

The background features a dark blue gradient with a subtle pattern of white circular lines and arrows, suggesting a technical or scientific theme. A large, semi-circular scale is visible on the left side, with numerical markings from 140 to 260. The main title is centered in a bold, yellow, sans-serif font.

IMPROVING CANCER JOURNEY

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WHERE DO WE STAND

- June 2007 to 2008 – 1650 patient safety incidents
- Actual or potential delayed diagnosis
- 508 detailed review
 - 17% resulting in death or severe harm
 - 25% delayed by a month
 - 56% delay of 1-3 months
 - 38% delay of more than 3 months

TUMOUR GROUP

- Gynaecological (17%)
- Skin (16%)
- Urological (15%)
- Breast (12%)
- Lower GI (10%)
- Lung (9%)

TYPES OF DELAYS

- Diagnostics (53%)
 - Pathology (41 %)
 - Radiology (12%)
- Communication (26%)
- Cancellations (15%)
- Clinical Assessment (5%)
- Waiting Lists (< 1%)

CONSULTATION

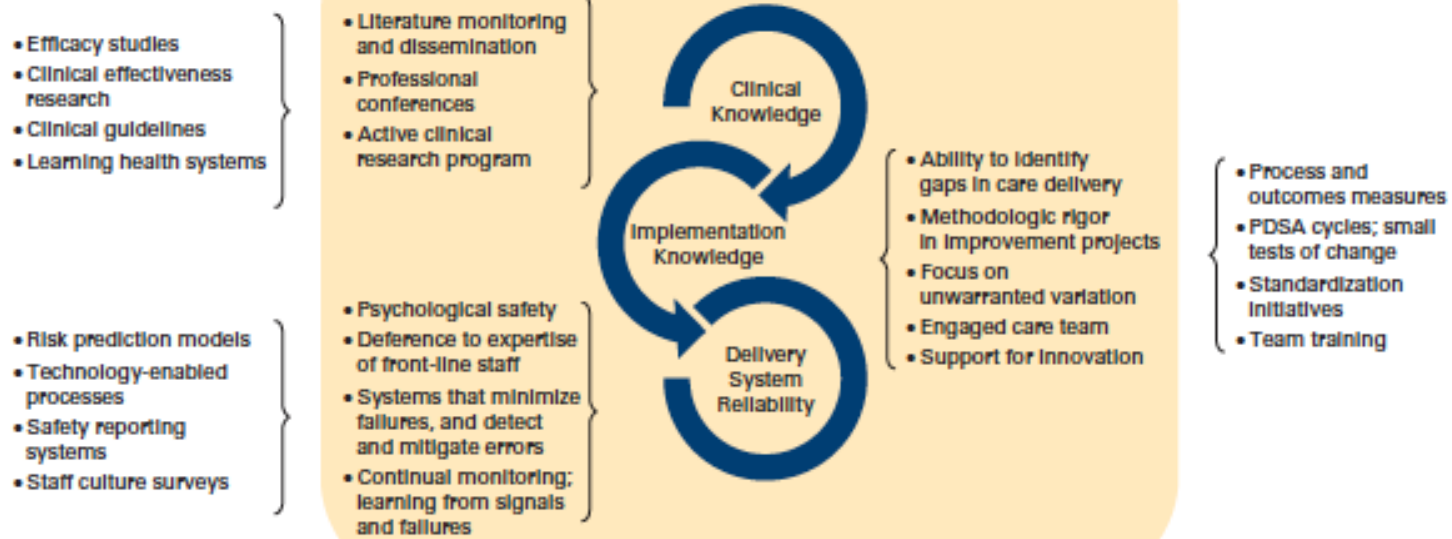
- 50 participants
- Poor communication
 - Doctor to patient
 - Between care settings
- Poor clinical assessment and management
- Cultural issues – not feeling empowered to challenge

