



**South West Wales Cancer Network Response
to the
Welsh Assembly Government
Health and social Services Committee
Review of Cancer Services for the People of Wales
July 2006**

Name of respondent: Alan Brace Chair South West Wales Cancer Network
Are you responding on behalf of an organisation? YES
If so please give the name South West Wales Cancer Network
Address: NHS Wales Business Services Centre 12 th Floor 36 Orchard Street Swansea SA1 5AQ
Telephone number: 01792 607310
Would you be willing to give oral evidence to the Committee? YES
If the evidence you give below is your personal view, rather than that of an organisation, please state whether or not you are willing for your evidence to be published by putting a X in the appropriate box below:
I am content for the evidence of the South West Wales Cancer Network to be published
I am not content for my evidence to be published

1	How can information technology be used more effectively to track and facilitate the patient's journey?
Response	<p>By raising awareness of the benefits of fully implementing the e-health/telemedicine agenda to strengthen the site specific cancers multidisciplinary teams clinical networks by ensuring adequate resources are available to support, for example:</p> <ul style="list-style-type: none"> ▪ A continuous training & education programme for clinicians; ▪ Improving videoconferencing facilities; ▪ Better access to videoconferencing equipment; ▪ Telepathology systems to improve access to specialist diagnostic teams; ▪ Developing telemammography and teledermatology systems; ▪ Establishing electronic referral systems from primary to secondary care; ▪ Full implementation of the Cancer Network Information System Cymru (CaNISC); ▪ Electronic prescribing systems for chemotherapy (Clinisys Chemocare); ▪ Electronic patient records; ▪ Providing consistent information for patients.
2	How effectively is research and good practice being integrated with service delivery? What can be done and by whom to improve this?
Response	<p>a. Within the Network, research and good practice is implemented throughout the Network by, for example:</p> <ul style="list-style-type: none"> ▪ Responding to recommendations in the National Institute for Health & Clinical Excellence commissioning guidance and clinical guidelines; ▪ Utilising the South West Wales Cancer Network Cancer Services Directory for each of the site specific cancers multidisciplinary teams; ▪ Through the South West Wales Cancer Network clinical Governance framework; ▪ Developing the Patient Pathway; ▪ Organising workshops and learning events; ▪ Promoting the Welsh Cancer Trials Network to support clinical trials; ▪ Working in collaboration with the South West Wales Cancer Institute; ▪ Raising awareness of the patient experience through the Network Patient satisfaction Survey.
	<p>b. Research and good practice is implemented within the Network through:</p> <ul style="list-style-type: none"> ▪ Implementation of the National Cancer Standards and Targets; ▪ Promoting the work undertaken by the Welsh Cancer Trials Network and the South West Wales Cancer Institute: list of cancer trials underway within the Mid & West Wales Region can be found in Appendix 1; ▪ Sharing best practice through workshops.
	<p>c. What can be done/by whom to improve this?</p> <ul style="list-style-type: none"> ▪ By establishing an Audit Support group; ▪ The Cancer Services Co-ordinating Group should establish a system and infrastructure to support horizon scanning on an all-Wales basis to identify the potential impact of cancer research trials and treatment guidelines; ▪ By improving the assessment process for licensing new drugs; ▪ The Welsh Assembly Government should accept and endorse National Institute for Health & Clinical Excellence guidance.

