

# CANCER AT ST GEORGE'S

A portfolio of services



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respectful

Cancer Services

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## Cancer Services FOREWORD

Much has changed since the last update of our portfolio of cancer services at St George's. We have become a Foundation Trust; the Integrated Cancer Systems – for us, The London Cancer Alliance – have come and gone, to be replaced in 2016, at first by the Cancer Vanguard, and now the Cancer Alliances. The alliance to which we are currently bound being the one that encompasses all acute providers in west London under the Royal Marsden Partners (RMP) banner. There have also been changes at south west London sector level, with the shelving of the proposals recommended in the Better Services Better Value work stream, and their replacement with the nationally mandated Sustainability and Transformation Plans (STPs), one of which is being developed for southwest London.

These new approaches have emerged from the Five Year Forward View for the NHS published by Simon Stevens in 2014. As part of this we have the Cancer Clinical Decision Group within south west London which provides advice and guidance to the STP on matters relating to cancer. Some of the guiding principles around service development having been set out in the Cancer Task Force's report in 2015 – Achieving World Class Cancer Outcomes – a Strategy for Cancer in England 2015-20.

However, despite all of the above upheaval, we are proud at St George's to have continued to provide high quality cancer services to the population of southwest London and beyond. During this time we have seen demand for our diagnostic and treatment services increase significantly. We published our most recent Cancer Strategy in 2014, which was based around enhancing the patient experience and shaped to a large degree by what our patients say about our services, particularly in the National Cancer Patient Survey. Our efforts in this area were recognised and rewarded by three year programme of work initially agreed now coming to a conclusion. However, our hope and aspiration is that over the coming months, (as we finalise the content of our next strategy document which takes us to 2023), that we will be able to extend this period of partnership to include a number of new pieces of work, but still with enhancing patient experience and out-comes at its core.

The past two to three years have been very challenging for us as a Trust and as a service, but with a considerable amount of hard work from the many we are confident of a bright future. Cancer performance is much improved, although there is still work to do in this area. Some parts of the estate in which we deliver our cancer services have seen significant investment, but again more is required. Much innovative work continues to flourish, whether that be the introduction of new techniques/treatments/ services, the improvement in patient pathways, the provision of greater support to our patients who are not only vulnerable around the time of diagnosis and whilst in treatment, but may carry significant burdens, both physical and psychological into survivorship or research.

This portfolio aims to highlight recent innovation across our cancer services, citing activity, performance and research, as well as providing practical information about referral pathways, contact details, and the names and designation of the staff involved. We hope that you find it useful and would welcome comments to enhance its utility.

With best wishes



**Dr Adrian Draper**  
CLINICAL DIRECTOR FOR CANCER



**Mr Nicholas Hyde**  
CANCER CLINICAL LIAISON LEAD



**Janice Minter**  
MACMILLAN LEAD CANCER NURSE

# Cancer Services OVERVIEW

## CANCER SERVICES AT ST GEORGE'S

St George's Hospital is a Major Trauma Centre, providing the full range of specialist medical services. St Georges is uniquely placed in South West London as a Cancer Centre providing high quality, patient centred diagnostics, care and treatments to our local community as well as to some regional and national patients.

Cancer accounts for 10% of all activity at St. George's: 10.5% of all outpatient appointments are seeing patients with cancer; 27% of all day-case activity is cancer related and 16% of all inpatient operations are to treat patients with cancer.

Each year St George's receives in the region of 14,000 two week referrals from GPs and provides a full range of diagnostic services to support local patients.

St George's has a number of regional and supra-regional cancer services with specific expertise in the management of complex surgical patients and is the South West London hub for a number of services including head and neck cancer.

St George's hosts the regional breast, colorectal and cervical cancer screening services and provides the majority of South West London's complex cancer surgery.

St George's has an active programme of research and also hosts the regional genetics service, which continues to strengthen its cancer specific services and is a designated centre for the 100K genomics project.

St George's is committed to the provision of high quality cancer services and is continuously working to provide services to meet the needs of our cancer patients and their families.

St George's has a large regional oncology service, providing both chemotherapy and biological treatments and delivers in the region of 16,000 cycles of treatment each year.

The Trust is a member of the Royal Marsden Partners Cancer Alliance.

## THE CANCER CLINICAL DIRECTORATE

The St George's Cancer Clinical Directorate is committed to placing patients at the heart of everything we do, being an exemplar cancer provider in terms of both outcomes and experience, and maximising the well-being and development of associated staff of which 55 are Macmillan professionals.

The cancer management team is responsible for the effective delivery of cancer services across the trust, in liaison with primary care and other acute providers. It has responsibility for performance ensuring that patients are seen and treated within the constitutional standards. All staff working with cancer patients must make every effort to ensure that they are treated within the following timeframes:

### Cancer care providers

- All patients referred via a GP or Dentist with suspected cancer are to be seen within 14 days;
- All patients referred via a GP or dentist who are diagnosed with cancer are to be treated within 62 days of referral;
- All cancer patients who agree a treatment plan are to be treated within 31 days of that date;
- From 2020 all patients referred via a GP with suspected cancer are to be diagnosed with cancer or have cancer ruled out by day 28.

The directorate is responsible for setting the direction of Cancer Services and continues to work with external partners such as RMP and Macmillan to improve outcomes and the experience of our cancer patients at St Georges.

“St George's sees over 4000 new cancer patients every year.”

## CANCER QUALITY SCHEDULE

The Cancer Quality Schedule is an annual review of cancer specific Multidisciplinary Teams, to assess tumour site specific services against nationally determined standards. The aim of the Peer Review process is to identify any deviations from these standards, and provide suggestions and advice to ensure compliance and support excellence.

The aim of the Quality Schedule Programme is to improve care for people with cancer and their families by:

- Ensuring services are as safe as possible
- Improving the quality and effectiveness of care
- Improving the patient and carer experience
- Undertaking independent, fair reviews of services
- Providing development and learning for all involved
- Encouraging the dissemination of good practice
- Encouraging research.

The programme is carried out by specialist teams of professional peers and user/carer reviewers against nationally agreed 'quality measures'. Clinical teams are required to produce the following three documents to demonstrate compliance with quality clinical indicators:

- Operational Policy
- Annual Report
- Work Programme

The peer review programme consists of three key stages:

- **Self assessment** – each team delivering a particular cancer service completes an annual self assessment.
- **Internal Validation** – Internal Validation of a team's self-assessment is undertaken by the host organisation and co-ordinating body for that service. The National team decide who is internally validated.
- **Externally verified self assessments** – External Verification is a check of selected internally validated self assessments led by the cancer peer review coordinating teams. This check takes the form of a desktop exercise. This process ensures that every team/service will be externally verified at least once every five years.
- **Peer review visits** – each year a targeted schedule of peer review visits takes place. The schedule of forthcoming peer review visits is agreed with each cancer network, and the teams/services informed, by the end of December each year. The visit cycle then commences the following May and is completed by September of the same year.

## CLINICAL AUDIT PROGRAMMES AND DATA COLLECTION

The Cancer Management Team supports a clinical audit programme which underpins the work of the Multidisciplinary Teams. It also oversees the collection and co-ordination of information on different aspects of cancer services and outcomes to help the development of appropriate services and to inform commissioning.

The Trust takes part in local Network and national surveys of patients and collects information on different aspects of cancer care and on patients' experiences of treatment and care at St George's.

## CANCER RESEARCH AT ST GEORGE'S

St George's maintains an active cancer research portfolio. St George's is part of the South London Cancer Research Network (SLCRN), which aims to improve the speed, quality and integration of research, ultimately resulting in improved patient care. The research unit is funded by the SLCRN supplemented by income from National Institute for Health Research (NIHR) supported commercial trials. In recognition of research activity, several consultants receive sessional funding via NIHR funding streams.

There is an extensive programme of clinical research being carried out at the Trust. The possibility of trial recruitment is formally discussed for all potentially eligible patients at the multidisciplinary team meetings where cancer is initially diagnosed and later during treatment or recurrence within oncology. Tumour specific research meetings are held monthly to discuss their portfolio and evaluate potential new studies. Where a suitable trial is not open at St George's, patients are referred to the appropriate Trust hosting the trial within or beyond the SLCRN.

Participation of patients within clinical trials at St George's is high and continues to increase year on year.



**WORKING WITH OUR PARTNERS -  
MACMILLAN CANCER SUPPORT AND RMP**

Partnership working enables the Trust to explore innovative ways to provide better care for patients with a cancer diagnosis; improving access, referral to treatment times and patient experience.

Macmillan continues to support the Trust to improve the experience of patients and carers affected by cancer. The cancer psychological support service, the Macmillan Support Workers and the Acute Oncology Ambulatory Care unit have all been funded by Macmillan.

RMP have supported the Trust to introduce a number of best practice pathways including the RAPID Prostate pathway, which targets invasive diagnostics and has significantly reduced the referral to treatment times.

**MEMBERS OF THE CANCER  
LEADERSHIP TEAM:**

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**GENERAL MANAGER**  
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**LEAD CANCER NURSE**  
Janice Minter  
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## Our services in:

# ACUTE ONCOLOGY SERVICE

### SERVICE OVERVIEW

The Acute Oncology Service (AOS) at St George's established in 2012. St George's is unique amongst hospitals within the South London network in that it has the ability to provide all three levels of AOS input:

- 24/7 specialist chemotherapy support to chemotherapy patients;
- A broad spectrum of emergency services as there is an emergency department (ED) on site;
- Specialist tertiary services as St George's is a regional centre for metastatic spinal cord compression (MSCC) spinal surgery.

The service is designed to assist healthcare professionals in the trust when dealing with patients who are:

- Admitted with the complications of their cancer treatment e.g. Systemic Anti-Cancer Treatment (SACT) – chemotherapy and biological treatments or radiotherapy;
- Being investigated for a suspected cancer diagnosis;
- Being investigated or treated for a complication caused by a malignant process e.g. pleural effusion or space occupying lesion. It is recognised that this may be in the context of known metastatic disease or it may be the presenting feature of a relapsed cancer which has been treated previously.

A timely, high quality response can prevent or manage the onset of serious complications. This will result in improving the patient experience, reduce the need for emergency admissions and shorten lengths of stay.

The Department of Oncology also aims to provide a clinical advisory service for general practitioners and hospital colleagues in aspects of care relating to medical oncology. This service is increasingly delivered through electronic access and through the AOS.

St George's recently opened the Ambulatory Oncology Care Unit (AOCU) as part of the AOS in June 2017. A dedicated ambulatory unit for oncology patients on Gordon Smith Ward, it allows optimal coordination of care, consolidation of qualified staff, and easy access to efficient services through focused facility design and operations. The AOCU delivers a range of oncology (and with future expansion,

haematology) treatments, which have historically been administered within the inpatient setting.

**It aims to:**

- Reduce pressure on other departments and inpatient beds;
- Provide timely nurse led assessment with medical input from existing clinical teams;
- Reduce acute hospital admissions;
- Provide a clearer pathway for triaging, treating and discharging, admitting or transferring;
- Improve patient experience as they avoid ED and are treated by somebody they know.

AOS have established a service that aims to provide people with timely access to specialist advice, reassurance and urgent treatment – without them needing to attend the emergency department. Referrals are taken from a 24-hour telephone helpline.

Patients requiring admission will be reviewed by a consultant oncologist within one working day. If the patient is on systemic anti-cancer treatment they will be admitted under the (haemato) oncology team. There are on-call (haemato) oncology SpRs and consultants 24/7.

If patients have suspected metastatic spinal cord compression (MSCC), they will be referred to the MSCC team for urgent review, and the AOS team will be kept informed.

For those patients who are well enough to be discharged, a referral should be made via the Fast Track protocol so that they are seen within one week in a tumour-specific clinic for assessment, as an alternative to admission.

### THE AOS MULTI-DISCIPLINARY TEAM (MDT)

The AOS team liaises between acute oncology, the hospital's clinical directorates and departments and between the hospital and other hospitals in the cancer network.

### HOW TO MAKE A REFERRAL

Internal referrals to the AOS team at St George's referred for an oncology opinion are reviewed within one working day.

#### Inpatient AOS referral:

Bleep 8226 (office hours) and electronically via [referapatient.org](mailto:referapatient.org) (24/7).

#### For patients (AOS Triage):

07831 147653 (Monday-Friday 09:00 to 17:00 except bank holiday, out of hours via switch).

#### Referrals to AOCU from hospital staff:

Bleep 8235 or call extension 2322 (office hours).

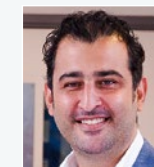
#### For MSCC referrals:

online via <https://www.stgeorges.nhs.uk/service/neuro/neurosurgery/metastatic-spinal-cord-compression/>

### CONTACT DETAILS

AOS team at St George's  
E: [aos@stgeorges.nhs.uk](mailto:aos@stgeorges.nhs.uk)

### THE KEY CORE TEAM MEMBERS ARE:



**LEAD FOR ACUTE ONCOLOGY SERVICE, CONSULTANT ONCOLOGIST, AOCU**  
Dr Mehran Afshar  
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#### AOCU ADVANCED NURSE PRACTITIONER

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#### MSCC CO-ORDINATOR

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Our services in:

# BRAIN AND CENTRAL NERVOUS SYSTEM (CNS) CANCERS

SERVICE OVERVIEW

St George's offers a supra-network MDT service, serving a population of over four million. Referrals are received from South West London, Surrey, West Sussex and Hampshire. We also receive a number of out-of-area referrals and also referrals from overseas, reflecting the high level of specialist surgical management offered within the centre.

The Neurological Cancer Service at St George's offers diagnosis and surgical treatment for a range of brain and central nervous system (CNS) cancers and benign tumours. It has strong links to the specialist neuroradiology service, which carries out imaging including CT, MRI and angiography. We also provide advanced 3T MRI scanning, including perfusion and diffusion MRI and spectroscopy. There is surgical collaboration with ENT, maxillofacial and endocrinology services to manage skull base and pituitary tumours.

St George's is an inter-network specialist centre for neurosurgery and undertakes over 2,000 surgical procedures a year. It also has a dedicated stroke centre. The regional neuro intensive care unit is on site, together with the neuro-rehabilitation services, which provide specialist care not available at other hospitals or in the community.

