

## WEST OF SCOTLAND CANCER SERVICES

## SPECIAL EDITION

### CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

In this special NHS newspaper the top cancer experts throughout the West of Scotland speak directly to you...

They tell you the story behind the headlines. The story of a modernising revolution in cancer care that is delivering faster diagnosis

and treatment and significantly better survival rates.

And of the new approach to services to deliver more specialist care locally, delivered by the best trained clinical teams backed by the latest technologies.

And while the significant challenges of cancer in the West of Scotland remain, there is great pride in what is being achieved and confidence that massive strides will continue over the next few years to deliver unrivalled services to the population these NHS specialists serve.

# Delivering first class cancer care services



By Doctor Bob Masterton  
Lead Cancer Clinician, West of Scotland Cancer Network

“ I HAVE never been so confident and encouraged about the whole range of cancer services throughout the West of Scotland as I am today...and that is because our cancer services are improving at an unprecedented rate.

When anyone is forced to face up to the fears and challenges of dealing with a diagnosed cancer they need confidence in health professionals treating them ... and so do those around them.



**SURVIVAL** rates for cancer patients have improved dramatically thanks to the modernisation of services throughout the West of Scotland.

# Delivering first class cancer care services

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

## CONTINUED FROM PAGE 1

And they need to have confidence that the people handling their diagnosis and cancer care are specialists linked to clinical support networks and backed up with access to the very best high tech equipment.

This year sees the opening of the fabulous new £105m Beatson West of Scotland Cancer Centre in Glasgow serving people throughout the health board areas of Ayrshire and Arran; Forth Valley; Greater Glasgow and Clyde; and Lanarkshire.

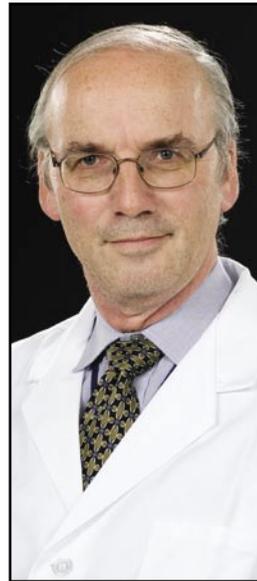
Positively bristling with the very latest scanners and systems and with treatment and rest rooms designed uniquely around patient needs, it is only part of a massively changing picture of cancer services.

But perhaps more importantly for the vast majority of patients and their families is the team approach to treatment adopted by all West of Scotland Health Boards. It is this network of collaboration between teams of clinicians and healthcare specialists that is delivering more specialised services locally.

This will see patients getting specialist care in local hospitals, or at home where possible, and with higher levels of access to the very best of specialist care, linked to clinical networks sharing the highest standards of advice and care packages.

All this will reduce the stress and inconvenience for patients, their family and friends of having to travel long distances for some treatments.

And all this is happening right now and is continuing to grow and develop. Your NHS is recruiting more and more specialist cancer consultants and delivering more integrated and



While the challenges that cancer presents in Scotland are huge, the changes and developments to improve services are both exciting and encouraging.”  
- DR BOB MASTERTON

patient focussed services.

In this special Health News publication some of my cancer care colleagues from around the West of Scotland will detail the hugely encouraging ongoing developments in cancer services, survival rates, and the hope that comes from pioneering cancer trials in and around our communities.

The new way we are working together means that while a patient may be seen by one consultant, the case notes are reviewed and decisions taken on the best possible care for that individual by a whole team of cancer care experts, ensuring the best possible input to diagnosis and treatment programmes.

While the challenges that cancer presents in Scotland are huge, the changes and developments to improve services are both exciting and encouraging.

Take the new Beatson West of Scotland Cancer Centre where 800 staff are based ...

It boasts an unprecedented amount of state of the art equipment with a greater number - 11 in total - of ultra modern machines to deliver radiotherapy. Innovative image guided radiotherapy will be possible at three of these. Over 13000 new items of equipment were delivered over the commissioning phase of this impressive building.

A jewel in the crown of this facility is its new PET CT scanner. This machine and all its support cost a further £12.6million and is only the second of its kind in Scotland. Its use will improve the diagnosis of some very difficult cases to help clinicians target treatment to make sure the patient gets the best care possible.

But let us not forget why all of this is necessary. By 2015 around 31,500 new cases of cancer will be diagnosed in Scotland each year. This will mean an increase in cancer diagnosis of almost 20% over the 20 years from 1996. Although some cancer scourges such as lung and cervical disease are decreasing others such as tumours of the bowel and skin are increasing. The reasons for these changes are complex and multifactorial. The articles contained in the next pages will describe how new and ground-breaking approaches are being introduced to answer these challenges around the welcome arrival of our new regional facilities.

This publication aims to show the people of the West of Scotland that they will continue to receive the most modern and effective cancer care as together we look to the future to fight the trials of cancer in the 21st century. ”

**WHY WE ARE TURNING THE TIDE** ➤

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

# Why we're turning the tide

**DOCTOR Harry Burns, Chief Medical Officer for Scotland presents his personal and expert view on the most recent progress on the diagnosis and treatment of cancer in Scotland.**

**As the nation's lead doctor, he is well placed to provide answers to the major question on most Scots' lips...**

**Is the NHS making a difference to the outlook for cancer in Scotland?**



**CHIEF Medical Officer Harry Burns believes that we are making great strides in many aspects of the diagnosis and treatment of cancer in Scotland.**

In 2001, when the Scottish Executive published the Scottish Cancer Plan, its theme was "cancer control". The plan laid out a strategy in which the vision was one of controlling the impact of cancer on the Scottish population.

It recognised that the ageing population meant that we would have more cancers to deal with in the coming years. As we age, our cells accumulate damage as a result of the stresses of everyday life and it is inevitable that the risks of cancer increase as part of this ageing process.

However, that did not mean that we should sit back and accept that

cancer would constitute an ever increasing burden on our society. Cancer control was an idea which suggested we could limit the impact of cancer by doing four things well.

Firstly we should prevent cancer where prevention was possible. Secondly, we should detect it early when it could not be prevented. Thirdly, we should treat it effectively after detection and diagnosis.

And finally, when we could not cure it, we needed to make sure that its effects on the patient and their families was minimised by giving them access to effective and responsive palliative care.

**By Doctor Harry Burns  
Chief Medical Officer for Scotland**

Early indications are encouraging. We have evidence that mortality from cancer is falling and patients who develop it are living longer.

Since 1995, mortality from cancer among Scots under the age of 75 has fallen by 15.8%. Five year survival for the period 1997-2001 increased by 16% in men and 14% in women over the 20 years from 1977-1981.

How has this been achieved? We can see that changes have taken place in each of the four areas outlined in the Cancer Plan.

**CONTINUED ON NEXT PAGE** ➤

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

CONTINUED FROM PAGE 3

### We are preventing more cancers

THE single most important avoidable cause of cancer in Scotland is smoking. Lung cancer rates amongst men have fallen dramatically over the past 20 years and this is undoubtedly due to a significant fall in smoking rates in men.

Most Scots now do not smoke and figures comparing our smoking rates with European neighbours suggest that, across the population, Scotland has a low smoking rate when compared to our neighbours in Europe. Women smoke more than men and people living in areas associated with economic deprivation smoke more than those living in affluent areas.

However, increasing opportunities for help and encouragement to stop smoking will help them give up this highly damaging habit and continue the strong downward trend in our smoking prevalence.

## QUICKER TREATMENT FOR MORE PATIENTS

95%

90%

85%

80%

75%

70%

DEC 05

DEC 06

DEC 07  
(projected)

72.3%

84.4%

95%

West of Scotland: ISD Validated Year-End Data - All cancers performance against 62-day urgent referral target

CONTINUED ON NEXT PAGE ➤

CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

# Why we're turning the tide

CONTINUED FROM PAGE 4

## We are detecting more cancer at an early stage

CANCER screening programmes for breast and cervical cancer are saving lives. Early detection means better opportunity for cure and we are now seeing significant falls in cancer mortality in women screened for breast cancer, indicating that the cancers detected are being cured by early treatment.

Over the next three years a screening programme for colorectal cancer will be extended across Scotland. At present, patients with bowel cancers in Scotland are more likely to delay seeking help when they first notice symptoms than their European neighbours. This means that cancers of the bowel diagnosed in Scotland tend to be at a more advanced stage than in other Western European countries. The bowel cancer screening programme will change this and allow curative treatment for many more cancers.

Having diagnosed cancer at an early stage, it is usually important it is treated as soon as practicable and NHS Scotland now treats 85% of all urgent referrals within the national target period of two months. The chart above shows improved performance in treating cancer over the past 18 months within the West of Scotland.



New technologies in surgery, radiotherapy and chemotherapy have improved the effectiveness of treatment often with a reduction in side effects.”

- DR HARRY BURNS

## We are treating cancer more effectively

NEW technologies in surgery, radiotherapy and chemotherapy have improved the effectiveness of treatment often with a reduction in side effects. Scotland has a highly effective research community and Scottish patients are tremendously supportive of clinical trials. At

present, studies are under way in Scotland on new treatments for several cancers and our clinicians and patients are contributing to the world's knowledge of new ways to improve survival from cancer.

## We are better at minimising the impact of cancer

WHEN a diagnosis of cancer is made, it is not just the patient who is affected. Their job, their financial future, their future physical and psychological wellbeing potentially suffers. Their families and friends are inevitably affected by the changes that occur in the cancer patient's life. The NHS has not always been good at taking all the psychological and social impact of cancer into account in its efforts to help patients. In the past, concern has been to alleviate physical symptoms such as pain and the side effects of treatment. The introduction of the Gold Standards framework into primary care across Scotland has had a significant impact on care in the community.

The outlook for patients with cancer is improving in Scotland. More cancer is being cured and Scotland is at the forefront of research in a number of areas, which means that the prospects for further improvement in our attempts to control cancer are very real. The role of Regional Cancer Networks in bringing these benefits to patients has been significant.

PRINT

CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

# Let's all put bowel cancer behind us

A PIPER perched on a toilet in full highland dress is the unlikely symbol of a new cancer screening programme that could save hundreds of lives.

But Bob Diament, the lead colorectal surgeon for the West of Scotland Cancer Network fears that embarrassment could reduce the effectiveness of the new bowel screening programme which the piper is promoting with the slogan: 'Keeping Scottish pipes in tune!'

Mr Diament said: "People quite naturally find it embarrassing to talk about their toilet habits, and in the past they have been reluctant to seek help when these habits change, or they see danger signals like unexplained bleeding.

"That's why bowel cancer, also known as colorectal cancer, is the second biggest killer, although it is only the third most common type of cancer."

Now the hope is that the new mass screening programme, the first ever for both men and women, will reduce that deadly toll.

Mr Diament, a consultant colorectal surgeon, who will play a key role when



DOCTOR Bob Diament

Ayrshire and Arran become the first West of Scotland Health Board to roll out the bowel screening programme, added: "We've already had a successful pilot of the bowel screening programme so we know that people will use the kits we send them, but the more people that take part the more lives that will be saved. The earlier bowel cancer is diagnosed, the better the chances of a cure."

The new programme will target all men and women in Scotland aged between 50 and 74, offering tests every two years.

The test on bowel motions is done by

## Keeping Scottish pipes in tune



THE national campaign poster features the unlikely sight of a piper on a toilet seat.

PHOTOGRAPH COPYRIGHT OF PAUL HAMPTON

CONTINUED ON NEXT PAGE ➤

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# Now men can benefit from mass screening

CONTINUED FROM PAGE 6

individuals in the privacy of their own homes and it is so sensitive that it picks up signs of other less serious conditions as well as bowel cancer.

Mr Diamant added: "It is important for people to understand that a lot of relatively minor conditions show the same symptoms as the early signs of bowel cancer.

"So even if people send in their samples and are called in for tests it doesn't necessarily mean they will have cancer. Very often it can be something as simple as piles.

"For those whose tests really are positive, the benefits of early diagnosis can't be overemphasised.

"Overall cure rates between 1997 and 2001 have already improved to just over 50% due to advances in diagnosis and treatment.

"However when it is picked up at an early stage cure rates exceed 90%, proving the point that early diagnosis makes all the difference with bowel cancer."

The bowel screening programme is the third



**WOMEN have long benefitted from the national breast and cervical screening programmes and now men have been included in the programme.**

mass screening programme to be offered in Scotland – joining the already well-established national breast and cervical screening programmes.

Mass screening programmes are the single most effective way to reduce cancer deaths, as the figures for breast and cervical cancer demonstrate. Breast cancer mortality rates dropped 18% between 1994 and 2004. The incidence of cervical cancer also dropped by 45% from 1986 to 2003.\*

Dr Emilia Crighton, Consultant in Public Health Medicine, and head clinician for screening programmes for NHS Greater Glasgow and Clyde believes that even more lives can be saved, as the screening process becomes more effective, and now includes men for the first time.

She explained: "The screening programmes look for evidence of cancers which have already formed, but some are so sophisticated they can pick up

pre-cancerous changes in cells and tissues, often in time to stop the disease ever developing.

"There are three key facts that everyone should remember about cancer screening programmes.

"The first and most crucial is that screening saves lives...and one of those lives could be yours.

"The second is that screening only works if you go along and keep your appointment when you are invited to visit your GP to be screened.

"The third thing to remember is that if you are called in for further checks you absolutely owe it to yourself and your family to go for these tests.

"All our statistics show that the earlier we detect cancer, the greater the chance of a successful outcome."

\*Stats from BBC report at <http://news.bbc.co.uk/1/hi/scotland/5221552.stm>

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# D.I.Y. guide to tackling cancer

**T**AKE the fight against cancer into your own hands. That's the advice of Dr David Linden, who specialises in advising GPs on the latest developments in cancer care and prevention.

