

# HORIZON

Monthly current awareness from Intelligence and Research

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This bulletin will cover journal articles and publications on health and social care issues relating to cancer treatment and support. Follow the links in the headlines to see the underlying content.

It is complementary to the [Daily News Digest](#), and the [Monitor](#) available to Macmillan staff on the green rooms.

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## Important items this month:

*Three items this month looking the future of health and healthcare:*

### **Commission on the Future of Health and Social Care in England**

The King's Fund has launched a new Commission to consider whether the post-war settlement, which established separate systems for health and social care, remains fit for purpose.

King's Fund. 18 June

### **The view from Westminster: parliamentarians on the future of health and social care**

Eight leading parliamentarians have expressed their hopes and fears for the future. Many parliamentarians argue that primary care could do far more to help the NHS improve efficiency and quality of life for patients, and that more should be asked from the sector.

The Nuffield Trust. 21 June

### **The 2022 GP: a vision for general practice in the future NHS**

This report looks forward to a future in which GPs work in new ways to meet growing need and complexity whilst improving patient care and access to GP services.

RCGP. 21 June

Questions about living with cancer? Call the Macmillan Support Line free on 0808 808 00 00 or visit [macmillan.org.uk](http://macmillan.org.uk)

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## Policy & politics

### **Leading health care in London: time for a radical response**

This report outlines the changes accomplished in the past 18 months, building on a 2011 analysis by The King's Fund and recent interviews with NHS leaders. It argues that the new NHS structures are unlikely to provide the leadership needed to meet the challenges ahead – and they are by no means a permanent solution. The complexity and urgency of the challenges facing health care in London require a radically different approach to the rest of England.

The King's Fund. 27 June

### **Higher spending does not lead to superior health system performance, reports Fraser Institute**

This article reveals how Canadian provinces have struck different balances between health expenditures and health system performance. The study also shows that higher spending on health does not lead to better healthcare. One of the study's key insights is that higher health spending does not lead to superior health system performance in Canada. To the contrary, two of Canada's highest performing health care systems (Quebec and Ontario) are also among the least expensive. At the same time, Canada's most expensive universal access health care systems rank last, seventh, and eighth overall.

Fraser Forum. 25 June

### **Who's who in the regions?**

The regional Voluntary Care Services network organisations have each developed a "who's who" guide to support voluntary and community sector organisations make contact with people in the new health and care structures in each region, including clinical commissioning groups, health and wellbeing boards, local Healthwatch organisations, and commissioning support units.

Regional Voices. 24 June

### **The view from Westminster: parliamentarians on the future of health and social care**

As England's health and social care system implements wide-ranging reforms at a time of austerity and rising pressure on services, eight leading parliamentarians have expressed their hopes and fears for the future in a publication jointly published by The King's Fund and the Nuffield Trust. It places a strong emphasis on the need for politicians to step up and play their part in a long-term process of reconfiguration and moving care out of hospitals. Many parliamentarians argue that primary care could do far more to help the NHS improve efficiency and quality of life for patients, and that more should be asked from the sector.

The Nuffield Trust. 21 June

## **The 2022 GP: a vision for general practice in the future NHS**

This report argues that major investment is needed in general practice in order to keep the NHS sustainable and to ensure it provides value for money, whilst ensuring safe patient care. It examines the pivotal role of general practice in a world in which patients will rely more than ever on the skill and compassion of their GP. It looks forward to a future in which GPs work in new ways to meet growing need and complexity whilst improving patient care and access to GP services.

RCGP. 21 June

## **The Care Quality Commission re: Project Ambrose**

This report, carried out by Grant Thornton on behalf of CQC, reveals the failures in CQC's oversight on University Hospitals Morecambe Bay (UHMB) in 2010. It highlights false assurances which were made to both the public and Monitor and the slow pace of action taken by CQC following the identification of failures at the UHMB.

CQC. 19 June

## **Commission on the Future of Health and Social Care in England**

The King's Fund has launched a new Commission to consider whether the post-war settlement, which established separate systems for health and social care, remains fit for purpose. It will undertake its work at a time when the NHS is undergoing significant change and with proposals to reform social care currently before Parliament. What sets it apart from other reviews past and present is that it will fundamentally re-examine the terms of the post-war settlement which established the NHS as a universal service, free at the point of use, and social care as a separately funded means-tested service.

