



DEBATE PACK

Number CDP 2020-0166, 4 December 2020

e-petition 300027, relating to research into childhood cancers

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Summary

This briefing has been produced ahead of the debate to be held in Westminster Hall on Monday 7 December at 4.30 pm on e-Petition 300027, relating to funding for research into childhood cancers.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Summary

An e-petition, [Fund research for childhood cancers with the worst survival rates](#) calls on the Government to ringfence funds for research into, and fund awareness campaigns on childhood cancers. It particularly highlights DIPG (diffuse intrinsic pontine glioma, now called diffuse midline glioma), a brain stem cancer.

The petition received over 109,000 signatures and the Government published [a response to the petition](#) in March 2020.

This petition will be debated in Westminster hall on 7 December at 4.30pm. The debate will be led by Tonia Antoniazzi MP.

1.1 Childhood cancer

Cancer in children is rare. Public Health England report that cases in the under 15s account for less than 1% of all new cancer cases in England.¹ In 2018 in England there were 1,331 new registrations of cancer among children aged 0-14 years (excluding non-melanoma skin cancer). Of these, 418 were leukaemia and 235 were brain cancers.²

The types of cancer diagnosed in children tend to be different to those seen in adults. Some more common cancers in adults are very rarely seen in children, and there are certain cancers that almost exclusively affect children. Cancer Research UK reports that the most common types of cancer in children are acute leukaemias and cancers of the brain and spinal cord.³ Other, rarer, cancers that affect children include, retinoblastoma (a type of eye cancer), Wilm's tumours (kidney cancer) and muscle or bone cancers.

The petition specifically highlights DIPG (now called diffuse midline gliomas), a type of brainstem tumour that mostly affects children. It is estimated that diffuse midline gliomas account for 5-10% of all childhood brain tumours.⁴ They are high grade tumours that are fast growing and can spread throughout the brain. The main treatment offered in diffuse midline gliomas is radiotherapy, but it remains difficult to treat, and prognosis is relatively poor.⁵

Treatments for children's cancer will vary depending on the type and site of the cancer. These may include chemotherapy, radiotherapy, surgery and stem cell and bone marrow transplants.⁶

Generally, survival rates for childhood cancer are higher than adult cancers. The chart below shows ten-year survival rates for childhood cancers in different diagnostic groups for those diagnosed between 2001 and 2005. Ten-year survival rates have more than doubled since

¹ Public Health Matters, [Childhood cancer statistics – what can we learn from new data?](#) February 2017

² [Public Health England. Cancer Registration Statistics 2018](#)