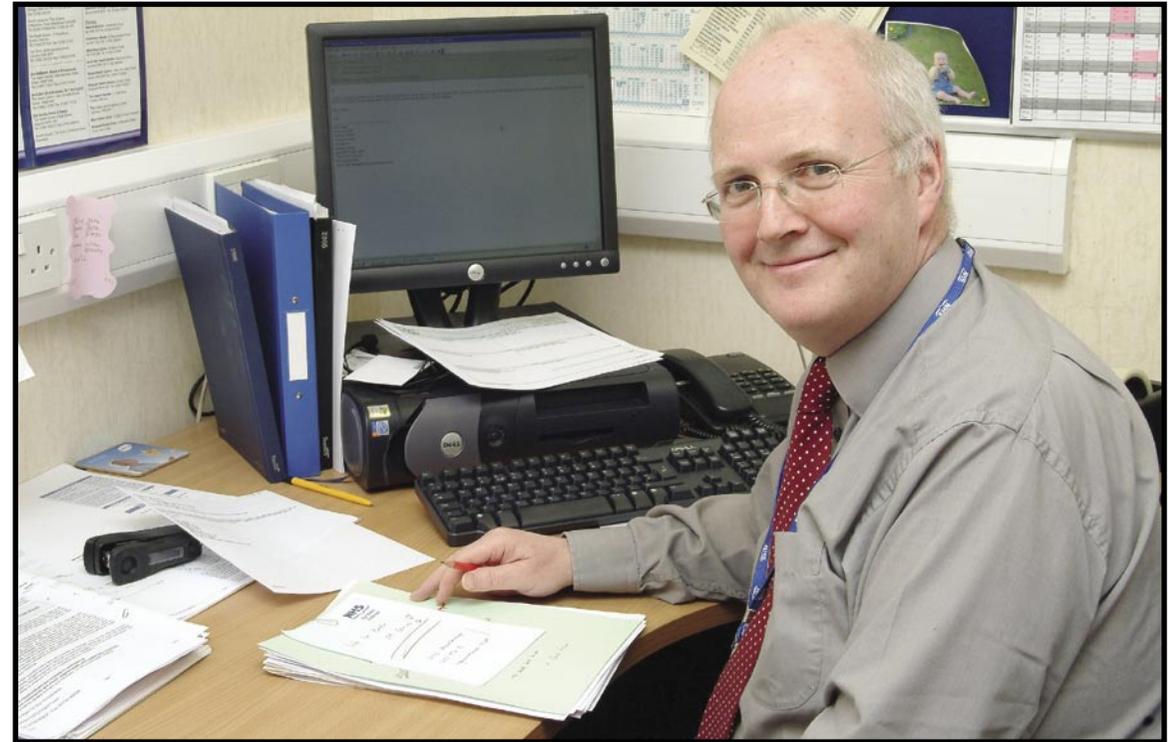
Dr Linden said: "Each and every one of us can do a tremendous amount to help ourselves either prevent cancer developing or to make sure it can be treated successfully.

"The first step is to make relatively small changes in our lifestyle which will dramatically reduce the risk of ever getting cancer.

"The second is to know the danger signs and act on them immediately.

"The earlier we can start treating cancer the greater the chance of a successful outcome."

Dr Linden is the lead cancer clinician in Ayrshire and Arran. He is also Chair of the West of Scotland Primary Care Group, and the Macmillan Cancer GP Advisor for Scotland.



**DOCTOR David Linden believes that small changes to lifestyle can make a big difference.**

He added: "Breast and cervical cancer screening programmes have had a tremendous impact in reducing cancer deaths.

"Bowel screening will undoubtedly be equally effective when it comes in, over the next year or so.

"But we can't just sit back and take it for granted that if we are on a screening programme we are safe from cancer.

"My advice is to do all you can to stop cancer affecting you, and check regularly for all the danger signs.

"Know your body, and be aware that any changes could be a real cause for concern.

"It might be a lump that suddenly appears, a sore that won't heal, a cough that goes on and on or a mole that changes shape or colour.

"Whatever it is make sure you get it checked out by going to your GP. Most of the time it will be absolutely nothing, and you can stop worrying.

"For those who do have cancer, or signs of cancer, early diagnosis can make the difference between the need for major surgery allied to intensive chemotherapy, or relatively simple treatment.

"It can literally make the difference between life and death."

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

9

## 8 WAYS TO REDUCE THE RISK OF DEVELOPING CANCER

There are EIGHT specific things we can all do to reduce the risk of developing cancer, according to Dr Linden.

### 1. Do not smoke.

Between one third and a half of all cancers are tobacco related. Most people are aware of the link between smoking and lung cancer. But smoking also significantly increases the risk of cancer of the gullet, throat, mouth, stomach, bladder and the neck of the womb.

### 2. If you do smoke, stop. If you cannot stop don't smoke in the presence of others.

Smokers who stop for five years significantly improve their chances of avoiding the disease. Smokers have three times the death rate from cancer as lifelong non-smokers.

### 3. Fight the flab and avoid becoming, or remaining, overweight.

Everyone should have some brisk physical activity every day. The absolute minimum should be half an hour of brisk physical exercise three days a week.

### 4. Increase daily intake of fresh fruit and vegetables.

Most people are now aware that they should take at least five portions a day, but knowing is not necessarily the same as doing. More fibre and less animal fat in our diet leads to a reduction in weight. Combining good diet with exercise doubles the effect.

### 5. Limit alcohol to 2 units a day for men and 1 unit a day for women.

Recommended levels of alcohol consumption have been scaled back in recognition of the fact that even smaller levels than previously considered safe increase the risk of breast cancer in women. Levels of gullet and colon cancer have also risen in line with the general increase in alcohol consumption.

### 6. Avoid excessive exposure to the sun, particularly for children and adolescents.



**REGULAR self examination is an easy way to spot irregularities in your body.**

This applies particularly to those with fair skin, fair or red hair, and freckles, in fact the typical Scottish complexion. Rates of melanoma have double in the last 30 years reflecting the increase in foreign travel and the use of sun beds.

### 7. Avoid exposure to known cancer causing agents.

The most obvious example is asbestos which is now heavily controlled, and regulated through health and safety legislation. But shipyard workers and others exposed 20 years ago are now being diagnosed. Be generally aware of and avoid exposure to chemicals or other cancer-causing agents.

### 8. Take up screening programmes.

Breast and cervical screening programmes are well established and have had a dramatic effect on survival rates from these forms of cancer. Screening programmes for bowel cancer will come on stream shortly.

Dr Linden added: "This is all about looking after the whole self. It's about looking at these risk factors and doing something about every single one of them."

## SPOT THE 8 DANGER SIGNS

There are EIGHT danger signs which Dr Linden recommends we should all be aware of and which warrant a visit to the local GP.

### 1. Lumps which appear or get bigger, in the breasts, testicle or anywhere else.

### 2. Sores that don't heal up, in the mouth, throat or skin.

### 3. Moles that change shape, size or colour.

### 4. Any growth that appears on the skin and continues to grow.

### 5. Coughing up blood, or blood in the urine.

### 6. Persistent conditions that refuse to clear up, like a cough that never goes away.

### 7. Changes in the pattern of going the toilet.

### 8. Unexpected weight loss.

Dr Linden said: "It seems to be part of the West of Scotland psyche, especially amongst men, to do nothing, even when they have quite significant symptoms.

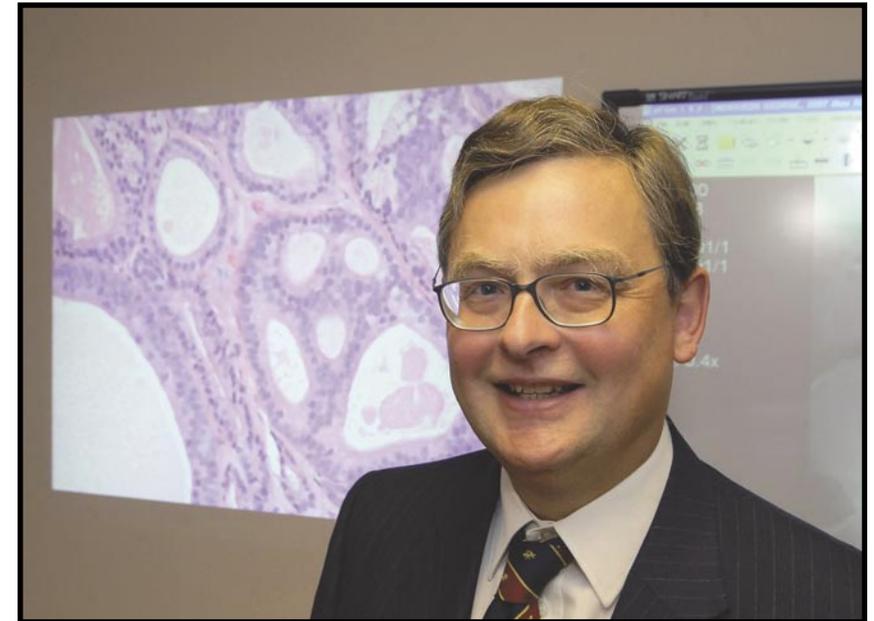
"Doing nothing is the worst possible option. In most cases a visit to the doctor will confirm there is nothing to worry about.

"If there is a problem, catching it early greatly increases the chances of a successful outcome."

**FASTER AND MORE ACCURATE DIAGNOSIS** ➤

ADVANCES IN TECHNOLOGY HAVE LED TO FASTER AND MORE ACCURATE DIAGNOSIS

# Looking down the microscope at pathology...



**DOCTOR Bob Nairn believes that taking the pathology staff out of the lab has really benefitted patients.**

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

WHEN thinking of a pathologist, most people conjure up an image of a white-coated doctor stooped over a body carrying out a post-mortem... In fact, this is only a very small component of the work done by these highly trained medics and biomedical scientists.

The vast majority of their time is spent in their department studying tissue to make a diagnosis.

Pathologists play a part in the diagnosis of 80% of all cancers, the only exceptions being where the tissue is too deep or otherwise difficult to biopsy (e.g. cancer of the pancreas). They take cells and samples of tissue and by microscopic examination diagnose whether they are cancerous.

They also grade tumours, giving

an indication of whether the cancer is high or low grade. This gives doctors some idea of how the cancer might behave. High grade cancers – which look least like normal cells – may be faster growing or more likely to spread. This is highly significant; for many types of cancer, the treatment may be different depending on whether the tumour is high or low grade.

Pathologists too are involved in the national screening programmes that regularly screen patients for specific cancers including breast, cervical and colorectal cancer.

Playing such a critical role, we asked Dr Bob Nairn, Consultant Pathologist at Crosshouse Hospital, how his field is contributing to the fight against cancer. As he explains, the news on this front is very encouraging.

“Pathology is a subjective science. There are no black or white answers. When my colleagues or I look down a microscope and make a diagnosis or grade a tumour, this is based on individual interpretation through observation. Within the past five years, there have been a number of very exciting developments in pathology which are enhancing these skills to help us achieve consistently more accurate diagnoses.”

The first development has been to take the pathologists out of

their laboratories and into regular multi-disciplinary team meetings to discuss individual cases.

At these meetings, Dr Nairn will join the surgeon, nurse specialist, junior doctors, radiologist and oncologist to consider each patient before agreeing on a treatment plan. “This is hugely beneficial for patients”, explains Dr Nairn. “In these meetings, the details of the clinical examination, radiological findings and pathological diagnosis are drawn together to create a very clear picture of the type and stage of cancer present. The entire team

CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

CONTINUED FROM PAGE 10

can then be involved in the decision about diagnosis and treatment.

“We’ve also become better organised in other ways. Pathology sub-groups have been set up within the Managed Clinical Networks in the West of Scotland so that pathologists with an interest in specific cancer types can meet to exchange ideas and improve consistency both of diagnosis and of tumour grading. These meetings are helping to create a more consistent and accurate approach to diagnosis and treatment across the West of Scotland.”

Whilst Dr Nairn is enthusiastic about these developments, his real pride lies in the development of the ‘exciting new techniques’ that have become available to aid the diagnosis of cancer in recent years.

One such technique is Immunohistochemistry, or IHC, a process that has been developed to confirm specific cancer types.

Dr Nairn explained how this works: “Cells have a number of internal and external proteins. We can develop antibodies to these proteins and label the antibodies with different markers.

“Research has now enabled us to identify particular antibodies that are specific to certain tumour types. These are known as tumour markers.

“By testing the tissue or cell with these specific tumour markers, pathologists are able to demonstrate

# Looking down the microscope at pathology

the presence of a particular antigen and therefore confirm the presence of a particular cancer.

“The technology is also helpful in confirming whether the disease is primary cancer or if it is metastatic disease when the cancer cells have spread to other parts of the body. For example, a biopsy from the liver can be tested to determine whether it is primary cancer or another type such as thyroid cancer that has spread to the liver.

“Using the same technology, it is also possible to test for the presence of oncogenes – these are modified genes that influence the malignancy

## CANCER MYTHS

IF you are diagnosed with cancer, the disease will kill you. MYTH.

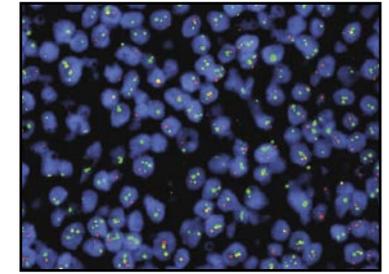
The truth is, with modern medicine, many more people survive the disease than ever before and many people with the disease can live longer than in the past.

of a tumour cell. For certain cancers, such as chronic lymphatic leukaemia, this distinguishes aggressive disease from non-aggressive disease which, in turn, will determine the form of treatment given. These can be used as prognostic markers.”