King's Fund. 18 June

## **A good life in old age? Monitoring and improving quality in long-term care**

Long-term care that is safe, effective, and responsive to needs – quality long-term care services – has received much attention and policy priority for governments as a growing number of frail old people are into need of care. This report offers evidence and examples of useful experiences from countries to help policy makers, providers and experts measure and improve the quality of long-term care services.

OECD. 17 June

## **The four UK health systems: Learning from each other**

This paper aims to probe what it sees as a woefully under-explored area: the differences between the United Kingdom's four separate health systems. These systems, it argues, are diverging in terms of structures, management approaches, and the way social care relates to health. In theory, this divergence should offer a unique opportunity to establish 'what works' in these different approaches. In practice, the exercise is hampered by hard-to-compare data and a political reluctance to back comparative studies.

Kings Fund. 13 June

## **Public engagement in policy-making: second report of session 2013-14**

This report calls for a “wiki” approach to policy-making, where public opinion, ideas and contributions are sought and welcome at any and all stages of the policy cycle. It argues that government should be able to demonstrate that it has adopted this approach alongside ministerial leadership and responsibility for policy and its outcomes. It identifies the Care and Support White Paper and Bill as an example of open policy-making in government.

Public Administration Select Committee. 5 June

## **Changing care, improving quality: reframing the debate on reconfiguration**

This report has been jointly produced by the Academy of Medical Royal Colleges, NHS Confederation and National Voices to examine the case for radical, far-reaching change across the NHS. This report identifies six principles to consider as a foundation for most reconfiguration plans. It aims to support those engaged locally in making a decision as to whether to reconfigure services and, if so, how to make change happen.

NHS Confederation. 5 June

## **Commissioning**

### **Cancer Drugs Fund (CDF) local briefings**

These briefings break down the regional use of the CDF in 2012/13. These summaries provide an overview of the positive impact the CDF has had in improving access to the latest, life-extending cancer treatments which are not routinely funded by the NHS. These SHA-briefings include data on the number of patients at individual hospitals in each area who have benefitted from the CDF.

Rarer Cancers Foundation. 27 June.

### **Evaluating integrated and community-based care: how do we know what works?**

This report presents the key learning from evaluations of over 30 community-based interventions designed to reduce emergency hospital admissions. It identifies nine points that may help those designing, implementing and evaluating such interventions in future, in particular for the new health and social care integration ‘pioneer’ sites that will be appointed by the Department of Health by September 2013.

The Nuffield Trust. 27 June.

### **Making a local difference: state of play and challenges ahead for health and wellbeing boards**

This report is based on outputs from learning sets, national summits and bespoke leadership support that formed part of the National Learning Network; a summary report on support delivered through the NHS Leadership Academy’s health and wellbeing board leadership development programme; and the report from a webinar for Local Government Association facilitators providing leadership support for health and wellbeing boards.

NHS Confederation. 18 June

### **Information governance and risk stratification: advice and options for CCGs and GPs**

This guidance provides advice on how to conduct risk stratification while complying with the new legal framework that exists following the implementation of the Health and Social Care Act 2012. It outlines the role that risk stratification can play in managing the health of a population; it explains how risk stratification was affected by the implementation of the Health and Social Care Act 2012; and it discusses how risk stratification can be conducted lawfully.

NHS England. 17 June

### **Towards commissioning excellence: a strategy for commissioning support services**

This strategy aims to: enable CCGs to exercise informed choice of how they source their commissioning support and from whom; build a strong cohort of excellent commissioning support providers; and to strengthen collaboration between NHS CSUs and the voluntary sector.

NHS England. 13 June

### **Are health and wellbeing boards taking account of diabetes? A review of JSNAs and health and wellbeing strategies**

This report argues that health and wellbeing boards risk overlooking the need to improve diabetes care in their local area. The study reviewed 50 health and wellbeing boards and found that too many of them did not recognise the priority and impact of diabetes in their JSNAs and health and wellbeing strategies.

Diabetes UK. 5 June

## **Quality**

### **A framework to describe how health-related quality of care affects health care and other costs**

Quality of health care and the costs of care are two important aspects for judging health care performance. The authors of this article state that no existing conceptual framework appears to have described how quality influences costs, which is why they have developed this Quality-Cost Framework.