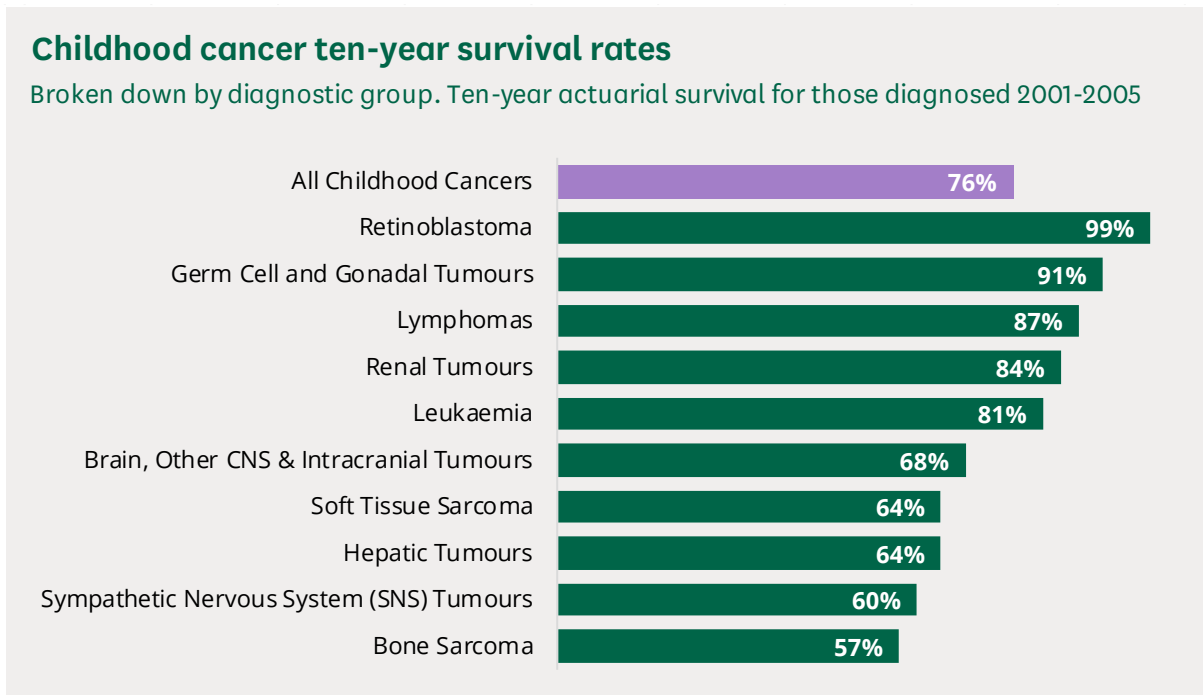
³ Cancer Research UK, What is children's cancer? [accessed 3 December 2020]

⁴ CCLG, [Brain tumours](#), June 2017

⁵ The Brain Tumour Charity, [Diffuse midline glioma](#), [accessed 3 December 2020]

⁶ CCLG, [Treatment](#), [accessed 3 December 2020]

the early 1970s. One-year survival rates have increased from 63% to 91%, while five-year survival rates have increased from 40% to 82%.



Source: [Cancer Research UK](#)

Cancer Research UK, however, says that the survival rate for childhood cancers does not “show the disparity in survival between cancer types” This also means, for instance, that specific cancers within some of the diagnostic groups listed above have worse survival rates than the diagnostic group’s overall average.

Whilst survival rates are generally improving, childhood cancer and the treatments (which can sometimes last months or years) can have a significant impact on a child and their family. Cancer Research UK states that survival rate statistics do not “reflect anything about quality of life after treatment”.⁷ Many children and young people will experience serious long-term side effects from the cancer treatment they have received and young people who have survived cancer may be affected by the impacts of the disease and the treatment throughout their lives.⁸

More general information on children’s cancer is provided in the following sources:

- Children’s Cancer and leukaemia Group (CCLG), [Childhood cancer](#)
- Cancer Research UK, [Children's Cancers](#)
- Children with Cancer UK, [Childhood Cancer Info](#)
- The Brain Tumour Charity, [Child brain tumour types](#)

⁷ Cancer Research UK, Science blog: [Different challenges, same determination: how we’re tackling children’s and young people’s cancers](#), 25 September 2020

⁸ CCLG, [Aftercure: for teenage and young adult survivors of childhood cancer](#) [accessed 3 December 20

1.2 Research funding for childhood cancers

Funding for medical research in the UK is provided by both the public and private sectors, as well as charities and non-governmental organisations. The latest data from the UK Clinical Research Collaboration (UKCRC – a partnership of the main stakeholders who influence clinical research across the business, public and charitable sectors in the UK) indicated that, in 2018, there were over 3,000 direct awards for “cancer and neoplasms” research, amounting to a total spend of £483 million (18.9% of the total health research spend).⁹ The UKCRC report does not provide a breakdown of what type of cancer the research funding was directed towards, so it is not possible to state what proportion of the funding went to ‘childhood cancers’.