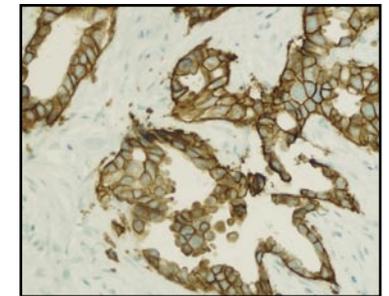
The other exciting new laboratory technique that aids diagnosis bears a familiar name. FISH (or fluorescent in situ hybridization) is a complex test. Dr Nairn explains: “FISH can be used to demonstrate mutations in chromosomes by coloured dyes. In some cancers, such as particular brain tumours, these abnormalities provide clinically valuable information that can help us predict to behaviour and aggression of the disease. Once this is known, doctors can tailor treatments to target individual cancers.”

Looking to the future, Dr Nairn is equally optimistic. “These advances – exciting as they may be - are only the beginning. In the next few years we will learn more and more about the genetics of tumours and be able to identify more tumour makers – and equally importantly – more prognostic markers.

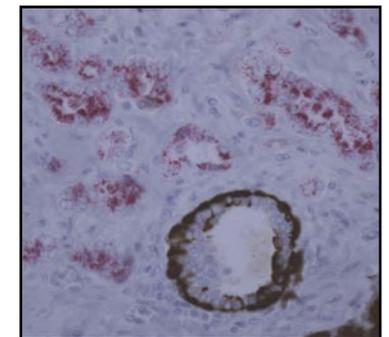
Research using tissue from tumours, such as those donated to the Glasgow Biobank, is vital in this area and this will lead not only to quicker, more accurate diagnosis but also better tailored, more effective treatments.”



**FISH for chromosomes 11 (red) and 14 (green) showing translocation (yellow) in a case of mantle cell lymphoma (courtesy of Dr. Bob Jackson, Glasgow Royal Infirmary).**



**STRONG positive immunostaining for her2 indicating potential benefit from treatment with Herceptin in breast cancer. (Courtesy of Jane McMillan, Crosshouse Hospital).**



**PROSTATE cancer double stained to show normal (brown) and cancerous glands (pink).**

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

12

# Q & A ON NHS SCANNING PROGRESS

**ACROSS the West of Scotland, access to scanning technologies is better than ever. The result - a quicker, more precise diagnosis of cancer. Dr Paul Duffy, Consultant Radiologist and Clinical Director at Glasgow's Southern General, answers our questions on imaging.**

**Q: What tests are performed when diagnosing cancer?**

A: Chest X-rays, CT scans, Ultrasound scans, MRI scans and Nuclear Medicine scans as well as newer technologies such as combined PET-CT scans.

**Q: What's the difference between a CT and an MRI scan?**

A: CT scanners take X-rays from different angles giving a series of cross-sections of the part of the body being scanned. This gives a very accurate picture of what tissues look like and the scan takes only a few seconds.

MRI scanners produce detailed images of the body using very powerful magnet technology. MRI is especially useful for looking at what tissues are made of and how much water they contain. An MRI scan takes longer than a CT scan and the pictures are better if the patient keeps very still during the test. Some patients cannot have MRI scans because the magnet might cause problems (e.g. patients with pacemakers).



A new IT system allows the digital capture, viewing, storage and transfer of X-rays and other scans."

- DR PAUL DUFFY

**Q: Much is being made of the new PET-CT scanner at the Beatson? What does this machine do?**

A: PET-CT scanners combine the advantages of CT scanners and highly specialised PET Nuclear Medicine scanners.

The patient is injected with radioactive glucose and the PET-CT scan then provides detailed information on what body tissues look like and how much glucose they are using.

Cancers generally grow faster than normal tissues and need more energy as a result. This difference allows doctors to map out cancer tissue more accurately.

For some cancers, this approach also gives an early insight into how well treatment is progressing even before the tumour has changed significantly in size.

**Q: How quickly can these tests be performed?**

A: Reducing waiting times for patients with cancer (or suspected cancer) is a top priority.

Imaging, often highlighted as a "bottleneck", has responded by completely re-designing the way we deliver care.

Across the region, huge investment has been made in diagnostic equipment and staff to create more capacity and drive down waiting times.

Imaging helps ensure patients with an urgent referral have their diagnosis made and treatment started within 62 days. This means that these patients must not only have their diagnosis confirmed (usually by taking a small biopsy), they must also have completed all the tests that allow doctors to determine the cancer stage (i.e. how advanced the cancer is at the time of diagnosis) within 31 days of referral.

**CONTINUED ON NEXT PAGE** ➤

## Q & A ON NHS SCANNING PROGRESS

### CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

### CONTINUED FROM PAGE 12

This allows enough time for treatment options to be discussed, a recommendation made to the patient, the patient to consent to and begin treatment within 62 days.

#### **Q: We've heard that some services run a one-stop clinic. What are they?**

A: "One-stop clinics", when multiple tests are organised during the same visit, are more convenient for patients. Imaging is looking at ways it can support these if at all possible.

For instance, we are looking at ways of developing a one-stop approach to the investigation of macroscopic haematuria (blood in the urine). Around 90% of patients with this problem do NOT have cancer. Patients will be understandably concerned, however, and it's very important to inform them of results as soon as possible.

#### **Q: Are there any other developments?**

A: Across Scotland, a new IT system is being introduced which allows the digital capture, viewing, storage and transfer of X-rays and



other scans.

PACS (Picture Archive and Communications System) means that doctors and other authorised staff have instant access to new and previous images and reports – from any hospital across Scotland. This is helping us deliver

faster, safer healthcare.

We're also heavily involved in multi-disciplinary team (MDT) meetings. This enables the MDT to have all the information needed to recommend the most appropriate treatment and help the patient make an informed choice.

#### **Q: It all sounds very positive. Are there any areas where more needs to be done?**

A: There is always more that can be done within the limits set by resources.

The follow-up scans that chart how well patients are responding to treatment are a major challenge and we need to match the aspirations of our referring doctors in this area.

The future of PET-CT (pictured left) looks very bright but this is a very complex and expensive technology which needs to be developed systematically.

The range of interventional procedures is quite staggering and the pace of service development is accelerating. We face a major challenge in providing these services 24 hours a day, 7 days a week and 365 days a year.

We've definitely come a long way and patients in the West of Scotland can be reassured that we're doing all we can to stay on track. NHS Scotland is now almost unique in terms of healthcare integration and this is the ideal foundation block for a world-class imaging service.

**TELE TEAMWORK** 

SPECIALISTS FAST FORWARD TO BETTER TREATMENT OPTIONS

# Tele teamwork's a video winner

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

IT COULD be a scene from the boardroom of a major business organisation... top professionals using sophisticated video conferencing links to conduct detailed discussions with colleagues around the country.

But this teleconference session is another round in the battle to ensure that cancer patients throughout the West of Scotland receive the best possible treatment.

Multi-Disciplinary Teams (MDTs) of cancer specialists have become experts in the use of telemedicine to produce a coordinated approach to treatment options.

Consultant Haematologist, Dr Ted Fitzsimmons, Lead Clinician for the Blood Cancer Managed Clinical Network, is responsible for the Lymphoma MDT, which is the biggest in the country.

He said: "The most significant benefit to patients is that their treatment options are explored by all the professionals involved and not just their own consultant.

"Typically our sessions will



**VIDEO conferencing brings together a range of experts to make informed decisions on each patient's cancer treatment.**

**CONTINUED ON NEXT PAGE** ➤

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

15

# Tele teamwork's a video winner

CONTINUED FROM PAGE 14

link blood cancer specialists in ten hospitals from Dumfries to Falkirk and discuss around a dozen cases, from the routine to the extremely complex.”

The Lymphoma MDT is based in the Beatson West of Scotland Cancer Centre at Gartnavel Hospital, Glasgow and includes input from the pathologists at Glasgow Royal Infirmary who analyse lymph node specimens to make the diagnosis, the consultants around the country treating individual patients, as well as oncologists, bone marrow transplant teams, pharmacy staff, specialist nurses and the audit team.

Dr Fitzsimmons added: “Everyone has a contribution to make. The nurses, for instance, report on the patient’s fitness levels which can have a significant bearing on the treatment options.

“Many of the cases we discuss are straightforward, but others can be so unusual that only one or two people have come across them before and their experience can be invaluable in deciding the best treatment option.

“But, at the end of the day, it is the patient’s own doctor who decides which course of treatment to adopt. So although we have a team approach the personal link between patient and doctor is preserved.”

MDTs for other cancers are equally effective at allowing a wide range of highly trained specialists to discuss a coordinated approach to treatment,

without leaving their own hospitals.

Lawrence Dunn, Consultant Neurosurgeon at The Institute of Neurological Sciences at Glasgow’s Southern General Hospital heads the Neuro-oncology MDT.

Mr Dunn said: “We treat brain tumours in patients from all over the West of Scotland, so the MDT has real benefits for both the health professionals and the patients themselves.”

The Neuro-oncology MDT has a meeting once a week involving the surgical team from the Southern General, oncologists from the Beatson, neuro-pathologists, neuro-radiologists, specialist nurses, other allied health professionals and the audit team.

Mr Dunn added: “The MDT gives us the opportunity to explore treatment options both before and after surgery.

“Most patients need an operation of some sort either to remove their tumour or to perform a biopsy to establish exactly what we are dealing with.

“But in some cases non-surgical interventions may be more effective and, even after surgery, there are options like leaving chemo-impregnated wafers in the cavity at the time of the operation.

“In all these cases, bringing together the various specialists involved makes it much easier to decide on the best course of treatment for each individual patient.”



**DOCTOR Ted Fitzsimmons... bringing together specialists ensures the best course of treatment for patients.**

## CANCER MYTHS

IF given morphine, a patient will become addicted to it. MYTH.

The TRUTH is that doctors are very aware of the side effects and possible outcomes of drugs and ensure that people being given morphine will not become addicted.

A NEW BREED OF NURSES ➤

CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE  
6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

# Clinical nurse specialists are a vital link in chain

ONE of the major advances in the rapidly improving care of cancer patients is the introduction of Clinical Nurse Specialists.

There are now Clinical Nurse Specialists for almost all cancer types and they have become a pivotal link in a patient's treatment.

These nurses have been trained to the highest standard in their field of clinical expertise. They have specialist knowledge and skills and their role in the treatment of cancer is critical.

Sandra White, Chair of the West of Scotland Cancer Nurses Group, explained: "Across the West of Scotland, Clinical Nurse Specialists act as the coordinators of care for patients. This means many things in terms of benefits to patients, but chief among them is the fact that they ensure a patient's treatment is seamless from the outset.

"The nurse specialists develop individual one-to-one relationships with patients and their families. From the outset, at the time of diagnosis, they will be on hand not only to coordinate their patient's care but also to provide invaluable support and advice on social issues, finances, support networks available and other aspects of life that are affected by cancer. Patients are given a dedicated number on which they can contact their Clinical Nurse Specialist. They take a proactive approach by helping people to live with and, wherever possible, move on from a diagnosis of cancer."

Critically, their close contact with patients



**ELSPETH Cowan is one of the team of Clinical Nurse Specialists who help ensure patients receive faster streamlined access to the appropriate medical care.**

ensures that treatment is as effective as it can be. A patient's journey through cancer treatment can be a complex one. A patient will go through initial diagnostic tests, different treatments such as surgery and chemotherapy and various other types of care. A Clinical Nurse Specialist will help navigate a patient through this journey at every step

and, crucially, will ensure that patients are kept on track and make sure that any delays are kept to minimum.

At nurse-led clinics, the Clinical Nurse Specialist will carry out regular assessment of the physical, mental and social needs of patients and ensure that these are met. They will also ensure early referral to specialist teams that the patient may need to see – again ensuring smooth and timely access.

Nowhere is the importance of this role more evident than in the treatment of Upper GI cancers.

Upper GI cancers include cancers of the oesophagus and stomach and cancer of the pancreas, liver, gall bladder and bile duct. It is widely believed that these cancers are linked with smoking, a high alcohol intake and a poor diet.

The implications for patients with upper GI cancers are many. In particular they may experience significant weight loss, lethargy, jaundice and severe difficulty with eating and drinking depending on their type of cancer. Because of these effects, Upper GI cancer patients will come into contact with many different health professionals - consultants, nurses, dieticians etc. Seeing many different health professionals, at what is likely to be the most difficult time in one's life, can be very unsettling for patients. Patients in the past have said that seeing different doctors and other specialists at different times resulted in a lack of continuity and also poor communication.

Clinical Nurse Specialists are able to work across

**CONTINUED ON NEXT PAGE** ➤

**CONTENTS**

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

## Clinical nurse specialists are a vital link in chain

**CONTINUED FROM PAGE 16**

many different healthcare teams and act as the vital link to all the specialties that contribute to a patient's treatment. This has resulted in patients now reporting a sense of continuity in their care, even though they may come into contact with a multitude of medical teams.

Elsbeth Cowan is one of a team of Clinical Nurse Specialists in Upper GI Cancer based in the north of Glasgow. Elspeth explained that while a major element of the role is to ensure patients get faster, more streamlined access to medical care, targeting other emotional needs is also vitally important. She said: "Clinical Nurse Specialists have helped to shift the balance of care from focusing almost entirely on the physical side of cancer to take into account the very important social and emotional needs of patients and their carers. The Nurse Specialist bridges that gap and the result is a far better experience for patients."