Milbank Quarterly. 27 June

### **Access to primary care and visits to emergency departments in England: a cross-sectional, population-based study**

This study examines the association between access to primary care and emergency department visits in England. Findings show that the number of visits to hospital emergency departments in England has increased by 20% since 2007-08, placing unsustainable pressure on the NHS.

PloSOne. 13 June

## **CCG outcomes interactive tool**

In December 2012, NHS England published a set of information packs for CCGs and local authorities that set out key data to inform the local position on outcomes. Following feedback, this tool has been produced which allows users to view maps, charts and tables of individual outcome indicators across CCGs. The CCG outcomes explorer tool allows users to explore the relationships between two outcomes or between demographic information and outcomes.

NHS England. 11 June

## **Local variation in avoidable death rates revealed**

'Longer Lives' is a new **Public Health England (PHE) website** which allows local people to see easily how their areas perform on early deaths from the major four killers, like heart disease and cancer, and how this varies across the country. Using a traffic-light rating system, it ranks areas showing those performing above average in tackling avoidable deaths as green, and exposes the worst that are lagging behind and need to do more as red.

Department of Health. 11 June

## **Patients experience better care at hospitals with more specialist nurses**

*Macmillan funded researchers.*

Cancer patients report a better experience of care at hospitals where there are more specialist nurses. Patients at such hospitals were more likely to say they received sufficient emotional support during treatment. Those at hospitals with more specialist nurses were also more likely to report that the people treating and caring for them worked well together. The study provides the first evidence of a link between employing more specialist nurses and measurable benefits to patients' quality of life.

Journal of Health Services Research and Policy. 10 June

## **Choice of contracts for quality in health care: evidence from the British NHS**

This research paper examines how public sector third-party purchasers and hospitals negotiate quality targets when a fixed proportion of hospital revenue is required to be linked to quality. Using data extracted from 153 contracts for acute hospital services in England in 2010/11, it finds that the number of quality targets is determined by the purchaser's population health and budget, the hospital type, whether the purchaser delegated negotiation to an agency, and the quality targets imposed by the supervising regional health authority.

Centre for Health Economics. 7 June

## **The Colorado Beacon Consortium: strengthening the capacity for health care delivery transformation in rural communities**

The Colorado Beacon Consortium is one of 17 regions participating in the three-year, federally funded Beacon Community Program, which aims to demonstrate how strengthening local health IT infrastructure can support improvements in the quality and efficiency of health care. The consortium sponsors a learning collaborative and coaching

for 51 primary care practices in seven predominantly rural Colorado counties, helping them to build capacity for using electronic health records and analytic tools and for engaging in team-based quality measurement and improvement.

The Commonwealth Fund. 3 June

## Workforce

### Workplace bullying in the UK NHS

One in five NHS workers claims to have been bullied by colleagues during the last six months, a survey by Durham University researchers has revealed. A study also found 43% of staff had witnessed bullying in the same period. Almost 3,000 workers from seven health trusts across the north-east of England responded to a questionnaire.

BMJ Open. 1 July

### Workforce planning guide

This guidance sets out the milestones and timelines for the planning process to be operated in 2013/14 to produce 2014/15 workforce investment plans. It aims to secure the future supply of workforce, in a way that both maintains safe staffing levels for patients and supports the transformation of services necessary to drive quality improvement. Stakeholder support in identifying key issues, perspectives and evidence are also called for.

HEE. 28 June

### Workforce information architecture in the reformed NHS landscape

This report sets out findings and recommendations from a review of the arrangements for handling health workforce data and intelligence. A supporting document provides links to best practice and toolkits on information governance. Health Education England will take forward the implementation of the recommended actions, publishing further details during 2013 to 2014.

Department of Health. 3 June

## Primary/community care

### Public Health

#### Health literacy: the solid facts

With evidence from the recent European Health Literacy Survey, this report identifies practical and effective ways public health and other sector authorities and advocates can strengthen health literacy in a variety of settings, including educational settings, workplaces, marketplaces, health systems, new and traditional media and political arenas. It can be used as a tool for spreading awareness, stimulating debate and research and for informing policy development and action.

