# Cancer Services

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Cancer has been a significant part of the healthcare agenda in the NHS and the last 15 years has seen significant reform and investment in screening, the organisation of cancer teams, cancer pathways and waiting times for treatment. These reforms, introduced on the back of the Calman-Hine Report (1995) and the NHS Cancer Plan (2000) resulted in the introduction of Multi-Disciplinary Teams (MDTs) and Clinical Nurse Specialists (CNS’s), both of which are now firmly integrated into the provision of cancer care across the country.

The cancer agenda is now been driven forward again by the Cancer Reform Strategy (2007) and its subsequent annual reports. In the capital, Lord Darzi’s Healthcare for London: A Framework for Action (2007) is paving the way for a London-wide review which includes the provision of cancer services under the auspices of Integrated Cancer Systems and the abolition of the existing Cancer Networks. St George’s will be at the centre of the emerging London Cancer Alliance, a collaborative of 17 different provider organisations encompassing the whole of South and Northwest London.

Running concurrently with this is a more global review of clinical services in South West London and as such there are likely to be significant changes to the way cancer care is delivered in the capital and more locally in South West London which we at St George’s are keen to embrace and currently preparing for.

These changes will undoubtedly focus more on the patient pathway/experience, on outcome and survivorship, and necessitate much greater integration between primary, secondary and tertiary care. It is precisely with this in mind that we are updating the St George’s Cancer Portfolio as part of our contribution to ensuring that London is able to provide cancer services that are the equal of the world’s best.

This portfolio is therefore the continuation of the St George’s Cancer Management Team’s preparation to meet the exciting challenges that are clearly upon us and we hope that you will find it a useful adjunct when referring/planning the cancer type specific pathways that your patients require.

With best wishes

Mr Nick Hyde
Clinical Director, External Cancer Affairs

Mr Chris Anderson
Clinical Director, Internal Cancer Affairs
Introduction

This document describes the cancer services provided at St George’s Healthcare NHS Trust. It highlights the expertise and specialist services for each type of cancer, how patients can be referred and details the quality of service that can be expected.

We hope you find this document helpful and we welcome feedback on what you would like us to include in future editions.

The information in this directory is available on the Trust’s website under the cancer information section.

St George’s Healthcare NHS Trust

St George’s Healthcare NHS Trust in south west London is one of the country’s largest teaching hospitals. The main site in Tooting is shared with St George’s University of London, which trains medical students and carries out advanced medical research. St George’s has an established reputation as a leading hospital for specialist care, including cancer and is situated in the London borough of Wandsworth.

Community services, including outpatient rapid diagnostic and treatment facilities, are provided to the local population from Queen Mary’s Hospital, Roehampton. St George’s works closely with local PCTs and serves a population of 1.3 million across southwest London.

The Trust also offers specialist services to people living in Surrey and Sussex and beyond totalling a population around 3.5 million.

Further information about the Trust and its developments can be found at www.stgeorges.nhs.uk

Cancer services at St George’s

St George’s Hospital is a Cancer Centre within the emerging LCA ICS. The Trust also provides all cancer unit services to the local population and sees around 3,000 new cancer patients every year. Additional cancer-related outpatient services are available at Queen Mary’s Hospital, Roehampton and St John’s Therapy Centre, Clapham Junction. We provide the majority of South West London’s complex cancer surgery and also provide simple and complex chemotherapy. Radiotherapy services are provided by The Royal Marsden Foundation NHS Trust. Much of cancer-related activity takes place in outpatients.

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.

Cancer treatment services are dependent on other Trust services such as surgical, anaesthetic, intensive care, pathology and diagnostics services. The chart on the next page highlights the different specialties that may impact on the care pathway of a cancer patient.

St George’s sees around 3,000 new cancer patients every year.
Diagram 1. How the cancer patient is supported by a wide range of services within the Trust.
The Cancer Clinical Directorate

The Cancer Clinical Directorate has an overview of cancer services in the Trust. There is a monthly Cancer Clinical Directorate meeting where cancer services, developments and issues are discussed. This meeting is attended by cancer clinical leads, cancer management team, other Trust managers, primary care representatives as well as user representatives. The Directorate includes the following groups of professionals.

Cancer care providers
- Cancer surgeons
- Medical oncologists
- Clinical oncologists
- Clinical nurse specialists
- Allied health professionals

Supportive cancer care providers
- Radiologists
- Histopathologists
- Cytopathologists

The Cancer Management Team

The cancer team is responsible for the effective delivery of cancer services across the trust, and in liaison with primary care.

The team co-ordinates the implementation of the national cancer services standards and the Cancer Reform Strategy plan, ensuring continuous quality improvement.

This includes:
- Cancer Waiting Times
- National Cancer Peer Review Programme
- Clinical audit programmes
- Data collection

Due to the increasing requirement to provide input to the emerging LCA Integrated Cancer System (LCA ICS) and the mounting complexity of managing cancer services internally at St. George’s we have altered the clinical leadership structure within the cancer management team to ensure that care at St. George’s is given the correct level of oversight whilst permitting St. George’s to make a strong contribution to shaping the emerging external structures for the benefits of cancer patients in south west London. As such we have split the Clinical Director role into one half that is responsible for external affairs relating to cancer service provision at St. George’s and the other half concentrating on internally delivering and developing that cancer care. The former role will be the responsibility of Mr Nicholas Hyde and the latter role will be provided by Mr Chris Anderson.

Members of the cancer team include:

- **Clinical Director, External Cancer Affairs**
  - Mr Nicholas Hyde
  - 020 8725 1251
  - nicholas.hyde@stgeorges.nhs.uk

- **Clinical Director, Internal Cancer Affairs**
  - Mr Chris Anderson
  - 020 8725 3209
  - chris.anderson@stgeorges.nhs.uk

- **General Manager, Cancer Services**
  - Lila Pilling
  - 020 8725 4510
  - lila.pilling@stgeorges.nhs.uk

- **Assistant General Manager, Cancer Services**
  - Damien Bruty
  - 020 8725 0396
  - damien.bruty@stgeorges.nhs.uk

- **Macmillan Trust Lead Cancer Nurse**
  - June Allen
  - 020 8725 3321
  - june.allen@stgeorges.nhs.uk

- **Cancer Services Manager**
  - Michael Sharpe
  - 020 8725 2534
  - michael.sharpe@stgeorges.nhs.uk

- **Macmillan Information & Support Manager**
  - Beverley van der Molen
  - 020 8725 2647
  - beverley.vandermolen@stgeorges.nhs.uk
Cancer Waiting Times
The Government has set waiting time targets in England and Wales for diagnosing and treating cancer patients. There are nine different targets, eight of which relate to St George’s. The main targets are:

- **14 day target** – which covers the time from an urgent GP referral for suspected cancer and their first appointment;
- **31 day target** – which covers the time between a treatment plan being agreed and the treatment starting;
- **31 day subsequent treatment target** – which relates to all follow on treatments;
- **62 day target** – which covers the time from an urgent GP referral for suspected cancer and starting treatment.

