



Latest News

Gynaecological Cancer Awareness month

This is taking place in September and will be supported by some national and regional campaigns. What could your practice do to raise awareness in your community and contribute to saving more lives? See page 4 for more details.

Changes to bowel cancer screening.

There have been two components of the bowel screening programme which have changed.

Previously bowel scope was offered to all 55-year-olds. Any cancers found were treated, patients with polyps were re scoped every five years and patients with no abnormalities were discharged.

This programme had a low uptake and was not introduced in all areas of the country and is now being discontinued.

The second component has been the bowel screening programme which now commences at 56 rather than 60 years of age.

We want to encourage more people with learning disabilities and autism to participate in the national screening programmes – [click here](#) for more information.

Wessex Cancer Alliance – Primary Care Resources

We are pleased to announce that we are developing a primary care section of our website which will include useful information and links which are relevant to those who work in primary care. Previous newsletters will also be available on this webpage.

[Click here](#) to access the website – store the URL in favourites section on your internet browser.

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Rapid Investigation Service (RIS) for suspected cancer

The Rapid Diagnostic Service, now called the RIS has been in existence for a year. This service provides a pathway for cancer investigations for patients across Hampshire, Dorset and Isle of Wight, who have vague but concerning symptoms that don't fit the criteria for other 2ww referral pathways.

The service is currently being reviewed with the intention of creating an action plan for service development and improvement.

To date the service has received 291 referrals with a conversion rate of 4.2% for cancer diagnosis and a 9.8% conversion rate to other significant, non-cancer diagnoses from those referrals.

Arden's templates supporting general practice in cancer detection

The new NG12 cancer symptom analyser is now available on SystmOne and EMIS.

To see a brief 30 second video of the SystmOne NG12 analyser in action, please see this [support article](#).

The EMIS "Cancer Symptom Analyser" follow the link: www.ardens.live/symptom-analyser.

To access all the Arden's cancer resources follow the links below:

- EMIS Web: www.ardens.live/cancer
- SystmOne: www.ardens.live/cancer-s1

Lung cancer – spot the difference.

A new lung cancer awareness campaign from Roy Castle Lung Cancer Foundation was launched in June.

Spot the Difference is in response to the significant and prolonged drop-in lung cancer referral rates since the start of the pandemic. At the peak of the pandemic, lung cancer referral rates were down 75% and remains below expected levels. [Click here](#) to access the toolkit which includes:

- *Primary care referral guidelines*
- *Symptoms tracker for patients*
- *Lung cancer signs and symptoms video and infographic*
- *How to differentiate lung cancer from Covid-19 infographic*
- *Patient case studies*
- *Safety netting and re-consultation for lung cancer symptoms research video*
- *Lung health checks*
- *Smoking cessation*

The LMC held a webinar focused on lung cancer, it provides a good update and is worth watching. Click here for the webinar or to listen to the audio podcast you should - [click here](#) for the webinar or to listen to the audio podcast you should [click here](#).

Your help is needed to make the referral pathway more efficient

Direct to test pathways and metal implants.

To streamline and speed up pathways many patients are being sent directly to a test such as a multiparametric MRI for Prostate patients.

This has sped up pathways, but problems can arise if a patient attends for a scan and has a metal implant.

Most of the time GPs will have this data on their clinical systems but some implants can be missed. There have been patients presenting with pacemakers and Cochlear implants.

In some cases, this is unavoidable as the implant may have pre-dated the available medical records or the patient may not have realised that the implant is metal. It would be great if these events could be minimised.

Is your 2ww referral going on a cruise?

Pre pandemic many of our patients would somehow neglect to tell us that they were going away and we would suddenly find that they had decided to go to Spain rather than attend for their two week wait appointment, who could blame them?

This did however cause havoc for the teams trying to deliver their cancer care with missed appointments and investigations. We all hope that travel restrictions will be lifted soon so we may need to remember to check a patient's availability when making a two week wait referral.

Please remember to give the patient a leaflet or a link to a fast-track referral leaflet – [click here](#).

Support from the Wessex Cancer Alliance

For further support with the PCN DES please get in touch with the Cancer Alliance primary care team via

dcp@dorsetccg.nhs.uk, for Dorset via the Dorset Cancer Partnership

or

england.wessexcanceralliance@nhs.net for Hampshire and Isle of Wight

Gynaecological Cancer Awareness Month

There are five gynaecological cancers, namely cervical, ovarian, uterine, vaginal and vulval. Together these cancers account for about 21,000 new cases of cancer each year which is about 11-12% of all cancers that occur in women.

Many of these cancers could be prevented with regular cervical screening, HPV vaccination, people stopping smoking and reducing the number of people who are overweight.

Cancer Research UK have produced an excellent guide that provides information on some of the barriers to participation in the cervical screening programme and the details of tried and tested interventions that could be used in practice, to encourage participation (through informed choice). The guide is called [Engaging primary care in cervical screening good practice guide \(cancerresearchuk.org\)](http://cancerresearchuk.org).

