

PHARMORA

Monthly Newsletter



VOL.10 JAN 2025



FOCUS OF THE MONTH

It is Less Survivable Cancers Week in January, and we wanted to take the time to really highlight the importance of awareness and understanding of these deadly cancers.

[Read More](#)



HAPPY NEW YEAR FROM PHARMORA

We thought a good way to round off 2024 would be a recap of the past year at Pharmora.

And to usher in 2025, we're including some of the exciting things to come this year!

[Read More](#)



SPOTLIGHT BLOG SERIES: PATIENT FOCUS

Pharmora is proud to highlight the blog series on patient-centricity. This is a hot topic, following the EMA's implementation of the IRIS platform for their post-marketing submissions.

[Read More](#)



DSRU
Drug Safety Research Unit

CONFERENCE OF THE MONTH

DSRU (Drug Safety Research Unit) Webinar - Real World evidence.

[Read More](#)

Less Survivable Cancers

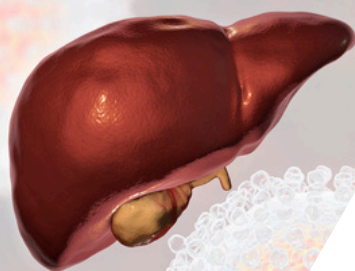
In January was the **Less Survivable Cancers Awareness Week**. A relatively new awareness day, the aim is to draw people's attention to the cancers which have the **lowest survival rates** in the UK, and globally.

These cancers are: **liver, lung, pancreas, brain tumour, oesophageal, and stomach cancer**.

Let's talk you through them, one by one.

LESS SURVIVABLE CANCERS TASKFORCE

Healthy liver



Liver cancer

Cirrhosis is one of the leading causes of liver cancer, where liver cells have been damaged and replaced by scar tissue. Causes of cirrhosis include increased **alcohol consumption** or diseases such as **non-alcoholic fatty liver disease** and **Type 2 diabetes**. **Chronic viral hepatitis** can also lead to cirrhosis due to chronic liver infection with either **hepatitis B** or **hepatitis C** viruses.

Whether the cause is **primary liver cancer** or a **secondary tumour deposit** from another type of cancer, symptoms include weight-loss, jaundice, itching, nausea, swollen abdomen, loss of appetite, abdominal pain, a lump on the right side of abdomen, and pain in right shoulder.

There are many trials ongoing investigating liver cancer, working on **developing new therapies** to ensure patients with liver cancer can live the longest and highest quality lives possible.

Read more in our Liver Cancer blog: [here](#).

Hepatocellular carcinoma

Gastric and Oesophageal cancers

Oesophageal and **gastric cancers** are more common in older people, and **men are at higher risk** than women. Both cancers can be **caused by smoking tobacco**.

However, there are specific risk factors for each. For example there is a link between gastric cancer and **Helicobacter pylori (H.pylori)** bacteria. Oesophageal cancers are more prevalent in people who have suffered from gastro oesophageal reflux disease.

To learn more about the mechanisms behind **H.pylori** causing gastric cancer, and the links between oesophageal cancer and gastro oesophageal reflux disease, read our blog: [here](#).



[Visit our website](#)

VOL.9 JAN 2025

Pancreatic Cancer

Although pancreatic cancers have a **genetic** and **familial predisposition** component in approximately 10% of cases, the vast majority (**>80%**) arise due to sporadically occurring **somatic mutations**. Thus, identification of a high-risk population is challenging and optimal screening tools remain unclear.

Survival rate varies between the different types of cancer, ranging from 98% 10-year survival for testicular cancer to just **1% for pancreatic cancer**, making it the least survivable cancer.

Mortality has modestly improved over the years, however, early detection of these tumours is one of the most challenging elements in management, which makes improving public awareness of pancreatic cancer a **key priority**.

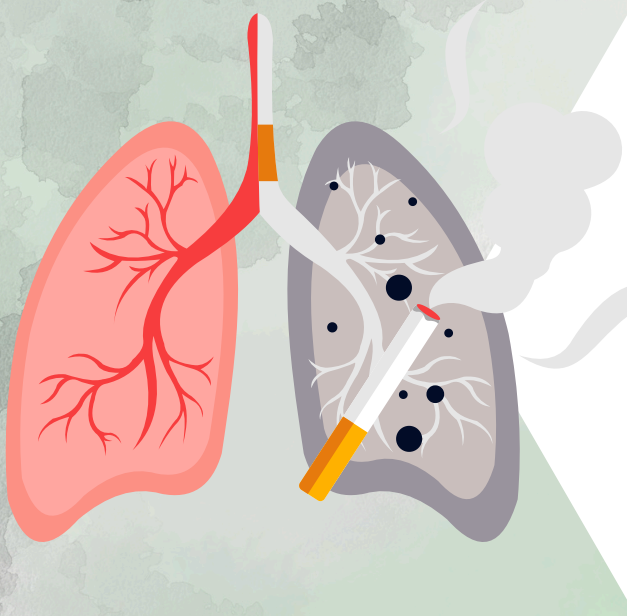


Lung Cancer

Lung cancer was one of the **earliest cancers** where an association between a **risk factor (cigarette smoking)** and cancer was demonstrated by statisticians Richard Doll and Austin Bradford Hill in the UK in 1950.