The Two Week Rule (TWR) applies to any patient referred from a GP with suspected cancer and any breast referral from a GP for breast symptoms. All TWR referrals are managed by the TWR Office.

St George’s consistently achieved the cancer waiting time targets for 2011/12.

National Cancer Peer Review Programme
The aim of the National Cancer Peer Review 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 National Cancer Peer Review Programme is an integral part of the NHS Cancer Reform Strategy (2007). The programme is carried out by specialist teams of professional peers and user/carers reviewers against nationally agreed ‘quality measures’.

The Peer review programme consists of four 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 Peer review team decide who is internally validated.
- **Externally verified self assessments** – External Verification is a check of selected internally validated self assessments led by the zonal 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, 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 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. The Trust is covered by the South West London Cancer Research Network (SWLCRN), which is part of the National Cancer Research Network (NCRN).
Our services in:
Acute Oncology Service

Service Overview
The Acute Oncology Service (AOS) at St George’s is a new hospital-based service which has been established to support patients with proven or suspected cancer who are being treated by acute medicine teams within St George’s Hospital (either in A&E or following admission via the Acute Medical Unit). The purpose of this service is to provide rapid, specialist advice and ensure optimal patient care. It is aimed at those patients requiring urgent in-patient support, either because of progressive disease or treatment complications or because they are previously undiagnosed cancer patients needing emergency care.

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.

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.

Contact details
AOS team at St George’s
E: aos@stgeorges.nhs.uk

The key core consultant team members are:

**Lead for Acute Oncology Service, Consultant Oncologist, Acute Oncology Assessment**
Dr Anna-Mary Young
anna-mary.young@stgeorges.nhs.uk

**Consultant Oncologist, Acute Oncology Assessment**
Dr Tim Benepal
tim.benepal@stgeorges.nhs.uk

**Nursing Lead for Acute Oncology**
Anne Higgins
anne.higgins@stgeorges.nhs.uk

**MSCC Co-ordinator**
Jo Johnson
jo.johnson@stgeorges.nhs.uk

**MSCC Co-ordinator**
Moey Chen Lim
moeychen.lim@stgeorges.nhs.uk
Our services in:
Brain and Central Nervous System (CNS) Cancers

Service Overview
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. There is excellent surgical collaboration with ENT, maxillofacial and endocrinology services to manage skull base and pituitary tumours.

St George’s offers a supra-network MDT service, serving a population of 3,729,334. Referrals are received from South West London and 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.

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.

We have an established metastatic spinal cord compression (MSCC) pathway and collaborative working with trauma and orthopaedic teams.

The Brain and CNS Cancer Multi-disciplinary team (MDT)
The team consists of neuro-surgeons, neurologists, clinical oncologists, neuro-radiologists, endocrinologists 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 neuro-psychologist and neuro-psychiatrist.

The MDT meets every Friday at 08.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease. There are also monthly skull base and pituitary meetings. The paediatric MDT meets weekly on a Friday. Consultants from St George’s link to colleagues from The Royal Marsden and King’s College Hospital via videoconferencing.

“People can get brain tumours at any age”

The key core consultant team members are:

<table>
<thead>
<tr>
<th>MDT Lead Clinician/Consultant Neurosurgeon</th>
<th>Lead Consultant Orthopaedic Surgeon for MSCC</th>
<th>Consultant Clinical Oncologist (RMH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Simon Stapleton</td>
<td>Mr Jason Bernard</td>
<td>Dr Frank Saran</td>
</tr>
<tr>
<td><a href="mailto:simon.stapleton@stgeorges.nhs.uk">simon.stapleton@stgeorges.nhs.uk</a></td>
<td><a href="mailto:jason.bernard@stgeorges.nhs.uk">jason.bernard@stgeorges.nhs.uk</a></td>
<td><a href="mailto:frank.saran@rmh.nhs.uk">frank.saran@rmh.nhs.uk</a></td>
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<tr>
<td>Consultant Neurosurgeon</td>
<td>Consultant Neurosurgeon</td>
<td>Consultant Clinical Oncologist (RSCH)</td>
</tr>
<tr>
<td>Mr Marios Papadopoulos</td>
<td>Mr Henry Marsh</td>
<td>Dr Richard Shaffer</td>
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<tr>
<td><a href="mailto:mpapadop@sgul.ac.uk">mpapadop@sgul.ac.uk</a></td>
<td><a href="mailto:henry.marsh@stgeorges.nhs.uk">henry.marsh@stgeorges.nhs.uk</a></td>
<td><a href="mailto:richard.shaffer@nhs.net">richard.shaffer@nhs.net</a></td>
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<tr>
<td>Lead Consultant Neurosurgeon for MSCC</td>
<td>Consultant Neurosurgeon</td>
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<tr>
<td>Mr Pawan Minhas</td>
<td>Mr Andrew Martin</td>
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<td><a href="mailto:pawanjit.minhas@stgeorges.nhs.uk">pawanjit.minhas@stgeorges.nhs.uk</a></td>
<td><a href="mailto:andrew.martin@stgeorges.nhs.uk">andrew.martin@stgeorges.nhs.uk</a></td>
<td></td>
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</tbody>
</table>
Number of new cancer diagnoses made per year: **394** brain tumours and **271** CNS tumours
Weekly MDT caseload: **between 40 – 60 cases**
Total number of surgical interventions for benign and malignant brain tumours in a year: **545**

### 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 will be 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
- PET-CT scan
- Biopsy

### 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, to provide adjuvant chemotherapy and radiotherapy. Stereotactic, gamma and cyberknife radiotherapy treatment is available at The Royal Marsden Hospital.

### How to make a referral
Referrals can be made via the following method:
- Suspected cancer proforma or letter faxed to the TWR Office
- TWR Office contact details:
  T: 020 8725 1111
  F: 020 8725 0778

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 Cancer Team**
T: 020 8725 4508 / 4182 / 4524
F: 020 8725 4176

**Brain & CNS MDT Co-ordinator**
T: 020 8725 4191
Bleep 7441
E: neuro-oncology.mdt@stgeorges.nhs.uk

**Brain & CNS CNS / Keyworker**
T: 020 8725 2573
Bleep 7862 (via switchboard 020 8672 1255)

**Network MSCC Co-ordinator**
Office hours Bleep: 6027
(via switchboard 020 8672 1255)

Out-of-hours Bleep: 7242
(via switchboard 020 8672 1255)
Service Overview
The Breast Cancer Service offers diagnosis, surgery and chemotherapy all on one site. The Rose Centre, which opened in autumn 2011, 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, autologous allogenic dermal graft assisted implant reconstruction, autologous and implant enhanced LD flap, free flap reconstruction including DIEP and free TRAMs (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, SLNB 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.

The key core consultant team members are:

- **MDT Lead Clinician / Consultant Breast Surgeon**
  - Mr Anup Sharma
  - anup.sharma@stgeorges.nhs.uk

- **Consultant Breast Surgeon**
  - Miss Nadine Betambeau
  - nadine.betambeau@stgeorges.nhs.uk

- **Consultant Medical Oncologist**
  - Dr Laura Assersohn
  - laura.assersohn@stgeorges.nhs.uk

- **Consultant Medical Oncologist**
  - Dr Muireann Kelleher
  - muireann.kelleher@stgeorges.nhs.uk

- **Consultant Clinical Oncologist**
  - Dr Anna Kirby
  - anna.kirby@rmh.nhs.uk

Breast cancer can also affect men.
### 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 trainee. 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/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.