WHO Europe. 27 June

# Inequalities



## **Palliative and end of life care for Black, Asian and Minority Ethnic groups in the UK**

This Public Health England-commissioned report highlights the growing need to make end of life care more accessible and appropriate for minority ethnic groups. It highlights that the end of life care needs of BAME communities are varied, growing, and despite examples of good practice, overall not adequately met. It recommends that service providers and commissioners recognise the growing need for improved end of life care for BAME communities and that they learn from examples of best practice, some of which are highlighted in the report.

Marie Curie Cancer Care. 26 June

## **Women with kidney or bladder cancer experience greater delays in diagnosis than men**

Up to 700 women in England diagnosed with kidney or bladder cancer every year are experiencing a delay in being referred to a specialist. The finding could help explain why, unlike with many other cancer types, survival rates for kidney and bladder cancer tend to be worse in women than men. The study looked at patients diagnosed with kidney and bladder cancers in England between 2009 and 2010, using data from the National Audit of Cancer Diagnosis in Primary Care, which covers 1,170 GP surgeries (about 14 per cent of the total).

BMJ Open. 24 June.

## **High quality healthcare commissioning: obstacles and opportunities for progress on race equality**

This paper draws on findings from the Evidence and Ethnicity in Commissioning (EEiC) project, together with practice experience and other research, to highlight obstacles and opportunities for healthcare commissioning to enhance access, experiences and outcomes for minority ethnic people. The aim of the paper is to describe typical elements of commissioning work and to point out a range of actions that clinical commissioners, commissioning managers and other stakeholders can and should take to improve healthcare commissioning for multi-ethnic populations.

Race Equality Foundation. 6 June

# Social Care



## [Draft national eligibility criteria for adult care and support: discussion document](#)

This document sets out the plan for a new national minimum threshold for eligibility criteria for adult care and support. This includes an analysis of the implications of the draft regulations. Comments are invited on the proposals, as well as the draft regulations, until the Care Bill completes its passage through Parliament. Following this, a formal consultation will be launched in 2014.

Department of Health. 1 July

## [Spending Review 2013: what it means for carers](#)

This briefing sets out the major announcements in policy areas which affect carers and gives Carers UK's verdict on what the changes will mean for families with caring responsibilities.

Carers UK. 27 June

## [Ending the other care crisis: making the case for investment in preventative care and support for disabled adults](#)

This report demonstrates that spending money on social care for disabled people with moderate needs delivers improved quality of life and economic returns. The analysis, which was independently carried out by Deloitte, calculates that the economic benefit of spending £1 now is £1.30. This was calculated by looking at the costs of withholding social care in a range of scenarios and weighting these with the probability of them arising.

Scope. 4 June

# Isolation



## [Ignoring the health risks? A review of health and wellbeing boards](#)

This research looks into 152 health and wellbeing boards and identifies their early progress in tackling the problems of loneliness and social isolation in local areas. It finds that 61 out of 128 joint health and wellbeing strategies had indicated that the local boards had at least acknowledged that loneliness or isolation was a serious issue for their population. Of these 61 strategies, 8 commit to measurable actions and/or targets to address loneliness in older age or for all ages. *This publication requires free registration in order to access it.*

Campaign to End Loneliness. 21 June

## **Prepared to care? Exploring the impact of caring on people's lives**

The findings from this report show that support is not being made available to new carers with often devastating consequences. It outlines the emotional, physical and financial effects that caring can have as people are not prepared for the impact of the role. The report highlights the need for greater support for carers including better access to information; flexible working practices; and financial support in a fair and easy to navigate welfare system.

Carers Trust. 11 June

## **Anxiety 'a greater risk than depression' for long-term cancer survivors**

While there has been considerable emphasis placed on the issue of depression among cancer patients and their carers, anxiety is typically a longer-lasting and more unpredictable problem. The study reveals that long-term cancer survivors are around a quarter more likely than their healthy counterparts to experience anxiety.

The Lancet Oncology. 5 June

# Palliative/end of life care



## **Ways and means**

This report highlights factors which contribute to inequalities in end of life care. It reveals that the likelihood of what can be described as a 'good death' - one where the wishes of the patient and their family are met - can be significantly affected by where people live, their ethnicity and previous contact with social care. But the most critical factor is early diagnosis and timely initiation of support. It argues that tackling these inequalities requires placing an emphasis on training, communication and integration across health and social care. It recommends free social care at end of life be adopted as soon as possible, while ensuring that health and care professionals, who have a central role in providing well coordinated end of life care, are equipped and properly supported to talk about death.