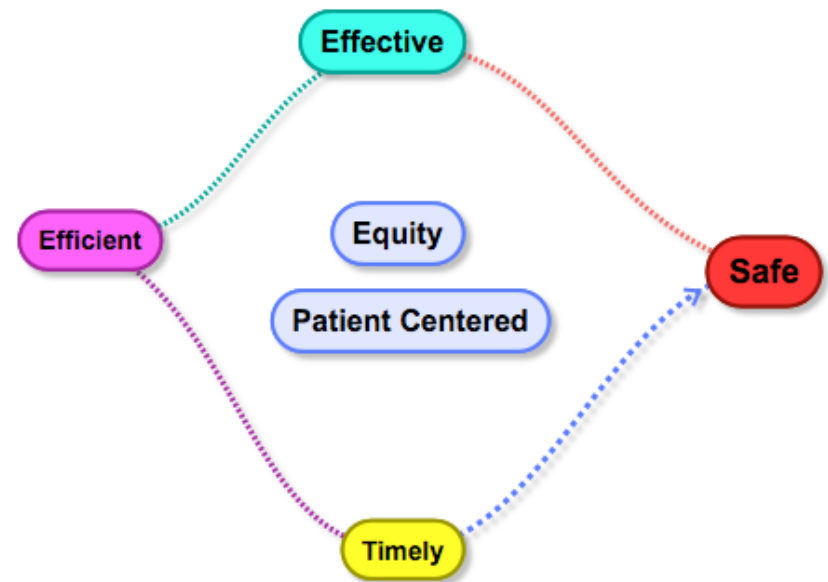
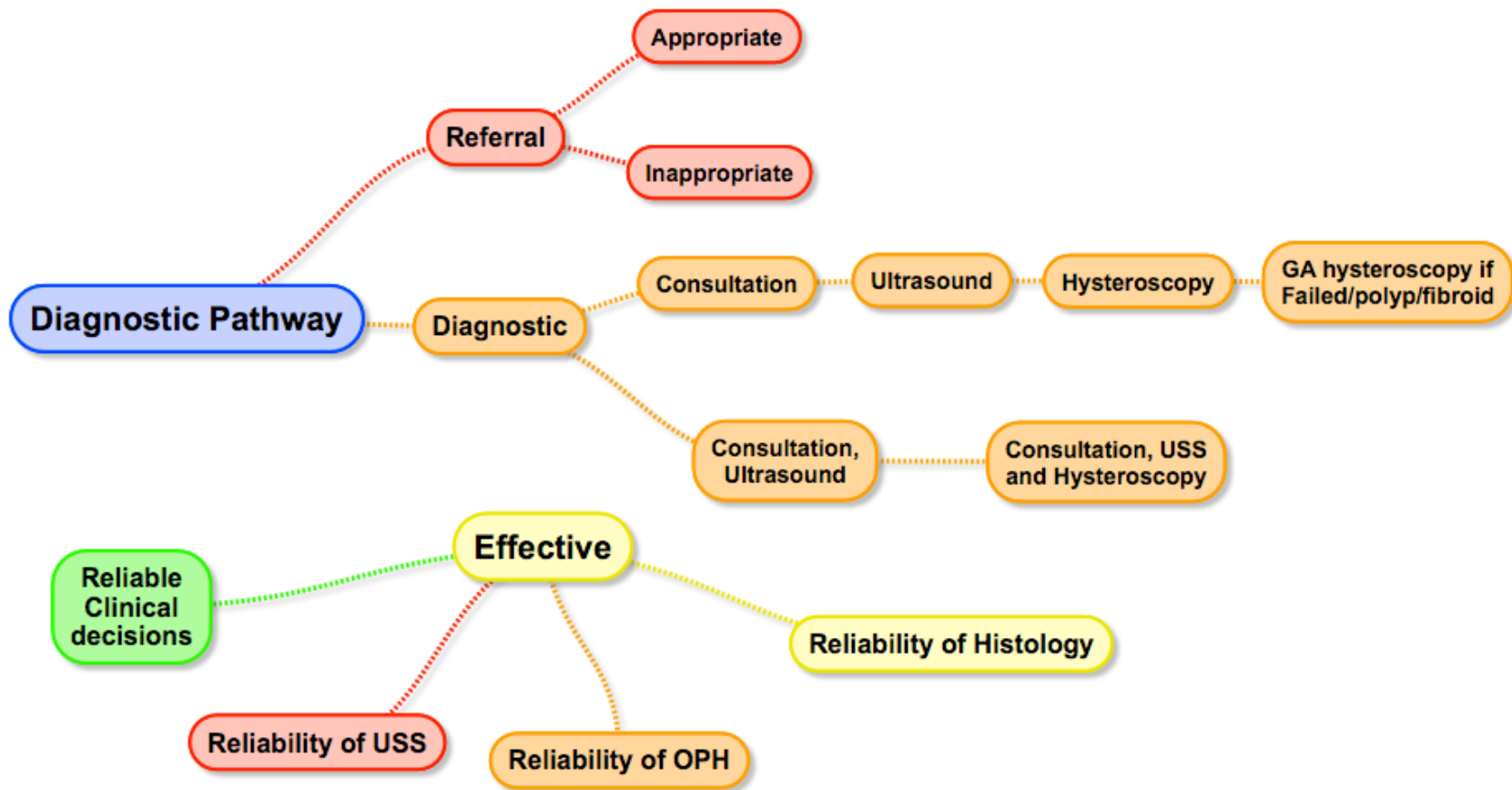
HIGH-RELIABILITY ORGANIZATIONS

- Failure free operation over time
- 10^{-1} – on or two failures for 10 occurrences
 - Individual vigilance and hard work
- 10^{-2} – Five or fewer failure for 100 occurrences
- 10^{-3} – five or fewer failures for 1000 occurrences
 - Integration of human factors and reliability science to prevent failures

Knowledge Generators

System Characteristics





Type	Total
Cervical	36
Endometrial	154
Ovarian	37
Vaginal	8
Vulval	11
Unspecified	23
PMB	147

REFERRALS:

PMB: 110/MONTH
TOTAL: 133/MONTH

REFERRALS

- Auditable standard
- Single figure uptake
- Guidelines
- Reduce referrals!!