### 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 or lumpectomy
  - Mastectomy
  - Delayed and immediate reconstruction
- **Chemotherapy**
- **Radiotherapy**
- **Hormone therapy**

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:

- **Choose and Book (search under ‘Breast’)**
- **Fax a suspected cancer proforma or letter to the TWR Office**
- **TWR Office contact details:**
  - T: 020 8725 1111
  - F: 020 8725 0778
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 approximately 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. Over the last year we received about 1500 cancer referrals for assessment.

Referrals to the cancer genetics service are assessed through our fully electronic triage system which enables us to provide advice about further management in an efficient manner. We provide advice by letter, telephone and 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:

- An estimate of an individual’s cancer risk
- A discussion about cancer prevention
- Appropriate screening options if applicable
- Genetic testing in some families
- Psychosocial support in 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, 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 preventative strategies through screening and testing in an all-inclusive way. Currently we hold multidisciplinary clinics for families with BRCA alterations (breast cancer gene), 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.

The key core consultant team members are:

Lead Clinician and Consultant Geneticist
Dr Meriel McEntagart
meriel.mcentagart@stgeorges.nhs.uk

Consultant Geneticist
Dr Frances Elmslie
frances.elmslie@stgeorges.nhs.uk

Interim Lead Consultant Geneticist in Cancer Genetics
Dr Kate Tatton-Brown
katrina.tattonbrown@stgeorges.nhs.uk

Lead Genetic Counsellor
Mr Glen Brice
glen.brice@stgeorges.nhs.uk

Lead Cancer Genetic Counsellor
Dr Vishakha Tripathi
vishakha.tripathi@stgeorges.nhs.uk
Referral Guidelines

Cancer patients and family members concerned about having an inherited predisposition to cancer 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 referral to the cancer genetics service should be made if these criteria are met:

- More than two blood relatives on the same side of the family who developed cancer under the age of 50 years. The cancers must be in the same organ (e.g. breast) or be known to be related (e.g. breast and ovarian or colon and uterine)

More specific guidelines 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 50 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
- 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.

How to make a referral

Referrals can be made via the following methods:

- Via Choose and Book
- A referral letter from the GP, cancer consultant or other health care professional
- By fax to 020 8725 3444
- 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 will be available if needed for a clinic appointment.

Contact Details:

Assistant Service Manager, Clinical Genetics
T: 020 8725 2038
www.southwestthamesgenetics.nhs.uk

"Only 5% of cancer is inherited"
Our services in:
Gynaecological Cancers

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 gyna- 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.

The key core consultant team members are:

- **MDT Lead Clinician / Consultant Gynaecology Surgeon**
  - Mr Thomas Ind
  - thomas.ind@rmh.nhs.uk

- **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 Gynaecology Surgeon**
  - Mr Des Barton
  - desmond.barton@stgeorges.nhs.uk

- **Consultant Gynaecologist / Lead Hysteroscopist**
  - Mr Paul Bulmer
  - paul.bulmer@stgeorges.nhs.uk
Number of new cancer diagnoses made per year: **160**  
Weekly MDT caseload: **17 cases**  
Number of TWR referrals received per year: **Nearly 535**

## 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 Joint Specialist Gynaecological Oncology MDT prior to commencing therapy.

## Treatment
Dependant 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**

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:

- Choose and Book (search under ‘gynaecological oncology’)
- Fax a suspected cancer proforma or letter to the TWR Office
- **TWR Office contact details:**  
  T: 020 8725 1111  
  F: 020 8725 0778

> There are five types of women’s cancers

---

**Contact Details:**

**Gynaecology Cancer Team**  
T: 020 8725 0188  
F: 020 8725 9545

**Gynaecology MDT Co-ordinator**  
T: 020 8725 3904  
E: gynaecology.mdt@stgeorges.nhs.uk

**Gynaecology CNS / Keyworker**  
T: 020 8725 3239  
Bleep 8110 (via switchboard 020 8672 1255)
Our services in:
Haemato-oncology Cancer

Service Overview
St George's haemato-oncology service is divided into three areas: myeloma, lymphoma, and leukaemia. We are based within the haematology and oncology units which provide expert investigation, diagnosis, and treatment for patients with a wide variety of blood diseases. We have expertise in the management of bone marrow failure disorders, immunohaematology, myeloproliferative disorders, myeloma, acute and chronic leukaemia, lymphoproliferative disorders, haemoglobinopathy, and sickle cell disease.

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 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).

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 and HIV associated lymphoma.

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

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. Patients requiring autologous or allogeneic transplantation can be managed and supported by the same team throughout their entire pathway.

The service provides a cancer nurse specialist Late Effects Clinic, oral chemotherapy Myeloma Clinic and telephone clinic for a more patient centred service. An active patient support group helps to further improve patient care and experience.

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.

The key core consultant team members are:

Joint Haemato-oncology MDT Lead Clinician / Lead Clinician for Lymphoma / Consultant Haemato-oncologist
Dr Ruth Pettengell
r.pettengell@sgul.ac.uk

Consultant Medical Oncology / Haemato-oncology / Honorary Senior Lecturer
Dr Jens Samol
jens.samol@stgeorges.nhs.uk

Consultant Haematologist (with expertise in bone marrow transplantation, haemato-oncology and bone marrow failure)
Dr Mickey Koh
mickey.koh@stgeorges.nhs.uk

Consultant Haematologist
Dr Matthius Klammer
matthius.klammer@stgeorges.nhs.uk

Lead Clinician for Leukaemia and Myeloma / Consultant Haematologist
Dr Fenella Willis
fenella.willis@stgeorges.nhs.uk

Consultant Clinical Oncologist
Dr Merina Ahmed
merina.ahmed@rmh.nhs.uk
Activity & Performance – key facts

Number of new myeloma diagnoses per year: **30** (and an additional 45 patients with MGUS)
Number of new leukaemia diagnoses per year: **60**
Number of lymphoma diagnoses per year: **138**
Weekly MDT caseload: **20 patients**
Number of TWR referrals received per year: **169**

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. Diagnostic tests include:

- Blood test/film
- FNA
- Lymph node biopsy
- Bone marrow biopsy
- X-ray
- 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:

- Chemotherapy
- Stem cell transplant
- 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 a dedicated 13 bed ward, integrated day care and apheresis unit which was extensively refurbished in 2007. 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) is a nurse-led unit that comprises seven infusion/transfusion chairs, two apheresis stations and two procedure rooms used for bone marrow sampling, bed side CVC placement, apheresis and intrathecal therapy. 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:

- **Choose and Book** (search under ‘Clinical Haematology’)
- **Fax a suspected cancer proforma or letter to the TWR Office**
- **TWR Office contact details:**
  T: 020 8725 1111
  F: 020 8725 0778