St George's provides a specialist multi-disciplinary low grade glioma service with oncological and neuropsychological support and dedicated advanced MR imaging assessment. It also has a great deal of expertise in awake cranial surgery, which is employed to resect tumours in eloquent areas of the brain. The surgical team use 5-ALA (Gliolan®) in cases of suspected glioblastoma and utilise intra-operative image guidance and ultrasound scanning to facilitate maximal tumour resection.

In collaboration with the imaging and physics teams at St George's University of London, we have an active research programme investigating the role of advanced MR imaging in brain tumour diagnosis, surveillance and treatment planning including several Cancer Research UK funded studies. St George's neuro-oncology surgery has participated in several multi-centre studies (e.g. OPARATIC) and actively recruits all eligible patients into the 100,000 Genomes Project.

St George's has specialist surgical service for the management of intradural spinal tumours led by Professor Papadopoulos and Matthew Crocker, benefitting from cutting edge spinal cord monitoring and the research programme into spinal cord injury based at St George's.

THE BRAIN AND CNS CANCER MULTI-DISCIPLINARY TEAM (MDT)

The team consists of four neurosurgeons, two neurologists, three oncologists, neuro-radiologists, endocrinologists, palliative care specialists and clinical nurse specialists. We have access to an intra-operative histopathology service and expert neuropathology reporting as well as full MDT support from all specialist allied health professionals (physiotherapists, occupational therapists, speech and language therapists, dieticians, social workers). There is a dedicated neurological counsellor and patients have access to a neuropsychologist and neuropsychiatrist.

The MDT meets every Friday at 08.00 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. There are also fortnightly skull base and pituitary meetings. The paediatric MDT meets weekly on a Friday.

DIAGNOSIS

The Neurological Cancer Service at St George's diagnoses primary and secondary tumours of the brain, as well as spinal, skull base and pituitary tumours.

All neurological suspected cancer referrals are seen within two weeks of referral and on receipt are triaged into the appropriate consultant led outpatient clinic, although the majority of referrals are tertiary referrals. Patients are reviewed within the clinic that is most likely to determine the diagnosis.

Patients will undergo a range of tests to determine the diagnosis, such as:

- MRI scan
- CT scan
- Access to PET-CT scan
- Stereotactic biopsy
- Cerebral angiography

“Almost half (46%) of brain tumours in the UK each year are diagnosed in people aged 65 and over.”

TREATMENT

Dependent on the type, size and staging of the disease, treatment options for Brain and CNS cancer will vary.

The main treatment options are:

- Surgery
- Chemotherapy
- Radiotherapy

St George's partners with The Royal Marsden Hospital and the Royal Surrey County Hospital Guildford (RSCH), to provide adjuvant chemotherapy and radiotherapy. Stereotactic (cyberknife) radiotherapy treatment is available at The Royal Marsden Hospital as part of the NHS England Commissioned stereotactic radiosurgery (SRS) service.

HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET
- Potential brain and spinal tumours can be referred to the neuro-oncology MDT. For advice and information about referrals, please contact the Brain & CNS MDT co-ordinator.

CONTACT DETAILS

Brain & CNS MDT Co-ordinator  
E: stgh-tr.Neuro-OncologyMDT@nhs.net  
  
Brain & CNS CNS  
T: 020 8725 2573  
Bleep: 7862 (via switchboard 020 8672 1255)

ACTIVITY & PERFORMANCE – KEY FACTS

Number of new cancer diagnoses made per year: 408 brain tumours and 423 CNS tumors	ANNUAL MDT CASELOAD: 4950 cases
Total number of surgical interventions for benign and malignant brain tumours in a year: 468	

THE KEY CORE TEAM MEMBERS ARE:



MDT LEAD CLINICIAN/ CONSULTANT NEUROSURGEON BRAIN TUMOURS & LOW GRADE GLIOMA  
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timothy.jones@stgeorges.nhs.uk

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Our services in:

# BREAST CANCER

SERVICE OVERVIEW

The Breast Cancer Service offers diagnosis, surgery and chemotherapy all on one site. The Rose Centre hosts the South West London Breast Screening Service and the St George's National Breast Screening Training Centre. It is also houses the new breast symptomatic diagnostic unit which offers diagnosis and treatment of breast cancer and other breast diseases.

Complex breast reconstructive surgery is offered at St George's. This includes implant only, acellular dermal matrix and implant reconstruction, autologous and implant enhanced LD flap and free flap reconstruction including DIEPs (jointly with the plastic surgeons). There is a joint clinic with the plastic surgery team. All patients undergoing mastectomy have the opportunity to discuss their breast reconstruction and be offered immediate breast reconstruction if appropriate.

There is a well-established dual dye and radioisotope Sentinel Lymph Node Biopsy (SLNB) service facilitated by the large Nuclear Medicine Department. Following the New Start Programme for breast cancer, SNLB is now the standard of care for selected patients, avoiding unnecessary axillary clearances. We train other practitioners in SLNB techniques and have a well-developed training role with a major commitment to undergraduate and postgraduate training.

Advanced nurse practitioners have led on the development of breast diagnostic services and also that of virtual clinics, a concept that is now being considered by other providers.

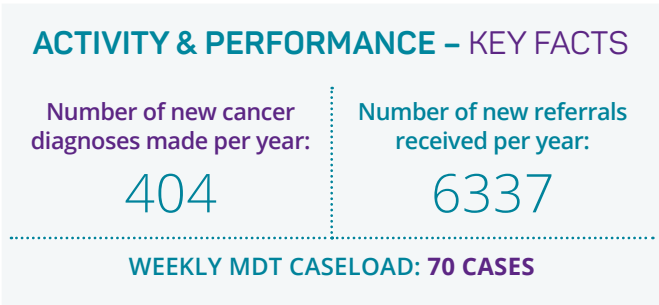
St George's has introduced Open Access Follow Up for many breast cancer patients who have finished primary treatment. Instead of scheduled follow-up appointments, patients have open access to the breast clinic. We have also successfully implemented the 23 hour model of care for the majority of breast cancer patients undergoing surgery.

There is a separate Metastatic Breast Clinic, in line with Breast Cancer Care guidelines, where breast cancer oncologists are supported by a dedicated palliative care team including clinical nurse specialists.

There is also a Family History Clinic in the Department of Clinical Genetics where asymptomatic patients with a family history of breast and/or ovarian cancer can be referred.

THE BREAST CANCER MULTI-DISCIPLINARY TEAM (MDT)

We pride ourselves on our cohesive team structure which includes breast oncoplastic surgeons, breast plastic surgeons, dedicated breast radiologists, clinical and medical oncologists, clinical nurse specialists, breast nurse practitioners and pathologists with special interests in breast disease. The service is well supported by the palliative care team who offer a 24/7 service. The MDT meets every Wednesday at 08.00 to discuss all newly diagnosed patients, patients undergoing treatment and those with recurrent disease.



DIAGNOSIS

All breast referrals (suspected cancer and symptomatic referrals) are seen within two weeks of referral and can be seen in any of the daily (Mon – Fri) One Stop Breast Clinics that take place on site.

The diagnostic process is undertaken by a team of consultant breast surgeons, advanced nurse practitioners, a breast diagnostician and surgical trainees. In addition to the traditional full consultation with an experienced diagnostician, this one-stop model of care provides the following on-the-day services to patients where appropriate:

- FNA
- Image guided biopsy
- Clinical biopsy
- Imaging

General practitioners and medical staff in other provider units can access the unit to obtain expert opinion on the management and/or suitability of a patient for treatment.

“Breast cancer can also affect men”

TREATMENT

Dependant on the type, size and staging of the tumour, treatment options for breast cancer will vary. There is collaborative care between specialists in breast surgery with expertise in reconstructive surgery, medical and clinical oncology, psychosocial treatment and palliative medicine, as well as easy access to all principal treatment modalities:

- Surgery
  - Wide Local Excision (Lumpectomy)/Therapeutic Mammoplasty
  - Mastectomy
  - Delayed and immediate reconstruction
- Chemotherapy
- Radiotherapy

Chemotherapy is offered on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment. Further treatment options may include biological therapy to stimulate the body to attack or control the growth of cancer cells or to overcome side effects caused by other cancer treatments such as chemotherapy.

HOW TO MAKE A REFERRAL

Referrals are accepted for the management of symptomatic patients, patients with screen detected abnormalities, and asymptomatic but high-risk women. Referrals can be made via the following methods

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:
  - T: 020 8725 1111
  - Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET

CONTACT DETAILS

Breast Cancer Secretary  
T: 020 8725 3082/3

Breast MDT Co-ordinator  
T: 020 8725 4892  
E: stgh-tr.breast-mdt@nhs.net

Breast CNS (oncology)  
T: 020 8725 2154  
Bleep 6113 (via switchboard 020 8672 1255)

Breast CNS (surgery)  
T: 020 8725 4745  
Bleep 7433 (via switchboard 020 8672 1255)

THE KEY CORE TEAM MEMBERS ARE:



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## Our services in:

# CANCER GENETICS

### SERVICE OVERVIEW

The South West Thames Regional Genetics service is based at St George's and provides a comprehensive assessment of individuals and families concerned about their risk of hereditary cancer.

We are the designated cancer genetics service for South West London, Surrey and West Sussex and cover a population of over 3 million. The cancer genetics service is based primarily at St George's, although clinics are held in hospitals throughout the region to facilitate patient access. Referrals have been steadily increasing; over the last year we received about 4000 cancer referrals for assessment.

Referrals to the cancer genetics service are assessed through our electronic triage system. We provide advice by letter, telephone or in a clinic appointment where appropriate. Our aim is to provide a flexible, efficient and supportive cancer risk assessment for the families referred to us. Part of this assessment includes:

- Estimate of an individual's cancer risk;
- Discussion about cancer symptom awareness and prevention;
- Increased screening options if applicable;
- Genetic testing in some families;
- Psychosocial support adjusting to familial risk;
- Discussion of communication and coping strategies;
- Update on current research and available clinical and research trials;
- Referrals to appropriate screening and support services;
- Advice regarding risk to family members.

The service is also able to provide a rapid access assessment pathway for individuals considering their cancer treatment options which may be influenced by the outcome of a genetics assessment. Details of our wider service are available online: <http://www.southwestthamesgenetics.nhs.uk/>

### MULTIDISCIPLINARY AND SPECIALIST CANCER GENETICS SERVICES

The service links with other specialties across St George's and throughout the region and we work closely with clinical colleagues. These include oncologists, gynaecologists, breast specialists, endocrinologists, fetal medicine, renal physicians and neurosurgeons. We offer a seamless and integrated care pathway for families referred to our service.

We hold multidisciplinary clinics with specialist colleagues, to provide focused long term follow-up for those found to be at increased risk of developing hereditary cancer. These clinics aim to support the individual and their families, and we are able to put in place early strategies through screening and testing. Currently we hold multidisciplinary clinics for families with BRCA mutations (breast and ovarian cancer genes), VHL (Von Hippel Lindau), MEN (Multiple Endocrine Neoplasia) and TS (Tuberous Sclerosis). Our cancer genetics team is also involved in working closely with support groups active in cancer care including Macmillan Cancer Support, Breast Cancer Care, Genetic Alliance and AMEND.

The genetics service participates in national and international cancer research projects, supervises students and makes a large contribution to teaching undergraduates, postgraduates and other health care professionals.

### REFERRAL GUIDELINES

Patients with cancer and their family members concerned about having an inherited predisposition can ask for a referral to the cancer genetics services. This can be through the GP, cancer consultant or other health professional. Individuals referred to the service will usually be asked to complete a family history questionnaire first. Clinic appointments are offered to families which have a significantly increased chance of having an inherited predisposition to cancer.

A person in the family who has been affected by cancer is always the most informative person to be seen in Genetics. A referral to the cancer genetics service should be made criteria found on our website are met.

“Only about 5-10% of cancer is inherited due to a mutation in a single gene, however there are genetic factors that influence the risk of many cancers.”

Examples include:

- Diagnosis of breast and ovarian cancer in the same individual at any age;
- Diagnosis of a triple negative type of breast cancer under the age of 60 years;
- Diagnosis of two breast cancer occurrences in the same individual under 50 years of age;
- Family history of male breast cancer developed under the age of 50 years;
- Known Ashkenazi Jewish ancestry and personal/family history of breast/ovarian cancer;
- Family history of colon, uterine, gastric or ovarian cancer in the same family;
- Families with any childhood cancers;
- Families with any rare type of cancers;
- Families where a cancer susceptibility gene has already been identified.

We also offer an on call service for patient and clinician queries relating to referrals and management. Our direct line is 07787 843 070 or 0208 725 0957.

### HOW TO MAKE A REFERRAL

Please see the website. Referrals can be made via the following methods:

- A referral letter from the GP, cancer consultant or other health care professional
- By email to [cancergenetics.stg@nhs.net](mailto:cancergenetics.stg@nhs.net)
- Patients who have difficulty in either obtaining a referral or completing a family history questionnaire can ring us to seek help to ensure access to our service. Interpreters are available if needed for a clinic appointment.

### THE KEY CORE TEAM MEMBERS ARE:

#### JOINT LEAD CONSULTANT FOR CANCER GENETICS

Dr Helen Hanson  
[helen.hanson@stgeorges.nhs.uk](mailto:helen.hanson@stgeorges.nhs.uk)

#### JOINT LEAD CONSULTANT FOR CANCER GENETICS

Dr Katie Snape  
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#### LEAD CONSULTANT GENETIC COUNSELLOR

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#### PRINCIPAL GENETIC COUNSELLOR

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#### PRINCIPAL GENETIC COUNSELLOR

Erin Baker  
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#### FAMILY HISTORY COORDINATOR

Darshna Dudakia  
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Our services in:

# GYNAECOLOGICAL CANCER

SERVICE OVERVIEW

St George's provides both diagnostic and specialist care for patients with cancer of the female genital tract. This includes diagnoses of ovarian, endometrial, cervical, vaginal and vulval cancer.

We are the largest gynaecological cancer local unit in the cancer network and we are also a designated cancer centre for gynaecological cancers as we undertake complex surgical treatments.

