

HUG MAGAZINE



March 2015

(issued during the last month of each quarter)

For HAEMATOLOGY and ONCOLOGY patients, their families and friends being treated in Cancer Services areas or under review



We don't have the above, but we do have Mother's Day and Easter cards on our stall!

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Email: hugswindon@btinternet.com

Website address: www.hugswindon.org.uk

HUG Get-togethers

We have suspended meetings at the hospital in favour of coffee mornings at other locations. We now meet in the Blunsdon Arms pub, on Thamesdown Drive from 11am onwards on the second Monday of each month.

Further get-togethers and venues are often arranged on a month by month basis on dates to suit attendees. Contact us for more details.

Agreed dates for the second quarter of 2015 are as follows:

13th April 2015

11th May 2015 and

8th June 2015

What do we do?

HUG offers tea, sympathy, sharing of ideas and information and much more, to patients and their families or carers, including:

- **Organising Coffee Mornings and Craft Sessions (as new stock for sale is required)**
- **Suggesting how and where to access professional help, where appropriate**
- **Attending Cancer Services User Involvement Meetings on behalf of patients and carers and discussing or raising and following up on issues of importance to them**
 - ✓ **Items currently under discussion include a Patient Information DVD, Resuscitation, Radiotherapy for Swindon, home delivery of chemotherapy**
- **Fund-raising to provide practical help with purchases which have included thermometers, travel bands, mugs, slippers, gel bags and heat pads, when suggested by clinical staff, patients or carers.**
 - ✓ **Items for sale at any time: chemo hats made of a silk/wool mix in a choice of colours and styles and our personalised mugs and teddy bears. Contact us for more details.**
- **Maintaining a website and making leaflets available to promote the group and advertise our activities**
- **Producing the HUG Magazine quarterly and leaving copies in Cancer Services areas, providing direct to members and posting on the website.**
- **We have a stall behind the atrium at the hospital. These will normally be held on the first Thursday of each month in 2015 unless changes are necessary to fit in with our holiday dates.**

INTERESTING HEALTH-RELATED NEWS

New cervical cancer test procedure

Researchers from Queen Mary, University of London consider that a new primary HPV test to detect cervical cancer is more effective than the traditional smear test. It can detect affected cells before they develop into cancer and early surgery could prevent further problems. It could also save the NHS around £50 million a year because it would need to be done less frequently than smears, which are carried out every three to five years. It would also be possible for women to take their own samples for analysis, in the comfort of their homes, again reducing the cost of testing.

A pilot of the new test, which detects the human papilloma virus (HPV) is currently running and the results should be published later this year.

NICE produces first guidance on bladder cancer to reduce variations in care

NICE's first guideline on bladder cancer aims to improve the diagnosis and management of the seventh most common cancer in the UK. The guidance recommends that when diagnosing bladder cancer, CT or MRI staging should be considered before surgery to remove the tumour (transurethral resection of bladder tumour, TURBT) if muscle-invasive bladder cancer is suspected at cystoscopy.

People with suspected bladder cancer should also be offered a single dose of intravesical mitomycin C given at the same time as the first TURBT – this reduces the risk of reoccurrence and also ensures people receive the full benefit of this time-dependent treatment.

The guideline also includes recommendations on

- managing high-risk non-muscle invasive bladder cancer
- the use of neoadjuvant chemotherapy for newly diagnosed muscle-invasive urothelial bladder cancer
- radical therapy for muscle-invasive urothelial bladder cancer
- information and support for people with bladder cancer tailored to each person's needs following a holistic needs assessment.

<https://www.nice.org.uk/news/article/first-bladder-cancer-guideline-to-reduce-variations-in-care>

NICE 25 February 2015

Life After Cancer

An article gives some useful advice on dealing with life after cancer treatment. Apart from the initial diagnosis, the worst time for many patients can be after treatment is completed. The advice is given by Dr Frances Goodhart, consultant clinical psychologist and author of 'The Cancer Survivor's Companion' and covers areas such as emotions, physical changes and fatigue. For more information refer to

<http://www.telegraph.co.uk/news/health/11387838/How-to-deal-with-life-after-cancer.html>

Daily Telegraph, 4 Feb 2015

More about possible preventative breast cancer pills

British researchers, led by Jack Cuzick, professor at Queen Mary, the University of London, say that if Tamoxifen was prescribed to around half a million women at high risk of breast cancer, as many as 3,000 cases a year could be prevented. Details were presented at the San Antonio Breast Cancer Symposium in Texas and published in the Lancet Oncology Journal.

