Winchester & Eastleigh Cancwr Support Group - Tuesday 19th September 2023

with Claire Barnaby – Senior Breast Care Nurse at Winchester Hospital

Staff Updates in Hampshire Hospitals (HHFT)

Jo Fields - the Advanced Nurse Practitioner (ANP) who came to our Meeting in July to talk about managing the side effects of Hormone Treatments, has recently been promoted to "Consultant Nurse". There are 3 trainee ANPs to support her.

New nurse Carly starts in October at Basingstoke Hospital to replace Marian, the Senior BC Nurse who left to join Wessex Cancer Alliance. Carly comes from the Spire Hospital in Southampton.

Richa is a new nurse in Basingstoke – she was in Haematology team previously so has lots of experience.

Clare Letterby works 2 days in Winchester Hospital and 3 days in Basingstoke as a CNS (Clinical Nurse Specialist) via a one-year contract funded by Wessex Cancer Alliance. Clare has worked in Palliative Care so has a wealth of experience.

Clare Clayden-Lewis's Matron Role is still open. Claire agreed to continue in the role, part-time 3 days a week, until a replacement is found. She has mainly worked at Basingstoke as the Senior BC Nurse left.

Winchester Hospital has 3 Consultants - Natalie Chand, Siobhan Laws and a new Consultant Deyana Oweis. They are all onco-plastic surgeons so are concerned with the aesthetics – the .

There are 2 consultants in Basingstoke - Mr Harris and Ms Stanton (Mr Harris Consults at Basingstoke but Operates at Winchester Hospital)

Winchester Hospital has more hours of breast cancer surgery than Basingstoke

Clare Barnaby was on secondment as a Senior Breast Care Nurse and now has the role permanently. Congratulations Claire!

Sarah Blundell and Sue Wilcox are both permanent Breast Care Nurses
Ann Stockley Breast Care Nurse works 2 days a week

Dr Raj is a Clinical Oncologist so he covers both Chemotherapy and Radiotherapy

Dr Raol is a Medical Oncologist so he only covers Chemotherapy, not Radiotherapy

The waiting time for Radiotherapy is currently around 10-11 weeks and it is available at both Basingstoke and Southampton hospitals

Process after Treatment ends and Hormone Therapy

The PIFU (Patient Initiated Follow Up) process is led by Jo Fields.

- Patients don't have to have annual checks with Oncologist (will still have annual mammograms) but patients can access Consultants if they have any health concerns via their BC nurses.
- When treatment is finished, a discharge summary is given with a plan going forward.
- Cancer Support Workers and Nurse Practitioners are starting mini-MDT meetings (Multi-Disciplinary Team) for patients at the end of their first 5 years. This includes recommendations for the length of hormone therapy, eg. whether to continue for another 2 to 5 years.

Hormone Treatments can be given for 5years or up to 10 years depending on the biology of the tumour and the patient's tolerance of the drugs.

- The main benefit is in the first 3 years.
- Previous thoughts were that there is very little protection after 5 years, but they are constantly reviewing.
- They are possibly looking at extending aromatase inhibitors (AI's), but it is patient / tumour / cancer type specific so might vary from patient to patient

- If your cancer was higher risk eg. Node+ / Grade 3 you might take hormone treatment for longer if your body is tolerating it.

GP should inform you when it's time to stop hormone treatment. Some people could have been missed especially during Covid so if you're unsure, ask your GP to refer you to Oncologist / Consultant for advice.

Eg. if taking Vagifem (which has a low dose of topical Oestrogen) for UTI's or vaginal dryness, they may recommend staying on Tamoxifen for added protection against recurrence.

Medical Photography

Medical photography – Photographs can be taken before Oncoplasty / Mammoplasty surgeries (reconstructions or symmetry reductions) and again after 18mths and 5 years for research / medical articles / teaching / patient satisfaction purposes and sometimes to inform new patients.

Different types of tumour / cancer types

Surgery and Radiotherapy are classed as "local therapies".

Chemotherapy and Hormone / Protein Therapy are classed as "whole-body-therapies"

"Invasive" tumours are likely to or have potential to spread and may have already spread (eg. to the lymph nodes) so a whole-body-therapy is required to successfully treat these.

DCIS (Ductal Carcinoma In Situ) is a localised cancer and is not likely to spread.

IDC (Invasive Ductal Carcinoma) is likely to / has potential to spread and may have already spread (eg. to the lymph nodes) so a whole-body-therapy is required to successfully treat this

LCIS (Lobular Carcinoma In Situ) – is in the milk glands/ducts and unlikely to spread, but it could lead to cancer later if untreated

ILC (Invasive Lobular Cancer) has potential to spread so also needs whole-body-therapy

HER2positive cancer requires a whole-body therapy eg. chemotherapy and responds well to antibody therapy eg. Herceptin

TN (Triple Negative) cancer has potential to spread and is aggressive so requires a whole-body therapy eg. chemotherapy

Other Notes re questions asked:

Sarah Sharpe is a dietitian at HHFT and works for one day a week in Breast Cancer patients. She works in other departments for the rest of her working week.

It's recommended you stop taking Tamoxifen a few weeks before any surgery so remember to tell your consultant / surgeon before any operations are scheduled – you can resume after surgery, when you're more mobile. (This doesn't apply to AI's - Letrozole or Anastrozole)

Please also remember to highlight Lymphoedema / or Lymph Nodes Surgery before any Surgery to lessen the likelihood of developing / exacerbating the condition – you can get wrist bands.

Lipo-modelling kit - they need more funding to get a new one.

Prosthetics are harder to get due to the cost

Pico dressings in surgery would aid recovery - need to justify due to the cost

Please remember that for ANY concerns you are having, do ring the Breast Care Nurses to seek advice and/or reassurance.