The St George's team integrates very closely with a number of teams across the Trust including the Intensive Care Unit, medical oncology, colorectal, urological and plastic surgery; as well as the Palliative Care Service. Our co-location with the South West London Cervical Screening Service supports speedy diagnosis and a seamless transition along the patient's care pathway.

The service has particular expertise in vulval surgery, surgery for recurrent disease (with joint appointments across St George's and The Royal Marsden Hospital), fertility sparing surgery for cervical cancer and radical laparoscopic surgery, as well as expertise in ovarian and endometrial cancer.

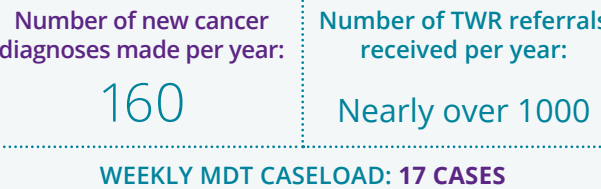
In addition to colposcopy, lower genital tract services include a multidisciplinary vulval clinic supported by a gynaecologist, a genito-urinary medicine consultant and a dermatologist.

The service is well supported by the imaging and histopathology teams.

THE GYNAECOLOGICAL CANCER  
MULTI-DISCIPLINARY TEAM (MDT)

The gynaecological cancer team includes gynae-oncology surgeons, a medical oncologist, consultants who specialise in diagnostics and colposcopy, a clinical nurse specialist, colposcopy clinical nurse specialists, in addition to a pathologist and a radiologist with special interests in gynaecological cancer. The service is well supported by the palliative care team who offer a 24/7 service. The MDT meets every Monday at 08.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease.

ACTIVITY & PERFORMANCE – KEY FACTS



DIAGNOSIS

The diagnosis of gynaecological cancers is managed by the gynaecological oncology diagnostic service. The diagnostic team works together with the local Gynaecological Cancer MDT. We provide rapid access clinics, including outpatient hysteroscopy, colposcopy and specialist gynaecological ultrasound clinics.

The Colposcopy Service at St George's is the largest service in the network. We see over 4,000 patients per year. The rapid access service provides a one-stop diagnostic service, which feeds into the weekly MDT meetings to ensure that patients receive diagnosis and a treatment date within the shortest possible time.

All gynaecological suspected cancer referrals are seen within two weeks of referral and are triaged into the appropriate rapid access clinic. Patients are reviewed within the consultant-led clinic that is most likely to determine the diagnosis. Patients are often able to leave the clinic with a provisional diagnosis.

The most appropriate treatment for each patient presenting with a gynaecological cancer is discussed at a weekly meeting with the Joint Specialist Gynaecological Oncology MDT prior to commencing therapy.

TREATMENT

Dependent on the type, size and staging of the tumour, treatment options for gynaecological cancer will vary and broadly speaking, will centre on any combination of the following interventions:

- Surgery
- Chemotherapy
- Radiotherapy

“Womb cancer is the fourth most common cancer in women in the UK and the most common of the five gynaecological cancers.”

Chemotherapy is offered on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment.

HOW TO MAKE A REFERRAL

Referrals can be made via the following methods:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email:  
STGH-TR.Cancerreferrals@NHS.NET

CONTACT DETAILS

Gynaecology Cancer Team  
T: 020 8725 0188

Gynaecology MDT Co-ordinator  
T: 020 8725 5423  
E: stgh-tr.gynaecology-mdt@nhs.net

Gynaecology CNS  
T: 020 8725 6541  
Bleep 6446 (via switchboard) 020 8672 1255

THE KEY CORE TEAM MEMBERS ARE:



CONSULTANT MEDICAL  
ONCOLOGIST / LEAD FOR  
CHEMOTHERAPY  
Dr Fiona Lofts  
fiona.lofts@stgeorges.nhs.uk

LEAD CLINICIAN FOR DIAGNOSTIC SERVICES  
/ CONSULTANT GYNAECOLOGIST / HEAD OF  
COLPOSCOPY  
Mr Paul Carter  
paul.carter@stgeorges.nhs.uk

CONSULTANT GYNAE-ONCOLOGY SURGEON  
Mr Des Barton  
desmond.barton@stgeorges.nhs.uk

CONSULTANT GYNAE-ONCOLOGY SURGEON  
Mr Thomas Ind  
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CONSULTANT GYNAECOLOGIST /  
LEAD HYSTEROSCOPIST  
Mr Paul Bulmer  
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CONSULTANT GYNAECOLOGIST  
Mr Kevin Hayes  
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CONSULTANT CLINICAL ONCOLOGIST  
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susanlalondrelle@stgeorges.nhs.uk



Our services in:

# HAEMATO-ONCOLOGY CANCER

SERVICE OVERVIEW

St George’s haemato-oncology service provides expert investigation, diagnosis, treatment and support for patients with a wide variety of blood diseases. We have expertise in the management of myeloproliferative disorders, myeloma, acute and chronic leukaemia, lymphoproliferative disorders, bone marrow failure disorders and immunohaematology. Patients are cared for on dedicated wards (Ruth Myles Unit, Trevor Howell and Gordon-Smith Wards), an ambulatory oncology care unit and two day care units. There is a separate haemato-oncology on-call rota. There are five haemato-oncology clinics per week, a well-established Acute Oncology Service Team, a 24 hour Apheresis Unit and a dedicated Central Venous Access service.

As well as providing services for patients in the immediate catchment area, we deliver specialist services to patients referred from across the South West Thames region. We take many inpatient transfers from smaller hospitals which are unable to provide high dose chemotherapy or offer the required level of clinical support.

We have a well-developed tertiary referral practice managing malignant and non-malignant bone marrow diseases. The department performs allogeneic and autologous bone marrow transplants in adults. This programme is accredited by JACIE – The Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT), and is licensed by the HTA (Human Tissue Authority).

Specialist surgery, neurosurgery, renal, infectious diseases, medical specialty support and intensive care means that the service is ideally placed to manage and treat complex and rare haemato-oncology malignancies including T-cell, primary CNS and lymphoma and amyloidosis.

We provide a regional service for patients with HIV related lymphoma and Kaposi’s sarcoma. Patients are jointly reviewed by the lymphoma team and HIV specialist in a joint clinic and there are shared care arrangements with the clinical infection unit for inpatients.

The haemato-oncology team has an active research portfolio, continuing to increase the number of patients recruited into clinical trials.

The service provides cancer nurse specialist (CNS) led clinics – telephone and face to face, as well as oral chemotherapy and biologics clinics. The CNS team also provide support, information and advice for all haemato-oncology patients and their families.

THE HAEMATO-ONCOLOGY CANCER MULTI-DISCIPLINARY TEAM (MDT)

The haematological cancer team includes haematologists, clinical and medical oncologists and clinical nurse specialists for lymphoma, leukaemia and myeloma. The service is well supported by specialist palliative care clinicians. The MDT meets every Wednesday at 13.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. Colleagues from Kingston Hospital join the weekly MDT meeting via videoconferencing link.

ACTIVITY & PERFORMANCE – KEY FACTS

Number of new leukaemia diagnoses per year:

62

Number of TWR referrals received per year:

169

WEEKLY MDT CASELOAD: 44 PATIENTS

Number of myeloma diagnoses per year: 58 (and and additional 45 patients with MGUS)

Number of lymphoma diagnoses per year: 100

DIAGNOSIS

GP suspected cancer referrals are triaged into the most appropriate clinic which will determine a diagnosis of cancer:

- Myeloma clinic (Monday afternoons)
- Lymphoma clinic (Tuesday afternoon)
- Joint Lymphoma clinic (Thursday mornings) – this is a one-stop clinic where patients are assessed, have blood tests, radiological investigations and fine needle aspiration if indicated
- Haemato-oncology clinic (Thursday afternoons)

Direct referrals are also received from the haematology diagnostic laboratory and the Head and Neck MDT.

“The main types of blood cancer are leukaemia, lymphoma and myeloma.”

Diagnostic tests include:

- Blood test/film
- Lymph node biopsy
- X-ray
- PET scanning
- FNA
- Bone marrow biopsy
- CT and MRI scan

TREATMENT

Dependant on the type and staging of the disease, treatment options for haemato-oncology cancer will vary.

The main treatment options are:

- Surgery
- Chemotherapy
- Radiotherapy

Chemotherapy is offered on site in both a day case and inpatient setting in the Ruth Myles Unit (RMU), the haematology unit, and Trevor Howell Ward (THU), the oncology ward. The RMU includes an isolation unit with five transplant beds, six protective isolation beds and a double room. The unit is classified as a BCSH level 3 facility and is one of the only units in London that benefits from the full spectrum of specialist supporting services.

The Ruth Myles Haematology Day Care Unit (HDCU) and Trevor Howell Day Unit (TH) are nurse-led units that comprise eight infusion/transfusion chairs on HDCU, and two procedure rooms used for bone marrow sampling, bed side CVC placement, and intrathecal therapy, a TYA room, and three ambulatory care chairs, and there are 19 chairs on TH day unit. The highly specialised nursing team has unique expertise in managing bone marrow failure, malignant and bone marrow transplant patients. St George’s partners with The Royal Marsden Hospital to provide radiotherapy treatment.

HOW TO MAKE A REFERRAL

Referrals can be made via the following methods:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET

CONTACT DETAILS

Haemato-oncology Secretary  
T: 020 8725 1172

Haemato-oncology MDT Co-ordinator  
T: 020 8725 3882  
E: stgh-tr.haem-onc-mdt@nhs.net

Lymphoma CNS  
T: 020 8725 4953  
Bleep 7717 (via switchboard 020 8672 1255)

Myeloma CNS  
T: 020 8725 0533  
Bleep 7935 (via switchboard 020 8672 1255)

Leukaemia CNS  
T: 020 8725 0533  
Bleep 6025 (via switchboard 020 8672 1255)

THE KEY CORE TEAM MEMBERS ARE:



JOINT HAEMATO-ONCOLOGY MDT  
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LEAD CLINICIAN FOR LEUKAEMIA AND MYELOMA /  
CONSULTANT HAEMATOLOGIST  
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CONSULTANT CLINICAL ONCOLOGIST  
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Our services in:

# HEAD AND NECK CANCER

## SERVICE OVERVIEW

The head and neck cancer service at St George's is led by the Ear, Nose and Throat (ENT), Maxillofacial, and Plastic Surgery teams. It serves a population of over 2 million people in the South West London sector and surrounding areas.

In addition to the head and neck surgeons, clinical oncologists (from The Royal Marsden Hospital), speech and language therapy, dietetics, and two head and neck clinical nurse specialists are represented at the weekly head and neck cancer multidisciplinary team (MDT) meeting and clinic.

There is also dedicated radiology and pathology input and representation from endocrinology, endocrine surgery, haematology, palliative care and restorative dentistry.

A cytology service running in tandem with the clinic ensures that Fine Needle Aspiration (FNA) biopsies of suspicious head and neck or thyroid lumps can be carried out on request in the clinic, with results often being delivered immediately.

The service benefits from direct links with on-site allied surgical specialities including vascular surgery, neurosurgery, cardiothoracic surgery, upper gastrointestinal surgery, and ophthalmology. It is also well supported by the gastroenterology physicians. There are strong links and cross exchange between our MDT and the skin, lymphoma, chest and endocrinology multidisciplinary teams.

In addition, we are the dedicated site within the network for all skull-base surgery relating to head and neck cancer, benefiting from the co-location of the regional neurosurgical unit. The service operates a hub and spoke arrangement with four local hospitals (Kingston, Epsom & St Helier, and Croydon Hospitals). Joint head and neck surgeon consultant appointments between St George's and the local hospitals across the network, facilitates the transfer of local patients as well as continuity of care for these patients.

The St George's Hospital head and neck service was the first in London to offer a regular robotic head and neck cancer surgery service, and currently one of few in the UK with expertise in this field. We have been at the forefront of improving community rehabilitation for our post

treatment patients with a discharge protocol agreed with primary care teams.

We are the only Trust in the network with a restorative dental service for pre-treatment screening, ongoing maintenance of dentition, and oral rehabilitation following surgery. St George's hosts the regional maxillofacial laboratory, providing expertise in prosthetic rehabilitation of oncology related surgical defects.

We are also the only Trust in the network that runs a dedicated tracheostomy/laryngeal stoma clinic for ongoing care and long-term servicing of patient needs following laryngectomy. This clinic provides dedicated training to our local district nurses, and patient carers who carry that expertise out into the wider community.

The Head and Neck surgical team is well supported by a large general HDU/ITU as well as neurosurgical ITU.

## THE HEAD AND NECK CANCER MULTIDISCIPLINARY TEAM (MDT)

The head and neck team includes ENT surgeons, maxillo-facial surgeons, plastic surgeons, radiologists, clinical oncologists, clinical nurse specialists, histopathologists and cytopathologists, speech and language therapists, dieticians, as well as representation from endocrinology, endocrine surgery, and restorative dentistry. The service is well supported by specialist palliative care clinicians. The MDT meets every Thursday between 08.00 to 10:00 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. We also serve as a centre for second opinion, particularly for pathology, to all our local network hospitals, and often further afield.

## ACTIVITY & PERFORMANCE – KEY FACTS

Number of new head and neck cancer diagnoses (excluding thyroid cancer) made per year: 310

Number of new thyroid cancer diagnoses made per year: 94

Number of TWR referrals per year: 2014  
Weekly MDT caseload: 30

“The incidence and prevalence of head and neck and thyroid cancer is increasing in the UK. If current trends continue, it is predicted that by 2030 high risk Human Papilloma Virus (HPV) positive oropharyngeal cancer may overtake cervical cancer in incidence, and thyroid cancer will be the second most common malignancy in women, after breast cancer.”

## DIAGNOSIS

The head and neck clinic (Thursday mornings) is the main clinic where patients with suspected or confirmed head and neck cancer are seen. The clinic is attended by all the head and neck surgeons and clinical oncologists from The Royal Marsden Hospital. The palliative care team can also attend on an as required basis. The lymphoma and endocrinology clinics also run on a Thursday morning and are in close proximity. There is often an exchange of patients with joint clinical needs between these different clinics.