3	What are your views on the complexity of commissioning services? Is the process hampered by the involvement of the local health boards, cancer networks and Health Commission Wales? How could it be simplified?
Response	The responsibilities of Health Commission Wales in the commissioning of cancer services are yet to be confirmed, however, as a result of publication of the Welsh Health Circular 2005 (051) the role of the cancer networks in the commissioning process was clarified. Through the 'Transforming Commissioning Process' it is intended that the roles and responsibilities of the statutory organisations be clarified with potential for establishing commissioning collaboratives. The Cancer Network would advise the commissioning organisations about the priorities for improving cancer services.
4	What evidence is there of the value of screening and immunisation?
Response	<p>This issue will need to be addressed by the All-Wales Screening Service and the National Public Health Service.</p> <p>Breast Test Wales has been established for 17 years and provides mammographic screening to the very highest standards. Evidence is available confirming that screening programmes are effective at reducing breast cancer mortality as predicted from the earlier randomised control trials. It is the recommendation of the UK Breast Screening Programme and the World Health Organisation that screening should be offered to eligible women. Breast Test Wales have extended the programme to include women up to the age of 70 years.</p>
5	What are the barriers to the NHS in Wales keeping abreast of, and responding to, developing technologies and therapies? How might these barriers be overcome?
Response	There is a lack of co-ordination at an all-Wales level to agree the process for assessing the impact of new treatments/technologies. The Welsh Assembly Government should confirm arrangements for decision-making about the evidence base for improving services in Wales for example, endorsement of National Institute for Health & Clinical Excellence appraisals/Scottish Intercollegiate Guidelines Network.
6	How can the NHS and the voluntary sector work together more effectively to deliver services?
Response	<p>There are many examples of collaborative working between the statutory and non-statutory sector within cancer services. As a result of the needs assessment of Palliative Care services undertaken in south west Wales much progress has been achieved to improve partnership working by agreeing priorities for funding developments to improve services and avoid duplication of effort.</p> <p>Within the South West Wales Cancer Network, Macmillan Cancer Support provided funding to support the following areas of work:</p> <ul style="list-style-type: none"> ▪ Network development programme; ▪ User Carer Involvement Project; ▪ GP early referral project; ▪ Patient Pathway Project. <p>Without this level of support, it would not have been possible to make progress with the Network priorities. These are a retime limited projects and it is not clear whether the Welsh Assembly Government will provide recurring funding to ensure these important areas of work are sustained.</p>

7	How can the collection and use of data on where the terminally ill spend their last weeks or months be improved better to inform service provision for those people?
Response	<p>The results of recent studies undertaken in England were published recently and will be used as a proxy for service development in Wales: no comparable studies have been undertaken in Wales. There is much evidence to support the need for choice in place of care and place of death, however, the Palliative Care needs assessment identified that in south west Wales there is limited choice about the care setting.</p> <p>The Network would welcome investment in further studies to identify local needs.</p>
8	There are a number of issues around prescribing and the cost of drugs:
8(i)	What should be done and by whom to reduce continued prescribing of inappropriate drugs?
Response	Improved data collection and audit through the introduction of electronic prescribing systems for example, Clinisys Chemocare.
8(ii)	Should people who are prepared to pay privately for drugs not available to them on the NHS, be able to do so without having to become private patients and having to pay for all their treatment?
Response	It would be more appropriate if the need for such practice is eliminated by ensuring that all licensed treatments are available in a more equitable manner with cost effective treatments available through the NHS.
8(iii)	Do doctors, pharmacists and other health professionals have adequate access to <i>independent</i> advice and guidance on the prescribing of drugs?
Response	<p>This information is available through:</p> <ul style="list-style-type: none"> ▪ Results of clinical trials; ▪ Evaluation by the National Institute for Health & Clinical Excellence, the All-Wales Medicines Partnership; ▪ Collaborative working with the New London Cancer Group. <p>See appendix 1 for list of cancer trials across the South West Wales Cancer Network area</p>
9	Are services centred on the patient, with service users consulted? If not what are the reasons for this and how could patient involvement be improved?
Response	<p>As stated in 6 above, Macmillan Cancer Support provided funding for the Network to support User Carer Involvement. The South West Wales Cancer Network led this initiative on behalf of the 3 cancer networks in Wales and as a result of this work, a User Carer Involvement Strategy for cancer patients was published in January 2006. Macmillan Cancer Support undertook an evaluation of the project and the final report has been presented to the Cancer Services Co-ordinating Group Core Group. This was the first project of its kind in Wales with a particular focus on the needs of cancer patient and their carers.</p> <p>The Health Inspectorate Wales review undertaken during 2005 highlighted the need</p>

	<p>to ensure this work continued and the final report included a recommendation to the Welsh Assembly Government indicating that this work should be fully resourced.</p>
--	---

It is not clear whether the Welsh Assembly Government will allocate funding to support implementation of the strategy.