A study of over 7,000 high-risk women found that those given Tamoxifen for five years in the 1990s were 38% less likely to have developed breast cancer. This is despite the fact that they stopped taking the drug 20 years ago. NICE has actually recommended preventative use of Tamoxifen for women at high risk but it has not been licensed as safe for this use by the MHRA (Medicines and Healthcare Products Regulatory Agency), at the UK Department of Health. This is thought to make doctors unwilling to prescribe it for this use.

The drug works by blocking the hormone oestrogen from reaching potentially cancerous cells. On the plus side the drug is extremely cheap at around £20 for a year's supply. In addition the protective effect lasts for between 20 and 30 years after a woman stops taking the drug. It can have unpleasant side effects, however, including menopausal-like symptoms such as hot flushes, sweats, nausea, muscle ache and weight gain. Rarer side effects include blood clots and a 40% higher risk of developing endometrial cancer, although this is still very rare.

Women at high risk clearly need to be given all the facts before making a decision.

Hypnosis as a breast cancer surgery recovery aid

Doctors at the Clinique Universitaire Saint-Luc hospital in Brussels are hypnotising around a fifth of their breast cancer patients before surgery. They claim that those put in a trance spend less time in hospital and have fewer side effects if they need chemotherapy.

Their research was also presented at the San Antonio Breast Cancer Symposium. Comparisons had been made between 110 women who were hypnotised before surgery with 110 who received standard surgery.

Further research is clearly needed to confirm the findings for larger patient groups.

"Choose Well"

Where to report ill-health symptoms?

Swindon Clinical Commissioning Group has produced a "Choose Well" illustration on the NHS Swindon website. A number of patients are pictured and their ill health symptoms described. The idea is to decide which of the people requires attention in A&E. Refer to the following page.

<http://www.swindonccg.nhs.uk/your-services>

On the left hand side of the page, there is a menu listing of the other possible services available to less seriously ill patients. This is well worth a look, since one of the reasons so many patients use the emergency services is that they don't know where else they can go.

Statistics on the number of people attending A&E at the Great Western Hospital last year show that more than 77,000 attended the Emergency department.

Cancer Survival Rates

It was reported in January 2015 that the National Audit Office had recently analysed the latest NHS figures for cancer survival. They reported that significant variations and inequalities in outcomes and access to services persist.

In Sweden, 64% of cancer patients are still alive after five years, but in England it is 49%, which is 10% lower than the average for the six most wealthy European countries.

Outcomes are particularly poor in relative terms for older patients, aged 75 and over. In addition, access to services is generally thought to be poorer for those from more deprived socio-economic groups. This could be because they are less likely to report the earliest symptoms and hence delay the initial diagnosis.

Waiting times for the start of urgent cancer treatments have been increasing, with the number of NHS trusts failing to meet targets doubling in a year.

It was not all bad news from the National Audit Office, however. On the plus side people in England are less likely to develop cancer than in other high-income European countries. Also survival rates are at an all-time high.

A spokesman for NHS England, Sean Duffy, accepted that survival rates need to improve and considered that more focus on prevention, earlier diagnosis and modern radiotherapy methods is needed.

An independent cancer task force is currently producing a new five-year cancer strategy, which will be reported in the summer.

Look Good, Feel Better

Pampering sessions, providing skin care and make-up advice for cancer patients can indeed help you to feel better about yourself. We have been reliably informed on this by patients who have attended sessions .

Dates for the second quarter of 2015 are:

14th April, 19th May and 16th June 2015

For an application form please speak to a member of your health care team. You may also speak to a member of the Cancer Information Point on 01793 604346 or visit the Cancer Information Point, Osprey Unit, 3rd Floor. HUG and other local cancer patient support groups have application forms. You can also contact:

Telephone: 01793 646152 Email: lorraine.hayward@gwh.nhs.uk

Telephone: 01793 605962 Email: donna.lake@gwh.nhs.uk

Mobile Chemotherapy

The mobile chemotherapy unit provided by Charity Hope for Tomorrow and known as Linda, is now fully operational. It will visit Calne, Marlborough and three other locations in Swindon on a weekly basis and treat around eight patients during each visit.