Contact Details:

<table>
<thead>
<tr>
<th>Haemato-oncology Secretary</th>
<th>Lymphoma CNS / Keyworker</th>
<th>Leukaemia CNS / Keyworker</th>
</tr>
</thead>
<tbody>
<tr>
<td>T: 020 8725 1172</td>
<td>T: 020 8725 4953</td>
<td>T: 020 8725 6206</td>
</tr>
<tr>
<td>F: 020 8725 3918</td>
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<thead>
<tr>
<th>Haemato-oncology MDT Co-ordinator</th>
<th>Myeloma CNS / Keyworker</th>
</tr>
</thead>
<tbody>
<tr>
<td>T: 020 8725 3882</td>
<td>T: 020 8725 0533</td>
</tr>
<tr>
<td>E: <a href="mailto:haemato-oncology.mdt@stgeorges.nhs.uk">haemato-oncology.mdt@stgeorges.nhs.uk</a></td>
<td>Bleep 7935</td>
</tr>
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<td>(via switchboard 020 8672 1255)</td>
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</table>
Our services in:
Head and Neck Cancers

Service Overview
The Head and Neck Cancer Service at St George’s is led by the ear, nose and throat; maxillo-facial; and plastic surgery teams.

All the main head and neck surgical specialities above, and clinical and medical oncology are represented at the weekly head and neck MDT meeting and clinic, as well as speech and language therapy, dietetics, and two head and neck clinical nurse specialists. There is also very strong radiological and pathological input and support for both the meeting and the clinic. A dedicated cytology service running in tandem with the clinic ensures that Fine Needle Aspiration (FNAs) can be carried out on request in the clinic, with results often being delivered immediately. There is also representation at the meeting from endocrinology, endocrine surgery, haematology, palliative care and restorative dentistry.

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 MDT 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. Joint appointments across the network facilitate the transfer of local patients as well as continuity of care for these patients.

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.

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.

St George’s hosts the regional maxillofacial laboratory, providing expertise in prosthetic rehabilitation of oncology related surgical defects.

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 Multi-disciplinary Team (MDT)
The head and neck team includes ENT surgeons, maxillo-facial surgeons, plastic surgeons, radiologists, clinical and medical oncologists, clinical nurse specialists, histopathologists and cytopathologists, speech and language therapists, dietitians, 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 at 08.00 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.

The prevalence of head and neck cancer is increasing in the UK.
Number of new head and neck cancer diagnoses (excluding thyroid cancer) made per year: **334**
Number of new thyroid cancer diagnoses made per year: **74**
Weekly MDT caseload: **38**
Number of TWR referrals per year: **741**

**The key core consultant team members are:**

**MDT Lead Clinician/Consultant ENT Surgeon**
Mr Michael Lee  
michael.lee@stgeorges.nhs.uk

**Consultant ENT Surgeon**
Mr Tunde Odutoye  
tunde.odutoye@stgeorges.nhs.uk

**Consultant Maxillo Facial Surgeon**
Mr Nicholas Hyde  
nicholas.hyde@stgeorges.nhs.uk

**Consultant Maxillo Facial Surgeon**
Mr Graham Smith  
graham.smith@stgeorges.nhs.uk

**Consultant ENT Surgeon**
Mr Sam Mady  
sam.mady@stgeorges.nhs.uk

**Consultant ENT Surgeon**
Mr Peter Williamson  
peter.williamson@stgeorges.nhs.uk

**Consultant Plastic Surgeon**
Mr Martin Vesely  
martin.vesely@stgeorges.nhs.uk

**Consultant in Palliative Care**
Prof Paddy Stone  
pstone@sgul.ac.uk

**Consultant Clinical Oncologists**
Dr Chris Nutting  
chris.nutting@rmh.nhs.uk

**Consultant Clinical Oncologists**
Dr Kevin Harrington  
kevin.harrington@rmh.nhs.uk

**Consultant Clinical Oncologists**
Dr Kate Newbold  
kate.newbold@rmh.nhs.uk

**Consultant Medical Oncologist**
Dr Shree Bhide  
shree.bhide@rmh.nhs.uk

**Consultant Medical Oncologist**
Dr Ruth Pettengell  
rpettengell@sgul.ac.uk

**Consultant Endocrinologist**
Dr Stephen Nussey  
stephen.nussey@stgeorges.nhs.uk

**Consultant Endocrine Surgeon**
Mr Anup Sharma  
anup.sharma@stgeorges.nhs.uk

**Consultant Endocrine Surgeon**
Mr James Smellie  
James.Smellie@chelwest.nhs.uk

**Consultant General Surgeon**
Mr Paul Hurley  
paul.hurley@mayday.nhs.uk
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 and medical oncologists. The palliative care team also attend on an as required basis. The skin, lymphoma and endocrinology clinics are 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.

Additionally, a consultant cyto-pathologist, and cytology technician, are present in the clinic and perform a mixture of both pre-booked and ad hoc FNAs; often being able to provide an instant report.

At the first appointment, your patient can expect a full consultation with an 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 – at visit
- Biopsy
- Ultrasonography – often at visit
- Barium Swallow
- CT Scan
- MRI Scan
- PET-CT Scan

An additional neck lump clinic is held weekly on a Monday morning. Patients who are referred with neck lumps, including those of thyroid origin, are seen in this clinic and have a fine needle biopsy performed on their lump, sometimes under ultrasound guidance. The results of such biopsies are often communicated to the patient on the same day.

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

- Surgery
- Chemotherapy
- Radiotherapy

The surgery is performed by the relevant head and surgeons at St George's. Chemotherapy for lymphoma is also provided on site in both a day case and inpatient setting. St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment, and chemo-irradiation for most head and neck cancer.

How to make a referral
Referrals can be made via the following methods:

- Choose and Book (search under ‘head and neck’ or ‘maxillo-facial’))
- Fax a suspected cancer proforma or letter to the TWR Office
- TWR Office contact details:
  T: 020 8725 1111
  F: 020 8725 0778

Contact Details:

Head and Neck Cancer Secretary
T: 020 8725 2052
F: 020 8725 3306

Head and Neck MDT Co-ordinator
T: 020 8725 1735
E: headandneck.mdt@stgeorges.nhs.uk

Head and Neck CNS / Keyworker
T: 020 8725 3263 / 3401
Bleep 7547 / 6859
(via switchboard 020 8672 1255)
Service Overview
St George’s delivers a comprehensive service for colon, rectal and anal cancers offering expert diagnostic, surgical and oncological services.

A larger proportion of colorectal cancer surgery is increasingly performed laparoscopically at St George’s, when appropriate. We are the regional centre for surgery for advanced and recurrent colorectal malignancy. This service is provided with appropriate on-site support from plastic surgery, urological surgery, gynae-oncology and intensive therapy. We are also the regional centre for anal cancer surgery.

Endoscopy services are provided in a state of the art facility, which is one of the national training centres for endoscopy. The Bowel Cancer Screening Centre for South West London is situated within St George’s, which results in a seamless care pathway for patients. Endoscopic services offered include diagnosis, polypectomy, endoscopic mucosal resection of large polyps and stenting of obstructive cancers. Palliative laser therapy is offered for patients with rectal cancers who are not suitable for surgical resection.