Continued research into lung cancer treatment has resulted in **more regulatory drug approvals for lung cancer** than for any cancer in the last five years.

The probability of surviving beyond **10 years** for lung cancer patients in the UK has **trebled** since the 1970s from 3.1% in the 1970s (less than 5 in 100 people) to **9.5% in 2017** (1 in 10 people). But more can still be done!

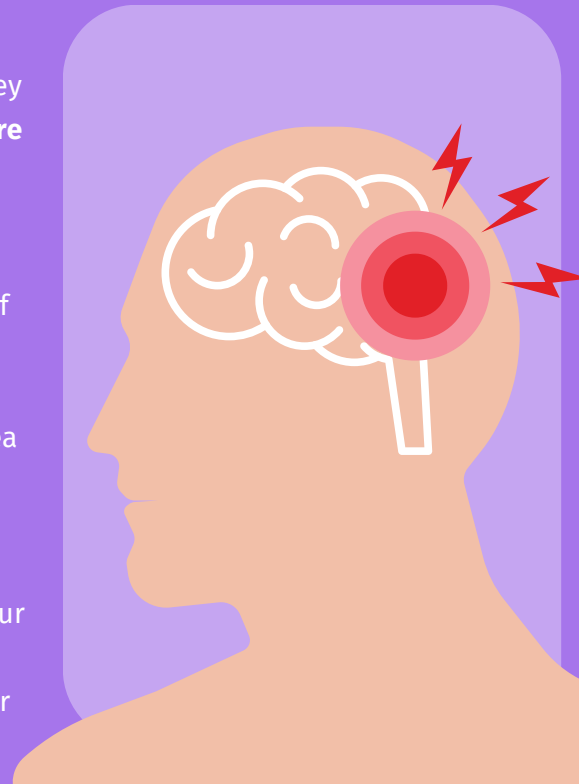


Brain tumour

Brain tumours can occur as a result of metastasis from primary cancers elsewhere in the body, or they can arise as a primary tumour in the brain. They are **difficult to diagnose**, with no visible manifestations, and the **symptoms are often mistaken for other conditions**.

The specific symptoms of brain tumours depend on the area affected, but typical features include: headache, weakness in the limbs, face, or one side of the body; impaired coordination; difficulty walking; difficulty in routine activities such as reading and talking; changes in senses e.g. taste and smell; bladder control problems; changes in mood, personality, or behaviour; nausea or vomiting; memory loss.

Another feature of brain tumours is their tendency to **cause seizures**. This can arise as a result of the **increased pressure** due to the growth of the tumour inside the limited space of the skull, combined with **swelling around the tumour**, and it is therefore a late feature that tends to occur when the tumour has grown considerably.



Blog of the month

We at Pharmora have noticed a trend in the pharmaceutical industry; a move towards **patient-centricity**. At the start of the year, the EMA transitioned all their post-marketing communication to the IRIS platform, the MHRA released their review of their Patient Involvement Strategy 2021-25, and last year the FDA introduced their Patient Drug Development guidance. Learn more by reading our **blog series**...

[Read More](#)



2024 round-up

2024 was an interesting year for those working in clinical development and patient safety. There have been numerous advances in the regulatory landscape, including clearer approaches to the regulation of AI, more guidance on what is expected of the applicant for marketing authorisations, including an assessment aid pilot, and refinements to safety regulations including updates to the guidance for risk minimisation measures. All of this has a focus on patients, who are at the heart of everything we do in industry!

Pharmora embarked on business development activities for the first time in our 15 years and started to exhibit at events such as Pharmacovigilance World and the World Drug Safety Congress in Amsterdam.

We will be attending the World Drug Safety Congress Europe again in October 2025, so we hope to see you there!

In the meantime, we will be continuing our work, and keep you informed by producing new case studies, masterclasses and educational blogs about clinical development, different developments in oncology, and patient safety. So visit our [website](#) to keep up-to-date!



Real World Evidence Seminar

On 30th January, the **Drug Safety Research Unit** held a webinar all about “Bringing Together Multiple Sources of Real World Evidence (RWE) for Pharmacovigilance Evaluations”.

This seminar aimed to educate and explain the reasons for bringing together evidence from across different data sources and study designs. It also included discussions about the methods used to synthesise pharmacovigilance evidence, such as **Systematic Review**, **Meta-analysis** and **Network Meta-analysis**. Another key point raised was the cooperation between **Pharmacovigilance** and **Pharmacoepidemiology**.

All in all, this was a good training webinar for our Pharmora scientists who attended!



**Thank you for taking the time to read our Newsletter,
look forward to next month's instalment!**

[Visit our website](#)

VOL.9 JAN 2025