

## Co-ordinating Cancer Care

Every year within the New Cross urology department there are approximately 350 new cases of cancer, of which 240 are prostate cancer. It is the aim of the urology team to ensure patients experience an efficient service and follow a prompt pathway through diagnosis and subsequent investigations and treatment.

All investigations and subsequent results have to be co-ordinated and presented at the weekly urology multidisciplinary team meeting (MDT) where the urologists, pathologist, oncologist, radiologists and nurse practitioners discuss each patient's individual case and decide on appropriate treatment.

The co-ordination of large numbers of patients and investigations such as scans is a mammoth task and each cancer type has a designated person called a MDT co-ordinator who is responsible for organising the weekly meetings and ensuring that patients scans/tests are performed within the recommended time frames and reported back for prompt discussion with the team

We are extremely fortunate within urology to have an excellent co-ordinator called Jenny Chatfield. Jenny works closely with all the urology consultants and nurse practitioners to track patients with the aim of being able to give patients their results and treatment plan as soon as possible.

Jenny has been working with the team for a year and previously worked as co-ordinator for the dermatology team. Although patients may never meet Jenny, she is a vital part of the team who works extremely hard and has a deep commitment to her role and the team.



## New Team Member

Helen Heap, an experienced urology out patient nurse has joined the nurse practitioner team working alongside Jenny and Clare for one and a half days a week. Many of you will recognise Helen from your attendance at clinic or from the support group meetings. Helen has worked within the team previously and is once again enjoying this development opportunity. Helen also works as a district nurse on the evening service. You may speak to Helen if you call the nurse practitioners or see her if you attend for treatment.



“Wishing you all  
Happy New Year for 2008  
from Clare, Jenny and everyone  
in Urology”

# Wolverhampton Prostate Cancer Support Group

Newsletter December 2007

Welcome to the 5th annual newsletter for the Wolverhampton Prostate Cancer Support Group. As always a big thank you to all of you who attend the meetings and continue to support this group. A special huge thank you also to Alan Morris who chairs the meetings, organises the venue and generally keeps everyone in order!

## Success of New Venue

It has now been almost a year since we moved venue to Fordhouses Community Centre, Marsh Lane, Wolverhampton. The new venue has been a great success and we continue to have a good attendance of 35 to 45 members each meeting. The meetings will continue for 2008 at the regular time of 1.30pm to 3.30pm every 6 to 7 weeks.

## New Programme for 2008

Here is the new programme for the next year's meetings. If there are any subjects of particular interest to you that do not appear on the programme then please let Clare Peterson or Alan Morris know.

### Monday 21st January 2008

Diet and Prostate Cancer  
(Clare Peterson, Urology ANP) - RAFFLE

### Monday 10th March 2008

Radiological staging of Prostate Cancer  
(Dr Collins, Consultant Radiologist)

### Monday 21st April 2008

Laparoscopic surgery  
(Mr Cooke, Consultant Urologist) - RAFFLE

### Monday 9th June 2008

Prostate Cancer Genetics  
(Andrew Cuthbert, Genetic Counsellor)

### Monday 28th July 2008

Living with Prostate Cancer & the Effects of Treatment  
(Clare Peterson, Urology ANP) - RAFFLE

### Monday 15th September 2008

Recent Advances in Prostate Cancer  
(Mr Waymont, Consultant Urologist)

### Monday 3rd November 2008

Radiotherapy and Brachytherapy  
(Richard Gledhill, Prostate Cancer CNS) - RAFFLE

### Monday 15th December 2008

Hormone Therapy  
(Speaker TBC)

## New Cross Macmillan Support and Information Centre

The new Macmillan Support and Information Centre has now been open for three months. It is situated on the main hospital corridor, close to Greggs. Opening times are 10 am to 4 pm, Monday to Friday.

The service offers both information and support to cancer patients and their relatives;



### Information

The Centre stocks information on all types of cancer, its treatment as well as on a range of emotional issues such as how to talk to children, living with cancer to name a few.