Mr Barry Williamson, Lead Clinician for the Upper GI Managed Clinical Network, said: "Clinical Nurse Specialists make an enormous difference especially during difficult times in a patient's treatment journey. Feedback from patients is clear – the ability of the Nurse Specialist to resolve issues, speed-up treatment referrals and just 'be there' is of huge benefit. What patients need most of all is a named carer, someone to call, no matter what the issue, on a day-to-day basis – Clinical Nurse Specialists have met that need and much more."

# Family trees that help reduce cancer deaths

**R**ESearching family trees is one of the most common uses of the Internet. It seems we all want to know where we come from.

But when Dr Rosemarie Davidson and her team check out a family tree it can mean the difference between life and death.

Dr Davidson, Consultant in Clinical Genetics at The Royal Hospital for Sick Children in Glasgow, identifies families who are at risk from altered or faulty genes that can lead to them developing cancer. She said: "Anyone who is worried about the incidence of cancer in their family should speak to their GP who, where appropriate, will refer them to us.

"It could be a woman whose female relatives have developed breast cancer in

their thirties or forties or a family who have lost several members to bowel cancer, especially at an early age.

"We check their family history against the national Cancer Registry which records all cancers diagnosed since 1958.

"Many families leave us reassured that they are no more at risk of the disease than the rest of the population. Others are at some risk and offered screening.

"For a handful of families, the risk is high enough that they are put on regular screening programmes and, where possible, have genetic testing arranged."

To identify the altered genes, Dr Davidson needs to be able to take a blood sample from a family member with cancer.

Since the programme started in 1998, the team have seen 2000 patients a year. They have identified around 100 families affected by a gene mutation which leads to breast cancer and a smaller number with a predisposition gene for developing uterine or bowel cancer.



**ROSEMARIE DAVIDSON**

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

# Working together for a better future



**A**CROSS the West of Scotland, we provide a wide range of cancer services.

No matter where you live, you'll find the majority of cancer care at your local hospital.

And we're doing more to bring the specialists to clinics near you.

On the next few pages, we look at where you'll find some of those services and also spotlight some key developments.

We also highlight the work of the Beatson, which provides more specialist non-surgical cancer care to patients from across the West of Scotland.

## AYRSHIRE AND ARRAN

THE desire to understand and respond to the needs of cancer patients and their carers lies at the heart of a range of initiatives taking place throughout Ayrshire and Arran.

Our clinical attachment scheme enables GPs to spend time in the Ayrshire Hospice, updating their knowledge and skills in pain and symptom control and care of people with a progressive or incurable illness. There is a similar scheme for district nurses, who can learn more about the care of patients with cancer by spending time in our hospital oncology wards.

Meanwhile a major development in practice means that as many as 50 patients a year will no longer have to come into hospital for intravenous chemotherapy. Instead, suitable patients will be seen at an outpatient clinic, where they will receive their chemotherapy in tablet form. We're already running a clinic for some patients with colorectal cancer, reducing waiting times for patients and



making it easier for them to get the information and support they need to deal with symptoms and side effects.

Patients and voluntary organisations have a key role to play in helping us develop our local cancer services, so the appointment of a Patient Focus Public Involvement worker for cancer is particularly positive. Supported by Macmillan Cancer Support, this new officer will strengthen links between cancer services and patient groups and will give us valuable insight into where we get it right - and how we can improve cancer services.

Making healthy choices can mean that you are less likely to get cancer.

And the sooner we detect cancer, the earlier we can begin treatment – improving the overall prognosis for patients.

That's why we have developed a new support pack and training course for anyone in Ayrshire and Arran with an interest in cancer prevention and detection - these can be people working in the health service, with voluntary organisations, in local councils or in the private sector.

For more information about local cancer services in Ayrshire and Arran visit:

[www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com)

# Working together for a better future

## CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

## GREATER GLASGOW AND CLYDE

WHEN talking about cancer services in the Glasgow and Clyde areas, most people automatically assume that the Beatson is the only place where patients receive treatment.

But that's not the case.

Although the Beatson provides a wide range of non-surgical treatments and therapies such as radiotherapy, most patients will have received a part of the care for their illness at their local hospital. This includes, for example, diagnostic investigations such as colonoscopy, staging scans (such as MRI and CT scans), surgery and chemotherapy.

For example, if you are a woman with breast cancer from the Paisley area, you will probably undergo surgery at the Royal Alexandra Hospital and see your consultant at pre- and post-surgery clinics there.

We aim to provide as much care as locally as possible and there are cancer clinics at all our major hospitals. This

includes: the Victoria Infirmary, the Southern General, Gartnavel General, the Western, the Royal Alexandra Hospital, Inverclyde Royal, the Vale of Leven, Stobhill and Glasgow Royal Infirmary.

When it comes to children with cancer, they receive their care at the Royal Hospital for Sick Children in Glasgow. Specialist staff offer treatments for all sorts of childhood cancers including leukaemia (affecting the blood) and sarcoma (a type of cancer that affects the bones and 'connective tissue' such as the blood vessels, muscle, nerve and body fat).

How we provide cancer services is always developing and changing, and with the opening of the new Victoria Hospital in Glasgow's southside, cancer patients will, for the first time, be able to receive chemotherapy treatments at the hospital instead of having to travel to the Beatson.

For more information about local

cancer services in Greater Glasgow and Clyde visit:

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)



## THE GOLDEN JUBILEE NATIONAL HOSPITAL

THE Golden Jubilee National Hospital has been providing diagnostic imaging support to NHS Scotland cancer specialists for five years.

The hospital has helped thousands of patients from the West of Scotland receive fast, accurate results for a range of suspected conditions. This ensures that patients and medical staff are well informed about the most effective treatment options available.

The main diagnostic tests provided at the hospital to check

for suspected cancers are Magnetic Resonance Imaging (MRI) scanning, Computer Tomography (CT) scanning and Ultrasound. In addition, the Golden Jubilee also provides Endoscopy tests, X-Ray, barium and bone densitometry examinations.

Later this year, the hospital is to become the home of the West of Scotland Regional Heart and Lung Centre.

As well as providing all forms of heart surgery for the West of Scotland, the new centre will specialise in



lung surgery, helping treat patients diagnosed with lung and oesophageal cancer – the second and ninth most common cancers in the UK. For more information on the Golden Jubilee Hospital, visit: [www.nhsgoldenjubilee.co.uk](http://www.nhsgoldenjubilee.co.uk)

# Working together for a better future

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

## THE BEATSON WEST OF SCOTLAND CANCER CENTRE

IF YOU are a cancer patient living in the West of Scotland, the NHS will endeavour to provide your treatment as locally as possible.

However, there may be times when you will require more specialist non-surgical treatment and will be asked to attend the new Beatson West of Scotland Cancer Centre in Glasgow.

Opened this year, the new £105million state-of-the-art cancer centre is the lead centre for delivering non-surgical cancer care in our area.

Serving a population of 2.6 million – more than half the Scottish population – the centre is the biggest in Scotland and second largest in the UK.

More than 8000 new patients will be seen at the new Beatson every year.

An unprecedented amount of state-of-the-art technology has been installed throughout the new centre including image-guided radiotherapy, the first PET-CT scanner in the West of Scotland and new equipment for brain radiotherapy using stereotactic radiosurgery.



The new centre is also home to:

- A bone marrow transplant ward which provides a national service
- The North Glasgow haemato-oncology (blood cancers) ward
- A pharmacy, which has been set up to deliver gene therapy in the future

- Outpatient areas with state-of-the-art scanning equipment
- Clinical trial and research units

Designed with the comfort of patients in mind, the décor of the new building has been created to provide a relaxing, calming environment with artworks specially

commissioned throughout on the theme of the West of Scotland.

Patients stay in either single, twin or four-bed en-suite bedrooms and there are six overnight stay rooms with en-suite facilities for relatives.

A number of facilities have also been included in the new building, including a café, a patient and family information service, the new £800,000 Friends of the Beatson complementary therapy centre and the new Teen Cancer Unit.

The team of experts based at the Centre have close links with hospitals throughout the West of Scotland.

Beatson cancer specialists provide clinics at: Ayr and Crosshouse Hospitals, Falkirk and District Royal Infirmary, Glasgow Royal Infirmary, Royal Alexandra Hospital in Paisley, Wishaw General Hospital, Monklands Hospital, Hairmyres Hospital, Vale of Leven Hospital, Inverclyde Royal Hospital, Victoria Infirmary and Lorne and Isles District General Hospital.

For more information on the New Beatson, visit:

[www.nhsggc.org.uk/newbeatson](http://www.nhsggc.org.uk/newbeatson)

# Working together for a better future

## CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

## FORTH VALLEY

MOST of the care and treatment for Forth Valley patients with cancer can be given locally. Almost all diagnosis and treatments for breast cancer, lung cancer, colorectal cancer, urological cancer and blood cancer are provided in Falkirk and District Royal Infirmary and Stirling Royal Infirmary, along with diagnosis and surgery for other less common types of cancer.

The Kintore Unit in Falkirk provides chemotherapy and cancer clinics. Clinicians from the Beatson West of Scotland Cancer Centre come to Forth Valley to work with Forth Valley surgeons, physicians, radiologists, pharmacists, pathologists, nurses and others to provide care locally for patients. Chemotherapy for certain less common cancers needs to be provided in Glasgow. Radiotherapy is also provided in Glasgow.

In Forth Valley, a number of local developments are helping ensure that patients are getting rapid diagnosis and treatment.

We've appointed 'Patient Pathway Co-ordinators' to ensure that each patient's journey from referral through diagnosis to treatment is as quick and smooth as possible. In addition, doctors, nurses and other healthcare professionals meet weekly to review each patient's care plan.

For each type of cancer we have



built up a strong team including specialist nurses who provide a great deal of care and support for cancer patients.

We've also introduced a benefits advice service in partnership with Macmillan Cancer Support and the three local authorities. Many cancer patients face financial uncertainty and trained advisors can help them determine what benefits they should be claiming.

And we've also brought more clinical expertise to Forth Valley. Recent new appointments include a Haematologist, Radiologists, a Consultant Urologist, an Upper GI surgeon and a Colorectal surgeon.

We have also recently appointed a Psychologist to work with patients addressing some of the difficult psychological issues associated with a diagnosis of cancer.

For more information about local cancer services in Forth Valley visit: [www.nhsforthvalley.com](http://www.nhsforthvalley.com)

## LANARKSHIRE

AS part of a series of improvements, NHS Lanarkshire is working with patients to find out how services could be further developed.

At a series of engagement sessions patients and carers were asked what they thought about cancer services.

The workshops highlighted that people struggled to negotiate their way through the complexities of cancer care.

As a result of this feedback, NHS Lanarkshire is now in the process of making two new key appointments who will act as 'navigators' to guide patients through their treatment. These are for a cancer services manager and for a cancer nurse consultant.

The new positions are part of the extensive modernisation programme for cancer services in Lanarkshire.

The concept of a Lanarkshire cancer centre where specialist treatment and expertise

will be concentrated was also developed during the workshops.

It is planned that specialist services at the Lanarkshire cancer centre will include oncology and breast surgery. There will also be clinics for patients with bowel, lung and breast cancer using experts from the Beatson West of Scotland Cancer Centre.

The intention in creating a cancer centre is to concentrate expertise, skills and knowledge within one location to ensure efficient treatment and improved clinical outcomes.

NHS Lanarkshire is also looking at some of the other areas which patients identified such as developing more flexible access to services outwith normal working hours.

This will help to deliver a first class service for patients with cancer - and their carers - in Lanarkshire.

For more information about local cancer services in Lanarkshire visit: [www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)

CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

## How networks are tackling...

# THE BIG FOUR

**R**IGHT across the West of Scotland work is underway to advance cancer services with the ultimate aim being to improve cancer survival rates.

Patients are already benefiting from quicker access to treatment for all cancers, improved access to different types of new drugs, new surgical techniques and expert knowledge that is expanding every day.

There have been developments in treatments of virtually all cancers and dramatic increases in the survival rates of some of the most common cancers in the West of Scotland.

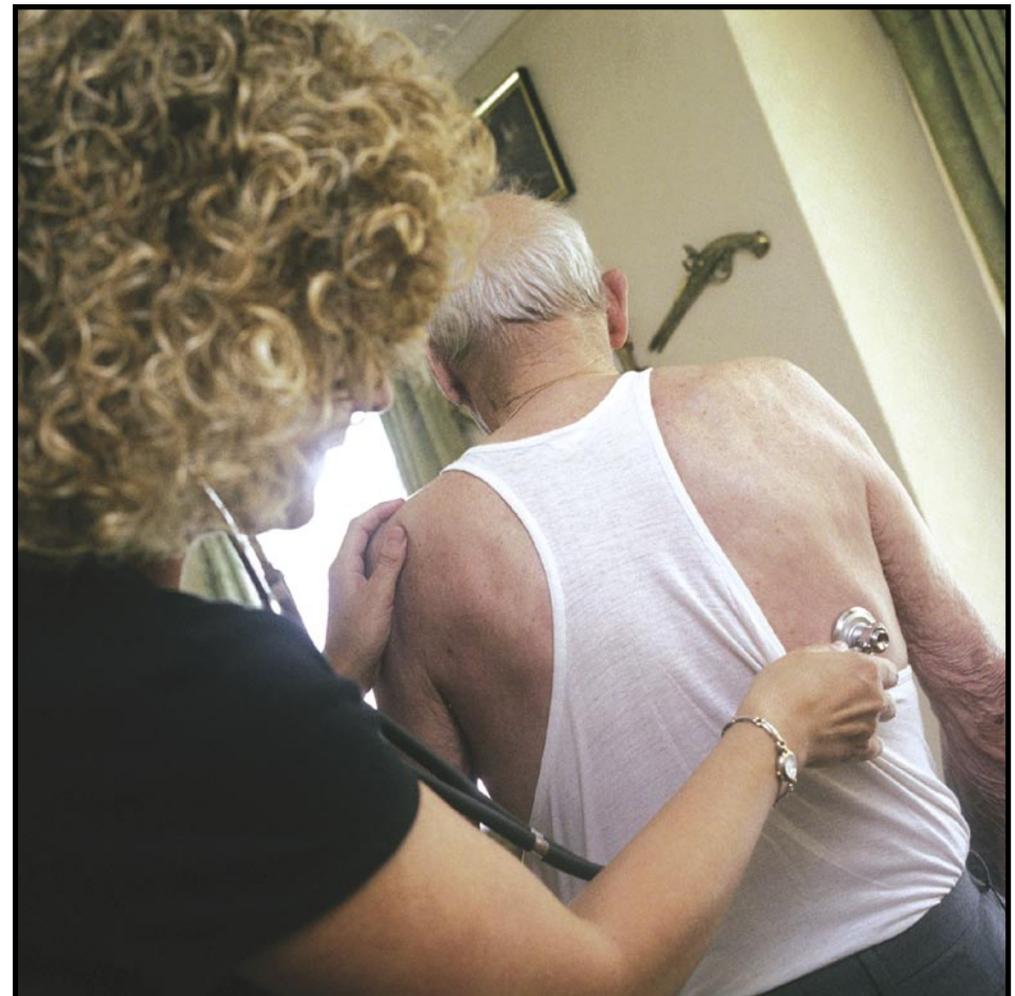
Of course, major challenges remain and progress is faster in some specialist areas than others but overall the picture for cancer patients is more encouraging than it has ever been.

