21 January 2015

Dear Chairman,

P-04-668 Support Yearly Screening for Ovarian Cancer (CA125 blood test)

Thank you for the opportunity to send in my views on the contents of the letter sent by Mark Drakeford.

It is a well established fact that ovarian cancer is known as a "silent killer" in as much as by the time the symptoms are obvious - it is detected too late. It is the fifth most common cause of cancer death in women in the United Kingdom. According to Target Ovarian Cancer over 7000 women in the United Kingdom are diagnosed each year and over 4000 women die, each year, of the disease.

Prof Usha Menon led the fifteen year trial of UKCTOCS and admitted that "the use of an early detection strategy, based on an individual's CA125 profile, significantly improved cancer detection compared to what we've seen in previous screening trials". She also said that there was no doubt that those being screened, compared to those not being screened, were detected earlier at a lower stage.

Katherine Taylor, acting Chief Executive Officer at Ovarian Cancer Action, stated "Early diagnosis in ovarian cancer is crucial. When women are diagnosed in the early stages they have a 90% chance of surviving for more than five years but this reduces to 22% when diagnosed in the later stages. Anything that makes a diagnosis easier, earlier and quicker is urgently needed and could save the lives of thousands of women. Currently a woman dies from ovarian cancer in the UK every two hours.

Cancer Research Wales funded Prof Richard Neal in 2013/14 the sum of £114,856 over 18 months (Project Module 4 - Root causes of Diagnosis and Treatment Delays) stating that "The findings of this study have the potential to influence policy and practice in Wales so that cancers are caught earlier and at a stage where they are easier to treat, manage and cure".

Question: If this is the case what can the Health Minister do to address these findings?

It was announced, as of May 2015, from Ovarian Cancer Action "a new CA125 screening method can detect twice as many women with ovarian cancer as conventional CA125 blood tests - according to the latest results from a large trial".

Question: Will these findings contradict the results from the CA125 screening method used in the UKCTOCS study?

Dr Ramsay McFarlane, Bangor University 2013/14 was given £99,815 24 month to study Application of Systematic Genome Scale Analyses of Germ Line Genes: Targeting and Oncogenic Potential. This study involved biological markers for cancer, with emphasis on ovarian cancer, "a complex disease that is often diagnosed late, and for providing targets for a range of new potential therapies.

Obviously new therapies will be welcome but early screening of CA125 blood test should be implemented as soon as possible.

Question: Why the delay?

The Health Minister says "Population screening programmes should only be offered where there is robust, high-quality evidence that screening will do more good than harm and be cost effective within the overall NHS budget.

Question: What possible harm can screening do compared to a late diagnosis, horrendous treatment and at the end of it all - a possible prognosis of a couple of years. That couple of years consists of regular out-patient appointments, chemotherapy (and the side-effects that goes with it), regular scans, hospital admissions endless medication. What are the financial implications in all this - compared to a cheap blood test? The emotional effect this has on the patient and their relatives can only be imagined. What price can you put on this?

A CA125 blood test costs roughly £20-£25 I believe. Surely the UKC TOCS Report qualifies as "high-quality evidence". It has been going on for 15 years and involved 202,638 women. In all that time over 100,000 women have been diagnosed and about 60,000 have died of the disease.

According to Ovarian Cancer Action "Scientists found that the new method detected cancer in 86% of women with invasive epithelial cancer (EOC) whereas the conventional test would have identified fewer than half of these women (41% or 48%) respectively)".

Question: Are the final findings based upon the new method?

When one considers the amount of money spent on research it makes no sense not to implement the findings, and save women's lives. Women over 50 are more often than not carers of elderly relatives and grandchildren - thereby saving society and social services vast sums of money.

Question: Is this worth taking into consideration?

The UKCTOCS study concluded that "a longer follow-up is needed to establish more certain estimates of how many deaths from ovarian cancer could be prevented by screening."

Question:
- How long will this be for and how much longer will women have to wait before screening is implemented?
- Do you consider the cost of all this further research to be value for money?
- What action can be taken in the meantime to save women's lives?

Since Lloyd George, in the early 20th century, the Welsh have proved themselves trail blazers. It was the great Aneurin Bevan who founded the NHS. It was us who instigated charging for plastic bags (helping the environment) and us who recently implemented the 'Opt-out' donor scheme. No doubt the rest of the United Kingdom will follow in making a difference to the planet and general welfare of its' citizens.

If, in the rest of the UK, ovarian cancer screening is not implemented - why as a devolved NHS in Wales can we not look after our own women?

Well Woman's clinics are a thing of the past - can they not be reinstated to look after the backbone of our society?

Regarding the UK National Screening Committee - how many women are on it? And how influential are they in the decision-making process?

I look forward to receiving an up-date on any further correspondence from Mark Drakeford.

Sincerely

Margaret Hutcheson