The Centre offers basic advice on finance and benefits, arranging appointments with Benefit Advisors if more specialist advice is needed. The Centre also helps patients fill out Disability Living Allowance and Attendance Allowance forms, taking the burden off other frontline staff. Those in financial need who qualify for help with transport costs or other items such as clothing, heating, car maintenance etc. can apply for a Macmillan Grant via the Centre.

The Centre also supplies Personal Information Files to newly diagnosed cancer patients within the Trust. Personal Information Files contain a range of information for both the patient and their relatives that staff felt they needed. Files are given to patients by their Clinical Nurse Specialists around the time they are told they have cancer.

The Centre has its own website called Cancer Care Wolverhampton that can be accessed via the internet at [www.cancercarewolverhampton.nhs.uk](http://www.cancercarewolverhampton.nhs.uk). It signposts to everything patients and their families need to know about cancer, and our local services. It also has a section on healthy living for those that want to reduce their risk of having cancer in the future.

The Centre also has its own email address if you want to ask for information or support without coming into the Centre. Emails can be sent to; [cancercarewolverhampton@rwh-tr.nhs.uk](mailto:cancercarewolverhampton@rwh-tr.nhs.uk).

### Support

The Centre has just launched its new Aromatherapy Service. The service is open to all cancer patients across the hospital. Patients need to be referred by clinicians or Clinical Nurse Specialists for the following clinical reasons;

- Anxiety
- Pain
- Depression
- Nausea
- Lethargy
- Insomnia

The service operates from the Durnall Unit in the Maternity Block Thursday 10 – 4 pm and Friday mornings 10 – 2 pm. Please ring the Macmillan Support Centre for more information.

Support is also offered through the Look Good Feel Better workshops and Manicure workshops in the newly refurbished Look Good Feel Better Room, first floor of the Deanesly Centre. Beauty Consultants from Beatties show patients how to apply makeup, which they get to keep and take home at the end of the workshops, or how to manicure their nails with products donated by the Cosmetics Industry. Leaflets advertising the service are available from the Centre and referral for any cancer patient at any point in their journey is via the Macmillan Support Centre.

Linda the Support Centre Manager, is helped by ten volunteers, most of whom have had cancer themselves and offer a Befriending Service to patients, who have been diagnosed with the same condition. They have been trained in befriending and communicating sensitively with newly diagnosed cancer patients. They can come to the clinic to talk to patients or their relatives. Please contact them via the Centre.

### Befriending services are as follows;

- Bowel cancer – Monday and Friday mornings
- Breast cancer – Wednesday and Thursday afternoons
- Lymphoma – Tuesday afternoon
- Haematology – Monday afternoon

Any questions please contact Linda Hewkin on extension 01902 595234 or via the Centre email.

## Charity Sky Diving Thrill for Jenny Gould

Debbie Marston, a former sister on the urology ward D7 who had to leave due to illness was first diagnosed with breast cancer aged just 27. After standard treatment she was cleared for the next five years but in November 2005 she received the shocking news that she had a secondary and very aggressive cancer in her liver.



Because of the severity of Debbie's cancer, and after 15 cycles of chemotherapy, she then needed radio frequency ablation, which is used to treat stubborn tumours. This was not available for Debbie on the NHS. After borrowing money from family and friends, Debbie paid almost £6,000 to receive the treatment she desperately needed.

Urology Nurse Practitioner Jenny Gould, a friend and colleague then decided to try and raise the money so that Debbie could pay back the money she borrowed. Jenny jumped out of an aeroplane, 11,000ft up to raise cash for Debbie Marston's Radio Frequency Ablation (RFA) treatment.

After just a few hours training at Tilstock Airfield in Whitchurch, Jenny bravely faced the tandem sky dive with Debbie's brother-in-law Steven. The £3,500 raised between them, plus the cash collected from a fun day and disco means that Debbie has now reached her target of £5,750.

Jenny who worked with Debbie for nine years and is a close friend said: "I have been completely overwhelmed by the generosity of family, friends, staff and patients at New Cross in particular the teams on D7 and the Beynon Short Stay Ward.