**Referral Audit : 97 %
appropriate referrals**

RELIABLE DELIVERY SYSTEMS

- Power forms
- MDT requests
- MDT proforma

EFFICIENCY:

- History taking
- Waiting times
- RAC leaflet

QUALITY

- Postmenopausal bleeding Audit
- Outpatient Hysteroscopy Audit
- MRI Audit

POSTMENOPAUSAL BLEEDING AUDIT:

- 100 patients
- Sonographer scan –
 - 80% hysteroscopy
- Consultant Scans –
 - 54 % Hysteroscopy
- High Incidence of Polyps or Fibroids
- Failed OPH 5% (national Standard)

Gynaecology
Sonographer

OUTPATIENT HYSTEROSCOPY AUDIT

- Failure rate < 5%
- Polyps/Fibroids

Outpatient
Polypectomy

MRI AUDIT

- 620 MRI from April 2016 to April 2017
- 200 MRIs for Ovarian Cysts

Treatment Pathway

MDT discussion
of Treatment

Appropriate
discussion of
Diagnosis

Minimal
Invasive
Surgery, Enhanced Recovery

Follow up and Support

Support, Counselling

Cancer Treatment Summaries, HNA, Moving on Days, Appropriate
Follow up

TREATMENT (NOV 16 TO NOV 17)

- 112 Major Cases
- 86 Hysterectomies Laparoscopic
 - One Conversion to Laparotomy
- 37 Endometrial Cancers
- 2 Open hysterectomies
- 1 Readmission with UTI

ENHANCED RECOVERY:

- ERP Nurse
- Preop Drinks and Education
- On the day admission
- Circulation/hypothermia/fluid balance/pain relief
- Catheter, mobilization
- Post op medications
- 4 Daycase Hysterectomies

POST OP CARE:

- Nurse led Wound follow up clinic
- Nurse led results clinic
- Review post surgery

CANCER TREATMENT SUMMARIES

Endometrial Cancer Treatment Summary and Survivorship Care Plan

For

Patient Name: _____

DOB: ___/___/___

MR Number: _____

Cancer Treatment Team:

Gynecologic Oncologist: _____

Contact Info: _____

Radiation Oncologist: _____

Contact Info: _____

Medical Oncologist: _____

Contact Info: _____

Navigator / Social Worker: _____

Contact Info: _____

Post-Treatment Care Team:

Primary Care Provider: _____

Contact Info: _____

Cancer Surveillance Provider: _____

Contact Info: _____

Uterine Cancer Diagnosis and Treatment Summary:

Date of Diagnosis: ___ / ___ / ___

Stage: _____ % myometrial invasion _____

Histology: _____ Grade _____

Surgery: no yes on ___ / ___ / ___ (specify, procedure(s), significant pathology): _____

Radiation: no yes (specify): _____

Teletherapy: from ___ / ___ / ___ to ___ / ___ / ___; Total dose: _____ cGy; Field: _____

Brachytherapy: from ___ / ___ / ___ to ___ / ___ / ___; Total dose: _____ cGy; Technique: _____

Chemotherapy: no yes (specify drugs, doses, number of cycles): _____

Chemotherapy start date: ___ / ___ / ___ completion date: ___ / ___ / ___

Date of Completion of Primary Therapy (i.e. surgery +/- adjuvant chemo, RT or primary chemo RT): ___ / ___ / ___

Hormonal Therapy: no yes (specify drugs and doses): _____

Hormonal Therapy Start Date: ___ / ___ / ___ Completion Date: ___ / ___ / ___

Disease Status at Completion of Primary Therapy:

Complete Clinical Response / No Evidence of Disease Other: _____

Risk of Recurrence: Low High

Persistent Treatment-Associated Adverse Effects at Completion of Therapy:

It is important to recognize that not every woman experiences the following adverse events after treatment. You may not have any of these issues, a few or many adverse effects. Experiences are highly variable. Please discuss any adverse effects of cancer treatment with your cancer care team.

After SURGICAL THERAPY

Menopausal symptoms: Hot flashes, night sweats and vaginal dryness may occur. See your health care professionals about non-medication recommendations and medication-based treatment.

Leg swelling: Minimal to pronounced lower leg swelling can occur. Symptom control with compression hose, lymphedema massage or specialized physical therapy can be ordered.

