

IVF AND CANCER

Back in October 2011 the NHS Choices website reported: "IVF doubles the risk of non-fatal ovarian cancer, The Daily Telegraph has reported. The newspaper said that a study on almost 30,000 women who were struggling to get pregnant found that tumours were more common in those women that were given IVF. This story is based on a long-term Dutch study that examined the risk of ovarian cancer associated with in vitro fertilisation (IVF) treatment where ovaries had been stimulated to produce eggs using drugs."

It pointed out that IVF methods had changed during the 15 years the researchers had focussed on this aspect of infertility treatment and "the small number of cancer cases seen make the results uncertain" (Even in women who had used IVF the rates of cancer seen were low at around 0.71%.) The conclusion: "Overall, this was a well-conducted study but further research is needed in order to confirm the results ... however, the level of risk identified in this study is low, and the matter should not be seen as a cause for alarm."

Since then "further research" has been carried out. This week Andrew Gregory reports in The Mirror: "Scientists at University College London looked at data on all 250,000 women who had IVF in England, Wales and Scotland between 1991 and 2010. Women who have IVF treatment are a third more likely to get ovarian cancer, a major study has found." AG points out that "More than 50,000 women have the treatment each year in the UK to help them start a family."

What's the cause? AG reports: "Scientists are divided on whether the findings mean IVF is directly to blame – or if the increased risk is linked to the women's existing fertility problems." For example, pregnancy lowers the risk of ovarian cancer – as does 'the pill' (which you don't need if you're infertile, of course, providing you know you are!) For example, taking the Pill for 10 years can reduce the risk of ovarian cancer by almost half (45 per cent), according to research part-funded by 'Cancer Research'.

So the experts now have to decide how carefully patients who have had IVF should be screened. There's no cause for panic – but keep your eyes and ears open for the next exciting episode of this on-going saga.

THE WAITING GAME

At the end of August 90,000 patients in Essex were waiting to have their treatment (in 4 hospitals) – with Colchester missing its target for the percentage of patients seen

within 8 weeks. A patient from SWF, Valerie, told her story on BBC Essex. She developed a cough and severe shortage of breath and was sent in to Broomfield, told she needed to be admitted by one doc who found her a bed ... and then told to go home (without having had a firm diagnosis or any treatment) by another ... communication being poor.

Valerie needed a wheelchair to get back to her daughter's car as she was too puffed to walk. Since then we've been trying to get her an outpatient appointment – and this has dragged on for months. Meanwhile she's been unable to drive or work – indeed her whole life has been on hold. This is not an isolated story – even people who get appointments often tell us that these are cancelled at the last moment – sometimes several times.

A doctor who was interviewed on the same programme said lack of funding is the big issue ... she cited the over 65s as being in particular need of extra spending as they tend to have more complex problems requiring hospital care. She went on to say that in France (and other European countries) more state cash goes into the NHS and the patients often top it up with contributions so waiting lists are miniscule by comparison with ours.

The situation is dire NOW ... and this is before the winter infections start going around in a big way. We always focus on the question of funding, with good reason (and more of this next week) but there is also the problem of uncontrolled demand. We may possibly learn lessons from another seemingly unrelated story. There has been an 80% cut in carrier bag usage in Scotland since charges were introduced last year. I was in ASDA at the weekend and all the shoppers at the checkout I used had brought their own bags. A tiny charge made a huge difference.

Likewise, a small charge made by A&E departments might stop people with minor problems they've had for month from clogging up the place – which would allow those people who'd been involved in accidents and/or had just developed a condition which might reasonably constitute an emergency to be seen promptly and have the time and attention they need. Likewise those who don't turn up for costly investigations like MRIs (and don't cancel) probably wouldn't do it again if they were charged just 10% of cost a wasted appointment which, had a little consideration been shown, could have benefitted somebody else.

MELANOMA RISK

There is a new way for checking how likely you are to develop a melanoma. In the good old days dermatologists used to count how many moles are there were on your entire body surface and make a prediction on that basis. 'Moley people' are more likely to get melanomas than their 'mole depleted' colleagues. There's now research that shows that, if you just count the moles on your right arm you can make a reasonable assessment of the risk ... if there are more than 11 moles on the right arm

likely to be more than 100 on the entire body surface and this means that you are more at risk of developing a melanoma.

Needless to say the risk is related to the numbers – so if you have 10 on your arm you are not risk free and it goes without saying that going out in the midday sun and getting burnt is going to be dangerous whatever your mole status ... but it will be more so if you are a moley person.

I mentioned in the past that, if you didn't know which side of the road they drive on in Australia you could work it out by the melanoma statistics for lorry drivers – the arm that they hang out of the window is significantly more prone to melanomas than the other one.

WE LOVE OUR DISTRICT NURSES DEARLY

But they've had a difficult time recently. One of the practice managers in SWF has been told by "Karen Bradley who is the transformation lead for the district nurses" that they are seemingly moving the district nurse base which is currently at Anson Close to St Peters in Maldon. "She assures me there will be no loss of services and says it's because they are having problems recruiting staff for this area and the Dengie". One reason they have to recruit staff is because they can't retain the best and most experienced people they have working for them.

If this turns out to be true (and it comes from a reliable source) it is yet another kick in the teeth for SWF given that it's typical of the way the decisions about healthcare in the town are made. There has been no discussion whatsoever up with the practices or the patients (or, indeed, their representatives, the PPGs). It has always been thus.

As I've mentioned in the past, the communications situation with the district nurses has deteriorated over the years - but not through any fault of theirs. They were originally based in the health clinic and used to pop into the local practices everyday to pick up messages and chat to the doctors/practice staff about the patients they were seeing.

Then the Maldon & South Chelmsford PCT in its infinite wisdom moved them to the Anson Close Surgery – which meant that we didn't often see the district nurses anymore and so a vital channel of communication was lost. More recently we have had to fax requests for district nurses to some far-away call centre – and likewise if you want to leave phone messages you're supposed to use the same centre. It's all very remote and impersonal.

Now it seems they are going to move all the district nurses out of South Woodham Ferrers altogether which is yet another retrograde step. As ever it is likely that SWF will draw the short straw when it comes to numbers of district nurses allocated to an area so the supply situation will be likely to be worse than ever.

As I mentioned before, the practices in South Woodham wrote to the local commissioning group asking if we could take over the running of the district nurse service because of our concerns – but this didn't come to anything. This new development, if it goes ahead as planned, will make it doubly clear that, until such time as South Woodham takes over responsibility for running its own affairs – and the important decisions are made in South Woodham – this sort of thing will go on - and on – and on.

Dr John