

National Cancer Programme

CANCER PROGRAMME BULLETIN

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Dear Colleague

Much of the focus over the last couple of months has been on inputting to the development of the new structures, particularly the NHS Commissioning Board. We are moving forward on future arrangements, for example for clinical networks and the Commissioning Board improvement body, into which the National Cancer Action Team and NHS Improvement functions will transfer. While the main focus for cancer will be in Domain 1 (tackling amenable mortality) in the Board, many others parts will have an significant interest. As will Public Health England, with responsibilities for prevention, screening, raising awareness of cancer symptoms and cancer intelligence.

In the meantime we continue to make progress in many areas. I was particularly pleased to be involved in the Enhanced recovery Summit, the launch of the lung cancer campaign and the NCSI Symposium, all of which are mentioned later in this bulletin. I would also like to draw your attention to the important consultation about how to give people the best information to achieve informed consent to screening and I would like you to contribute.

Professor Sir Mike Richards
National Cancer Director

Policy News

'Be Clear on Cancer' National Lung Cancer Symptom Awareness Campaign Launched

On 8 May Paul Burstow, the Minister for Care Services, launched a national lung cancer symptom awareness Be Clear on Cancer campaign across England which runs from 8 May to 30 June, encouraging people to visit their GP if they have had a cough lasting for 3 weeks or more. The campaign is part of a programme of work to improve England's cancer survival rates by detecting cancer at an earlier stage. Roll out of the national campaign follows successful local and regional pilots. The regional pilot showed a 23% increase in the number of people who visited their GP with relevant symptoms and 29% increase in urgent referrals to hospitals compared to the same period in the previous year. 94% of the public and 87% of GPs in the regional pilot region agreed that 'it's important that ads like this are shown'. [Campaign briefing sheets](#) for GPs, Practice Staff and Pharmacists have been disseminated and posters and leaflets can be ordered for free via the Department's [orderline](#). Adverts are featuring on TV, radio and in print media.

The campaign is supported by celebrities who have been affected by lung cancer, including Ricky Gervais and Linda Bellingham. The broader DH Be Clear on Cancer campaign has been shortlisted in the final 5 as UK New Brand of 2012 by the Marketing Society of Great Britain.

For more information contact beth.capper@dh.gsi.gov.uk

Investment in Proton Beam Therapy

On the 5 April 2012 Andrew Lansley, the Secretary of State for Health, announced that the proposed two new proton beam facilities would be based at The Christie NHS Foundation Trust in Manchester and University College London Hospitals NHS Foundation Trust. It was anticipated that 1500 cancer patients a year would benefit from these new services when fully available in 2017. For more information on the press release visit: <http://mediacentre.dh.gov.uk/2012/04/05/centres-selected-to-host-cutting-edge-cancer-services/>

Implementation news

Direct Access to Diagnostic Tests for Cancer - Best Practice Referral Pathways for GPs

Actions to improve earlier diagnosis of cancer are set out in Improving Outcomes: A Strategy for Cancer (2011). Work has been underway to support more direct access to diagnostics tests for GPs. The Department of Health Cancer Diagnostics Advisory Board was established to provide expert and clinical advice on key diagnostics across different cancer types. These best practice pathways commissioned by the Board, have been designed to support GPs with direct referral to specific diagnostic tests for the assessment of particular symptoms where cancer may be suspected but urgent GP referral (two week wait) is not applicable.

<http://www.dh.gov.uk/health/2012/04/access-cancer-tests>

Macmillan Cancer Support have developed a short version of the pathways, which also include NICE referral information for other cancers, in the form of a rapid referral toolkit, which is available via their website:

http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/PCCL/Rapid_referralguidelines.pdf

Low Rectal Cancer Development Programme (LOREC)

After a successful pilot the programme has been extended and all colorectal MDTs in England are now invited to participate in this programme, which aims to improve cancer outcomes and quality of life for patients with low rectal cancers. To find out more or to join the programme visit: www.lorec.nhs.uk

National Cancer Survivorship Symposium May 2012

The National Cancer Survivorship Initiative (NCSI) held a symposium on 10-11 May on implementing the care and support that cancer survivors need.

