

Improvements in survival of gynecological cancer in the Anglia region of England

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Gynaecological cancer survival rates have improved in Eastern England following the reorganisation of services and multidisciplinary team working finds a new study published today (14 December) in the gynaecological oncology themed issue of *BJOG: An International Journal of Obstetrics and Gynaecology*.

In 1999, the Department of Health (DH) produced good-practice guidance on commissioning [cancer](#) services for gynaecology, entitled *Improving Outcomes in Gynaecological Cancer*. The new guidance called for a reorganisation of services, working in multidisciplinary teams and a concentration of surgical expertise in centres.

In addition, in 2000 the DH published referral guidance for primary care for symptoms that were suggestive of cancer (the 2-week wait initiative). Hospital providers were expected to respond to the referral in a timely fashion, with a target of 2 weeks between the date of referral and the first appointment. It was hoped this would improve outcomes and address the variation in access to diagnosis and treatment.

In the Anglia Cancer Network (Bedfordshire, Cambridgeshire, Norfolk and Suffolk), the guidance was implemented by the year 2000, with the centralisation of care predominantly shifting to Addenbrookes Hospital, serving a population of 1.5 million and the Norfolk and Norwich Hospital serving a population of 850,000.

This paper looks at 3406 cases of invasive gynaecological cancer

between 1996 and 2003 in this area. Sixty percent of the cases had known tumour stage and grade and the majority of cases relate to endometrial and [ovarian cancer](#) (77.4%).

The study found that the [survival](#) of cancers diagnosed between 1997 and 1999 was effectively identical to the survival of cancers diagnosed in the baseline year, 1996. Survival of cases diagnosed between 2000 and 2003 increased significantly: Overall 17% improvement; uterine cancer improved by nearly 10% (9.5) to 83% and ovarian cancer improved by 45% to nearly 40% when compared with cancers diagnosed in the four earlier years. These changes have been most significant within endometrial and ovarian cancers.

Dr Robin Crawford, Consultant Gynaecological Oncologist, Addenbrookes Hospital, Cambridge, and co-author of the paper said:

"The data shows that there has been a significant increase in survival of gynaecological cancers over the time period reviewed.

"In addition to the minor year-on-year improvements, there was a significant stepwise improvement in survival in 2000, following the major reorganisation in the region.

"Centralising services and working in multidisciplinary teams has been shown to improve patient care significantly and most importantly survival rates.

"Further work is being undertaken to ensure that these improvements are continued."

BJOG Deputy Editor-in-Chief, Pierre Martin-Hirsch, added:

"It is exciting to see such promising results. This cancer network

implemented new policies very promptly and as a result there has been a significant improvement in the gynaecological cancer survival rates.

"This paper confirms the findings in a recent Macmillan report based on research from the Cancer Research UK Cancer Survival Group at the London School of Hygiene and Tropical Medicine demonstrating improved survival times for women with cancer. Cancer patients are surviving for longer and an example of new initiatives aiding this is the work being undertaken in the Anglia region."

The BJOG theme issue focuses on gynaecological oncology with papers looking at cervical cancer prevention, as well as new developments in cervical and ovarian cancer management.

More information: Crawford R, Greenberg D. Improvements in survival of gynaecological cancer in the Anglia region of England: are these an effect of centralisation of care and use of multidisciplinary management? BJOG 2011; [DOI: 10.1111/j.1471-0528.2011.02961.x](https://doi.org/10.1111/j.1471-0528.2011.02961.x)

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