

4 May 2015

BITS & PIECES

"Swapping orange squash for a cup of tea cuts diabetes risk," The Daily Telegraph reports. (Google 'NHS Choices - How to cut down on sugar in your diet' for more tips.) *** The King's Fund says: "In mental health services, access to specialist early intervention and crisis resolution teams is considered among the best in Europe." Not in Mid Essex it ain't, mate! I'm collecting views on the mental health service here to pass to the people who commission the services – so if you have strong views (flattering or otherwise) please send me a short synopsis (to Focus or to the surgery.) *** BBC News reports that there's 'No such thing as a healthy tan' and warns that "Britain's unpredictable weather could mean people are not protecting themselves against the sun and should regularly check for signs of skin cancer." The problem is that a survey conducted by the British Association of Dermatologists concludes that "More than three-quarters of people in the UK would not recognise signs of skin cancer." The moral of the story is: 'If in doubt, check it out.'

OVARIAN CANCER DETECTION

Friday 8th May is 'World Ovarian Cancer Day' and there's a bit of good news to accompany this 'awareness' occasion. First, though, here's the background. As usual, early diagnosis is key - but the problem is that the ovaries are hidden away – so, whereas men who check their bits are in a position to present early, ovarian cancer often remains undetected until a late stage. The Institute For Women's Health takes up the story: "Ovarian cancer is the leading cause of death from gynaecological cancers in the United Kingdom. The majority of the women are diagnosed with bulky disease that has spread beyond the ovary and 60% die within five years of diagnosis. This has led to efforts to try and detect the disease earlier before it has spread. The United Kingdom Collaborative Trial of Ovarian Cancer Screening aims to answer the question as to whether screening can save lives."

This trial, conducted over 14 years at University College London (UCL), claims to have come up with a method that is "twice as effective as existing methods". How did they do it? The UCL boffins explain all: "In this trial over 1.2 million women were invited and 202,638, postmenopausal women aged 50 and above were recruited through thirteen centres in England, Wales and Northern Ireland between 2001 and 2005." They were randomly assigned to two groups – (1) a control group who received no screening (in other words, this reflected the current situation in the UK) and (2) a 'screen group' who had annual screening till December 2011."

Got it? So, as I say, there were two groups – one of which got no screening (which is the norm here as there has been no quick easy, cheap and reliable test (like the smear test for picking up cervical cancers at an early and treatable stage). The second group were divided into two – but first let me explain that the way we diagnose ovarian cancer relies on the history and examination followed by a blood test (for a 'tumour marker' – CA125) and an ultrasound scan.

The UCL people take up the story: "The women were screened using two tests - (1) those in the multimodal group (50,640 in total) had a blood test for CA125, a protein which is raised in ovarian cancer. A mathematical formula called the Risk of Ovarian Cancer algorithm then assigned risk depending of the CA125 trend. If risk was classified as intermediate or

elevated, the volunteer underwent repeat blood tests or a scan. (2) women in the ultrasound group (50,639 in total) had an internal (transvaginal) ultrasound scan of the ovaries. If an abnormality was seen, the scan was repeated.

In both groups women had more extensive testing with referral for surgery if there was persistent abnormality. All participants were followed up for health outcomes using postal questionnaires as well as being tracked through the Health and Social Care Information Centre for cancer registrations and deaths.

The preliminary results (did less women die from ovarian cancer in the screen when compared to control group?) show that screening has encouraging sensitivity for picking up ovarian cancer.

According to 'Live Science', it's the mathematical formula that's all important. Dr. Ian Jacobs, who has been working in this field for some years, was quoted as follows: "Our findings indicate that this can be an accurate and sensitive screening tool, when used in the context of a woman's pattern of CA125 over time. It is the change in levels of this protein that's important, because what's normal for one woman may not be so for another." (In fact, more than half of the women in the study who were ultimately diagnosed with ovarian cancer had CA125 levels that were within the "normal" range!)

