



Cancer Services Bulletin: February 2015

This bulletin brings together key cancer related research, news reports and journal articles to appear in January and February 2015.

In the News

[Ban on smoking in cars with children](#)

Smoking in cars carrying children will soon become [illegal in England](#) – in a significant victory for protecting under-18s from second-hand smoke.

"Now the government must fulfil a commitment by sending regulations for plain, standardised packaging for tobacco products to Parliament without delay" - *Alison Cox, Cancer Research UK*

The new law was passed following a vote in Parliament with 342 MPs voting for the measure, and 74 voting against. The regulations will come into effect on 1 October 2015.

Second-hand smoke is particularly dangerous for children, placing them at higher risk of respiratory infections, asthma, bacterial meningitis and cot death.

Passive smoking has also been linked to around 165,000 new cases of disease among children in the UK each year. Medical experts and health organisations have welcomed the ban.

[Tobacco industry tried to derail European anti-smoking legislation](#)

The tobacco industry tried, and failed, to subvert revised European regulations on tobacco products, a new analysis reports.

An investigation of industry documents found that the industry had relied on “massive” lobbying by third-parties to try to unsettle regulations’ progress through the EU parliament.

One tobacco manufacturer was found to have employed more than 160 lobbyists.

Dubbed “the most lobbied dossier in the history of EU institutions”, the 2014 European Union Tobacco Products Directive set out proposals to prevent premature deaths and cut the number of smokers across the continent by 2.4 million. It is due to become law next year.



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The new analysis, published in the journal *Tobacco Control*, also suggests that the tobacco industry's efforts were helped by reforms – known as 'Smart Regulation' – that seemed to have made it easier for corporate interests to influence public health laws.

Cancer referral targets missed for a whole year

Targets to treat patients referred with suspected cancer were missed during every quarter of the last year, [latest NHS England figures](#) show.

According to government guidelines, the NHS in England aims to treat at least 85 per cent of patients within 62 days of being referred by a GP with suspected cancer.

But only 83.8 per cent did so during the period from October to December.

This was a slight increase on the 83.5 per cent seen during the previous three months, but means that the target was missed during the all four quarters of 2014.

Cancer Taskforce Announced

NHS England has announced a [new independent taskforce](#) to develop a five-year action plan for cancer services which aims to improve survival rates and save thousands of lives. It has also launched a major new programme to test innovative ways of diagnosing cancer more quickly at more than 60 sites across the country, and committed a further £15m over three years to evaluate and treat patients with a type of modern radiotherapy.

The taskforce has been asked to deliver the vision set out in the NHS Five Year Forward View, which calls for action on three fronts: better prevention; swifter diagnosis; and better treatment, care and aftercare for all those diagnosed with cancer. NICE will now use the Council's findings to update its Social Value Judgements document, which outlines the principles for the development of NICE guidance.

Financial incentives may boost quit rates in pregnant smokers

Pregnant women who are offered a financial incentive are more likely to quit smoking, research published in the BMJ suggests.



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Nearly a quarter (23 per cent) of those who were offered financial incentives alongside NHS support successfully quit during their pregnancy compared to just under one in 10 (nine per cent) who were offered normal NHS support alone.

The Scottish study, led by Professor David Tappin, of the University of Glasgow, and Professor Linda Bauld, from the University of Stirling, assigned 612 pregnant smokers into two groups at random.

One group received shopping vouchers worth up to £400 if they used normal stop smoking services and quit the habit during pregnancy. The other group was offered only standard stop smoking services.

Twenty-six women from the second group quit smoking (nine per cent), while this number jumped to 69 for those who offered the reward - some 23 per cent.

Those in the vouchers group were also more likely to remain non-smokers 12 months on, with 15 per cent staying smoke free compared with just four per cent in the control group.

Link to the research: Tappin, D., et al (2015). [Financial incentives for smoking cessation in pregnancy: randomised controlled trial](#) BMJ, 350 (Jan 27)

[NHS increases budget for cancer drugs fund from to an expected £340 million in 2015/16.](#)

The [NHS Cancer Drugs Fund](#) (CDF) has published the outcome of its review of drugs included in the Fund. The budget for the CDF will grow from £200 million in 2013/14, to £280 million in 2014/15, and an estimated £340 million from April 2015. This represents a total increase of 70 per cent since August 2014. The CDF review will also create projected savings of approximately £80 million through a combination of negotiated price reductions and improved clinical effectiveness. NHS England states that if action had not been taken to review the CDF drugs list, the Fund is projected to have grown to around £420 million next year, necessitating offsetting cuts in other aspects of cancer treatment such as radiotherapy, cancer diagnoses, cancer surgery, and other important NHS services for other patient groups.