The [National Institute for Health Research](#) (NIHR) is primarily funded by the Department of Health and Social Care and is the nation's largest funder of health and care research. In its Response to the e-petition on [Fund research for childhood cancers with the worst survival rates](#), the Government stated that “NIHR cancer research expenditure has risen from £101 million in 2010/11 to £132 million in 2018/19, the largest investment in a disease area”. The Response does not state what proportion of NIHR cancer research expenditure went towards childhood cancers, though it highlighted that:

In May 2018 the Government announced £40 million over five years for brain tumour research as part of the Tessa Jowell Brain Cancer Mission [which] includes funding for childhood cancers research and diffuse intrinsic pontine glioma.¹⁰

The [National Cancer Research Institute](#) (NCRI – a UK-wide partnership between cancer research funders) published an analysis in January 2014 of [Funding of children's cancer research](#). It should be noted, however, that the data presented in the report is from 2008 and thus is now 12 years old. The NCRI's “international data set” which included research awards made in the United States, UK, Canada, the Netherlands and France:

captured a total of \$5.1 billion of research spend in 2008 [on cancer], of which \$163.5 million (3.2%) had an identifiable association with children's cancer. Of this \$163.5 million, two-thirds was from funders in the USA, one-fifth from the UK, and the remainder from Canada, the Netherlands and France.

[...]

In the UK data set, the total spend by NCRI Partners was \$913.0 million, of which \$32.0 million (3.5%) had an identifiable association with children's cancer.¹¹

The NCRI also has an online tool that allows users to search for [research spend by research and disease site](#) over the years, up to and including 2018/19.

⁹ UK CRC, [UK Health Research Analysis 2018](#), published 2020, p33

¹⁰ Petitions, UK Government and Parliament, [Government Response to 'Fund research for childhood cancers with the worst survival rates'](#), 24 March 2020

¹¹ National Cancer Research Institute, [Funding of children's cancer research: 2008 data from the International Cancer Research Partnership portfolio](#), January 2014

Cancer Research UK: Research strategy for Children’s and Young People’s Cancer Research

In September 2019, Cancer Research UK published a '[refreshed research strategy](#)' which aims to “improve survival across the board and reduce long-term side effects” of children’s cancers. Some of the challenges CRUK identified in researching children’s cancers included:

1. Too few researchers
2. Too little discovery research
3. Not enough industry support
4. Poor awareness
5. Fragmented expertise
6. Lack of research tools

In a blog post on the refreshed strategy, CRUK added:

We’ve been hearing more and more from the research and parent communities that progress isn’t happening fast enough in this area [...] That’s what we’re aiming to change.

[...]

in order to make progress, there needs to be more researchers and better support, as well as access to large, structured collaborations with other scientists, including those who don’t work in children’s cancer research.¹²

To build research capacity in the UK, CRUK has:

1. launched a new, [national funding call](#) to create momentum for the field, to support current researchers in answering questions in children’s and young people’s cancers and attract researchers from other research areas
2. We have launched a second, parallel, [international funding call](#) to drive multidisciplinary, transatlantic collaboration and knowledge sharing.¹³

1.3 Effects of the Covid-19 pandemic on charitable research funding for cancers

Concerns have been raised by medical research charities that the Covid-19 pandemic has led to a loss in fundraising income. The Association of Medical Research Charities (AMRC) reported that, since the start of the pandemic, its members had seen a “38% loss in fundraising income” – in part due to the “suspension of many fundraising activities and shop closures”¹⁴ – and that they are projecting an “average 41% decrease in their research spend over the next year”.¹⁵ In the context of cancer, data released from the National Cancer Research Institute (NCRI) reported that cancer research charities were “predicting their spending on

¹² Cancer Research UK, Science blog: [Different challenges, same determination: how we’re tackling children’s and young people’s cancers](#), 25 September 2020

¹³ Cancer Research UK, [Statement of Intent for Children’s and Young People’s Cancer Research](#), September 2019

¹⁴ AMRC, [50 MPs urge Chancellor to protect vital charity research](#), 20 July 2020

¹⁵ AMRC, [Government must act now to save charity-funded research](#), 17 June 2020

research will drop by around 46%, equating to around £167m in the current financial year".¹⁶

For further information see the Commons Library Debate Pack on [Recognising and preserving the value of charity-funded medical research in the 2020 Spending Review](#), 20 November 2020.