So this seems to be a significant step forward – work will go on and a definitive statement will hopefully be issued later this year, but it may well be that this finding heralds a national screening test for ovarian cancer in the fullness of time.

MILK FOR BABIES

Let's start with the easy bit ... breast is best. This is definitely so from the babies' perspective but there are major benefits for the Mums too. One example ... Cancer Research UK says: " An estimated 3% of female breast cancers in the UK are linked to women breastfeeding each of their children for fewer than six months. Among mothers, breast cancer risk is 4% lower for every 12 months of breastfeeding, a meta-analysis showed." The experts think that even among BRCA1 mutation carriers, breast cancer risk may be lower in women who breast feed.

The Mum's diet clearly has an effect on what is in breast milk and there was an alarming headline recently. "Pregnant women who switch to 'healthier' organic milk may be putting the brain development of their unborn babies at risk," according to The Guardian. The reason - researchers found organic milk had lower levels of iodine (which the thyroid gland needs) than standard milk.

You'll have heard the word 'cretin' which is occasionally used by the politically incorrect to describe those who are intellectually challenged – but it's a medical term which was once used to describe a person affected by cretinism. This was caused by deficiency of thyroid hormone and resulted in stunted growth and mental impairment. We don't see this these days – but the memory still lies dormant in our minds, so stories like this set alarm bells ringing.

So is there some truth in this story – or is it just scaremongering? As ever, the NHS Choices website gives us the answer. "The possible benefits and drawbacks of organic versus non-organic farming methods have often been debated. There is no firm evidence that organic foods offer any health benefits. The choice about whether or not to go organic is often

prompted by ethical concerns about animals and the environment. Pregnant and breastfeeding women still have this option – there is no evidence that drinking organic milk could harm an unborn baby. If you drink organic milk, it is likely to contain less iodine than standard milk, so you may need to balance your intake through other sources. Good food sources of iodine include fish and shellfish.”

In case you didn't already know, NHS Choices reminds us that: “Pregnant women should never eat raw shellfish and should also avoid eating shark, swordfish and marlin because of their high mercury content.”

WHAT NEXT

We've all been gripped by election fever ... or so the pundits would have us believe. By the time you read this it'll be all over bar the shouting. So, whatever the outcome, what next? I heard a snippet on Radio 4 on Tuesday – a report that claimed to show that the NHS doesn't have as many doctors per head of population as many other comparable countries but has one of the best records for fairness when it comes to providing healthcare to all and sundry. Not here it doesn't! Mid Essex is in dire straits. The late and unlamented Mid Essex Primary Care Trust, which did precious little to help, published a document called 'How Your Money was Spent on Services 2012/13' ... and we were told: "*The PCT's funding per head of population is amongst the lowest in the country and in 2011/12 (the last year for which the information is available) the PCT was funded £24.2m below target funding (i.e. below the amount deemed necessary to fund a uniform level of service, as determined by the Department of Health formula). Mid Essex Hospitals NHS Trust also faces financial pressures due to its comparatively high premises costs. The Mid Essex health economy is therefore one of the most challenged in the country.*"

Here in SWF, because of the arbitrary and singularly unfair way in which NHS funds are allocated we are the poorest amongst the poor. This then is the focus for the future. We must step up the struggle to get our fair share of the NHS cake. Our MP has done what he can to assist and this has undoubtedly helped the cause – but we need to go further. In this we are helped by local support. A member of staff at a local surgery, Tricia Hughes (who has helped us through the most difficult times and knows exactly what SWF is up against in this respect) has pledged if elected to continue to fight for the interests of SWF with particular regard to healthcare – and there are increasing numbers of local candidates who have healthcare somewhere near the top of their agenda. The patients groups are also becoming more organised and vocal – and this will greatly help the cause. All the improvements for which we've hoped for so long depend on us getting a fair deal – so, if you think you have something to offer, contact your surgery and sign up to its Patient Participation Group so you can add your weight to the campaign.

Dr John Cormack