**South West Wales Cancer Network
Clinical trials portfolio June 2006**

1. Breast cancer

Adjuvant:

OPTION - Ovarian Protection Trial in Oestrogen non Responsive Premenopausal Breast Cancer Patients Receiving Adjuvant or Neo-adjuvant Chemotherapy.

REACT - A phase III multicentre double blind randomised trial of celecoxib versus placebo following chemotherapy in primary breast cancer patients

SPROG - G-CSF (filgrastim) secondary prophylaxis in the adjuvant chemotherapy of early breast cancer

TACT 2 - Trial of Accelerated Adjuvant Chemotherapy With Capecitabine in Early Breast Cancer

Metastatic:

SOFEA - A partially-blind Phase III randomised trial of Fulvestrant (Faslodex) with or without concomitant Anastrozole (Arimidex) compared with exemestane in post-menopausal women with ER+ve locally advanced/metastatic breast cancer following progression on non-steroidal aromatase inhibitors.

Bismark - Cost-effective use of BISphosphonates in metastatic bone disease - a comparison of bone MARKer directed zoledronic acid therapy to a standard schedule

ZICE - A randomised phase III, open-label, multicentre, parallel group clinical trial to evaluate and compare the efficacy, safety profile and tolerability of oral ibandronate versus intravenous zoledronate in the treatment of breast cancer patients with bone metastases

Will Weekly Win - A randomised 2-arm, prospective, multi-centre, open-label Phase III trial comparing the activity and safety of a weekly versus a 3 weekly Paclitaxel treatment schedule in patients with advanced or metastatic breast cancer.

Pharmaceutical:

Bioenvision 221 - A Phase IV non-randomised study of Modrenal (Trilostane) in post-menopausal women with advanced Oestrogen Receptor Positive (ER+) breast cancer for whom prior endocrine therapies have failed, one of which was an Aromatase Inhibitor.

Bioenvision 211 - A Phase II, non-randomised study of Modrenal (Trilostane) in Pre-menopausal women with Oestrogen Receptor Positive Breast Cancer who have relapsed or are Refractory to Hormon Therapies of Tamoxifen, Goserelin and an Aromatase Inhibitor. **FIRST**

Epidemiology:

British Breast cancer study - A study of the causes of breast cancer, concentrating on the risks of cancer in the family.

POSH - A Prospective study of the Outcomes of Treatment in Sporadic versus Hereditary breast Cancer.

Dietcomplyf - The role of diet, complementary treatment and lifestyle in breast cancer survival

Other:

IBIS II - An international multicentre study of Anastrozole vs Placebo in Postmenopausal Women at Increased Risk of Breast Cancer and An international multicentre study of Anastrozole vs Tamoxifen in Postmenopausal Women with Ductal carcinoma in Situ (DCIS)

2. Colorectal cancer

Adjuvant:

ACT II - A trial of chemoradiation and maintenance therapy for patients with anal cancer.

QUASAR II – multicentre international study of capecitabine ± irinotecan ± bevacizumab as adjuvant treatment of colorectal cancer

RICE - A phase I/II study of Radiotherapy, Irinotecan, Capecitabine then Excision for locally advanced rectal cancer.