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[Persistent heartburn may be a sign of cancer, campaign warns](#)

People with persistent heartburn are being urged to visit their GP as it may be a sign of cancer, according to a new campaign by Public Health England (PHE).

Although most people experience occasional heartburn, those suffering from heartburn most days over an extended period – three weeks or more – are being advised to visit their doctor.

The new ‘[Be Clear on Cancer](#)’ campaign highlights two possible symptoms of oesophageal or stomach cancer - persistent heartburn or difficulty swallowing food.

[Cancer deaths in youngsters drop by nearly 60 per cent in 40 years](#)

Cancer deaths in children and young people have fallen by 58 per cent in the past 40 years, according to new figures announced by Cancer Research UK.

Progress in treating the disease has led to this unprecedented drop among youngsters aged 24 and under, with around 1,300 deaths each year in the mid-1970s dropping to around 550 deaths today. The steepest decline was in leukaemia, where the average number of deaths dropped by 39 per cent in the past 10 years, falling from around 180 deaths each year to around 110.

The new figures are announced as the charity launches [Cancer Research UK Kids & Teens](#) – an ongoing campaign to fund more research to find better, kinder treatments and cures to beat cancer in younger people sooner.

[NAO report shows progress in improving cancer services and outcomes.](#)

The Department of Health, its arms length bodies and the NHS have made progress in improving cancer services since 2010, according to the National Audit Office. However, significant variations in outcomes and access to services persist across England, indicating that there is considerable scope for further improvement.

Since the NAO last reported on cancer services, in 2010, overall outcomes for cancer patients have continued to improve. For example, the proportion of people surviving for one year and five years after diagnosis has increased to 69% (for those diagnosed in 2012) and 49% (for those diagnosed in 2008) respectively. However, data on 5-year survival rates published in 2013 (for



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those diagnosed between 2000 and 2007) showed that survival rates remained about 10% lower than the European average.

Read the full report [here](#)

Majority of public unaware of alcohol's link with cancer

More than half of the British public are unaware of the link between alcohol consumption and cancer, according to a survey from the [Alcohol Health Alliance UK \(AHA\)](#)

The UK- wide poll found that just 47 per cent of people were aware of any connection between alcohol and the disease.

But an overwhelming majority (83 per cent) would back further nutritional and health information on alcohol labelling.

The results from the survey of 3077 people showed that nine in 10 (91 per cent) think that clarifying the health impacts of alcohol is important. But when challenged over their current knowledge, just under one in three (31 per cent) of people successfully acknowledged the links between alcohol and breast cancer.

This stretched to half of people being aware of the links in relation to mouth or throat cancer.

The AHA is calling for health labelling to be made a legal requirement for alcohol products.

Its campaign is pushing for every alcohol product to clearly describe its nutritional, calorie and alcohol content as well as make it clear through labelling that the safest option for pregnant women is to avoid alcohol consumption entirely.

Lung

'Liquid biopsies' could help spot genetic faults in lung cancer

Blood samples could offer an alternative to tumour biopsies in lung cancer patients, according to European researchers. Experts believe the findings could aid future research by overcoming the difficulty of accessing some tumour samples.



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The researchers analysed blood samples from patients with advanced non-small-cell lung cancer and looked for 'circulating free DNA' – bits of DNA shed from tumour cells that can be isolated from the blood. They found that the tumour DNA present in blood samples could be used to identify different types of tumour-causing genetic faults in a gene called EGFR.

The study published in the journal *JAMA Oncology*, analysed blood samples from 97 patients who took part in the EURTAC clinical trial. In 78 per cent of the blood samples tested, two important genetic faults were successfully identified.

Link to the research: Karachaliou N. et al. (2015). [Association of EGFR L858R Mutation in Circulating Free DNA With Survival in the EURTAC Trial](#), *JAMA Oncology*.

Breast

Women back idea of more breast screens for those at high risk of cancer

Most women (85 per cent) would back the idea of more frequent breast screening if they are at higher genetic risk of developing breast cancer, according to research published today by *The Breast*.

Fewer women (60 per cent) would be happy to be screened less often if they were found to be at lower risk

More than 940 women from across the UK were asked for their views on the possibility of tailoring breast screening to people's genetic risk in a study funded by Cancer Research UK and The Eve Appeal. Two-thirds (66 per cent) supported the idea of adjusting the frequency of screening on the basis of risk.

