A. Hughes, T. A. T. Hughes, S. Kondapally, P. Mok, A. Peace, I. Rafi, S. Ray, V. Stinton, L. Venetucci and M. Pirmohamed (2025). "CYP2C19 genotype testing for clopidogrel: A guideline developed by the UK Centre of Excellence in Regulatory Science and Innovation in Pharmacogenomics (CERSI-PGx)." British journal of clinical pharmacology. **Impact Factor = 3.0**

Additional Publications – Research Active Affiliated staff (not captured above)

D16. Cardiff University/Velindre University NHS Trust Affiliated staff

Articles

S. Koshimoto, K. Amano, **J. B. Hopkinson**, S. Okamura, T. Sakaguchi, S. Arakawa, A. Tokoro, N. Mori, J. Nozato, T. Iriyama, S. Sato and T. Takeuchi (2025). "Sex-related differences in eating-related distress experienced by patients with advanced cancer." Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer **33**(3): 241. **Impact Factor = 2.9**

T. Watts, **N. Courtier**, **S. Fry**, **N. Gale**, E. Gillen, G. McCutchan, M. Patil, T. Rees, D. Roche, S. Wheelwright and **J. Hopkinson** (2025). "Access, acceptance and adherence to cancer prehabilitation: a mixed-methods systematic review." Journal of cancer survivorship : research and practice **19**(6): 1895–1923. **Impact Factor = 2.9**

A. Albarrati and **N. S. Gale** (2025). "The Aging Lung: Exploring Multimorbidity Patterns and Their Clinical Implications: A Narrative Review." Current issues in molecular biology **47**(7). **Impact Factor = 3.0**

Y. Qin, K. Hamana and **N. Gale** (2025). "Remote exercise services for people with cystic fibrosis: experiences and perceptions from people with cystic fibrosis and members of cystic fibrosis multidisciplinary teams." Disability and rehabilitation **47**(13): 3353–3366. **Impact Factor = 2.0**

R. Khayat, M. K. Hussain, A. Parry, **S. Fry** and D. Kelly (2025). "Effective Leadership Styles in Hospital Laboratories." Journal of Pioneering Medical Sciences **14**(11): 16–23. **Impact Factor = 0.6**

E. Baddeley, C. Font, I. Mahe, M. Edwards, **S. Sivell**, K. J. Lifford, V. M. Arfuch, N. Coma-Auli, M. Sogaard, H. Enggaard, H. Helfer, N. S. Mohammed, K. Seddon, M. Pearson, S. P. Mooijaart, S. Szmit, F. A. Klok, S. Noble and A. A. Hojen (2025). ""Who am I to say that I'm not going to take it": patient perspectives on decisions about antithrombotic therapy in the context of advanced cancer." Thrombosis research **253**: 109399. **Impact Factor = 3.4**

E. Baddeley, **S. Sivell**, A. Retzer, A. Nelson, H. Bulbeck, K. Seddon, R. Grant, R. Adams, C. Watts, O. L. Aiyegbusi, M. Calvert and A. Byrne (2025). "Well-being and coping: Key aspects of unmet need of people living with glioma." Neuro-oncology practice **12**(3): 413–425. **Impact Factor = 2.5**