

BRITISH NEURO-ONCOLOGY SOCIETY

IMPROVING OUTCOMES (JAN 2011)

BRITISH NEURO-ONCOLOGY SOCIETY RESPONSE

The British Neuro-Oncology Society welcomes the emphasis on improving outcomes in cancer.

Diagnosis

The Society welcomes the recognition of late diagnosis in both adults and children affected by tumours of the central nervous system. The introduction of G.P. commissioning and G.P. access to MRI scanning is welcomed, using the suspected cancer guidelines.

Treatment

The Society welcomes the use of intensity modulated radiotherapy with the emphasis on other forms of world class treatment. The Society is disappointed that Radiosurgery has not been mentioned, and would like to see Proton therapy introduced earlier than the Government's schedule. The Society believes that sending the most disabled cancer patients – mainly children – abroad for treatment should be replaced by at least 2 Centres in the United Kingdom.

The Society welcomes the Government's decision not to suspend the Cancer waiting times.

The Society has already responded to the Government's new Cancer Drug Fund.

Treatment problems

Despite the Government's goodwill in trying to produce a world class service – the British Neuro-Oncology Society states that to have such a service requires the proper infrastructure and in simple terms that is enough doctors and nurses.

There are approximately 3,500 new cases of primary malignant brain tumours, 1,500 benign and 3,000 metastatic (and rapidly rising) tumours diagnosed per annum.

There are approximately 65 Neurosurgeons who spend some of their time and a very similar number of Oncologists with an interest in Neuro-Oncology treating such patients. A comparator with any other developed country will reveal that we need at least twice as many doctors. The same applies for the 70 Neuro-Oncology Specialist Nurses who are vital to running the service.

ACADEMIC

Even worse are the statistics on academic Neuro-Oncology. Not only for the purposes of research but also leadership, it is vital that we have a strong academic base. There is in England and Wales only one Professor of Neurosurgery who has an interest in Neuro-Oncology and only one Professor of Oncology with an interest in Neuro-Oncology. There is essentially no central money for research into Neuro-Oncology. It is particularly important at the present time, where it is likely within 5 years that 25% of patients with cancer will be dying of cerebral metastasis and possibly 50% in a further 5 years, that there is more academic and clinical staff to treat patients.