Metastatic:

COIN - A three-arm randomised controlled trial comparing either continuous chemotherapy plus cetuximab or intermittent chemotherapy with standard continuous palliative combination chemotherapy with oxaliplatin and a fluoropyrimidine in first line treatment of metastatic colorectal cancer

FOCUS2 (due to close end of June) - Drug treatment for bowel cancer: making the best choices when a milder treatment is needed

Epidemiology:

NSCCG - National Study of Colorectal Cancer Genetics

3. Haematology

Myeloma IX - Myelomatosis therapy trial for patients of all ages. A randomised trial comparing second generation vs third generation bisphosphonates, induction chemotherapy regimens (CVAD vs CTD, and MP vs CTDa) and thalidomide maintenance vs no maintenance therapy.

PT1 - A Randomised Trial to Compare Aspirin versus Hydroxyurea/Aspirin in Intermediate Risk Primary Thrombocythaemia and Hydroxyurea/Aspirin versus Anagrelide/Aspirin in High Risk Primary Thrombocythaemia

AML 14 - A Randomised Trial for Patients with Acute Myeloid Leukaemia or High Risk Myelodysplastic Syndrome Aged 60 or over

AML 15 - Medical research council working parties on leukaemia in adults and children. Acute myeloid leukaemia trial 15

CLL5 - The value of autografting younger patients with high risk chronic lymphocytic leukaemia (cll). A randomised phase III intergroup trial

Lymphoma

RCHOP 14 v 21 - A phase III multicentre randomised clinical trial comparing rituximab with CHOP given every 14 days and rituximab with CHOP given every 21 days for the treatment of patients with newly diagnosed diffuse large B cell non-Hodgkin's lymphoma

Watch and wait - An intergroup randomised trial of rituximab vs a watch and wait strategy in patients with advanced stage, asymptomatic non-bulky follicular lymphoma (grades 1, 2 and 3)

BNLI Stanford V - Protocol for a randomised phase III study of the Stanford V regimen, compared with ABVD for the treatment of advanced Hodgkin's disease

BNLI MCD v FMD - BNLI RCT of MCD vs FMD in follicular NHL

4. Upper GI

ESPAC-3 - An adjuvant trial in resectable pancreatic cancer comparing 5FU / folinic acid iv for 24 weeks versus Gemcitabine iv for 24 weeks versus observation

ASPECT - a phase IIIb, randomised study of aspirin and esomeprazole chemoprevention in Barrett's metaplasia (awaiting LREC approval. Trust approval has been obtained)

Epidemiology:

SOCS - Establishment of a population-based resource to help identify the genetic and environmental determinants of oesophageal and gastric adenocarcinomas

5. Gynaecology

CHORUS - A randomised feasibility trial to determine the impact of timing of surgery and chemotherapy in newly diagnosed patients with advanced epithelial ovarian, primary peritoneal or fallopian tube carcinoma.

SCOTROC4 - A prospective, multicentre, randomised trial of Carboplatin Flat Dosing v's Inpatient Dose Escalation in the first line chemotherapy of Ovarian, Fallopian Tube and Primary Peritoneal Cancers.

6. Lung/mesothelioma

MS01 - A randomised controlled trial of active symptom control with or without chemotherapy in the treatment of patients with malignant pleural mesothelioma

Pharmaceutical study –Pfizer

TOPICAL – a randomised, placebo-controlled trial of Tarceva® (OSI-774, erlotinib) in patients with advanced non-small cell lung cancer (NSCLC) unsuitable for chemotherapy

MALCS - National case control study of Mesothelioma and Lung Cancer in relation to occupation.

7. Urology/renal

STAMPEDE - Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy A 5-stage multi-arm randomised controlled trial.
EORTC 30994 - Randomised Phase III trial comparing immediate versus deferred chemotherapy after radical cystectomy in patients with pT3-pT4, and/or N+M0 transitional cell carcinoma (TCC) of the bladder.
Renal cell carcinoma – Pharmaceutical Study

8. Others

BR12 - Temozolomide vs PCV chemotherapy in the treatment of recurrent malignant glioma.

