

HUG MAGAZINE



July/August 2007

A magazine for HAEMATOLOGY and ONCOLOGY patients,
being treated in the Day Therapy Centre and Dove Ward or
under review following treatment

The Magazine is now self-supporting, having previously been sponsored by PALS. If you could receive future editions by email or would like to make a contribution to the printing cost, contact Irene by telephone or email.



We would love to hear from you with your comments,
suggestions or articles

Contact

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H.U.G. SWINDON
HAEMATOLOGY/ONCOLOGY UNITED GROUP, G.W.H.

H.U.G. Swindon

Get-togethers take place
in the Osprey Unit Education Room.
Turn up at any time between
10:00 am and 12:30 pm
on the 2nd Thursday of the month, i.e.

13 September 2007

11 October 2007

08 November 2007

We have also recently started to meet up
for coffee and a chat away from the
hospital in between. Ring for details of the
next date.

AIMS!!!

HUG aims to improve the environment for ALL patients of the Day Therapy Centre and Dove Unit or under review following treatment in these areas at the Great Western Hospital, Swindon by:

- ❖ **Holding regular “get-togethers” where Haematology and Oncology patients and their relatives can make friends, share their views and experiences and receive information about hospital and other relevant services, all in an informal atmosphere over refreshments.**
- ❖ **Meeting up socially between the Hospital Get-togethers**
- ❖ **Producing the HUG Magazine, a light- hearted and informative bi-monthly publication and making it available in Dove Unit, the Day Therapy Centre and the Appointments Waiting Area.**
- ❖ **Pointing patients in the direction of specialist help available, as required.**
- ❖ **Following up on comments and complaints about Hospital Services and reporting back on progress made.**
- ❖ **Fund-raising to provide items for the benefit of patients, such as mugs, bookshelves and the redecoration of rooms. Ideas are welcomed at any time for future projects.**

NEWS THAT MAY BE OF INTEREST

Tumour location and possible future destruction

GOLD-coated glass "nanoshells" can reveal the location of tumours and then destroy them minutes later in a burst of heat. Using these particles to detect and destroy tumours could speed up cancer treatment and reduce the use of potentially toxic drugs. It could also make treatment cheaper, says Andre Gobin of Rice University in Houston, Texas, who helped to create the particles.

So far the theory has only been tested on mice, destroying tumours but leaving normal tissue intact. Illuminating the tumour with a near-infrared laser excites a "sea" of loose electrons around the gold atoms via a process called plasmon resonance. This creates heat, killing all the nearby cells. It has now proved possible to tweak the size of the nanoshells so that they also scatter some of the radiation. That means any cancer sites will "light up" under low-intensity infrared, so they can then be zapped with the laser.

Since optical coherence tomography only penetrates up to 2 millimetres, the imaging step will only be useful for locating tumours near the surface, such as cervical, mouth and skin cancers, says Gobin. However, the team plans to modify the nanoshells so that they work with more deeply penetrating radiation, such as X-rays. Houston-based Nanospectra Biosciences, which West co-founded, will begin trials of the spheres in humans in the next two months.

From issue 2609 of New Scientist magazine, 21 June 2007, page 28

Lymphoma Research Boost

Patients with Lymphoma are set to benefit from pioneering research being carried out in Cambridge. Professor Ming Du and his team at Addenbrookes Hospital are looking at the caused of mucosa-associated lymphoid tissue (MALT) lymphoma, the third most common lymphoma worldwide.

They hope that this will lead to new and better treatments to benefit patients with this cancer.

Leukaemia Research Spring 2007

Link played down between caffeine, exercise and skin cancer

Cancer Research UK has played down reports of a link between caffeine, exercise and skin cancer protection, following the publication of new research in the Proceedings of the National Academy of Sciences (PNAS). A study by scientists at Rutgers, the State University of New Jersey, has suggested that the combination of lifestyle factors may help to prevent sun-induced skin damage, which can lead to skin cancer.

Dr Alison Ross, science information officer at Cancer Research UK, commented: "This study was carried out in mice so there will need to be more research in this area to see if there is a similar effect in humans.

Cancer Research 31 July 2007

New treatment for liver cancer

A new type of treatment for primary liver cancer, microwave ablation, has been approved for use in this country. The procedure involves putting needle electrodes into the cancer, under either general or local anaesthetic, and attaching the electrodes to a microwave generator. The pulses of microwave energy destroy the cancer cells.

NICE (the National Institute for Health and Clinical Excellence) is reviewing the evidence to see whether microwave ablation can be recommended for cancers that spread to the liver from other parts of the body.

Cancerbackup Summer 2007

What is a clinical audit?

To find out, we invited HC, Clinical Audit Coordinator and JR, Clinical Audit Facilitator along to our May 2007 meeting.