Sexual intimacy issues: Vaginal dryness and scarring at the top of the vagina causing discomfort can occur. Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After RADIATION THERAPY

Vaginal dryness and vaginal tightening: Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After CHEMOTHERAPY

Numbness and tingling of extremities: Medications & acupuncture are treatment options.

After/during HORMONAL THERAPY

Increased appetite, resulting in weight gain: Close monitoring of diet and exercise is encouraged.

Fluid retention: Compression hose or medication can be used to decrease swelling.

Endometrial cancer surveillance recommendations

Variable	Months			Years	
	0-12	12-24	24-36	3-5	>5
Review of symptoms and physical examination					
Low risk (stage IA grade 1 or 2)	Every 6 mo	Yearly	Yearly ^a	Yearly ^a	Yearly ^a
Intermediate risk (stage IB-II)	Every 3 mo	Every 6 mo	Every 6 mo ^b	Every 6 mo ^b	Yearly ^a
High risk (stage III/IV, serous or clear cell)	Every 3 mo	Every 3 mo	Every 6 mo	Every 6 mo	Yearly ^a
Papanicolaou test/cytologic evidence	Not indicated	Not indicated	Not indicated	Not indicated	Not indicated
Cancer antigen 125	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use
Radiographic imaging (chest x-ray, positron emission tomography/computed tomography, magnetic resonance imaging)	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use
Recurrence suspected	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125

^a May be followed by a generalist or gynecologic oncologist; ^b Consider alternating visits with a generalist and gynecologic oncologist.

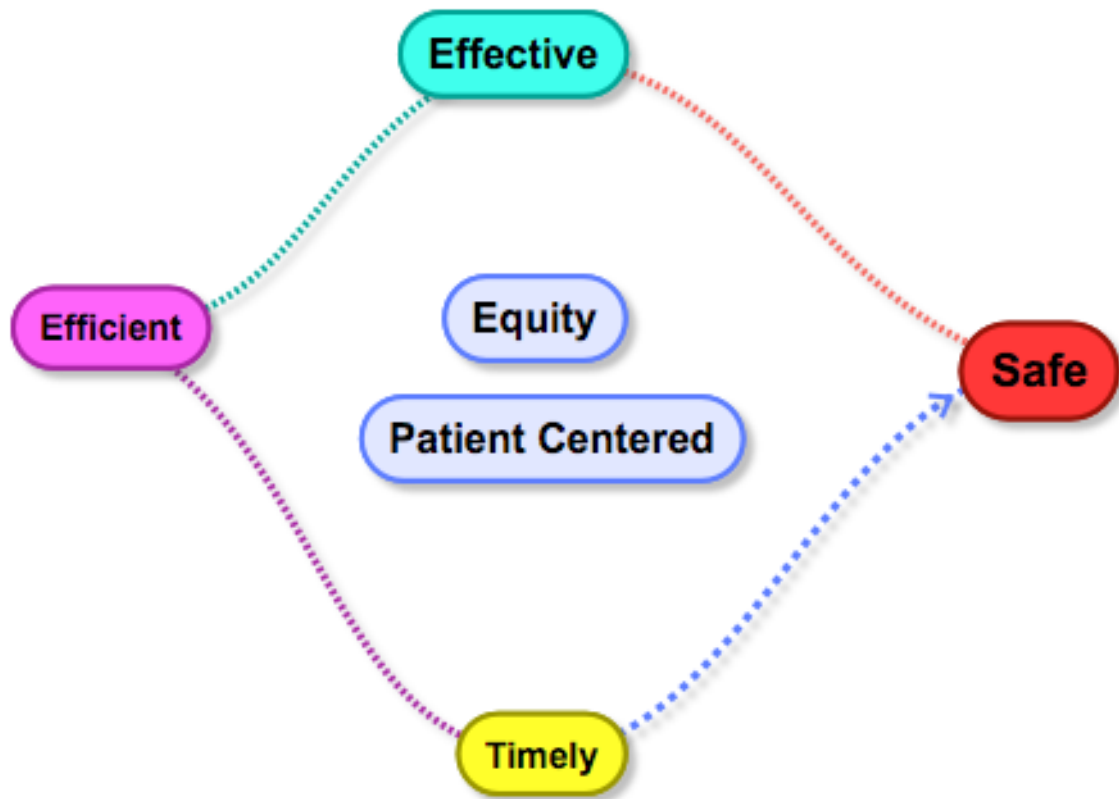
Salani. Surveillance for gynecologic cancers. *Am J Obstet Gynecol* 2011.

FOLLOW UP:

- Routine Follow up
- Imaging and CA125
- Moving on Days

Patient-reported outcome measures for follow-up after gynaecological cancer treatment.

Nama V, Nordin A, Bryant A. Cochrane Database Syst Rev. 2013 Nov 18;(11):CD010299. doi: 10.1002/14651858.CD010299.pub2. Review.



Thank you