The radiology department offers a comprehensive range of diagnostic and staging investigations including the recently introduced service of CT colonography. All radiological services are provided on site. The Trust is the regional centre for endoscopic anal (rectal) ultrasound for early stage rectal cancers.

A weekly ‘out of hours – open access’ Rapid Access Proctology Clinic is offered as an evening clinic for GP referrals. This enables patients to be seen quickly and at a convenient time for them.

We also benefit from close links with the on-site genetics service due to the hereditary nature of some colorectal cancers.

St George’s successfully implemented an Enhanced Recovery Programme for patients receiving surgery for colorectal cancer, leading to reduced lengths of stay for patients.

The Trust hosts an annual Colorectal Cancer Patient and Carers Meeting which has excellent attendance from patients and carers.

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 service is well supported by specialist palliative care clinicians. The MDT meets every Friday at 12.45 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease.

The key core consultant team members are:

<table>
<thead>
<tr>
<th>MDT Lead Clinician / Consultant Colorectal Surgeon</th>
<th>Consultant Colorectal Surgeon</th>
<th>Consultant Clinical Oncologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Melville</td>
<td>Mr Andrew Ramwell</td>
<td>Dr Maria Hawkins</td>
</tr>
<tr>
<td><a href="mailto:david.melville@stgeorges.nhs.uk">david.melville@stgeorges.nhs.uk</a></td>
<td><a href="mailto:andrew.ramwell@stgeorges.nhs.uk">andrew.ramwell@stgeorges.nhs.uk</a></td>
<td><a href="mailto:maria.hawkins@rmh.nhs.uk">maria.hawkins@rmh.nhs.uk</a></td>
</tr>
<tr>
<td>Mr Robert Hagger</td>
<td>Dr Fiona Lofts</td>
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<tr>
<td><a href="mailto:robert.hagger@stgeorges.nhs.uk">robert.hagger@stgeorges.nhs.uk</a></td>
<td><a href="mailto:fiona.lofts@stgeorge.nhs.uk">fiona.lofts@stgeorge.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Prof Devinder Kumar</td>
<td>Dr Jens Samol</td>
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<tr>
<td><a href="mailto:devinder.kumar@stgeorges.nhs.uk">devinder.kumar@stgeorges.nhs.uk</a></td>
<td><a href="mailto:jens.samol@stgeorges.nhs.uk">jens.samol@stgeorges.nhs.uk</a></td>
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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. There is also a weekly evening (Tuesdays at 17.30 – 21.00) GP direct access ‘Rapid Access Proctology Clinic’ which enables patients to be seen rapidly and at a convenient time for them. 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.

At the first appointment, your patient can expect a full consultation with a colorectal surgeon. A combination of the following tests will be used to diagnose and subsequently stage a colorectal cancer:

- Proctoscopy
- Sigmoidoscopy
- Barium enema
- CT colonography
- CT scan
- MRI scan
- Ultrasound
- PET-CT Scan

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 methods:

- Choose and Book (search under ‘General Surgery’)
- Suspected cancer proforma or letter faxed to the TWR Office
- TWR Office contact details:
  T: 020 8725 1111
  F: 020 8725 0778

Each year over 30,000 new cases of colorectal cancer are diagnosed in the UK
Our services in: Lung Cancer

Service Overview
The Lung Cancer Service at St George’s offers diagnosis, surgical treatment and chemotherapy all on the same site. We are unique in the fact that all cardiothoracic 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.

“Lung cancer is the most common cancer in the world”

The key core consultant 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 Brendan Tinwell
  brendan.tinwell@stgeorges.nhs.uk

- **Consultant Radiologist**
  Dr Sisa Grubnic
  sisa.grubnic@stgeorges.nhs.uk

- **Consultant Thoracic Surgeon**
  Mr Robin Kanagasabay
  robin.kanagasabay@stgeorges.nhs.uk

- **Consultant Thoracic Surgeon**
  Mr Ian Hunt
  ian.hunt@stgeorges.nhs.uk

- **Consultant Thoracic Surgeon**
  Ms Carol Tan
  carol.tan@stgeorges.nhs.uk

- **Consultant Radiologist**
  Dr Johnny Vlahos
  johnny.vlahos@stgeorges.nhs.uk
Diagnosis
An early diagnosis of lung cancer can mean a better clinical outcome for patients. The lung cancer service is developing new techniques and best practice for diagnosis and treatment of lung cancer are concerned. 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 seen in the rapid access clinic. 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

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
- 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 methods:
- Choose and Book (search under ‘lung’ or ‘respiratory’)
- Fax a suspected cancer proforma or letter to the TWR Office
- TWR Office contact details:
  T: 020 8725 1111
  F: 020 8725 0778
Our services in:
Oncology (Chemotherapy) Service

Service Overview
The chemotherapy service at St George’s is a large service with over 500 new patients per year, providing a range of solid tumour and lymphoma chemotherapy.

Trevor Howell Day Unit is the hospital’s dedicated chemotherapy unit. There are twelve day case chairs and three inpatient beds dedicated to chemotherapy administration. 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.

Nursing expertise is led by the Lead Chemotherapy Nurse, a Clinical Nurse Specialist and the Senior Sister for the Unit. The lead chemotherapy nurse is also the lead nurse for the acute oncology service, which provides direct access to patients and other healthcare professionals with chemotherapy related concerns. A clinical advisory service for General Practitioners is provided, covering all aspects of care relating to medical oncology.

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 key core consultant team members are:

<table>
<thead>
<tr>
<th>role</th>
<th>name</th>
<th>email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDT Lead Clinician / Consultant Medical Oncologist</td>
<td>Dr Fiona Lofts</td>
<td><a href="mailto:fiona.lofts@stgeorges.nhs.uk">fiona.lofts@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Medical Oncologist</td>
<td>Dr Tim Benepal</td>
<td><a href="mailto:tim.benepal@stgeorges.nhs.uk">tim.benepal@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Palliative Care Physician</td>
<td>Dr Oliver Minton</td>
<td><a href="mailto:oliver.minton@stgeorges.nhs.uk">oliver.minton@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Medical Oncologist</td>
<td>Dr Anna-Mary Young</td>
<td><a href="mailto:anna-mary.young@stgeorges.nhs.uk">anna-mary.young@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Oncology Matron</td>
<td>Julie Nicholson</td>
<td><a href="mailto:julie.nicholson@stgeorges.nhs.uk">julie.nicholson@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Chemotherapy Lead Nurse</td>
<td>Anne Higgins</td>
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</tr>
<tr>
<td>Chemotherapy Clinical Nurse Specialist</td>
<td>Diane O’Connell</td>
<td><a href="mailto:diane.oconnell@stgeorges.nhs.uk">diane.oconnell@stgeorges.nhs.uk</a></td>
</tr>
</tbody>
</table>

There are more than 90 different chemotherapy drugs currently available.