There are two additional clinics run jointly by the radiology and cytopathology departments in St James' Wing on a Tuesday and Thursday morning. These clinics are attended by a consultant radiologist, cytopathologist and cytology technician and see both triaged TWR patients as well as urgent ad hoc patients for ultrasound scans and fine needle aspirations where necessary. The cytologists are able to provide a preliminary report as well as improve the accuracy of a valid sample being collected.

At the first appointment, your patient can expect a full consultation with a head and neck consultant surgeon.

A combination of the following tests may be used to determine a diagnosis of cancer during, or following their clinic visit

- FNA head and neck lump biopsy – at visit
- Ultrasonography – often at visit
- Biopsy
- Barium Swallow
- CT Scan
- MRI Scan
- PET-CT Scan

## TREATMENT

Dependant on the type and stage of disease, treatment options for head and neck cancer will vary.

The main curative treatment options are:

- Surgery (including robotic head & neck surgery)
- Radiotherapy (+/- chemotherapy)

The full range of head and neck surgery is performed by the relevant head and surgeons at St George's. For instance, the treatment of thyroid cancer is initial surgery followed by radioiodine therapy if necessary. St George's has a large thyroid cancer surgery practice and is one of the busiest centres in the UK.

Chemotherapy for lymphoma is provided on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radical or adjuvant radiotherapy (+/- chemotherapy) treatment, for most head and neck squamous cell cancers.

## HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET



CONTACT DETAILS

Head and Neck Cancer Secretary  
ENT: 020 8725 2052  
Maxillo-facial: 0208 725 1251

Head and Neck MDT Co-ordinator  
T: 020 8725 1735  
E-mail: stgh-tr.headandneck-mdt@nhs.net

Head and Neck CNS  
T: 020 8725 3263/3401  
Bleep 7547/6859 (via switchboard 020 8672 1255)

THE KEY CORE TEAM MEMBERS ARE:



MDT LEAD CLINICIAN /  
CONSULTANT ENT SURGEON  
Mr Enyinnaya Ofo  
enyinnaya.ofo@stgeorges.nhs.uk

CONSULTANT ENT SURGEON  
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peter.williamson@stgeorges.nhs.uk

CONSULTANT ENT SURGEON  
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CONSULTANT ENT SURGEON  
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CONSULTANT MAXILLO FACIAL SURGEON  
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CONSULTANT MAXILLO FACIAL SURGEON  
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CONSULTANT MAXILLO FACIAL SURGEON  
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CONSULTANT PLASTIC SURGEON  
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CONSULTANT CLINICAL ONCOLOGIST  
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CONSULTANT CLINICAL ONCOLOGIST  
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kevin.harrington@rmh.nhs.uk

CONSULTANT CLINICAL ONCOLOGIST  
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CONSULTANT CLINICAL ONCOLOGIST (LOCUM)  
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CONSULTANT CLINICAL ONCOLOGIST  
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CONSULTANT MEDICAL ONCOLOGIST  
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CONSULTANT RESTORATIVE DENTIST  
Mr Richard Porter  
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CONSULTANT ENDOCRINOLOGIST  
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gul.bano@nhs.net

CONSULTANT ENDOCRINE SURGEON  
Mr Anup Sharma  
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PALLIATIVE CARE CNS  
Jessica Pugh  
jessica.pugh@nhs.net





Our services in:

# LOWER GASTROINTESTINAL CANCER SERVICE

## SERVICE OVERVIEW

Bowel (colorectal) cancer is most commonly diagnosed in those aged 60 and over. Cases are highest in those aged 70–79 for men and in those aged 85 and over for women.

St George’s provides bowel cancer screening, diagnostic, surgical, and medical oncological services for patients with colonic, rectal and anal cancers.

The NHS bowel cancer screening programme was introduced in 2006 for men and women in their 60s and achieved national coverage by 2010. The age inclusion criteria have been extended to men and women up to their 75th birthday (those aged over can self-refer) and the first wave of flexible sigmoidoscopy screening for everyone aged around 55 years began in April 2013.

St George’s is one of the National Training Centres for endoscopy and is also one of the bowel cancer screening centres, including bowel scope screening. Almost all radiological services are provided on site at St George’s Hospital and Queen Mary’s Hospital in Roehampton. There is a comprehensive histopathological service with five consultants. A Rapid Access Proctology Clinic service is also available and this booked clinic runs every Tuesdays from 6pm to 10pm.

There are five full time colorectal surgeons at St George’s Hospital. Surgery for advanced and recurrent pelvic malignancy is performed with appropriate support from plastic surgery, urology, gynae-oncology and critical care. Laparoscopic colorectal cancer surgery is also offered. There is active research into the pathophysiology of colorectal cancer with research fellows working within the department of colorectal surgery. Medical oncology provides inpatient, outpatient and day case care.

We also benefit from close links with the on-site genetics service due to the hereditary nature of some colorectal cancers. The Colorectal Cancer Lead Nurse Practitioner leads the family history clinic run every week alongside the consultant led colorectal clinic.

## THE LOWER GI CANCER MULTI-DISCIPLINARY TEAM (MDT)

The Lower GI cancer team includes surgeons with expertise in colonic, rectal and anal cancers, clinical and medical oncologists, radiologists, clinical nurse specialists and pathologists. The MDT meets every Friday at 13.00 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. This meeting is organised by the team with an experienced MDT coordinator.

There are five experienced Colorectal Nurse Specialists (CNS) offering a number of services providing care and support to all colorectal cancer patients and their families.

ACTIVITY & PERFORMANCE – KEY FACTS

Number of new cancer diagnoses made per year:

158

Surgical operations:

95

WEEKLY MDT CASELOAD: 18 - 20 CASES

Number of TWR referrals received per year: 2381

## DIAGNOSIS

Patients with suspected cancer may be referred in one of several ways. Urgent suspected cancer referrals (TWR referrals) are generally triaged to a consultant led outpatient clinic. Referrals also come through the Direct to Test Nurse Led Telephone, and from coincidental findings and endoscopy findings in both symptomatic and bowel cancer screening. Patients requiring emergency admission will be admitted by the on-call general surgeon with their care then being transferred to one of the colorectal surgeons.

- Proctoscopy
  - Flexible sigmoidoscopy
  - Barium enema
  - CT scan
  - Ultrasound
- Rigid sigmoidoscopy
  - Colonoscopy
  - CT colonography
  - MRI scan
  - PET-CT Scan

“Bowel cancer is the 4th most common cancer in the UK with over 41,000 people diagnosed every year.”

## TREATMENT

Dependant on the type and staging of the disease which is determined by the Lower GI cancer MDT, treatment options for lower GI cancers will vary and may be a combination of treatment modalities. The main treatment options are:

- Surgery
- Chemotherapy
- Radiotherapy

Chemotherapy is offered on site in both a day case and inpatient setting. St George’s partners with The Royal Marsden Hospital to provide radiotherapy treatment. Further treatment options may include biological therapy to stimulate the body to attack or control the growth of cancer cells or to overcome side effects caused by other cancer treatments such as chemotherapy.

## HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET
- Internal referral via generic email to CNS: Colorectalcancerteam@stgeorges.nhs.uk

## CONTACT DETAILS

**Lower GI Cancer Team**  
T: 020 8725 1872/1302/0121

**Colorectal Cancer Nurse Specialists**  
T: 020 8725 2087/4259

**MDT Co-ordinator**  
T: 020 8725 3324  
E: stgh-tr.lower-GI-mdt@nhs.net

## THE KEY CORE TEAM MEMBERS ARE:



**MDT LEAD CLINICIAN/ CONSULTANT COLORECTAL SURGEON**  
**Mr Andrew Ramwell**  
Andrew.Ramwell@stgeorges.nhs.uk

**CONSULTANT COLORECTAL SURGEON**  
**Mr Robert Hagger**  
robert.hagger@stgeorges.nhs.uk

**CONSULTANT COLORECTAL SURGEON**  
**Mr Alex Chung**  
alex.chung@stgeorges.nhs.uk

**CONSULTANT COLORECTAL SURGEON**  
**Miss Harriet Owen**  
Harriet.Owen@stgeorges.nhs.uk

**CONSULTANT MEDICAL ONCOLOGIST**  
**Dr Fiona Lofts**  
fiona.lofts@stgeorge.nhs.uk

**CONSULTANT MEDICAL ONCOLOGIST**  
**Dr Nirupa Murugaesu**  
Nirupa.Murugaesu@stgeorges.nhs.uk

**CONSULTANT CLINICAL ONCOLOGIST**  
**Dr Shree Bhide**  
shree.bhide@rmh.nhs.uk

**LEAD CLINICAL NURSE SPECIALIST**  
**Jane Morales**  
Jane.Morales@stgeorges.nhs.uk

Our services in:

# LUNG CANCER

SERVICE OVERVIEW

The Lung Cancer Service at St George’s offers diagnosis, surgical treatment and systemic anti-cancer therapy all on the same site. We are unique in the fact that all thoracic surgery for South West London takes place at St George’s. Where possible, thoracic surgeons perform lobectomies using Video Assisted Thoracic Surgery (VATS).

We are a centre for interventional bronchoscopy treating local patients as well as acting as a tertiary centre for those throughout the network and beyond.

At present, St George’s is the only hospital in the network offering radiofrequency ablation treatment by dedicated chest radiologists to destroy local tumours in patients who are unfit for surgery or radical radiotherapy.

THE LUNG CANCER MULTI-DISCIPLINARY TEAM (MDT)

The lung cancer team includes chest physicians, dedicated thoracic radiologists, clinical and medical oncologists, thoracic surgeons, clinical nurse specialists and pathologists with special interests in lung disease. The service is well supported by specialist palliative care clinicians. The MDT meets every Monday at 08.00 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease.

ACTIVITY & PERFORMANCE – KEY FACTS

Number of new cancer diagnoses made per year: 200

Weekly MDT caseload:

25 cases

Number of potential cancer referrals received per year: 750

DIAGNOSIS

An early diagnosis of lung cancer can mean a better clinical outcome for patients. The lung cancer service has developed new techniques and improving practice for diagnosis and treatment of lung cancer. Patients are routinely offered Endo-bronchial Ultrasound (EBUS) to establish a diagnosis and the stage of lung cancer. This provides a high quality service with an evidence-based approach to the management of lung cancer at all stages.

Patients may be referred in one of two ways. GP suspected cancer referrals are generally seen in the Tuesday morning rapid access clinic (RAC). New referrals can also be seen in Thursday morning and afternoon clinics.

Direct referrals from radiology are now escalated to the national optimal lung pathway and referred for urgent CT and then seen in rapid access clinic if required. The GP is informed that a direct referral has been made and can forward other important information as necessary.

At the first appointment, your patient can expect a full consultation with a consultant chest physician. A combination of the following tests will be used to determine a diagnosis of cancer (tests with a \* tend to be undertaken on the same day as the consultation):

- Blood test\*
- Chest X-ray\*
- Lung Function tests\*
- CT scan and staging\*
- Bronchoscopy
- Portable ultrasound\*
- MRI
- CT guided FNA/biopsies
- EBUS (Endo-bronchial Ultrasound)
- PET-CT scan diagnostic pleural tap

A significant proportion of lung cancer patients present via emergency care. These patients’ diagnostics are expedited using the consultant upgrade policy.

“More treatments for lung cancer are available than ever in history”

TREATMENT

Dependant on the type and staging of the disease, treatment options for Lung cancer will vary. The main treatment options are:

- Surgery
  - Lobectomy
  - Pneumonectomy
- Systemic Anti-Cancer Therapy (SACT)
- Radiotherapy

Systemic Anti-Cancer Therapy is offered on site in both a day case and inpatient setting. Systemic Anti-Cancer Therapy includes chemotherapy, targeted therapy and immunotherapy. St George’s partners with The Royal Marsden Hospital to provide radiotherapy treatment.

HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:
  - T: 020 8725 1111
  - Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET

CONTACT DETAILS

Lung Cancer Secretary  
T: 020 8725 3458

Lung MDT Co-ordinator  
T: 020 8725 0971  
E: stgh-tr.lung-mdt@nhs.net

Lung CNS  
T: 020 8725 0343  
Bleep 6092/8889 (via switchboard 020 8672 1255)

THE KEY CORE TEAM MEMBERS ARE:



MDT LEAD CLINICIAN /  
CONSULTANT CHEST PHYSICIAN  
Dr Adrian Draper  
adrian.draper@nhs.net

CONSULTANT CHEST PHYSICIAN  
Dr Yee-Ean Ong  
yee-ean.ong@nhs.net

CONSULTANT MEDICAL ONCOLOGIST  
Dr Tim Benepal  
tim.benepal@stgeorges.nhs.uk

CONSULTANT CLINICAL ONCOLOGIST  
Dr Merina Ahmed  
merina.ahmed@stgeorges.nhs.uk

CONSULTANT CYTOPATHOLOGIST  
Dr John Du Parcq  
john.duparcq@stgeorges.nhs.uk

CONSULTANT THORACIC SURGEON  
Ms Mel Jenkins  
melanie.jenkins@stgeorges.nhs.uk

CONSULTANT THORACIC SURGEON  
Mr Ian Hunt  
ian.hunt@stgeorges.nhs.uk

CONSULTANT THORACIC SURGEON  
Ms Carol Tan  
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CONSULTANT THORACIC SURGEON  
Mr Paul Vaughan  
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CONSULTANT RADIOLOGIST  
Dr Sisa Grubnic  
sisa.grubnic@stgeorges.nhs.uk

CONSULTANT RADIOLOGIST  
Dr Johnny Vlahos  
johnny.vlahos@stgeorges.nhs.uk

CONSULTANT RADIOLOGIST  
Dr Joanna Moser  
joanna.moser@stgeorges.nhs.uk



Our services in:

# ONCOLOGY (CHEMOTHERAPY) SERVICE

## SERVICE OVERVIEW

The chemotherapy service at St George's is a large service treating over 500 patients per month, covering a range of solid tumour and lymphoma chemotherapy. The total number of new patients across all tumour types would be in the order of 600 to 700 per year.