Clinical audits started in the NHS in 1993, aimed at Doctors only, but they are now applied to all departments and personnel. Since 1999 it has been necessary for hospitals to provide evidence that they meet NICE Guidance Standards for Better Health.

Areas that are covered include:

- Is the best treatment being given in the best way and to the benefit of patients?
- Are treatment options being explained?
- Are the patients satisfied with the care they receive?

Swindon & Marlborough NHS Trust has an annual programme of audit topics. Some are “have to do’s” on the national audit programme, but others are based on the views of staff or patients. Concentration is on high risk areas, but the evaluation of new treatments is also covered. Infection prevention and control is monitored by spot checks on wards, beds, fans. In the year to April 2007, agreed actions were taken in 70 out of 75 audit topics.

One positive benefit of the clinical audit scheme is that the trust can qualify for lower insurance premiums, based on the level of audit compliance achieved. This saved £0.5 million for Obstetrics last year.

Training of all staff is carried out by Clinical Audit personnel throughout the year.

Good practices noted can be shared with and implemented by other departments. Dove Ward, for example, has been praised for keeping information on the ward up to date, their methods for breaking bad news, attention to privacy and dignity and caring for individuals.

H asked if there were any areas that HUG thought could be looked at. We mentioned patients’ experiences of the ‘Choose and Book’ appointments system, transportation between hospitals and the same patient having to have different types of blood tests at different locations.

Clinical Audit is involved in the design and analysis of patient and staff questionnaires. Hilda promised to share these with us in future.

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BITS AND PIECES

The power of the brain

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It may take a little longer than usual, but most of us will be able to correct the above as we read it, because the beginning and end of each word is correct. Unfortunately dyslexia causes all letters to be jumbled, including the first and last.

The Pleasures of Friendship

The pleasures of friendship are exquisite.
How pleasant to go to a friend on a visit!
I go to my friend, we walk on the grass.
And the hours and moments like minutes pass.

By Stevie Smith

Just how safe are artificial sweeteners?

A study by the Cancer Research Centre in Bologna, Italy, says that researchers should look again at aspartame. In experiments they found that many rats given aspartame later developed leukaemia or lymphomas. The European Food Safety Authority will re-examine the evidence, since a 2002 review of available evidence on aspartame found it to be safe.

A SECRET SHARED IS
PROBABLY A PROMISE
BROKEN.



H.U.G. ★
fridge magnet
★ fun



EXPERIENCE IS THE NAME EVERYONE
GIVES TO THEIR MISTAKES.

If at first you don't succeed,



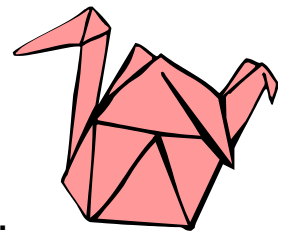
destroy all evidence that you tried.

When you reach middle age,
work begins to be a lot less fun,



and fun begins to be a lot
more work.

I tried to join an Origami
Organisation, but



it folded.

Behind every successful man is a



surprised woman.



Women are meant to be
loved, not to be
understood.'

Oscar Wilde

Stem cell transplant – Part 2

This is the account of DH a patient, and HUG supporter, with Non-Hodgkins Lymphoma.

As with the first article, which covered the point up to the harvest of stem cells, the mechanics of the preparation and transplant are covered by two reference sources which are available in booklet form or online from

<http://www.cancerbackup.org.uk/Treatments/Stemcellbonemarrowtransplants/Generalinformation>

or <http://www.lrf.org.uk/en/1/infteetreste.html>. Follow the link to bone marrow transplants and this follows to a pdf file. Both Cancerbackup and the Leukaemia Research Fund are registered charities that offer advice and support services in addition to your own medical teams.

After a successful harvest in August 2006 I needed to be as fit as possible to help with tolerating the transplant and the subsequent recovery. Some more preparatory tests were done at the Great Western Hospital including lung function tests, CT scan and infection control swabs (nose, throat, groin and central line entry point) with a view to having the transplant middle to late September 2006. My lung function and infection control swabs passed without concern but the CT scan showed an area of shadow which, given my history of lung infections, needed to be investigated further. My haematologist referred me to a chest specialist who would perform a Bronchoscopy (tube with a camera down my throat) and Biopsy (remove a small section of lung for examination) at the Royal Brompton Hospital in London. This was done as an in-patient at the end of September.

There was no definitive diagnosis from the Bronchoscopy and so the Biopsy result was awaited with some anxiety, particularly since one of the possible diseases was TB and the time for these cultures to grow in a laboratory can be up to 13 weeks. By the end of November the chest doctors at Great Western also decided that a blood test for TB might give a second opinion if there was no conclusive cultures grown in the laboratory and so I went to Ridgeway Hospital for this Blood test. My understanding is that this test requires special test facilities not widely available due to the infrequent use of these specialised facilities. When the result came through some 3 weeks later it was negative and a great relief.

