Report on HCCN conference 14-11-23

60 delegates, including 5 trustees, 2 helpers, 11 Nurses

This was the first time that HCCN had used Brampton Golf Club as a venue for the conference. It proved to be a successful choice and we will be using it again for our **2024 Spring conference on 30th April.**
We welcomed attendees from 09.30 with coffee or tea and then there were some introductory remarks by **Graham Heywood** (Trustee) outlining the structure of HCCN and especially welcoming the Peterborough nurses as visitors. (Peterborough has its own version of HCCN)

Gill Monsell (Trustee and conference coordinator) then outlined the programme for the day, which would involve several speakers and lunch, followed by breakout groups.

Paula Reid and Katy Davis (lymphoedema nurse specialists from St John's Hospice, Moggerhanger) were the first to speak.
They told us about the damage that surgery can do to the normal fluid drainage channels of the body so that tissue fluids build up, particularly in the extremities of the limbs. This is usually not something that can be cured but one can learn to control the discomfort and live with it.
They described the exercises that can help to move fluid along and the various pressure garments that can help a great deal.

Zara Ball (Lead cancer nurse for Hinchingbrooke and Peterborough) was our second speaker.
She gave us a rundown of the history and structure of the cancer services in our area.
NWAFT (North West Anglia Foundation Trust) came into being in 2017 to cover Hinchingbrooke, Peterborough and Stamford hospitals.
50% of people will have some type of cancer during their lifetime.
Using a targeted health check for lung cancer for the 55-74 yrs age range in 2021 meant that in NWAFT many tests were done leading to a firm diagnosis within 2 wks.
Looking ahead - by 2028 the NHS hopes to be diagnosing 75% of cancers at stage 1 or 2.

Many support groups exist in the NWAFT area - HCCN, MacMillan, CPPG (Cancer Patient Partnership Group). Personalised Care (launched in 2021) aims to give control back to the patient via the Patient Initiated Follow Up (PIFU) initiative. However there is a need for more, better psychological support.
In Peterborough there is a 20 bed cancer facility and well-being support is available free of charge in the Robert Horrell centre.

The Woodlands Centre at Hinchingbrooke covers oncology, haematology and chemotherapy. Also, patients can be referred to Peterborough or Addenbrookes for radiotherapy. A key worker will be assigned to each patient and there is an Acute Oncology Service (AOS) to refer patients to specialists available at all times.
There is a 15% increase in cancer treatments across the area, per year. Personalised care and support groups such as HCCN are the way forward.

Rosie Dean (Cambridge Cancer Research Hospital) and **Paul Middleton** (a patient rep) then spoke about the vision and design for the new cancer hospital and showed us the plans.
The aim is to "change the story of cancer", all about early diagnosis and integrated, more personalised cancer treatment.
Diagnosis, cancer assessment, inpatient wards, chemotherapy, and day treatment will all be centralised in the new building. They will be aiming to work with GPs to translate the care into local treatment using all the research info.
Outlines for the building were approved in 2023 and models of care results are expected soon.
Start of building is expected in 2025 with a view to opening in 2028.
A patient advisory group will influence the design and all contributions will be valued, not just concerned with physical care but also very much with wellbeing support.
So far issues have been highlighted concerned with:-
Possible loneliness as there will be all single rooms.
Make any digitisation as friendly as possible.

Ensure patients are greeted by a real person.
Nutrition needs to be flexible, fresh - not frozen - food.
Clear signage, Art spaces for distraction.
Privacy very important- eg not having to cross main corridors wearing a skimpy hospital gown.
Try to achieve less queueing at Pharmacy.

Rosie and Paul then asked the attendees these three questions and asked everyone to give feedback.
1 What challenges are needed to make these benefits work?
2 What are the positive implications and benefits for people in the eastern region?
3 What is most important for patients and carers ? eg ease of appointments, facilities for carers.

Cherry Sanchez (Programme Lead for the CRUK (cancer research UK) programme and a researcher since 2018) spoke on the development of immunotherapy.
She described a way of looking at the immune system's reaction as if bacteria and viruses were the "criminals" and the neutrophil white blood cells and the macrophage cells were the "policemen"
There is then a response from the Killer T cells and the B cells (both types of lymphocyte - white blood cells) which destroy the infection or the cancerous cells.

Immunotherapy can be considered to have started in 1891 by William Coley who used inactivated bacteria to stimulate the immune system. However it was not until 1957 that it was thought to apply it as a treatment.
In 1997 the first MAB (monoclonal antibody) was released but now research into this field is ongoing and producing amazing results.
"Checkpoint" inhibitors can "unmask" cancer cells rendering them vulnerable to the body's attack.
Cancers that have been successfully treated by this means include Hodgkins lymphoma, melanoma, breast cancer and some liver and urinary tract cancers.
The treatment is given intravenously every 3-6 weeks for up to two years. Side effects are due to the stimulation of the immune system and include uveitis (inflammation in the eyes), skin rashes and gut signs such as vomiting and diarrhoea.

New treatments include MABs that target high grade ovarian, Fallopian tube and peritoneal cancers.
Cancer vaccines help the body to recognise surface proteins on cancer cells and so destroy them. They are given subcutaneously or intramuscularly and can have side effects of fever, cough, redness, swelling and soreness at the injection site.
There is a current study on an mRNA vaccine which can sensitise the body to high risk melanoma and enable it to attack this very malignant cancer.

Other MABs are in use which target breast, colorectal, lung, glioblastoma and non-Hodgkins lymphoma.
A very popular current treatment is CAR-T cell therapy. This involves taking a blood sample from the patient and modifying the T cells in it and activating them to attack the cancer.
This treatment can be dramatically successful but it has to be administered in the ICU and then patients are very closely monitored for bad side effects. It has been used for Acute Lymphoid Leukaemia and Non-Hodgkins with no other options. There is also a UCL study using it to treat neuroblastoma in children.

Altogether this type of treatment is producing spectacular results and its future is very exciting.

Finally we offered several interesting **breakout groups**.

Jackie Bland gave us an update on her recent work surveying the ways in which HCCN could best meet the needs of the community. This excellent study was successful in obtaining a large grant for HCCN and its work.

Rhys Grant and the team from CRUK (Cancer Research UK) showed us how to extract DNA from strawberries, how to make bracelets with beads coded by colour to represent the bases in DNA and a keyhole surgery simulator - all these proved very popular!

Steve Whitney from Walk and Talk 4 Men told us how his group got started and what a great support network they have formed.

Tricia Glaves from the CPPG (Cancer Patients Partnership Group) gave a poster presentation about the work of the group and how they try to get as much feedback from people as possible.

A successful raffle supported us to the tune of over £200 and a lunch of crudities, sandwiches, fruit and cakes plus coffee and tea ad lib was provided by the Golf Club.

Finally, **Jan Davis**, Chairman of HCCN Trustees thanked all concerned and drew the proceedings to a close.