Responding for the Government on the debate on *Charity-funded Medical Research*, the Science Minister, Amanda Solloway, commented that the Government had:

provided significant support to research charities through investments in research infrastructure, such as Manchester Cancer Research Centre and the Institute for Cancer Research in London, which provided the facilities and expertise needed by Cancer Research UK to carry out its incredible.¹⁷

¹⁶ Brain Tumour Research, [Charity income loss could impact with £167m drop in funding for UK cancer research](#), 24 September 2020

¹⁷ [HC Deb 24 November 2020. c324WH](#)

2. Petition 300027

Fund research for childhood cancers with the worst survival rates

12 kids in the UK are diagnosed with cancer daily. 1 in 5 will die within 5 years, often of the deadliest types like DIPG (brainstem cancer) - fatal on diagnosis & other cancers on relapse. Yet there has been little, or no, funding for research into these cancers and little, or no, progress.

The Government must state how much has been given for childhood cancers and DIPG specifically.

The Government, through the NIHR, must ringfence funds for childhood cancer research. The figures must be transparent as must the Government's answers about the lack of progress in curing these diseases.

The Government should fund awareness campaigns such as Childhood Cancer Awareness Month & Sarcoma Awareness week. Awareness + research = cure Our children keep suffering and dying.

2.1 Government response

This response was given on 24 March 2020

In May 2018 the Government announced £40 million over five years for brain tumour research as part of the Tessa Jowell Brain Cancer Mission. This includes funding for childhood brain tumour research.

We know that a cancer diagnosis is devastating to families. That is why cancer survival is our priority made clear in the NHS Long Term Plan.

To ensure better outcomes for those affected by cancer we must focus our efforts on innovative research, and into new methods of diagnosis and treatment.

That is why we have invested £1bn per year in health research through the National Institute for Health Research (NIHR). NIHR cancer research expenditure has risen from £101 million in 2010/11 to £132 million in 2018/19, the largest investment in a disease area.

Tessa Jowell Brain Cancer Mission (TJBCM)

In May 2018 the Government announced £40 million over five years for brain tumour research as part of the TJBCM. This includes funding for childhood cancers research and diffuse intrinsic pontine glioma.

Funding will be invested through the NIHR to support a wide range of research from early translation (experimental medicine), through clinical, and on to applied health and care research. In essence this will support the translation of laboratory discoveries into treatments and better care for patients, including children.

The Department is working actively as part of the TJBCM to improve research and care for people with brain cancer. We welcome the launch of the Tessa Jowell BRAIN MATRIX. This is an exciting new trials

platform that will give people with brain cancer, including children, access to trials of treatments that are best-suited to their individual tumours. The Brain Tumour Charity is providing £2.8 million research funding for the study, which will enable doctors to treat brain tumours with drugs that are more targeted than ever before.

Together with NHS England, NHS Improvement and the National Cancer Research Institute, the Department joined the Less Survivable Cancers Taskforce recent research roundtable event to consider how the number of high-quality research applications can be increased for these difficult-to-treat cancers.

As with other Government funders of health research, the NIHR does not generally allocate funding for specific disease areas. The level of research spend in a particular area, such as childhood cancers and diffuse intrinsic pontine glioma, is driven by factors including scientific potential and the number and scale of successful funding applications.

Experimental Cancer Medicine Centres (ECMCs)

The UK Health Departments and Cancer Research UK are jointly funding a network of eighteen ECMCs across the UK, investing a total of £36m in the third five-year period (2017-2022). This includes a Paediatric ECMC Network dedicated to early phase research on childhood cancers.

