

New cancer pathways — new platform suppliers?

On 19 August, the [mRNA cancer treatment \(cure?\) trial](#) reported [positive results](#), and the NHS will imminently need to build new cancer pathways from scratch within this Parliament. As tens of billions of pounds of NHS budget gets repurposed, DH/E has to decide whether those new pathways will require Palantir.

Palantir is the monopoly provider of 'cancer360', the existing cancer pathway tool on the FDP. [Palantir advocates confirm](#) that if the platform contract goes to another supplier, Palantir can and will take a commercial decision to remove support for cancer360 on any other platform – holding cancer patients hostage to keep a contract.

That threat is reason enough, on its own, to award the new pathway tool to a competitor – a supplier who is in no position to make such threats against the NHS and its patients.

What is DH/E going to *do* since it clearly will have to do something?

1. Will patients be required to have their DNA stored in Palantir/SPR/FDP (for as long as the Government chooses) in order to have their cancer 'cured' by these new treatments? (DH/E assumption is yes – accept Palantir or just die).
2. This will take years to fully roll out. What might the full care pathway look like by [then](#)? As cancer pathways evolve towards a blood test, then a biopsy, then a jab, who will be providing the technology underlying the evolving referrals and patient flow – Palantir, or someone else? Where will each stage be?
3. The Starmer Government's commitment to sequence babies at birth has been shown to be worthless for cancer diagnosed later – anyone undergoing this treatment will need to be sequenced again on exactly the same platform and process that sequences their cancer. What is population sequencing at birth actually for?

This is the first test of the new Government's commitment to FDP/Palantir – science has created a new blue ocean of potential; what will DH/E do with it? NHS England is being abolished for good reason, but advice from incumbents will support those incumbents.

Background

Science always advances.

Cancer treatment is [on a trajectory](#) towards: 1) sequence the cancer and the human, 2) make a custom jab, 3) receive an infusion with the jab, and the cancer goes away and doesn't come back.¹ Treatments only get better. A working cancer blood test allows that to happen earlier, before surgery is required.

In short order, these new treatments will change most, if not all, cancer pathways, with many better off starting as an entirely new pathway for most patients (if the jab fails for a patient, then the existing pathways exist with far lower volumes). Initially new pathways will be

¹ As it appears to stand today, definitely not all cancers (yet), probably not all humans (yet); some surgery still required (for now), probably no chemo (at some point), etc.

restricted, but there are significant personal health and NHS budgetary benefits of treating a cancer with something akin to a flu shot instead of chemotherapy. Compassionate use will proliferate, and private use will be ahead of the NHS (including the ways we talked about in [dog cancer](#)).

With a blank sheet of paper for vastly simplified pathways, the new Government can make new choices about how patient data flows. Designing such a new pathway is not complicated – most of the work happens in a biochem lab, not a scheduler's office.

Cancer pathways have been long and complicated, and Palantir hoped holding cancer patients hostage was a good business tactic. That worked so far, but the hostage may now have escaped, because of science.

NHS England is not unaware of this – they will roll new pathways out only via the NHS Online Hospital and only via the NHS England preferred supplier: Palantir. The Palantir PR machine will similarly keep finding sympathetic outlets to [push the corporate line](#) – lobbying for continued use of Palantir products can be paid for with the revenue from the current users.

Cancer treatment (and treatment of side-effects/consequences) are tens of billions of the NHS budget; where's it going to go instead?

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