A new ultrasound for the Cambridge Breast Unit

Fundraising case for support

Ensuring faster diagnosis and treatment for people with breast cancer

August 2014
Executive summary

Breast cancer is the most common cancer in women worldwide. Survival rates for patients treated at the Cambridge Breast Unit at Addenbrooke’s are above the national average, but the unit is under pressure to cope with increasing numbers of women, and men, being referred. A new ultrasound is needed to ensure patients are seen quickly, using the latest technology, so they can receive accurate diagnoses and prompt treatment for a disease where every day counts.

Around 6,000 people were referred to the Cambridge Breast Unit for diagnosis in 2013. Over 450 received the devastating news that they have breast cancer.

The number of people attending the breast unit is increasing and the consequence is that patients are having to wait longer for their appointments in an increasingly crowded room.

The situation is not acceptable to either patients or staff, so Addenbrooke’s Charitable Trust (ACT) is aiming to raise £70,881 to purchase a new ultrasound scanner to improve access to treatment and reduce waiting times. The result will be less stress and anxiety for patients and their families and a greatly improved patient experience.

About Addenbrooke’s Charitable Trust (ACT)

Addenbrooke’s Charitable Trust (ACT) is the only dedicated charity supporting Cambridge University Hospitals NHS Foundation Trust, which runs Addenbrooke’s and the Rosie hospitals.

We are committed to bringing excellence in clinical care to patients by funding treatments and facilities that are over and above what the NHS can provide.

We do this by focusing on strategic projects and equipment that can take a patient diagnosis, care and treatment to the next level.

Project need

The purpose of the Cambridge Breast Unit at Addenbrooke’s is to see patients with specific breast problems, determine an accurate diagnosis and discuss any subsequent treatment that might be necessary, all with the minimum of delay while providing maximum personal support during a traumatic time.

Thankfully, the number of patients surviving for five or more years after a cancer diagnosis is increasing, but as the population grows and ages, the breast unit’s facilities and staff are under increasing pressure. The number of people being referred to the unit in 2013 rose by 5% on the preceeding year and looks set to continue to rise.

To try and counteract these challenges, staff have extended opening hours and reviewed their processes to improve efficiency and ensure patients are seen promptly. But current waiting times for ultrasound appointments are
deteriorating, particularly for patients attending towards the end of the clinic session. The last new patient appointment is at 11am, for example, but it is now increasingly uncommon for the clinic to be finished before 1:30, which in turn results in delays for patients attending afternoon sessions.

This appeal is for a third ultrasound scanner to reduce the frustration and stress to patients and clinic staff who are waiting to access the ultrasound facilities, while ensuring that patients have access to early and accurate diagnosis to aid their treatments.

About the ultrasound scanner

An ultrasound scan is a painless test that uses sound waves to create images of organs and structures inside a patient’s body.

An ultrasound scan is a painless way of examining a patient’s breast using sound waves instead of X-rays. The scan is performed while patients are lying down; some jelly is applied to their skin and a probe is passed over the breast to produce a picture on the screen.

The probe emits ultrasound waves which travel freely through fluid and soft tissues. However, ultrasound bounces back as 'echoes' when it hits a more dense surface. For example, the ultrasound will travel easily through breast tissue, but will echo back if it hits abnormal tissue.

The echoes are detected by the probe and are sent down the wire to the ultrasound machine. They are displayed as a picture on the monitor.

The advanced features of the ACUSON S2000 include:

- a very large number of detectors, for its size, giving a large field of view and high resolution
- improved electronics that process the images with greater diagnostic certainty and gives the clinician increased confidence in the diagnosis
- functionality to perform two types of elastography to look at the stiffness of any lump and the surrounding breast tissue, which also helps increase diagnostic certainty.

Patient benefit

The introduction of a third ultrasound in the breast unit will have far-reaching benefits including faster and improved diagnosis and treatment for today’s patients, as well as clinical trials and enhanced staff training to benefit the patients of tomorrow.
With the introduction of a third ultrasound, as well as improving access to diagnostic and follow up examinations, the following services could be more easily and efficiently offered to patients:

**Same day vacuum excision biopsies:** Some patients have lesions that require or would benefit from removal by specialised biopsy. Currently, due to limited access to equipment, patients need to return for a further appointment but, with the additional ultrasound scanner, this could be done on the same day.

**Elastography procedures:** Elastography, a procedure that is used to identify the tissue stiffness of an abnormal growth, could be performed more routinely with a third ultrasound.