Trevor Howell Day Unit is the hospital's dedicated chemotherapy unit. There are fourteen day case chairs and two beds to allow for longer treatments and clinical assessment of unwell patients. In addition, the inpatient beds on the adjoining Trevor Howell and Gordon Smith Wards provide inpatient facilities for chemotherapy administration as well as managing oncology patients who require inpatient care. All chemotherapy is given by specially trained clinical nurse practitioners. In addition to day unit attendances there is an increasing number of patients on outpatient oral chemotherapy. These patients are offered support by the chemotherapy nurses and will each receive an oral chemotherapy diary for them to assess their side effects and be alerted when to telephone for advice.

Support for patients on chemotherapy requiring review rather than telephone advice alone is provided by the Ambulatory Oncology Care Unit (AOCU). A clinical advisory service for general practitioners covers all aspects of care relating to medical oncology via the AOCU or the supervising consultant and their clinical team.

The Acute Oncology Service (AOS) is a separate but affiliated service whereby any patient admitted via the emergency department will be reviewed by a consultant medical oncologist within 24 hours of admission. An electronic referral system is administered by the clinical nurse specialist who triages the patients and ensures investigations are organised as required and the patients are reviewed in a timely fashion.

Nursing expertise is led by the Lead Chemotherapy Nurse. In addition there is a lead nurse for both the AOCU and AOS. Within the chemotherapy day unit there is a senior sister for the unit and a chemotherapy CNS to maintain training and competency of the nurses in an increasingly complex area of medical practice.

The service has a high level of specialist pharmacy support with chemotherapy reconstitution facility.

The oncology service at St George's is actively involved in clinical trials, contributing to a portfolio of NCRI adopted trials and St George's sponsored investigator led studies.

## THE CHEMOTHERAPY MULTI-DISCIPLINARY TEAM (MDT)

The chemotherapy team includes medical oncologists, pharmacists, clinical nurse specialists, a dietician, and counsellor. The service is well supported by specialist palliative care clinicians. The MDT meets every other week to discuss the best approach to the treatment of patients with a poor performance status or who have progressed rapidly on their previous treatment. Any new patient treatments are discussed within the relevant tumour specific MDT and the initial management approach decided.

St George's team also works closely with clinical teams from other hospitals within the Network

## DIAGNOSIS

Whether chemotherapy is a suitable treatment for a cancer patient, and which drugs are most appropriate to administer, depends on many factors including:

- The type of cancer;
- The source of the primary;
- The grading of the disease;
- Whether the cancer has spread;
- The patient's general health.

A careful evaluation of the potential benefits versus the potential risks of anti-cancer treatment has to be considered in relation to all of these these factors and discussed with the patient prior to consent for chemotherapy being given and treatment initiated.

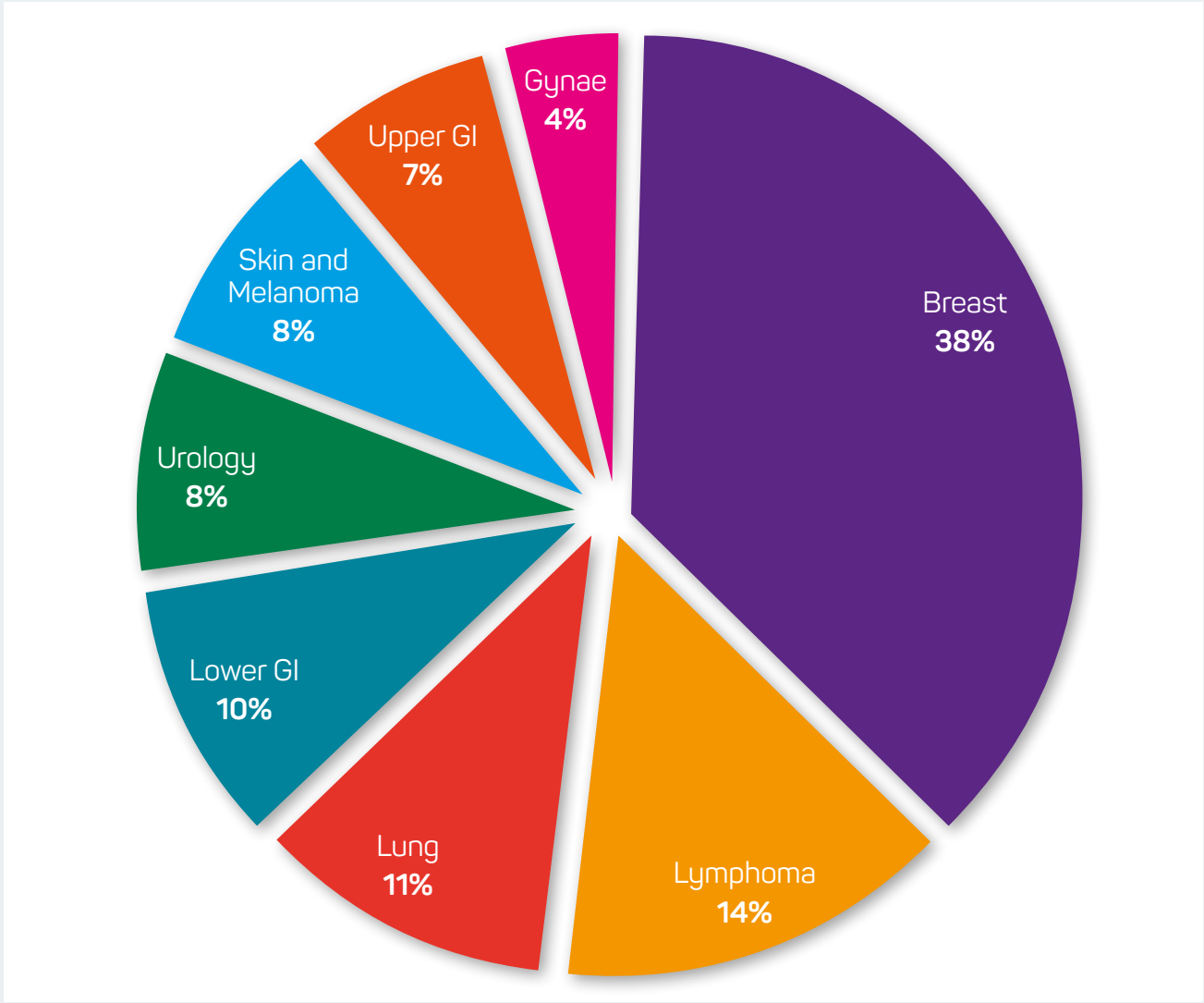
## ACTIVITY & PERFORMANCE – KEY FACTS

Oncology is predominantly an out-patient specialty and for each tumour type there is a specific clinic run a minimum of weekly but usually at least twice per week. As novel treatments are introduced, the activity of the chemotherapy unit inevitably increases.

The number of patients attending for chemotherapy treatments continues to increase on an annual basis. In the last twelve months a total of **6,474 patients** were treated from March 2017 to February 2018.

The total number of chemotherapy treatments delivered to **oncology patients in 2017 – 2018 was 6,982**. This excludes any chemotherapy for haematological malignancies, which is given in a separate haematology day unit. **On average, 140 treatments are delivered per week.**

This pie chart shows the proportion of chemotherapy activity by tumour group.





“Systemic anti-cancer therapy (SACT) includes an ever increasing number of drugs classified as either cytotoxic drugs, targeted or biological drugs, immunotherapy or hormonal therapy, all used to control the growth of malignant disease.”

TREATMENT

Patients may have chemotherapy as a single drug or a combination of drugs. Chemotherapy may be the sole treatment option or in combination with other treatments/therapies such as:

- Surgery
- Biological therapy
- Hormone therapy
- Radiotherapy

HOW TO MAKE A REFERRAL

Referrals for chemotherapy treatment at St George’s are usually made from within the tumour specific cancer multidisciplinary teams at St Georges or from other provider hospitals for patients already diagnosed with cancer. In the rare event of a patient being referred from a GP directly, the electronic referral system should be used. For all other queries or for advice on patients currently receiving chemotherapy, letters or emails should be addressed to one the Medical Oncologists at St George’s Hospital.

CONTACT DETAILS

Oncology Secretary  
T: 020 8725 2955/3233  
F: 020 8725 1199

Oncology Matron  
T: 020 8266 6527  
Bleep 7535 (via switchboard 020 8672 1255)

Trevor Howell Day Unit  
T: 020 8725 0519/3637

Chemotherapy Clinical Nurse Specialist  
T: 020 8725 2144

Lead Chemotherapy Nurse  
T: 020 8725 2144

Acute Oncology Nurse  
Bleep 8226 / 8235 (via switchboard 020 8672 1255)

AOCU  
T: 020 8725 2322

Out of Hours (Oncology Registrar)  
T: 020 8672 1255

THE KEY CORE TEAM MEMBERS ARE:



LEAD CLINICIAN/ CONSULTANT  
MEDICAL ONCOLOGIST  
Dr Fiona Lofts  
fiona.lofts@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST AND CARE  
GROUP LEAD

Dr Laura Assersohn  
laura.assersohn@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

Dr Muireann Kelleher  
muireann.kelleher@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

Dr Lisa Pickering  
lisa.pickering@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

Dr Tim Benepal  
tim.benepal@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

Dr Anna-Mary Young  
anna-mary.young@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

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fiona.kyle@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

Dr Nirupa Murugaesu  
nirupa.murugaesu@stgeorges.nhs.uk

CONSULTANT MEDICAL ONCOLOGIST

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CONSULTANT MEDICAL ONCOLOGIST

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CONSULTANT PALLIATIVE CARE PHYSICIAN

Dr Catherine McGowan  
catherine.mcgowan@stgeorges.nhs.uk

CONSULTANT PALLIATIVE CARE PHYSICIAN

Dr Joanna Davies  
joanna.davies@stgeorges.nhs.uk

CHEMOTHERAPY LEAD NURSE

Fay Desmond  
Fay.Desmond@stgeorges.nhs.uk





Our services in:

# PAEDIATRIC CANCER

SERVICE OVERVIEW

St George's paediatric oncology service is an established joint Primary Treatment Centre (PTC) with The Royal Marsden Hospital, Sutton. Together we form a unified, integrated paediatric and adolescent oncology centre for children and young people with cancer diagnoses south of the River Thames up to the age of 18 years.

We offer specialised diagnostic, medical and surgical treatment facilities. The Primary Treatment Centre receives many new malignant registrations per year, including children with haematological malignancies, solid tumours and malignancies of the central nervous system.

St George's has beds for inpatient admissions on Pinckney ward, Nicholls ward and in the Paediatric Intensive Care unit (PICU), with expertise in oncology surgery, neurosurgery, infectious complications and high dependency/intensive care for oncology children. PICU has facilities for parents and families of children on the unit.

St George's Hospital is a tertiary centre for children's surgery. The children's surgical group at St George's provides specialist abdominal, thoracic and urological surgery as well as neurosurgery, head and neck surgery, plastic surgery and gynaecological surgery for children with cancer. The most common cancers operated on at St George's include solid abdominal tumours and brain tumours. This surgery is carried out within a child friendly environment that has expert school and play therapy facilities, as well as dedicated operating theatres, children's ward and PICU, with support from specialist radiology and pathology services. A comprehensive vascular access service for children requiring chemotherapy for all cancers is provided at St George's.

St. George's Hospital is one of two referral centres for paediatric neurosurgery in the south of the Thames. Children with brain tumours receive a comprehensive package with both surgery and oncological consultations. We provide an inpatient chemotherapy service for children with cancer at a tertiary level as well as specialist advice for complex infections and other specialist support for oncology patients.

In addition to PTC care, St. George's offers a Paediatric Oncology Shared Care Unit (POSCU) service to local

Wandsworth residents with open access to Pinckney ward and a nurse-led outpatient chemotherapy clinic every Thursday. A POSCU lead Consultant and a POSCU Clinical Nurse Specialist manages the service in conjunction with the paediatric community nursing team and the Paediatric Infectious Diseases team.

Since June 2018, a CNS for Teenage and Young Adult (TYA) services has been part of our team and facilitates the transition of all patients approaching the age of 18 years to adult services.

THE PAEDIATRIC ONCOLOGY MULTI-DISCIPLINARY TEAM (MDT)

The joint paediatric oncology team includes paediatric oncologists and paediatric haemato-oncologists, paediatric surgeons and paediatric neurosurgeons, clinical nurse specialists, radiologists and pathologists. The service is well supported by a specialist palliative care consultant. The psychosocial MDT meets weekly to discuss all admitted patients and shared care patients. The team have four MDTs with The Royal Marsden: Solid Tumour MDT (Thursday 16.30); South Thames Neuro-oncology MDT (Friday 12.00 with The Royal Marsden & King's Hospital); Leukaemia MDT (Wednesday 08.15); and Late Effect MDT (Tuesday, monthly at 13.00).

DIAGNOSIS

The GP referrals are generally made to the paediatricians who in turn will refer to the paediatric oncologists at The Royal Marsden site. Otherwise the patients are seen in their local A&E department and referred by the local paediatricians to the tertiary centres.

A combination of the following tests will be used to determine a diagnosis of cancer:

- Blood test
  - Bone marrow test
  - X-rays
  - CT Scan
  - Bone Scan
  - PET-scan/MIBG scan are available at The Royal Marsden site only
- Lumber puncture
  - Biopsy
  - Ultrasound\*
  - MRI Scan

“Children’s cancers are rare and the rate in the UK is the lowest in Europe.”

TREATMENT

Dependant on the type and staging of the disease, treatment options for paediatric cancer will vary. The main treatment options are:

- Surgery
- Chemotherapy
- Radiotherapy (at The Royal Marsden site)
- Radiotherapy

Chemotherapy is offered in both a day case and inpatient setting at both sites.

