Briefing to Parliamentarians
November 2017

Securing brain tumour researchers and patients’ needs as we leave the European Union

Strong collaboration between the UK and the EU has supported discoveries and treatments that have benefited brain tumour patients. Being a member of the EU has also helped seed a fertile brain tumour research community in the UK, as well as the NHS more broadly, by allowing the free movement of health workers and skilled researchers.

The APPG on Brain Tumours has a role to play in briefing the brain tumour community on the safeguards needed as the UK leaves the European Union. These are required to ensure that brain tumour researchers and patients continue to benefit from a relationship with the EU that does not hinder scientific progress or access to drugs and treatments. These safeguards can be summarised as:

- **Funds for research** – ensuring this is maintained or enhanced
- **The health workforce** – ensuring there is no loss and that future talent is attracted
- **Accessing EU-wide clinical trials** – ensuring our patients continue to benefit
- **Accessing new brain tumour drugs** – ensuring a smooth flow of new drugs to patients in the UK

Key areas of concern that relate to brain tumours:

**Funds for research**
Brain tumour research gains investment from a number of sources, and one of these is Horizon 2020, the EU’s current Framework Programme for science and research. The UK has received approximately €240 million (around £215 million) from health-related Horizon 2020 projects so far – around 18% of the total awarded across EU Member States.

EU funding and collaborative research partnerships have aided the ongoing development of senior research leadership, infrastructure and national co-ordination which are essential for the future advancement of the brain tumour research sector.

The UK Government has underwritten all current Horizon 2020 projects involving participating UK universities. How this source of funding will be accounted for beyond this is not currently clear.

**The health workforce**
Delivering world-class neuro-oncology care today and improved survival rates tomorrow is only possible by attracting and retaining world-class researchers, skilled technicians and healthcare professionals. Of the 5,475 biomedical students from other EU countries that graduated in 2014/15 in the UK, only 18% took up positions in EU nations outside the UK. Much of our medical research talent originates from outside of the UK, and up until now, the talent we have invested in has tended to remain in the UK.

Furthermore, there are 150,000 EU workers in the health and care system that work to deliver clinical services that brain tumour patients and others depend upon daily. The UK Government has promised a stress-free registration process for ‘settled status’ for EU nationals. However, the likelihood of these professionals staying and being attracted to the UK is influenced by more than just the clarification of formal processes.
Accessing EU-wide clinical trials
A significant determinant of the survival rate of brain tumour patients is the lack of effective treatments. Clinical trials are vital in finding the safest and most effective treatments to fight the many types of brain tumours. Access to cross-border patient populations and regulations to facilitate multinational studies are key in verifying the efficacy of potentially innovative drugs and therapies.

As a member of the EU, clinical trials in the UK are conducted in accordance with the European Clinical Trials Regulation, which establishes common procedures between member states that can reduce delay, bureaucracy and maximise the impact of investment from medical research charities.

Such co-ordination can enable the engagement of sufficient cohorts of both brain tumour researchers and disparate patient groups such as those with a specific type of brain tumour or Children, Teenagers and Young Adults (CTYA). As the UK’s membership of the European Medicines Agency (EMA) – which regulates clinical trials – will cease when it leaves the EU, questions are raised about how to ensure future co-ordination of cross-border clinical trials.

Passport-authorisation regulations need to continue to be implemented and the UK needs to co-operate with EU regulatory processes and key databases, including the EMA. Given the smaller-than-average size of the brain tumour patient population, pharmaceutical companies could choose to authorise drugs for only the EU market of over 400 million citizens, compared with 65 million British citizens.

As the functions of the EMA are translated into a new domestic framework, it will be important to ensure that promising new drugs become available to patients in the UK no later than for patients across the EU.