Selected patients will be able to be treated closer to their homes in the comfortable mobile "home" unit, which can house all the necessary equipment for the therapies carried out there.

Refer to the Trust's website for more details.

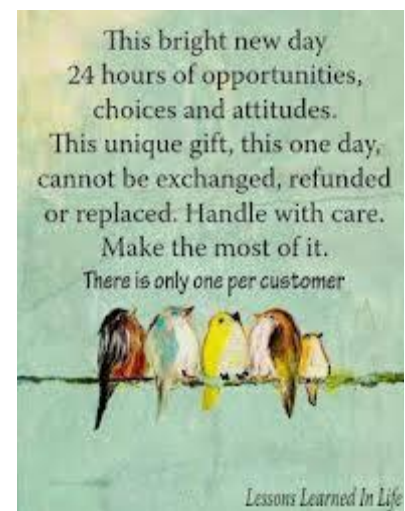
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Just enough space for a couple of medical jokes and a thought for the day!

A man was just coming round from his hospital operation the hospital, and his wife was sitting at his bedside. His eyes fluttered open, and he murmured, "You're beautiful." Flattered, the wife continued her vigil while he drifted back to sleep. Later, her husband woke up and said, "You're cute." Startled, she asked him, "What happened to 'beautiful?'" He replied, "The drugs are wearing off."

The elderly lady patient had everything but the kitchen sink in her large handbag. She didn't want her GP to be informed about her A&E visit, because she liked her "bone doctor" better. The only problem was that she couldn't remember his name.

She searched and searched through her overflowing bag, saying to herself "Arthur, Arthur, Arthur somebody. Oh! here it is! Now I remember his name. It's Dr Arthur Pedic!"



Stem Cell Transplant

Recent research published in the Lancet Haematology reports that a chronic shortage of donors means that stem cell transplants are not being used on all patients who need them in some parts of the world. The data was collected by the Worldwide Network for Blood and Bone Marrow Transplantation

Although the number of transplants increased from around 10,000 in 1985 to more than 1 million by the end of 2012, more than half were performed in Europe and only 2% in the Eastern Mediterranean and Africa. Only around 30% of donors can be found from within patients' families, with the rest being provided from matched volunteers on donor registers.

More details are available at

[http://www.thelancet.com/journals/lanhae/article/PIIS2352-3026\(15\)00028-9/abstract](http://www.thelancet.com/journals/lanhae/article/PIIS2352-3026(15)00028-9/abstract)

Experimental Drug Use for the terminally ill

A proposed new law would have given doctors legal protection to try out experimental drugs on patients with terminal diseases when all other conventional medicines had been exhausted. Any doctors doing so would have had to consult with at least one other specialist medic before going ahead with the treatment.

The Medical Innovation Bill had passed unopposed through three readings in the House of Lords and was set to go before MPs in the Commons before the Health Minister Norman Lamb intervened on the basis that health groups (patient organisations, research charities, legal bodies, royal colleges and medical unions) had raised worries about "unintended consequences" on patient safety.

He added that the proposal should be reviewed by an "eminent person" before any draft law can be produced. It is accepted that there is the risk of misuse of experimental drugs by the unscrupulous, but the benefits to the terminally ill could be considerable too.

In the U.S.A., the FDA (Federal Drugs Administration) has produced guidance for the use of experimental drugs outside of clinical trials. Under these guidelines, there are three ways that patients can get access to unapproved drugs.

1. Individual patients, with the help of a physician or other advocate, can make a request directly to the FDA to gain access to an experimental drug.
2. A large pool of patients who do not qualify to participate in the clinical trials can get access if the drug company files a special Investigational New Drug application, known as a treatment IND, which requires less red tape than an individual request; this type also requires more data tracking.
3. A midsized group, between 10 and 100 patients, can qualify through a middle ground that means less work for patients than an individual application and fewer data requirements for companies.