Nowhere are these improvements more important than in the treatment of the so-called 'Big Four' cancers – breast, lung, prostate and colorectal.

The experts dealing with these cancers credit much of the improvements to the introduction of Managed Clinical Networks (MCNs).

MCNs for each of these cancers have helped drive these developments. They have also standardised care across the region, which means that patients can expect the same standards of care and service whether they live in Glasgow, Hamilton or Ayr.

Over the next few pages, Health News takes a look at the Big Four and checks out what the experts have to say.



**LUNG Cancer affects more than 1.3 million people worldwide and it is hoped the smoking cessation policy will have a major positive effect in Scotland.**

PRINT

## How networks are tackling... THE BIG FOUR

### CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

## LUNG CANCER

**L**UNG cancer is the most common cancer in the world, with 1.3 million cases diagnosed every year worldwide.

In the UK, lung cancer accounts for one in seven cancer cases which is about 37,000 new patient diagnoses every year.

Incredibly 95% of all lung cancer cases are preventable. There is a direct link between the disease and cigarette smoke, with the vast majority of lung cancer cases being caused by smoking.

Lung cancer is also associated with deprivation. In Scotland, the rates for people diagnosed with lung cancer between 1991 and 1995 were twice as high in the most deprived group, compared to the least deprived.

Lung cancer is the second most frequently occurring cancer in the UK, second only to breast cancer.

Improvements are continuing to be made in the treatment of lung cancers across the West of Scotland and it's hoped that major social changes like the ban on smoking in public places will lead to many more. Lung cancer incidence and mortality rates were among the highest in the world but smoking cessation has led to record falls, particularly among

# Heed the tell tale signs to help save your life

men. However, lung cancer remains one of the most difficult cancers to treat.

One of the main reasons why, is that the symptoms of this illness can take a comparatively long time to appear. The earlier a cancer is diagnosed and the earlier treatment can begin, the better the likely outcome for the patient. It can often be the case that lung cancer is relatively advanced by the time the patient suffers any symptoms or seeks medical advice.

Typical symptoms of lung cancer include

a cough, or a change in an existing cough, a respiratory tract infection, sudden weight loss and coughing up blood.

Dr Stan Wright, Respiratory Physician at Stirling Royal Infirmary, explained why the first step in a lung cancer diagnosis can be so difficult. He said: "The problem we face is that many smokers will already have a cough and therefore often assume that their cough is normal and nothing to worry about. They may also cough up blood as a result of that cough and again don't believe it is anything serious. I would urge them to seek medical advice anyway, if these two symptoms do persist. It is also very important to see your GP if you notice a change to an existing cough – this can also be a tell tale sign that something is wrong.

"The earlier people seek medical advice the greater the chance that we can make a difference to them."

However, there have been some significant advances in the speed and range of treatment programmes available once a patient sees their GP and initial concerns about a possible cancer are identified.

Our aim is that within two weeks of a GP referral, a patient suspected of having lung cancer, no matter where they live in the West of Scotland, should have seen a

# How networks are tackling... THE BIG FOUR

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

## LUNG CANCER

### CONTINUED FROM PAGE 23

consultant and had initial investigations carried out. And the vast majority of patients urgently referred can expect to have already begun treatment within 62 days – representing a huge advance on treatment waiting times from two years ago.

There have also been major advances in the methods for diagnosing cancers. From this autumn, PET-CT scanning will be available for the first time in the West of Scotland. This will be used to establish if the cancer has spread from the lung to other parts of the body. And a technique called Mediastinoscopy is also being used which allows a tiny scope to be inserted into the chest allowing the consultant to actually look at the cancer before a treatment option such as surgery or radiotherapy is decided upon.

Together with much more precise diagnostic abilities, treatment options are also improving with more new drugs available to be used either on their own or in combination with surgery.

The sad fact remains, however, that because lung cancers tend to be advanced by the time they are detected, survival rates, while improved, are still low. Therefore many of the advances in lung cancer care have been witnessed in palliative care. Palliative care is



where patients are given a whole range of treatments so that they can get the best out of the time they have left. Radiotherapy and chemotherapy are often used to alleviate the symptoms of the disease and help patients to remain more comfortable.

Clinical Nurses Specialists who are experts in palliative care also work closely with patients and their families to ensure that everything possible is being done – physically and also

emotionally - to support patients.

Dr Wright added: “With mortality rates of lung cancer as they are, people across the West of Scotland should look to their lifestyle. They should make simple changes that will have far-reaching positive consequences to the longevity of their life. If there is one thing that people should do to massively reduce their chance of getting lung cancer it is to give up smoking.”

People can make simple changes that will have far-reaching consequences for the longevity of their life. If there is one thing they can do, it is to give up smoking”  
**- DR STAN WRIGHT**

# How networks are tackling... THE BIG FOUR

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

## COLORECTAL CANCER

**C**OLORECTAL, or bowel, cancer is the third most common cancer and the second most common cause of cancer deaths in Scotland.

In the West of Scotland, where the risk of getting the disease is the highest in the UK, there are around 1450 new cases a year with around 700 deaths.

Most people diagnosed with the disease are over the age of 55, but doctors are increasingly seeing younger people with bowel cancer and they believe that poor diet combined with lazy lifestyles may be to blame.

The good news about bowel cancer is that it is curable if caught early enough... you just need to know what signs to look out for and go to see your GP as soon as possible.

The symptoms of bowel cancer are:

- A persistent change of bowel habit over four to six weeks with unexplained constipation or diarrhoea
- Persistent bleeding from your bottom, with no soreness, pain, swelling or itching
- Unexplained severe pain and/or a lump in your abdomen
- Extreme tiredness that has no obvious explanation

Most symptoms do not turn out to be due



**MULTI-DISCIPLINARY team working has led to better coordination in the provision of care for patients.**

## Poor diet and lazy lifestyle can lead to bowel problem

to bowel cancer but it's important to get them checked out anyway.

Bob Diament, Consultant Surgeon at Crosshouse Hospital in Ayrshire, specialises in treating bowel cancer. As a key member of the West of Scotland Colorectal Cancer

Managed Clinical Network (MCN), Bob and his colleagues have been working hard over the past six years to improve and develop bowel cancer services across the area.

Apart from the introduction of multi-disciplinary team working where care is provided in a more coordinated manner, the MCN has also introduced an audit of performance.

"We've been carrying out the audit for the past five years and it allows us to measure our performance and see how we're doing compared to other units across the region. Its aim is to help us to continue with our drive to improve standards and outcomes for patients across the West of Scotland."

Bowel cancer is treated by a combination of surgery, chemotherapy and radiotherapy. The earlier the diagnosis of bowel cancer is made, the less severe the combination of treatments required, resulting in better outcomes and less treatment side effects.

So is there anything we can do to prevent getting bowel cancer in the first place?

Bob said: "Following a healthy diet, eating five portions of fruit and vegetables a day and taking regular moderate exercise - a minimum of a half hour walking three times a week - will help protect against bowel cancer."

## How networks are tackling... THE BIG FOUR

### CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

26

## UROLOGICAL CANCER

**P**ROSTATE cancer is the second most common cancer in men in Scotland after lung cancer.

It affects more than 2000 men a year – more than half from within the West of Scotland - of whom around 800 will die.

It is the most common cancer affecting the male urinary and reproductive system. Prostate cancer is one of a family of diseases known as urological cancers.

Other urological cancers include cancers of the bladder, kidneys, testes, upper renal tracts and penis.

Although prostate and testicular cancers are only seen in men, women can and do get cancer of the bladder, kidneys and upper renal tracts. In fact, doctors are seeing an increase in the number of women with bladder cancer...a statistic they believe is linked to the fact that more women are smoking.

Patients with urological cancers will usually be treated as close to home as possible. If required as part of their treatment, they will undergo surgery at their local hospital, and/or chemotherapy.

Those requiring radiotherapy or who have a more complicated or advanced illness will receive treatment at the Beatson in Glasgow.



**CONSULTANT Graham Hollins has seen many beneficial changes in the way his patients are treated.**

### Specialist knowledge leads to the best care

Patients who have agreed to take part in clinical trials will also be seen there although many such patients are also treated in their local hospital.

Mr Graham Hollins, Consultant Urologist based at Ayr Hospital, said: "We try to provide as much care for patients with urological cancers as close to home as we can, but

that's not always possible especially for those cases requiring specialist oncological management or who are taking part in certain trials, e.g. renal cancer."

Graham has been working in his field for a number of years and has seen many changes taking place in how patients are cared for. None more so than the development of the Managed Clinical Networks (MCN), of which there is one for urological cancers.

He said: "The MCN allows urological cancer specialists from across the West of Scotland to

CONTINUED ON NEXT PAGE ➤

## How networks are tackling... THE BIG FOUR

### UROLOGICAL CANCER

#### CONTINUED FROM PAGE 26

meet to discuss best practice and new ways of working which will result in better care for our patients.”

Graham cites the fact that patients now see specialist uro-oncologists (urological cancer doctors) instead of general oncologists as an example of how services have improved for patients with urological cancer.

“Previously, if someone had a urological cancer they would have been seen by a general cancer doctor, someone who would need to have a knowledge of a lot of different cancers. Now, following reorganisation of how we work, that patient will see a uro-oncologist who specialises in their type of cancer at a clinic closer to home.

“This is a way of working that’s been introduced across all the cancers, but is working really well for urology...the patient benefits by being treated by a doctor who only treats their type of disease and the doctors benefit from being able to hone their skills and increase the volume of their expertise.”

Another example of good practice in the treatment of cancers is multi-disciplinary team working. That means that many different types of medical, nursing and other



This is a way of working that’s been introduced across all the cancers, but is working really well for urology... the patient benefits by being treated by a doctor who only treats their type of disease.”

**- DR GRAHAM HOLLINS**

healthcare staff work very closely together to ensure good continuous care of patients. It also allows staff to be more flexible in making appropriate changes to how patients are cared for.

Graham explained that more recent work carried out by the uro-oncology MCN was the development of a West of Scotland uro-oncology audit. The audit is a database that

enables doctors to track patients from the beginning of their treatment to the end.

He said: “With the audit, we will be able to identify areas of best practice that can be shared with colleagues across the West of Scotland and work out where changes need to be made to improve services.”

The audit is still in the early stages and it will take a few years for data to be collated into something doctors can use to help shape future management of urological cancers, but Graham is confident this is the way to go.

He also hopes that eventually uro-oncology services across the West of Scotland will become more streamlined to make the time between diagnosis and treatment even shorter.

In Ayrshire, they’ve already introduced a new way of working which sees patients being investigated with tests such as X-rays, scans, biopsies and endoscopy at the same appointment, cutting down the number of visits they need to make to hospital.

Graham added: “The MCN is continuing to develop and improve upon how urological cancer services are delivered. We’ve already made positive steps forward with the development of the audit and aim to continue improving care for patients.”

#### CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD’S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

# How networks are tackling... THE BIG FOUR

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

## BREAST CANCER

**B**REAST cancer is the most common cancer in the UK and accounts for almost one in three of all cancer cases in women. Every year there are some 1800 new diagnoses in the West of Scotland alone.

However, women across the West of Scotland have reason to be positive because survival rates beyond five years are improving. In the mid 1970s, the survival rate was 53%, however, the latest data available suggests survival rates have soared to almost 80%. And it is anticipated that this positive upward trend is set to continue.

This is down to many factors, including increased breast awareness, early detection and improved treatment options, and there have been massive changes in the management of breast cancer across the West of Scotland over recent years. Never before have women in the area had such access to high quality medical input, services and treatments as they do today.

Advances have also been made in the way treatment is planned. Every patient has her own treatment plan and each of these is given very careful consideration each step of the way.

Philippa Whitford, Lead Clinician for the West of Scotland Breast Cancer MCN explained: "Women across the West of Scotland are getting the best treatments available. We now have a huge pallet of different treatments available to us which enables us to tailor a



Women today know about being breast aware. They know to check their breasts and they know to see their GP if something is not right."  
**- PHILIPPA WHITFORD**

# Survival rate soars to 80%

treatment programme exactly to a woman's cancer.

