

## Greetings...

Welcome to the August issue of the Southern Cancer Network Newsletter. One of SCN's roles is to link cancer control activity around the region and so this month in addition to updating you on SCN activity, we also have contributions from Peter Sykes in Otago, Bev Parkes in Nelson and Liz Horn in Canterbury. We welcome your feedback and article contributions.

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## SCN Update

Work to establish Local Cancer Networks (LCNs) across the South Island continued this month with preliminary meetings held with key stakeholders in Otago and Southland. Additionally, invitations to attend the initial meeting of the Nelson/Marlborough LCNs have been sent out. Other areas of focus include...

- SCN staff visited the Otago and Canterbury Oncology Centres to meet staff and view facilities.
  - Mapping of the lung cancer patient journey in Canterbury has commenced and preliminary meetings have been held with the project sponsors and key stakeholders. The launch of the project is planned for 8 August at the Christchurch Oncology Centre.
  - SCN is recruiting an additional Project Manager to commence work in October.
  - Work continues on developing a tool for a stock take of cancer services in the South Island.
  - SCN has been involved in a number of network meetings over the past month with representatives from the Canterbury Palliative/Hospice Team, HEHA, Smoke free and the Cancer Society. SCN Manager, Barbara Lloyd attended the NZRCGP conference in Queenstown to present on Regional Cancer Networks and SCN Project Manager Ruth Robson attended the Smoke free South meeting in Christchurch.
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## What's New...

An update on Cancer Society publications from Liz Horn - Cancer Society (Canterbury-West Coast branch)



The Cancer Society of NZ is about to launch a resource called **"Questions you may wish to ask"**. It has been developed to assist people to get the most out of their appointments. The booklet has a list of questions to ask health professionals that may help people to make decisions around treatment and planning during the course of a cancer illness. This resource has been translated into 11 languages spoken by New Zealanders.

A further resource "Advanced Cancer/ Matepukupuku Maukaha: A guide for people with advanced cancer" is being produced to reflect the New Zealand approach to living with advanced disease. This booklet has three sections: Living with cancer, towards the end of life and services information. The booklet offers suggestions on subjects such as coping with parenting with a cancer diagnosis, symptom management and communicating.

The Cancer Society editorial team consults with health professionals from around New Zealand to ensure the content fits with New Zealand clinical practice. Once written the resources are pre-tested by consumer representatives to check readability, sensitivity and relevance of content. The primary aim is to make information as user friendly, up to date and locally relevant as possible. These resources can be obtained from your local Cancer Society office or by ringing 0800 226 237 (0800CANCER).

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## Feedback Welcome

Send us your comments and/or compliments:

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## Professional Opinion...

Mr Peter H Sykes

MBChB (Bristol) FRANZCOG DGO

Comments on the Gardasil vaccine and the impact it will have on the incidence of cervical cancer in the future...



Cervical cancer prevention is one of the great success stories of recent medical histories. Deaths from cervical cancer in New Zealand have fallen from 97 in 1995 to 54 in 2006. This is largely due to the successful implementation

of the National Cervical Screening Programme.

The development of the HPV vaccination is a major medical achievement. It has the potential to have a major impact on the presentation and natural history of cervical cancer and other HPV related malignancy. Vaccination of women prior to the onset of sexual activity will prevent persistent HPV infection of the vaccinated types. Gardasil vaccinates against types 16, 18, 6, and 11 and so prevent clinical warts, cervical pre-cancerous lesions; cervical cancers and HPV related cancers of other sites, notably vulval, anal and oropharyngeal cancer. HPV 16 and 18 account for about 70% of cervical cancers and over 50% of abnormal smears and HPV 6 and 11 over 90% of genital warts.

Following successful implementation of the vaccination programme in women prior to sexual activity the following changes may be expected: Within 10 years, a dramatic reduction in clinical presentation of genital warts. Within 20 years a dramatic reduction in those presenting with abnormal smears and within 30 years a significant reduction in the presentation of cervical, vulval, anal and oropharyngeal malignancy. Despite the lack of long term data these health benefits are too important to ignore. It is noted that there are over 30,000 visits to sexual health clinics for genital warts a year and over 40,000 women have abnormal smears every year.

To ensure these benefits are realised it is essential that the cervical screening continues and that vaccination reaches the at risk population.

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## Across the Region...

Nelson Region Hospice Redevelopment  
CEO Bev Parkes reports...



Photo: Nelson Regional Hospice team

Nelson Hospice had been a community based hospice service since 1987 until November 1999, when the Nelson Hospice 4-bed Inpatient Unit opened. Demand for beds has continued to grow as the referrals for palliative care have increased in recent years.

Nelson Hospice is co-located with a private surgical hospital, Manuka Street Hospital, and during 2003-05 they undertook a redevelopment project to upgrade their theatres and patient accommodation. The building used for patient accommodation - known as the East Wing - became surplus to their requirements and following discussions with Manuka Street Trust Hospital, this was offered to the Nelson Region Hospice Trust. In August 2007 after many months planning, the hospice took over the lease of the East Wing and the refurbishment and upgrade of the East Wing commenced, officially opening on 25 July 2008.

We now have seven additional bedrooms giving a total capacity of 11 beds, although only 10 beds will be used initially. We also now have a lovely conservatory, a 'quiet' room, family/ whanau room for overnight stay and time out, a staff room and medical consulting room. Outside we have three courtyard areas and shortly the Masonic Lodge will create a small playground area for children visiting. Additional security with electronic doors and cameras, essential power supply and a new nurse call system have also been incorporated in the entire hospice complex. The existing nine year old hospice unit has also been spruced up with a fresh coat of paint and new carpet.

As is always the case such projects are only made possible by the generosity of grant organisations and individual donors to whom we are so grateful. The project was carried out by Gibbons Construction and Keith Rowan Design.