(Food and Drug Administration Center for Biologics Evaluation and Research. Guidance for industry: expanded access to investigational drugs for treatment use—Q&As, May 2013. <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM351261>)

Fridge magnets

Gardens are not
made by sitting in
the shade.

Rudyard Kipling



Keep your eyes on the
start and your feet on
the ground.

Theodore Roosevelt



Have you ever wondered why
sheep don't shrink in the rain?



You know you're getting old when you
refer to anyone under 40 as a youngster.

How many of you
believe in telekinesis?
Raise MY paw!



Do you believe in
love at first sight,
or should I walk by
again?

H.U.G. News – read all about it

- Get-togethers are usually held at the Blunsdon Arms pub, as regular coffee mornings and lunches.
- Occasional group craft sessions are arranged for those who are interested, as new sales stock is required.
- Those of us with the time and the urge are still making items individually at home to sell.

1. Get-Togethers

Get-togethers are taking place on the second Monday of each month. Further additional dates and locations are often arranged on a month by month basis depending on members' availability and willingness. Contact us to find out if anything more has been arranged.

Our Christmas lunch at the Blunsdon Arms was enjoyed by everyone.

2. Income and Expenditure

Our February sale was the first of the year at the Great Western, and we did really well to raise more than £230. Being in the atrium, rather than in the area behind it, meant that more potential customers caught sight of us on the way to and from the lifts.

Note that this year we are selling on a Thursday instead of a Monday, usually in the first week of the month. This will have to change on a couple of occasions later in the year, to take account of holiday arrangements.

We do not have any immediate plans to spend, but intend to do as much as we can when the appeal starts for the new radiotherapy building. At that time we may well organise some additional fund-raising events.

3. Activities

We are still planning to visit Littlecote House near Hungerford in spring or early summer. The weather just wouldn't be suitable now for a walk around the gardens and a look at the Roman mosaic in the grounds and probably go in to Hungerford town centre for lunch.

The date for this to be arranged before the next magazine, so contact us if you are interested in joining us.

A venue for a summer outing is also under consideration.

Waiting Times at the GWH Foundation Trust

The Trust achieved the national target of treating 90% of patients within 18 weeks of referral and 95% of outpatients, during the last reported quarter (October to December 2014).

It has been reported in the Winter Edition of the GWH "News in Brief" that due to the significant operational pressures the Trust is managing, including an increase in emergency admissions and delays in discharging patients who are well enough to leave hospital, patients may be waiting longer during the next quarter (January to March 2015).

The Emergency Department saw an 8.2% increase in attendances in October, November and December compared to the previous year. This equates to an extra 2,270 attendances.

In the face of this unprecedented demand, staff treated or admitted 89.8% of patients within four hours of arrival.

With the current high demand less urgent patients may be waiting longer than the Trust would like.

Sepsis Six

A YEAR after launching the Sepsis Six, staff at the GWH have seen the number of people dying from the disease drop by nearly 40 per cent.

The Sepsis Six, a set of internationally recognised steps designed to help doctors and nurses identify the symptoms of the disease fast, has played a huge part in lowering mortality rates in sufferers from 63 per cent to just 25 per cent. Time spent at the Great Western Hospital by sepsis patients has also gone down, with the average stay now one day shorter than it was a year ago.

Chemotherapy patients can be at risk of sepsis. The signs to look out for are:

- A high temperature of over 38°C
- Chills and shivering
- A fast heartbeat
- Feeling dizzy or faint
- Confusion or disorientation
- Nausea and vomiting
- Diarrhoea
- Cold, clammy and pale or mottled skin.

Health Talks

The next free public health lecture is being held on Wednesday 1 April in Lecture Hall 1, Lower Ground Floor, The Academy, Great Western Hospital, Swindon, SN3 6BB from 6.30pm - 7.30pm. Light refreshments will be provided from 6pm. Staff and members of the public are invited to learn more about Antibiotic Resistance through a dedicated health talk, from Consultant Microbiologist, Dr Susan Dawson.

The following health talk will be on Breast Cancer and Reconstructive Surgery on 3 June 2015 in the same location at the same time.

Booking is not required for either of these events.