"Every week I meet with my colleagues including other breast surgeons, cancer nurses, pathologists, radiologists and oncologists and we discuss our patients. We all have input into their care and plan every element of

their treatment. This model of best practice (known as the multi-disciplinary team or MDT) is replicated across each of the health board areas and means that every woman in the West of Scotland who has breast cancer gets the best specialists working together to decide on her treatment.

"Across the West of Scotland Network we are all working closely to share information, best practice and education - if one hospital has developed a good idea, we can all use that and improve the service to all patients. We also audit our practice every year against the standards set for breast cancer treatment by Quality Improvement Scotland. This allows each hospital team to see how their performance compares with others and to identify aspects of their service that could be improved. This audit (published in the Network Annual Report) shows improvement year on year. It is about attention to detail in everything we do and raising standards across the whole region."

Another reason why survival rates for breast cancer patients are improving year-on-year is because of hugely improved access to new medicines and treatments. Herceptin, for example, is a very exciting treatment now widely available. In women for whom it is suitable it can actually halve the chances of their cancer coming back.

Herceptin, while hugely effective, will only work for women who carry a specific protein known as HER2. This protein fuels the

## How networks are tackling... THE BIG FOUR

### CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

## BREAST CANCER

### CONTINUED FROM PAGE 28

growth of breast tumours and Herceptin targets that protein. Around a fifth of breast cancers are HER2 positive. To ensure that as many women as possible can be given Herceptin, all breast cancer patients across the West of Scotland are tested for the HER2 protein and, if appropriate, they will be given the medicine.

Other new treatments now widely available to women in the area are the latest hormone therapies. Eighty percent of breast cancers feed on oestrogen. While the standard treatment, Tamoxifen, blocks access of oestrogen to breast cells, the newer treatments work by blocking the production of oestrogen altogether in post-menopausal women – the result sees the cancer effectively starved to death.

Advances in surgery are also benefiting West of Scotland women. For example, it is now standard practice that women who are undergoing a mastectomy will be offered reconstructive surgery at the same time. In addition to the health benefits of undergoing one operation rather than two, there are cosmetic and psychological benefits, reduced overall recovery times and less trauma for the patient.

Another major surgical advance is the Sentinel Node Biopsy Technique. When a breast cancer is removed by surgery, lymph glands are usually taken from under the arm in case the cancer has spread to the lymph nodes. However,



**PHILIPPA WHITFORD** discusses a patient's case with colleagues.



**THIS remarkable example of a breast reconstruction shows the dramatic advances in surgery in recent years.**

because of breast cancer screening and earlier diagnosis, experts are finding that in 70% of cases the cancer has been caught early before it has spread to the lymph nodes.

A new technique - which identifies the sentinel or gatekeeper nodes in the armpit - means that

rather than removing all the glands, a small number are removed for testing. If the glands are clear, then treatment to the armpit (and side effects to the arm) can be minimised. This technique is currently being rolled out to all units across the West of Scotland.

Philippa Whitford believes better awareness is also helping to make a difference: "Early detection saves lives, it's as simple as that. Since the establishment of Breast Screening nearly twenty years ago, women are diagnosed at an earlier stage. Women today know about being breast aware, they know to check their breasts and they know to see their GP if something's not right. All of that pays dividends in saving lives because the earlier you can have something checked out and dealt with, the better."

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# The devastating cancer that puts kids through hell...

**C**ANCER at any age can be a terrifying diagnosis, but it somehow seems worse when the patient is still only a child. Although cancer in children is rare, the disease can and does strike youngsters.

While there is widespread awareness of leukaemia due to the number of tremendous charity initiatives and media coverage of how brave youngsters battle against the disease, there is a lot less awareness of sarcoma.

Here Health News tells the story of one brave little girl and her battle with this less common but just as devastating cancer condition...

**W**HEN 13-year-old Lanarkshire girl, Holly complained of pain in her left knee, her parents just thought she was experiencing growing pains.

However, the pain persisted over a three-month period and a lump appeared, so her worried mother took her to see her GP. He referred Holly to an orthopaedic surgeon (a bone specialist) at the Royal Hospital for Sick Children in Glasgow and the surgeon ordered a number of tests to be carried out to find out the cause of her symptoms.

Following these tests, Holly was diagnosed as having a very aggressive type of cancer known as sarcoma. In her case, she had a form of sarcoma called osteosarcoma.

Sarcoma is a type of cancer that affects the bones and 'connective tissue' (eg the blood vessels, muscle, nerve and body fat).

Although adults can suffer from sarcoma in later life, bone sarcoma usually affects children and young people in the five-to-20-year-old age group.

Although it is a very rare disease, if someone has it, they are most likely to have a sarcoma which affects the bone... either osteosarcoma (as in Holly's case) or Ewing's sarcoma.

Thirty years ago, only 15% of children diagnosed with sarcoma could expect to live past five years – most died within 18 months. Now, thanks to medical advances in chemotherapy, four times as many – around 60% – live beyond five years.

Osteosarcoma affects around 15 youngsters every year in Scotland... around nine of whom are from the West of



**OSTEOSARCOMA is often diagnosed late because it is such a rare disease, says Dr Robin Reid.**

Scotland.

Children will initially see their GP who will refer them to specialists at the Royal Hospital for Sick Children in Glasgow - the regional centre for treating children with cancer. Older teenagers will usually be referred to specialists at the Western Infirmary, Glasgow. Once the condition is diagnosed, the young patients then have to undergo a gruelling round of treatments that will hopefully eradicate the disease.

Dr Robin Reid is a bone tumour pathologist and is the

**CONTINUED ON NEXT PAGE** ➤

# Little Holly's fight against cancer

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

### CONTINUED FROM PAGE 30

regional lead for the Scottish Sarcoma Managed Clinical Network.

He said: "Osteosarcoma is a tumour which generally affects the limbs, with around half found around the knee.

"Sometimes children develop this disease because there is a family history, but more often than not, there is no obvious reason why they get it. Osteosarcoma tends to be diagnosed late because it is such a rare disease and doctors don't expect to find it. A lot of people have pain in their limbs and joints, including after injury, so it's not something health specialists would first think of.

"It's quite an aggressive form of cancer and although the tumour starts inside the bone, it can spread to the soft tissue outside causing a visible lump on the limb. Because it can weaken the bone, it can cause the bone to fracture."

Once osteosarcoma is diagnosed, the patient will have a chest X-ray and a CT scan to ensure that the cancerous cells, which can be spread around the body in the bloodstream, have not spread anywhere else (most commonly to the lungs). They then receive chemotherapy.

Dr Reid said: "Patients are given chemotherapy to kill the cancerous cells and shrink the tumour. Osteosarcoma can spread very quickly and the secondary tumours can be so tiny, they cannot be detected by our tests. The chemotherapy ensures we get them as well."

Without this course of chemotherapy, patients have far less chance of survival.

Dr Reid said: "Thirty years ago, only around 15% of people diagnosed with sarcoma survived beyond five years. Everyone else could expect

to live for up to 18 months.

"Now, with chemotherapy, that figure has risen to around 60% of patients still being well five years after diagnosis and, in children, if they are still well at five years, then they have probably beaten it."

Following the course of chemotherapy, an orthopaedic surgeon will cut out the affected area, including the bone if that's what's required. If bone has been removed, the patient will be fitted with a prosthesis (an artificial replacement bone and/or joint depending on what's been removed), but this can bring additional problems.

"If you're fitting a prosthesis to, for example, a ten-year-old, that child is still growing, so the prosthesis has to grow with him. Thanks to medical advances over the years, some prosthesis can grow with the child, allowing them to lead as near normal a life as possible."

The children may then receive another course of chemotherapy and, occasionally, radiotherapy as well. This is to ensure the cancer cells have been completely wiped out.

However, the diagnosis is not always good news.

"If a tumour is too big, too advanced or can't be



**SARCOMA in a leg or joint can sometimes lead to amputation... a last resort for surgeons.**

removed safely, some patients may find themselves facing the prospect of losing a limb. Surgeons will do their best to keep it, but if they're trying to save a life and the only way to do that is to remove the arm or leg completely, then that's what happens. It's very challenging surgery.

"Sadly, despite the best efforts of health staff, some patients still die from this disease."

Once the child has gone through treatment, he or she will have regular check-ups at hospital to ensure the cancer has not returned and that their prosthesis or artificial limb (in the case of children who've had a limb removed) is still doing its job.

### So what happened to Holly from Lanarkshire? Did she recover from her cancer?

Well, Holly underwent an intensive period of tests and treatment at Glasgow's Royal Hospital for Sick Children, starting off with a chest X-ray and CT scan to check the cancer hadn't spread.

The tests came back clear, but to be absolutely sure, doctors immediately put her on a course of chemotherapy, using anti-cancer drugs to blast the cancerous cells.

The chemotherapy caused Holly to feel very unwell and her hair fell out. She also had to deal with the after-effects of surgery, which was carried out to remove the affected bone. Unfortunately, Holly's knee joint and part of the thigh bone had to be removed, but were replaced by a custom-made prosthesis (a specially designed artificial part).

Holly underwent further chemotherapy before her treatment was complete. She also needed physiotherapy to help her learn to walk again.

Several years on, Holly is well and living life to the full. She still needs check-ups at the hospital, but apart from that, she's doing well.

**CONTENTS**

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# New Beatson is making us a world leader

**C**ANCER patients in the West of Scotland are reaping a massive benefit from the unique combination of world beating research programmes, comprehensive clinical trials and state of the art treatment facilities at Glasgow's two Beatson centres.

Professor Karen Vousden said: "Patients in Glasgow and the West of Scotland are incredibly well served by the combination of research, clinical trials and treatment facilities.

"The level of co-operation between these different disciplines is one of the key factors that makes Glasgow a world-leading centre for research into cancer causes and treatments."

At the Beatson Institute, Professor Vousden and her team of 22 senior scientists and cancer biologists are conducting cutting-edge research into the molecular structure of cancer cells to discover what causes them to mutate, and spread to different parts of the human body.

Professor Vousden added: "We need to understand more about the basic biology of cancer cells, but we are totally focussed on using that knowledge to develop new and more effective treatments."

Among the programmes Professor Vousden and her team are working on is the development of smart drugs, which will eliminate the nasty side effects of current chemotherapy treatments by killing only cancer-causing cells.

They are also working towards producing designer drugs that will be tailored to tackle each individual patient's cancer cells, using different combinations depending on the type of cancer and how advanced or aggressive it happens to be.

Professor Vousden added: "I can certainly foresee the day when we have drugs that are so easy to take, patients may well be able to live full and normal lives, regardless of whether the drugs actually cure their cancers or simply control them."

At the Beatson Cancer Centre at Gartnavel, Professor Jim Cassidy is the Director of Clinical Trials, the programme that



**PROFESSOR Karen Vousden... research.**



**PROFESSOR Jim Cassidy... trials.**

gives patients the opportunity to help test and develop new and more effective treatments.

Professor Cassidy said: "We have one of the biggest clinical trial units in the UK, running up to 100 programmes at any one time and involving 1500 patients a year.

"The only way we can develop better treatments and more palatable treatments is to conduct clinical trials, which not only add to our knowledge, but actually help the patients involved.

"Research shows that trial patients do better, regardless of the effectiveness of the therapy under test, because of the intensity of the focus on every aspect of their treatment and higher than normal levels of monitoring through scans and other procedures."

The Trials Unit tests a wide range of treatments and was involved in early trials of Herceptin, one of the new breed of smart drugs used to treat breast cancer.

Professor Cassidy added: "Even when a drug like Herceptin has been approved and is in general use, we continue to conduct trials to establish things like the best ways to use it, the optimum doses, and how it might react with other drugs."

All the senior consultants at the New Beatson are involved in conducting clinical trials as part of their workload and many of the staff like Professor Cassidy are involved in research projects using the Beatson's laboratories.

## TALE OF TWO BEATSONS

ALTHOUGH most people don't realise it, Glasgow has TWO Beatsons.

The recently opened state-of-the-art Beatson West of Scotland Cancer Centre on the Gartnavel site is well known for the range and quality of its cancer care.

Less well known is the Beatson Institute, where a team of scientists funded by Cancer Research UK, are conducting cutting-edge research into the molecular structure of cancer cells, and helping to develop a new breed of smart, easy-to-take drugs which will attack only cancer cells.

## HOW CANCER MEDICINES ARE APPROVED

## CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

33

# Balancing benefits with budget

**MARY Maclean, Lead Pharmacist for West of Scotland Cancer Services explains how new cancer medicines are approved in Scotland.**

**C**ANCER medicines mean big business to pharmaceutical companies. Worldwide, about 400 cancer medicines are currently in clinical trials, twice the number of trials for Alzheimer's disease and three times as many as for heart disease and stroke.

Analysts recently estimated that the international market for cancer medicines will double between now and 2010, from £13 billion to £26 billion.

With so many new – and often costly – medicines available but only limited NHS funds to pay for them, there needs to be a process to determine which ones provide the best value for money.

The process for approving new medicines is complex. The first step involves the licensing of the medicine. The licensing system ensures that medicines actually work, are acceptably safe for use and are manufactured to a high standard before they are made available for prescribing in the UK. The application can be for a completely new medicine or a new use of an existing medicine.

Two bodies have responsibility for licensing medicines in the UK - the European Medicines

## Why some new cancer medicines win approval and some are rejected



**LEAD cancer pharmacist Mary Maclean... there are many new and costly medicines available but only limited funds to pay for them.**

Evaluation Agency (EMA) and the Medicines Health Regulatory Authority (MHRA). The manufacturer of the medicines need only apply to one of these bodies; most cancer medicines are now approved by the EMA. No medicine is risk free so these bodies have a responsibility for ensuring the benefits to patients justify the risk of any possible side effects.