The symposium was an opportunity to learn about the Initiative's progress, since its launch in 2008, in understanding the needs and numbers of cancer survivors, where they are on the cancer care pathway, the professional cultural shifts required, and what evidence based services will be necessary.

NCSI also plans a publication later this year, which will set out our learning to date in terms of cancer survivorship, offer recommendations for good practice based on the current evidence base and set the direction for cancer survivorship work in England to 2015.

Presentations from the day can be found here: <http://www.ncsi.org.uk/survivorship-events/past-events-3/>

Move More Campaign at the BMJ Awards

The Move More campaign was selected as one of the four finalists for the BMJ awards in the Healthcare Communications campaign category.

Although not overall winners on the night, the project received very positive feedback from BMJ staff who were particularly impressed with the level of evidence underpinning the campaign, the global reach of the campaign's messages, and the high volume of requests for dedicated resources.

You can download a copy of the Move More guide to becoming more active during and after cancer here:

<http://www.macmillan.org.uk/Documents/Cancerinfo/Physicalactivity/movemore.pdf>

NCSI pilot awarded 'best Vocational Rehabilitation initiative' at the 2012 UK VR Association Awards

The NCSI Vocational Rehabilitation pilot was recognised as 'the best Vocational Rehabilitation initiative' at the 2012 UK VR Association Awards.

The award judges found the pilots to be "a well structured project with good analysis and evaluation and a strong set of recommendations to be taken forward".

Background information on the Vocational Rehabilitation initiative can be found here:

<http://www.ncsi.org.uk/what-we-are-doing/vocational-rehabilitation/>

For further information about the initiative please see:

<http://www.ncsi.org.uk/news/ncsi-pilot-awarded-%E2%80%98best-vocational-rehabilitation-initiative%E2%80%99-at-the-2012-uk-vr-association-awards/>

Publications

The Impact of Jade Goody's Diagnosis and Death on the NHS Cervical Screening Programme

On the 1 June 2012, the Journal for Medical Screening published on-line a new study which reveals the extent of the Jade Goody effect on cervical screening. The study noted that almost 0.5 million extra cervical screening attendances occurred in England between mid-2008 and mid-2009. Also in the 25 - 49 age group, 82,000 (28%) of the extra attendances occurred in women who were overdue for their test. For more information about the study visit

<http://jms.rsmjournals.com/content/early/recent> or
<http://www.rsm.ac.uk/media/pr303.php>

Waiting Times for Suspected & Diagnosed Cancer Patients: Quarter Ending March 2012

On 25 May 2012 information on waiting times for suspected cancer and those subsequently diagnosed with cancer was published for quarter 4 in 2011/12. For more information visit:

Provider based

<http://transparency.dh.gov.uk/category/statistics/provider-waiting-cancer/>

Commissioner based

<http://transparency.dh.gov.uk/category/statistics/commissioner-waiting-cancer/>

National Institute for Health and Clinical Excellence Quality Standard for Ovarian Cancer

On the 23 May 2012 NICE published a new quality standard for ovarian cancer. Areas covered in the new quality standard include detection in primary care (including symptoms and signs), diagnosis in secondary care, support needs for women with ovarian cancer, primary management of early and advanced stage ovarian cancer, and access to NICE-approved drugs for relapsed ovarian cancer.