Uterine cancer – is the most common gynaecological cancer with over 9,000 cases per year in the UK and about 2,400 deaths. The peak age of presentation is 75-80, with many cases presenting at an early stage and therefore the 5-year survival is 76%. There are many risk factors which include obesity, and the use of unopposed oestrogens, an early menarche and late menopause and some there are some protective factors for example the use of the oral contraceptive pill.

Cervical cancer – cervical screening was introduced in 1964, initially this was offered opportunistically. The flaws of this approach became apparent in the mid-1980s and led to the inception of the National Health Service Cervical Screening Programme (NHSCSP). The main features of this program are its population-based registry, accessibility to all women within the screening age range, its systematic process of call and recall, national coordination, and quality assurance.

There are 3,200 new cases per year and about 900 deaths. About 50% of new cases occur in those aged 45 or younger. This is a concern because of the reduction in the % of women who have regular cervical smears particularly in the 25–35-year-old cohort. The 5-year survival rate is about 60% which means a significant number of women are dying at a young age from a cancer which is largely preventable as the major risk factor is the Human Papilloma Virus (HPV). With the introduction of HPV vaccination for all boys and girls aged 12 – 13 it is expected that the prevalence of cervical cancer will reduce significantly and the number of deaths per year will also decrease.

Vaginal cancer – is rare with about 250 cases per year in the UK. This cancer is more common in the elderly and like cervical cancer can be caused by HPV. About 65% of women with vaginal cancer will survive 5 or more years.

Vulval cancer – there are about 1,300 new cases per year with approximately 470 deaths. Women generally will present early and therefore about 80% will survive 5 or more years following diagnosis. Women present in increasing numbers from the mid 30's.

Ovarian cancer – see page 5



Ovarian Cancer

This is the 6th most common cancer in women and accounts for more deaths than any other cancer in the female reproductive system and accounts for about 4% of all new cancers in females. A women's risk of developing ovarian cancer during their lifetime is about 1 in 50 and her lifetime chance of dying from ovarian cancer is 1 in 108. About a quarter of ovarian cancer cases present in women aged 75 or over. About 60% of ovarian cancers present at a late stage. In the UK there are about 7,400 new ovarian cancer cases per year.

Only 40% of women that present with ovarian cancer survive 5 or more years. Those presenting at stage one, more than 90% survive 5 or more years but the survival rate decreases to 13% for those who present at stage 4. It is estimated that about 10% of ovarian cancers are preventable.

The main preventable risk factor is obesity, but smoking is also a recognised risk factor.

The survival rate in the UK is lower than the average European survival rate but this data looked at survival rates in 2010-2014, more recent data is required urgently.

The symptoms of ovarian cancer can be vague and included bloating, abdominal swelling, abdominal or pelvic pain, loss of appetite, frequency, nausea, change in bowel habit, back pain, unintentional weight loss and feeling tired all the time. If cancer of the ovary is suspected than an urgent CA125 and transvaginal ultrasound scan is required. About 25% of women with ovarian cancer have a normal CA125. So don't be falsely reassured by a normal CA 125 if you have a strong clinical suspicion.

How can we improve the survival rates for ovarian cancer?

This would involve looking at prevention, earlier and faster diagnosis, and treatments.

1. **Prevention** - Raising awareness of risk factors – including family history, obesity and smoking.
2. **Earlier and faster diagnosis** – Raising awareness of potential symptoms, investigate all women presenting with irritable bowel symptoms for the first time aged 50 and over. Improve access to diagnostics including blood tests and ultrasound scans.
3. **Treatments** – whether this is chemotherapy, radiotherapy or surgery.

The following factors may reduce the risk of ovarian cancer:

- Taking the combined oral contraceptive pill. The longer you take the OC pill the more your risk is thought to decrease.

- Having children reduces your risk, the more children you have the greater the reduction in risk. Breastfeeding also reduced your risk. The fewer times a person ovulates in their life the lower the risk of ovarian cancer.

There are some excellent education and training modules about Ovarian Cancer.

Target Ovarian Cancer is a great website that contains lots of information for patients and healthcare professionals including some training modules.

Gateway C is widely used locally and contains a number of recorded webinars on a variety of cancer related topics. They have an excellent **Ovarian Cancer module** which is worth watching.

Very Brief Intervention

Very Brief Advice (VBA) for smoking cessation

Smoking remains the biggest cause of preventable cancer and death in the UK. 14.7% of adults continue to smoke, and there are 119,776 deaths per year attributed to smoking in the UK, more than all the other causes of preventable deaths combined.

Advice on how to quit smoking from a Health Care Professional can be one of the most important triggers for a quit attempt. The most effective way for people to stop smoking is with a combination of specialist support and medication.

NICE recommends that primary care practitioners deliver Very Brief Advice (VBA) on smoking to patients. VBA on smoking can be delivered in 30 seconds using a 'AAA' framework where practitioners:

- **Ask** their patient about smoking to establish their smoking status and record.
- **Advise** their patients on how they can stop smoking.
- **Act** by offering support to quit by referring them to a stop smoking service or prescribing pharmacotherapy with brief advice.