Once a medicine is licensed and has received 'marketing authorisation', it can be launched on the market. At this stage, doctors in NHS Scotland are able to prescribe the medicine if it

is thought to be the only suitable treatment for an individual patient.

Before it can be routinely prescribed, however, it must first be considered by the Scottish Medicines Consortium (SMC).

SMC provides advice to NHS Scotland about the effectiveness of the medicine, which patients would benefit from it and whether it is more effective than treatments being used at present. Its members include a wide variety of healthcare professionals who have expertise in assessing medicines and patient representatives from across Scotland.

The aim of the SMC is to create a consistent approach to prescribing across Scotland.

In assessing new medicines, SMC will consider its cost relative to the benefits it will bring and the services needed to provide it. The body will then make one of three recommendations:

- The medicine is assessed as having unique status i.e. there are no other treatment options available
- The medicine is accepted for use
- The medicine is not recommended for use

There's another body involved in this field - the National Institute for Health and Clinical Excellence (NICE) – and while much of its work is related to the NHS in England and Wales, it does make decisions that apply in Scotland.

It has two processes for assessing medicines. Multiple Technology Appraisals (MTAs) examine a disease or class of medicine

CONTINUED ON NEXT PAGE ➤

**CONTENTS**

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# How new cancer medicines are approved...

**CONTINUED FROM PAGE 33**

and contain very rigorous evidence gathered over a period following the launch of a medicine. MTA decisions apply not only in England and Wales but also in Scotland.

Single technology appraisals (STAs) follow a similar process to that used by the SMC – based on evidence from the manufacturer – and therefore have no status in Scotland. It is because of these separate processes that apply uniquely to different parts of the UK that a medicine may be approved for use in Scotland but not in England and Wales.

This is a highly emotive area with – understandably – strong reactions in those who feel they might benefit from the medicine.

There are, however, limited healthcare resources and an ever-increasing list of new medicines being launched. One or two new cancer treatments are launched on the UK market every month – around thirty new cancer treatments have so far been identified for assessment by SMC this year alone.

SMC or NICE may decide to reject a medicine if they consider that there are already similar, more cost-effective, treatments available or because the limited benefits to patients do not justify the investment in the medicine. Alternatively, the medicine may not offer better



therapeutic value than existing medicines.

As Mr Andrew Dillon, Chief Executive of NICE, explains: “The NHS has finite resources and it is our job to ensure that these are spent on treatments that confer enough of a benefit to patients in relation to the amount of money they cost.”

If SMC rejects a medicine, then it is open to the manufacturer to resubmit the drug with new evidence. If the case is made successfully at this stage, then the medicine will be accepted for use. If the submission remains unsatisfactory, a

third and final stage of appeal is available via an Independent Review Panel.

And whilst this is going on, individual specialists may apply to prescribe it for individual patients. In the West of Scotland, arrangements have been put in place to ensure a consistent approach to such requests for cancer medicines. This means that any eligible patient within the region – whose individual medical circumstances merit the medicine – is able to get it whilst a decision from SMC is awaited.

**THE CASE FOR HERCEPTIN** ➤

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

## WHY MEDICINES ARE LICENSED

THE system of licensing was introduced in the 1960s in response to the thalidomide scandal.

Thalidomide was prescribed during the late 1950s and early 1960s. It was developed as a sleeping pill, but it was also thought to be useful for easing morning sickness in pregnant women. The manufacturer publicised its comprehensive safety – even for pregnant women – although it had never undergone rigorous clinical trials.

By 1960, thalidomide was found to damage the development of unborn babies, especially if it had been taken in the first four to eight weeks of pregnancy. The medicine led to the arms or legs of the babies being very short or incompletely formed. More than 10,000 babies were affected around the world. As a result of this disaster, thalidomide was banned.

More recently research has shown that thalidomide has a potential role in the treatment of multiple myeloma. An application for a licence has been filed this year. Measures will be put in place to ensure that no pregnant woman is exposed to this medicine.



## THE CASE FOR HERCEPTIN

HERCEPTIN is a new type of treatment for breast cancer. It targets the HER2 protein which can fuel the growth of breast tumours. Herceptin blocks the HER2 protein so it can no longer tell cancer cells to grow.

Only 15% to 25% of breast cancer patients will have the HER2 protein which will make them likely to respond to treatment with Herceptin.

Herceptin has been licensed in the UK for advanced breast cancer since 2002.

The manufacturer, Roche, and other researchers then went on to do further research in early stage breast cancer.

In 2005, the medicine hit the headlines when a number of women with early stage cancer won court

cases against their local health authorities to have the drug prescribed in response to their individual circumstances ahead of being licensed.

A handful of patients also were prescribed the medicine in Scotland.

However it wasn't until 2006, when a European license was granted extending the medicine's use for early breast cancer patients, that SMC and NICE were able to consider it.

In June 2006, SMC recommended Herceptin for use for certain patients with early stage breast cancer. Two months later, NICE made the same recommendation.

PRINT

## CONTENTS

- 1/2 FIRST CLASS CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO CANCER
- 10/13 DIAGNOSIS PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF NURSES
- 18/21 WORKING TOGETHER FOR A BETTER FUTURE
- 22/29 TACKLING THE BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES ARE APPROVED
- 36/40 A RANGE OF EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

# Changing the way we help patients get involved...

**W**ITH all the things that go on in the battle to fight a patient's cancer, it's easy to forget that at the very heart of it all is an individual with his or her own feelings and fears.

As busy health staff work hard to eradicate the disease, it's the patient who can often feel like a bystander in his or her own life.

Feelings of isolation and loss of control over what happens next are common and understandable.

But things are changing.

Within cancer services across the West of Scotland, we're actively working to involve patients more in their care and in planning cancer services for the future.

And one of the ways in which we are doing this is by supporting the West of Scotland Cancer Network (WoSCAN) Partnership Forum.

Set up by the NHS and patients three years ago, the establishment of the Forum is part of our commitment to Patient Focus Public Involvement (PFPI)...in other words, involving the patient and public more in shaping and developing services.

Consisting of cancer patients,



**THE WoSCAN Partnership Forum works to influence the development of new policies, strategies and service planning within cancer services.**

carers and staff, the WoSCAN Forum works to influence the development of new policies, strategies and service planning within cancer services throughout the West of Scotland.

Chair, Helen Patterson is a former cancer patient herself.

She said: "The Forum acts as the patient voice, providing a platform for patients and their carers to put forward their views about how services can be improved and to share their experiences of being treated for the disease.

"The biggest success of the Forum is the partnership it's formed with the NHS."

Fifteen members of the Forum – all volunteers - represent a wide

range of cancer areas including head and neck, breast, colorectal, skin, lung, palliative care, urology, upper GI and haemato-oncology (blood cancers).

Other members of the group include Christine Morran, the NHS facilitator to the Forum, carers, representatives from the voluntary sector and cancer staff.

Meeting every two months, the Forum already has established links with and/or is represented on a number of regional and national groups including:

- Ten regional cancer Managed Clinical Networks (where health professionals meet to share best practice to improve services)
- The Regional Cancer Nursing

Group

- The Regional Primary Care Group
- The Regional Cancer Prescribing Advisory Group
- Stirling University Cancer Care Research Group
- NES (NHS Education for Scotland)
- NHS QIS (Quality Improvement Scotland)
- The Scottish Cancer Group

Helen, a former bank manager, continued: "We're already successfully working with a number of people who lead on cancer services throughout the West of Scotland. Our next big task it to approach those whom we are not yet working with, help them to understand the purpose of our group and help them to improve the delivery of services.

"We're already getting a number of lead clinicians from both acute (hospitals) and primary care (community) services coming along to our meetings, which is great.

"What we're aiming towards is a two-way flow of information where we can put forward the patient's view to staff and they can talk to

**CONTINUED ON NEXT PAGE** ➤

**CONTENTS**

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

**PRINT**

## Changing the way we help patients get involved...

**CONTINUED FROM PAGE 36**

us about their plans for the future. By working together, we can really improve things for patients.”

And Helen and her Forum colleagues are already seeing improvements in involving patients.

She said: “Things are starting to change for the better and it’s great that we are involved in helping cancer services to move forward. It’s a very exciting time at the moment with all the changes that are taking place in cancer services throughout the West of Scotland.”

Another major drive for the Forum is recruiting new members. Any cancer patient can join and the Forum is actively looking to recruit young people to the group. Carers are also welcome, including those looking after children with cancer and those who have survived the person they cared for.

Helen added: “We want

as wide and inclusive a membership as possible in order for us to put forward as broad a perspective as possible.”

“When a diagnosis of cancer is made, it’s not just the patients who need help, but their carers and families as well. That’s why we’re keen to see more carers on our group.”

The one thing the group stress they don’t do is deal with complaints.

If you’re interested in joining or would like more information, contact Helen on [helen.patterson@northglasgow.scot.nhs.uk](mailto:helen.patterson@northglasgow.scot.nhs.uk) or the Forum’s NHS facilitator, Christine Morran, on [christine.morran@northglasgow.scot.nhs.uk](mailto:christine.morran@northglasgow.scot.nhs.uk) or write to to: Helen Patterson, Partnership Forum Chair or Christine Morran, Partnership Forum Facilitator, Ward 38, Glasgow Royal Infirmary, Glasgow G4 0SF. Tel: 0141 211 1173, Fax: 0141 232 0707.

# Coping with the emotions

IT’S not just the physical symptoms that people with cancer have to deal with... the distress caused by the disease and its treatment can be just as debilitating.

Reactions to cancer vary considerably and patients can experience a wide range of emotions. However, they may feel unable to express their concerns to the doctors and nurses caring for them. Some may adopt a British ‘stiff upper lip’ and ‘grin and bear it’ rather than seek help. Others may feel that their care is about being treated medically and do not wish to burden staff with psychological

problems they feel are inevitable or that nothing can be done about.

It is of course common to feel shocked and upset following a diagnosis, but if associated difficulties start to affect daily life, become difficult to tolerate or make it more difficult to cope with treatment, then more specialist support may help.

That’s where our teams of psychology and psychiatric staff come in. They provide specialist services that can help a cancer patient cope with the distress associated with their illness and subsequent treatment.

Consultant Clinical Psychologist,

**CONTINUED ON NEXT PAGE** ➤

## CANCER MYTHS

EVERYONE with cancer suffers severe pain. MYTH.  
The TRUTH is not everyone with cancer has pain and, for those that

do, there are a range of treatments doctors can provide that will eliminate or lessen the pain or get it under some sort of control.

CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

# Coping with the emotions

**CONTINUED FROM PAGE 37**

Dr Matt Wild said: "When patients are diagnosed with cancer, they are naturally distressed and scared. They may have difficulty in coming to terms with the diagnosis and feel isolated, unsupported and stigmatised because of the feelings they are experiencing.

"Some people fear telling their families and worry about how their illness will impact on their relationships.

"They may also experience distress related to their treatment, which can be unpleasant and painful. For example, in the case of bone marrow transplant recipients, they also have to undergo a period of extended isolation, which, psychologically, can be very difficult to cope with.

"Following treatment, patients may also be living with the side effects of their treatment or during a period of remission may be scared that their cancer will come back.

"This can all take a toll on a patient's mental health just at the point where they need all their physical and psychological strength to fight the disease."

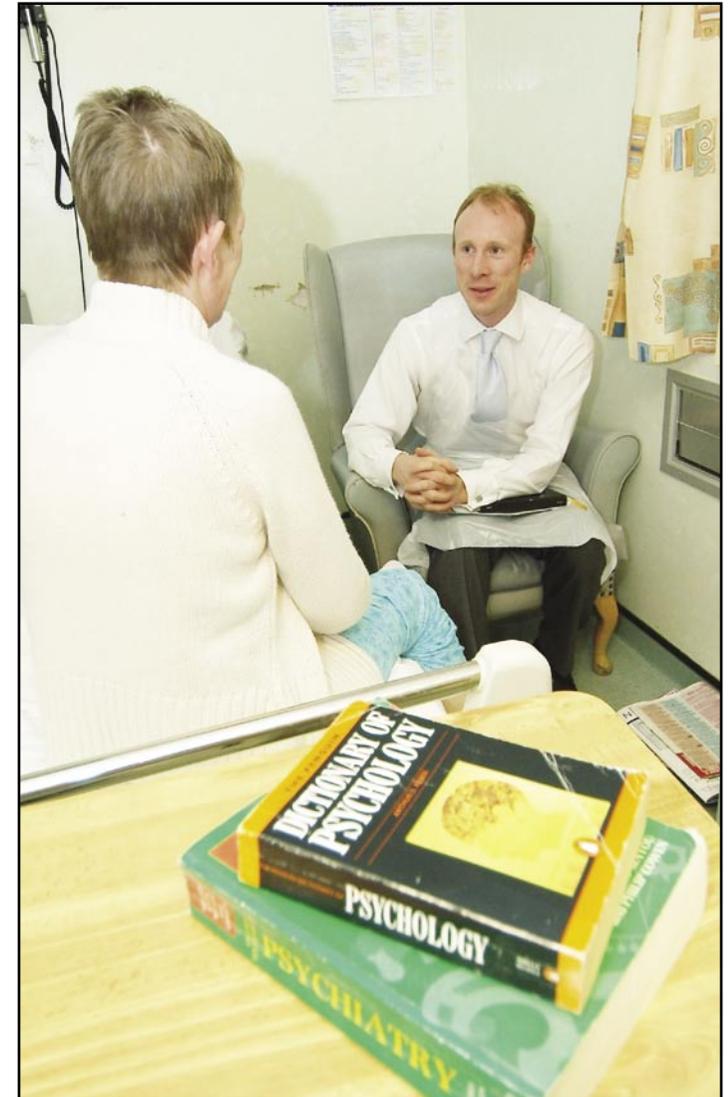
Psychological distress in these patients commonly relates to difficulty adjusting

to the diagnosis, coping with treatment, anxiety, low mood and adjusting to life post-treatment. Patients can also be helped to manage physical problems like pain, fatigue and breathlessness more effectively. A small number of patients may develop more significant problems such as clinical depression or Post Traumatic Stress Disorder in the context of the diagnosis or treatment of their cancer.