Cancer trials and studies

The NIHR Clinical Research Network has over 800 cancer trials and studies recruiting or in set-up. Through the Network, the proportion of patients entering cancer clinical trials and studies is more than double that in any other country for which data exists, including the United States

Biomedical Research Centre (BRC)

The NIHR is funding and supporting a range of research for children with neuroblastoma. For example: the NIHR Great Ormond Street BRC is researching the use of imaging to assess the efficacy of induction chemotherapy for high-risk neuroblastoma; the NIHR Newcastle Biomedical Research Centre is studying the genetic profiles of high risk neuroblastomas to provide predictive and prognostic biomarkers for current and future targeted therapies; and the NIHR Royal Marsden Biomedical Research Centre is developing preclinical models of neuroblastoma and childhood soft tissue sarcoma cells for the development of target-driven drug treatment.

In September 2016 the Secretary of State for Health announced an £816 million investment in 20 NIHR Biomedical Research Centres for 5 years from April 2017. This funding includes the NIHR Royal Marsden/Institute of Cancer Research BRC which will focus exclusively on cancer research and will receive £43 million over five years from April 2017. Five other BRCs will have dedicated cancer research themes. The funding amount for cancer research over 5 years across all BRCs is an estimated £131 million

The NIHR is committed to the involvement, engagement and participation of children and young people in research, supporting

researchers and funders, as well as empowering children and young people to lead their own journey with research.

The NIHR have many children and young people initiatives ongoing, such as:

Raising awareness e.g. some Local Clinical Research Networks have set up Children and Young People's Forums to engage them in raising awareness of health research among their peers

Contributing to feedback. In 2018/19 over 900 children and young people (11% of respondents) gave feedback about their experience of participating in clinical research through the NIHR Research Participant Experience Survey

Department of Health and Social Care

3. Press articles

Please note: the Library is not responsible for either the views or accuracy of external content.

Guardian, 23 Oct 2020

[Covid slump in medical charity donations 'puts research at risk'](#)

Guardian, 20 Jul 2020

[MPs urge backing for UK medical research fund](#)

The Lancet, February 2020

[Childhood cancer: the need to invest in the future](#)

HSJ, 4 December 2019

[Ending cancer inequality for young people](#)

BMJ, 24 September 2019

[Children with cancer are missing out on precision medicine, study finds](#)

Independent, 9 May 2019

[Previously 'untreatable' childhood brain cancer could be beaten with new type of drug](#)

4. Press releases

Petitions Committee

[MPs to debate a petition relating to research into childhood cancers](#)

2 December 2020

The Brain Tumour Charity

[Pressure for government response to funding research into brain tumours gathers momentum](#)

Friday 17 July 2020

[Announcing our new multi-million pound investment into research](#)

Monday 6 July 2020

[Grandmother's petition for research reaches milestone 100,000](#)

Friday 3 July 2020

Cancer Research UK

[Charity CEOs warn of irreparable damage to UK research](#)

13 November 2020

[New drug targeting high-risk children's cancer is ready for trials](#)

5 October 2020

Children's Cancer and Leukaemia Group

[Queen's University researchers investigate new 'targeted therapy' for paediatric acute myeloid leukaemia](#)

5 November 2020

[Crucial new study set to save young lives by better understanding childhood cancer diagnoses](#)

30 September 2020

[Cancer charities come together to tackle the impact of COVID-19 pandemic with inspirational new fundraising challenge, 20 for 20](#)

14 September 2020

Children with Cancer UK

[Parliamentarians support call for increased funding for medical research charities amid pandemic](#)

28 October 2020

5. Parliamentary material

5.1 PQs

[Cancer: Diagnosis](#)

Asked by: Day, Martyn | **Party:** Scottish National Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve early diagnosis of sarcoma in children and young people.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England and NHS Improvement, through their Children's and Young People's Cancer Clinical Reference Group, is establishing Operational Delivery Networks (ODNs) to enable clinicians to lead and improve cancer pathways for children and young people with cancer, ensuring timely referral and diagnosis.