HOW TO MAKE A REFERRAL

Referrals can be made via the following method:  
  
To extension 1450 via The Royal Marsden, Sutton switchboard

CONTACT DETAILS

- The Royal Marsden Sutton Switchboard

020 8642 6011
- St. George's Paediatric Oncology Team

020 8725 3922
- Pinckney Ward

020 8725 2082
- St. George's PTC ANPs and POSCU CNS

020 8725 4261
- St. George's TYA CNS

07500 982800

THE KEY CORE TEAM MEMBERS ARE:

<p><b>ST GEORGE'S SERVICE LEAD</b> Dr Jonathan Round jround@sgul.ac.uk</p>	<p><b>CONSULTANT PAEDIATRIC ONCOLOGIST</b> Dr Elsje Van Rijswijk elsje.vanrijswijk@nhs.net</p>	<p><b>CONSULTANT PAEDIATRIC SURGEON</b> Mr Eric Nicholls eric.nicholls@stgeorges.nhs.uk</p>
<p><b>THE ROYAL MARSDEN SERVICE LEAD</b> Dr Donna Lancaster donna.lancaster@nhs.net</p>	<p><b>CONSULTANT PAEDIATRIC ONCOLOGIST</b> Dr Mary Taj mary.taj@nhs.net</p>	<p><b>CONSULTANT PAEDIATRIC SURGEON</b> Mr Zahid Muktar zahid.muktar@stgeorges.nhs.uk</p>
<p><b>POSCU LEAD CLINICIAN</b> Dr Emma Sage emma.sage@stgeorges.nhs.uk</p>	<p><b>CONSULTANT PAEDIATRIC ONCOLOGIST</b> Dr Paola Angelini paola.angelini@nhs.net</p>	<p><b>CONSULTANT PAEDIATRIC SURGEON</b> Mr Bruce Okoye bruce.okoye@stgeorges.nhs.uk</p>
<p><b>POSCU DEPUTY CLINICIAN</b> Dr Atefa Hossain atefa.hossain@stgeorges.nhs.uk</p>	<p><b>CONSULTANT PAEDIATRIC ONCOLOGIST</b> Dr Fernando Carceller fernando.carceller@nhs.net</p>	<p><b>CONSULTANT NEUROSURGEON</b> Mr Simon Stapleton simon.stapleton@stgeorges.nhs.uk</p>
<p><b>PICU/HDU LEAD</b> Dr Caroline Davison caroline.davison@stgeorges.nhs.uk</p>	<p><b>PAEDIATRIC ONCOLOGY SPECIALTY DOCTOR</b> Dr Rubina Malik rubina.malik@stgeorges.nhs.uk</p>	<p><b>CONSULTANT NEUROSURGEON</b> Miss Samantha Hettige Samantha.hettige@stgeorges.nhs.uk</p>
<p><b>CONSULTANT PAEDIATRIC ONCOLOGIST</b> Dr Sucheta Vaidya sucheta.vaidya@nhs.net</p>		

Our services in:

# PALLIATIVE CARE SERVICE

## SERVICE OVERVIEW

The palliative care service at St George's provides specialist support and advice to patients with progressive life-limiting illness and their carers, regardless of diagnosis.

We are very proud of our close working relationships with voluntary sector and community providers (St Raphael's and Trinity Hospice attend our MDT on a weekly basis). We have a joint consultant post with Trinity Hospice. Consultant staff share an on-call rota with Trinity Hospice, providing specialist advice 24 hours/day for both the acute Trust and the hospice.

In October 2009 we became one of the first hospitals in the country to meet the out-of-hours service requirements by implementing a 7 day face-to-face service and remain amongst only 30% of Acute Trusts that provide such a 7 day service.

The specialist palliative care team at St George's has provided a rapid discharge service for patients at the end of life since June 2009. This service has historically involved a palliative care CNS assessing the eligibility of patients' referred to the fast track funding assessment and care plan tool; co-ordinating their discharge and liaising with community services, and escorting patients home where necessary. The number of patients 'fast tracked' under the rapid discharge service in the year 2016-2017 was 285, an increase 17% on the previous year. 89.5% of patients achieved their preferred place of care.

The lead clinician for palliative care is also the medical lead for End of Life Care. In 2018 there have been two new developments to help support the delivery of 'Outstanding Care, Every time', to dying patients and their families:

- Achieving priorities of Care in the Last Hours and Days of Life Nursing Care Plan for Adults – to facilitate nurses caring for dying patients and their families to achieve the Five National Priorities of Care of the Dying Patient;
- The St George's Care Bag – an initiative to support relatives at the bedside of the dying patients and contains information, toiletries and vouchers for food/drink.

Palliative care plays a significant part of the research and education programmes at St George's. Palliative care is part of the core-curriculum for medical undergraduates

and there is an extensive teaching programme in place for medical and nursing students (the lead clinician has a joint appointment with the medical school).

## BEREAVEMENT SERVICE

The palliative care team has psychosocial specialist (0.6 WTE) who provides both psychological support to in-patients on our caseload, and a bereavement service for the relatives / carers of patients known to the service who die at St George's. Patients with cancer comprised 67.5% of inpatient referrals to the palliative care counsellor.

## THE PAEDIATRIC ONCOLOGY MULTI-DISCIPLINARY TEAM (MDT)

The palliative care team includes three consultants, a specialist registrar, ten clinical nurse specialists and a palliative care counsellor. The MDT meets daily at 09.00 to discuss new referrals and care plans.

The palliative care team is a core member of several cancer MDTs; head and neck, upper GI, CUP, colorectal, neuro-oncology and lung. The team also regularly attends the Supportive Renal MDT and the Heart Failure MDT.

## ACTIVITY & PERFORMANCE – KEY FACTS

The Number of new referrals received per year:  
**1585 (45% increase in last 5 years)**

## WEEKLY MDT CASELOAD: 70-80

- Number of patients with primary cancer diagnosis – **752 (48.7%)**
- Number of patients with non-malignant diagnosis – **793 (51.3%)**

“Palliative care aims to improve quality of life of individuals facing serious illness”

## CRITERIA FOR REFERRAL

Most patients will have an advanced, progressive disease, where the focus of care will have changed from curative to palliative and the prognosis is limited.

Patients who have complex specialist needs can be referred at an earlier stage, from diagnosis onwards. Where possible, the patient, and if not, the carer, should be informed and in agreement with the referral.

A demonstrable need for specialist palliative care services must be established. Appropriate reasons for referral may include potential/existing difficulties with the following:

- Pain and symptom management;
- Meeting the psycho-social needs of the patient & their family, and/or significant others;
- Terminal care/dying;
- Any health care professional can refer to the specialist palliative care team, but acceptance must be with the agreement of their consultant;
- Complex discharge planning.

## CRITERIA FOR URGENT REFERRAL

- Difficult psychological/physical symptoms causing distress and not responding to current management;
- Rapidly deteriorating condition.

Our standard is to respond to urgent referrals within one working day, if possible on the same day. Non-urgent referrals will be seen within two working days.

## OUT OF HOURS SERVICE (5PM – 9AM)

Out of hours clinical advice is provided by the on-call senior doctor/senior nurse at Trinity Hospice on 020 7787 1000.

## CONTACT DETAILS

**Palliative Care Team**  
T: 020 8725 3311  
Bleep 6508 for referrals (via switchboard 020 8672 1255)

**Palliative Care Secretary**  
T: 020 8725 3313

**Palliative Care Lead Nurse**  
Pager SG683 (via switchboard 020 8672 1255)

## THE KEY CORE TEAM MEMBERS ARE:



**MDT LEAD CLINICIAN/ PALLIATIVE MEDICINE CONSULTANT**  
**Dr Catherine McGowan**  
catherine.mcgowan@stgeorges.nhs.uk

**PALLIATIVE MEDICINE CONSULTANT**  
**Dr Joanna Davies**  
Joanna.davies@stgeorges.nhs.uk

**PALLIATIVE MEDICINE CONSULTANT**  
**Dr Amy Kingston**  
amy.kingston@stgeorges.nhs.uk

**PALLIATIVE CARE LEAD NURSE**  
**Rachel King**  
rachel.king@stgeorges.nhs.uk



Our services in:

# SKIN CANCER

SERVICE OVERVIEW

The Skin Cancer Service is the only dedicated service in the country. St George's is the hub for the service and the majority of referrals from surrounding providers are sent to us. The service has a large catchment area of South West London, Surrey, Sussex, Hampshire and West Sussex.

The service cares for patients from a preventative aspect, supports early diagnosis with rapid referral clinics and provides the entire package of care for all patients from their diagnosis through to end of life care.

Skin cancer services are divided into two main categories and the team deals with:

- Malignant melanoma, rare skin cancers and supra-fascia sarcomas
- Non-melanoma skin cancers (basal cell and squamous cell carcinoma).

The service is unique with two consultants and an Associate Specialist dealing solely with melanoma and skin cancer (90% of the workload is skin cancer). It is supported by two CNSs in skin cancer, two dermatologists and other health care professionals.

The service is supported by neurosciences, cardiothoracic, vascular and GI surgery teams for the management of metastases. The service also benefits from a full micro vascular team to aid reconstructive work. The unit can offer isolated limb infusion and electro chemotherapy.

We are recognised as one of the few centres within the UK that cares for children with melanoma or melanocytic lesions of unknown malignant potential.

In line with the Cancer Reform Strategy, the service has developed an active prevention service lead by a sector dermatologist. This involves the delivery of sun awareness days, mole checks, school educational talks etc.

We are a leading centre for the delivery of sentinel lymph node biopsy, having delivered this technique for melanoma for over 20 years.

THE SKIN CANCER MULTI-DISCIPLINARY TEAM (MDT)

The MDT includes plastic surgeons, dermatologists, clinical and medical oncologists, a pathologist, histopathologist and clinical nurse specialists. The team

also includes a melanoma manager and skin cancer MDT co-ordinator. The MDT meets every Thursday at 08.00 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. This is a dynamic and fully functioning MDT with particular strengths in research activities.

ACTIVITY & PERFORMANCE – KEY FACTS

Skin cancer makes up 8% of the total Trust cancer activity

Number of TWR referrals received per year (SGH and QMH): 1500

Number of new cancer diagnoses made per year: 300

Weekly MDT caseload: 15 – 18

DIAGNOSIS

The service offers early detection with the two week rule clinics and a one-stop 'see and treat' service where minor surgery can be undertaken at the first appointment.

GP suspected cancer referrals are seen in the weekly skin cancer screening clinic which occurs weekly on a Tuesday and Friday afternoon. A local anaesthetic biopsy service is available for same day service. If this is unsuitable, access to the plastic surgery day surgery list is available twice weekly.

Patients are either reassured and given sun protection and mole check advice and discharged or given a photograph of their mole and instructed to return to the clinic if any further change should occur. A copy of their photograph is included in their notes. Patients have access to a CNS at this time.

If the lesion is suspicious, then a biopsy is taken or arranged and the patient returns to the following clinic for the result. Depending on the result, patients are either discussed at the following MDT where a treatment plan is formulated or reassured.

The melanoma clinic takes place on Friday morning in the Rose Centre. The oncology clinic is close by where the medical and clinical oncologists offer immediate opinions.

“Incidence rates for melanoma skin cancer are projected to rise by 7% in the UK between 2014 and 2035. This includes a larger increase for males than for females”

There is also a plastic surgery, radiotherapy and dermatology clinic (PRD) which is held on the 2nd and 4th Thursdays. This clinic is where non-melanoma skin cancers are seen.

There is also a weekly skin cancer clinic for immunocompromised patients. This runs on Friday afternoon and run by Dr Samantha Keegan. It is also supported by a skin cancer CNS.

Routine letter referrals into dermatology or plastic surgery are screened by the consultant and if felt to represent a suspicious lesion, referral into a skin cancer screening clinic is made.

At the first appointment, your patient can expect a full consultation with either a consultant plastic surgeon or a consultant dermatologist. A combination of tests will be used to determine a diagnosis of cancer:

TREATMENT

Dependant on the type and staging of the disease, treatment options will vary. The main treatment options are:

- Lymph node dissections (block dissections)
- Sentinel node biopsy
- Metastectomy/debulking for recurrent melanoma
- Isolated limb infusion
- Reconstruction procedures involving microvascular surgical techniques.

HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR. Cancerreferrals@NHS.NET

Our standard is to respond to urgent referrals within one working day, if possible on the same day. Non-urgent referrals will be seen within two working days.

CONTACT DETAILS

Skin Cancer Team  
T: 020 8725 2295

Skin MDT Co-ordinator  
T: 020 8725 4170  
E: stgh-mdt.skin-mdt@nhs.net

Skin CNS  
T: 020 8725 4710  
Bleep 7940 (via switchboard 020 8672 1255)

Melanoma CNS  
T: 020 8725 4948  
Bleep 7694 (via switchboard 020 8672 1255)

THE KEY CORE TEAM MEMBERS ARE:



MDT LEAD CLINICIAN / CONSULTANT PLASTIC SURGEON  
Mr Barry Powell  
bpowell@sgul.ac.uk

CONSULTANT PLASTIC SURGEON  
Miss Joy Odili  
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CONSULTANT DERMATOLOGIST / IMMUNO-COMPROMISED CLINIC CLINICIAN  
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Locum

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CLINICAL ONCOLOGISTS  
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Dr Shane Zaidi  
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Our services in:

# TEENAGE AND YOUNG ADULT (TYA) SERVICE

## SERVICE OVERVIEW

The Teenager and Young Adult (TYA) service offers specialist care together with emotional, practical and social support to young adults aged 16-24 who have been diagnosed with cancer.

St George's is a designated TYA hospital providing age-appropriate care for teenagers and young adults with cancer for Merton, Wimbledon and Wandsworth. We work in conjunction with the Principle Treatment Centre (PTC) at The Royal Marsden Hospital in Sutton. Teenagers aged 16 – 18 years with a confirmed cancer diagnosis will be referred to the PTC (Royal Marsden Hospital) for treatment. Young adults between 19 – 24 years with a confirmed cancer diagnosis are able to choose where they receive treatment. This can be either at St George's or The Royal Marsden.

Referrals of young adults between 19 – 24 years are made to a clinician within the appropriate clinical area at St George's. Patients who choose to have treatment at St George's must be referred to the TYA multi-disciplinary team. After discussion at the TYA MDT, patients will be registered on the national TYA Cancer Registry. The TYA team at St George's ensures that communication between the different site-specific cancer teams, the PTC, GP's and patients and relatives is seamless and treatment is delivered in an age-appropriate environment. Ruth Myles Ward is the preferred place of treatment for TYA inpatients at St George's.

## THE TYA CANCER MULTI-DISCIPLINARY TEAM (MDT)

All TYA patients diagnosed and/or treated at St George's are discussed in the weekly TYA MDT hosted at The Royal Marsden and monthly at the St George's MDT. A holistic management plan is agreed and communicated to all relevant teams.