For more information on the standard visit:

<http://www.nice.org.uk/guidance/qualitystandards/ovariancancer/home.jsp>

Opioids in Palliative Care: Safe and Effective Prescribing of Strong Opioids For Pain in Palliative Care of Adults - Clinical Guidelines, CG140

On 23 May 2012, a new clinical guideline was published by the National Institute for Health and Clinical Excellence (NICE), that will help ensure safe and consistent prescribing of opioids as a first-line treatment option to relieve pain for patients receiving palliative care for chronic or incurable illnesses. For more information on the guideline visit:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13745>

Information strategy to give people more control over their care (DH Gateway 17668)

On the 21 May 2012, the Department published its information strategy – The Power of Information. The strategy sets a ten-year framework for transforming information for the NHS, public health and social care. For more information about the strategy visit: <http://www.dh.gov.uk/health/2012/05/information-strategy/> or to download the publication http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134181

Cancer Registrations in England 2010

On 24 April 2012, the Office for National Statistics published a bulletin on cancer registrations for 2010. There were around 268,758 new cases of malignant cancer (excluding non-melanoma skin cancer) registered in England in 2010 compared to around 264,700 in 2009 – 136,372 new cases of cancer registered for males and 132,386 for females in England in 2010. This represents a slight increase of 1,736 (1.3 per cent) for males and 2,343 (1.8 per cent) for females.

For further information: <http://www.ons.gov.uk/ons/rel/vsob1/cancer-registrations-in-england/2010/2010-cancer-registrations-in-england-statistical-bulletin-2.html>

Geographic Patterns of Cancer Survival in England, 2003 to 2005 and followed up to 2010

On 26 April 2012 the Office for National Statistics published a bulletin presenting age-standardised relative survival statistics for adults aged 15-99 diagnosed with one of eight cancers in England during 2003-2005 and followed up to 31 December 2010.

At national level, an upward trend in five-year relative survival was observed for all of the eight studied cancers diagnosed during 2001—2005, except cancers of the oesophagus (women), stomach (women), cervix and bladder (both sexes). The statistics also showed wide variations in both one-year and five-year relative survival for all cancers diagnosed in 2003—2005 between the 28 cancer networks.

For more information visit:

<http://www.ons.gov.uk/ons/rel/cancer-unit/cancer-survival-by-gor--sha-and-cancer-network/2003-to-2005-and-followed-up-to-2010/index.html>

Additional Best Practice Commissioning Guidance for Developing Haematology Diagnostic Services (DH Gateway 17241)

On the 29 March 2012 the National Cancer Action Team and the Royal College of Pathologists published guidance for teams implementing the NICE Improving Outcomes Guidance for Haemato-Oncology, 2003. It clarified the rationale behind the recommendation for specialist laboratories and provided practical help in the form of a service specification. For more information visit: www.ncat.nhs.uk

Health Supplement on Cancer in the Asian Community

National Cancer Action Team (NCAT)'s Patient Experience Team was out and about at events in April 2012, distributing copies of their Health Supplement. The

supplements were aimed at raising awareness of cancer in black and minority ethnic (BME) communities. The two latest editions targeted Irish and Asian communities.

NCAT headed to the London Irish Rugby match against Saracens on April 14 2012 to distribute copies of the Irish Health Supplement. A link was provided for this supplement in the last bulletin. Then on 22 April 2012, at the Vaisakhi festival in Birmingham, NCAT distributed copies of the Asian Health Supplement. Over 3,000 copies were distributed at each event.

For more information on the Asian Health Supplement visit:

http://www.cancerinfo.nhs.uk/images/stories/news/asian_health_supplement_final_version.pdf

For more about the NCAT events or the supplements generally visit:

www.cancerinfo.nhs.uk

Enhanced Recovery Practice.

Two new publications supporting enhanced recovery have been published. They were:-

1) *'Fulfilling the potential: a better journey for patients and a better deal for the NHS'* which provides an overview of the benefits of enhanced recovery targeted at health professionals.

2) *'My Roles and My Responsibilities'* which is a patient focused leaflet designed by patients to help people understand the part they can play in getting better sooner after surgery,

The publications were launched at the recent Enhanced Recovery (ER) Summit to coincide with the signing of a consensus agreement by several Royal Colleges and Associations, seeking to support making Enhanced Recovery standard practice.