The recent publication of the 2020 Patient Survey report by the Bone Cancer Research Trust will assist ODNs with this task and the commencement of a clinical trial is supported by NHS England and NHS Improvement, as recommended, to establish the reasons behind and the consequences of delayed diagnosis.

01 Dec 2020 | Written questions | Answered | House of Commons | 99674

[Brain Tumour Research](#)

Asked by: Baroness Morgan of Cotes (Con) [V] | **Party:** Conservative Party

My Lords, brain tumours kill more children and adults under the age of 40 than any other cancer, and I am grateful to hear my noble friend's acknowledgement that research funding is not yet enough. Does he agree with the proposal to change the system so that if a site-specific brain tumour grant is deemed fundable by a panel, it will automatically be funded during a highlighted brain tumour funding round such as the one announced last month?

Answered by: Lord Bethell (Con)

My Lords, I am extremely grateful for a briefing given by Professor Richard Gilbertson earlier today on the specific question raised by my noble friend, which is grants for brain tumours in children. The NIHR system is a gold standard that is envied by the world and does not necessarily need to be broken and restarted. However, the point made by my noble friend is a good one and we are looking at ways of ensuring that more and better recommendations for grants go into the system in the first place so that, basically, we can spend the money more quickly.

19 Nov 2020 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 807 c1529

[Brain Cancer: Children and Young People](#)**Tabled by:** Lord Hunt of Kings Heath | **Party:** Labour Party

To ask Her Majesty's Government what steps they are taking to provide additional support to the families of children and young adults with brain tumours.

Department: Department of Health and Social Care

03 Nov 2020 | Written questions | Tabled | House of Lords | HL9925

[Cancer: Tomography](#)**Asked by:** Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of using (a) MRI scans and (b) T1 mapping in testing for cases of aggressive childhood cancer.

Answering member: Jo Churchill | **Party:** Conservative Party |**Department:** Department of Health and Social Care

No assessment has been made. The decision of testing for cancers is down to local medical professionals, who take into account National Institute for Health and Care Excellence guidance.

23 Oct 2020 | Written questions | Answered | House of Commons | 84254

[Cancer: Children](#)**Asked by:** Onwurah, Chi | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the effectiveness of the treatment options available on the NHS for children with diffuse midline glioma; and whether he plans to improve those treatment options.

Answering member: Jo Churchill | **Party:** Conservative Party |**Department:** Department of Health and Social Care

The National Institute for Health and Care Excellence (NICE) has not made an assessment of any treatments for children with diffuse midline glioma.

However, NICE is planning to develop guidance on MTX110 for untreated diffuse intrinsic pontine glioma (DIPG), also known as diffuse midline glioma. The timescale for this will be announced in due course.

NICE is also aware of a further drug, tasadenoturev (DNX-2401) for DIPG, that is currently undergoing clinical trials. If successful, NICE will appraise this drug once it has been licensed.

22 Oct 2020 | Written questions | Answered | House of Commons | 96063

[Cancer: Children and Young People](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the (a) implications for his policies of the Teenage Cancer Trust report entitled Cancer x Coronavirus: The Impact on young people and (b) effect of the covid-19 outbreak on the health of young people with cancer; and if he will make a statement.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

The NHS Long Term Plan includes a number of commitments for improving the outcomes and experience of children, teenagers and young adults with cancer.

The revised service specifications outline how NHS England plans to deliver these commitments which includes implementing networked care, simplifying pathways and transitions between services, ensuring that every patient has access to specialist care and by increasing participation in clinical research.

It is expected that each network will agree the configuration of services within the first 12 months of publication.

09 Oct 2020 | Written questions | Answered | House of Commons |
83807

[Diffuse Intrinsic Pontine Glioma: Research](#)

Asked by: Onwurah, Chi | **Party:** Labour Party

To ask the Secretary of State for Business, Energy and Industrial Strategy, what research the Medical Research Council is funding into diffuse midline glioma.