After the Christmas holiday the biopsy also showed nothing conclusive and so began the build up again towards transplant. The time that had elapsed since previous preparatory tests meant that they had to be repeated and so appointments were made for lung function and CT scan repeats, this time with no unexpected results. With my history of lung infections the possibility of using an anti-biotic administered by nebuliser was considered but ultimately could not be used due to the difficulty in finding suitable accommodation to do this without putting nursing staff at risk while tending me. An alternative method of infection control would have to be used during my neutropenic spell after transplant if necessary.

I was finally admitted to Dove Unit for the transplant at the end of March 2007.

(We shall continue to follow David's progress in future editions)

H.U.G. News – read all about it

Get-togethers were held on 14th and 28th June and 12th and 26th July 2007

1. Get-Togethers - General

We are continuing to hold coffee mornings away from the hospital, and are planning our first evening event, to suit members who are back at work. Contact us for details.

2. Progress on proposed purchases for Dove and Day Therapy

We are still awaiting news from LH in Cancer Services regarding possible purchases of items on the nurses' wish list.

3. Visitor to the June Get-Togethers at the GWH

HW from the Clinical Research Department joined us in June. A report will be included next time. We had hoped to have a representative of Patientline in July, but this had to be postponed, because of staff changes and illness (them not us!). As we go to press we are awaiting confirmation that Patientline can join us in August.

4. Summer Outing

Plans are now well advanced for our summer boat trip, courtesy of the Zurich Challenge. More than £1,000 has been raised by staff from the Corporate Pensions Department via the raffle of a hamper, guessing the weight of an expected new baby and a dressing down to work day. More events are planned for August. We look forward to a great day out on 2nd September.

5. Fund-raising

We have now ordered more mugs to sell, in the new "huggy" shape and with the wording approved by members recently. We shall be selling these and our other collector's items - teddy bears, at the Hospital Open Day on 15th September.

We haven't managed to car boot as often as we'd like because of the weather, but hope to have done so by the time you read the Magazine.

6. Other News

The collage produced by HUG and Lambourn WI members has not been approved for display in the Osprey Unit. On the positive side, we have learned a lot more about the process for obtaining approval in advance for any public gifts to the Hospital.

Word Search – with a summer theme

See if you can find the following words in the grid

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| I | N | S | E | A | S | H | O | R | E | T | T | L | Y | O | P | M | W | D | O |
| T | W | S | H | K | L | E | G | E | F | T | E | D | S | R | K | Y | T | R | T |
| E | N | M | C | W | Y | J | G | L | J | G | I | D | Y | X | C | N | T | E | M |
| S | P | P | A | F | S | R | M | O | R | H | F | A | T | S | D | A | P | L | H |
| E | E | N | O | P | A | Q | T | A | S | T | N | P | C | O | R | T | Z | A | G |
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| P | B | L | A | O | D | A | D | G | H | S | F | L | O | G | M | Y | N | U | C |
| O | F | U | R | O | W | N | L | K | H | F | G | D | S | Q | A | V | Z | X | S |
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aeroplane

beach

coach

countryside

fishing

golf

harbour

lazing

lounger

paddle

pool

recharge

relaxation

sand

seashore

socialising

sun

site-seeing

swimsuit

towel

train

travel

walking

yacht

Cancer Research UK Relay for Life

Two HUG members took part in the Survivors' lap of the relay at the County Ground Athletic track and now have the T-shirts.

We also sponsored candles of hope to remember or celebrate the life of members touched by cancer.

Macmillan – Help with Travel Insurance

The Macmillan web site includes some guidance on obtaining travel insurance if you have cancer, and also provides a list of companies who will take on this type of business at

http://www.macmillan.org.uk/Get_Support/Find_information/Getting_travel_insurance/Travel_insurance_companies.aspx

Hospital Open Day

As stated last time, this is on 15th September 2007. We do not have any more details as yet. Look out for posters on site.



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Just enough space for some Medical Chart Faux Pas

- * The patient refused autopsy.
- * Patient has left white blood cells at another hospital.
- * Patient had waffles for breakfast and anorexia for lunch.
- * Rectal examination revealed a normal-size thyroid.
- * Skin: somewhat pale but present.
- * Patient was found in bed with her power mower.
- * Patient has chest pain if she lies on her left side for over a year.
- * Between you and me, we ought to be able to get this lady pregnant.
- * Healthy-appearing decrepit 69-year old male, mentally alert but forgetful.