Demos. 19 June

## **National survey of patient activity data for specialist palliative care services: MDS full report for the year 2011-2012**

This report finds that specialist palliative care services have seen increased activity and more available beds in inpatient services. It shows that the mean number of patients seen in inpatient units is at its highest level in more than ten years, with the average number of available beds (those that are being or can be used) also at a high. The proportion of occupied beds has also remained high at 74.8%, reflecting efficient use of beds, although there remain considerable variations across the country. It also finds that people receiving specialist palliative care are more likely to be able to die at home - the place where most people say that want to die.

NCPC. 19 June

# Blogs and Opinion



## **What happened to the extra NHS billions?**

John Appleby discusses what has actually happened to NHS expenditure since the coalition's first spending review.

John Appleby. Kings Fund. 27 June

## **We know the people who can**

Roy Lilley discusses events at the CQC. "We must replace regulation with responsibility. The responsibility for socks that don't wear into holes and sausages that are made of Daisy and not Dobbin is with the place who bought them and sold them to us. The responsibility for healthcare that makes us well and is safe and clean is squarely with the people who buy it for us. GPs know where they'd send their mother, brother, sister or wife. That's where I want to go."

Roy Lilley. 26 June

## **Patients need to be the focus of integrated care**

This article states that there are many examples of good integrated care pilots, but patients sometimes feel they were not listened to sufficiently. Many people have placed great faith in the idea that integrated care can solve some of the most pernicious health issues of our time. With an ageing population and a dramatic increase in long-term conditions, it's easy to see why co-ordinated care for patients could provide better health, care and value. However, it's easy to confuse structural integration with what patients really want – personalised, high-quality, seamless care focused on their needs.

Mark Britnell. Guardian. 13 June

# Clinical research



## Macmillan funded research or researcher

### **A systematic review of health-related quality of life instruments in patients with cancer cachexia**

Assessing the health-related quality of life (HRQOL) of cancer patients with cachexia is particularly important because treatments for cachexia are currently aimed at palliation and treatment efficacy must be measured in ways other than survival. The aim of this systematic review was to evaluate HRQOL assessment in cancer patients with cachexia.

There is a pressing need for a well-designed HRQOL tool for use with this patient group in both clinical trials and clinical practice

Supportive Care in Cancer. 25 June

**RESTORE: an exploratory trial of an online intervention to enhance self-efficacy to manage problems associated with cancer-related fatigue following primary cancer treatment: study protocol for a randomized controlled trial.**

There are over 25 million people worldwide living with or beyond cancer and this number is increasing. Cancer survivors face a range of problems following primary treatment. One of the most frequently reported and distressing symptoms experienced by cancer survivors is fatigue. There is growing support for survivors who are experiencing problems after cancer treatment to engage in supported self-management. To date there is some evidence of effective interventions to manage fatigue in this population; however, to our knowledge there are no online resources that draw on this information to support self-management of fatigue. This paper describes the protocol for an exploratory randomized controlled trial of an online intervention to support self-management of cancer-related fatigue after primary cancer treatment.

Trials. 21 June

**The Pictor Technique: A Method for Exploring the Experience of Collaborative Working.**

Collaborative working is a crucial part of contemporary health and social care. Researching the experiences of those involved-as professionals, patients, or carers-is challenging, given the complexity of many cases and the taken-for-granted nature of roles and identities in relation to it. In this article we introduce the Pictor technique for exploring experiences of collaborative working. This is a visual technique in which participants construct a representation of roles and relationships in a particular case using arrow-shaped adhesive notes or cards. The chart so produced helps the participant tell the story of his or her experience and serves as a focus for further exploration with the researcher. We describe the background to Pictor and illustrate its use with professionals, patients, and carers, drawing on recent and current research. We examine how Pictor relates to other visual methods, and conclude by considering how the technique might be developed in the future.

Qualitative Health Research. 17 June

**Case management vocational rehabilitation for women with breast cancer after surgery: a feasibility study incorporating a pilot randomised controlled trial.**

There is a paucity of methodologically robust vocational rehabilitation (VR) intervention trials. This study assessed the feasibility and acceptability of a VR trial of women with breast cancer to inform the development of a larger interventional study. Conducting a pragmatic trial of effectiveness of a VR intervention among cancer survivors is both feasible and acceptable, but more research about the exact components of a VR intervention and choice of outcomes to measure effectiveness is required. VR to assist breast cancer patients in the return to work process is an important component of cancer survivorship plans.

