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Cancer Screening Training for Primary Care

The Screening and Immunisation team are running a series of cancer screening training sessions in the upcoming months:

23rd March, 1-2pm: Overview of all 3 cancer screening programmes

27th April, 1-2pm: Call and Recall to contact non responders:

- National call and recall processes
- Opportunities for in house call and recall
- Good practice when having conversations

8th June, 1-2pm: Breast screening (aimed at practices with an upcoming breast screening round)

13th July, 1-2pm, Inequalities – Cancer screening for patients living with a learning disability

24th August, 1-2pm: Inequalities – Cancer screening for LGBT communities, including trans and non-binary patients

[Sign up for the above sessions](#)

Self-Sampling Cervical Screening Research Project

Identified barriers to cervical screenings include psychological barriers (e.g. fear of practical examination and negative perceptions of the testing process), logistical barriers and a lack of knowledge about screening. Further access barriers are linked to structural dynamics, such as inflexible working arrangements typically associated with lower paid jobs, cultural barriers and stigma, alongside other structural factors such as childcare responsibilities.

A University of Manchester research project is taking place with the following aims:

- To understand experiences during and barriers to attending cervical screening
- To explore views of individuals eligible for screening and key healthcare staff towards **self-sampling as alternative screening methods** and how this may
 - a) address existing barriers to screening and
 - b) impact any changes in screening within primary care service delivery

The research team will ask the GP practice to screen patient lists for eligible patients (based on study criteria) and provide patients with 'consent to contact' forms. After these have been completed and returned to the research team by potential participants, the research team will conduct all subsequent research activity directly with participants.

Cancer in the Homeless – GatewayC Live Webinar

Sign up to the GatewayC Live Webinar on Cancer in the Homeless on the 8th of March: <http://bit.ly/3Zlqncm>



Webinar

Cancer in the homeless

8th March 2023 13.00 – 13.30
Reserve your free place today
gatewayc.org.uk



Seborrheic Keratosis Identification

The dermoscopy training day in September 2022 covered how to identify cancerous and non-cancerous skin tumours. One of the most common non-cancerous skin lesions referred on the skin cancer 2ww pathway is Seborrheic Keratosis. Watch the short Fast Facts video below to help identify Seborrheic Keratosis in Primary Care.

[GatewayC Live: Greater Manchester – 12 Tips to Identify Seborrheic Keratosis](#)

CRUK Bowel Screening Campaign

Cancer Research UK launched a 6-week public facing awareness campaign to improve bowel screening uptake and increase bowel cancers diagnosed at an early stage, through the use of FIT. Please find attached the pdf aimed at Healthcare Professionals which includes how to support patients to make informed decisions around bowel screening, and the difference between the use of FIT in screening and symptomatic patients.

Cervix visualisation guides sent to GP Practices

The Cancer Alliance team has sent a pack of resources out to every GP practice in Greater Manchester which will start arriving in mailboxes from tomorrow (Tuesday 7th March). This pack includes cervix visual assessment guides and supporting leaflets, in addition to GatewayC A-G symptom infographics for a range of cancer types and other early diagnosis resources. Please keep your eyes out for the packs which will have the Greater Manchester Cancer and NHS logos on the front of each envelope.

Cancer Academy Haematuria Module 1: Presentations and Basic Investigations

In the UK, over 10,000 new cases of bladder cancer are diagnosed each year, making it the 4th most common cause of cancer in men and the 12th most common in women. It typically affects people >50 years and most commonly presents with blood in the urine (haematuria). This module is focused on the common causes of blood in the urine, history taking in patients presenting with visible and non-visible haematuria, basic investigations and potential differential diagnoses. On completion of the module, you should be familiar with the different ways in which haematuria presents and understand the importance of good history taking, the rationale for investigation and pathways for onward referral. Access the module here: [Haematuria Module 1: Presentations and Basic Investigations](#)

Endocrine therapy improvement plan

GM Cancer are developing a toolkit to increase the number of women at moderate/high risk of breast cancer that are prescribed risk reducing endocrine therapy.

Risk reducing endocrine therapy such as Tamoxifen, Anastrozole and Raloxifene can reduce breast cancer incidence by 40% for women at high risk (1 in 3 lifetime risk).

NICE guidelines recommend the use of these medications in women at high or moderate risk of future breast cancer.

Following a full patient consultation in secondary care, by a specialist family history doctor or nurse, these drugs can be prescribed in Primary Care.

GM Cancer are working on a robust assessment tool for secondary care and prescription document to support GPs to prescribe these therapies. We are also developing resources to support the management of side effects that can be caused by endocrine therapy.

We are hoping to launch our toolkit in Spring 2023 and will share more information then.

NHS-Galleri reminder

The NHS-Galleri trial has returned for its second year in Greater Manchester. Participants that enrolled in the first year of the trial will be asked to return to give another blood sample for the trial. The mobile unit will visit each locality for approximately 2-3 weeks. The Galleri test works by recognising DNA methylation patterns, known as cancer signals. These patterns can predict where in the body the cancer signal may have come from. If a cancer signal is detected, the trial team will contact the participant and send a 2WW referral to the appropriate Trust. The trial will last for 3 years, so participants will be invited to give another blood sample again in another 12 months time. If you would like further information on the NHS-Galleri trial, please visit [NHS-Galleri Trial | Detecting cancer early](#).

Coming soon....

- ✓ PCN Cancer Leads Session – 28th March 2023
- ✓ National Prostate Case-Finding Project – Mobile van launching in May
- ✓ Cancer Academy free education days - [Greater Manchester Cancer Academy \(gmcanceracademy.org.uk\)](https://gmcanceracademy.org.uk):
 - ✓ **17 May:** Haematological Cancer – Primary Care focused (Malmaison, Manchester Piccadilly)
 - ✓ **26 June:** Urology Pathway Education Event (DoubleTree Hilton, Manchester)