Answering member: Amanda Solloway | **Party:** Conservative Party |
Department: Department for Business, Energy and Industrial Strategy

The Medical Research Council (MRC) is currently funding research relevant to Diffuse Midline Glioma (also previously known as Diffuse Intrinsic Pontine Glioma (DIPG)) and Glioma research more widely. This includes research at the MRC Centre for Regenerative Medicine at the University of Edinburgh investigating cell-specific Polycomb Repressive Complex (PRC) Accessory proteins and the regulation of mammalian neurodevelopment. Mutations that block PRC activity occur in the majority of cases of DIPG. This research will help to understand the molecular basis of brain development and underlying deficits in developmental brain disorders. In addition, researchers at the University of Leeds are looking into the stem cell origins of brain tumours containing non-neural cells, such as glia; defining the cell types driving the formation of tumours will enable more effective design of therapeutic interventions in the future.

The MRC also supports a broader portfolio of research relating to brain tumours that may help to improve our understanding of this particular condition and inform future research and potential treatments. The

MRC recently coordinated a brain tumour workshop, in collaboration with the British Neurosciences Association and the Brain Tumour Research Charity, to facilitate increased engagement between the cancer and neuroscience communities and stimulate research submissions.

01 Oct 2020 | Written questions | Answered | House of Commons | 96064

[Cancer](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, how many people have been diagnosed with infantile fibrosarcoma in the UK in each of the last five years.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

Data on the number of people diagnosed with infantile fibrosarcoma in the United Kingdom are not available in the format requested. Infantile fibrosarcoma is not routinely reported on as a separate group. The Childhood Cancer Statistics, England Annual report 2018 reports that for fibrosarcomas, peripheral nerve sheath tumours, and other fibrous neoplasms there were an average of nine diagnoses annually from 2001 to 2015.

The 2018 report can be viewed at the following link:

http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/cancer_in_children_teenagers_and_young_adults/

01 Oct 2020 | Written questions | Answered | House of Commons | 91646

[Cancer: Clinical Trials](#)

Asked by: Charalambous, Bambos | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of clinical trials involving 13 to 24 year olds with cancer that have been disrupted or abandoned as a result of the covid-19 outbreak.

Answering member: Edward Argar | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Department's National Institute for Health Research Clinical Research Network reports that its portfolio of studies is not consistently coded with specific age ranges, and thus the information requested is not directly available.

14 Sep 2020 | Written questions | Answered | House of Commons | 82271

[Cancer: Children](#)

Asked by: Streeting, Wes | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of ring-fencing funding for childhood cancer research.

Answering member: Helen Whately | **Party:** Conservative Party |
Department: Department of Health and Social Care

Research is crucial in the fight against cancer. The Department invests £1 billion per year in health research through the National Institute for Health Research (NIHR). The NIHR's cancer research expenditure has risen from £101 million in 2010/11 to £132 million in 2018/19, the largest investment in a disease area.

In May 2018 the Government announced £40 million over five years for brain tumour research as part of the Tessa Jowell Brain Cancer Mission. This includes funding for childhood cancers research and diffuse intrinsic pontine glioma.

Additionally, for the period 2014/15 – 2018/19, the NIHR have undertaken 35 projects into childhood cancer totalling approximately £13.3million.

As with other Government funders of health research, the NIHR does not generally allocate funding for specific disease areas. The level of research spend in a particular area, such as childhood cancers and diffuse intrinsic pontine glioma, is driven by factors including scientific potential and the number and scale of successful funding applications.

12 Mar 2020 | Written questions | Answered | House of Commons | 26897

[Cancer: Children](#)

Asked by: Streeting, Wes | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what progress the Government is making in tackling (a) childhood cancers and (b) diffuse intrinsic pontine glioma; and if he will make a statement.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

A revised Service Specification for Children's Cancer Services is due to be published, by NHS England and NHS Improvement, in April 2020. This follows an extensive review of children's cancer services with the support of the Children's and Young People's Cancer Clinical Reference Group.