The Chemotherapy Multi-disciplinary Team (MDT)
The chemotherapy team includes medical oncologists, pharmacists, clinical nurse specialists, a dietitian, and a counsellor. The service is well supported by specialist palliative care clinicians. The MDT meets once a week to discuss all newly diagnosed patients and treatment care plans. St George’s team also works closely with clinical teams from other hospitals within the Network.
Number of newly diagnosed patients receiving chemotherapy per year: 679
Total number of patients receiving chemotherapy per year: 950

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

- **Breast**: 21%
- **Colorectal**: 14%
- **Gynaecology**: 5%
- **Haematology-Oncology**: 10%
- **Lymphoma**: 21%
- **Lung**: 12%
- **Skin**: 6%
- **Urology**: 4%
- **Upper GI**: 7%

**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
- Hormone therapy
- Biological therapy
- Radiotherapy

**How to make a referral**

Referrals are received from GPs and other providers for chemotherapy treatment at St George’s for patients already diagnosed with cancer. Letters should be addressed to the Medical Oncologist, St George’s Hospital.

**Diagnosis**

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

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

**Contact Details:**

- **Oncology Secretary**
  T: 020 8725 2955
  F: 020 8725 1199

- **Oncology Matron**
  T: 020 8725 3402
  Bleep 6592
  (via switchboard 020 8672 1255)

- **Trevor Howell Day Unit**
  T: 020 8725 0519 / 3637

- **Clinical Nurse Specialist**
  Bleep 7150
  (via switchboard 020 8672 1255)

- **Out of Hours (Oncology Registrar)**
  T: 020 8725 1255

- **Oncology MDT Co-ordinator**
  T: 020 8725 3882
  E: oncology.mdt@stgeorges.nhs.uk
Service Overview
St George's paediatric oncology service is an established joint Primary Treatment Centre with The Royal Marsden Hospital. 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 (PTC) has approximately 240 new malignant registrations per year, including children with leukaemia, central nervous system tumours and other tumours.

St George's has beds for inpatient admissions on Pinckney ward, Nicholls ward and in the Paediatric Intensive Care unit, 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.

We provide both inpatient and outpatient chemotherapy service for children with cancer at a tertiary level as well as shared care facilities to local Wandsworth patients.

St George's also provides specialist advice for complex infections and outpatient endocrine support for oncology patients.

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.

The key core consultant team members are:

**St George’s service lead**
Dr Jonathan Round
jround@sgul.ac.uk

**POSCU lead**
Dr Atefa Hossain
atefa.hossain@stgeorges.nhs.uk

**PICU/HDU lead**
Dr Caroline Davison
caroline.davison@stgeorges.nhs.uk

**Consultant Paediatric Oncology**
Dr Sucheta Vaidya
sucheta.vaidya@nhs.net

**Consultant Paediatric Oncologist**
Dr Stergios Zacharoulis
stergios.zacharoulis@stgeorges.nhs.uk

**Consultant Paediatric Haematology/Oncology**
Dr Ayad Atra
ayad.atra@stgeorges.nhs.uk

**Consultant Paediatric Haematology/Oncology**
Dr Maria Pelides
maria.pelides@stgeorges.nhs.uk

**Consultant Paediatric Surgeon**
Mr Eric Nicholls
eric.nicholls@stgeorges.nhs.uk

**Consultant Paediatric Surgeon**
Mr Zahid Muktar
zahid.muktar@stgeorges.nhs.uk

**Consultant Paediatric Surgeon**
Mr Bruce Okoye
bruce.okoye@stgeorges.nhs.uk

**Consultant Paediatric Surgeon**
Mr Simon Stapleton
simon.stapleton@stgeorges.nhs.uk

**Consultant Neurosurgeon**
Mr Andrew Martin
andrew.martin@stgeorges.nhs.uk
Number of children treated per year: **over 160**
Children’s cancer makes up **6%** of the total paediatric workload within the Trust

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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. In addition the team have four joint 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. 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
- Lumbar puncture
- Bone marrow test
- Biopsy
- X-rays
- Ultrasound
- CT scan
- MRI scan
- Bone scan
- PET-CT scan

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

Chemotherapy is offered on site in both a day case and inpatient setting at both sites. The Royal Marsden Hospital provides radiotherapy treatment.

How to make a referral
Referrals can be made via the following methods:
- Fax a suspected cancer proforma or letter to the TWR Office
- TWR Office contact details:
  T: 020 8725 1111
  F: 020 8725 0778

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Contact Details:

Paediatric Cancer Secretary
T: 020 8725 3921
F: 020 8725 2859

Paediatric Cancer CNS / Keyworker
T: 020 8725 2271
Pager SG792
(via switchboard 020 8672 1255)
**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.

Following the implementation of the 7 day service in October 2009, we became one of the first hospitals in the country to meet the out-of-hours service requirements.

More recently we have introduced a fast-track discharge service for patients who are dying at St George’s and wish to be transferred home urgently so that they can die in their own home or in a care home (if that is their preference). As a result of this and other initiatives we are able to achieve the preferred place of death for approximately 75% of patients referred to our service. In line with best practice, the Liverpool Care Pathway (v12) for the terminal phase is in operation throughout the Trust. We also organise an annual memorial service for bereaved relatives.

Palliative care plays a significant part of the research and education programmes at St George’s. There is an active research programme (the lead clinician has a joint appointment with the medical school). 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 Palliative Care Multi-disciplinary Team (MDT)**

The palliative care team includes three consultants, a specialist registrar, seven clinical nurse specialists and a palliative care counsellor. The MDT meets every Thursday 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, colorectal, neuro-oncology and lung. The team also regularly attends the low clearance renal clinic.

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

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**The key core consultant team members are:**

**MDT Lead Clinician / Palliative Medicine Consultant**
Prof Paddy Stone
pstone@sgul.ac.uk

**Palliative Medicine Consultant**
**Dr Amy Kingston**
amy.kingston@stgeorges.nhs.uk

**Palliative Medicine Consultant**
**Dr Catherine McGowan**
(maternity leave covered by Dr Ollie Minton)
catherine.mcgowan@stgeorges.nhs.uk

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**Weekly MDT caseload:** 50  
**Number of new referrals received per year:** 830

### Activity & Performance – key facts

#### Reasons for Referral to Palliative Care Services

- **Pain control**: 26.1%
- **Symptom control**: 35%
- **Psychological support**: 14.8%
- **Social / Discharge planning**: 10%
- **Other**: 3.9%
- **Terminal care**: 8.9%
- **Family support**: 3.9%
- **Other**: 1.3%

### 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

### 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 1 working day, if possible on the same day. Non-urgent referrals will be seen within 2 working days.

### Making a referral to the outpatients

**Palliative Care Clinic (9am – 5pm)**

Access to outpatient specialist palliative care assessment is available via the palliative care clinic, held every Tuesday morning. Referrals should be addressed to the palliative care team secretary (Karen Brown), second floor Clare House, for the attention of Prof Stone.

Paediatric palliative care is provided by the relevant paediatric oncology centre.