For more information on these publications, the ER summit and the Enhanced Recovery Partnership visit: <http://www.improvement.nhs.uk/enhancedrecovery/>

National Cancer Information Network(NCIN) Data Briefings May 2012

NCIN Data briefings are short documents highlighting one issue and written for a general audience. The following were published during May:-

a) Co-morbidities of bone sarcoma patients

Over a fifth of bone sarcoma patients recorded in HES have co-morbidities. These occur mainly in patients aged 50 and over. The most common co-morbidity is pulmonary disease in which asthma and chronic obstructive pulmonary disease dominate; the latter being most common in patients aged 80 years or more For more information visit: [Co-morbidities of bone sarcoma patients](#)

b) Incidence of sarcomas of the facial skeleton

Approximately 25 primary tumours of the facial skeleton are diagnosed in England annually. However, statistics cannot be validated until coding systems are adapted to further reflect sub-sites. For more information visit: [Incidence of sarcomas of the facial skeleton](#).

c) Malignant tumours of the vertebral column, sacrum, coccyx and base skull estimating the annual incidence in England

Approximately 45 malignant tumours of the vertebral column, sacrum, coccyx and base of skull were diagnosed annually in England between 1985 and 2009. Ewing sarcoma, chondrosarcoma and chordoma were the most common sub-types within the sacrum and coccyx, whereas only chordomas were found in the base of skull region. For more information visit:

[Malignant tumours of the vertebral column, sacrum, coccyx and base of skull, estimating the annual incidence in England](#)

d) Understanding outcomes in leukaemia: why grouping different cancers is misleading

It has been common practice to present outcome data for all types of leukaemia grouped together, but because of the diversity of these conditions NCIN suggest this can be very misleading. For more information visit:

[Understanding outcomes in leukaemia: why grouping different cancers is misleading](#)

e) Incidence of oesophageal cancers in England 1998 - 2007

This data briefing suggests the increasing incidence of lowe oesophageal cancer may be associated with the rising prevalence of obesity in England. For more information visit:

[Incidence of oesophageal cancers in England 1998 – 2007](#)

f) Incidence of stomach cancer in England 1998 - 2007

Between 1998 and 2007 the incidence of stomach cancer decreased in England. This NCIN data briefing looks at some of the reasons behind this. For more information visit:

[Incidence of stomach cancers in England 1998 – 2007](#)

g) Trends in Incidence of primary liver cancer subtypes

Primary liver cancer incidence is increasing in England. For more information visit:

[Trends in incidence of primary liver cancer subtypes](#)

h) Potentially HPV related head and neck cancers

HPV (human papilloma virus) infection is emerging as an important risk factor for some head and neck (H&N) squamous cell cancers (SCCs). The incidence of potentially HPV-related H&N SCCs increased between 1990 and 2008 - particularly in males. For more information visit:

[Potentially HPV related head & neck cancers](#)

What's On?

Informed Choice about Cancer Screening – have your say

There is an academic and clinical debate about the implications of screening, with different experts taking opposing views on the effectiveness of the screening as well as the way in which information about the risks and benefits are communicated. For this reason, work is now underway to build a new approach to developing information on NHS Cancer Screening Programmes.

The review, which is being led by Prof Amanda Ramirez and Dr Lindsay Forbes at King's Health Partners Integrated Cancer Centre, is considering how to promote informed choice for people making a decision about whether cancer screening is right for them. The review team is seeking the views of the public, patients, experts and health professionals to make this information as helpful, relevant, accessible and understandable as possible. A consultation on the principles for informed choice will open soon and run **until 7 September 2012**.

We want your views on how we can best help people being invited to participate in screening programmes to make an informed choice. Let us know what you think at: <http://www.informedchoiceaboutcancerscreening.org/> or for further information, contact info@informedchoiceaboutcancerscreening.org.

National Cancer Information Network/UK Association for Cancer Research's Cancer Outcomes Conference 14-15 June 2012

Places are still available at the NCIN/UKACR Cancer Outcomes Conference 14-15 June 2012. Registration closes on the 4 June 2012. For more information visit: www.ncin.org.uk/conference

Editor's Notes

Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health - it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's sole provider of accredited evidence and guidance, which can be found on the Institute's website at www.nice.org.uk.

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