The NHS breast screening programme offers routine mammograms based on age, rather than genetic risk. All women between 50 and 70 are invited for screening every three years, and women over 70 can request screening if they wish, because older women are at increased risk of the disease. Women with a strong family history of breast cancer may be offered a different pattern of screening.

Link to the research: Susanne F Meisel et al – [Adjusting the frequency of mammography screening on the basis of genetic risk: Attitudes among women in the UK](#). *Breast*. 2015 Feb [Epub ahead of print]



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Prostate

[‘Targeted’ biopsy could better identify aggressive prostate cancers](#)

An experimental biopsy procedure appears to be more effective than the current tests in identifying ‘high-risk’ prostate cancers, according to a US clinical trial.

If confirmed in larger studies, the results could lead to fewer men subsequently having more invasive tests that they may not need.

‘Targeted’ biopsies use a combination of ultrasound and MRI scans to try to ensure a more accurate sample, compared with the current biopsy method.

To test whether targeted biopsies were indeed more effective, 1,003 men were enrolled in a clinical study at the National Cancer Institute at the National Institutes of Health in Bethesda, Maryland, between 2007 and 2014.

The men had already received results indicating prostate cancer via other preliminary tests - either high levels of prostate-specific antigen (PSA), or abnormal rectal examination results - often despite previous negative biopsies.

After undergoing an imaging procedure to highlight any suspected areas of prostate cancer, they were then offered both standard and targeted biopsy - allowing a comparison of both methods.

Both methods were comparable when identifying prostate cancer overall - 469 patients were identified by standard biopsy and 461 by targeted biopsy - and in two thirds of cases, both methods gave the same result.

But when detecting high-risk cancers, targeted biopsy identified 30 per cent more instances of aggressive tumours - 173 to 122 - than standard biopsy.

It also highlighted fewer low-risk cancers.

Link to the research: Siddiqui, M., et al. (2015). *Comparison of MR/Ultrasound Fusion–Guided Biopsy With Ultrasound-Guided Biopsy for the Diagnosis of Prostate Cancer* JAMA, 313 (4)



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[New health care delivery model for prostate cancer care results in better patient outcomes](#)

A comprehensive, population-based regional health care management program for men with prostate cancer has led to improved outcomes, according to a study. "While prostate cancer is the second-leading cause of cancer death among men, providing high quality care for men living with prostate cancer presents a challenge," said the study's lead author. "Increased survival rates have made prostate cancer similar to other chronic conditions, which means we need ongoing management strategies that span the natural history and clinical course of the disease."

Link to the research: Loo, R.K. et al *The Continuum of Prostate Cancer Care: An Integrated Population Based Model of Health Care Delivery*. *Urology Practice*, 2015; 2 (2)

Bowel

[More than a third of people with abnormal results drop out of bowel cancer screening](#)

Almost 40 per cent of people who have abnormal results from bowel cancer screening tests and are referred for further investigation ignore their next screening invitation two years later, according to a [study](#) published in the British Journal of Cancer.

In contrast, just 13 per cent of those who had a normal result did not continue with screening.

The Research looked at almost 40,000 people's behaviour to find out if their experience of bowel cancer screening affected the likelihood of doing the same test two years later.

Lead author, Dr Siu Hing Lo from the Health Behaviour Research Centre at UCL, said: "Our research has identified a small but high risk group who are failing to continue with bowel cancer screening tests. We urgently need to understand why people are dropping out of bowel cancer screening and not attending the follow up investigations as we know the test saves lives."

Link to the research: Lo et al. *Predictors of repeat participation in the NHS bowel cancer screening programme*. British Journal of Cancer.



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Skin

[Study confirms long-term benefits of melanoma immunotherapy](#)

A long-term follow up of people on an international clinical trial has confirmed the benefit of immunotherapy for certain patients with advanced (stage 3 or 4) melanoma.

More than 18 per cent of patients were still alive five years after being treated with ipilimumab (Yervoy) in combination with a chemotherapy drug called dacarbazine.

This compared to fewer than nine per cent who were treated with chemo alone.

Ipilimumab is one of a new class of cancer treatments that target the immune system, and works by homing in on a molecule found on immune cells called CTLA-4. This relieves the molecular 'brakes' on a patient's immune system, allowing it to attack their cancer.

The study, which began recruiting patients 2006 – including several from the UK - also confirmed low rates of serious side-effects among patients who took the drug long-term.