### 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.

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**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  
F: 020 8725 2161

**Palliative Care CNS’s**  
Pager SG683  
(via switchboard 020 8672 1255)
Our services in:
Skin Cancer and Melanoma Service

Service Overview
The Skin Cancer and Melanoma Service is the only dedicated service in the country. It is the hub of the Network 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). Supported by two CNS’s 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 20 years.

The Skin Cancer and Melanoma 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.

The key core consultant team members are:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDT Lead Clinician / Consultant Plastic Surgeon</td>
<td>Prof Barry Powell</td>
<td><a href="mailto:bpowell@sgul.ac.uk">bpowell@sgul.ac.uk</a></td>
</tr>
<tr>
<td>Consultant Plastic Surgeon</td>
<td>Miss Joy Odili</td>
<td><a href="mailto:joy.odili@stgeorges.nhs.uk">joy.odili@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Dermatologist</td>
<td>Dr. Vicky Akhras</td>
<td><a href="mailto:vicky.akhras@stgeorges.nhs.uk">vicky.akhras@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Dermatologist / Immuno-compromised clinic clinician</td>
<td>Dr Yaaseen Moosa</td>
<td><a href="mailto:yaaseen.moosa@stgeorges.nhs.uk">yaaseen.moosa@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Medical Oncologist</td>
<td>Prof Angus Dalgleish</td>
<td><a href="mailto:dalgleis@sgul.ac.uk">dalgleis@sgul.ac.uk</a></td>
</tr>
<tr>
<td>Clinical Oncologist</td>
<td>Dr Susan Lalondrelle</td>
<td><a href="mailto:Susan.Lalondrelle@rmh.nhs.uk">Susan.Lalondrelle@rmh.nhs.uk</a></td>
</tr>
</tbody>
</table>

Consultant Dermatologist, Queen Marys Hospital
Dr Amanda Woods
amanda.woods@stgeorges.nhs.uk

St George’s team also work closely with clinical teams from other hospitals within the Network.
### 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 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.

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.

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 alongside the PRD clinic with direct access to the clinic. 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 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
- Metastatectomy/debulking for recurrent melanoma
- Isolated limb infusion
- Reconstruction procedures involving microvascular surgical techniques

St George's partners with The Royal Marsden Hospital to provide radiotherapy treatment for the 5% of melanoma and 10-15% of skin cancer patients who will require radiotherapy.

### How to make a referral

Referrals can be made via the following methods:

- **Choose and Book** (search under 'Dermatology')
- **Fax a suspected cancer proforma or letter to the TWR Office**
- **TWR Office contact details:**
  - T: 020 8725 1111
  - F: 020 8725 0778

| Number of new cancer diagnoses made per year: **300** |
| Number of first definitive treatments per year: **540** |
| Weekly MDT caseload: **20 – 30** |
| Number of TWR referrals received per year: **1688** |
Our services in: Teenager 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 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 will then 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, GPs and patients and relatives is seamless and treatment is delivered in an age-appropriate environment.

The TYA Multi-disciplinary team (MDT)
All TYA patients diagnosed and/or treated at St George’s are discussed via video-link in the TYA MDT hosted at The Royal Marsden. A holistic management plan is agreed and communicated to all relevant teams.

Activity & Performance – key facts
Number of new cases per year: 80
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.

Contact Details:
TYA team at St George’s
E: TYA.MDT@stgeorges.nhs.uk

The key core consultant team members are:

TYA Lead Clinician / Consultant Medical Oncology / Haemato- oncology
Dr Jens Samol
jens.samol@stgeorges.nhs.uk

Consultant Medical Oncology / Haemato-oncology
Dr Ruth Pettengell
ruth.pettengell@sgul.ac.uk

Consultant Haematology / Bone Marrow Transplant service
Dr Matthias Klammer
matthias.klammer@stgeorges.nhs.uk

Consultant Haematology / Haemato-oncology
Dr Fenella Willis
fenella.willis@stgeorges.nhs.uk
Our services in:
Upper Gastro-Intestinal (Upper GI) Cancer

Service Overview
St George’s provides both diagnostic and local care for patients with cancer of the upper gastrointestinal tract. The latter includes diagnoses of oesophageal, gastric, pancreatic and hepatobiliary 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. Endoscopic ultrasound enables accurate staging of upper GI cancers. A team of therapeutic endoscopists support palliative management including patients who are being treated with radical intent with stenting throughout the UGI and hepatobiliary system, and with inserting long-term feeding tubes.

We have a tertiary endoscopic retrograde cholangiopancreatography (ERCP) service for endoscopic treatment of pancreatic or hepatobiliary tumours. TACE (Transcatheter Arterial ChemoEmbolisation) is used for hepatomas.

We also have a well-established referral pathway to the network specialist team at The Royal Marsden Hospital. Specialist surgery takes place at The Royal Marsden Hospital but there is provision for emergency surgery on site at St George’s, which also has an out-of-hours gastro-intestinal haemorrhage service.

The Upper GI Multi-disciplinary team (MDT)
The upper GI cancer team includes general surgeons, gastroenterologists, medical and clinical oncologists, histopathologists, radiologists, clinical nurse specialists and dietitians. The service is well supported by specialist palliative care clinicians. 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.

The key core consultant team members are:

MDT Lead Clinician/Consultant Medical Oncologist
Dr Tim Benepal
tim.benepal@stgeorges.nhs.uk

Consultant Surgeon
Mr Marcus Reddy
marcus.reddy@stgeorges.nhs.uk

Consultant Surgeon
Mr Andrew Wan
andrew.wan@stgeorges.nhs.uk

Consultant Gastroenterologist (including endoscopic stenting)
Dr Chris Groves
chris.groves@stgeorges.nhs.uk

Consultant Gastroenterologist (including endoscopic stenting)
Dr Sarah Clark
sarah.clark@stgeorges.nhs.uk

Consultant Clinical Oncologist
Dr Maria Hawkins
maria.hawkins@stgeorges.nhs.uk

Oesophageal cancer is about twice as common in men as in women
Number of new cancer diagnoses made per year: **170**
Weekly MDT caseload: **2 - 8 cases**
Number of TWR referrals received per year: **660**

**Diagnosis**
Patients may be referred in one of two ways. GP suspected cancer referrals are offered rapid access endoscopy prior to outpatient appointment. There is also direct GP access to endoscopy and diagnostic services for other referrals.

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 not suitable for radical therapy/resection either because of advanced stage of disease or co-morbidities are treated at St George’s.

All palliative approaches are available at St George’s, these include:
- Chemotherapy
- Stenting (either by endoscopic or radiological control)
- Endoscopic laser
- 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. Curative surgery is undertaken at The Royal Marsden Hospital.