### ACTIVITY & PERFORMANCE – KEY FACTS

Number of new cases per year:

20

Weekly MDT case load

2

## DIAGNOSIS

The TYA service is not a diagnostic service.

## TREATMENT

The treatment plans of the site specific MDTs for each cancer type are accepted and recognised by the TYA MDT. Additional psychosocial care plans, such as young people and peer group support or activities led by the primary treatment centre at The Royal Marsden are made and communicated back to the site specific teams, patients and their families.

## HOW TO MAKE A REFERRAL

Referrals are made through the site specific MDT for each cancer type to the TYA team at St George's and the TYA team will liaise with the primary treatment centre, patients and their families. The TYA CNS will be responsible for completing the RMH TYA MDT proforma and sending this to the MDT coordinator at RMH.

## CONTACT DETAILS

**TYA Lead Clinician:**  
E: ruth.pettengell@nhs.net

**TYA Clinical Nurse Specialist:**  
T: 07500982800  
E: claire.fowler11@nhs.net

## THE KEY CORE TEAM MEMBERS ARE:

**TYA LEAD CLINICIAN / CONSULTANT MEDICAL ONCOLOGY / HAEMATO-ONCOLOGY**  
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**CONSULTANT HAEMATOLOGY / BONE MARROW TRANSPLANT SERVICE**  
Dr Matthias Klammer  
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**CONSULTANT HAEMATOLOGY / HAEMATO-ONCOLOGY**  
Dr Fenella Willis  
fenella.willis@stgeorges.nhs.uk





Our services in:

# UPPER GASTRO-INTESTINAL TRACT (UPPER GI) CANCER

## SERVICE OVERVIEW

St George's provides both diagnostic and local care for patients with cancer of the upper gastrointestinal tract, which includes diagnoses of oesophageal, gastric, pancreatic and hepatobiliary and GI neuroendocrine cancers.

There is a seamless relationship with the St George's endoscopy unit which has an international teaching reputation for upper GI endoscopy and is JAG (Joint Advisory Group) accredited. The department has an endoscopic ultrasound service which enables accurate staging of upper GI cancers as well as allowing further assessment and biopsy of pancreatic lesions. A team of therapeutic endoscopists support management of patients who are being treated with radical and palliative intent with oesophageal and duodenal stenting, and insertion of long-term feeding tubes.

We have a tertiary endoscopic retrograde cholangio-pancreatography (ERCP) service for endoscopic diagnosis and treatment of pancreatic or hepatobiliary tumours and stent insertion.

We also have tertiary interventional radiology department who undertake percutaneous transhepatic cholangiography (PTC) for biliary drainage not successful by ERCP and TACE (transcatheter arterial chemoembolisation) as locoregional treatment of hepatomas.

## THE UPPER GI MULTI-DISCIPLINARY TEAM (MDT)

The upper GI cancer team includes general surgeons, gastroenterologists, medical and clinical oncologists, histopathologists, radiologists, specialist palliative care clinicians, clinical nurse specialists and dieticians. The MDT meets every Friday at 12.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. The team has excellent dietetic support with a nutritional team available for all inpatients and a dietician present in outpatient clinics.

## ACTIVITY & PERFORMANCE – KEY FACTS

Number of TWR referrals received per year (SGH and QMH): 1500

Number of new cancer diagnoses made per year: 175

Weekly MDT caseload: between 15 – 18 cases and 10-15 hepatoma cases discussed on a monthly basis

## REFERRAL AND DIAGNOSIS

Patients can be referred by their GP as an urgent suspected cancer. Those referred urgently are seen according to the two week wait rule and are triaged using the referral letter either direct to oesophago-gastroduodenoscopy(OGD) or direct to outpatients. Additionally, patients will undergo a combination of tests to determine a diagnosis, including:

- CT scan
- MRI scan
- PET-CT scan

## TREATMENT

Dependant on the type and staging of the disease, treatment options for upper GI cancer will vary.

The main treatment options include:

- Surgery
- Chemotherapy
- Radiotherapy

Patients who are potentially suitable for radical therapy and/or surgery are identified by the local MDT. We have well-established referral pathways for these patients to the network specialist team at The Royal Marsden Hospital for oesophageal cancers and King's College Hospital and The Royal Marsden for hepatobiliary and pancreatic carcinomas and neuroendocrine cancers where specialist surgery takes place. However, patients for neoadjuvant chemotherapy prior to radical resection will receive this at St George's after discussion at the appropriate specialist MDT.

“Oesophageal cancer is twice as common in men as in women.”

There is provision for emergency surgery and palliative bypass surgery on site at St George's, which also has an out-of-hours gastro-intestinal haemorrhage service.

Patients who are not suitable for radical therapy or surgery, because of advanced stage of disease, co-morbidities or poor performance status, are treated at St George's Hospital.

All palliative approaches are available including:

- Chemotherapy
- Stenting (either by endoscopic or radiological control)
- Loco-regional treatments (RFA and TACE) for hepatocellular cancer
- Endoscopic laser treatment
- Palliative surgery
- Specialist palliative care

Chemotherapy is offered on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment.

## HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email: STGH-TR.Cancerreferrals@NHS.NET

## CONTACT DETAILS

Upper GI MDT Co-ordinator

T: 020 8725 3360

E: stgh-tr.upper-gi-mdt@nhs.net

Upper GI TWR CNS

T: 020 8725 2916

Bleep 6317 (via switchboard 020 8672 1255)

Upper GI Cancer CNS

T: 020 8725 0727

Bleep 7079 (via switchboard 020 8672 1255)

## THE KEY CORE TEAM MEMBERS ARE:



MDT LEAD CLINICIAN/ CONSULTANT GASTROENTEROLOGIST  
Dr Sophie Barker  
sophie.barker@stgeorges.nhs.uk

### CONSULTANT SURGEON

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marcus.reddy@stgeorges.nhs.uk

### CONSULTANT SURGEON

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### CONSULTANT GASTROENTEROLOGIST AND THERAPEUTIC ENDOSCOPIST (EUS, ERCP, ENDOSCOPIC STENTING)

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### CONSULTANT MEDICAL ONCOLOGIST

Dr Fiona Kyle

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### CONSULTANT CLINICAL ONCOLOGIST

Dr Shree Bhide

Shree.bhide@stgeorges.nhs.uk

Our services in:

# UROLOGICAL CANCER

## SERVICE OVERVIEW

St George's urological cancer service is a regional centre for common and rare urological cancers including prostate, bladder, penile, testicular and renal cancer. We offer diagnosis, surgery and chemotherapy treatment for these patients.

The pan-network collaboration is underpinned by joint operating sessions with consultants from the Croydon, Epsom & St Helier and Kingston Hospitals. This arrangement smoothes referral pathways into the Trust and maintains continuity for patients and continuing professional development for surgical teams.

We are proud to be considered innovative and pioneering. We were one of the first Trusts in south west London to introduce the innovative da Vinci robotic surgery programme. Robotic surgery is used for prostate, renal and bladder cancer with the number performed amongst the top ten trusts in the UK.

St George's has led in the development of a weekly, central teleconferenced Multi-disciplinary team meeting to discuss all new cancer cases in the South West London region. This involves patients from The Royal Marsden, Croydon University, Epsom & St Helier and Kingston hospitals.

The bladder cancer service at St George's is one of the best in Europe with unparalleled outcomes from cystectomy and bladder sparing treatments. We offer a range of patient focused options which reflects the depth of experience available in our department.

St George's is one of the only units in the country to offer all forms of ablative therapies (cryotherapy and radiofrequency ablation) for renal cancer in one unit. We have pioneered cryotherapy in the UK and have one of the longest and largest series of patients. The Trust remains one of the leading units in both these treatments.

The penile cancer supra-network team is responsible for a catchment population of 11 million in the south of England. We see over 100 new genital cancers per year and have an active research programme and direct responsibility for running national audits. We have the largest contemporary experience of this disease in the

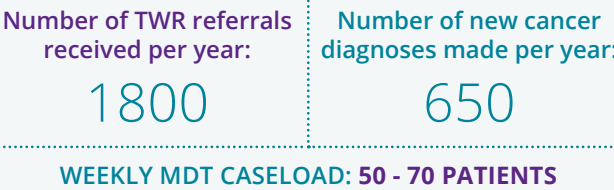
world and see patients from outside our regions for second opinion and treatment. Our penile cancer centre is one of five designated penile cancer centres in the European Union and is the site that coordinates the European Union project for rare diseases.

Our specialist nursing team have a wide remit and are involved in the entire patient journey. They perform flexible cystoscopy, and intravesical Mitomycin C and BCG installations. We have a very successful nurse-led telephone service and nurse-lead outpatient clinics for the support and management of patients with prostate and bladder cancer. The service offers mitomycin-hyperthermia therapy for patients with high-risk bladder cancer. St George's was the first centre in the UK to provide this service.

## THE UROLOGICAL CANCER MULTI-DISCIPLINARY TEAM (MDT)

The urological cancer team includes urological surgeons with specialist interests in bladder, prostate, renal and penile cancers, uro-radiologists, clinical and medical oncologists, three clinical nurse specialists and pathologists with special interests in urological cancer also make up the team. The team also benefits from the support of clinicians with expertise in renal medicine, endoscopy, histopathology, radiology and ultrasound. The service is well supported by specialist palliative care clinicians. The MDT meets every Wednesday at 10.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease.

## ACTIVITY & PERFORMANCE – KEY FACTS



## DIAGNOSIS

All urological suspected cancer referrals are seen within two weeks. There are individually specialised clinics where

“Prostate cancer is most common in Black males, then White males and least common in Asian males.”

patients with a urological cancer can be seen:

There are key urological cancer diagnostic tests that are usually performed in clinic:

- PSA
- Digital rectal examinations
- Urine
- Urine flow rate

Additionally, a combination of the following imaging tests may be performed to determine a diagnosis of cancer:

- Template biopsy
- CT scan
- Renogram
- Cystoscopy
- MRI scan
- PET CT

Patients seen in the outpatients department at Queen Mary's Hospital, Roehampton who are diagnosed with cancer will be followed up in the joint urology oncology clinic at St George's.

- CT scan
- MRI scan
- PET-CT scan

## TREATMENT

Dependant on the type and staging of the disease, treatment options for urological cancer will vary greatly.

The main treatment options are:

- Surgery
- Radiotherapy
- Hormone therapy
- Chemotherapy
- Active monitoring

Chemotherapy is offered on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment.

## HOW TO MAKE A REFERRAL

Referrals can be made via the following method:

- Email Suspected Cancer Referral via ERS ONLY ON PAN LONDON FORMS
- TWR Office contact details:  
T: 020 8725 1111  
Email: CancerReferralOffice@stgeorges.nhs.uk
- For referrals outside ERS, please email:  
STGH-TR.Cancerreferrals@NHS.NET

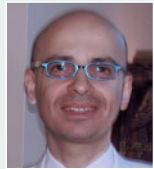
## CONTACT DETAILS

**Urology Cancer Secretary**  
T: 020 8725 3209

**Urology MDT Co-ordinator**  
T: 020 8725 3904/0971  
E: stgh-tr.urology-mdt@nhs.net

**Urology CNSs (Prostate/Bladder/Renal/Testis/Penile)**  
T: 020 8725 0393 / 4124  
Bleep 8527 or Bleep 7165 (via switchboard 020 8672 1255)

## THE KEY CORE TEAM MEMBERS ARE:



**MDT LEAD CLINICIAN / CONSULTANT UROLOGICAL SURGEON/ROBOTIC SURGEON**  
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rami.issa@stgeorges.nhs.uk

**CONSULTANT UROLOGICAL SURGEON / ROBOTIC SURGEON**  
**Mr Chris Anderson**  
Chris.Anderson@stgeorges.nhs.uk

**CONSULTANT UROLOGICAL SURGEON / ROBOTIC SURGEON**  
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Hasan.Qazi2@stgeorges.nhs.uk

**CONSULTANT UROLOGICAL SURGEON**  
**Mr Pieter Le Roux**  
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**CONSULTANT UROLOGICAL SURGEON**  
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**CONSULTANT UROLOGICAL CONSULTANT**  
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**CONSULTANT CLINICAL ONCOLOGIST**  
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**LEAD UROLOGY NURSE**  
**Deepa Leelamany**  
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## Cancer Support Services:

# OVERVIEW OF SUPPORT SERVICES FOR PEOPLE AFFECTED BY CANCER

There is a range of services to support patients receiving treatment for cancer at St George's. Some services are only available to inpatients, whilst other services can be accessed by both inpatients and outpatients.

### CLINICAL NURSE SPECIALISTS

St George's Hospital has an extensive team of site-specific clinical nurse specialists (CNS). All the CNS's hold a Macmillan title, making ours one of the largest Macmillan teams within the south east of England.

The CNS's offer a fully comprehensive service to patients and their families, including nurse-led clinics, support groups and educational days held for patients, carers and health care professionals. Macmillan support workers assist and complement the work of some of the CNS's, increasing the time patients are able to spend with a CNS. The specialist knowledge and skills of the CNS enables them to address the more complex needs of patients that require specialist assessment and care planning.

Their roles also include:

- Being the key worker for the patient and co-ordinating all aspects of their care;
- Offering ongoing support to patients and their families, both in an inpatient and outpatient setting from diagnosis onwards;
- Providing comprehensive information to enable patients to be involved in making decisions about their treatment and care;
- Contributing to educational programmes;
- Developing and maintaining nurse-led clinics and services in response to identified clinical needs within the Trust.

### ALLIED HEALTH PROFESSIONALS

Cancer Allied Health Professionals work closely with the multidisciplinary teams to support patients to maximise their potential independence, particularly during an inpatient stay.

#### Dietetics

Good nutrition is important throughout cancer treatment and beyond. It can help people cope with the effects of treatment and improve quality of life. Specialist dietitians are available to offer individual tailored advice,

information and support to patients with poor dietary intake or gastrointestinal symptoms as a result of their disease or treatment. We can discuss issues about cancer and food to help people achieve a healthy diet living beyond cancer.