Trials. 14 June

## **Living into old age with the consequences of breast cancer**

Breast cancer survival rates are improving with over 60% likely to live 20 years. As 30% diagnoses occur in women over 70 the prevalence of breast cancer survivors living into older age is increasing. The specific needs and experiences of this group have rarely been addressed. This study aimed to explore older women's experience of living with breast cancer alongside other health conditions, and to identify their information and support needs and preferences. Many breast cancer survivors will live into advanced old age with permanent physical and emotional consequences of their treatment. Holistic and personalized assessment of needs becomes increasingly important with age, particularly with comorbidity. Effective rehabilitative care is important to reduce the impact of breast cancer into old age

European Journal of Oncology. 13 June

## **What are the most effective techniques in changing obese individuals' physical activity self-efficacy and behaviour: a systematic review and meta-analysis**

Increasing self-efficacy is generally considered to be an important mediator of the effects of physical activity interventions. A previous review identified which behaviour change techniques (BCTs) were associated with increases in self-efficacy and physical activity for healthy non-obese adults. The aim of the current review was to identify which BCTs increase the self-efficacy and physical activity behaviour of obese adults. Overall, a non-significant relationship was found between change in self-efficacy and change in physical activity. In summary, the majority of techniques increased physical activity behaviour, without having discernible effects on self-efficacy. Only two BCTs were associated with positive changes in both physical activity self-efficacy and behaviour. This is in contrast to the earlier review which found a strong relationship between changes in physical activity self-efficacy and behaviour. Mechanisms other than self-efficacy may be more important for increasing the physical activity of obese individuals compared with non-obese individuals.

International Journal of Behavioral Nutrition and Physical Activity. 13 June

## **Testing the feasibility, acceptability and effectiveness of a "decision navigation" intervention for early stage prostate cancer patients in Scotland a randomised controlled trial**

Objective Does decision navigation (DN) increase prostate cancer patients' confidence and certainty in treatment decisions, while reducing regret associated with the decisions made? Compared to control patients, navigated patients were more confident in making decisions about cancer treatment, were more certain they had made the right decision after the consultation and had less regret about their decision 6months later. Decision navigation was feasible, acceptable and effective for newly diagnosed prostate cancer patients in Scotland.

Psycho-oncology. 13 June

## **Development and evaluation of a brief self-completed family history screening tool for common chronic disease prevention in primary care.**

Family history is an important risk factor for many common chronic diseases, but it remains underutilised for diagnostic assessment and disease prevention in routine primary care. Aim To develop and validate a brief self-completed family history questionnaire (FHQ) for

systematic primary care assessment for family history of diabetes, ischaemic heart disease, breast cancer, and colorectal cancer. Design and setting Two-stage diagnostic validation study in 10 general practices in eastern England. This brief self-completed FHQ shows good diagnostic accuracy for identifying people at higher risk of four common chronic diseases. It could be used in routine primary care to identify patients who would be most likely to benefit from a more detailed pedigree and risk assessment, and consequent management strategies

British Journal of General Practice. 6 June

### **Providing nutritional support to patients with thoracic cancer: Findings of a dedicated rehabilitation service**

National guidelines recommend screening patients with thoracic cancer to identify those requiring nutritional support. To help quantify this area of need, the associated workload and explore its impact, we report findings from a dedicated rehabilitation service. Our data provides a pragmatic insight into the implications of following national guidance on nutritional screening and support in this patient group. Nutritional support failed to prevent weight loss in some patients, and did not appear to impact on survival; new assessments and treatments for cachexia are required.