**How to make a referral**
Referrals can be made via the following method:
- Fax a suspected cancer proforma or letter to the TWR Office
- TWR Office contact details: T: 020 8725 1111 F: 020 8725 0778

**Contact Details:**

**Upper GI Cancer Secretary**
T: 020 8725 2995
F: 020 8725 1199

**Upper GI MDT Co-ordinator**
T: 020 8725 3882
E: gastrointestinal@stgeorges.nhs.uk

**Upper GI CNS / Keyworker**
T: 020 8725 0727
Bleep 7079 (via switchboard 020 8672 1255)
Our services in: Urological Cancer

Service Overview
St George's urological cancer service is a regional centre for both common and rare urological cancers including prostate, bladder, penile 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. This cutting edge technology allows St George's surgeons to conduct very precise keyhole surgery, including the removal of cancerous prostates, bladders and both partial and full removal of cancerous kidneys. This surgery offers many benefits to the patient including less trauma and blood loss, less post-operative pain and a faster recovery and thus shorter time spent in hospital. Robotic surgery is used for prostate, renal and bladder cancer.

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

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.

Narrow-band imaging (NBI) flexible cystoscopy is available to detect superficial bladder cancers, which should lead to a decrease in the number of cystoscopies patients need and recurrence rates.

The penile cancer supra-network team is responsible for a catchment population of 9 -10 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 specialist nursing team has 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-led 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.

“Prostate cancer is now the most common cancer in men in the UK”

The key core consultant team members are:

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDT Lead Clinician/ Consultant Urological Surgeon/Robotic Surgeon</td>
<td>Mr Chris Anderson</td>
<td><a href="mailto:chris.anderson@stgeorges.nhs.uk">chris.anderson@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Urological Surgeon</td>
<td>Mr Matthew Perry</td>
<td><a href="mailto:matthew.perry@stgeorges.nhs.uk">matthew.perry@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Urological Surgeon</td>
<td>Mr Nick Watkin</td>
<td><a href="mailto:nick.watkin@stgeorges.nhs.uk">nick.watkin@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Urological Consultant</td>
<td>Mr Rami Issa</td>
<td><a href="mailto:rami.issa@stgeorges.nhs.uk">rami.issa@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td>Dr Lisa Pickering</td>
<td><a href="mailto:lisa.pickering@stgeorges.nhs.uk">lisa.pickering@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Clinical Oncologist</td>
<td>Dr Vincent Khoo</td>
<td><a href="mailto:vincent.khoo@stgeorges.nhs.uk">vincent.khoo@stgeorges.nhs.uk</a></td>
</tr>
<tr>
<td>Consultant Urological Surgeon</td>
<td>Mr Ken Anson</td>
<td><a href="mailto:ken.anson@stgeorges.nhs.uk">ken.anson@stgeorges.nhs.uk</a></td>
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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 12.30 to discuss all newly diagnosed patients, subsequent treatment and recurrent disease.

Diagnosis
All urological suspected cancer referrals are seen within two weeks. There are individually specialised clinics where patients with a urological cancer can be seen:
- **Haematuria**: Monday 14.00
- **Penile**: Tuesday 14.00
- **Prostate**: Wednesday 14.00
- **Renal**: Wednesday 14.00

There are key urological cancer diagnostic tests that are usually performed in clinic:
- **PSA**
- **Urine**
- **Digital rectal examinations**
- **Urine flow rate**

Additionally, a combination of the following imaging tests may be performed to determine a diagnosis of cancer:
- **TRUS biopsy**
- **Cystoscopy**
- **CT scan**
- **MRI scan**
- **Renogram**

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

Treatment
Dependant on the type and staging of the disease, treatment options for urological cancer will vary greatly. The main treatment options are:
- **Surgery**
- **Chemotherapy**
- **Radiotherapy**
- **Active monitoring**
- **Hormone therapy**

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:
- **Choose and Book** (search under ‘urology’)
- **Fax a suspected cancer proforma or letter to the TWR Office**
- **TWR Office contact details:**
  T: 020 8725 1111
  F: 020 8725 0778
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.

Their roles also include:

- Being the key worker for the patient and coordinating 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 in the care of people who have cancer and will help people to cope better with the effects of treatment and improve quality of life. Macmillan dietitians are available to offer information, advice and support to patients with a poor dietary intake as a result of symptoms from their disease or treatment.

**Inpatient physiotherapy**

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. Patients undergoing surgery will benefit from exercises to help with breathing or strengthening muscles.

**Inpatient occupational therapy**

The Macmillan occupational therapist supports 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 identifying personal coping strategies. The occupational therapist will liaise with community services when they are needed.

**Speech and language therapy**

A Macmillan speech and language therapist works with the head and neck clinical team to support patients with swallowing difficulties caused by cancer or its treatment. 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.

**Psychological support services**

Patients may experience different levels of levels of psychological distress including anxiety, depression and anger, worries about treatment, personal relationships, relationships with hospital staff, and spiritual issues. The oncology counselling service has a full-time counsellor four days a week, who can provide psychological support to patients receiving chemotherapy and close relatives, both in an inpatient and outpatient setting. The oncology counsellor can also refer any patient and their family on to local services and support groups.

Clinical staff have access to psychologists and psychiatrists for patients with more complex psychological issues.
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 can be contacted through any member of staff and patients and their families are welcome to visit the chapel on the ground floor of St James’ Wing.

Social services

Social workers can provide information and advice about the range of practical and support services available at home. They can arrange an assessment of a patient’s needs and suggest what help may be available.

The Macmillan cancer information and support service

The Macmillan Information and Support Centre at St George’s Hospital provides free, confidential information and support for anyone affected by cancer. This includes people living with or after cancer, family members or friends of someone with cancer or anyone with questions about cancer.

People can come and talk to us face to face in a friendly, informal environment. Appointments are not needed and people can just drop in for some information or a chat with our information specialists. We offer a wide range of free information in different formats, such as leaflets, DVDs and guided internet access. We also offer a free, confidential Macmillan Citizens Advice Bureau (CAB) Advice Service. Cancer can have an impact on a patient’s financial situation and our specialist Macmillan adviser offers free, confidential welfare benefits and money advice.

The centre is situated near the main entrance, next to the Patient Advice and Liaison Service (PALS) office on the Ground Floor, Grosvenor Wing, St George’s Hospital.

Opening hours are Monday – Friday, 10am – 5pm* (except Bank Holidays)

* Opening hours may vary, call us for more info.

The centre can also be contacted by ‘phone on 020 8725 2677 or by email at cancer.information@stgeorges.nhs.uk

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, free of charge, for patients receiving chemotherapy treatment. They currently offer massage, aromatherapy, reflexology and hypnotherapy.

Patient experience and involvement

We welcome feedback on the experience of patients and their families using our cancer services to help make a difference to the care we provide at St George’s Hospital.

The patient group, called Improving the Cancer Experience (ICE), contributes in a number of ways to the development of cancer services. Projects include representation at Tumour Working Groups and Cancer Directorate meetings, involvement with the production and provision of patient information, and improving inpatient and outpatient environments. Members of ICE also contribute to the Peer Review process and the London Cancer Alliance.

Feedback from patients is also sought through focus groups, and national and local surveys.

Local community based cancer support

St George’s works with a number of local 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.paulscancersupport.org.uk

South East Cancer Help Centre

(Tesco Development), 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, 9.30am – 5pm. Evening opening Tuesday until 8.30pm
Website: www.sechc.org.uk
Further information about the Trust can be found at www.stgeorges.nhs.uk

Comments on this document can be sent to beverley.vandermolen@stgeorges.nhs.uk