Sorefenib – melanoma

GSK – anti –emetic

UK FOCSS –National Ovarian Cancer Screening Study for ladies over 35 years old and who is a first degree relative of an affected member of a high risk family

Perceive - Registry of Cancer and Events Involving Thromboembolism

V:\Service Networks\Cancernet\SWWCN 06\WAG\reviews\SWWCN response to WAG CA Rev July 06.doc

**South West Wales Cancer Network
Clinical trials portfolio June 2006**

9. Breast cancer

Adjuvant:

OPTION - Ovarian Protection Trial in Oestrogen non Responsive Premenopausal Breast Cancer Patients Receiving Adjuvant or Neo-adjuvant Chemotherapy.

REACT - A phase III multicentre double blind randomised trial of celecoxib versus placebo following chemotherapy in primary breast cancer patients

SPROG - G-CSF (filgrastim) secondary prophylaxis in the adjuvant chemotherapy of early breast cancer

TACT 2 - Trial of Accelerated Adjuvant Chemotherapy With Capecitabine in Early Breast Cancer

Metastatic:

SOFEA - A partially-blind Phase III randomised trial of Fulvestrant (Faslodex) with or without concomitant Anastrozole (Arimidex) compared with exemestane in post-menopausal women with ER+ve locally advanced/metastatic breast cancer following progression on non-steroidal aromatase inhibitors.

Bismark - Cost-effective use of Bisphosphonates in metastatic bone disease - a comparison of bone MARKer directed zoledronic acid therapy to a standard schedule

ZICE - A randomised phase III, open-label, multicentre, parallel group clinical trial to evaluate and compare the efficacy, safety profile and tolerability of oral ibandronate versus intravenous zoledronate in the treatment of breast cancer patients with bone metastases

Will Weekly Win - A randomised 2-arm, prospective, multi-centre, open-label Phase III trial comparing the activity and safety of a weekly versus a 3 weekly Paclitaxel treatment schedule in patients with advanced or metastatic breast cancer.

Pharmaceutical:

Bioenvision 221 - A Phase IV non-randomised study of Modrenal (Trilostane) in post-menopausal women with advanced Oestrogen Receptor Positive (ER+) breast cancer for whom prior endocrine therapies have failed, one of which was an Aromatase Inhibitor.

Bioenvision 211 - A Phase II, non-randomised study of Modrenal (Trilostane) in Pre-menopausal women with Oestrogen Receptor Positive Breast Cancer who have relapsed or are Refractory to Hormon Therapies of Tamoxifen, Goserelin and an Aromatase Inhibitor. **FIRST**

Epidemiology:

British Breast cancer study - A study of the causes of breast cancer, concentrating on the risks of cancer in the family.

POSH - A Prospective study of the Outcomes of Treatment in Sporadic versus Hereditary breast Cancer.

Dietcomplyf - The role of diet, complementary treatment and lifestyle in breast cancer survival

Other:

IBIS II - An international multicentre study of Anastrozole vs Placebo in Postmenopausal Women at Increased Risk of Breast Cancer and An international multicentre study of Anastrozole vs Tamoxifen in Postmenopausal Women with Ductal carcinoma in Situ (DCIS)

10. Colorectal cancer

Adjuvant:

ACT II - A trial of chemoradiation and maintenance therapy for patients with anal cancer.

QUASAR II – multicentre international study of capecitabine ± irinotecan ± bevacizumab as adjuvant treatment of colorectal cancer

RICE - A phase I/II study of Radiotherapy, Irinotecan, Capecitabine then Excision for locally advanced rectal cancer.

Metastatic:

COIN - A three-arm randomised controlled trial comparing either continuous chemotherapy plus cetuximab or intermittent chemotherapy with standard continuous palliative combination chemotherapy with oxaliplatin and a fluoropyrimidine in first line treatment of metastatic colorectal cancer

FOCUS2 (due to close end of June) - Drug treatment for bowel cancer: making the best choices when a milder treatment is needed

Epidemiology:

NSCCG - National Study of Colorectal Cancer Genetics

11. Haematology

Myeloma IX - Myelomatosis therapy trial for patients of all ages. A randomised trial comparing second generation vs third generation bisphosphonates, induction chemotherapy regimens (CVAD vs CTD, and MP vs CTDa) and thalidomide maintenance vs no maintenance therapy.