A 30 second intervention delivered by GPs (VBA)...



Cancer Research UK facilitators can provide a short training session for practices and PCNs on delivering VBA. If you would like more information or to arrange this then contact: england.wessexcanceralliance@nhs.net.

Cancer Care Reviews

These form an important part of QoF and should be undertaken at 3 and 12 months. The review at 12 months is new this year and is expected to be a more comprehensive and holistic review. This review may be completed by a GP but could be undertaken by a practice nurse or supported by a social prescriber.

It is worth considering sending a 'Holistic Needs Assessment (HNA)' to the patient prior to the appointment as this may help the patient and focus the discussion at the review.

The review should be conducted using a structured template and for this within TPP and EMIS is the Macmillan Cancer Care Template or if you use the Arden's there is a comprehensive template that now covers both the 3-month and the 12-month reviews.

The Social Prescribing template in Arden's has now had an additional tab for the Cancer Care Review at 3 months

Cancer Care

Home | Diagnosis | **3 Month Review** | Cancer Care Review | Treatment | Recurrence | Notes | Resources | Review

Cancer 3 Month Review

ardens
help & feedback

Review ★ Cancer support services

- EOTS Plan
- Macmillan
- Palliative care
- PCSP
- Social prescribing

CAH005 - Within 3m of diagnosis

- Oncology Referral
- End of Life & Palliative...
- Care Plan

Show recordings from other templates

Show empty recordings

Information | Print | Suspend | **Ok** | Cancel | Show Incomplete Fields

Useful resources for Cancer Care Review

[Macmillan Cancer Care Reviews](#)

[QoF Requirements 2021/2](#)

[Arden's Cancer Care Review Training Resources](#)

Help us to help you

The national team have just launched the latest Help Us Help You campaign related to cancer for more details see below.

Website: <https://wessexcanceralliance.nhs.uk/help-us-help-you-campaign-responds-to-the-impact-of-covid-19-on-nhs-services/>

Education and Training

First Wessex Cancer Alliance Primary Care Podcast

A focus on cancer with Wessex Cancer Alliance

Dr Nigel Watson discusses various aspects of cancer with Dr Richard Roope, GP and Primary Care Cancer Lead for Cancer Research UK (CRUK) and Mr Matt Hayes, Clinical Director for the Wessex Cancer Alliance.

The podcast recording, this is now live: [Click here](#)

It is also listed on the Wessex website here: [Click here](#)

GP Training – useful tools for Trainers and Trainees

There are now over 3,500 GP Trainees in England, and we have a high % of training practices in Hampshire and the Isle of Wight. Cancer forms an important part of general practice and therefore your Trainee will inevitably be responsible for diagnosing people with cancer and referring them via the fast-track pathways.

But how much does your Trainee know about prevention, screening and the early diagnosis of cancer?

All critical if we are going to meet the ambitions in the NHS Long Term Plan of diagnosing 75% of people with cancer at stage 1 or 2 by 2028, and this will save lives in your practice.

As part of your education plan and tutorials for your Trainees do you cover cancer?

There are some excellent resources produce by the RCGP and CRUK which could help you. These videos are only 3-5 minutes long

GP Trainer Cancer Hub introduction – [click here](#)

Prevention – Introduction – for the video [click here](#), and for the tutorial notes [click here](#).

Screening – for the video [click here](#), and for the tutorial notes [click here](#)

Gateway C is also a great resource [click here](#).

Support and help from Cancer Research UK and Macmillan

Cancer Research UK and Macmillan have launched a PCN DES mini-series of short videos on the [GP Contract Hub](#).

The bite-sized videos cover a range of relevant topics, including access to referral and screening data, quality improvement activity planning, the community of practice, tackling inequalities, and use of the SNOMED safety netting code and other digital solutions.

Support for GPs and PCNs Cancer DES

To support GPs and PCNs to implement the 2021/22 [Network Contract Directed Enhanced Service \(DES\)](#), Cancer Research UK and Macmillan Cancer Support have launched a [mini-series of short videos](#) featuring CRUK GPs and Macmillan GPs, offering advice about delivering the specification and answering key questions PCNs have raised.

Genomics – opportunity to learn more

Genomics is the study of the body's genes, their function and their influence on the growth, development and working of the body – using a variety of techniques to look at the body's DNA and associated compounds.

The UK is recognised worldwide as a leader in this field and the unique structure of the NHS supports the delivery of this at scale and pace.

This is a new area of science that we will hear a lot more about in the future, particularly as cancer is a disease of the genome. It occurs when changes in a person's genome – their DNA – result in cells growing and dividing uncontrollably. These genomic changes – or variants – can be inherited from a parent or acquired at some point during a person's lifetime.

There is a funding opportunity for nurses in genomics that may be of interest, particularly for cancer nurses and in primary care. This is the link to the HEE website. Please let me know if you have trouble in accessing the information.

For more information [click here](#).