Respiratory Medicine. 6 June

### **The legacy of cancer on depression and anxiety**

Depression and anxiety are common in patients with cancer and psychological morbidity is associated with reduced quality of life, poor adherence to treatment and self-care, impaired physical, social, and family functioning, worse symptoms, and diminished will to live. 1, 2 In The Lancet Oncology, Mitchell and colleagues 3 report results of a systematic review and meta-analysis, done to investigate whether the increased risk of depression and anxiety is evident among long-term cancer survivors

Lancet Oncology. 5 June

### **Evaluating complex interventions in End of Life Care: the MORECare Statement on good practice generated by a synthesis of transparent expert consultations and systematic reviews**

The MORECare statement provides 36 best practice solutions for research evaluating services and treatments in EoLC to improve study quality and set the standard for future research. The statement may be used alongside existing statements and provides a first step in setting common, much needed standards for evaluative research in EoLC. These are relevant to those undertaking research, trainee researchers, research funders, ethical committees and editors.

BMC Medicine. 24 April

## **Other research**

### **Researchers aim to target achilles' heel of moving cancer cells**

Scientists are shedding new light on cancer spread – which could help in the development of new treatments for patients. The ability to spread is one of the most deadly properties of

cancer cells. Their tendency to move from the original tumour site and colonise other parts of the body causes the greatest number of deaths from cancer. Scientists are looking at different types of cancer cell movement in order to help develop drugs that could prevent the disease from spreading.

Nature Cell Biology. 23 June

### **Cure for young acute myeloid leukaemia patients increases six-fold since 1970s**

Almost half of teens and young adults with acute myeloid leukaemia (AML) – a typically aggressive form of leukaemia – are cured thanks to improvements in treatment and care. The research estimates the 'cure rate' for 15-24 year olds diagnosed in 2006 at 48 per cent – six times the rate in 1975, which was then just eight per cent. Similarly large improvements are estimated for older patients, right through to those in their 50s. But older patients today still have poor survival – only 13 per cent of patients diagnosed in 2006 aged 60-69 are predicted to be cured, and this drops to less than five per cent of those aged 70 and over

British Journal of Haematology. 23 June

### **A quiet epidemic - men's risk of oesophageal cancer is triple women's risk**

Men are almost three times more likely to get oesophageal cancer than women one of the biggest gender gaps in cancer rates. And this difference seems to be caused by one particular type of oesophageal cancer – adenocarcinoma – which is linked to obesity as well as long-term acid heartburn or indigestion. Oesophageal cancer is the ninth most common cancer in the UK. The latest figures show more than 5,600 men in the UK develop oesophageal cancer every year compared to 2,800 women. This equates to rates of almost 15 in 100,000 men getting the disease, compared to around 5 in 100,000 women.

Cancer Research UK. 18 June

### **HPV testing could cut cervical cancers by a third**

Testing women for the human papillomavirus (HPV) first, instead of using the traditional cervical screening test to detect abnormal cells in the cervix, could prevent around 600 cases of cervical cancer a year in England.

Journal of Medical Screening. 14 June

### **Researchers exploit cancer's faulty defence mechanism**

Researchers have found a new way to exploit the differences between cancer cells and normal cells that could lead to new treatments. The discovery suggests that experimental drugs that target a protein called DNA-PKcs could be particularly effective in cancer patients whose tumours bear a specific fault, although this idea will need testing in clinical trials. The research team focused on cancer cells that lack the crucial ATM protein, which is normally involved in directing a cell's response to damage. Normally, ATM is a molecular 'triage nurse' inside our cells, assessing damage, stopping cells dividing, then repairing damaged DNA. But if the damage is too severe, ATM can also trigger damaged cells to commit suicide.

Science Translational Medicine. 12 June

### **Shape-shifting cells help skin cancer spread**

Scientists have discovered genes that control shape changes in melanoma skin cancer cells, allowing them to wriggle free and spread around the body. The research could pave the way for scientists to develop drugs for malignant skin melanoma – the deadliest form of skin cancer that kills around 2,200 people every year in the UK. Scientists first identified a set of genes in fruit flies and in human cells in the lab which regulate the shape of melanoma cells. They then watched the cancer cells changing shape as they switched these genes off.

Nature Cell Biology. 9 June

### **DNA sequencing reveals mucosal melanoma's bullseye**

Scientists have found a molecular 'bullseye' for a rare form of melanoma, opening up opportunities for new targeted treatment, according to new. DNA sequencing has revealed that the genetic fingerprint of mucosal melanoma is completely different from that of its more common counterpart – cutaneous or melanoma skin cancer. The study has also revealed for the first time the genetic faults against which new treatments could be targeted for mucosal melanoma patients.

Journal of Pathology. 7 June