He said: "We try to understand the difficulties experienced by the patient and provide them with alternative coping strategies, helping them to talk about their feelings with those around them, including family members.

"We don't provide this service alone, but work closely with nursing and medical staff, allied health professionals, the Chaplaincy Service, counsellors and organisations such as Maggie's and Macmillan to support the patient throughout their treatment."

Cancer can be stressful, not just for patients, but for partners and families too. Support services are available both for adults and children diagnosed with cancer. Specialist services are also available for children (up to the age of 18) who are experiencing difficulties coping with a relative's cancer.



**CONSULTANT Dr Matt Wild believes that the mental health of the patient is vital to making a good recovery.**

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

# Coping with the emotions

## CONTINUED FROM PAGE 38

“Some patients are concerned that if they need to see a psychologist it must mean they are going mad, which of course is not true. Others are just relieved to have someone to talk to. It’s about identifying what’s best for the patient and providing the appropriate level of care for them...whether it’s working with staff on the ward or working directly with myself.”

He revealed that part of the work of the psychology team is to educate and train non-psychology staff (e.g. nurses) in ways of helping people suffering from psychological difficulties.

“Helping a patient cope is not just about them having a one-to-one session with a psychologist, it’s a whole team approach and by teaching other staff psychological strategies, we are not only improving things for the patient, but giving staff more confidence in dealing with someone experiencing cancer related distress. Psychological care is everyone’s responsibility.”

Dr Wild said that contrary to popular belief, it isn’t always the patient with the more extensive disease that suffers the most from cancer related distress or more serious mental health problems.

“Every patient is different. It’s very much a personal, individual experience. However, it’s very common for cancer patients to experience a period of low mood or anxiety at some point

When patients are diagnosed with cancer, they are naturally distressed and scared. They may have difficulty in coming to terms with the diagnosis and feel isolated, unsupported and stigmatised because of the feelings they are experiencing.”

- DOCTOR MATT WILD

during their experience. We’re here to say it’s okay to feel like that and to help them through it.”

One of the problems staff experience is that patients are afraid to speak up for fear of being stigmatised.

“We are working hard to make the service more accessible to patients and staff to destigmatise this issue and address psychological concerns as a routine part of patient care. Eliciting concerns and addressing distress at an early stage is very important and we’d advise anyone who is having difficulty coping to speak up and ask for help.

“At the end of the day, our aim is to improve the quality of life for patients and help them and their families cope as they go through their treatment and beyond.”

# Easing the pain in many different ways

**PALLIATIVE care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.**

THIS is the World Health Organisation’s definition of the complex subject of palliative care.

It gives you an inkling of what palliative care is, but cannot fully demonstrate the range of services that come under the palliative care banner.

John Welsh, Professor of Palliative Medicine with NHS Greater Glasgow and Clyde, said: “Palliative care is about taking a holistic approach to care, treating the whole person, not just the symptoms of the disease.

“We examine all aspects of the person’s life from controlling their pain (if they have any) and symptoms to their psychological health and social and spiritual well-being.

CONTINUED ON NEXT PAGE ➤

## CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

PRINT

40

# Easing the pain in many different ways

## CONTINUED FROM PAGE 39

"In order for us to deliver this wide-ranging support, patients are seen not only by health staff traditionally associated with cancer, but also physiotherapists, occupational therapists, psychologists, chaplains, social workers, pharmacists, dieticians and anyone else required to provide the best service to the patient.

"Community health staff including the person's GP and District Nurses are also vital, and hospital and community teams work as closely as possible.

"Cancer is a disease that not only affects a person's mind and body, but can also interfere with their ability to work and earn money. We can help by ensuring that people are aware of their rights and financial entitlements."

How much palliative care a person requires varies from patient to patient, he revealed. However, the majority of patients requiring this type of care include those living with cancer, those with symptoms from their treatment for cancer and those who are coping with the prospect of their own deaths.

"Palliative care staff accept that some people in our care are going to die," said Professor Welsh. "We



**PROFESSOR John Welsh... taking a holistic approach to the care of all his patients.**

do our best to support the patient in coming to terms with that terrible news and can help them to start to prepare for their death. This could include getting their affairs in order, helping them to reconcile differences with family members and helping them to do things they've always wanted to do.

"A big part of our work is actively listening and allowing people to voice their concerns and emotions."

Most people when told they have cancer are understandably frightened. They fear they are going to die and die an unpleasant and painful death, Professor Welsh

explained.

"However, not everybody with cancer experiences pain. If someone is experiencing pain, we can control it much better thanks to the range of modern drugs we have at hand. We can't always eliminate all pain, but we can get to a point where it is more controlled and more bearable for the patient."

It's not just pain that can be a problem for someone with cancer. Many experience a range of other side effects including breathlessness, loss of appetite, nausea, vomiting, constipation, mobility problems, feeling weak or fatigued, and difficulty controlling

coughing.

"All these things have to be addressed and we do everything we can to reverse these distressing symptoms."

Not surprisingly, patients often feel anxious or depressed on top of everything else, and this is something else palliative care teams will address.

Another aim of the team is to allow the patient as much involvement in their own care as possible.

"Many people when going through something like this can feel helpless and hopeless. We try to support people to be as independent as possible, to retain their status as an individual.

"Our aim is to give them as much control over their lives as possible and we do that by providing reliable, truthful information about their condition and including the person in a partnership relationship so they have a say in their treatment. If a person wishes, we try and help them stay at home for as long as possible, we check what support they have and provide extra support where needed. Our approach is very much a partnership between the palliative care team and the patient."

MEET THE PARTNERS WHO GIVE US A HELPING HAND... ➤

## CONTENTS

1/2 FIRST CLASS  
CANCER SERVICES

3/5 TURNING THE TIDE

6/7 SCREENING BENEFITS

8/9 D.I.Y. GUIDE TO  
CANCER

10/13 DIAGNOSIS  
PROGRESS

14/15 TELE TEAMWORK

16/17 NEW BREED OF  
NURSES

18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE

22/29 TACKLING THE  
BIG FOUR

30/31 A CHILD'S STORY

32 THE NEW BEATSON

33/35 HOW MEDICINES  
ARE APPROVED

36/40 A RANGE OF  
EXPERT HELP

41/42 PARTNERS ON HAND

PRINT

41



**THE Friends of the Beatson complementary therapy suite... an example of the great work that many cancer charities do.**

## Meet the partners who give a helping hand... and a whole lot more

**A**S A HEALTH service, we provide a wide range of treatments and care for people with cancer...but we can't do this alone.

In order to give our patients the best all round care, we've forged strong partnerships not only with local authorities, but – just as importantly – with a wide range of charities and voluntary agencies as well.

They play a vital role in helping us ensure the people in our care receive the best treatments, the best support and the best advice that we can offer.

Not only do charities and voluntary agencies raise amazing amounts of

money to enable us to expand and improve on the services we provide, but they also provide hospice care, money for research and education, patient support and advice and other bits and pieces.

In Scotland, some cancer charities and voluntary organisations have come together under the title of the Scottish Cancer Coalition.

A partnership of 19 organisations (listed below), the coalition aims to ensure the needs of people living with cancer are met. They do this by working together to influence change in cancer service provision as well as continuing to provide and develop the support they provide.

**A LIST OF OUR PARTNERS** ➤

## Need to know more about cancer and support services?

NHS 24's health information service helps patients, their families, friends or carers by providing information on illnesses and conditions and sources of further help and advice.

Available to the public 8am-10pm, the telephone service on 0800 22 44 88 covers information on illnesses and conditions, health care, social care, and support organisations and is staffed by health information advisors.

When a caller contacts NHS 24's health information service about cancer, it can provide them with contact details and information about support groups in their area and useful websites where they can access further information in their own time. Information on particular types of cancer or support organisations can be emailed or posted to the caller confidentially. This type of service can be particularly helpful when someone has just been diagnosed.

Brian McCann, NHS 24 health information advisor, explains: "When someone is first diagnosed with cancer they do not always take in what is being said to them at the time because of the



initial shock. This is where NHS 24's health information service can help. When a patient calls us we are able to help them find answers to their questions in a calm and informal way, as well as offering websites and contact numbers where they can get more information and support nationally and in their area.

"Friends and relatives of someone diagnosed with cancer often call us too. They want to know more about the illness and how they can support their friend or family member."

NHS 24's health information service is available 8am-10pm, seven days a week by dialling **0800 22 44 88**.

Information on cancer can also be found on NHS 24's online health encyclopaedia on: **[www.nhs24.com](http://www.nhs24.com)**

# Cancer charities and voluntary organisations

## CONTENTS

- 1/2 FIRST CLASS  
CANCER SERVICES
- 3/5 TURNING THE TIDE
- 6/7 SCREENING BENEFITS
- 8/9 D.I.Y. GUIDE TO  
CANCER
- 10/13 DIAGNOSIS  
PROGRESS
- 14/15 TELE TEAMWORK
- 16/17 NEW BREED OF  
NURSES
- 18/21 WORKING  
TOGETHER FOR A  
BETTER FUTURE
- 22/29 TACKLING THE  
BIG FOUR
- 30/31 A CHILD'S STORY
- 32 THE NEW BEATSON
- 33/35 HOW MEDICINES  
ARE APPROVED
- 36/40 A RANGE OF  
EXPERT HELP
- 41/42 PARTNERS ON HAND

Association of International Cancer Research  
- 01334 477910,

[www.aicr.org.uk](http://www.aicr.org.uk)

Bowel Cancer UK - 08708 50 60 50,

[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)

Breast Cancer Care Scotland - 0808 800 6000  
(Monday to Friday, 9am - 5pm, Saturday, 9am  
- 2pm),

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

Cancerbackup - 0808 800 1234 (Monday to  
Friday, 9am-8pm),

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Cancer Research UK - 0800 226 237 (Monday  
to Friday, 9am to 5pm),

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

CLIC Sargent (a children's cancer charity) –  
0800 197 0068 (Monday to Friday, 9am to 5pm),

[www.clicsargent.org.uk](http://www.clicsargent.org.uk)

Leukaemia Care - 0800 1696680 (24 hour),

[www.leukaemiacare.org.uk](http://www.leukaemiacare.org.uk)

Macmillan Cancer Support - 0808 808 2020

(Monday to Friday 9am - 10pm),

[www.macmillan.org.uk](http://www.macmillan.org.uk)

Maggie's Cancer Caring Centres – 0141 330  
3311,

[www.maggiescentres.org](http://www.maggiescentres.org)

Marie Curie Cancer Care -

[www.mariecurie.org.uk](http://www.mariecurie.org.uk)

Myeloma UK - 0800 980 3332,

[www.myelomaonline.org.uk](http://www.myelomaonline.org.uk)

Ochre – 0141 942 5855,

[www.ochrecharity.co.uk](http://www.ochrecharity.co.uk)

The Prostate Cancer Charity - 0800 074 8383  
(Monday to Friday 10am - 4pm),

[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

Roy Castle Lung Foundation -

[www.roycastle.org](http://www.roycastle.org)

Scottish Association of Prostate Cancer Support  
Groups - 01764 663631,

[www.prostatescot.co.uk](http://www.prostatescot.co.uk)

Scottish Breast Cancer Campaign -

[www.scottishbreastcancercampaign.org](http://www.scottishbreastcancercampaign.org)

Scottish Cancer Foundation

Email: [f.conway@beatson.gla.ac.uk](mailto:f.conway@beatson.gla.ac.uk)

Tak Tent - 0141 211 0122,

[www.taktent.org](http://www.taktent.org)

The Teenage Cancer Trust – 020 7612 0370,

[www.teenagecancertrust.org](http://www.teenagecancertrust.org)

These are not the only charities, trusts and  
voluntary organisations that provide services  
and/or funds. Others include:

Ayrshire Cancer Support - 01563 538008,

[www.ayrshirecs.org](http://www.ayrshirecs.org)

The Friends of the Beatson -

[www.justgiving.com/beatson/donate](http://www.justgiving.com/beatson/donate)

Trades House of Glasgow -

[www.tradeshouse.org.uk](http://www.tradeshouse.org.uk)

The Shaw Melanoma Charitable Trust -

[www.shawmelanoma.org.uk](http://www.shawmelanoma.org.uk)

The Robertson Trust - 0141 221 3151,

[www.therobertsontrust.org.uk](http://www.therobertsontrust.org.uk)

## BENEFITTING COMMUNITIES ALL OVER THE WEST OF SCOTLAND

Written by NHS Communications staff and published on behalf of the West of Scotland Cancer Network in a unique collaboration between the Health Boards below. For further information, Tel: 0141 201 4857. Design: Alistair Nicol PR & Design, Ayr. Tel 01292 287492. [www.nicolmedia.co.uk](http://www.nicolmedia.co.uk)



[www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com)



[www.forthvalley.com](http://www.forthvalley.com)



[www.nhsggc.org.uk](http://www.nhsggc.org.uk)



[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



[www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)



[www.nhs24.com](http://www.nhs24.com)