These procedures offer the potential to reduce the number of needle biopsies required for patients whose lumps transpire to be ‘innocent’.

Needle biopsies can be uncomfortable procedures, even when conducted under a local anaesthetic, and involve a doctor taking a core of tissue from the lump using a needle that is the same thickness as a pencil lead. These are then tested by a pathologist; an extra step in the diagnosis process which could be removed using an ultrasound.

**Research studies:** As a result of the increase in patient throughput, the breast unit staff would be in a much better position to identify those suitable to take part in the ‘axillary bubbles’ study. This study is investigating whether it is possible to use the ultrasound to identify the sentinel axillary lymph node in the armpit area which can then be removed, without the need for open surgical exploration and repeat surgery.

A third ultrasound will greatly improve staff training. It will mean that all grades of staff get the training they need on the breast unit and all trainees have the skills for to enable them to lead in this specialism in the future.

With the introduction of a third ultrasound scanner, improvements in the treatment of existing patients would be realised, but we could also open up opportunities for clinical trials, which in turn will benefit future patients.

Dr Matthew Wallis, Consultant radiologist

**Alison’s story**

In November 2005, Alison Saunders, then aged 37, found a lump in her breast.

Alison had been decorating her bedroom when she felt a tenderness in her breast. She thought she had pulled a muscle, but alarm bells started to ring when later she couldn’t get comfortable to sleep.

Her mum had been treated for breast cancer 26 years earlier, so Alison was particularly vigilant and went to be tested. But when they both attended the breast unit together for Alison’s test results, prior to a planned Christmas shopping trip, they were shocked to hear the word ‘cancer’.

Ever the fighter, Alison chose to trust in the team at Addenbrooke’s and “get on with it”. She took part in a number of clinical trials during her...
The new Addenbrooke’s Breast Cancer Appeal asks supporters to hold an afternoon tea party to help patients with breast cancer treatment, wanting to help others who might go through the same experience. While undergoing chemotherapy, surgery and radiotherapy, she continued to work at her job in a local bank.

“You give yourself to the staff and do what they tell you to do and trust they know what they’re doing – they’re the experts.”

Today, Alison is now working on the eye clinic at Addenbrooke’s having taken voluntary redundancy from the bank to do more things she enjoys like swimming, photography and spending time with her three nieces.

She said: “Time is far more precious than anything you can pay me. It’s far more important than money. I’m so grateful to be here today”.

Alison made friends during her treatment. One particular friend she bonded with, Julia, sadly didn’t make it. Alison is now supporting the Addenbrooke’s Breast Cancer Appeal for her friend as well as for herself.

“I felt so proud for getting through my breast cancer treatment. The staff at Addenbrooke’s are amazing, but the additional support from fundraising can really make all the difference.”

**Costs and timescale**

The cost of the new ultrasound, the ACUSON S2000 is £70,881.

The machine comes with a 12 month warranty and includes performance assurance visits, collective maintenance and spare parts.

We have been asked to raise the funds by the end of December 2014.

**Fundraising strategy**

Charitable funding has always played a big part in ensuring that patients at the breast unit are offered the very best care.

Since 2004, nearly £500,000 has been raised through the Pink Rose Appeal to support breast cancer care and treatment at Addenbrooke’s, as well as funding leading edge research, specialist technologies and improved patient facilities.

A large part of these funds contributed to the £2m raised for the Cambridge Breast Cancer Research Unit – an integral part of a multi-disciplinary approach that is dramatically increasing understanding of the disease and how to treat it.

The Pink Rose appeal has now been relaunched as the Addenbrooke’s Breast Cancer Appeal, to highlight that the money raised is used to directly benefit local patients. The purchase of the ultrasound is at the heart of the 2014 appeal.

As part of a co-ordinated fundraising campaign, several trusts and foundations are being approached, along with corporate and individual major donors, as well as engaging with past patients and the local community for specific fundraising activities.
Please get in touch

We hope that you find this case for support compelling and that you will consider supporting this important project.

To donate, please visit www.act4addenbrookes.org.uk/donate, then tick the 'Ultrasound for the breast unit' option.

Alternatively, please send a cheque made out to: ‘ACT – fund 9872 (Ultrasound for the breast unit)’

If funds are raised in excess of the cost of purchasing this ultrasound, we will endeavour to ensure that funds go towards projects of most need within the breast unit.

If you would like to discuss this in more detail please contact Susanne Owers, Director of Fundraising at ACT on 01223 349298 or by email at susanne.owers@addenbrookes.nhs.uk

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Thank you