The latest analysis "represents one of the longest follow-up survival analyses of an approved treatment for advanced melanoma", according to its authors, who published their findings in the *Journal of Clinical Oncology*.

Link to the research: Maio M. (2015). *Five-Year Survival Rates for Treatment-Naive Patients With Advanced Melanoma Who Received Ipilimumab Plus Dacarbazine in a Phase III Trial* Journal of Clinical Oncology

Pancreatic

[Pancreatic cancer has four distinct types](#)

Researchers have found that pancreatic cancer can be split into four unique types, a discovery that could be used to improve treatments for the disease, according to a study published in Nature. The four subgroups were classified as having DNA that was stable, locally rearranged, scattered and unstable.

The international team of scientists, including Cancer Research UK researchers, found that these four types were created when large chunks of DNA are shuffled around. The team also identified the genes that could be damaged in this way.



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These four disease types are based on the extent of the cancer's genetic shuffling, with the tumours classified depending on the frequency, location and types of DNA rearrangements.

This shuffling of chunks of DNA causes genetic chaos with genes deleted, wrongly switched on and off or entirely new versions being created.

Among the genetic faults found are some that could potentially be targeted with existing drugs. The study also suggests which pancreatic cancer patients may benefit from platinum-based drugs – these are commonly used chemotherapy treatments, typically used for testicular or ovarian cancer. So far these drugs have had limited impact in pancreatic cancer but the researchers found that a handful of patients who had 'unstable' chromosome rearrangements and defects in the DNA repair pathways could potentially benefit, sometimes showing exceptional improvement.

Link to the research: Waddell, N. et al, ['Whole Genomes Redefine the Mutational Landscape of Pancreatic Cancer'](#). *Nature*, 2015.

Liver

[Statin Use Associated With Reduced Risk of Liver Cancer Among Those in the UK](#)

In a nested-case control study of individuals living in the UK, a part of the world with a relatively low incidence of liver cancer, statin use is associated with a decreased risk of liver cancer, according to a new study published February. Data from the United Kingdom's Clinical Practice Research Database was analysed and included 1195 liver cancer cases diagnosed between 1988 and 2011 and 4640 control patients. They found statin use was associated with a reduced risk of liver cancer overall. This relationship was strongest among current users.

The authors conclude, "the results of the current study suggest that use of statins among persons at high risk of developing liver cancer, even in low-risk settings, may have a net cancer protective effect."

Link to the research: Mcglynn, K. A. et al. [Statin Use and Risk of Primary Liver Cancer in the Clinical Practice Research Datalink](#). JNCI: Journal of the National Cancer Institute. February 2015



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Bladder

[Urine test could lead to better treatment of bladder cancer](#)

Researchers at the University of Birmingham believe that a simple urine test could help to guide clinicians in the treatment of bladder cancer patients.

Being able to reliably identify those patients with the most aggressive cancers early via urine tests, and expediting aggressive therapeutic strategies, may significantly improve outcomes. The scientists believe that the validation of two urinary biomarkers could spell a new way of tailoring treatment.

Patient management has changed little over the last three decades, so it is hoped that this research, published in *British Journal of Cancer*, will prove to be a step forward for the field with a view to providing improved care for each patient.

Link to the research: [Protein shedding in urothelial bladder cancer: prognostic implications of soluble urinary EGFR and EpCAM](#). Bryan, R.T et al. *British Journal of Cancer* Advance online Feb 2015



Key Journals

British Journal of Cancer: <http://www.nature.com/bjc/index.html>

Journal of Clinical Oncology: <http://jco.ascopubs.org/>

The Cancer Journal: <http://journals.lww.com/journalppo/pages/default.aspx>

The Lancet Oncology: <http://www.thelancet.com/journals/lanonc/issue/current>

Cancer:
<http://onlinelibrary.wiley.com/doi/10.1002/cncr.v120.4/issuetoc>

BMC Cancer: <http://www.biomedcentral.com/bmccancer/>

Breast Cancer Research and Treatment:
<http://link.springer.com/journal/volumesAndIssues/10549>

Breast Cancer Research: <http://breast-cancer-research.com/>

Cancer Nursing Practice: <http://rcnpublishing.com/journal/cnp>

European Journal of Cancer: <http://www.eicancer.com/>

Journal of Cancer Research and Clinical Oncology:
<http://www.springer.com/medicine/oncology/journal/432>

Information within this bulletin covers October and November 2014 and draws from a number of sources including [Cancer Research UK](#), [NICE Evidence Search](#) and [Macmillan Cancer Support](#).

The full text of research referred to is available on request.

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