

Launched in September 2014, the Cancer Nursing Partnership (CNP) is a unique co-operation between 16 organisations, representing tens of thousands of nurses, which aims to support improvements in cancer care – in particular, to raise awareness and adoption of the Recovery Package.



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If you're involved in the implementation of the Recovery Package, please send us any examples of best practice to [CNP@macmillan.org.uk](mailto:CNP@macmillan.org.uk)

## Recovery Package

### Treatment Summary (part 6 of 7): less common consequences



**Although chemotherapy-induced peripheral neuropathy (CIPN) is a relatively common effect of cancer treatment, it is not something we GPs see very often. However, we can't afford to dismiss CIPN because symptoms can persist for many years and have a significant negative impact on a person's quality of life.**

A recent study of female cancer survivors indicated that 45% still have CIPN symptoms six years after completing cancer treatment. It found that CIPN was associated with worse physical functioning, poorer mobility and a nearly two-fold increased risk of falls.

CIPN usually starts in the hands or feet and can creep up the limbs. It can start with a tingling or numbness, or may feel like a sharp stabbing pain. Often, primary care professionals will not think of cancer treatment as the cause of these symptoms. Listing CIPN on a treatment summary as a potential effect would help raise awareness and potentially reduce

unnecessary tests and investigations. I would still investigate common causes such as post-herpetic neuralgia or diabetes, but would not go on to do nerve conduction or look for obscure diagnoses.

Although there is no recognised cure for CIPN, rehabilitative exercise programmes may preserve physical functioning and mobility. Some medications can also be effective in managing the condition.

Living with peripheral neuropathy can be painful and debilitating, and may cause some people difficulty with daily activities such as cooking and shopping. Increased awareness of the condition through its inclusion on treatment summaries can help primary care professionals to identify the condition as quickly as possible and find the right management strategy for the patient.

**Dr Pauline Love,  
Macmillan GP Advisor,  
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## East of England Clinical Cancer Network

The East of England Clinical Cancer Network (CCN) works with local Clinical Commissioning Groups (CCGs) and Specialised Commissioning to improve the quality and equity of care, reduce variations in care, and improve cancer outcomes and survival rates.

Offering clinical leadership, the CCN advises CCGs on best clinical practice and what should be put in Trust contracts to improve local cancer care. These contracts are key to how Commissioners measure and monitor standards.

The CCN works on cancer pathways to deliver change improvements at scale and pace, ensuring best value for money without compromising on



**East of England Macmillan Survivorship Community of Practice: members act as advisors and innovators**

quality. Meaningful engagement with patients, carers and the public is central to our work, so we can ensure their voices are heard. We also work in partnership with Macmillan, CRUK and local cancer charities.

At present, part of our work programme with CCGs and Trusts is focusing on

living with and beyond cancer, the Recovery Package, and stratified follow-up pathways – primarily for patients with breast and colorectal cancer. Cancer alliances are currently being set up across the country, with a large sum of transformational funding dedicated to living with and beyond cancer. We will update you on our progress in future bulletins.

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**Next month's Partner Focus will feature the Cancer Research UK Nurses**

## Consequences of cancer treatment: gynaecological cancer

**Gynaecological cancers affect the uterus, ovaries, vulva, vagina and cervix. Treatments may include surgery, chemotherapy, radiotherapy or a combination of these. Sadly, the consequences of these treatments can be devastating and sometimes permanent.**

Ovarian cancer surgery involves a hysterectomy, removal of ovaries and omentum and, in some cases, bowel surgery – resulting in a temporary or permanent stoma. Hysterectomy for ovarian, cervical and uterine cancers affects fertility, although a trachelectomy can be used in some early stage cervical cancers to retain the uterus and preserve fertility.

Early removal of a woman's ovaries also leads to early menopause. The Daisy Network provides support and advice to women affected by menopause. Additionally, the surgery may involve removal of lymph nodes in the pelvis or

groin, which increases a women's risk of developing lymphedema in their legs.

If a woman receives pelvic radiotherapy, they may be faced with bowel or bladder dysfunction, dietary absorption problems, sexual difficulties (vaginal shortening, stenosis and dryness), loss of fertility, menopause, skin soreness and pelvic pain. There is also an increased risk of osteoporosis and stress fractures in the pelvis, which in turn can cause debilitating pain.

Finally, chemotherapy can result in consequences such as alopecia, body image issues and peripheral neuropathy. Chemotherapy patients may also suffer from sexual difficulties, e.g. loss of sensation, loss of desire or an inability to orgasm.

The HNA, treatment summaries and GP cancer care reviews that form the Recovery Package are all opportunities to assess a patient's needs, plan care, and



provide information and support to patients, families and GPs. This can ensure early recognition of consequences of treatment, as well as prompt referral so they can be managed appropriately.

**For more information, see Macmillan's Guidance on long term consequences of treatment for gynaecological cancer or visit The National Forum of Gynaecological Oncology Nurses website**

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