

Launched in September 2014, the Cancer Nursing Partnership (CNP) is a unique co-operation between 16 organisations, representing tens of thousands of nurses, which aims to support improvements in cancer care – in particular, to raise awareness and adoption of the Recovery Package.



Follow the **CNP on Twitter**



If you're involved in the implementation of the Recovery Package, please send us any examples of best practice to CNP@macmillan.org.uk

Recovery Package

Treatment summaries (part 7 of 7): recurrence and second primaries



A primary cancer diagnosis, along with certain treatments, can increase a person's risk of recurrence and second primaries – which may have implications for their long-term care and monitoring.

For example, women under the age of 30 who undergo chest radiotherapy are at an increased risk of developing breast cancer. The NHS offers these women early access to breast cancer screening, but it is unclear how many take it up.

Anthony Cunliffe, Macmillan GP Advisor, says, 'It is important that as a GP I have clear information on any increased risk of recurrence, what the signs and symptoms might be and the action to take if they occur. This is equally important for patients, who

need to know when to go to their GP with concerns. The treatment summary offers a perfect vehicle to clearly outline this information. Rather than having to look through multiple clinic letters or contact the treating team, myself or a practice nurse can consult the treatment summary to get the information we need.'

The Cancer Care Review then provides an opportunity to discuss the risks and make sure that if symptoms start, they are recognised and the person is referred as quickly as possible. It is also a good time to let the patient know what they can do to help lower their future risk, e.g. by exercising, eating more healthily or stopping smoking.

**Anthony Cunliffe,
Macmillan GP Advisor**

Cancer Research UK nurses

When most people think of Cancer Research UK (CRUK), the first thing that comes to mind is research and clinical trials.

But there are also four key teams of nurses working through CRUK directly for people affected by cancer, alongside the many research nurses we fund either in part or whole through our support of clinical trials. Our key nursing teams are:

- our Senior Research Nurses, who coordinate and improve delivery of trials at a local level;
- our Cancer Awareness Roadshow Nurses, who take health and prevention messages out into the community;

- our Nurse Writers, who write and review the information on our website for people affected by cancer; and
- our multi-channel helpline nurses, who answer around 12,000 enquiries a year from members of the public about any aspect of cancer and its treatment.

All these teams interact with people who are living with and beyond cancer, and are in a position to direct them to the support and information they need to live well after their treatment is complete. In particular, many of the people who call our helpline have finished treatment and have concerns about dealing with the emotional effects of cancer, fear of recurrence or the long-term impact of treatment.

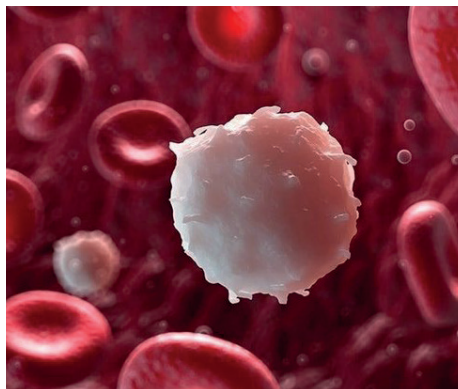


Next month's Partner Focus will feature Bloodwise

Consequences of cancer treatment: watch and wait approach for blood cancers

Blood cancer is the fifth most common type of cancer in the UK, with 38,000 people a year diagnosed and more than 230,000 people living with blood cancers. While some of these people have acute cancers that require intensive treatment, more and more people are living with chronic blood cancers that are managed as a long-term condition with lower-intensity treatments.

Unfortunately, even these gentler treatments can cause unwanted side-effects – so treatment is often only recommended for people whose cancer is advanced, progressing quickly or affecting their quality of life. For people with stable or slow-progressing chronic blood cancers, it can be better to 'watch and wait' – i.e. have regular check-ups and only begin treatment if and when it's needed. There are currently 27,000 people on



'watch and wait' for blood cancers in the UK – that's 13% of everyone with blood cancer.

Being told you have cancer but that you won't receive immediate treatment can be hard for many people to understand. Research by Bloodwise in 2015 found that the key consequence of the 'watch and wait' approach was psychological and emotional distress, with nearly one in five patients highlighting the need for support in this area.

Only 61% of patients felt their information and support needs were met, and many said they needed more information on signs and symptoms of progression, the length of time they could be on 'watch and wait' and treatment options.

To meet this need, Bloodwise plans to launch a toolkit of online resources for patients, friends and family, GPs and employers, with the aim of improving the experience of people on 'watch and wait'. Keep an eye on bloodwise.org.uk for this fantastic new resource – coming soon.

Did you find the Monthly Bulletin helpful? Please email any comments and suggestions to CNP@macmillan.org.uk

To see our full list of upcoming events, click here