#### Physiotherapy

Physical activity can help people manage the side effects of cancer treatment, it can also help address muscle weakness and feelings of tiredness that can arise due to illness and inactivity. Specialist physiotherapy services are available to patients who would benefit from an assessment of functional ability and to support them with a treatment and rehabilitation plan. If required, specialist physiotherapists are able to support patients undergoing surgery with breathing techniques and exercises to aid their recovery.

#### Occupational therapy

Specialist occupational therapists are available to support patients with physical, emotional or social problems to help them carry out day-to-day activities safely. This may involve the provision of information or equipment to help with practical issues and support in identifying personal coping strategies. The occupational therapist will liaise with community services when they are needed.

#### Speech and language therapy

Macmillan speech and language therapists work with the head and neck clinical team to support patients with swallowing difficulties caused by cancer or its treatment. Specialist speech and language therapists also provide support for inpatients with brain and CNS tumours.

### APPLIANCE OFFICER

An appliance officer is available to provide a service for cancer patients requiring a wig for hair loss following chemotherapy and for patients requiring breast prostheses. Patients can be referred to the service by their clinical team.

### COMPLEMENTARY THERAPY SERVICE

Many people with cancer find complementary therapies valuable in helping them cope with the effects of their illness. This could include reducing stress, promoting relaxation, enhancing sleep and minimising the symptoms and side effects associated with the disease.

A limited complementary therapy service is provided in the Trust by qualified practitioners funded by the Full Circle Fund Therapies charity. These therapies are provided free of charge for patients receiving chemotherapy treatment. They currently offer massage therapy, reiki and reflexology as well as pilot projects for clinical hypnotherapy with mindfulness.

### RECOVERY PACKAGE

The recovery package forms part of the Cancer Taskforce Strategy and outlines the commitment to ensure that every person with cancer has access to the elements of the recovery package by 2020. This is recognised by NHS England as being an essential part of cancer care.

The aim of these interventions is to offer better support and improve the quality of life of people living with and beyond cancer, as many survivors report unmet needs for information and support in the post treatment period. The recovery package has four main interventions:

- **Holistic needs assessment (HNA) and care planning** – the CNS is responsible for offering patients an HNA, care planning and ensuring access to health and wellbeing events. HNA and care planning enables conversation between patient and the CNS, allowing the patient to think and voice their concerns, and discuss the possible solutions and or resources available. Patients will also be offered HNAs at other points of their pathway, including change of treatment and end of treatment.
- **End of treatment summary** – developed by the multidisciplinary team to inform the patient and the GP of the care and treatment received.
- **Cancer care review** – is carried out by the GP practice within six months following a diagnosis of cancer and gives the patient information to enable self-management.
- **Health and wellbeing events** – are designed to help people affected by cancer and their family and friends get the support they need during and after cancer treatment. They provide information on benefits and other financial support, how to return to work, diet and lifestyle, long term side effects, specific cancers and local services.

### SOCIAL SERVICES

Social workers can provide information and advice about the range of practical and support services available at home. Hospital based teams from Wandsworth and Merton can arrange an assessment of an inpatient's needs and suggest what help may be available.

### SPIRITUAL CARE

The multi-faith Chaplaincy team at St George's Hospital, offers spiritual, religious and pastoral care to patients, carers and visitors at any time. They support people of faith and those of no faith.

The Chaplaincy Team is based within the heart of St George's Hospital at the Spiritual Care Centre on the Ground Floor of Grosvenor Wing. The Centre is open 24 hours a day as a dedicated space for personal prayer, collective worship, simple breathing space for self-care and a source of solace for challenging times. The Sanctuary at Queen Mary's Hospital is a peaceful multi-faith space for prayer and reflection on the Lower Ground Floor of the Hospital.

### LOCAL COMMUNITY - BASED CANCER SUPPORT

St George's works with a number of local community-based services to support cancer patients and their families along their care pathway.

#### Paul's Cancer Support Centre

20 – 22 York Road, Battersea, London SW11 3QA  
Tel: 020 7924 3924

Services include: Support, information and complementary therapies, groups and classes, including Asian and African & Caribbean support groups.

Open: Mon – Fri, 10am – 5pm.  
Telephone for an appointment

Website: [www.paulscancersupportcentre.org.uk](http://www.paulscancersupportcentre.org.uk)

#### South East Cancer Help Centre

2 Purley Road, Purley, Surrey CR8 2HA  
Tel: 020 8668 0974

Services include: Support, information and complementary therapies. There are also specific support groups.

Open: Mon – Fri, 9am – 5pm. Evening opening Tuesday until 8pm and Saturday 9am – 1pm

Website: [www.sechc.org.uk](http://www.sechc.org.uk)

Cancer Support Services

CANCER PSYCHOLOGICAL SUPPORT (CAPS)

SERVICE OVERVIEW

The Cancer Psychological Support (CaPS) team launched in July 2016 and offers clinical psychology, counselling and liaison psychiatry input. The team is made up of experienced clinicians who are able to work with patients to address their psychological and emotional needs using a range of evidence-based interventions.

Our service is available to adult inpatients and outpatients who have received care for their cancer at St George’s Hospital, as well as those involved in their care (e.g. carers, families, partners). We offer a free and confidential service, which can include one-to-one sessions, as well as working with couples and families as appropriate. We work closely with cancer MDTs to ensure patients psychological needs are addresses as a routine part of cancer care.

THE UROLOGICAL CANCER MULTI-DISCIPLINARY TEAM (MDT)

The Cancer Psychological Support (CaPS) team includes one consultant clinical psychologist, one consultant liaison psychiatrist, two junior clinical psychologists and one counsellor. The MDT meets every Wednesday at 09.00 to allocate new referrals and provide multidisciplinary input in discussing patients under our care. Patients are triaged to appropriate professionals within the MDT based on clinical need. The team has a strong interface with cancer MDTs, liaison psychiatry and palliative care.

ACTIVITY & PERFORMANCE – KEY FACTS

Number of NEW referrals received per year:

448

89%

of outpatient referrals seen within 6 weeks

REFERRAL TYPES: OUTPATIENT 69% / INPATIENT 31%

DIAGNOSIS

Patients can be referred at any point in the cancer pathway, including pre-diagnosis/at diagnosis, during active treatment, at end-of-treatment/survivorship, at recurrence or towards end of life. The reason for referral should be related to their cancer and impact upon their cancer care.

We can support patients and carers with a range of psychological and emotional issues including:

- Depression, low mood, anger, guilt, shame, low self-esteem;
- Anxiety, fear of recurrence, living with uncertainty, trauma;
- Coping with adjustment, change and loss, identity change;
- Issues preventing diagnosis/treatment e.g. decision-making difficulties, treatment refusal, adherence issues
- Pre-surgical/pre-treatment psychological assessment;
- Communication issues/breakdown with healthcare professionals;
- Complex interactions with comorbid mental health issues;
- Psychiatric medication review;
- Body image issues resulting from treatment;
- Side-effect management e.g. pain, fatigue, sleep and treatment side-effects;
- Relationship, carer-related & psychosexual issues;
- End-of-life issues;
- Support with issues relating to children under 18 years, for example, discussing diagnosis.

Patients may be offered up to eight sessions of an evidence-based talking therapy to address the psychological issues identified. This would be with either a clinical psychologist (e.g. cognitive behavioural therapy, motivational interviewing, acceptance and commitment therapy) or counsellor (e.g. person-centred, humanistic, integrative approach). If appropriate, a patient may also be offered psychiatric review, involving assessment and diagnosis of mental illness, advice on prescribing and advice on the management of any related issues such as substance use disorders.

“The role of psychological support in oncology is huge as soon as you put it on a par with the physical aspects of medicine.... we wouldn’t give people chemotherapy without anti-sickness drugs, so why would we treat someone with a disease which clearly has significant psychological impact, without offering psychological support”

Consultant Clinical Oncologist

For inpatients, we are significantly more responsive and can offer more complex interventions between all three professions addressing the aforementioned psychological and mental health issues, particularly where these may be impacting on care/discharge.

In addition to working directly with patients, our work commonly involves consultation with cancer professionals in the acute setting and liaison with healthcare providers in primary care (e.g. GPs) and secondary care (e.g. community mental health teams). We are also able to provide training and clinical supervision to support the identification and management of psychological and emotional concerns and more complex mental health issues.

HOW TO REFER

Outside the Trust

Referral form and further information about our service can be accessed at <https://www.stgeorges.nhs.uk/service/cancer-services/cancer-psychological-support/> and referral forms/ queries should be sent to [stgh-tr.cancer.psychologicalsupport@nhs.net](mailto:stgh-tr.cancer.psychologicalsupport@nhs.net).

Inside the Trust

Referral form and further information can be accessed on the Trust intranet and referral forms/queries should be sent to [cancer.psychologicalsupport@stgeorges.nhs.uk](mailto:cancer.psychologicalsupport@stgeorges.nhs.uk).

We can also be contacted on 020 8725 0461 for advice / consultation, if you are unsure if a referral is appropriate or if a patient has not consented and you require management advice.

CONTACT DETAILS

CaPS Team Administrator

E: [cancer.psychologicalsupport@stgeorges.nhs.uk](mailto:cancer.psychologicalsupport@stgeorges.nhs.uk)  
T: 020 8725 0461

THE KEY CORE TEAM MEMBERS ARE:

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CONSULTANT LIAISON PSYCHIATRIST

Dr Asanga Fernando  
[asanga.fernando@stgeorges.nhs.uk](mailto:asanga.fernando@stgeorges.nhs.uk)





Cancer support services:

THE MACMILLAN INFORMATION AND SUPPORT CENTRE

The Macmillan Information and Support Centre at St. George's Hospital provides confidential information and help to patients affected by cancer and their family and friends.



We offer a wide range of free information in different formats such as booklets, DVDs, and guided internet access. We also offer a limited range of support services including workshops, hypnotherapy, and a Macmillan Citizens Advice Service for help with benefits and welfare rights.

The centre is situated near the main entrance next to the Patient Advice and Liaison Service (PALS) on the ground floor, Grosvenor Wing, St. George's Hospital. The environment is friendly and informal. Assistance can be given face-to-face, on the telephone, or via email.

MACMILLAN CITIZENS ADVICE SERVICE

This specialist service for South West London is a partnership between Macmillan, Citizens Advice Croydon and Citizens Advice Wandsworth. It is a free and confidential welfare benefits and money advice service for people living with cancer, their families and carers in South West London.

The specialist advisers support cancer patients to identify and apply for all the financial support they are entitled to. They will also help patients access debt management support and ensure they are aware of other help that may be available. Some patients may also be able to access a grant from Macmillan Cancer Support. These are one-off payments designed to help people on a low income meet unexpected costs or provide some much needed respite.

The service can be accessed by telephoning 020 7042 0332 from Monday to Friday during the following times: 10am – 12.30pm and 2.30pm – 4pm (excluding bank holidays). Alternatively, an on-line form can be completed at [cawandsworth.org/macmillan](http://cawandsworth.org/macmillan) and a response will be received within three working days if an e-mail address or telephone number is provided.



VOICE – ENGAGEMENT AND INVOLVEMENT WITH PEOPLE AFFECTED BY CANCER (2018)

We want to engage with and involve the people who have used our cancer services to help make a difference to the care we provide at St George's Hospital.

We offer opportunities for patients and their families and friends to share their experiences in partnership with the health professionals and the Trust. They can help influence the planning, delivery and evaluation of patient-centred cancer services. This ensures we can respond to the changing needs of patients and carers, leading to improved experiences.

Anyone affected by cancer can become a Voice member and keep in touch with what's happening in cancer services at St George's, and learn of patient and carer involvement opportunities and events. We offer a range of opportunities that ensure everyone affected by cancer can participate, reflecting the time they have available, their skill sets and interests. Voice runs regular Listening and themed events. These are often on a specific topic where information may be shared but equally important, they are opportunities for the experiences of people affected by cancer to be heard.

The activities of Voice members are co-ordinated and organised by the Core Voice Group. The group meets monthly for two hours, where the interests, needs, and activities of the broader Voice membership are discussed and planned.

Cancer Connect is a twice-yearly newsletter, covering inspiring patient stories, new clinical developments and local support. It is available in oncology wards and clinics, and on our St George's website.

# Cancer Connect

The St George's newsletter for people affected by cancer

Issue 3, Summer 2018

## Getting ready for surgery

St George's has launched Get Set 4 Surgery, a weekly 'surgery school' for patients with cancer who need major surgery. Groups of up to 25 people are invited to attend a two hour session with their clinical team, to prepare them mentally and physically for their operation.

The topics covered in the 'pre-habilitation' session include the benefits of good nutrition, increasing activity, breathing exercises, smoking cessation, alcohol education and managing anxiety. This will help promote a successful recovery.

Patients are encouraged to bring along a plus one, to support and encourage them to feel informed and empowered to influence their own recovery.

Carolyn Johnston, Consultant Anaesthetist, said: "In the waiting time before surgery, when patients feel most anxious, we are able to give them help and information to prepare themselves both physically and mentally for the challenges ahead."

This initiative is part of the Surgical Pathway Experience project, under the St George's & Macmillan: Cancer Care Partnership for Patient Experience Partnership Programme. It is hoped it will be extended to more patients in the future.

Nearly 200 patients have attended so far, and feedback has been very positive. One patient who attended a session said, "There are a lot of people (nurses and doctors) who actually care; meeting them has been very helpful."

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- Going back to school  
Bruce's experience of getting ready for surgery
- Voice Listening Events  
Setting up a peer telephone support service for patients
- Look Good Feel Better workshop for men
- The new Ambulatory Oncology Care Unit  
The official launch
- Clinical hypnotherapy  
A new service for chemotherapy induced peripheral neuropathy

PATIENT EXPERIENCE

In addition to the patient experience activities organized in conjunction with Voice, the Trust takes part in local and national surveys of patients and collects information on different aspects of cancer care and on patients' experiences of treatment and care at St George's, including the National Cancer Patient Experience Survey.

For more information about Voice, please contact the Macmillan Information and Support Centre or email [patient.voice@stgeorges.nhs.uk](mailto:patient.voice@stgeorges.nhs.uk)

Further information about the Trust can be found at [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

Comments on this document can be sent to the Cancer Leadership Team through the Macmillan Information and Support Centre

**[cancer.information@stgeorges.nhs.uk](mailto:cancer.information@stgeorges.nhs.uk)**

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