NHS England and NHS Improvement are aware that there are a number of clinical trials underway for diffuse midline glioma. Should a relevant evidence base arise from these clinical trials, a Provisional Policy Proposal would need to be submitted for consideration, in line with our published methods.

12 Mar 2020 | Written questions | Answered | House of Commons | 26896

[Cancer: Research](#)

Asked by: Streeting, Wes | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how much funding he has allocated to research on (a) childhood cancers and (b) diffuse intrinsic pontine glioma.

Answering member: Helen Whately | **Party:** Conservative Party |
Department: Department of Health and Social Care

Research is crucial in the fight against cancer. The Department invests £1 billion per year in health research through the National Institute for Health Research (NIHR). The NIHR's cancer research expenditure has risen from £101 million in 2010/11 to £132 million in 2018/19, the largest investment in a disease area.

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Additionally, for the period 2014/15 – 2018/19, the NIHR have undertaken 35 projects into childhood cancer totalling approximately £13.3million.

As with other Government funders of health research, the NIHR does not generally allocate funding for specific disease areas. The level of research spend in a particular area, such as childhood cancers and diffuse intrinsic pontine glioma, is driven by factors including scientific potential and the number and scale of successful funding applications.

12 Mar 2020 | Written questions | Answered | House of Commons | 26895

- [Cancer: Young People](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that health professionals talk to all young people with cancer about their fertility before beginning treatment for cancer.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England and NHS Improvement expects all clinicians and trusts providing cancer services for children, teenagers and young adults to comply with National Institute for Health and Care Excellence Clinical Guidelines and Quality Standards, including those that relate to fertility preservation.

10 Mar 2020 | Written questions | Answered | House of Commons | 23404

[Cancer: Children and Young People](#)

Asked by: Hayes, Helen | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what recent assessment his Department has made of the availability of specialist cancer services for teenagers.

Answering member: Jo Churchill | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England and NHS Improvement is currently revising the Teenager and Young Adults Cancer Services specification, following on from a consultation which ran from 5 June until 4 August 2019. The consultation sought views on proposed changes to teenager and young adult's cancer services. We expect publication of the final documents no later than May 2020.

05 Mar 2020 | Written questions | Answered | House of Commons | 23649

5.2 Debates

[Cancer in Teenagers and Young Adults](#)

01 Dec 2020 | Proceeding contributions | House of Commons | 685 cc49-71WH

[Charity-funded Medical Research](#)

24 Nov 2020 | Proceeding contributions | House of Commons | 684 cc305-326WH

5.3 EDM

[Brain tumour awareness and research](#)

That this House calls for an increase in both awareness of and research into brain tumours; notes that this type of cancer presently receives less than 3 per cent of the UK's cancer research budget despite being the biggest cancer killer of children and adults under 40; specifically recognises the need to raise awareness of diffuse midline glioma, commonly known as DIPG, the second most common type of primary high-grade brain tumour found in British children; expresses concern that treatment for DIPG has been unchanged for almost 40 years, with only 10 per cent of children with DIPG surviving for more than 2 years following their diagnosis; understands that symptoms of DIPG include difficulty in speaking and walking, weakness of facial muscles, problems with eye movement, headaches, and nausea; welcomes the fantastic effort of Fiona Govan, whose e-petition to this parliament to generate more publicity for DIPG and to achieve further funding for a disease that presently has no cure has gained over 100,000 signatures; commends the valuable research and efforts of organisations such as the Brain Tumour Charity that is currently leading new drugs research to target, prevent, and treat DIPG; and urges the Government to increase funding dedicated to research into DIPG and to expand recognition and treatment of this distressing disease.

07 Sep 2020 | Early day motions | Open | House of Commons | 846
(session 2019-21)

Primary sponsor: Oswald, Kirsten | **Party:** Scottish National Party

Other sponsors: Shannon, Jim · Carmichael, Mr Alistair · Gibson,
Patricia · Ali, Tahir · Smith, Alyn

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