"Debbie has been so brave throughout this whole ordeal and despite being a little apprehensive, jumping out of an aeroplane is nothing compared to what Debbie has gone through."

Debbie who received her treatment at the end of April is doing well, although she does get very tired and will have to have regular scans for at least another 12 months.

A huge thank you to all support group members who sponsored Jenny and helped to raise money for Debbie's treatment.

## Major new Prostate Cancer clinical trial announced

(From the Prostate Cancer Charity Website)

At a major conference on prostate cancer in July of this year, Dr Chris Parker from The Institute of Cancer Research and The Royal Marsden Hospital, deplored the lack of clinical trials for men with the disease. "Every year 32,000 British men are diagnosed with prostate cancer in the UK. But because of a legacy of under investment in prostate cancer clinical trials in the past, we now know less about the best way of treating patients compared with many other cancers."

At the conference, organised by the Royal Society of Medicine in association with The Prostate Cancer Charity and the Prostate Cancer Charter for Action, Dr Parker announced one of the largest trials ever run for men with prostate cancer. RADICALS is a new study for men who have had their prostate removed because of cancer. It will be open to recruitment later this summer, UK wide.

Surgery to remove the prostate is one of the most common treatments for men with the earlier stages of the disease. This is called "radical prostatectomy" and there are about 5,000 such operations in the UK annually.

It is standard practice after surgery for other common cancers to give extra treatment such as radiotherapy or drug therapy. "In the case of prostate cancer," says Dr Parker, Chief Investigator of the trial "We don't know whether extra treatment should be given routinely after the operation. This study will tell us. Men who are due to have surgery for prostate cancer should expect their doctor to talk with them about joining the trial after the operation."

RADICALS will recruit over 4,000 men from all over the UK and Canada. The trial will be run by the Medical Research Council Clinical Trials Unit, London, and is funded by Cancer Research UK.

There are many thousands of men who have had a radical prostatectomy in the past few years and who are having their PSA measured regularly. (The PSA – or Prostate Specific Antigen, is the marker for the disease in diagnosed men).

"If the PSA starts to rise and they need radiotherapy, these men should expect their doctor to talk with them about the RADICALS trial", said Dr Chris Parker, joining the RADICALS trial should be a standard of care".

Dr Chris Hiley, The Prostate Charity's Head of Policy and Research said: "We need more information about the best timing and delivery of both radiotherapy and hormone therapy for men who might need it. The results of this trial will help reduce unnecessary side effects in men who do not need more intense treatment whilst offering the most aggressive treatments to men who do".

## PCA3 - New Test for Prostate Cancer

The PCA3 test is a new test available in the UK for the first time to specialists looking after men who may have prostate cancer. The test is a urine based non-invasive molecular test.

The test could improve the diagnosis of prostate cancer by reducing the number of unnecessary biopsies of the prostate. Some men experience repeated biopsies when they are having a prostate problem investigated. This is because the levels of PSA in a man's blood remain elevated but no clear results emerge from a biopsy. There is a lingering suspicion that cancer could be present and the biopsy is repeated, often more than once.

The PCA3 test is used after a negative biopsy to determine which men should undergo monitoring and possibly a second prostate biopsy. The test can show how likely it is that prostate cancer is present – and if it is unlikely, unnecessary biopsies can be avoided.

The Prostate Cancer Charity considers the test to be a useful development in prostate cancer diagnosis because of its potential to cut down on unnecessary pain and side effects from invasive biopsies.

It is a hospital based test for men who are already being investigated for a prostate problem that might turn out to be prostate cancer. It is not a test that can be done on request by a GP for a man who fears he may have prostate cancer. Its potential, or otherwise, as a screening test, is unknown.

It should be pointed out that the PCA3 test has not as yet been approved by the Department of Health or the FDA (Food & Drug Administration in the United States).

The test, which is a sample of urine taken immediately after a prostate examination costs £300 and has to be sent to a laboratory in London which is the only laboratory in the country currently offering this test.