PT1 - A Randomised Trial to Compare Aspirin versus Hydroxyurea/Aspirin in Intermediate Risk Primary Thrombocythaemia and Hydroxyurea/Aspirin versus Anagrelide/Aspirin in High Risk Primary Thrombocythaemia

AML 14 - A Randomised Trial for Patients with Acute Myeloid Leukaemia or High Risk Myelodysplastic Syndrome Aged 60 or over

AML 15 - Medical research council working parties on leukaemia in adults and children. Acute myeloid leukaemia trial 15

CLL5 - The value of autografting younger patients with high risk chronic lymphocytic leukaemia (cll). A randomised phase III intergroup trial

Lymphoma

RCHOP 14 v 21 - A phase III multicentre randomised clinical trial comparing rituximab with CHOP given every 14 days and rituximab with CHOP given every 21 days for the treatment of patients with newly diagnosed diffuse large B cell non-Hodgkin's lymphoma

Watch and wait - An intergroup randomised trial of rituximab vs a watch and wait strategy in patients with advanced stage, asymptomatic non-bulky follicular lymphoma (grades 1, 2 and 3)

BNLI Stanford V - Protocol for a randomised phase III study of the Stanford V regimen, compared with ABVD for the treatment of advanced Hodgkin's disease
BNLI MCD v FMD - BNLI RCT of MCD vs FMD in follicular NHL

12. Upper GI

ESPAC-3 - An adjuvant trial in resectable pancreatic cancer comparing 5FU / folinic acid iv for 24 weeks versus Gemcitabine iv for 24 weeks versus observation

ASPECT - a phase IIIb, randomised study of aspirin and esomeprazole chemoprevention in Barrett's metaplasia (awaiting LREC approval. Trust approval has been obtained

Epidemiology:

SOCS - Establishment of a population-based resource to help identify the genetic and environmental determinants of oesophageal and gastric adenocarcinomas

13. Gynaecology

CHORUS - A randomised feasibility trial to determine the impact of timing of surgery and chemotherapy in newly diagnosed patients with advanced epithelial ovarian, primary peritoneal or fallopian tube carcinoma.

SCOTROC4 - A prospective, multicentre, randomised trial of Carboplatin Flat Dosing v's Inpatient Dose Escalation in the first line chemotherapy of Ovarian, Fallopian Tube and Primary Peritoneal Cancers.

14. Lung/mesothelioma

MS01 - A randomised controlled trial of active symptom control with or without chemotherapy in the treatment of patients with malignant pleural mesothelioma

Pharmaceutical study –Pfizer

TOPICAL – a randomised, placebo-controlled trial of Tarceva® (OSI-774, erlotinib) in patients with advanced non-small cell lung cancer (NSCLC) unsuitable for chemotherapy

MALCS - National case control study of Mesothelioma and Lung Cancer in relation to occupation.

15. Urology/renal

STAMPEDE - Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy A 5-stage multi-arm randomised controlled trial.

EORTC 30994 - Randomised Phase III trial comparing immediate versus deferred chemotherapy after radical cystectomy in patients with pT3-pT4, and/or N+M0 transitional cell carcinoma (TCC) of the bladder.

Renal cell carcinoma – Pharmaceutical Study

16. Others

BR12 - Temozolomide vs PCV chemotherapy in the treatment of recurrent malignant glioma.

Sorefenib – melanoma

GSK – anti-emetic

UK FOCSS –National Ovarian Cancer Screening Study for ladies over 35 years old and who is a first degree relative of an affected member of a high risk family

Perceive - Registry of Cancer and Events Involving Thromboembolism

V:\Service Networks\Cancernet\SWWCN 06\Board\meetings\papers\June 06\WAG CA Rev June 06.doc